

The Rewards of Caregiving for Communally Motivated Parents

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Abstract

Research on the provision of need-based care in communal relationships has focused exclusively on adult close relationships. For the first time, we extend communal theory to the parent–child relationship to understand how communally motivated parents feel when giving care to their children. In a cross-sectional study ($N = 696$), a 10-day experience sampling study ($N = 118$), and an experimental study ($N = 367$), we found that communally motivated parents felt more authentic than less communally motivated parents when providing care to their children; in turn, feeling more authentic was associated with greater emotional well-being, parent–child relationship quality, and responsiveness to a child’s needs. These effects could not be attributed to child-centrism, idealization of parenthood, care difficulty, children’s mood, or the specific caregiving behavior in which parents engaged. The findings of the current studies contribute to an emerging body of research on parenting and well-being by highlighting for whom parenting may be maximally rewarding and why.

Keywords

communal relationships, parenting, authenticity, responsiveness, well-being, relationship quality

Providing responsive care to close others when they are in need is essential in close relationships. In *communal relationships*, people provide care noncontingently—they prioritize giving care to the person who needs it most without expecting direct reciprocation—but at the same time, people hope that their partners share a similar concern for their own welfare (Clark & Mills, 2012). Research on communal relationships has focused exclusively on romantic relationships and friendships, relationships in which giving and receiving care is relatively balanced—or equivalently given based on need—between both members. However, in parent–child relationships, one of our strongest communal relationships (Clark & Mills, 2012), the provision of need-based care is essential and, unlike in adult close relationships, is imbalanced in nature, with care being given completely unilaterally from parent to child, at least in the early parenting years.

Given the nature of this unilateral care, parents might not always find caring for their children to be particularly enjoyable. While parenting has been linked with greater emotional well-being and meaning in life, it has also been linked with lower life and marital satisfaction (Nelson, Kushlev, & Lyubomirsky, 2014; Twenge, Campbell, & Foster, 2003). Further, results from a sample of working mothers indicated that caregiving elicits among the most negative and least positive emotions relative to other activities (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004). Given that in the United States, 90% of people are parents or plan on becoming parents (Newport & Wilke, 2013), it is essential to understand the psychological

factors associated with well-being when parents provide care to their children as well as the conditions under which parents feel they are most capable of responsively meeting their children’s needs.

Although the parent–child relationship could be a source of strain due to the imbalanced nature of care, we posit that not all parents experience caring for their children as costly. While most parents cannot receive balanced care from their children, we posit that parents high in *parental communal strength*—or those who are highly concerned with and willing to provide for their child’s welfare (Mills, Clark, Ford, & Johnson, 2004)—will likely experience *rewards*, or positive outcomes that are not intentionally or directly given to them by their children (Clark & Mills, 2012; Le, Impett, Kogan, Webster, & Cheng, 2013). Specifically, we hypothesized that relative to parents low in communal strength, highly communal parents will experience greater emotional well-being, relationship quality, and feel more responsive to their child’s needs during caregiving because caring for children verifies, or *authenticates*, their sense of self (Kogan et al., 2010).

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The Rewards of Communal Motivation

Communal strength is defined as the degree to which people feel responsible for the welfare of a specific relational partner and are willing to incur costs to meet that person's needs (Mills et al., 2004). All of the research to date on communal strength has focused on romantic relationships and friendships, indicating that as compared to people lower in communal strength, people high in communal strength experience more positive emotions in daily life (Kogan et al., 2010), and both they and their romantic partners experience higher relationship satisfaction (Clark, Lemay, Graham, Pataki, & Finkel, 2010; Day, Muise, Joel, & Impett, in press; Kogan et al., 2010; Lemay, Clark, & Feeney, 2007; Mills et al., 2004; Muise & Impett, 2015; Muise, Impett, Kogan, & Desmarais, 2013).

Although the rewards of communal strength have not been examined in the parent-child relationship in particular, work on general, nonpartner specific communal orientation suggests that individuals high in communal strength may experience rewards from giving care in chronically imbalanced relationships. For example, nurses who are highly communally oriented experience less burnout in their occupations than those who are less communal (VanYperen, Buunk, & Schaufeli, 1992). Furthermore, communally oriented caregivers of Alzheimer's patients report lower depression than less communally oriented caregivers (Williamson & Schulz, 1990). This work suggests that communally motivated people do not always find the experience of providing imbalanced care as costly.

Extending Communal Theory to the Parent-Child Domain

In applying communal relationships theory to parenting, we posit that parents high in communal strength will not only be buffered against the negative well-being outcomes of caregiving but will experience caregiving as more positive and rewarding due to feelings of self-validation. Indeed, research on romantic relationships has indicated that people high in communal strength feel more *authentic* when sacrificing for romantic partners (Kogan et al., 2010), or that they have behaved consistently with their true or core sense of self (Kernis & Goldman, 2006; Sheldon, Ryan, Rawsthorne, & Ilardi, 1997). Building on this research, in the current studies we posited that for communally motivated parents, caregiving should feel authentic, given that it is a context that can validate a core part of a communal parents' sense of self, that is, providing care for their child's welfare and needs.

We also expected that greater feelings of authenticity that communal parents experience during caregiving should promote more positive outcomes. Specifically, when communal parents feel more authentic—when their intrinsic goals of caring for their children and their outward behavior of providing that care are aligned—they are likely to experience increases in well-being and behave more prosocially, with more care, concern, and responsibility (Ryan, Huta, & Deci, 2008). Thus,

in the current studies, we hypothesized that greater feelings of authenticity would contribute to greater emotional well-being and relationship quality for parents, as has also been shown generally as well as in the context of providing care in adult close relationships (Impett et al., 2012; Kernis & Goldman, 2006; Kogan et al., 2010; Le & Impett, 2013). We further proposed that greater feelings of authenticity would promote greater *responsive to a child's needs* (Reis, Clark, & Holmes, 2004).

In addition to our key predictions, we also sought to show that communal parents experience rewards above and beyond other factors that may shape parental well-being, including individual differences in parenting beliefs and factors associated with child temperament. Specifically, we predicted that communally motivated parents would find caregiving rewarding above and beyond the extent to which they may be child-centric (Ashton-James, Kushlev, & Dunn, 2013; Liss, Schriffin, Mackintosh, Miles-McLean, & Erchull, 2013) or inclined to put their children at the center of their lives and prioritize their child's needs above their own. We further sought to show that communally motivated parents find caregiving to be rewarding independent of the extent to which they rationalize the costs of parenting through idealizing parenthood, or seeing parenting as a uniquely rewarding experience relative to not being a parent (Eibach & Mock, 2011). Lastly, we sought to show that the rewards of caregiving reaped by communally motivated parents are not due to differences in perceived care difficulty, child mood, or the caregiving behaviors in which parents engage.

The Current Studies

In three studies, we examine whether parents high in communal strength feel more authentic when providing care to their child than do parents low in communal strength, which in turn promotes greater emotional well-being, relationship quality, and responsiveness to a child's needs. Study 1 is a cross-sectional study of parents who reported on a recent time they provided care to their child, Study 2 is a naturalistic 10-day experience sampling study of parents, and Study 3 is an experimental study of parents induced to feel either high or low in communal strength.

Study 1

In Study 1, we sought to provide an initial test of our model of rewards in a cross-sectional study of parents who recalled a recent caregiving experience.

Method

Participants and Procedure

We recruited a sample of 696 parents (69% married) from the United States via Amazon's Mechanical Turk. Parents had at least one child 18 years old or younger (see Table 1 for sample

Table 1. Sample Characteristics.

| Sample | Parent Sample | | | | Parent Age (years) | | | Children % Female | Child Age (years) | | |
|---------|---------------|---------|----------|-------------|--------------------|----|-------|----------------------|-------------------|----|------------|
| | Initial N | Final N | % Female | % Caucasian | Mean | SD | Range | | Mean | SD | Range |
| Study 1 | 792 | 696 | 71 | 67 | 33 | 8 | 19–65 | 50 | 7 | 5 | Newborn–18 |
| Study 2 | 136 | 118 | 80 | 47 | 42 | 5 | 29–53 | 51 | 7 | 3 | 3–12 |
| Study 3 | 392 | 357 | 67 | 65 | 35 | 9 | 20–60 | 45 | 7 | 6 | Newborn–18 |

Note. The initial *N* indicates the total number of participants recruited for the study. The final *N* denotes the number of participants retained for final analyses, including the following: parents who answered on topic for the free response question (all studies), reported on children 18 years old or younger (all studies), passed all attention check questions (all studies), and completed the measure of parental communal strength in addition to at least one diary (Study 2). In Study 3, the final *N* also reflects the sample after dropping 14 parents from the low communal strength condition who stated they never provide care out of obligation; however, results are the same regardless of whether we include or exclude these parents.

descriptives for all studies). Each parent was compensated US\$1.50 for completing the study.

Measures

Parents were instructed to answer all questions about one particular child if they had more than one child. All measures were completed on 7-point scales. *Parental communal strength* was measured by adapting the original 10-item measure of communal strength for specific relationship partners (Mills et al., 2004). We excluded the item “How far would you be willing to go to visit your child?” since we expected that many parents would be living with their children. Given that this study is the first to measure communal strength of parents for their children, we sought to reliably measure parental communal strength by conducting an exploratory factor analysis on the 9 scale items, extracting one factor and retaining items that consistently loaded above .40 in both the current study and Study 2—a cutoff point determined by assessing the factor loadings prior to testing key hypotheses. After dropping 3 reverse-scored items with loadings lower than .40, we had a final 6-item scale ($\alpha = .82$) including the items “How happy do you feel when doing something that helps your child?” “How large a benefit would you be likely to give to your child?” “How large a cost would you incur to meet a need of your child?” “How high a priority for you is meeting the needs of your child?” “How much would you be willing to give up to benefit your child?” and “How far would you go out of your way to do something for your child?”¹

Participants answered a free response question regarding their *most recent caregiving experience*: “People care for their children in both good and bad times. Sometimes this care is easy and enjoyable to give, whereas other times it is difficult and frustrating. Please describe one of the most recent times you gave care to your child. Describe what your child was going through and what you did for your child.” Parents then reported their *authenticity* with the item, “How authentic (true to yourself) did you feel while giving care to your child in this situation?” (Impett et al., 2012; Kogan et al., 2010; Le & Impett, 2013). *Emotional well-being* was a composite of 4 positive emotions items (e.g., “happy, pleased, joyful”) and 4 (reverse-scored) negative emotions items (e.g., “angry,

irritable, frustrated”; $\alpha = .84$; Impett et al., 2012). *Relationship quality* was measured with 2 items, including “How satisfied did you feel with your relationship with your child after giving this care?” (satisfaction; adapted from Rusbult, Martz, & Agnew, 1998) and the Inclusion of Other in Self Scale (closeness; Aron, Aron, & Smollan, 1992; Spearman–Brown $\rho = .63$). *Responsiveness to a child’s needs* was assessed with the item, “To what extent do you think you met your child’s needs in this situation?” *Care difficulty* was measured with the item, “How easy versus difficult was it to give care to your child in this situation?” and *child’s mood* was measured with the item, “What was your child’s mood when you gave care to him/her in this situation?” Finally, we measured *child-centrism* (e.g., “My children are the center of my life,” 7 items; $\alpha = .84$; Ashton-James et al., 2013) and *idealization of parenthood* (e.g., “There is nothing more rewarding in this life than raising a child”; 8 items; $\alpha = .78$; Eibach & Mock, 2011).

Results

We conducted mediation analyses with the open-source statistical software R v. 3.0.1 (R Core Team, 2013) using the lavaan v. 0.5-16 package (Rosseel, 2012). We report standardized estimates with their corresponding 95% confidence intervals (CIs) generated from 5,000 bootstrapped resamples. Variable descriptives and correlations for all studies are available in the online supplemental materials (OSMs) in Tables S1 to S3. As predicted and shown in Table 2, parents high in communal strength reported experiencing more authenticity, emotional well-being, relationship quality, and responsiveness to their child’s needs relative to parents low in communal strength in their most recent caregiving experience. Furthermore, feelings of authenticity significantly mediated the associations between higher parental communal strength and greater emotional well-being, relationship quality, and responsiveness to a child’s needs.² In addition, individual differences in child-centrism and idealization of parenthood as well as perceptions of care difficulty and child mood—variables related to parental outcomes during caregiving (see OSMs Table S1)—could not explain the rewards of caregiving for communally motivated parents. Specifically, after simultaneously controlling for these variables, all model results remained significant for emotional

Table 2. Mediation Model Results for All Studies.

| | Outcomes | | |
|--------------------------|----------------------|----------------------|-------------------|
| | Emotional Well-Being | Relationship Quality | Responsiveness |
| Study 1 | | | |
| Total effect | .33*** [.26, .39] | .32*** [.25, .39] | .41*** [.31, .49] |
| Direct effect | .21*** [.14, .28] | .17*** [.10, .24] | .30*** [.21, .39] |
| Indirect effect | .12*** [.08, .16] | .15*** [.10, .19] | .10*** [.07, .15] |
| PCS to authenticity | .33*** [.25, .41] | .34*** [.26, .41] | .33*** [.25, .41] |
| Authenticity to outcomes | .35*** [.27, .44] | .44*** [.36, .52] | .31*** [.22, .41] |
| Study 2 | | | |
| Total effect | .26* [.05, .47] | .55*** [.27, .83] | .31** [.12, .50] |
| Direct effect | .11 [−.08, .30] | .46** [.18, .75] | .14 [−.01, .30] |
| Indirect effect | [.05, .28] | [.01, .20] | [.05, .29] |
| PCS to authenticity | .29*** [.10, .48] | .29*** [.10, .48] | .29*** [.10, .48] |
| Authenticity to outcomes | .52*** [.34, .70] | .31* [.05, .57] | .57*** [.42, .72] |
| Study 3 | | | |
| Total effect | .24*** [.14, .34] | .19*** [.09, .30] | .05 [−.05, .16] |
| Direct effect | .12** [.03, .22] | .04 [−.04, .13] | −.08 [−.17, .01] |
| Indirect effect | .11*** [.07, .17] | .14*** [.08, .21] | .12*** [.06, .19] |
| PCS to authenticity | .25*** [.15, .36] | .25*** [.15, .36] | .25*** [.15, .36] |
| Authenticity to outcomes | .45*** [.35, .54] | .56*** [.43, .70] | .48*** [.31, .67] |

Note. PCS = parental communal strength. "PCS to authenticity" and "authenticity to outcomes" represent each path in the indirect effect. Values in Studies 1 and 3 represent standardized β coefficients and values in Study 2 represent unstandardized multilevel coefficients, all with their 95% confidence intervals.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

well-being (indirect effect = .08 [.04, .12], $p < .001$), relationship quality (indirect effect = .11 [.06, .15], $p < .001$), and responsiveness to a child's needs (indirect effect = .08 [.04, .12], $p < .001$). Lastly, we found that the reversed causal model in which emotional well-being, relationship quality, and felt responsiveness led to greater parental communal strength as mediated by authenticity was not as viable as our hypothesized model (see OSMs Table S4).

Study 2

In Study 2, we sought to replicate our model in a 10-day experience sampling study to provide a naturalistic account of parental caregiving. This design allowed us to minimize retrospective biases, attain multiple instances of caregiving from parents, and assess more prototypical instances of care (Bolger, Davis, & Rafaeli, 2003). In addition to ruling out perceived care difficulty and child mood as alternative explanations, we coded parents' daily caregiving behaviors to rule out the possibility that parents high in communal strength find caregiving more rewarding because they engage in qualitatively different types of caregiving behaviors than less communal parents.

Method

Participants and Procedure

We recruited 118 parents (93% married) from the Greater Toronto Area who had previously brought their child to the university for a study of children's development. The sample consisted of roughly an equal number of parents with 4-, 8-, and

12-year-old children. Parents first completed a background survey followed by a daily diary survey for 10 consecutive days. On average, parents completed 6 out of 10 possible diaries ($SD = 2.5$), yielding 726 total diaries. Compliance was acceptable, with 51.7% of parents completing seven or more diaries, 29.7% of parents completing four to six diaries, and 18.6% of parents completing three or fewer diaries. Parents were compensated with Can\$40 and entered in a raffle for a family pass to the Ontario Science Center.

Measures

Parents responded to all questions about the child they had previously brought to the university, and was selected based on age, for a child development study. Measures were identical to those in Study 1. *Parental communal strength* (6 items; $\alpha = .69$; Mills et al., 2004) was assessed at background. Then, for 10 consecutive days, parents reported in free response format on a *daily caregiving experience*. For each experience, parents reported on their *authenticity*, *positive emotions*, *negative emotions*, *responsiveness to their child's needs*, *perceived care difficulty*, and *perceived child mood*. Parents also reported on their *relationship satisfaction* and *closeness* with their child generally for the day. *Emotional well-being* was a composite of positive and (reverse-scored) negative emotions ($\alpha = .85$) and *relationship quality* was a composite of relationship satisfaction and closeness ($\rho = .63$). Additionally, both authors and one independent coder used thematic analysis (Braun & Clarke, 2006) to identify unique caregiving behaviors parents reported each day. Next, two independent raters coded each daily parenting behavior into one of the five following themes

identified: *routine and basic needs* ($k = .72$; 39%); *enrichment and recreational activities* ($k = .68$; 24%); *advice, comfort, and encouragement* ($k = .58$; 18%); *control and discipline* ($k = .72$; 14%); and *other* ($k = .80$; 5%). The first author resolved any discrepancies between coders, and all coding was completed prior to testing hypotheses. Lastly, given the multi-lab nature of this study and hence limited space, we did not have measures of child-centrism and idealization of parenthood.

Results

Given the data structure, with diaries (Level 1) nested within persons (Level 2), we conducted multilevel modeling in R using the lme4 v. 1.1-7 package (Bates, Maechler, Bolker, & Walker, 2014). Since we were interested in how parental communal strength (Level 2) predicted daily changes in emotional well-being, relationship quality, and responsiveness (all at Level 1) as mediated by felt authenticity (Level 1), we tested “2-1-1” multilevel mediation models (Zhang, Zyphur, & Preacher, 2009). To do so, and to unconfound within- and between-person variance, we entered both the person-mean-centered and grand-mean-centered aggregates of daily variables for each predictor (Zhang et al., 2009). Lastly, we allowed intercepts to vary in all models. We report the grand-centered aggregate estimates for all effects, which reflect between-parent variations as averaged across the 10-day period. All indirect effects were estimated using the Monte Carlo Method for assessing mediation (Selig & Preacher, 2008), generating 95% confidence intervals estimated from 20,000 resamples.

As shown in Table 2 and replicating results of Study 1, parents higher in communal strength experienced greater authenticity, emotional well-being, relationship quality, and responsiveness to their child’s needs during caregiving relative to parents lower in communal strength. In addition, authenticity mediated the associations between parental communal strength and emotional well-being, relationship quality, and responsiveness to a child’s needs. We also sought to rule out the possibility that parents’ perceptions of care difficulty and child mood—variables related to parental outcomes during caregiving (see OSMs Table S2)—were driving the rewards of caregiving for communally motivated parents. After simultaneously controlling for perceived care difficulty and child’s mood, results indicated that the indirect effects of parental communal strength on emotional well-being (indirect effect: [.01, .12]) and responsiveness (indirect effect: [.02, .19]) remained significant. However, authenticity no longer explained the association between parental communal strength and relationship quality (indirect effect: [−.02, .13]); specifically, while parental communal strength still significantly predicted greater feelings of authenticity ($b = .22$ [.04, .39], $p = .02$) and relationship quality ($b = .44$ [.16, .73], $p = .003$) during caregiving—indicating that highly communal parents still found caregiving to be more rewarding—authenticity no longer predicted feelings of relationship quality ($b = .17$ [−.11, .46], $p = .23$).

We also sought to rule out the possibility that communally motivated parents reap more rewards during caregiving because they report engaging in qualitatively different caregiving behaviors than less communal parents. Results indicated that parents higher in communal strength were no more or less likely to report engaging in care regarding routine and basic needs ($b = .06$ [−.18, .31], $p = .60$); enrichment and recreational activities ($b = .13$ [−.15, .42], $p = .37$); giving advice, comfort, and encouragement ($b = −.14$ [−.45, .17], $p = .37$); nor engaging in control or discipline ($b = −.19$ [−.52, .16], $p = .29$) than parents lower in communal strength. Lastly, although lagged analyses are sometimes used in daily experience data to address questions of causality and directionality across days, we did not find evidence for directionality, either for our hypothesized direction or for the reverse direction (see OSMs Table S5); however, we did find evidence that a reversed mediation model was not as viable as our hypothesized model (see OSMs Table S4).

Study 3

In our final study, we sought to provide experimental evidence that high parental communal strength, relative to low communal strength, predicts greater rewards during caregiving.

Participants and Procedure

We recruited 357 parents in the same way as in Study 1. Parents were compensated US\$0.50 for completing the study. Parents were first randomly assigned to either a high ($N = 186$) or low ($N = 171$) communal strength condition. Parents were then prompted to recall a particular caregiving experience and how they felt during this experience. If parents had more than one child, they were prompted to report on their child who had the most recent birthday to avoid selection biases (Brummelman, Thomaes, Nelemans, Orobio, & Bushman, 2014).

Measures

We designed high and low communal strength conditions in a way to minimize socially desirable responding by emphasizing that caregiving includes both positive and negative experiences. First, parents read the following prompt and provided an open-ended response to the question: “Providing care for children can be both easy and enjoyable as well as difficult and frustrating. In both enjoyable and difficult instances of caregiving, parents often provide care: to benefit their child and out of a concern for their child’s needs (*high communal strength*)/because they feel that it is their job as a parent and that they are obligated to do so (*low communal strength*). Please recall and write about the most recent time that you provided care: to benefit your child out of a concern for your child’s needs (*high communal strength*)/out of obligation because it was your job as a parent (*low communal strength*).”

Parents then reported on the following items, rated on 7-point Likert scales. Parents reported how *authentic* they felt

during caregiving with the same item used in Studies 1 and 2. *Emotional well-being* was a composite of how “happy/pleased/joyful” and “bad/frustrated/irritated” (reverse-scored) parents felt during caregiving ($\rho = .69$). *Relationship quality* was measured with two items: “How satisfied did you feel with your relationship with your child in this situation?” and “How close did you feel to your child in this situation?” ($\rho = .84$). *Responsiveness to a child’s needs* was assessed with the item: “How much did you meet your child’s needs in this situation?” *Care difficulty* and *child mood* were measured with the same items as in Studies 1 and 2. Lastly, parents completed a *manipulation check*: “Overall, how willing were you to care for your child’s needs in this situation?”

Results

Our analytical strategy was the same as that of Study 1, except that we contrast coded the parental communal strength conditions (*high* = 1, *low* = -1). First, the parental communal strength manipulation was successful, $t(352) = -3.19$, $p = .002$, with parents in the high communal strength condition reporting they were significantly more willing to care for their child’s needs ($M = 6.63$, $SD = 0.89$) than parents in the low communal strength condition ($M = 6.31$, $SD = 1.03$; $r_{\text{difference}} = .16$ [.06, .26]). As shown in Table 2 and generally replicating results from Studies 1 and 2, parents in the high communal strength condition reported greater authenticity, emotional well-being, and relationship quality than parents in the low communal strength condition. However, there were no differences between conditions regarding how responsive parents felt to their child’s needs. In addition, greater felt authenticity significantly mediated differences between parents in the high versus low communal strength conditions in emotional well-being, relationship quality with their children, and responsiveness to their child’s needs. Lastly, after simultaneously controlling for parents’ perceptions of care difficulty and their child’s mood—two factors related to parental outcomes during caregiving (see OSMs Table S3)—all results for emotional well-being (indirect effect: .08 [.04, .12], $p < .001$), relationship quality (indirect effect: .11 [.05, .17], $p < .001$), and responsiveness (indirect effect: .10 [.04, .17], $p = .002$) remained significant.

Discussion

Three studies provided converging support for our prediction that parents higher in communal strength experience caregiving as more rewarding than parents lower in communal strength. Study 1 provided cross-sectional support for our model of the rewards of caregiving in a recalled, recent instance of care. In Study 2, we replicated our model of the rewards of caregiving for communal parents in daily life. Lastly, results from Study 3 provided causal evidence that parents induced to feel higher communal strength experience greater emotional well-being, relationship quality, and responsiveness due to greater feelings of authenticity during

caregiving relative to parents induced to feel lower communal strength. Across all studies, the rewards of caregiving could not be accounted for by perceived difficulty of care or perceptions of a child’s mood. Furthermore, we ruled out the possibility that highly communal parents find caregiving rewarding simply because they are more child-centric, idealize parenthood more, or engage in qualitatively different caregiving behaviors than less communal parents.

The current findings make several novel contributions to the study of communal relationships. Although parent–child relationships are one of our strongest communal bonds (Clark & Mills, 2012), this is the first set of studies to empirically examine communal strength in the parent–child relationship. Across three studies, the results indicate that even in relationships that are chronically imbalanced in the provision and receipt of care, being highly communal does not merely buffer individuals from the stress of providing care but predicts greater feelings of authenticity, emotional well-being, relationship quality, and responsiveness to a child’s needs. These findings help us understand *who* experiences greater well-being during caregiving, and in doing so, show that the rewards of being communal extend beyond adult close relationships.

Second, the current results help us understand *why* communally motivated parents experience greater rewards during caregiving. Our results indicate that for communal parents, caregiving is a context in which parents feel authentic, or true to themselves, which promotes greater emotional well-being, parent–child relationship quality, and responsiveness to a child’s needs. These findings dovetail with other work, showing that meeting the needs of *others* can have positive implications for the *self* (Crocker & Canevello, 2008; Debrot, Cook, Perrez, & Horn, 2012; Feeney & Collins, 2003; Impett, Gable, & Peplau, 2005; Kogan et al., 2010; Le et al., 2013). Importantly, we found that parents high in communal strength experienced caregiving to be rewarding above and beyond their levels of child-centrism and idealization of parenthood, indicating that being motivated to care for one’s child can be rewarding for parents without the need to sacrifice their own personal needs or idealize their roles as parents.

The current findings also have implications for the long-term maintenance of well-being in parent–child relationships. The fact that communally motivated parents experience rewards when responding to their children’s needs may bolster their ability to provide unilateral care when they know that their children are unable to provide care in return. Future research would benefit from examining the communal strength of children for their parents as they enter older adulthood. It is likely that the imbalance of care seen in parent–child relationships balances out as parents become more dependent on their children, and perhaps because children adopt communal norms from their parents (Clark & Jordan, 2002). We suspect that communally motivated children may also reap rewards when caring for their aging parents, but future research is needed to examine this possibility.

Lastly, the findings from these three studies contribute to a burgeoning area of inquiry on parenting and well-being

(Nelson et al., 2014; Senior, 2014) by highlighting that parental communal motivation may be one key to understanding why parenting may be joyful at times and negative at others. In conclusion, we found that communally motivated parents feel that caring for their children authenticates the self, which in turn promotes greater emotional well-being, enriches their bonds with their children, and promotes greater feelings of responsiveness to a child's needs. These findings extend communal relationships theory to the parent-child domain, contribute to a growing literature on the intrinsic rewards of caring for others, and help us understand for whom parenting is rewarding and why.

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Notes

1. Because the parental communal strength scale includes 1 item that conceptually overlaps with our primary outcomes of interest ("How happy do you feel when doing something that helps your child?"), we reran all of our analyses in Studies 1 and 2 after dropping this particular item from the scale. When doing so, all results remain unchanged.
2. Across all studies, mothers were significantly higher in communal strength than fathers; however, parent gender did not consistently moderate the associations between communal strength and the rewards of caregiving.

Supplemental Material

The online data supplements are available at <http://spps.sagepub.com/supplemental>.

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