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**Parent-Adult Child Relationships, Marital Status,  
and Mental Health among Retired Older Adults**

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Abstract

Guided by symbolic interactionism and a life course perspective, this study examined the associations between parent-adult child relationships and mental health of retired parents, with moderating effects of marital status. OLS regression models were estimated using data from 701 retired parents in National Surveys of Families and Households (T1:1987-88; T2:1992-93). Poor relationship with adult children was associated with more depressive symptoms, less happiness, and less psychological wellness. Single retirees reporting companionship indicated less depressive symptoms and more happiness. Communication was associated with more psychological wellness and proximity was associated with less depressive symptoms among single retirees. Children's economic stress was linked to less happiness among retirees. Findings suggest parent-adult child relationships are protective to mental health among single retired parents.

Keywords: parent-adult child relationships, mental health, marital status, longitudinal, depression, retirement

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Over the past three decades there has been a decline in the overall labor force participation of older adults in the United States. Moreover, the massive downsizing of U.S. companies since the 1990s has led to a decrease of labor force participation among relatively young old workers in their 50s (Quadagno, 1999). Given a current demographic trend toward increasing life expectancy, the period of time during which adults live as retirees is continuing to increase. Therefore, understanding the determinants of mental health among retirees is of critical contemporary significance.

Researchers have paid little attention thus far to how retirees' relationship quality with adult children may help predict their mental health outcomes. As Suitor and colleagues (1996) pointed out, researchers have usually ignored the potential moderating effects of parent-adult child relationships in their investigations of the effects of life transitions in middle and later adulthood on psychological well-being and physical health. Research on retirement has been no exception. Work and family role identities usually comprise an individual's most primary role identities. Loss of the work role identity after retirement may lead to an increase in the importance of family role identities for retirees' sense of self and well-being, because family roles as spouses or parents tend to be maintained through and after retirement. Moreover, considering the increasing evidence regarding the overall effects of parent-adult child relationships on mental health (e.g., Chen & Silverstein, 2000; Lang & Schutze, 2002; Russell & Cutrona, 1991; Silverstein & Bengtson, 1994; Thompson & Heller, 1990), the lack of

examination of the effects of parent-adult child relationships on mental health among retired older parents is a significant gap in our understanding of older retired adults' well-being. The focus of this study was to address this gap by using longitudinal U.S. national population data to investigate the effects of various dimensions of parent-adult child relationships on mental health over time among retired parents, as well as to explore whether these effects might be moderated by parents' gender and marital status.

### THEORETICAL BACKGROUND

This study was guided by a life course perspective and structural symbolic interactionism's role-identity theory. The life course perspective guides the contextual study of human development with five principles: The principle of lifelong development and aging, the principle of human agency, the principle of historical time and place, the principle of timing, and the principle of linked lives (Elder, 1998; Elder & Johnson, 2003). Among these principles, the principle of linked lives specifically guided this study. Linked or interdependent lives refers to the idea that individual lives are intimately connected to the lives of others, and individual development depends on and is influenced by these connections (Elder, 1998). This interdependence of lives may accompany an unexpected situation and result in a need for synchronization among individuals in families. Linked lives may compel or impede potential options available to the individual, or they may function as resources for the individual (Settersten, 2003).

The linked lives principle implies that life experiences of one generation may influence the well-being of other generations as well as their own well-being. Therefore, we can hypothesize that economic stress occurring in an adult child's life may also influence a retired

parent's mental health. We might also expect that living arrangements in relation to adult children (coresidence, proximity), companionship, communication, and quality of relationships with adult children might all be important for retired parents' mental health.

Complementing the life course perspective, role-identity theory, based in structural symbolic interactionism (Stryker, 1980, Stryker & Statham, 1985) posits that selves/identities are derived from social structure—i.e., social roles--and the behavioral expectations that derive from social structure and social roles. Sense of self, identities, and even self-concept are developed from social relationships through social interaction in social roles (Thoits, 1999). Additionally, the identity salience hypothesis of role-identity theory emphasizes the function of the identity hierarchy of an individual. Although any stressors that an individual regards as a threat or discrepancy to his or her identities can be harmful to their mental health, if an individual's more salient identity is threatened by stressors, the negative health effects of stressors can be greater than in the case of less salient identities (Brown, Bifulco, & Harris, 1987; Stryker, 1980; Thoits, 1992, 1995). The logic of the identity salience hypothesis guided this study to examine the potential moderating effects of gender and marital status of retired parents on the associations between multiple dimensions of parent-adult child relationships and mental health among retired parents. Considering that single retired parents may experience even higher salience of the parental role in contrast to married retired parents who have a spouse role as well as parent role, we hypothesized that salience of parent-adult child relationships would be greater for well-being among single retired parents in contrast to married retired parents. Therefore, we expected that the effects of parent-adult child relationships on retired parents' mental health would be stronger among single retired parents than married retired parents. Similarly, mothers may be more

vulnerable to their relationships with adult children than fathers in terms of the mental health effects of parent-adult child relationships. Research has suggested that women tend to place a higher salience on the parental role-identity than men (Daniels & Weingarten, 1983; LaRossa & LaRossa, 1981). If the parental role-identity is more salient for mothers than fathers, differences in parent-adult child relationship factors may have stronger effects on mothers than fathers. Therefore, we expected that the effects of parent-adult child relationships on mental health among parents would be greater among retired mothers than retired fathers.

#### EMPIRICAL BACKGROUND

There is very little literature that specifically examines how parent-adult child relationships influence retired parents as a specific population subgroup of parents. Most of the literature in this area includes employed as well as unemployed parents. We review this literature here.

##### *Global relationship quality with adult children.*

Although only a limited number of studies have investigated the effects of parents' perceived quality of relationships with their adult children on those parents' well-being, research evidence consistently has shown beneficial effects of perceived positive aspects of parent-child relationships (Levitt, Guacci, & Weber, 1992; Silverstein & Bengtson, 1991; Whitbeck, Hoyt, & Tyler, 2001) and problematic effects of perceived negative aspects of intergenerational relationships on parents' well-being (Umberson, 1992; Whitbeck, Hoyt, & Tyler, 2001).

Interestingly, problematic effects of negative aspects of relationship quality on parents' mental health have been found to be stronger than protective effects of positive aspects of parent-child relationship qualities (Umberson, 1992). Moreover, research has suggested that the

presence of a good (caring) vs. poor (conflicting) relationship with at least one adult child influences well-being of older parents in both positive and negative ways (e.g., Whitbeck, Hoyt, & Tyler, 2001). Based on this evidence, this study hypothesized that 'having a poor relationship with at least one adult child' would be associated with poorer mental health among retired parents over time.

### *Companionship*

Empirical studies directly examining the effects of intergenerational companionship on parents' mental health are not available. However, we can speculate on this association from other related empirical evidence. For example, emotional support from adult children has been shown to be associated with decreased levels of depressive symptoms among older parents (Lang & Schutze, 2002). Similarly, a sense of embeddedness within a social network, which can include companionship from adult children, may lead to fulfillment of related social roles, thereby increasing an individual's feeling of purpose in life, and consequently functioning as a protective factor for mental health (House, Umberson, & Landis, 1988). Therefore, this study examined the hypothesis that greater companionship provided from adult children would lead to better mental health among retired parents over time.

### *Communication*

Ranzijn and colleagues (Ranzijn, Adelaide, & Luszcz, 1994) found that more frequent contacts with adult children led to higher morale among older parents. Additionally, satisfaction for contacts with adult children also was shown to have significant effects on parents' mental health, and interestingly, these patterns were stronger among single parents (Ranzijn, Adelaide,

& Luszc, 1994). We therefore hypothesized that greater frequency of communication would be associated with better mental health over time for retired parents.

### *Proximity*

Having a proximate living adult child might be expected to be beneficial to parents' well-being because geographical proximity with adult children might provide older parents with the perception of support availability in case of need, which could lead older parents to experience a greater feeling of safety and well-being among parents (Connidis & Davies, 1990; Dewit, Wister, & Burch, 1988; Glenn & McLanahan, 1981; Krause, Liang, & Keith, 1990).

However, as Tomassini, Wolf, and Rosina (2003) pointed out, there are only a few empirical studies on geographical proximity between parents and adult children. Moreover, there is very little empirical evidence concerning the associations between intergenerational geographical proximity and the well-being of older parents. Older Chinese parents who lived close to their adult children reported higher morale than those who did not (Chen & Silverstein, 2000). Ha and Carr (2005) reported empirical evidence that living close to adult children was linked to significantly lower levels of psychological distress among widowed older parents over 65, even after controlling their relationship quality. Although these studies showed clear associations between proximity and well-being of older parents, their results are based on the investigations of specific populations--Chinese older adults and widowed older adults. This study examined the association between proximity of adult children to their retired parents and mental health of retired parents, hypothesizing that having at least one proximate adult child would be associated with better mental health over time for retired parents.

*Coresidence*

Review of research to date reveals that a limited number of studies have examined the impact of coresidence with adult children on older parents' mental health on older parents (Aquilino & Supple, 1991; Kivett & Learner, 1982; Pillemer & Suito, 1991a; Suito & Pillemer, 1988; Umberson, 1992) and these studies have yielded mixed results. Some studies have reported negative effects of coresidence, such as parents' decreased well-being and poorer parent-adult child relationships (Aquilino & Supple, 1991; Umberson, 1992), and some studies have found no negative consequences of coresidence with adult children (Kivett & Learner, 1982; Suito & Pillemer, 1988). These inconsistent results may come from the diversity of samples, in terms of age, marital status, and gender of both generations. Interestingly, there is suggestive evidence that coresidence with adult children is more beneficial to widowers' mental health (Cramer, 1993). This study hypothesized that due to it being nonnormative in U.S. culture, having a coresiding adult child at either or both time points would be associated with poorer mental health for retired parents.

*Problems in children's lives*

Research evidence has suggested that problems in the lives of children influence their parents' mental health regardless of both generations' age and developmental stages (Ambert, 1992; Long & Mancini, 1989; Pillemer & Suito, 1991b; Umberson, 1989). Moreover, adult children's problems have been shown to have direct effects on parents' mental and physical health as well as indirect effects on parents' well-being through parents' reported levels of marital conflict or parents' reported stress due to burden of providing support to adult children who have problems (e.g., Greenberg & Becker, 1988). We hypothesized that retired parents who

reported economic stress in at least one adult child's life would evidence poorer mental health over time than retired parents who did not report having a child experiencing economic stress.

Research to date has suggested that mental health is linked to age, race-ethnicity, education, income, and health status change (e.g., Ross, Mirowsky, & Goldsteen, 1990). Therefore, this study controlled these variables and Time 1 baseline mental health in all analyses.

In sum, guided by a life course perspective and structural symbolic interactionism's role-identity theory, this study aimed to investigate the effects of multiple dimensions of parent-adult child relationships on the mental health of continuously retired parents over a period of five years, as well as the moderating effects of parents' gender and marital status on the associations between parent-adult child relationships and mental health of continuously retired parents. We hypothesized the following:

Hypothesis 1 (H1). Retired parents who report poorer global quality of relationship with at least one adult child, retired parents who have at least one coresident adult child over a period of five years, and retired parents who have at least one economically distressed adult child will evidence poorer mental health (more increase in depressive symptoms, more decline in happiness, and less psychological wellness) over time than their retired parent peers who do not report these experiences. By contrast, retired parents who reported companionship with at least one adult child, retired parents who have at least one proximate adult child (i.e., living within 50 miles) over a period of five years, retired parents who have at least one adult child with whom they have frequent communication (i.e., at least once a week) over a period of five years will evidence better mental health (less increase in depressive symptoms, more increase in happiness, and more psychological wellness) than their retired parent peers who do not report these experiences.

Hypothesis 2 (H2). Retired mothers will experience more problematic effects from problematic factors and greater beneficial effects from beneficial factors (as hypothesized in H1) from parent-child relationships than retired fathers.

Hypothesis 3 (H3). Compared to the mental health change of married retired parents over time, mental health outcomes of continuously retired parents who were continuously single or experienced a transition to becoming single over five years will be more influenced (for better or worse) by relationships with adult children. Specifically, continuously single or newly single retired parents will be expected to evidence more mental health benefits from more companionship, more proximity, and having more frequent communication with adult children than their married peers. Likewise, continuously single retired parents or newly single retired parents will be expected to report poorer mental health when they report poor global relationship with an adult child, having a coresident adult child, and having an economically distressed child than their married counterparts.

## Method

### *Data*

This study analyzed two waves of data from the National Survey of Families and Households (NSFH). Time 1 (T1: 1987-1988) included 13,007 non-institutionalized American adults aged 19 and over. It consisted of 9,637 main respondents who were randomly selected from each household and a double-sample of African-Americans, Mexican-Americans, Puerto Ricans, single parents, step-parents, cohabitators, and recently married persons. Time 2 (T2: 1992-1993) re-interviewed 10,005 of the original respondents from Time 1. The data for both T1 and T2 were collected through face-to-face interviews and self-administered questionnaires. The

response rates for T1 and T2 were 75% and 82%, respectively. To correct for selection probabilities and nonresponse and make the sample reflect the composition of the U.S. population on age, sex, and race-ethnicity, sampling weights are provided (see Sweet, Bumpass, and Call, 1988; Sweet & Bumpass, 1996, for more design details).

The analytic sample for this study included NSFH main respondents who (1) were age 50 and over at T1, (2) had only adult children (age 19 and over) both at T1 and T2, (3) were continuously retired between T1 and T2, (4) were single between T1 and T2 *or* became single between T1 and T2 *or* were continuously married to the same spouse between T1 and T2, and (5) did not require care or assistance because of a disability or chronic illness during the last 12 months at T1 (N = 701; 478 mothers, 233 fathers). Continuously retired parents over a period of five years were identified by working status at both T1 and T2, working experiences between T1 and T2, and self-defined retirement status at T2. Those who (1) did not work at both T1 and T2 time points, and (2) did not work for pay between T1 and T2, and (3) defined themselves as “completely retired” at T2 were categorized into “continuously retired from T1 to T2” and included in this study as the analytic sample.

### *Measures*

*Global relationship quality.* A measure of global relationship quality with adult children was constructed from respondents’ reports at T1 that asked about global relationship quality with each adult child (1 = *very poor* to 7 = *excellent*). If respondents indicated a report of less than 4 (midpoint value) on quality for one or more children, they were coded 1 as having a “poor relationship” (Poor global relationship = 1). All other parents were coded 0. (See Table 1 for correlations and descriptive for all analytic variables.)

*Companionship.* Respondents who reported at least one adult child provided companionship on regular basis at T1 were coded as “having companionship” with an adult child (Companionship = 1). Those who did not report having an adult child providing companionship were coded in the “no companionship” category (Companionship = 0).

*Communication.* Frequency of communication with adult children during last 12 months was assessed at both T1 and T2. If respondents had at least one adult child whom they talked with once a week or more frequently, they were categorized into a “frequent communication” group. If respondents didn’t have any adult child with whom they had telephone or letter communication at least once a week, they were coded in the “no frequent communication” group. Based on this information, parents who experienced frequent communication either at T1 or T2, or at both T1 and T2 were coded 1 as having a “frequent communication T1-T2” (Communication T1-T2 = 1). Other parents who did not report frequent communication at either T1 or T2 were categorized as having “no frequent communication” (Communication T1-T2 = 0).

*Proximity.* Proximity was assessed by geographic proximity with adult children between T1 and T2. If a respondent reported at least one adult child who lived within 50 miles, he/she was categorized as “having a geographically proximate adult child” at each time of assessment. Otherwise, a parent was categorized into having “no proximate child” for that time point. Both T1 and T2 asked the same item about proximity with each child who was not coresiding with respondents. Based on this information, parents who indicated a proximate living adult child at either T1 or T2, or both at T1 and T2 were coded 1 as having a “proximate adult child T1-T2” (Proximity T1-T2 = 1). Other parents who did not report a proximate living adult child either at T1 or T2 were categorized as having “no proximate adult child” (Proximity T1-T2 = 0).

*Coresidence.* Coresidence with an adult child was also assessed both at T1 and T2.

Respondents who reported at least one adult child who coresided with them were categorized into having a coresident adult child at each time point. Respondents who did not report any coresident adult child were categorized into not having a coresident adult child at that time point. Based on this information, respondents who reported at least one coresident adult child either at T1 or T2, or both at T1 and T2 were coded 1 as having a “coresident adult child T1-T2” (Coresidence T1-T2 = 1). Other parents who did not indicate a coresident adult child either at T1 or T2 were categorized as having “no coresident adult child” (Coresidence T1-T2 = 0).

*Economic stress of an adult child.* Having an economically distressed adult child was assessed with items asking economic situation of each adult child at T2 (1 = *very well off* to 5 = *very poor*). If respondents had at least one adult child who they indicated as poor or very poor, they were categorized into having “an economically stressed child” (Economic stress of child=1). If they didn’t have any adult child who they rated poor or very poor, they were coded in the category of having “no economically stressed child” (Economic stress of child = 0).

To evaluate multidimensional aspects of mental health, this study included both hedonic (*depressive symptoms* and *happiness*) and eudaimonic (*psychological wellness*) dimensions of mental health (Keyes, Shmotkin, & Ryff, 2002).

*Depressive symptoms.* Depressive symptoms was assessed at both T1 and T2 by using a 12- item modified version of the Center for Epidemiological Studies Depression (CES-D) index (Radloff, 1977) (T1 alpha = .91, T2 alpha = .90). Respondents were asked, “ “On how many days during the past week did you... (a) Feel bothered by things that usually don’t bother you? (b) Not feel like eating; your appetite was poor? (c) Feel that you could not shake off the blues

even with help from your family or friends? (d) Have trouble keeping your mind on what you were doing? (e) Feel depressed? (f) Feel that everything you did was an effort? (g) Feel fearful? (h) Sleep restlessly? (I) Talk less than usual? (j) Feel lonely? (k) Feel sad? (l) Feel you could not get going?" (0 = *None*, 7 = *7 days*). Due to the positive skew of this variable, we logged the summed score after adding a constant of 1.

*Happiness.* Happiness was assessed at both T1 and T2 by a single-item standard measure of global happiness asking, "Taking all things together, how would you say things are these days?" (1 = *very unhappy* to 7 = *very happy*).

*Psychological wellness.* Positive psychological wellness, a composite psychological wellness index assessed at T2 was evaluated. This index assesses six dimensions of psychological wellness (Ryff & Keyes, 1995) and respondents were asked agreement to each item (1 = *strongly disagree*, 6 = *strongly agree*): purpose of life (e.g., "Some people wander aimlessly through life, but I am not one of them"), self-acceptance (e.g., "When I look at the story of my life, I am pleased about how things have turned out"), environmental mastery (e.g., "I am quite good at managing the many responsibilities of my daily life"), positive relations with others (e.g., "Maintaining close relationships has been difficult and frustrating for me"), personal growth (e.g., "For me, life has been a continuous process of learning, changing, and growth"), and autonomy (e.g., "I judge myself by what I think is important, not by the values of what others think is important"). The "positive relations with others" subdimension of psychological wellness index was excluded and only 15-items (3-items for each dimension) were included in this study, because items in the "positive relations with others" subdimension have some conceptual overlap with parent-adult child relationship variables. This index was not included at

T1, therefore T1 depressive symptoms was included as a control for baseline well-being in all models evaluating this outcome (T2, 15-item alpha = .71).

*Marital status continuity and change.* Marital status continuity and change between T1 and T2 was classified based on information provided by respondents on marital status and history. Those who were continuously married to the same person from T1 to T2 were classified as continuously married. Those who were separated or divorced or widowed or never married at T1 and remained separated or divorced or widowed or never married at T2 (without a marriage between T1 and T2) were categorized into “continuously single.” Those who were married at T1 and separated or divorced or widowed at T2 were coded as “new single.” Respondent who were continuously single or newly single between T1 and T2 were categorized into one group, “single (contrast to continuously married)” in this study, due to limited cell sizes for examination of interactions of parent-adult child relationships variables by marital status.

*Control variables.* Variables for age at T1, race-ethnicity (1 = Nonwhite, 0 = Non-Hispanic white), years of education (0-20 years), logged household income at T2 (missing values coded -1), missing on household income at T2 (1 = missing on household income, 0 = household income was reported), parental type (has step-child only, has biological or adopted child and step-child, has biological or adopted child only [reference group]), and self-assessed global health change from T1 to T2 were included as controls in all analyses. Global health change was assessed by difference in self-assessed global health score obtained at both T1 and T2 by asking respondents, “Compared to other people in your age, how would you describe your health?” (1 = *very poor* to 5 = *excellent*).

Because the results of models estimated with weighted and unweighted data presented a similar pattern, the analytic results with unweighted data are reported here because unweighted results provide more reliable and efficient parameter estimates than weighted ones (Winship & Radbill, 1994).

## RESULTS

Our first analysis examined parent-adult child relationship variable by gender interactions to evaluate evidence for our H2, predicting that retired mothers would experience greater effects (for better and worse) from parent-child relationships than retired fathers. Specifically, each outcome was regressed on the parent-adult child relationship variables, gender, gender by parent-adult child relationship variables, and the relevant T1 mental health measure and controls. The analytic results revealed only one significant gender difference in the association between parent-adult child relationship variables and mental health of parents supporting our hypothesis. Specifically, retired mothers who indicated companionship with adult children reported higher levels of psychological wellness compared with their retired father counterparts ( $b = 4.67$ ,  $p \leq .05$ ), which supported H2 positing more beneficial effect of positive parent-adult child relationship dimension on mothers' mental health compared to fathers'. Based on this modest evidence regarding gender hypothesis (H2) across such a large number of parameter estimates, we deemed it most appropriate not to overinterpret this one gender difference and to proceed with analyses of H1 and H3 based on the gender-combined sample.

Our next set of analyses included estimation of seven models for each outcome (see Table 2 through Table 4). The first model included all the parent-adult child relationship

variables and all controls. From the second model to the seventh model, each parent-adult child relationship variable by marital status interaction was added to Model 1 to test evidence for H3.

*Global relationship quality and parents' mental health*

Consistent with H1, we found that having a poor relationship with at least one adult child was associated with a greater increase in depressive symptoms (Table 2, Model 1;  $b = .39$ ,  $p \leq .05$ ), a greater decrease in happiness (Table 3, Model 1;  $b = -.56$ ,  $p \leq .05$ ), and lower levels of psychological wellness among retired parents over time (Table 4, Model 1;  $b = -3.23$ ,  $p \leq .05$ ). Moreover, these associations between a poor relationship with adult children and mental health among retired parents were found regardless of marital status among retired parents (Tables 2-4, Model 2).

*Companionship and parents' mental health*

Contrary to H1 positing the link between companionship with adult children and better mental health among retired parents, no significant main effect of companionship with adult children on retired parents' mental health was observed. However, congruent with H3, having companionship with at least one adult child was associated with a greater decrease in depressive symptoms among single retired parents (Table 2, Model 3;  $b = -.74$ ,  $p \leq .01$ ). Figure 1 illustrates that single retired parents who reported companionship with adult children at T1 indicated lower levels of depressive symptoms at T2 than single retired parents who did not indicate companionship with adult children at T1. By contrast, married retired parents who reported companionship with adult children at T1 indicated somewhat higher levels of depressive symptoms than married retired parents who did not have companionship with their adult children at T1.

Similarly, companionship with an adult child at T1 was associated with a greater increase in happiness among single retired parents compared to married retired parents (Table 3, Model 3;  $b = .60$ ,  $p \leq .05$ ). Figure 2 illustrates that single retired parents who reported companionship with adult children at T1 reported higher levels of happiness at T2 compared to single retired parents who did not indicate companionship with adult children at T1. By contrast, married retirees who reported companionship with adult children at T1 did not evidence a substantial difference in the level of happiness compared to married retired parents who did not indicate companionship with adult children at T1.

#### *Communication and parents' mental health*

Contrary to H1, frequent communication with at least one adult child was not found to have a significant main effect on mental health among retired parents. However, as expected in H3, a significant moderating effect of marital status on the association between communication and psychological wellness among retired parents was found (Table 4, Model 4;  $b = 4.98$ ,  $p \leq .05$ ). Figure 3 illustrates that single retired parents who experienced frequent communication with at least one adult child reported higher psychological wellness at T2 compared to single retired parents who did not have frequent communication with adult children. By contrast, married retired parents who reported frequent communication with at least one adult child indicated a lower level of psychological wellness compared to married retired parents who did not experience frequent communication with adult children.

#### *Proximity and parents' mental health*

Contrary to H1, proximity with an adult child was associated with lower levels of psychological wellness among retired parents (Table 4, Model 1;  $b = -3.47$ ,  $p \leq .01$ ). However,

consistent with H3, the experience of proximity with at least one adult child over time was associated with a greater decrease in depressive symptoms among single retired parents compared to their married retired peers (Table 2, Model 5;  $b = -.57$ ,  $p \leq .05$ ). Figure 4 illustrates that single retired parents who experienced proximate living with at least one adult child indicated lower levels of depressive symptoms compared to single retired parents who did not have proximate adult children at either T1 or T2. By contrast, married retirees who experienced proximate living with an adult child over time reported higher levels of depressive symptoms compared to married retired parents who did not indicate proximate adult children.

#### *Coresidence and parents' mental health*

Contrary to H1 and H3, no significant main effect of coresidence with at least one adult child on mental health among retired parents was observed. Additionally, no significant moderating effect of marital status on the association between coresidence and mental health among retired parents was found.

#### *Economic distress of adult children and parents' mental health*

In accordance with H1, having at least one adult child experiencing economic stress was associated with a greater decrease in happiness of retired parents (Table 3, Model 1;  $b = -.61$ ,  $p \leq .001$ ). However, contrary to H3, no significant differences of this association contingent on marital status of retired parents were found.

## DISCUSSION

Guided by a life course perspective and structural symbolic interactionism's role-identity theory, this study aimed to examine the effects of various dimensions of parent-adult child relationships on the mental health of retired parents, as well as the moderating effects of gender

and marital status of retired parents on these associations. Specifically, this study hypothesized that positive aspects of parent-adult child relationships (companionship, communication, proximity) would be beneficial to mental health among retired parents, while negative aspects of parent-adult child relationships (poor global relationships, coresidence, economic distress of adult children) would be detrimental to mental health among retired parents. We further hypothesized that the effect of parent-adult child relationships on mental health of retired parents would be greater (for better or worse) among retired mothers than retired fathers and among single retired parents than married retired parents due to the greater salience of the parent role-identity among retired mothers and single retired parents compared to retired fathers and married retired parents.

In the first step of analyses, we found only very modest evidence regarding our H2 positing the moderating effect of parents' gender on the associations between parent-adult child relationships and mental health of retired parents. Specifically, only companionship from an adult child was associated with higher levels of psychological wellness among retired mothers compared to retired fathers.

Although this modest evidence regarding gender differences on the associations between parent-adult child relationships and mental health among retired parents does not provide solid support to our gender hypothesis, it is consistent with studies suggesting no significant gender differences in the association between parental role experience and psychological distress among parents across various age groups (Evenson & Simon, 2005; Simon, 1992). Although research has suggested that the parent role is more salient to women than to men (e.g., Daniels & Weingarten, 1983; LaRossa & LaRossa, 1981), and studies examining the identity salience

hypothesis have provided evidence that negative experiences in an individual's most salient roles yield more detrimental effects on health (e.g., Degarmo & Forgatch, 2002; Marcuss, Ritter, & Safron, 2004), our results as well as those of some other studies (e.g., Evenson & Simon, 2005; Simon, 1992) did not reveal significant gender differences in the link between parental role experiences and parents' distress and may suggest that the parenting role has grown to have more similar salience over time as women's and men's social roles have begun to converge in American society (Barnett, Brennan, & Marshall, 1994). It may also be that the salience of the parenting role also becomes more similar for men and women in retirement and with only adult children.

Among negative aspects of parent-adult child relationships, poor relationships with adult children and economic stress of adult children were associated with poorer mental health among retired parents regardless of their marital status trajectories. Retired parents who reported a poor relationship with an adult child indicated a greater increase in depressive symptoms, a greater decrease in happiness, and less psychological wellness over time compared to retired parents who did not report a poor relationship with adult children. These results are congruent with evidence suggesting the detrimental effects of perceived negative aspects of intergenerational relationships on parents' mental health (Umberson, 1992; Whitbeck, Hoyt, & Tyler, 2001). Moreover, analytic results of this study revealed these associations were consistent among retired parents regardless of their marital status trajectories, which provides solid evidence about the longitudinal negative effects of having a poor relationship with an adult child on various dimensions of mental health among retired parents.

Economic stress of an adult child was linked with less happiness among retired parents regardless of their marital status trajectories over time, which is in accordance with empirical studies suggesting harmful effects of problems in children's lives on their parents' mental as well as physical health across the life span (Ambert, 1992; Cook, 1988; Greenberg & Becker, 1988; Long & Mancini, 1989; Pillemer & Suitor, 1991b; Umberson, 1989). As Ryff, Schmutte, and Lee (1996) suggested, lives of generations are so closely intertwined each other that achievement or difficulties in children's lives might be regarded as parents' own outcomes, and consequently influence parents' well-being. This result also adds support to the linked lives assumption of the life course perspective. As Elder and Johnson (2003) pointed out, due to the interdependence of lives between family members, what is occurring in the lives of children, even adult children, may have important developmental impact on parents, which may contribute to the mental health outcomes of older parents.

Among positive aspects of parent-adult child relationships, companionship and communication with adult children were found to be beneficial to retired parents' mental health contingent on their marital status. Companionship with adult children was associated with a greater decrease in depressive symptoms and a greater increase in happiness among single retired parents compared to married retired parents. This result is congruent with previous studies indicating a linkage between emotional support from adult children and better mental health among parents (Dalgard & Haheim, 1998; Lang and Schutze, 2002; Ross & Mirowsky, 2002).

Communication with adult children was more beneficial to psychological wellness among single retired parents compared to married retired parents, in accordance with studies indicating more social contacts are linked to better mental and physical health among older

parents (Beckett et al., 2002; Ranzijn, Adelaide, & Luszcz, 1994; Sugisawa, Liang, & Liu, 1994; Wu & Rudkin, 2000).

Unlike the above results supporting our hypotheses, proximity with adult children was associated with lower levels of psychological wellness among retired parents. This unexpected result might be explained by empirical evidence suggesting that excessive proximity or living together can be associated with less informal social integration with friends, neighbors, and relatives among older parents over time (Ha & Carr, 2005). We speculate that having a proximate adult child not only facilitates more association with adult children but also deprives retired parents of some opportunities to socialize with other informal network members and pursue other activities that might contribute to their psychological wellness. Considering empirical evidence that ambivalence toward children is significantly associated with lowered positive affect among older mothers (Pillemer, 2004), it might be that proximity with adult children might lead to less psychological wellness among retired parents through more proximate parents' greater opportunities to experience ambivalence in their relationships with adult children.

However, having proximate adult children was also linked with a greater decrease in depressive symptoms among single retired parents compared to married retired parents. Although single retired parents experience lowered psychological wellness linked to proximity with adult children like their married counterparts, single retired parents experienced less increase in depressive symptoms compared to married retired parents from proximity with adult children. Research to date has suggested that proximity with adult children may provide parents with the perception of support availability in case of need and it may lead to a feeling of safety (Connidis & Davies, 1990; DeWit, Wister, & Burch, 1998; Krause, Liang, & Keith, 1990). Since

single retired parents don't have spouses as potential support providers (Cutrona, 1996), the importance of proximate adult children as potential supporters in case of need would be expected to be more significant among single retired parents. Hence, this result adds evidence to suggest that parent-child relationships have more significance for single retired parents who do not have marital role relationships, which adds support for the role salience assumption of role-identity theory.

Findings of this study about the association between intergenerational proximity and mental health among retired parents also illustrates the importance of considering multiple dimensions of mental health in research on family role and well-being (Keyes, Shmotkin, & Ryff, 2002; Ryff, 1989). Although hedonic and eudaimonic well-being as well as positive and negative affect are moderately correlated, they have some unique correlates.

In sum, findings of this study provide evidence that various dimensions of parent-adult child relationships are independently associated with mental health among retired parents. Five of the six dimensions of parent-adult child relationships explored in this study were found to be significantly associated with at least one mental health outcome among retired parents, sometimes contingent on the marital status of retired parents.

Negative aspects of parent-adult child relationships were found to have main effects on mental health among retired parents regardless of their marital status trajectory. Having poor relationship with adult children was associated with a greater increase in depressive symptoms, a greater decrease in happiness, and lower levels of psychological wellness among retired parents over time. Economic stress of adult children was linked to a greater decrease in happiness among retired parents.

Unlike negative aspects of parent-adult child relationships, positive aspects of parent-adult child relationships have different associations with mental health of retired parents contingent on their marital status trajectory: The mental health of single retired parents was more benefitted by positive aspects of parent-adult child relationships than was the mental health of married retired parents. Companionship with adult children was associated with a greater decrease in depressive symptoms as well as a greater increase in happiness among single retired parents compared to married retired parents. Proximity with adult children was associated with a greater decrease in depressive symptoms among single retired parents compared to married retired parents. Communication with adult children was associated with higher levels of psychological wellness among single retired parents compared to married retired parents. These results add support for the hypothesis drawn from symbolic interactionism's role-identity theory that parent-adult child relationships have stronger linkages to mental health among single retirees compared to married retirees. They also suggest that parent-adult child companionship, communication, and proximity might mitigate some of the risk for poorer mental health that may accompany being unmarried in later midlife and older age.

In interpretation of the analytic results, the following potential limitations should be noted. First, empirical evidence has suggested that not only marital status but also quality of marital relationship is an important determinant of mental health. Therefore, because the salience of the parental role might be contingent on marital quality as well as marital status alone, future studies including marital relationship quality might provide additional understanding of the effects of parent-adult child relationships on older adults' mental health.

Secondly, two simplified marital status trajectory categories (single vs. married) were used in these analyses due to limited cell sizes in interaction variables for parent-adult child relationships by marital status. Considering the diversity among single parents related to duration of being single as well as reasons of being single (e.g., divorced, separated, widowed), and the different contexts and unique needs of these different single groups, future studies that differentiate singles into separate groups would add more understanding of parent-adult child relationships and their impact on older parents' mental health.

Notwithstanding these limitations, this study adds to existing evidence that adult children's and retired parents' lives remain linked in interdependent developmental trajectories. Various dimensions of parent-adult child relationships do impact the mental health of retired parents, and single retire parents benefit more from greater companionship, communication, and proximity to adult children than married retired parents do.

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Table 1 *Parent-Adult Child Relationships and Mental Health of Retired Older Parents: Correlations and Descriptive (N=701)*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1. Depressive symptoms (T2)	—																						
2. Depressive symptoms (T1)	.44	—																					
3. Happiness (T2)	-.41	-.28	—																				
4. Happiness (T1)	-.27	-.42	.33	—																			
5. Psychological wellness (T2)	-.36	-.24	.34	.17	—																		
6. Poor relationship <sup>a</sup>	.08	.08	-.08	-.07	-.12	—																	
7. Companionship <sup>a</sup>	-.03	.04	.07	.11	.03	-.11	—																
8. Communication <sup>a</sup>	.03	-.05	.02	.00	-.04	-.22	.11	—															
9. Proximity <sup>a</sup>	.07	.07	-.07	.02	-.15	-.05	.32	.25	—														
10. Coresidence <sup>a</sup>	.03	.00	-.08	-.01	-.03	-.03	.12	.10	.14	—													
11. Economic stress of child <sup>a</sup>	.06	.05	-.17	-.05	-.09	.12	-.06	-.07	.14	.11	—												
12. Age	-.05	-.02	.00	.07	.03	-.04	-.02	-.12	-.10	-.23	-.04	—											
13. Gender (1=woman) <sup>a</sup>	.14	.15	-.04	-.06	-.04	-.01	.10	.11	.07	.07	-.07	-.04	—										
14. Race-ethnicity (1=Nonwhite) <sup>a</sup>	.00	-.04	.03	.01	.01	.05	.02	.02	.08	.17	.23	-.05	.00	—									
15. Marital status (1=Single) <sup>a</sup>	.09	.13	-.10	-.14	-.06	.05	-.02	-.00	.02	-.03	.08	.24	.30	.09	—								
16. Education (Years)	-.06	-.11	.06	.08	.09	.01	-.04	.06	-.19	.01	-.13	-.14	-.05	-.37	-.19	—							
17. Household income (Logged)	.03	-.05	.05	.05	-.00	.01	.00	.03	-.07	-.03	-.10	-.08	-.10	-.15	-.15	.17	—						
18. Missing income (1=Missing) <sup>a</sup>	.01	-.02	.01	-.00	.04	-.04	.02	.04	.01	.11	.06	.03	.04	.08	.07	.00	-.55	—					
19. Step-child only <sup>a</sup>	-.09	-.10	.08	.08	.03	.01	-.07	-.03	.05	-.05	-.06	-.01	-.04	-.02	-.13	.03	.04	-.02	—				
20. Step- and biological child <sup>a</sup>	-.07	-.00	.02	-.01	-.02	.30	-.06	.01	.04	.10	.07	-.11	-.03	.04	-.06	.05	.04	-.05	-.05	—			
21. Biological child only <sup>a</sup>	.09	.04	-.05	-.02	.01	-.29	.08	.00	-.05	-.07	-.05	.10	.05	-.03	.10	-.05	-.05	.05	-.32	-.93	—		
22. Physical health change T1-T2	.12	-.09	-.00	.08	-.00	-.05	.02	.06	-.05	.04	.01	.02	.06	-.02	-.02	.07	.04	.03	-.02	-.02	.02	—	
<i>Mean</i>	2.04	1.96	5.54	5.56	68.27	.09	.77	.92	.85	.15	.20	68.75	.68	.15	.53	10.71	9.24	.02	.02	.13	.86	.01	
<i>SD</i>	1.25	1.27	1.43	1.41	8.80	.28	.42	.27	.35	.36	.40	7.76	.47	.36	.50	3.06	2.11	.12	.13	.33	.35	.85	
<i>Range</i>	0-4.44	0-4.44	1-7	1-7	21-88	0-1	0-1	0-1	0-1	0-1	0-1	50-89	0-1	0-1	0-1	0-20	0-12.03	0-1	0-1	0-1	0-1	0-1	

Note: Data from the National Surveys of Families and Households (NSFH) (T1:1987-1988, T2:1992-1993). Analyses are based on unweighted data.

<sup>a</sup>Dichotomous variables are reported as proportions.

Table 2 OLS Regression Analyses for Parent-Adult Child Relationship variables Predicting Depressive Symptoms of Retired Older Parents

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6		Model 7	
	B	SE												
Depressive symptoms at T1	.38***	.05	.38***	.05	.37***	.05	.38***	.05	.37***	.05	.38***	.05	.37***	.05
Age	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01
Gender (1=woman)	.23*	.13	.22*	.13	.19+	.13	.23*	.13	.22*	.13	.23*	.13	.24*	.13
Race-ethnicity (1=nonwhite)	.02	.18	.03	.18	.04	.18	.02	.18	.05	.18	.02	.18	.04	.18
Education (years)	-.00	.02	.00	.02	-.00	.02	-.00	.02	.00	.02	-.00	.02	-.00	.02
Household income (logged)	.05+	.03	.05+	.03	.05+	.03	.05+	.03	.05+	.03	.05+	.03	.05+	.03
Missing on income (1=missing)	.35	.53	.35	.53	.32	.52	.37	.53	.35	.53	.35	.53	.41	.53
Marital status (1=single)	.07	.12	.10	.13	.67**	.25	.26	.39	.55*	.28	.08	.13	.12	.13
Step-child only	-.48	.65	-.48	.65	-.60	.64	-.49	.65	-.54	.64	-.48	.65	-.46	.65
Biological and step-child	-.32*	.19	-.34*	.19	-.30*	.19	-.31*	.19	-.33*	.19	-.32*	.19	-.33*	.39
Biological child only (omitted)	—		—		—		—		—		—		—	
Health change T1-T2	.18**	.07	.18**	.07	.17**	.07	.18**	.07	.18**	.07	.18**	.07	.19**	.07
Poor relationship at T1	.39*	.22	.58*	.33	.38*	.22	.40*	.22	.42*	.22	.39*	.22	.39*	.22
Companionship at T1	-.19+	.15	-.19+	.15	.17	.19	-.19+	.15	-.15	.15	-.19+	.15	-.19+	.15
Communication T1-T2	.12	.21	.13	.21	.09	.21	.23	.30	.12	.21	.12	.21	.12	.21
Proximity T1-T2	.22	.17	.22+	.17	.28+	.17	.22+	.17	.49**	.22	.22+	.17	.21	.17
Coresidence T1-T2	.16	.17	.16	.16	.16	.16	.16	.17	.16	.17	.19	.22	.15	.17
Economic stress of child at T2	.16	.15	.16	.15	.14	.15	.16	.15	.16	.15	.16	.15	.32+	.23
Single x Poor relationship			-.33	.43										
Single x Companionship					-.74**	.27								
Single x Communication							-.21	.40						
Single x Proximity									-.57*	.30				
Single x Coresidence											-.05	.31		
Single x Economic stress of child													-.26	.38
Constant	1.15		1.12		.87		1.03		.86		1.14		1.11	
R <sup>2</sup>	.22		.22		.24		.22		.23		.22		.22	
F for change in R <sup>2</sup>	6.46***		0.61		7.61**		0.27		3.69*		0.02		0.78	

Note: Data from the National Surveys of Families and Households (NSFH) (T1:1987-1988, T2:1992-1993). Analyses are based on unweighted data.

+  $p \leq .10$ . \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ . (one-tailed).

Table 3 OLS Regression Analyses for Parent-Adult Child Relationship Variables Predicting Happiness of Retired Older Parents

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6		Model 7	
	B	SE												
Happiness at T1	.28***	.05	.28***	.05	.28***	.05	.28***	.05	.29***	.05	.28***	.05	.28***	.05
Age	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01	-.01	.01
Gender (1=woman)	-.20	.17	-.19	.17	-.18	.17	-.20	.17	-.20	.17	-.20	.17	-.21	.17
Race-ethnicity (1=nonwhite)	.26	.22	.25	.22	.22	.22	.26	.22	.23	.22	.26	.22	.25	.22
Education (years)	.04+	.03	.04+	.03	.04+	.03	.04+	.03	.04+	.03	.04+	.03	.04+	.03
Household income (logged)	.03	.04	.03	.04	.03	.04	.03	.04	.03	.04	.03	.04	.03	.04
Missing on income (1=missing)	.53	.63	.54	.63	.57	.63	.51	.63	.54	.63	.52	.63	.50	.64
Marital status (1=single)	.07	.16	.03	.17	-.40+	.31	-.16	.48	-.24	.35	.05	.17	.04	.17
Step-child only	.10	.98	.10	.98	.19	.97	.11	.98	.14	.98	.09	.98	.09	.98
Biological and step-child	.48*	.24	.49*	.24	.48*	.24	.47*	.24	.48*	.24	.48*	.24	.48*	.24
Biological child only (omitted)	—		—		—		—		—		—		—	
Health change T1-T2	-.05	.09	-.05	.09	-.05	.09	-.05	.09	-.06	.09	-.05	.09	-.05	.09
Poor relationship at T1	-.56*	.27	-.78*	.40	-.56*	.27	-.57*	.27	-.58*	.27	-.56*	.27	-.56*	.27
Companionship at T1	.28+	.19	.28+	.19	-.02	.25	.28+	.19	.27+	.19	.28+	.19	.28+	.19
Communication T1-T2	-.28	.27	-.30	.27	-.27	.27	-.41	.38	-.29	.27	-.28	.27	-.28	.27
Proximity T1-T2	-.18	.22	-.20	.22	-.21	.22	-.18	.22	-.36+	.28	-.19	.22	-.18	.22
Coresidence T1-T2	-.15	.22	-.15	.22	-.15	.22	-.15	.22	-.15	.22	-.21	.30	-.14	.22
Economic stress of child at T2	-.61***	.19	-.60***	.19	-.60***	.19	-.61***	.19	-.61***	.19	-.61***	.19	-.71**	.31
Single x Poor relationship			.37	.50										
Single x Companionship					.60*	.33								
Single x Communication							.25	.49						
Single x Proximity									.37	.37				
Single x Coresidence											.11	.42		
Single x Economic stress of child													.16	.38
Constant	4.47		4.50		4.69		4.62		4.64		4.48		4.50	
R <sup>2</sup>	.16		.16		.17		.16		.17		.16		.16	
F for change in R <sup>2</sup>	4.18***		0.55		3.22*		0.25		0.97		0.07		0.18	

Note: Data from the National Surveys of Families and Households (NSFH) (T1:1987-1988, T2:1992-1993). Analyses are based on unweighted data.

+ $p \leq .10$ . \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ . (one-tailed).

Table 4 OLS Regression Analyses for Parent-Adult Child Relationship Variables Predicting Psychological Wellness of Retired Older Parents

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6		Model 7	
	B	SE												
Depressive symptoms at T1	-1.20***	.36	-1.20***	.36	-1.19***	.36	-1.22***	.35	-1.20***	.36	-1.21***	.36	-1.21***	.36
Age	.02	.06	.02	.06	.02	.06	.02	.06	.02	.06	.02	.06	.02	.06
Gender (1=woman)	-1.00	1.01	-1.07	1.01	-.94	1.01	-1.08	1.00	-.97	1.01	-.99	1.01	-.98	1.01
Race (1=nonwhite)	1.94+	1.40	2.00+	1.41	1.89+	1.41	1.95+	1.40	1.86+	1.41	1.93+	1.40	1.96+	1.41
Education (years)	.37**	.16	.37**	.16	.36**	.16	.36**	.16	.36**	.16	.38**	.16	.37**	.16
Household income (logged)	-.14	.26	-.13	.26	-.14	.26	-.17	.26	-.14	.26	-.12	.26	-.13	.27
Missing on income (1=missing)	.32	3.96	.34	3.96	.35	3.96	-.10	3.96	.28	3.96	.63	3.98	.46	4.04
Marital status (1=single)	.02	.94	.22	.99	-.93	1.86	-4.55+	2.93	-1.41	2.15	.36	1.02	.08	1.02
Step-child only	1.75	4.98	1.77	4.98	1.93	4.99	1.92	4.97	1.92	4.99	1.91	4.98	1.78	4.99
Biological and step-child	1.20	1.42	1.07	1.43	1.17	1.42	1.01	1.42	1.23	1.42	1.22	1.42	1.17	1.43
Biological child only (omitted)	—		—		—		—		—		—		—	
Health change T1-T2	-.41	.52	-.42	.52	-.39	.52	-.42	.52	-.42	.52	-.41	.52	-.40	.52
Poor relationship at T1	-3.23*	1.70	-2.14	2.32	-3.23*	1.70	-3.30*	1.70	-3.28*	1.71	-3.26*	1.70	-3.22*	1.71
Companionship at T1	1.53+	1.09	1.55+	1.09	.95	1.47	1.63+	1.09	1.45+	1.10	1.50+	1.09	1.53+	1.09
Communication T1-T2	-1.44	1.65	-1.38	1.65	-1.39	1.65	-3.85*	2.20	-1.46	1.65	-1.50	1.65	-1.45	1.65
Proximity T1-T2	-3.47**	1.32	-3.45**	1.32	-3.54**	1.33	-3.55**	1.32	-4.24**	1.70	-3.41**	1.32	-3.47**	1.32
Coresidence T1-T2	-.59	1.28	-.62	1.28	-.58	1.28	-.57	1.27	-.58	1.28	.45	1.71	-.61	1.28
Economic stress of child at T2	-.00	1.17	.03	1.17	.01	1.17	.05	1.17	.02	1.17	.02	1.17	.26	1.87
Single x Poor relationship			-2.16	3.15										
Single x Companionship					1.20	2.03								
Single x Communication							4.98*	3.02						
Single x Proximity									1.68	2.29				
Single x Coresidence											-2.20	2.40		
Single x Economic stress of child													-.43	2.34
Constant	70.27		70.17		70.72		73.20		70.98		69.80		70.20	
R <sup>2</sup>	.10		.10		.10		.11		.10		.10		.10	
F for change in R <sup>2</sup>	2.63***		0.47		0.35		2.72*		0.54		0.84		0.03	

Note: Data from the National Surveys of Families and Households (NSFH) (T1:1987-1988, T2:1992-1993). Analyses are based on unweighted data.

+ $p \leq .10$ . \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ . (one-tailed).

Figure 1. Predicted depressive symptom scores across companionship categories for single and married retired parents

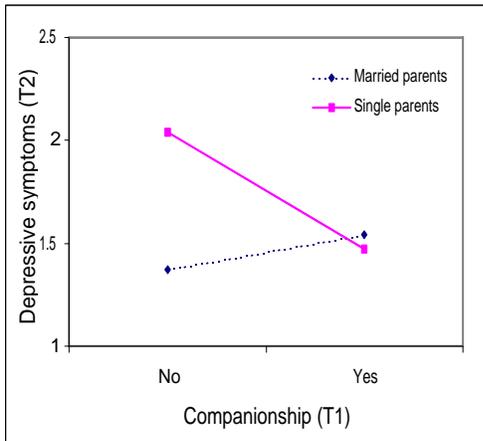


Figure 2. Predicted happiness scores across companionship categories for single and married retired parents

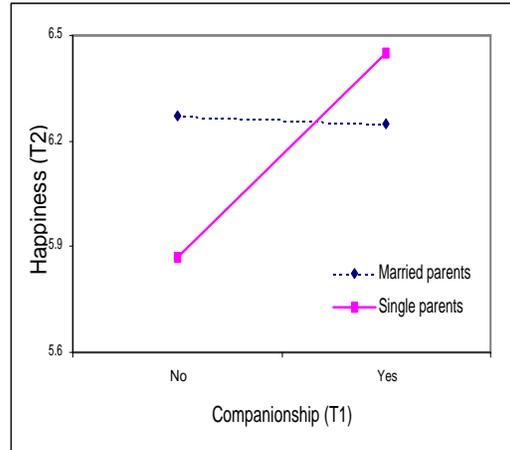


Figure 3. Predicted psychological wellness scores across communication categories for single and married retired parents

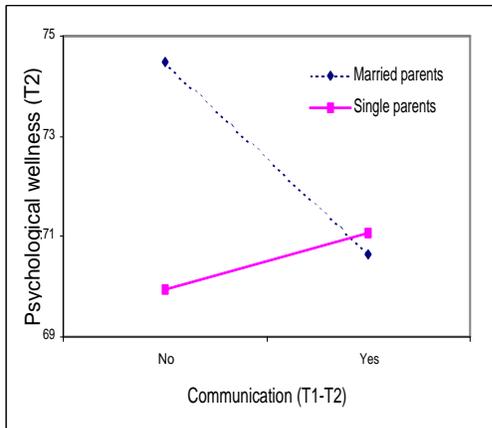
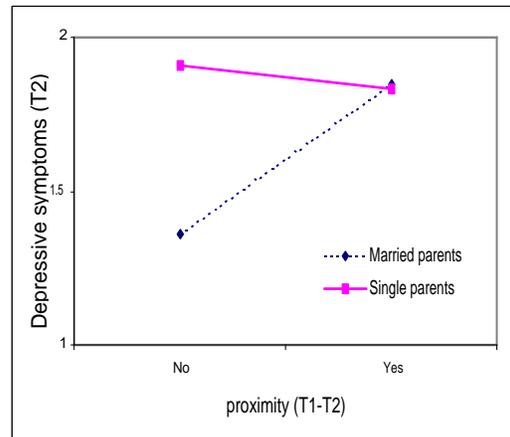


Figure 4. Predicted depressive symptom scores across proximity categories for single and married retired parents



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