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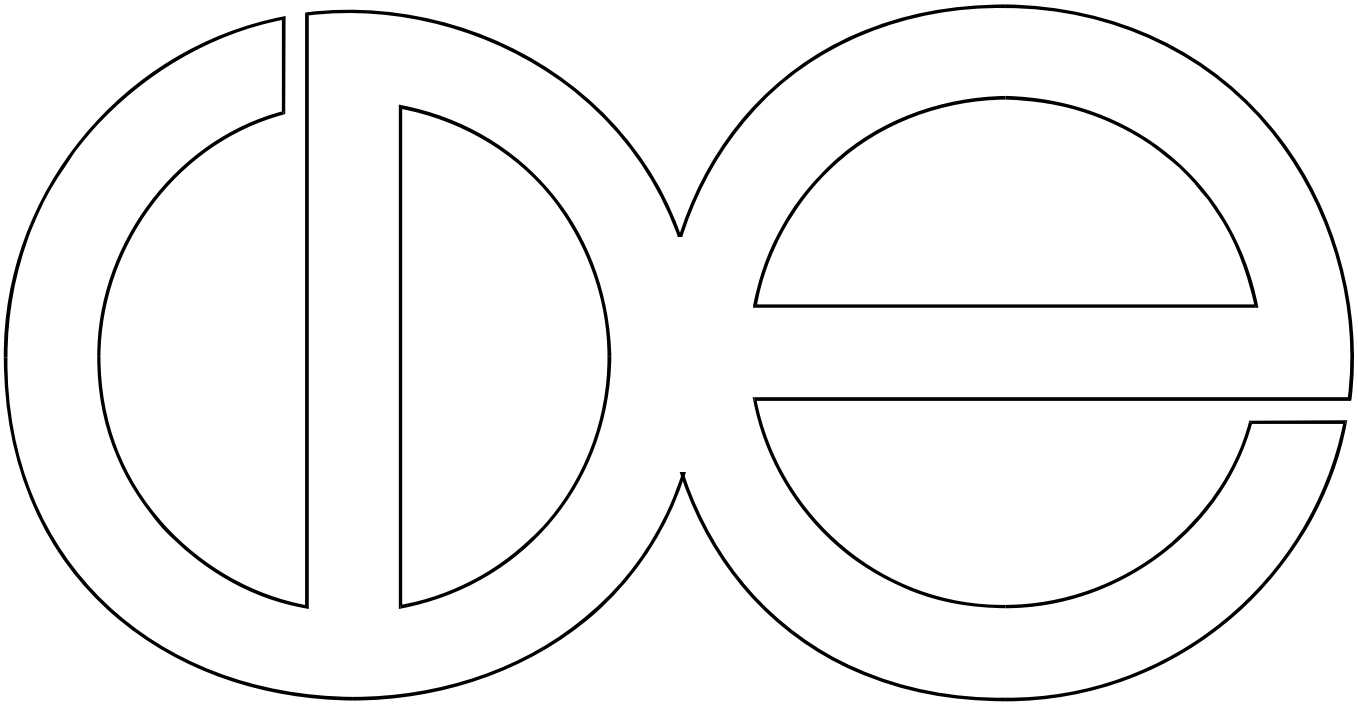

Linked Lives: Adult Children's Distress and Their Parents' Well-Being

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ABSTRACT

This study investigated linkages between adult children's distress and their parents' psychological and relational well-being. Multivariate regression models were estimated based on data from 1,129 parents whose youngest child was at least 19 years old in the 1995 National Survey of Midlife in the U.S. (MIDUS). Results indicated that participants whose adult children experienced more types of distress reported more negative affect, less positive affect, less self-acceptance, poorer overall parent-child relationship quality, and more family relationship strain. The problematic associations between adult children's distress and overall parent-child relationship quality, as well as between adult children's distress and negative affect, were stronger for parents coresiding with an adult child and/or grandchild. These results are consistent with the family life course perspective, which conceptualizes parents and children as occupying mutually influential interlocking developmental trajectories throughout their lives.

KEY WORDS: adult children; elderly parents; stress; midlife parents; psychological well-being; relationships

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Introduction

Distressing circumstances are not uncommon among adults in the U.S. An estimated 21% of men between the ages of 18 and 29 abuse substances (Pham-Kanter, 2001), 29% of ever-married persons have divorced at least once (Krieder & Fields, 2002), and 22% of unemployed Americans had been seeking employment for at least six months in 2003 (Allegreto & Stettner, 2004). Empirical studies have indicated that distressing circumstances such as these not only jeopardize the well-being of the adults who directly experience them, but also endanger the well-being of the distressed individuals' family members, including their children (e.g., Werner & Smith, 2001) and partners (e.g., Bigatti & Cronan, 2002). There has been little empirical investigation, however, of the extent to which adults' distress affects family members who are not constituent of their nuclear family group, in particular, their parents.

Guided by the family life course perspective and previous studies on adult parent-child relationships, this study investigated linkages between adult children's distress and their parents' well-being. More specifically, data from the 1995 National Survey of Midlife in the U.S. (MIDUS) were used to test the hypothesis that parents of adult children experiencing more types of distress (chronic disease or disability, frequent minor illness, alcohol or substance problems, marital or partner relationship problems, difficulty finding or keeping a job, and/or financial problems) would report poorer psychological well-being (more negative affect, less positive affect, and less self-acceptance) and poorer relational well-being (less overall relationship quality with their children and more family relationship strain) than parents of adult children experiencing fewer types of distress. This study also examined a subgroup characteristic that was

hypothesized to heighten parents' vulnerability to the potentially negative effects of their adult children's distress: coresidence with an adult child and/or grandchild.

Theoretical and Empirical Background

Theoretical Background

Classic structural-functionalist family theory suggests that children make a sharp separation from their families of origin upon becoming adults. As Talcott Parsons (1954, p. 195) wrote: "For young people not to break away from their parental families at the proper time is a failure to live up to expectations, an unwarranted expression of dependency." More recently, however, researchers have documented that children and parents typically remain involved in each other's lives throughout their simultaneous adulthoods (Roberts, Richards, & Bengston, 1991; Silverstein & Bengston, 1997). Drawing on theories of social cohesion, Silverstein and Bengston (1997) have posited a model of intergenerational solidarity that indicates several possible ways in which parent-child relationships remain intact during children's adulthoods. Using this framework, empirical studies have demonstrated that most adult children report being very emotionally close, sharing similar values, and having at least weekly contact with their parents (Rossi & Rossi, 1990; Silverstein & Bengston, 1997).

The family life course perspective also posits that parents and children remain salient to each other throughout their lives. More broadly, the life course perspective conceptualizes development as taking place within multiple trajectories, i.e., sequences of roles and experiences that extend across individuals' lives (George, 1996). Life course theorists focus attention to several levels of analysis that shape the rhythm and content of developmental trajectories (Settersten, 2003). One primary focus is on the interpersonal context of individuals' lives (Elder, Crosnoe, & Johnson, 2003). A core principle of the life course perspective states that

individuals' trajectories are interdependent with those of meaningful others. This principle is reflected in the concept of "linked lives"— that people in salient relationships with each other occupy mutually influential interlocking developmental trajectories throughout their lives (Bengston & Allen, 1993). This concept has been further developed and applied within theorizing on families. Elder (1984), for example, specified the nature of family members' interlocking trajectories, positing two interdependent pathways of influence. First, changes in the lives of individual family members affect family interactions, and second, changes in family interactions influence individual family members' lives.

In sum, the family life course perspective suggests that adult children and their parents occupy an important sub-system within dynamic family units and that the lives of children and parents are mutually influential upon each other across the entire lifespan in that parents and adult children share in a salient relationship. Therefore, it would be expected that circumstances in adult children's lives would affect the lives of their parents, and accordingly, that adult children's distress would have implications for their parents' well-being.

Empirical Background

Despite a strong theoretical basis from which to hypothesize that adult children's distress is associated with their parents' well-being, there have been few empirical studies that have directly investigated such linkages (for exceptions, see Greenberg, 1991; Pillemer & Suitor, 1991). However, several related bodies of literature provide empirical support for the idea that circumstances in adult children's lives influence their parents, including research on children's normative transitions, on family caregivers of adults with mental illness, and on custodial grandparenthood. These studies, as a whole, suggest that adult children's distress would jeopardize their parents' well-being.

First, investigations of children's normative transitions suggest that developmental changes in children's lives affect both their parents' psychological well-being and parent-child relationship quality. Ryff et al. (1994) found that midlife parents' perceptions of their children having adjusted successfully to adulthood were associated with parents' enhanced psychological well-being. Also, Aquilino (1997) found that parents of children who had reached certain indicators of adulthood—such as getting married, being employed full-time, or going to college—reported closer and less conflict-ridden parent-child relationships than parents of children who had not experienced these transitions. Previous research also has indicated that children's failure to attain or maintain benchmarks of adulthood can have adverse consequences for parents, particularly for their parent-child relationship quality. Several studies have demonstrated that adult children who are not married or are divorced report poorer parent-child relationships in contrast to reports from adult children who are married (Aquilino, 1997; Kaufman & Uhlenberg, 1998).

Literature on the well-being of parents of adult children with disabilities also provides evidence that adult children's distress places their parents' well-being at risk. Although there is much variation in the extent to which parents of adult children with special needs display poorer outcomes—likely due to the heterogeneity surrounding the nature of adult children's disabilities and the diversity of parents' coping resources (Seltzer et al., 1995)—studies indicate that parents of adult children with disabilities display, on average, poorer outcomes relative to parents of adult children without special needs (Seltzer & Greenberg, 2001). In particular, family members of adults with mental illness are at high risk for heightened feelings of subjective burden (i.e., feelings of stigma, loss, fear, and worry that result from caregiving for mentally ill family

members), more physical symptoms, increased depression, and a greater number of alcohol symptoms (Maurin & Boyd, 1990; Seltzer & Greenberg, 2001).

A third body of literature that is relevant to the current study is studies on grandparents who assume primary responsibility for their grandchildren. This literature is relevant in that multiple researchers have indicated that grandparents are most likely to raise their grandchildren when their adult children are experiencing serious distress, such as AIDS, incarceration, drug addiction, or mental illness (Burton, 1992; Jendrek, 1993). There is a sizeable body of evidence to suggest that grandparents who provide this type of care to their grandchildren suffer poorer psychological, relational, and economic well-being, including more financial problems (Roe et al., 1996), more role conflict (Burton, 1992), less intact emotional bonds with their adult children (Goodman & Silverstein, 2001), and more problems with other family relationships (Jendrek, 1993).

In sum, studies on normative transitions, parents of adult children with disabilities, and custodial grandparenthood hint at the associations between adult children's distress and their parents' well-being; however, none of these bodies of research explicitly investigate these linkages, which limit understanding of this area. For example, studies on custodial grandparenthood typically do not include measures of adult children's distress, which makes it difficult to discern the extent to which custodial grandparents' poorer well-being is due to their full-time care of grandchildren and/or to their adult children's possible distress leading to this arrangement. Likewise, many studies on the well-being of parents of adult children with special needs confound the effects of having a child with a disability with parents' provision of care to them. These shortcomings in the existing literature point to the importance of empirical studies that focus directly on associations between adult children's distress and their parents' well-being.

Pillemer and Suitor (1991) provide one example of an empirical study that explicitly investigates such associations. Using data from parents ages 65 to 100 years old in a Canadian national probability sample, Pillemer and Suitor compared the well-being of parents of children with at least one type of distress (mental or emotional problems, serious physical health problems, alcohol problems, having a child who had undergone "some serious stress" over the past year) to parents of children without any of those types of distress. Regression analyses demonstrated that across parents' gender and parent-child living arrangements, parents of distressed children reported more depressive symptoms. The researchers tested for three mediators between children's distress and parents' well-being: children's financial dependence, children's making parents feeling less cared for or loved, and children's creating tensions with their parents. No evidence was found for any of these mediating factors, and the authors concluded, therefore, that children's distress has more of a direct, rather than indirect, effect on their parents' well-being. More recently, in terms of adult children's distress and their parents' relational well-being, Pillemer and Suitor (2003) found that within families, mothers reported feeling more ambivalence towards adult children with problems in contrast to their feelings of ambivalence towards adult children without problems. These findings suggest that adult children's distress is associated with both their parents' poorer psychological and relational well-being.

Nevertheless, knowledge regarding these associations is incomplete. First, drawing on a "cumulative risk" model that suggests that stressors have a multiplicative effect on well-being that is not captured by additive models (Jones et al., 2002), it is important for researchers to investigate the extent to which adult children's cumulative distress is associated with their parents' poorer well-being. Also, recognizing the multidimensionality of psychological well-

being (Bradburn, 1969; Ryff & Keyes, 1995), additional research is needed to investigate associations between adult children's distress and multiple dimensions of their parents' mental health. Finally, previous studies of parent-child relationships largely have focused on young adult parents of young children or on older adult parents of middle-aged children, thereby limiting the understanding of midlife parents' experiences (Ryff & Seltzer, 1996). Associations between adult children's distress and parents' well-being have not been investigated across a wide range of parents' ages.

In addition to addressing these gaps in the current literature, it is also important for researchers to further investigate factors that might make parents particularly vulnerable to the potentially negative implications of their adult children's greater distress. Although Pillemer and Suitor (1991) found no statistically significant interaction between adult children's distress and family living arrangements in predicting parents' depressive symptoms, previous studies on intergenerational coresidence suggest that living with younger generation members might act as a vulnerability factor for other parent outcomes. For example, studies have found differences in parent-child relationship quality between families in coresiding arrangements and families in non-coresiding arrangements. Although coresidence might enhance levels of exchange and contact between parents and adult children (Rossi & Rossi, 1990), coresidence might also be associated with more negatively affective parent-child relationships (White & Rogers, 1997). Coresiding adult children's and parents' evaluations of their relationships are especially negative when children are younger, not in school, unemployed, and are more slowly moving toward independence (Aquilino & Supple, 1991; White & Rogers, 1997). These findings indicate that coresidence might moderate associations between adult children's distress and their parents' well-being.

In brief, guided by a family life course perspective and previous empirical studies, the purpose of this study was to advance understanding of linkages between adult children's distress and their parents' well-being by: a) using data from a large U.S. probability sample, b) including parents in various stages of adulthood, c) investigating a cumulative index of adult children's distress, d) considering multiple dimensions of parents' well-being, and e) considering coresidence with younger generation members as a potential vulnerability factor for parents' well-being. More specifically, this study tested the following two hypotheses:

1) Parents of adult children with more types of distress will report poorer psychological well-being (more negative affect, less positive affect, less self-acceptance) and poorer relational well-being (poorer overall parent-child relationship quality and more family relationship strain) than parents whose adult children experience less distress.
2) Problematic associations between adult children's distress and parents' psychological and relational well-being will be stronger for parents who coreside with an adult child and/or grandchild than for parents not residing with any member of younger generations.

Method

Data

This study used data from a subsample of the National Survey of Midlife in the U.S. (MIDUS). The MIDUS national probability sample that answered both a telephone and mailback survey includes 3,032 English-speaking, non-institutionalized adults, who were between the ages of 25 and 74 when interviewed in 1995. The MIDUS sample was obtained through random digit dialing, with an oversampling of older respondents and men to ensure an adequate distribution on the cross-classification of age and gender. The baseline analytic sample for this study consists of 1,129 adults whose youngest child—biological or adopted—was at least 19 years of age at the time of the telephone survey. Sampling weights correcting for selection probabilities and non-response allow the sample to match the composition of the U.S. population on age, sex, race, and education. For this study, multivariate regression analyses were conducted with both the weighted and unweighted samples. No differences in results were found, and therefore results from unweighted analyses are reported, as these analyses provide estimates with more reliable standard errors (Winship & Radbill, 1994).

Respondents participated in MIDUS through two different modes. Respondents first participated in a telephone interview and then completed a self-administered mailback questionnaire. The response rate for the telephone questionnaire was 70%, and the response rate for the questionnaire was 86.8% of telephone respondents. Therefore, the overall response rate for the sample that answered both the survey and questionnaire was 60.8%. (For a detailed technical report regarding field procedures, response rates, and weighting, see http://midmac.med.harvard.edu/research.html#tchrpt.)

Dependent Variables

Parents' Psychological Well-Being

Negative and positive affect. Two six-item scales new to MIDUS were used to measure positive and negative affect (Mroczek & Kolarz, 1998). To assess negative affect, participants were asked how frequently in the last 30 days they felt (a) so sad nothing could cheer them up, (b) nervous, (c) restless or fidgety, (d) hopeless, (e) that everything was an effort, and (f) worthless. Similarly, to assess positive affect, participants were asked how frequently they felt (a) cheerful, (b) in good spirits, (c) extremely happy, (d) calm and peaceful, (e) satisfied, and (f) full of life. Respondents answered each of the 12 affect items on a five-point scale (1 = all of the time, 5 = none of the time). Items were reverse coded and summed such that higher scores indicated more negative or more positive affect. Cronbach's alphas were .86 and .91 for the negative affect and positive affect indexes, respectively.

Self-acceptance. A three-item version of Ryff's self-acceptance index was used to assess participants' self-acceptance (Ryff, 1989; Ryff & Keyes, 1995). For large survey use, Ryff created this version as an additive measure designed to represent the conceptual breadth of "self-acceptance," which she found in factor analyzing her 20-item scale. Participants were asked to indicate how strongly they agreed or disagreed with each of the following statements on a six-point continuum: (a) I like most parts of my personality, (b) When I look at the story of my life, I am pleased with how things have turned out so far, and (c) In many ways I feel disappointed about my achievements in life. Scores were reverse coded and summed such that higher totals indicated more feelings of self-acceptance. This additive index is correlated highly ($r > .70$) with its parent 20-item, highly reliable scale (Ryff & Keyes, 1995), and Cronbach's alpha for this sub-sample was .55.

Parents' Relational Well-Being

Overall parent-child relationship quality. Participants were asked a series of general questions about their children. One item asked, "Using a scale from 0 to 10 where 0 means the 'worst possible relationship' and 10 means 'the best possible relationship,' how would you rate your overall relationship with your children these days?" Preliminary analyses detected a positive skew in the distribution of participants' responses to this item. Forty-one percent of the participants responded with a 10, and 26% responded with a nine. In an effort to partially correct for this skewed distribution, while preserving variation on this index, responses were recoded (0-6 = 0; 7 = 1; 8 = 2; 9 = 3; 10 = 4) with higher scores indicating better parent-child relationship quality.

Family relationship strain. A four-item scale adapted from Schuster and colleagues (1990) was used to assess participants' family relationship strain. Participants were asked: "Not including your spouse or partner, how often do members of your family: (a) make too many demands on you, (b) criticize you, (c) let you down when you are counting on them, and (d) get on your nerves?" Participants responded to each item on a four-point scale, and scores were coded and averaged such that higher scores indicated more family relationship strain. Cronbach's alpha was .78.

Independent Variables

Adult Children's Distress

Participants were asked to indicate whether each of 10 categories of distress applied to any of their children in the past 12 months. Preliminary analyses of bivariate correlations between each type of distress and parents' well-being indicated that six of the categories consistently predicted parents' well-being at a statistically significant level: chronic disease or

disability, frequent minor illness, alcohol or substance problems, marital or partner relationship problems, difficulty finding or keeping a job, and financial problems. These types of distress were retained in subsequent analyses. For each type of distress for which a participant indicated their children as having experienced, the participant received a "1." Participants' scores were summed to create a cumulative index of adult children's distress, giving this measure a range of zero to six.

Intergenerational Coresidence

In the questionnaire, participants were asked, "During the past 12 months, have you had [one or more your adult children and/or grandchildren] living in your home as their place of residence. Visiting overnight, even for an extended period, does not count as living with you according to this definition." Participants who responded "yes" were coded 1, and participants who responded "no" were coded 0.

Control Variables

Previous work has demonstrated that certain dimensions of well-being are associated with age, race, gender, education, income, partner status, health, employment status, personality traits, and intergenerational exchanges of social support (Davey & Eggebeen, 1998; Mroczek & Kolarz, 1998; Ryff & Keyes, 1995), and these factors are likely to be related to at least one of the independent variables (adult children's distress and/or intergenerational coresidence). Therefore, to provide evidence that adult children's distress is associated with their parents' well-being above and beyond these factors, parents' *gender*, *education*, *race, age, income, self-rated physical health, employment status, marital status, neuroticism,* and *provision of three types of support to adult children and grandchildren* were controlled in all analyses. Dichotomous variables were created for *gender* (1 = female), *race* (1 = Black), *employment status* (1 =

currently employed), and *marital status* (1 = currently married). *Education* was coded on a four-point scale, with 1 indicating that the participant had completed some or no years of high school, 2 indicating that the participant had completed high school, 3 indicating that the participant had some years of higher education, and 4 indicating that the participant had obtained a college degree. *Age* was calculated as years since birth at the time of the telephone survey. *Income* was computed by combining parents' personal annual income with that of their spouse (if applicable). *Self-rated health* was measured by a global self-assessed health question, which asked participants, "In general, would you say your health is…?" (1 = very poor to 5 = excellent). A four-item scale was used to assess *neuroticism*. Participants were asked to indicate the extent to which the following adjectives describe them on a four-point scale: (a) moody, (b) worrying, (c) nervous, and (d) calm. Reponses were recoded, summed, and averaged such that higher scores indicated more neuroticism. Finally, three types of support from parents to adult children and/or grandchildren were measured: *emotional support* (hours per month), *instrumental support* (hours per month), and *financial support* (dollars per month). Table 1 provides descriptives for all analytic variables.

Data Analytic Sequence

The ordinary least squares method was used to estimate multivariate regression models to test the proposed linkages between parents' well-being and adult children's distress. Preliminary models were estimated to examine potential gender difference for the effects of adult children's distress on parents' well-being. None of the five interaction coefficients reached statistical significance ($p \leq .05$, two tailed). Therefore, we proceeded by analyzing men and women together. To initially test whether adult children's distress is associated with parents' poorer well-being (Hypothesis 1), models were estimated by regressing each dimension of well-being

separately on the 12 control variables and adult children's distress. To test whether intergenerational coresidence moderates associations between adult children's distress and their parents' well-being (Hypothesis #2), a multiplicative term (Adult Children's Distress X Coresidence) was added to the models.

Results

Descriptive Findings

Table 2 summarizes descriptive information on the prevalence of adult children's distress. The majority of respondents (56.4%) reported having adult children with at least one of the six types of distress. The most common type of distress was financial difficulty, with about 38.8% of respondents reporting an adult child as having this type of distress. Marital distress and frequent minor illness were the next two most common types of distress, with 23.5% and 21.2% of the sample reporting their adult children as having these types of distress, respectively. Adult children with disabilities or chronic health condition, as well as adult children with substance problems, were the least common: 8.5% of the sample reported having an adult child with a disability or chronic health condition, and 8.5% of the sample reported having an adult child with substance or alcohol problems.

Adult Children's Distress and Parents' Well-Being

To examine initial evidence for the first hypothesis regarding associations between adult children's distress and parents' well-being, models regressing each dimension of well-being on adult children's distress were estimated (Table 3, Model 1). Having children with more types of distress was consistently associated with poorer parental well-being. Adult children's greater distress was associated with more negative affect (b = .32, $p \leq .001$), less positive affect (b = -.31, $p \leq .001$), less self-acceptance (b = -.11, $p \leq .05$), poorer parent-child relationship quality (b = -.17, $p \leq .001$), and more family relationship strain (b = .11, $p \leq .001$) among their parents.

Coresidence as a Vulnerability Factor for Parents' Well-Being

To examine evidence for the second hypothesis regarding the extent to which intergenerational coresidence moderates the effect of adult children's distress on their parents'

well-being, Model 2 was estimated, which included the interaction term between adult children's distress and intergenerational coresidence (see Table 3). Results demonstrated a significant interaction effect for negative affect (b = .24, $p \leq .05$) and for overall parent-child relationship quality (b = -.11, $p \leq .05$), but not for positive affect, self-acceptance, or family relationship strain. These findings suggest that adult children's distress more strongly adds to parents' negative affect and poorer parent-child relationship quality when parents live with adult children and/or grandchildren.

To further interpret these interactions, predicted scores were calculated for parents' negative affect and parent-child relationship quality across two different levels of adult children's distress based on estimates from Table 3, Model 2. The baseline model used for predicted scores was for respondents at the mean on continuous control variables and in the zero categories for dichotomous variables. As Figure 1 demonstrates, parents who do not coreside with any younger generation members experienced a much smaller increase in negative affect as their adult children's distress scores increase from zero to six in contrast to the increase for coresiding parents. Figure 2 demonstrates a similar pattern of results in terms of parents' perceptions of their parent-child relationship quality. For parents who coreside with younger generation members, an increase of adult children's distress from zero to six lowered parents' predicted parent-child relationship quality by about one standard deviation. For parents who do not share their households with adult children and/or grandchildren, adult children's greater distress was associated with a smaller decrease in their parent-child relationship quality.

Discussion

Consistent with the family life course perspective, as well as previous empirical studies, this study provides robust evidence that having adult children with more types of distress is associated with poorer well-being. Associations in the hypothesized direction were found across multiple and diverse dimensions of parents' well-being. Parents whose children faced greater distress reported poorer affective well-being on both positive and negative dimensions (lower positive and higher negative affect), poorer self-evaluative well-being (lower self-acceptance), and poorer relational well-being (poorer parent-child relationship quality and more family relationship strain). These associations were statistically significant above and beyond many other factors that are associated with adult children's distress and parents' well-being, such as parents' household income, neuroticism, and provision of support to younger generation members.

Findings also indicate that associations between adult children's distress and parents' well-being might not be consistent across all family types. In comparison to parents who did not reside with any members of younger generations, adult children's greater distress was a stronger risk factor for poorer parent-child relationship quality and greater negative affect among coresiding parents. These significant interactions are contradictory to Pillemer and Suitor's (1991) finding of no significant interactions between coresidence and adult children's distress on parents' depressive symptoms. There are important analytic differences between Pillemer and Suitor's study and the current study that might account for this inconsistency. For example, Pillemer and Suitor used an "all or none" variable as an indicator of adult children's distress. Greater variation in the current study's cumulative measure of distress might better capture dynamics between coresidence, adult children's distress, and parents' well-being. Also, the

current study's sample investigated parents of a range of ages (34-74) with a mean age of 58, whereas Pillemer and Suitor's study only considered older adult parents with a mean age of 73. It is possible that coresidence might be a more salient vulnerability factor for the well-being of parents in relatively earlier periods of adulthood. Future studies using other samples are necessary to more fully understand the extent to these disparate findings have substantive implications.

In addition to its contribution to the empirical literature on adult parent-child relationships, this study also provides additional evidence in support of the family life course perspective, which conceptualizes parents and children as occupying mutually influential interlocking developmental trajectories throughout their lives (Elder, 1984). Whereas previous studies have demonstrated that parents' problems—such as marital distress and declining health—have implications for their adult children's well-being (Chappell, 1991), the current study provides evidence that this dynamic might take place in the opposite direction as well, that is from adult children to parents.

It is important to note, however, that due to this study's cross-sectional design, causal inferences are tenuous. Additional studies using longitudinal data are necessary to investigate the extent to which adult children's distress causes declines in their parents' well-being and/or parents' poorer well-being causes increase in their adult children's distress. In addition to this study's cross-sectional methodological design, other aspects of secondary data analysis make precise interpretation of results limited. Because parents are asked to report on "their children" in general, it is difficult to discern the specific parent-child dynamics within any given family. For example, it is unknown whether parents who report their children as having more types of distress are reporting on multiple children with different types of distress, or on a single child

with multiple types of distress. Also, the measure of coresidence does not capture whether it is a child with distress who is living with parents. While previous studies lend support to the interpretation that coresidence with a distressed adult child or the child of a distressed adult child is driving the significant interactions (Aquilino & Supple, 1991; White & Rogers, 1997), an alternative hypothesis could suggest that stress from coresiding with an untroubled child—coupled with the effects of children outside of the house experiencing distress—might explain the moderating effects. Additional studies with more specific measures would allow for a more precise interpretation of findings.

Despite these limitations, this study provides strong evidence that adult children's greater distress is associated with their parents' poorer psychological and relational well-being. Moreover, the results contribute to a greater understanding of processes leading to optimal mental health and family relationships across adulthood. The findings are particularly relevant with respect to the growing clinical attention to the mental health of parents of troubled adult children. While some clinicians have advised parents of distressed adults to strive towards psychological detachment from their children's problems (Adams, 2003), the results of the current study suggest that many parents in the U.S. have not accomplished this task. The "linked" nature of parents' and adult children's lives, at least in the context of adult children's distress and their parents' well-being, appears to be readily applicable to many individuals in the U.S. Future studies are necessary to not only further identify factors that might increase some parents' vulnerability to the negative implications of their adult children's distress, but also to investigate factors that might help to protect parents from the psychological and relational risks posed by their adult children's distress.

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Table 1

Descriptives for Analytic Variables

Variable	Mean	(s.d.)	Range
Parents' Psychological Well-Being			
Positive Affect	20.52	(4.34)	6-30
Negative Affect	9.01	(3.57)	6-29
Self-Acceptance	11.26	(2.66)	2-15
Parents' Relational Well-Being			
Overall Parent-Child Relationship Quality	2.86	(1.24)	0-4
Family Relationship Strain	2.04	(.58)	1-4
Sociodemographic Controls			
Gender (1=Woman) [a]	.57	(.49)	0-1
Education	2.66	(.98)	1-4
Race (1=Black) [a]	.05	(.01)	0-1
Age	58.20	(8.46)	34-74
HH Income (in $1,000s)	55.63	(50.01)	0-300
Self-Rated Health	3.34	(1.03)	1-5
Employment Status (1=Employed) [a]	.54	(.50)	0-1
Marital Status (1=Married) [a]	.68	(.47)	0-1
Neuroticism	2.15	(.64)	1-4
Emotional Support Provided (Hrs.)	2.20	(23.04)	0-720
Instrumental Support Provided (Hrs.)	4.95	(18.23)	0-300
Financial Support Provided ($)	114.75	(342.31)	0-5000
Main Effect Variables			
Adult Children's Distress	1.14	(1.32)	0-6
Intergenerational Coresidence	.29	(.45)	0-1

Source: 1995 Midlife Development in the U.S. (MIDUS), respondents with at least one biological or adopted child who is 19 years of age or older (N=1,129).

[a] Dichotomous variables are reported as proportions.

Table 2

Percentage Distribution for Adult Children's Distress

Variable	Percent
Types of Adult Children's Distress [a]	
Frequent Minor Illness	21.2
Disability/Chronic Condition	8.5
Substance or Alcohol Problems	8.5
Marital Distress	23.5
Troubles Finding/Keeping a Job	14.3
Financial Problems	38.8
Number of Types of Adult Children's Distress [b]	
None	43.6
One	24.2
Two	15.9
Three	9.7
Four	4.6
Five	1.8
Six	.3

Source: 1995 Midlife Development in the U.S. (MIDUS), respondents with at least one biological or adopted child who is 19 years of age or older (N=1,129).

[a] Respondents' answers to these questions were not mutually exclusive.

[b] Total here does not sum to 100.0% due to rounding error.

Table 3

Estimated Unstandardized Regression Coefficients for the Effects of Adult Children's Distress on Their Parents' Psychological and Relational Well-Being

	Positive Affect		Negative Affect		Self-Acceptance		Parent-Child Rel. Quality		Family Rel. Strain	
	Model 1	*Model 2*	*Model 1*	*Model 2*	*Model 1*	*Model 2*	*Model 1*	*Model 2*	*Model 1*	*Model 2*
Control Variables:										
Gender (1=Female)	-.11	-.45	.57***	.57***	-.01	-.01	.47**	.47***	.09**	.10**
Education	-.20+	-.20*	-.12	-.11	.27***	.27***	-.06+	-.06+	.03*	.03*
Race (1=Black)	1.01*	1.00*	-.38	-.36	1.02***	1.02**	.14	.12	.05	.05
Age	.06***	.06***	- .06***	-.06***	.01	.01	.03***	.03***	-.01***	-.01***
Income	.00	.00	.00	.00	-.01***	-.01***	-.00	-.00	.00+	.00+
Health	.53***	.54***	-.54***	-.55***	.27***	.27***	.05	.05	-.03*	-.03*
Employment Status	.73***	.72***	-.73***	-.73***	.01	.01	.10	.10	.02	.02
Marital Status	.61**	.60**	-.54**	-.52**	.43**	.43**	.30	.29***	-.03	.03
Neuroticism	-3.13***	-3.12***	2.80***	2.78****	-1.60***	-1.60***	-.20***	-.20***	.18***	.18***
Emot. Support	-.01	-.01	.01+	.01+	-.01	-.00	.00+	.00	.00	.00
Instrum. Support	.01	.01	-.01	-.01	.00	.00	.00	.00	.00	.00
Finan. Support	.00	.00	.00	.00	.00	.00	-.01	.00	-.01	.00
Main Effects:										
Coresidence	-.09	.11*	-.11***	-.44*	-.04	-.02	-.14****	.01	.11***	.10*
Ad. Chil. Distress	-.31***	-.26**	.32***	.24***	-.11*	-.11+	-.17***	-.13***	.11***	.11***
Interaction:										
Ad. Chil. Distress X Coresidence		-.15		.24*		-.01		-.11*		.00
Constant	21.40***	21.90***	8.47***	8.53***	11.77***	11.77***	1.23**	1.27**	2.14**	2.14***
R^2	.33	.33	.43	.43	.27	.27	.13	.13	.23	.23
Valid N	1030	1030	1026	1026	1019	1019	1041	1041	1024	1024

Source: 1995 Midlife Development in the U.S. (MIDUS), respondents with at least one biological or adopted child who is 19 years of age or older (N=1,129). Analyses based on unweighted data.

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

Figure 1. Predicted scores of parents' negative affect across two categories of adult children's distress for coresiding and non-coresiding parents

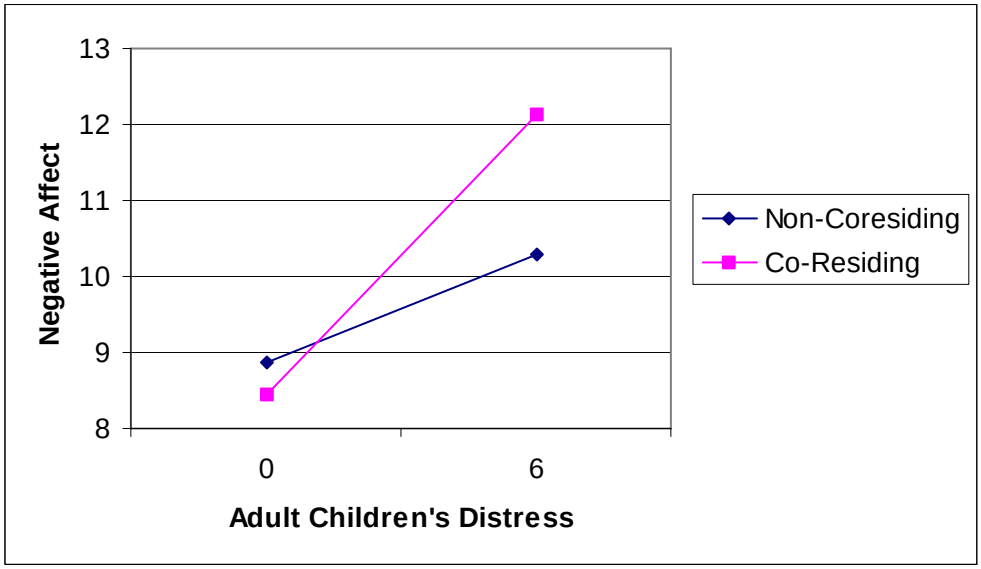
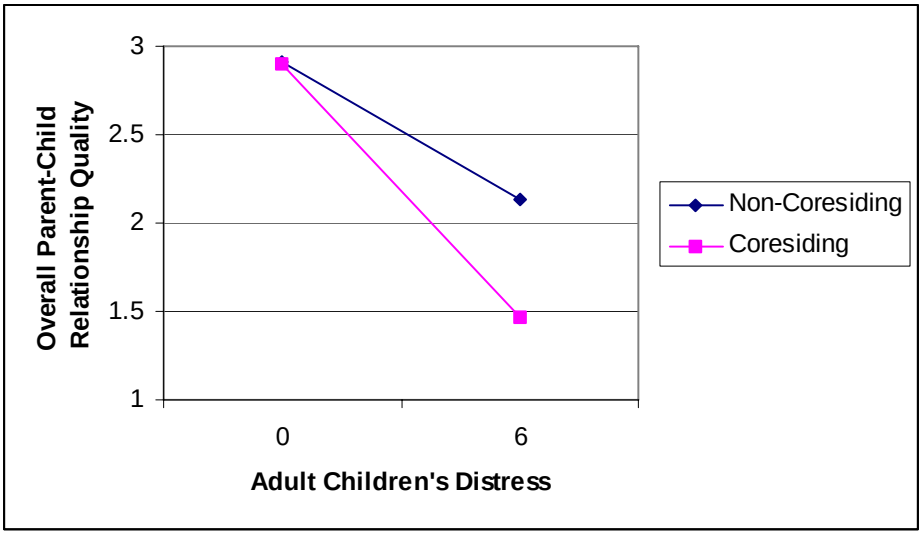


Figure 2. Predicted scores of parents' overall parent-child relationship quality across two categories of adult children's distress for coresiding and non-coresiding parents



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