



Relationship Quality with Parents: Implications for Own and Partner Well-Being in Middle-Aged Couples

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Relationships with parents have significant implications for well-being throughout the lifespan. At midlife, these ties are situated within both developmental and family contexts that often involve the adult offspring's spouse. Yet, it is not known how ties with aging parents are related to psychological well-being within middle-aged couples. This study examined how middle-aged wives' and husbands' views of the current quality of relationships with their own parents (positive and negative) are linked to their own and their partner's psychological well-being. Using a sample of 132 middle-aged couples from Wave 1 of the Family Exchanges Study, we estimated actor-partner interdependence models to evaluate these dyadic associations while controlling for each spouse's marital satisfaction. Both actor and partner effects were observed. With respect to actor effects, wives who reported more negative relationship quality with their own parents had elevated depressive symptoms and lower life satisfaction. Husbands who reported more negative relationship quality with their own parents had lower life satisfaction. In terms of partner effects, husbands had lower depressive symptoms and greater life satisfaction when wives reported more positive relationship quality with their own parents. Finally, the link between wives' positive ties with parents and husbands' lower depressive symptoms was intensified when husbands had less positive relationships with their own parents. Findings suggest that relationship quality with wives' aging parents has implications for both spouses' well-being and may serve as a critical social resource for husbands.

Keywords: Intergenerational Relationships; Parent-Child Relationships; Relationship Quality; Couples; Marriage; Midlife

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Relationships with one's parents are linked to well-being across the life course (Birditt, Miller, Fingerman, & Lefkowitz, 2009; Fingerman, Pitzer, Lefkowitz, Birditt, & Mroczek, 2008; Polenick, DePasquale, Eggebeen, Zarit, & Fingerman, 2016; Umberson, 1992). Parent-child relationships are among the most long-standing and emotionally intense social ties and often involve complex positive and negative feelings (Fingerman, 2001). Due to increased life expectancies, parent-child relationships can last well into and beyond the offspring's middle years. Remarkably, adult offspring's perceptions of relationship quality with parents continue to shape their well-being even after the parents' death (Shmotkin, 1999).

Ties with aging parents often intersect with the adult offspring's marriage. Consequently, the relationships that wives and husbands have with their parents at midlife are embedded within both an individual-focused developmental context and a couple-focused marital context. Ties with parents may therefore have implications for not only *one's own* well-being but also the well-being of *one's partner*. Individual development unfolds in tandem with spouses, parents, and other close family members through their "linked lives" and shared experiences (Bengtson & Allen, 1993). Although the consequences of parent-child relationships for well-being may be most apparent when offspring are young and still forming patterns of social interaction, current ties with parents in adulthood may also have meaningful implications for the well-being of individuals and their spouses (Polenick, Seidel, Birditt, Zarit, & Fingerman, 2015; Polenick, Zarit, et al., 2016; Reczek, Liu, & Umberson, 2010). Hence, as married couples develop together over time, they are immersed in one another's past and present family narrative that exerts dynamic and enduring influences on the lives of both partners (Bowen, 1978).

Guided by developmental and family systems perspectives, this study examined dyadic associations between middle-aged wives' and husbands' relationship quality with parents and their depressive symptoms and life satisfaction. We simultaneously evaluated how both spouses' positive and negative feelings about their own parents were linked to their own well-being and their partner's well-being over and above each spouse's marital satisfaction, a well-established predictor of individual well-being (Robles, Slatcher, Trombello, & McGinn, 2014).

One's Own Relationship Quality with Parents and Well-Being

Intergenerational solidarity theory proposes that both positive and negative aspects of relationships with parents contribute to adult offspring's well-being (Bengtson, Giarrusso, Mabry, & Silverstein, 2002). Supporting this perspective, research has shown that more rewarding and supportive ties with parents are linked to better well-being, whereas strain or tension in parent-child relationships is associated with poorer well-being (e.g., Bengtson et al., 2002; Fingerman et al., 2008; Umberson, 1992). Emotionally close and caring relationships with parents likely serve as a critical social resource for middle-aged adults that may enhance their well-being. Conversely, conflict within these ties may persist over time and represent a chronic stressor that undermines well-being. These findings are consistent with the wider literature on social ties and well-being (Rook, 2015), and indicate that positive and negative feelings about parents are separate dimensions of these ties that may have distinct implications for well-being.

One's Partner's Relationship Quality with Parents and Well-Being

Relationships with parents may be a source of support or strain in a marriage (Reczek et al., 2010). According to family systems theory, relationships among adult offspring, their parents, and their partners are triadic in nature (Bowen, 1978). As such, interactions between one dyad (e.g., adult offspring and parent) have the potential to affect the third

party (e.g., the adult offspring's spouse). When a wife has highly positive ties with her own parents, for instance, her parents may be a crucial source of advice and emotional support that benefits each spouse. When a wife perceives high levels of criticism or demands from her own parents, however, the couple may repeatedly be exposed to stressful circumstances.

Interdependence theory builds upon the family systems framework by proposing that partners share their views and experiences within their various social roles and relationships (Rusbult & Van Lange, 2008). Wives' and husbands' views of relationship quality with parents may consequently have direct or indirect implications for the well-being of both spouses. Positive qualities within parent-child ties, for example, may instill a sense of social belonging in each partner or may benefit the couple through the offspring's positive feelings toward the wider family system. By contrast, conflict with parents may lead to chronic stress in the marriage or the transmission of negative emotions from one spouse to his or her partner. Indeed, intergenerational tensions related to contact frequency, unsolicited advice, and child rearing are common (Beaton, Norris, & Pratt, 2003; Birditt et al., 2009). These tensions can directly or indirectly involve one's partner, and so they may be linked to the well-being of both spouses. Hence, although positive aspects of parent-child ties may enhance the quality of family interactions, negative aspects of these ties could compromise the affective climate of the couple's marriage as well as their broader family support network.

Given the interdependence within couples, the associations between relationship quality with parents and well-being may vary according to the quality of *one's partner's* parent-child ties (Kenny, Kashy, & Cook, 2006). We suggest that positive ties with one's parents may be more strongly linked to greater well-being when one's partner also has highly positive relationships with parents. By contrast, negative ties with one's parents may be more strongly linked to worse well-being when one's partner also has highly negative relationships with parents. Although spouses' shared experience of highly positive relationships with parents may magnify their benefits for well-being, the adverse implications of negative ties with parents may be compounded when both spouses have poor quality parent-child relationships.

Gender Differences in the Implications of Relationship Quality with Parents for Well-Being

Considering relationships with parents in a marital context raises the unexplored question of whether there are gender differences in how positive and negative sentiments about parents are linked to well-being within the couple. We propose that the associations between own and partner relationship quality with parents and well-being will be stronger for wives than for husbands. Compared with adult sons' parent-child ties, adult daughters typically have greater closeness and conflict in their relationships with parents (Birditt et al., 2009; Fingerman, 2001). Furthermore, women generally report more emotional distress related to interpersonal problems than do men (Antonucci, 2001; Birditt & Fingerman, 2003). This may be due in part to earlier socialization processes that encourage women to be relationship-oriented as well as greater societal expectations for women to maintain positive relationships within their families (Chodorow, 1978). Finally, whereas men tend to rely heavily on their marriage as a source of social support, women frequently give and receive support from parents, parents-in-law, and other relatives (Antonucci, 2001; Kahn, McGill, & Bianchi, 2011). Taken together, the greater salience of family relationships for women suggests that relationship quality with one's own parents and one's partner's parents may matter more for the well-being of wives than husbands.

The Present Study

This study examined dyadic associations between wives' and husbands' perceptions of relationship quality with their own parents and their reports of depressive symptoms and life satisfaction, which are two related but distinct indicators of psychological well-being (Westerhof & Keyes, 2010). To consider these associations as situated within both an individual and couple context, we concurrently evaluated how each spouse's positive and negative feelings about their own parents were linked to *their own* well-being and *their partner's* well-being.

We predicted that wives and husbands who reported more positive relationship quality with parents would have better well-being (Hypothesis 1a), whereas those with more negative qualities would have worse well-being (Hypothesis 1b). Beyond these links, we predicted that more positive relationship quality with parents would be linked to better partner well-being (Hypothesis 2a); but reports of more negative ties with parents would be linked to poorer partner well-being (Hypothesis 2b). We also predicted that the link between one's own positive ties with parents and partner well-being would be heightened when the partner reported highly positive relationships with parents (Hypothesis 3a). Similarly, we predicted that the link between one's own negative ties with parents and partner well-being would be exacerbated when the partner reported highly negative relationships with parents (Hypothesis 3b).

Regarding gender differences, we predicted that wives' well-being would be more strongly linked to relationship quality with their own parents (Hypothesis 4a) and their partner's parents (Hypothesis 4b) than husbands' well-being. Likewise, compared with husbands, we predicted that wives' relationship quality with parents would be more strongly linked to their well-being when wives and their partner shared high levels of positive (Hypothesis 5a) or negative (Hypothesis 5b) relationship quality with parents.

METHODS

Participants

The sample included heterosexual married couples drawn from Wave 1 of the Family Exchanges Study (FES; Fingerman et al., 2011). The overall purpose of FES was to examine multigenerational relationships among middle-aged adults (and their spouse/partner), their adult offspring, and their aging parents. In 2008, middle-aged participants were recruited from the Philadelphia Primary Metropolitan Statistical Area (urban, suburban, and rural areas), which includes five counties in Southeastern Pennsylvania and four counties in New Jersey. Individuals were eligible for the study if they were aged 40–60 years and had at least one living parent and at least one child aged 18 years or older. Participants were contacted via telephone using lists purchased from Genesys Corporation (Daly City, CA) and random digit dialing in regional area codes. Of the 845 eligible participants, 633 (75%) completed an interview at Wave 1.

From the larger FES project, we created a subsample of middle-aged participants and their spouses. Participants were asked to provide contact information for their spouse if they were married and spouses shared parenthood of the participant's adult offspring. Among the 633 participants, 335 (51%) were married, and 287 (86%) agreed for their spouses to be contacted. Of the 287 spouses, 197 (71%) completed interviews. Relationship quality with parents could have different implications for couples when one spouse has no living parents. Therefore, this study focused on the 132 couples in which wives and husbands each had at least one living parent. Data were available for 103 of the 132 couples regarding whether participants were in their first marriage. Of these, 101 (98%) reported being in their first marriage. Compared with the 65 couples in which one spouse did not

have a living parent, the 132 couples in this study were younger, $t(392) = -6.04, p < .001$, had higher depressive symptoms, $t(357) = 4.21, p < .001$, and reported less life satisfaction, $t(330) = -3.17, p = .002$. There were no missing data on study variables within the 132 couples. Table 1 displays background characteristics for these couples, along with means and standard deviations for key variables.

Measures

Relationship quality with parents

Positive relationship quality with one’s own parent(s) was assessed with two items that reflect feelings of care and intimacy (Fingerman et al., 2011; Umberson, 1992).

TABLE 1
Background Characteristics and Scores on Key Variables for Wives and Husbands

| Characteristic | Wives | | Husbands | |
|---|-------------|-----------|----------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Age in years | 49.74*** | 4.62 | 51.50 | 4.98 |
| Number of children aged under 18 | 1.03 | 1.35 | 1.05 | 1.39 |
| Number of children aged 18 and older | 1.83 | 0.93 | 1.84 | 0.93 |
| Mother’s age | 77.07 | 7.29 | 78.92 | 6.94 |
| Father’s age | 77.71 | 6.72 | 78.44 | 6.14 |
| Frequency of in-person contact with parents ^a | 4.77* | 1.80 | 4.37 | 1.63 |
| Frequency of electronic contact with parents ^b | 6.19*** | 1.58 | 5.40 | 1.71 |
| Positive relationship quality with parents ^c | 4.04 | 0.74 | 3.98 | 0.84 |
| Negative relationship quality with parents ^d | 1.93 | 0.77 | 1.91 | 0.77 |
| Marital satisfaction ^e | 4.11*** | 0.95 | 4.21 | 0.97 |
| Depressive symptoms ^f | 1.49 | 0.63 | 1.47 | 0.64 |
| Life satisfaction ^g | 7.48 | 1.67 | 7.53 | 1.57 |
| | Proportions | | | |
| Non-Hispanic White | .86 | | .89 | |
| Education level | | | | |
| High school | .29 | | .24 | |
| Some college | .24 | | .21 | |
| College graduate (4-year degree) | .23 | | .33 | |
| Post graduate | .23 | | .23 | |
| Currently employed | | | | |
| Full-time | .61 | | .85 | |
| Part-time | .17 | | .03 | |
| Mother currently living | .86 | | .86 | |
| Father currently living | .49 | | .52 | |
| Both parents currently living | .35 | | .38 | |
| Parents’ functional disability ^h | .38 | | .37 | |

Notes. *N* = 132 married couples.

^aOne item from 1 (*less than once a year or never*) to 8 (*daily*).

^bOne item assessing phone and e-mail contact from 1 (*less than once a year or never*) to 8 (*daily*).

^cMean of two items from 1 (*not at all*) to 5 (*a great deal*).

^dMean of two items from 1 (*not at all*) to 5 (*a great deal*).

^eOne item from 1 (*poor*) to 5 (*excellent*).

^fMean of five items from 1 (*not at all*) to 5 (*extremely*).

^gOne item from 1 (*not at all satisfied*) to 10 (*completely satisfied*).

^h1 = At least one parent requires help with one or more daily activities (personal care, housework, shopping, managing finances, or transportation), 0 = Parents do not need help with daily activities.

*Indicates a significant difference between wives and husbands at $p \leq .05$.

***Indicates a significant difference between wives and husbands at $p \leq .001$.

Participants rated (a) how much they felt loved and cared for by their mother/father, and (b) how much they felt understood by their mother/father from 1 (*not at all*) to 5 (*a great deal*). Negative relationship quality with one's own parent(s) was assessed with two items regarding negative interactions within the parent–child relationship (Birditt et al., 2009; Umberson, 1992). Participants rated (a) how much criticism they receive from their mother/father, and (b) how much demands their mother/father makes on them from 1 (*not at all*) to 5 (*a great deal*). Scores represented the mean of separate reports for mothers and fathers. In cases where participants had only one living parent, however, raw scores for the living parent were used. The Spearman–Brown coefficient is recommended as the appropriate reliability estimate for 2-item scales (Eisinga, Grotenhuis, & Pelzer, 2013). Spearman–Brown estimates for positive qualities were .70 for wives and .72 for husbands. Estimates for negative qualities were .57 and .61 for wives and husbands, respectively. Some of the coefficients appear low; but 2-item scales often have lower reliability (Eisinga et al., 2013) and the estimates in this study are similar to those reported in other research using these relationship quality scales (Fingerman et al., 2008; Polenick, DePasquale, et al., 2016). Negative qualities were negatively correlated with positive qualities for wives ($r = -.23, p = .01$) and husbands ($r = -.25, p = .004$).

Depressive symptoms

Depressive symptoms were assessed with five items from the 6-item depression subscale of the Brief Symptom Inventory (Derogatis & Melisarator, 1983). This subscale is widely used in psychiatric patient and nonpatient samples, and has shown high reliability and high construct validity in nonclinical community samples (Urbán et al., 2014). The original item assessing thoughts of ending one's life was not included in the parent study because suicidality was not a focus of the primary research questions and endorsement of this item is not expected in phone surveys. From 1 (*not at all*) to 5 (*extremely*), participants reported how distressed or bothered they were over the past week by the following symptoms: feeling lonely, feeling blue, feeling no interest in things, feeling hopeless about the future, and feelings of worthlessness. Alpha reliability estimates were .80 for wives and .84 for husbands.

Life satisfaction

Life satisfaction was measured with one item adapted from an item used in previous work (Diener, Gohm, Suh, & Oishi, 2000). Participants rated their overall life satisfaction from 1 (*not at all satisfied*) to 10 (*completely satisfied*).

Control variables

Based on research consistently showing significant links between marital quality and well-being (Robles et al., 2014), models controlled for own and partner reports of marital satisfaction. Marital satisfaction was assessed with one item adapted from prior research (Umberson, 1989). Participants rated the overall quality of their marriage from 1 (*poor*) to 5 (*excellent*). Scholars have argued that the measurement of marital quality is best limited to an overall evaluation of feelings toward the marriage (Fincham & Bradbury, 1987).

Positive and negative relationship qualities may be more intense (Birditt et al., 2009; Fingerman, 2001) and more strongly linked to offspring well-being (Umberson, 1992) in parent–child ties that include aging mothers. To adjust for potential variations in the links between relationship quality with parents and well-being between spouses who have a living mother versus those who do not, models controlled for whether or not each spouse's mother was currently living (1 = *mother is living*, -1 = *mother is not living*).

Lastly, on the basis of research showing that demographic characteristics are associated with well-being (Stewart-Brown, Samaraweera, Taggart, Kandala, & Stranges, 2015), we considered age, minority status (1 = *racial or ethnic minority*, -1 = *non-Hispanic White*), and years of education as potential covariates (Table 1).

Analytic Strategy

To account for the nonindependence of partners within couples and to investigate mutual influences, actor-partner interdependence models (APIM; Kenny et al., 2006) were estimated using the mixed model procedure in SPSS Version 22 (IBM Corporation, 2013). The APIM pairs a conceptual model of relational interdependence with statistical techniques that facilitate the simultaneous estimation of each party's influence on outcomes within the dyad. In this study, *actor effects* refer to the extent to which wives' and husbands' reports of relationship quality with parents are linked to *their own* well-being (e.g., wives' positive relationship quality with parents predicting wives' life satisfaction). *Partner effects* refer to the extent to which wives' and husbands' reports of relationship quality with parents are linked to *their partner's* well-being (e.g., wives' positive relationship quality with parents predicting husbands' life satisfaction).

Covariates

Models controlled for own and partner reports of marital satisfaction. Marital satisfaction was negatively correlated with depressive symptoms ($r = -.38, p < .001$) and positively correlated with life satisfaction ($r = .52, p < .001$) within couples. In addition, bivariate correlations were conducted between other potential covariates (age, minority status, and years of education) and each well-being indicator. None of the potential demographic covariates were related to depressive symptoms or life satisfaction. Because covariates that are not correlated with the outcome can result in spurious relations among variables (Rovine, von Eye, & Wood, 1988), demographic variables were not included as covariates.

APIM analyses

Models for depressive symptoms and life satisfaction estimated a separate intercept for wives and husbands using spouse gender as a distinguishing variable (1 = *wife*, -1 = *husband*; Kenny et al., 2006). This enabled the examination of actor and partner effects for each spouse in the couple. Covariates were entered in the first step of each model. To determine actor and partner effects, own and partner reports of relationship quality were entered in the second step. Positive and negative relationship qualities were examined within the same model. Predictors and covariates were grand mean centered (Kenny et al., 2006).

To determine whether the associations between relationship quality with parents and well-being were moderated by one's partner's relationship quality with parents, we added two actor-partner interaction terms (i.e., Actor Positive Relationship Quality with Parents \times Partner Positive Relationship Quality with Parents; Actor Negative Relationship Quality with Parents \times Partner Negative Relationship Quality with Parents) in the third step of each model (Kenny et al., 2006). To examine the nature of significant interactions, the statistical significance of associations between relationship quality with parents and well-being were evaluated at one standard deviation above and below the grand mean of the relationship quality measures to represent high and low relationship quality, respectively (Aiken & West, 1991).

Although traditional models that consider the *person* as the unit of analysis (e.g., regressions) estimate actor and partner effects in separate models for wives and husbands

and are unable to test whether there are gender differences, the APIM considers the *dyad* as the unit of analysis. As such, the APIM permits the evaluation of gender differences within the same model using a single intercept. We therefore estimated the models for depressive symptoms and life satisfaction with a single intercept to test significant differences between wives and husbands in actor effects, partner effects, and actor-partner interaction effects (Kenny et al., 2006).

RESULTS

Table 2 presents bivariate associations among major study variables in preliminary analyses. Wives' and husbands' reports were positively correlated for marital satisfaction ($r = .46, p < .001$) and life satisfaction ($r = .27, p < .001$), indicating spousal interdependence in these measures. Spouses' reports on their depressive symptoms were unrelated ($r = .02, p = .86$).

Actor-partner interdependence model parameter estimates for models evaluating associations between each spouse's relationship quality with parents and well-being are shown in Table 3 and described below.

TABLE 2
Pearson Correlations Among Wives' and Husbands' Scores on Key Variables

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|--------|--------|--------|-------|---------|---------|---------|---------|--------|
| 1. Wife positive relationship quality ^a | | | | | | | | | |
| 2. Husband positive relationship quality ^a | .02 | | | | | | | | |
| 3. Wife negative relationship quality ^b | -.23** | -.08 | | | | | | | |
| 4. Husband negative relationship quality ^b | -.16 | -.25** | .13 | | | | | | |
| 5. Wife marital satisfaction ^c | -.04 | .20* | -.12 | .10 | | | | | |
| 6. Husband marital satisfaction ^c | -.09 | .28*** | -.18* | .02 | .46*** | | | | |
| 7. Wife depressive symptoms ^d | -.15 | -.002 | .23** | -.12 | -.37*** | -.13 | | | |
| 8. Husband depressive symptoms ^d | -.22** | -.25** | -.02 | .12 | -.14 | -.39*** | .02 | | |
| 9. Wife life satisfaction ^e | .12 | .14 | -.21* | .04 | .44*** | .19* | -.61*** | -.02 | |
| 10. Husband life satisfaction ^e | .24** | .29*** | -.23** | -.21* | .29*** | .60*** | -.19* | -.62*** | .27*** |

Notes. $N = 132$ married couples.

^aMean of two items from 1 (*not at all*) to 5 (*a great deal*).

^bMean of two items from 1 (*not at all*) to 5 (*a great deal*).

^cOne item from 1 (*poor*) to 5 (*excellent*).

^dMean of five items from 1 (*not at all*) to 5 (*extremely*).

^eOne item from 1 (*not at all satisfied*) to 10 (*completely satisfied*).

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

TABLE 3

Dyadic Associations Between Wives' and Husbands' Relationship Quality with Parents and Well-Being

| Estimate | Wives' Well-Being | | | | Husbands' Well-Being | | | |
|--|---------------------|-----------|-------------------|-----------|----------------------|-----------|-------------------|-----------|
| | Depressive Symptoms | | Life Satisfaction | | Depressive Symptoms | | Life Satisfaction | |
| | <i>B</i> | <i>SE</i> | <i>B</i> | <i>SE</i> | <i>B</i> | <i>SE</i> | <i>B</i> | <i>SE</i> |
| Step 1 | | | | | | | | |
| Actor marital satisfaction | -.26*** | .06 | .80*** | .16 | -.29*** | .06 | .96*** | .13 |
| Partner marital satisfaction | .02 | .06 | -.01 | .15 | .05 | .06 | .002 | .13 |
| Pseudo <i>R</i> ² | .14 | | .20 | | .15 | | .34 | |
| Step 2 | | | | | | | | |
| Actor positive RQ with parents | -.11 | .07 | .22 | .19 | -.10 | .06 | .16 | .14 |
| Partner positive RQ with parents | .03 | .06 | .12 | .17 | -.16* | .07 | .30* | .15 |
| Actor negative RQ with parents | .17* | .07 | -.38* | .18 | .06 | .07 | -.34* | .14 |
| Partner negative RQ with parents | -.10 | .07 | .12 | .18 | -.10 | .07 | -.18 | .15 |
| Pseudo <i>R</i> ² | .19 | | .22 | | .19 | | .41 | |
| Step 3 | | | | | | | | |
| Actor × partner positive RQ with parents | -.07 | .08 | .07 | .21 | .17* | .08 | -.29 | .17 |
| Actor × partner negative RQ with parents | -.04 | .10 | .32 | .25 | -.01 | .10 | .26 | .20 |
| Pseudo <i>R</i> ² | .18 | | .22 | | .21 | | .42 | |

Notes. Actor = own report. Partner = partner's report. RQ = relationship quality. Models also controlled for own and partner mother status (1 = *mother is living*, -1 = *mother is not living*). In the model for depressive symptoms, the partner effect and the actor-partner interaction for positive relationship quality were both significantly stronger for husbands than for wives.

N = 132 married couples.

p* ≤ .05, **p* ≤ .001.

Spouses' Relationship Quality with Parents and Wives' Well-Being

There were two significant actor effects for wives. In line with Hypothesis 1b, wives' reports of more negative relationship quality with parents were associated with their own elevated depressive symptoms (*B* = .17, *p* = .02) and lower life satisfaction (*B* = -.38, *p* = .04). There were no significant actor effects of positive relationship quality with parents for wives' depressive symptoms or life satisfaction, showing a lack of support for Hypothesis 1a.

There were no significant partner effects of positive or negative relationship quality with parents. Husbands' relationship quality with parents was not associated with wives' depressive symptoms or life satisfaction, demonstrating that Hypotheses 2a and 2b were not supported for wives. Likewise, there were no significant actor-partner interactions of spouses' positive or negative relationship quality with parents for wives' depressive symptoms or life satisfaction. Thus, Hypotheses 3a and 3b were also not supported for wives.

Spouses' Relationship Quality with Parents and Husbands' Well-Being

There was one significant actor effect for husbands. In partial support of Hypothesis 1b, husbands' reports of more negative relationship quality with parents were linked to their own lower life satisfaction (*B* = -.34, *p* = .02) but not their own depressive symptoms. There were no significant actor effects of positive relationship quality. Husbands' reports

of positive relationship quality with parents were not linked to their own depressive symptoms or life satisfaction. Therefore, Hypothesis 1a was not supported for husbands.

There were two significant partner effects for husbands. In line with Hypothesis 2a, wives' reports of more positive relationship quality with parents were linked to husbands' lower depressive symptoms ($B = -.16, p = .03$) and greater life satisfaction ($B = .30, p = .05$). There were no significant partner effects of negative relationship quality with parents. Hence, wives' reports of negative relationship quality with parents were not linked to husbands' depressive symptoms or life satisfaction, demonstrating a lack of support for Hypothesis 2b.

In partial support of Hypothesis 3a, there was a significant actor-partner interaction of spouses' positive relationship quality with parents for husbands' depressive symptoms ($B = .17, p = .04$). As shown in Figure 1, the link between wives' more positive ties with parents and husbands' lower depressive symptoms was intensified when husbands' positive relationship quality with their own parents was low ($B = -.29, p = .003$) rather than high ($B = -.02, p = .86$). There were no significant actor-partner interactions of spouses' negative relationship quality with parents. Therefore, Hypothesis 3b was unsupported for husbands.

Gender Differences in Actor Effects, Partner Effects, and Actor-Partner Interactions

Regarding Hypothesis 4a, there were no significant differences between wives and husbands in the strength of associations between *their own* relationship quality with parents and well-being (actor effects; analysis not shown). With respect to Hypothesis 4b, however, the link between wives' and husbands' relationship quality with parents and *their partner's* well-being (partner effects; analysis not shown) was significantly stronger for husbands than wives in the model for depressive symptoms. Counter to prediction, partners' positive ties with parents were more strongly linked to depressive symptoms for husbands than for wives ($B = .10, p = .05$).

Contrary to Hypothesis 5a, the actor-partner interaction for positive relationship quality with parents and depressive symptoms was significantly stronger for husbands than for wives ($B = -.12, p = .04$). There were no significant gender differences in the actor-partner interaction for negative relationship quality with parents and depressive symptoms or life satisfaction, which indicates a lack of support for Hypothesis 5b (analysis not shown).

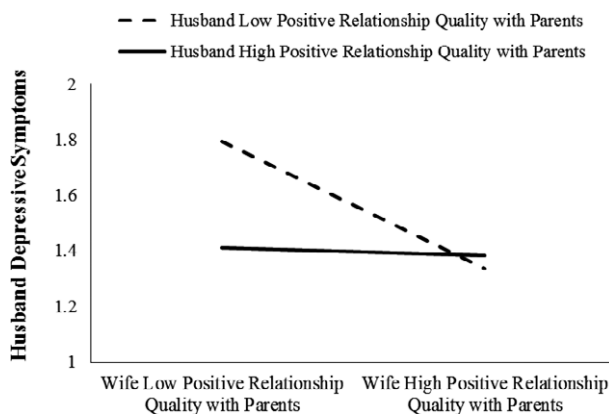


FIGURE 1. Actor-Partner Interaction of Positive Relationship Quality with Parents for Husbands' Depressive Symptoms.

DISCUSSION

This study demonstrates that relationship quality with aging parents is significantly linked to well-being within couples. This work extends previous research by evaluating how wives' and husbands' perceptions of relationship quality with aging parents are associated with *their own* and *their partner's* well-being, and represents the first foray into this line of inquiry. Overall, findings indicate that views of negative relationship quality with one's own parents are linked to lower life satisfaction for both husbands and wives, as well as elevated depressive symptoms for wives (actor effects). Beyond these associations, wives' positive relationships with parents were linked to husbands' greater life satisfaction and lower depressive symptoms (partner effect). Notably, these findings were observed after controlling for marital satisfaction, which accounted for a significant amount of variance in well-being for both wives and husbands. Relationship quality with parents therefore has robust associations with psychological well-being in middle-aged couples that appear to depend partly on whether one is a husband or a wife.

One's Own Relationship Quality with Parents and Well-Being

For wives and husbands, their own reports of more negative qualities in ties with parents were associated with lower life satisfaction. Wives' more negative relationship quality with parents was also linked to their own elevated depressive symptoms. There were no significant differences in these associations between wives and husbands, consistent with previous research showing few gender distinctions in the emotional implications of relationships with aging parents (Fingerman et al., 2008; Umberson, 1992). Of note, one's own positive relationship quality with parents was unrelated to depressive symptoms and life satisfaction for both wives and husbands. This pattern of findings is in line with prior work demonstrating that negative qualities in relationships with parents and other close family members often have more potent implications for psychological well-being than positive qualities (Rook, 2015; Umberson, 1992).

One's Partner's Relationship Quality with Parents and Well-Being

Gender distinctions were found in the associations between *one's partner's* relationship quality with parents and well-being. When wives reported more positive ties with parents, husbands had lower depressive symptoms and greater life satisfaction. This association was strengthened for husbands' depressive symptoms when husbands reported *low* levels of positive relationship quality with their own parents, suggesting that positive qualities in wives' ties with parents may play a compensatory role for husbands who lack these qualities in their own parent-child ties. The links between partners' positive ties with parents and depressive symptoms were significantly stronger for husbands than for wives, indicating that partners' positive parent-child relationships may be more salient for husbands' psychological distress. By contrast, partners' negative ties with parents were unrelated to well-being for both wives and husbands. This implies that one's own negative relationships with parents may have stronger associations with well-being than those experienced by one's partner.

These findings indicate the possibility that positive aspects of the relationships wives have with their parents during midlife may have substantial implications for husbands' well-being. It is plausible that wives' positive relations with parents serve as a central source of social support for the couple that reduces husbands' depressive symptoms. Middle-aged couples typically spend more time with and give more support to wives' parents than to husbands' parents (Lee, Spitze, & Logan, 2003). More frequent contact with parents-in-law in turn predicts greater centrality of in-laws in one's social network (Santos &

Levitt, 2007). Thus, wives' relationships with their parents are likely to enhance husbands' well-being when these ties are caring and emotionally supportive. Wives who have highly positive ties with parents may also show greater warmth and understanding in their marriage, which could in part contribute to husbands' lower depressive symptoms. As previously noted, however, the models in this study controlled for each spouse's report of marital satisfaction. This suggests that the association between wives' positive ties with parents and husbands' depressive symptoms is independent of marital quality.

It is plausible that wives' positive ties with parents are especially valuable for husbands who have less positive ties with their own parents. Men tend to have fewer close relationships than women (Antonucci, 2001). Ties with wives' parents may therefore be an integral source of emotional support for middle-aged men. Compared with women, being married has greater protective benefits for men's well-being (Kiecolt-Glaser & Newton, 2001), including a lower likelihood of developing major depression (Scott et al., 2009) and reduced risk of suicide (Denney, Rogers, Krueger, & Wadsworth, 2009). This study raises the notion of whether positive ties with wives' parents may be one pathway through which these benefits are conferred.

Interestingly, relationship quality with husbands' parents was unrelated to wives' depressive symptoms and life satisfaction. In addition to couples' greater involvement with wives' parents than husbands' parents, adult daughters tend to have more emotionally intense bonds with their own parents than do adult sons (Birditt et al., 2009; Finger-man, 2001). These factors may minimize the salience of husbands' ties with parents for wives' well-being.

Strengths and Limitations

Strengths of this study include data collected on the same measures for husbands and wives, the use of dyadic methods to explore the interdependence within couples, the examination of positive and negative feelings about ties with aging parents, and the assessment of positive and negative indicators of well-being. Importantly, our focus on the dyad as the unit of analysis rather than the individual permitted a more nuanced evaluation of how relationship quality with parents is linked to well-being in middle-aged married adults. The consideration of positive and negative qualities within the same model allowed us to determine their independent associations with well-being. Models also controlled for the substantial variance in well-being explained by each spouse's marital satisfaction, which further augments the robustness of the findings.

Despite these strengths, this study has several limitations. First, cross-sectional analyses precluded the inference of causal associations. Wives with increased depressive symptoms, for example, may be more likely to evaluate the relationships with their own parents as highly negative. Second, the relationship quality measures were limited to two items and had somewhat low reliability. Third, data on reports of relationship quality with one's parents-in-law were not available. The examination of such data in future investigations would enable a more complete rendering of how ties with aging parents influence well-being within couples. Fourth, on average, wives and husbands in this sample reported low depressive symptoms and high life satisfaction. As a consequence, findings may not generalize to wives and husbands with poorer well-being. It is worth noting, however, that the current sample reported significantly higher depressive symptoms and lower life satisfaction relative to couples from the base study who were not included because both spouses did not have living parents. As such, findings may not generalize to couples in which only one partner has living parents. In fact, the research questions and hypotheses in this study depend on both spouses having at least one living parent.

Although this potentially introduces some bias (e.g., the resulting sample is younger) compared to the larger sample, it would not be appropriate to consider the hypotheses for this study when one of the persons in each couple did not have a living parent.

Fifth, findings are specific to the midlife sample and may not generalize to younger or older couples who likely experience differences in their relationships with parents that affect the salience of these ties for well-being. Parents may initiate contact more frequently with younger couples, for instance, because their grandchildren live in the couple's home. Past midlife, one's parents tend to have age-related functional impairments that shift the roles and dynamics of parent-child ties, with offspring often serving as caregivers. In our sample, rates of parents' disability were low; but these rates rise as parents age (Kim et al., 2016). The current sample was significantly younger than wives and husbands in the base study who did not each have living parents, and so this study may not have fully captured the experience of couples in which one or both partners have aging parents with functional disability. Thus, future studies should further explore how the couple's ties with parents over their life course may be linked to well-being. Lastly, we lacked data to explore more proximal mechanisms that may account for the present findings. Future work should consider how individual processes (e.g., positive mood spillover from parent-child relations to marital relations) and couple processes (e.g., positive mood crossover from one spouse to the other) may explain the findings. Nonetheless, this study provides a foundation for research to obtain a deeper understanding of how ties with parents are linked to well-being within couples.

Potential Practical Implications and Future Directions

This study lays groundwork for future research that may inform family-based interventions to promote well-being or reduce distress among middle-aged adults. Traditional psychotherapy and family systems approaches typically focused on the negative or problematic aspects of relationships with parents (Bowen, 1978). The current findings imply, however, that ties with parents may also be a valuable social resource that fosters well-being. Furthermore, particularly for men, one's partner's relationships with parents may be a source of strength and support. Whether treatment is conducted with individuals, couples, or families, attention to ties with parents and parents-in-law may be useful for identifying problematic areas as well as resources to help rebuild and maintain better mental health. Although more research is needed to support these ideas, the present findings suggest potential areas for subsequent work to examine the clinical significance of relationship quality with aging parents for couples and families.

As this and many other studies have shown, relationships between offspring and their parents remain important across the lifespan. Yet there has been little attention to the issue of how middle-aged couples might navigate ties with both sets of parents in a way that would be beneficial to the marriage as well as for the broader family system. Proactive educational programs on this issue might be useful, especially when ties with one or both sets of parents are troubled. Earlier in the couple's development, relationship education programs focused on the transition to parenthood have demonstrated a number of positive outcomes, including lower declines in marital satisfaction (Doss, Cicila, Hsueh, Morrison, & Carhart, 2014) and improved couple communication during conflict (Shapiro, Gottman, & Fink, 2015). Likewise, programs centered on building and sustaining mutual support between spouses as roles and responsibilities shift in their relationships with aging parents may buffer the negative impact of stressors related to this transition for the couple's well-being. These programs could address issues such as frequency of and equity in the amount of contact with each partner's parents, as well as how to set boundaries within these ties. Couples may also benefit from guidance in managing other

challenges such as whether or not to intervene in parents' health issues, providing caregiving support to a parent with functional disabilities, and how to best support a widowed parent.

Another valuable area for future work is to evaluate whether spouses' views of relationship quality with parents are associated with long-term trajectories of well-being. Adult offspring commonly perceive negative changes in the quality of their relationships with aging parents, which may arise with parents' declining health and increasing dependency (Kim et al., 2016). Parents often rely upon their children for support in later life in the face of illness, disability, or widowhood. As such, it is critical to determine the implications of adverse changes in parent-child relationship quality for couple's well-being. In accord with the stress generational model (Hammen, 2006), it is also plausible that there are bidirectional effects such that changes in own or partner distress contribute to heightened tension and less closeness in ties with each spouse's parents. Future longitudinal studies that explore the reciprocal interplay of the links between relationship quality with parents and couples' well-being would be particularly informative.

In addition, it may be useful to determine whether spousal differences in perceptions of relationship quality with parents are linked to the couple's well-being. Prior research has shown, for instance, that more dissimilar feelings of obligation to help aging parents within couples are linked to lower marital satisfaction for husbands but not for wives (Polenick et al., 2015). Similarly, wives and husbands may have opposing perspectives on whether parents are caring and considerate or critical and demanding. Conflict over viewing parents as a source of support or interference in the marriage may have implications for the well-being of one or both partners.

Finally, future studies should consider characteristics of spouses' ties with parents and with each other that may modify the present findings. It may be, for example, that parent gender plays a role such that relationship quality with aging mothers and mothers-in-law are more strongly linked to well-being than relationship quality with aging fathers and fathers-in-law. Alternatively, the associations between own and partner relationship quality with parents and well-being may be stronger for spouses in more emotionally close marriages because they are highly attuned to one another's feelings. Determining factors that condition the present findings would help to identify couples who may be most likely to benefit or suffer from relationships with parents, as well as couples who are resilient to the adverse implications of these ties.

Relationships with parents are a central source of support that has profound implications for well-being across the life course. This study shows that wives' and husbands' reports of relationship quality with their own aging parents are significantly linked to well-being within the marriage. Findings underscore the interdependence between spouses and demonstrate that ties with parents should be considered in the context of both individual and couple processes.

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