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Relationships Between Older Parents and Their Adult Daughters and Their Influence on Parents' Health

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Abstract

What is the nature of older parent-adult daughter relationships from the perspective of the older parents? Is the quality of these relationships associated with parents' reports of their own physical and mental health? These questions were addressed in a sample of 67 parents (33 mothers and 34 fathers) of adult daughters. Both parents and daughters rated their relationships as more rewarding than problematic. Surprisingly, although daughters and parents live relatively close to one another and are in frequent contact, daughters' and parents' perceptions of parents' health and relationships with non-family members, as well as of the equity in the relationships were not significantly correlated. Daughters perceived their parents' health and non-family relationships to be worse than parents perceived them. And, parents thought they were getting a somewhat better deal from their relationships with their daughters than their daughters thought. Taking into account parents' age, sex, marital status, income, and satisfaction with their living arrangements, the quality of relationships with daughters was not a significant predictor of parents' mental- or physical-health reports. However, concerns about the relationship moderated the association between parents' age and reports of psychological distress.

With the aging of the American population, caring for the elderly has become a national concern. One line of inquiry concerns the factors that enable the elderly to live in the community. Considerable attention has been paid to the major role played by adult daughters in parent care; its costs as well as its rewards (Beck, 1990). Previous research suggests that the quality of experience in the role of daughter in the years before parents require care may buffer daughters from later strains (Baruch & Barnett, 1983).

Less research has addressed adult daughter-parent relationships from the perspective of the parents (Barnett, 1988; Pillemer & Suitor, 1991). For example, we do not know how parents experience these relationships, and what influence the quality of these relationships has on parents' assessments of their own psychological or physical health.

A review of the literature on intergenerational relationships indicates that the quality of these relationships may be very different depending on whose perspective is taken (Barnett, 1988). This discrepancy is reminiscent of Jessie Bernard's insight that there is no such thing as a marriage; there is a "his" marriage and a "her" marriage. One speculation is that due to taboos in our culture, daughters and parents may not really know each other's situation or what is important to the other. To the extent that such misperceptions exist, tensions and distress are bound to arise. For example, lack of communication can result in misdirected actions and consequent lack of appreciation.

There is a widespread belief that the quality of these relationships differs by social class and by sex of the parents. Working-class families are thought to have qualitatively different relationships than middle-class families, and mother-daughter dyads are thought to be closer and more nurturant than father-daughter dyads.¹ However, earlier research on daughters found no class or gender effects in the quality of daughter-parent relationships (Barnett, Kibria, Baruch, & Pleck, 1991). Although daughters reported concerns in these relationships, they experienced them, on balance, as more rewarding than problematic. This was as true for daughters' relationships with their mothers as it was for their relationships with their fathers. It was also true for daughter-parent relationships regardless of the daughters' socioeconomic class. In this study, we examine gender and class effects on the quality of the relationships parents experience with their daughters.

In addition to the relative dearth of data on the quality of these relationships as experienced by the parents, there is very little information on the association between parent-daughter relationship quality and parents' mental or physical health. It is widely believed that parent-daughter, especially mother-daughter relationships, are especially critical to the general well-being of older parents. However, at least according to one review, it appears that the psychological distress of daughters is more closely associated with the quality of these relationships than is that of the parents (Barnett, 1988).

Thus, many questions remain unanswered. We do not know the extent to which daughters and their parents perceive the parents' needs and situations in similar ways. We do not know which aspects of their relationships with their daughters, mothers and fathers experience as positive or negative. Also, we have little information about the influence that these relationships have on the parents' reports of their own mental and physical states. Finally, we don't know whether these associations, if any, differ depending on such characteristics such as the parents' sex, age, or marital status.

The present study addresses the following three questions in a sample of 67 older mothers and fathers with adult daughters:

1. What is the relationship between the parents' and the adult daughters' perceptions of the parents' physical, social and financial needs?
2. What are the positive and negative aspects of the adult child-parent relationship from the perspective of each party?
3. What is the association between the parents' experience of the quality of these relationships and the parents' reports of their physical and psychological health? And, do these associations depend on the parents' age, sex, marital status, or income?

Method

Sample

The sample consists of 67 adults daughters and one of their parents (33 mothers and 34 fathers). The daughters were part of a random sample of employed women drawn for a larger study of work and family stress (NIOSH #OH-1968).

Daughters, who at the time of the last interview (1988) had at least one parent alive, were contacted by telephone. They were informed about the purpose of the study and asked to participate. To be eligible for the study, they had to have at least one parent currently living and residing in Eastern Massachusetts² and who, according to the daughter, was competent to be interviewed. Moreover, the daughter had to agree to complete several forms which were mailed to her.

Of the 297 adult daughters who were contacted, 175 had parents who were ineligible. Twenty-four women's parents were deceased, 125 had parents who lived out of state, three had parents who were in institutions or long-term care facilities, and 23 daughters judged their parents to be physically or mentally incapable of participation in this study. Thus, 122 parent-daughter pairs were eligible. Of these, 53 daughters and 2 parents refused and 67 (33 mothers and 34 fathers) agreed to participate. This is a response rate of 55% for pairs, which corresponds to a 74% response rate for individuals.

Procedures

Parents were interviewed in their homes by a trained interviewer. The interviews lasted roughly one hour and consisted of both closed-ended and open-ended questions. The closed-ended questions inquired about family composition (number and proximity of siblings and children, frequency of talking with and seeing siblings and children, self perceptions of health, income, satisfaction with their living situation, their finances, and their non-family relationships, as well as self-report measures of psychological distress, physical health, and subjective well-being). The open-ended questions explored in several ways the positive and

negative aspects of the parent-daughter relationship. The answers to the latter questions were tape recorded and transcribed⁹. The interviews were conducted between October, 1990 and January, 1991.

Daughters received a questionnaire by mail to be completed and returned to the project. The questionnaire also included both closed- and open-ended questions. The quality of their relationships with their parents was assessed using previously developed scales of the rewards and concerns in their relationships with their mothers or fathers. In addition, they were asked to rate their mothers'/fathers' health, relationships with friends and family, and financial situation as well as the equitableness of their relationship with their parents. Daughters' psychological health was assessed using the same measures administered to their parents. Finally, daughters answered four open-ended questions inquiring about the most positive and the most troubling aspect of their relationships with their parents, as well as what one thing about their current relationships they would change if they could. We also asked them to say what, if anything, they wished we had asked that we had not asked. Answers to these four questions were content-analyzed.

Measures

Psychological distress. Psychological distress was assessed by the anxiety and depression subscales of the SCL-90-R, a frequency of symptoms measure (Derogatis, 1975). Subjects indicate on a 5-point scale (from 0 = not at all to 4 = extremely) how often in the past week they were bothered by each of 10 symptoms of anxiety and 14 symptoms of depression. The decision to combine the scales into a psychological distress score was based on previous experience with these scales in the full sample of the daughters ($n = 403$) which indicated a high correlation ($r = .72$) between the scales and similarity in the pattern of correlations between the anxiety and depression scales and the other variables of interest in the study. The possible range for the combined scales is 0 to 96; the mean for the parents was 19.56 ($sd = 7.90$). The means for the mothers and fathers were not significantly different. The SCL-90-R has high levels of both internal consistency and test-retest reliability. In the daughter sample, coefficient alpha was .88 for depression, .89 for anxiety, and .90 for the combined scale. These figures are similar to those reported by Derogatis (1983). Satisfactory test-retest correlations (.82 for depression and .80 for anxiety) have also been reported (Derogatis, 1983).

Physical symptoms. Our measure of parents' physical health was the Medical Symptom Checklist, a 29-item measure of general physical symptoms (Leserman, 1989). Respondents were asked to indicate how frequently in the past year they had had each of these symptoms (1 = never or almost never to 7 = daily) and the degree of discomfort (1 = no discomfort to 4 = extreme discomfort) it caused. By multiplying the frequency of occurrence by the degree of discomfort for each symptom and then dividing the product by 29, we derived a total score for physical symptoms that reflects the average frequency and discomfort per symptom.

Perceived Medical Status. Unfortunately we did not collect data on prior medical problems, which are undoubtedly associated with current reports of physical symptoms. We did, however, ask parents to indicate on a 4-point scale (from 1 = almost never to 4 = very

often), how often in the past six months their health has kept them from doing the kinds of activities other people their age do. Scores on this scale were used as a control for medical status in the regression models with physical symptoms as the outcome.

Parent-daughter relationship quality. We assessed parent-daughter relationship quality in two ways. We began the open-ended section of the interview by asking the parent a series of questions designed to probe the positive and negative aspects of the relationship. Thus, parents were asked to describe the relationship in general, and to describe an incident when the relationship was at its best and an incident when it was at its worst. We also asked them which kind of incident was more typical. In a parallel fashion, we then asked them if there had been a recent time when the daughter came through for them (and didn't come through for them), and, if so, to describe it.

Parents were then asked to think about their relationship with their daughters as it is right now, not as they wish it were, and to tell us the most positive or rewarding aspects and the most troubling or negative aspects. Immediately following their answers to each of these two questions, they were asked to rate the positive (then the negative) aspects of their current relationships with their daughters on a 7-point scale (from 1 = very unrewarding/or very much a concern to 7 = very rewarding/or not at all a concern.)

Content analyses of the responses to the open-ended questions constituted our first approach to assessing the quality of the parent-daughter relationship. Ratings on the two scales constituted our second approach.

Daughter-Parent Relationship Quality. We also took two approaches to assessing daughter-parent relationship quality: a quantitative approach and a qualitative approach.

The quantitative approach relied on closed-ended items. Based on previous research (Baruch & Barnett, 1983) and pilot studies, we identified the rewarding and distressing aspects of adult daughters' relationships with their mothers and fathers. On the basis of response frequency, 16 reward items and 20 concern items were identified (see Barnett, Kibria, Baruch, & Pleck, 1991 for a full discussion of the development of these items.) Daughters used a 4-point scale (from 1 = not at all to 4 = extremely) to indicate to what extent, if at all, each of the items was currently rewarding or distressing. (The reward and concern items as well as the per-item averages are shown in Table Two below.)

The second approach, i.e., the qualitative approach, relied on content-analyzed responses to three open-ended questions: (1) What is the most positive aspect of your relationship with your mother/father?; (2) What is the most troubling aspect of your relationship with your mother/father?; and (3) If you could change one thing about your current relationship with your mother/father, what would it be?

Frequency of and satisfaction with parent-daughter interactions. Parents were asked to indicate how close they lived to their daughters as well as the frequency with which they spoke to their daughters on the telephone and saw them in person. They also rated their satisfaction with the frequency with which they saw their daughters.

Perceptions of specific attributes. Daughters and parents each rated on four-point scales (from 1 = poor to 4 = excellent) three attributes, the parents': health, relationships with non-family members, and finances. Parents and daughters also indicated on a 7-point scale their perceptions of the equitableness of the relationship, that is, who they perceive benefits most from the relationship as a whole. The response categories ranged from 1 = Your mother/father (daughter) is getting a much better deal to 7 = You are getting a much better deal.

Social class. The most widely utilized techniques for determining social class rely on income and occupation data. Because many of these parents were not employed, we relied on income data as a rough proxy for social class. We asked the parents to indicate which category came closest to their income for 1990 and gave them seven categories which ranged from 1 = less than \$10,000 to 7 = \$80,000 and over from which to choose. For the regression analyses, we collapsed the categories into two: low income and high income.

Results

Characteristics of the Parents

The parents, on average, were 71.2 years of age ($M = 70.5$, $sd = 6.92$ for fathers; $M = 71.94$, $sd = 8.26$, for mothers). T-test results indicated that this difference was not significant. However, mothers were significantly more likely than fathers to be currently widowed. Twenty-four mothers were widowed and not remarried, compared to only 4 fathers. Conversely, 28 fathers were currently married compared to only 7 mothers.

There were no significant differences between mothers and fathers in either current employment status or living arrangements: 17 of the parents were currently employed, and 17 lived with one of their children. With respect to religious identification, 44.8% were Catholic, 35.8% Protestant, 13.4% Jewish, and 6.0% belonged to another religion.

Characteristics of the Daughters

The daughters, on average, were 42.7 years of age ($sd = 6.86$ years). Roughly 60% were married (58.2%), 20% were single, and 20% were divorced or widowed. About two-thirds of the daughters were mothers (64%). Thirty-five of the daughters had two living parents; 32 had one living parent. On average, the daughters had one brother ($M = 1.19$, $sd = 1.17$) and one sister ($M = 1.21$, $sd = 1.37$); 20 were only daughters. Over 90% of the daughters were currently employed, but only 3.2% were eligible for benefits for adult-care assistance through their employers.

Psychological distress. For the adult daughters in this sample, the mean per-item score on the depression scale was .80 ($sd = .65$), and on the anxiety scale was .48 ($sd = .48$). The parents' per-item score was .56 ($sd = .37$) on the depression scale and .36 ($sd = .35$) on the anxiety scale. These scores are within one standard deviation of the mean for their respective normative samples.

Physical-health symptoms. With respect to specific physical-health symptoms, the most commonly reported by the parents were: aching muscles, back pain, and fatigue (see Table One). However, very few parents reported extreme discomfort associated with any of these symptoms.

Frequency of and Satisfaction with Contact with Daughters. On average, daughters resided near their parents and spoke to them frequently, both in person and on the telephone. Fully 63% of the parents lived less than one-half hour driving time from their daughters; 15% lived within one block. Only 3% resided more than 2 hours traveling time from their daughters. More than half of the parents reported seeing their daughters in person at least weekly; 12% saw their daughters every day. 80% of the parents talked on the telephone to their daughters weekly (61%) or daily (19.7%) compared to 20% who spoke to their daughters less frequently. Not surprisingly, fully 73% of the parents said they were very satisfied with the frequency with which they saw their daughters compared to only 6.0% who said they were somewhat or very dissatisfied.

Daughters' and Parents' Perceptions of Selected Parents' Attributes. In general, parents (both mothers and fathers) rated their health, non-family relationships and finances as better than their daughters rated these attributes.

Health. Parents are relatively healthy in their own eyes as well as in their daughters'. On average, daughters rate their parents' health between fair and good ($M = 2.85$, $sd = .74$), whereas parents rate their own health between good and excellent ($M = 3.13$, $sd = .72$). A paired t-test indicated that this difference was significant ($p < .05$).

Relationships with people other than family. Here again, on average, parents' ratings are more positive than daughters'. Daughters rate their parents' relationships between fair and good, whereas parents rate their own relationships between good and excellent ($M = 2.91$, $sd = .80$ and $M = 3.39$, $sd = .60$ for daughters and parents, respectively). This difference was also significant ($p < .001$).

Finances. The same pattern of findings appears with respect to perceptions of the parents' financial situation. On average, daughters and parents perceive parents' financial situations as between fair and good ($M = 2.69$, $sd = .80$ and $M = 2.90$, $sd = .74$, for daughters and parents, respectively). Again, parents perceive their finances significantly more favorably than do their daughters ($p < .05$).

Equitableness. On average, parents thought they were getting a slightly better deal than their daughters. Daughters, on average, felt they and their parents were getting an equal deal. Too, this difference was statistically significant ($p < .01$).

Correlations between daughters' and parents' perceptions. Of the four attributes - parents' health, relationships with non-family members, finances and the equitableness of the relationship -- the ratings between daughters' and parents' perceptions were significantly

Table One

Parents' Most Commonly Reported Physical Symptoms

Symptom	Percentage of Parents Reporting Symptoms	Percentage with Extreme Discomfort (of those Reporting Symptoms)
Aching muscles	69	0
Back pain	64	7
Fatigue	61	2
Trouble sleeping	55	11
Stiff or swollen joints	55	11
Abdominal or stomach problems	51	3

correlated only with respect to finances ($r = .67, p < .001$ and $r = .36, p < .05$, for daughter-father and daughter-mother ratings, respectively). The correlations between daughters' and parents' ratings for parents' health and non-family relationships were not significant (r 's ranged from .18 to .28). Surprisingly, there was no correlation between the daughters' and the parents' perceptions of who benefitted most from their relationship! The correlation between daughters' and parents' perceptions of the equitableness in their relationship was essentially zero ($r = .02, ns$).

What are the positive and negative aspects of the adult child-parent relationship from the perspective of both the parent and the adult child?

Daughter-parent relationship quality. Consistent with previous research (Barnett et al., 1991; Baruch & Barnett, 1983), daughters report their relationships with their parents to be more rewarding than of concern. On average, daughters report the positive aspects of their relationships with their parents to be between somewhat and considerably rewarding ($M = 2.79, sd = .71$) and the negative aspects to be between not at all and somewhat of a concern ($M = 1.56, sd = .41$).

The four most rewarding aspects of daughters' relationships with their parents are Having a parent who loves you, Having a parent you respect, Having a parent who helps out when you need her/him, and Having a parent who lets you know he/she cares about you.⁵ (see Table Two). The least rewarding aspects are Being able to talk over problems with your parent, and Being able to count on your parent to help out financially.

With respect to the aspects about which daughters indicate concern, one stands out: Seeing your parent age and worrying about how she/he will manage as she/he gets older. The three items which were of least concern were: Your parent living his/her life through you, Having to financially support your parent, and Having a parent who doesn't help out when you need her/him.

For the most part, results of the content analyses of the responses to the open-ended questions on positive aspects of the daughters' relationships with their parents supported those from the quantitative analyses. The most frequently mentioned aspect was the support, acceptance, or love that the daughter felt from the parent (Table Three). Respect and mutual affection was second in frequency of mentions.

Daughters were most troubled by their parent's negativity, moodiness or other disagreeable personality characteristics. Also troubling to daughters were the lack of openness in the relationship, seeing the parent as a negative role model, and being aware of "unfinished business" with the parent. These contrast with the highest concern item from the close-ended scale, i.e., Seeing your parent age and worrying about how she/he will manage as she/he gets older. It appears that, in the open-ended question, daughters focused more on the affective aspects of their relationships with their parents and that, in the closed-ended question, they focused more on their parents' needs or potential needs for instrumental support. Thus, it is probable that the wording of the open-ended question

Table Two

Daughter Reward and Concern Items in Relationships with Parents

Reward Items	Mean	SD
Having a parent who loves you	3.36	.81
Having a parent you respect	3.10	.96
Having a parent who helps out when you need her/him	3.04	.98
Having a parent who lets you know he/she cares about you	3.03	.94
Your parent's getting along well with important people in your life	3.00	.89
Enjoying your parent's companionship	2.91	.95
Getting along smoothly with your parent	2.88	.86
Seeing how well your parent copes with life	2.87	.90
Having a parent who is a good model of getting older	2.84	1.04
Having a close relationship with your parent	2.81	.94
Your parent approving of the kind of person you are	2.76	.87
Your parent liking the way you handle your life	2.76	.92
Your parent supporting the choices you make	2.67	1.02
Seeing the way your parent has led his/her life	2.45	.91
Being able to talk over problems with your parent	2.15	.91
Being able to count on your parent to help out financially	1.97	1.04
Seeing your parent age and worrying about how she/he will manage as she/he gets older	2.36	.88
Feeling guilty or uncertain about your obligations to your parent	1.81	.76
Your parent not having done what he/she wanted to with his/her life	1.79	.83
Your parent being judgmental	1.79	.86
Having to act like a parent to your parent	1.78	.87
Your parent's personal problems	1.75	.82
Your parent wanting more of you than you want to give	1.67	.89

table continued on following page

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Table Two continued

Concern Item	Mean	SD
Your parent's disapproval of or not understanding your way of life	1.63	
A difficult or poor relationship with your parent	1.55	.80
Your parent's disapproval of you	1.52	.73
Feeling responsible for your parent's happiness	1.51	.61
Not being touch with your parent as often as she/he would like	1.48	.61
Your parent not getting along with important people in your life (children, spouse/partner), family, friends	1.43	
Being personally involved in the physical care of your parent	1.40	
Figuring our arrangements for your parent's care -- nursing home, help, etc.	1.34	.64
Having a parent who interferes or intrudes in your own life	1.34	.79
Not having a parent who lives nearby	1.30	.67
Your parent living his/her life through you	1.24	
Having to financially support your parent	1.21	.54
Having a parent who doesn't help out when you need them	1.21	.59

Table Three

Answers to Open-ended Questions in Adult Daughters' Questionnaires

	Frequency	%
What is the most positive aspect of your relationship?		
My parent's support/acceptance/love for me	32	42
Mutual affection/respect/interests	21	28
My parent is a positive role model	11	14
My parent's companionship	7	9
My acceptance/love/respect for my parent	5	7
What is the most troubling aspect of your relationship?		
My parent's personality: moodiness, negativity, sense of entitlement, inappropriateness	25	29
A lack of openness or closeness in the relationship	14	16
My parent is a negative role model	12	14
"Unfinished business" exists in the relationship	12	14
My parent's expectations/judgment of me	10	11
My parent's physical or mental limitations	8	9
My concern about my parent's future physical or mental health	4	5
A lack of shared interests, values, etc.	2	2
If you could change one thing about your current relationship with your mother/father, what would it be?		
Want to know my parent better and wish she/he'd get to know me better	24	38
Wish my parent would take better care of her/himself emotionally and physically	19	30
Wish for more time	12	19
Wish for geographical closeness	4	6
Wish for less interaction	4	6

(What is the most troubling aspect of your relationship [with your mother/father]?) was sufficiently different from the wording of the concerns question (Right now, how much of a concern, if at all, is:) to prompt a qualitatively different response.

Parent-daughter relationship quality. Parents report the positive aspects of their relationship with their daughters to be much more rewarding than the negative aspects are "of concern." On average, parents rated the positive aspects as very rewarding ($M = 6.58$, $sd = 2.11$), on a 7-point scale. In contrast, they rated the negative aspects near the middle of the scale, i.e., between not at all a concern and very much of a concern ($M = 3.00$, $sd = 2.43$). Although mothers rated the positive aspects more highly than the fathers and the negative aspects of less concern than the fathers, T-tests indicated that the differences were not statistically significant. Therefore, both mothers and fathers rate the positive and negative aspects of their relationships with the daughters similarly. Regression analyses indicated no main effect for social class on level of reward or concern. Thus, mothers and fathers, regardless of their social class, report similar levels of reward and concern in their relationships with their daughters.

Results of the content analyses support the above findings. The overwhelming impression was that parents saw or preferred to see their relationships with their daughters as problem-free. Parents were reluctant to admit to any concerns in their relationships with their daughter. The most commonly expressed concern was that the daughter did not interact with the parent enough. Both mothers and fathers wanted more interaction than they currently had. Table Four shows the breakdown of mentioned concerns separately for mothers and fathers.

What is the association between overall relationship quality in these relationships and the physical and psychological health of the parent?

Correlational analyses. As can be seen in Tables Five and Six, among mothers there were essentially no significant correlations between any of the predictor variables and self-reports of symptoms of either psychological distress or physical-health problems⁶. Apparently the primary correlates of mothers' self-reports lie in areas of mothers' lives other than their relationships with their daughters.

Interestingly, among fathers, but not mothers, self-reports of overall health were significantly correlated with the mental- and physical-health outcome measures ($r = .37$, $p < .05$ and $r = .75$, $p < .001$, for psychological distress and physical health, respectively). It appears that, for fathers, ratings of their overall health have much more to do with their physical than their mental health. In addition, fathers who were satisfied with their living arrangements reported few mental- or physical-health symptoms ($r = -.45$, $p < .01$ for both psychological distress and physical-health symptoms). (On the basis of these findings, in the regression models to be discussed below, we controlled for satisfaction with living arrangements⁷ and overall health in the psychological distress series, and satisfaction with living arrangements in the physical-health series.)

Table Four

Answers to Open-Ended Questions in Parent Interview

Negative or Troubling Aspects	Mother	Father	Total
Daughter does not interact with parent enough*	9	6	15
Daughter's marital status	3	6	9
Daughter's habits/idiosyncracies	3	5	8
Daughter's lifestyle	3	5	8
Ideological differences with daughter	3	4	7
Daughter's relationship with her kids	5	1	6
Daughter's relationship with significant other	2	4	6
Daughter too independent*	3	2	5
Worry that parent is or will be burden to daughter	3	1	4
Daughter's lack of children	0	2	2
Daughter too dependent*	2	0	2
Daughter's feelings for parents not sincere	0	1	1
Daughter's finances/money	1	0	1
Daughter's health	1	0	1

*These were expressed as desire for change, i.e. the wish that their daughters would be more or be different in some way.

Correlates of Parents' Psychological Distress

Predictors	Psychological Distress		
	Mother ^a	Father ^b	Total
Parents': Age	.08	.39*	.09
Sex			.19
Marital Status	.01	.36*	.24
Income	.30	.10	.21
Satisfaction with Living Arrangements	.30	.45**	.32**
Perceived Health	.11	.37*	.25*
Satisfaction with Relationships	.20	.24	.22
Equity	.03	.06	.03
Proximity to Daughter	.10	.09	.11
Frequency of Seeing	.11	.29	.20
Frequency of Talking	.20	.26	.01
Satisfaction with Frequency	.15	.15	.13
Daughters': Perception of Parent's Health	.43*	.01	.20
Perception of Parent's Relationships	.27	.29	.26*
Perception of Parent's Income	.02	.09	.01
Equity	.11	.25	.12
Parent Rewards in Relationship w/Daughter	.08	.07	.04
Parent Concerns in Relationship w/Daughter	.06	.60**	.20

Note.a $n = 33$ b $n = 34$ * $p < .05$, ** $p < .01$

Table Six

Correlates of Parents' Physical Health

Predictors	Physical Health		
	Mother ^a	Father ^b	Total
Parents': Age	.13	.12	.02
Sex			.01
Marital Status	.01	.25	.09
Income	.11	.30	.19
Satisfaction with Living Arrangements	.14	.45**	.29
Perceived Health	.19	.75***	.49***
Satisfaction with Relationships	.29	.25	.27*
Equity	.07	.13	.10
Proximity to Daughter	.10	.02	.06
Frequency of Seeing	.13	.16	.14
Frequency of Talking	.08	.08	.04
Satisfaction with Frequency	.10	.08	.00
Daughters': Perception of Parent's Health	.33	.03	.18
Perception of Parent's Relationships	.18	.31	.25*
Perception of Parent's Income	.13	.07	.11
Equity	.01	.10	.05
Parent Rewards in Relationship w/Daughter	.21	.13	.05
Parent Concerns in Relationship w/Daughter	.07	.53**	.19

Note.a \bar{n} = 33b \bar{n} = 34* $p < .05$, ** $p < .01$, *** $p < .001$

With respect to the two relationship-quality variables, concerns in their relationships with their daughters were moderately correlated with fathers' self-reports of psychological distress ($r = -.60, p < .01$); fathers who reported high concerns also reported higher psychological distress. Similarly, concerns in their relationships with their daughters were moderately correlated with fathers' physical-health reports ($r = -.53, p < .01$); fathers who reported high concerns also reported poor physical health. In contrast, rewards were not correlated with either health measure.

As can be seen in Tables Five and Six, both mothers' and fathers' reports of their mental and physical health were unrelated to their proximity to their daughters or to the frequency with which they either saw their daughters in person or spoke to them on the telephone. Finally, there was no relationship between parents' satisfaction with the frequency with which they saw their daughters and their own mental- or physical-health reports.

Neither parents' nor daughters' perceptions of parents' finances or satisfaction with non-family relationships were correlated significantly with parents' reports of mental- or physical-health problems. Lastly, perceptions of the equity in the relationship (parents' as well as daughters') were similarly uncorrelated with parents' health reports.

Regression analyses. Preliminary analyses were conducted to determine whether we could include mothers and fathers in the same model. To this end, two series of regression models were estimated to test both the main effect of parents' sex on each of the dependent variables and the interaction effect of parent's sex X parent's age, parent's sex X income, and parent's sex X marital status. In no case were the main or interaction effects significant, therefore, we combined mothers and fathers in the models to be discussed.

We estimated two series of regression models with parents' reports of their psychological distress and their physical health as the dependent variables and the rewards and concerns in the relationship with their daughters as the independent variables. The final set of control variables for both series of regression models included parent's age, sex, marital status, income, and satisfaction with their living situations. In addition, for the psychological distress series we included perceptions of overall health; for the physical health series we included ratings of illness-related restrictions of activities.

Psychological distress. The main-effects regression model was significant [$F(8, 47) = 2.31, p < .05, R^2 = .28$]; however, neither relationship-quality variable was a significant predictor (Table Seven)^b. After controlling for the effect of parents' age, sex, income, marital status, satisfaction with living arrangements and perceptions of overall health, neither the rewards nor the concerns in the parent-daughter relationship were associated with parents' level of psychological distress.

A series of interaction-effects models was estimated. Results indicate that parents' age moderated the relationship between daughter concerns and psychological distress (Table Eight). Inclusion of this interaction term resulted in a significant increment to R^2 ($p < .05$) above that associated with the main-effects model.

Table Seven

Main-Effects Regression Model of the Association Between Rewards and Concerns in Parents' Relationships with their Adult Daughters and Parents' Psychological Distress

Predictors	Parent Distress		
	B ^a	SE ^b	B ^c
Parents' Age	.04	.15	.03
Parents' Sex	-1.81	3.01	-.11
Parents' Marital Status	6.10	2.76	.38
Parents' Income	2.10	2.60	.11
Satisfaction with Living Arrangement	-7.30	3.58	-.27
Health Perceptions	1.74	1.54	.15
Rewards in Relationship w/Daughter	.23	1.60	.02
Concerns in Relationship w/Daughter	-.44	.50	-.11

R² = .28

Note.

N = 55

a Unstandardized regression coefficient

b Standardized error of unstandardized regression coefficient

c Standardized regression coefficient

Table Eight

Interaction-Effects Model of Parents' Age on the Association Between Concerns in Relationships with Daughters and Parents' Psychological Distress

Predictors	Psychological Distress		
	B ^a	SE ^b	B ^c
Parents' Age	.04	.15	.04
Parents' Sex	-3.12	2.96	.19
Parents' Marital Status	7.23	2.70	.45
Parents' Income	2.28	2.50	.12
Parents' Satisfaction with living arrangements	-6.63	3.46	.25
Parents' Health	2.03	1.49	.17
Rewards in Relationship w/Daughter	.05	1.54	.01
Concerns in Relationship w/Daughter	.35	.49	.09
Parents' Age x Concerns	.12*	.06	.28

$R^2 = .35$

Note.

$N = 55$

a Unstandardized regression coefficient

b Standardized error of unstandardized regression coefficient

c Standardized regression coefficient

* $p < .05$

As can be seen in Figure One, when there are few concerns, younger parents report better mental health than older parents. However, when concerns are high, older parents report better mental health than younger parents. A high level of concern appears to be a greater stressor for younger vs. older parents.

Subsequent analyses indicated no moderating effect of either proximity to daughters, or frequency of contact, or satisfaction with frequency on the relationship between daughter concerns and parents' psychological distress. That is, neither living close to nor far from one's daughter, or having more or less contact with her, or being more or less satisfied with that contact exacerbated or buffered the relationship between concerns and distress.

Physical-Health Symptoms. After taking into account parents' sex, age, marital status, income, satisfaction with living arrangements and degree of physical limitations, the model including daughter rewards and daughter concerns was not significant [$F(8,47) = 2.04, p < .10$]. Moreover, none of the interaction-effects models was significant. Thus, in this sample of relatively young and healthy parents, the quality of their relationships with their daughters was not significantly related to their reports of physical-health problems.

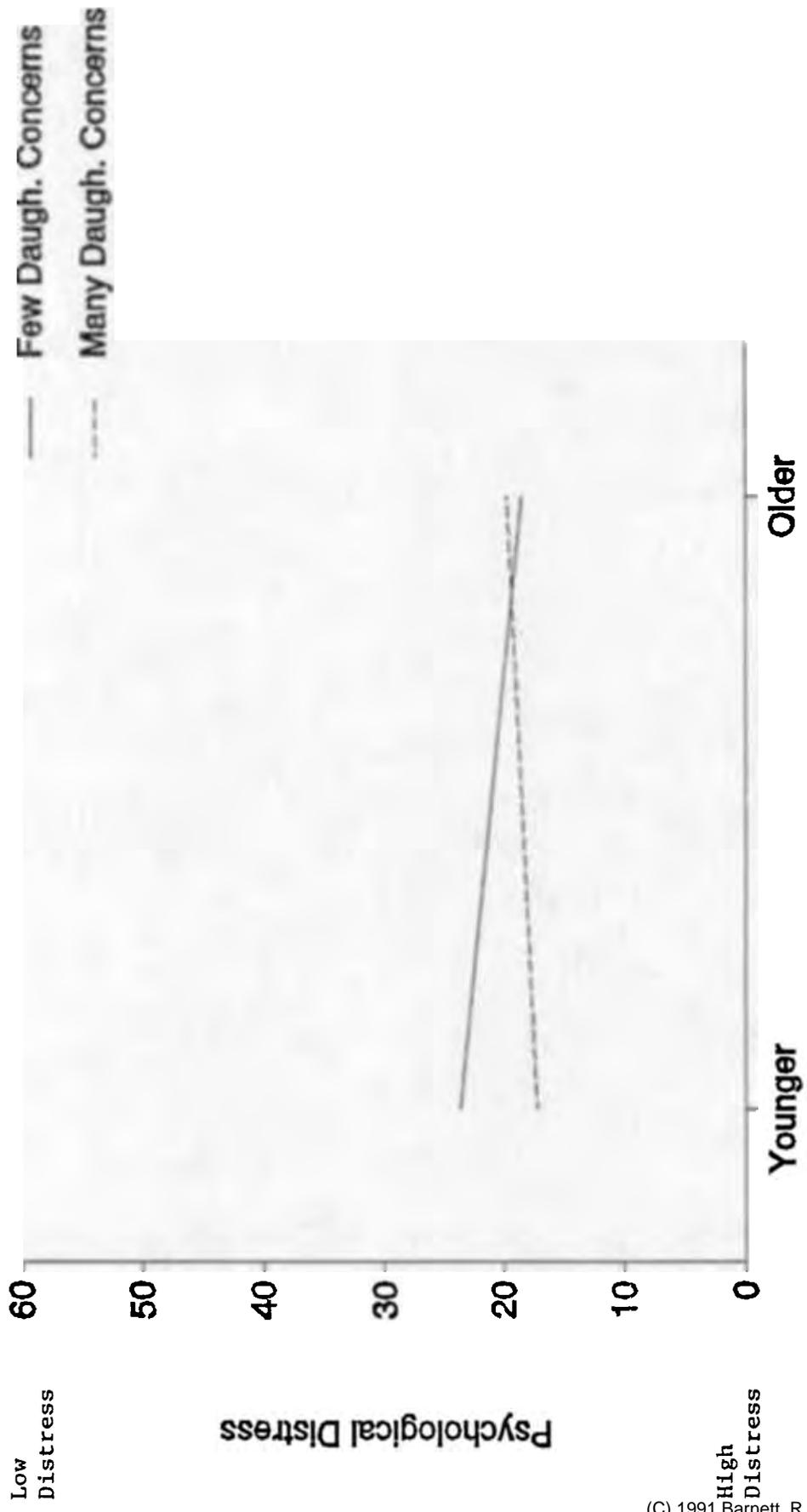
Discussion and Conclusions

The mothers and fathers in this study experience their relationships with their adult daughters as far more rewarding than problematic. Contrary to popular belief, there were neither gender nor class effects in the quality of these relationships. Regardless of whether they were working class or middle class, mothers and fathers alike reported positive relationships with their adult daughters.

The most significant finding is the great disparity between daughters' views of their parents' situation and the parents' own views. For example, there were no significant correlations between the daughters' and the parents' perceptions of the parents' health or the quality of the parents' relationships with non-family members. Moreover, daughters, on average, perceived their parents to be worse off financially than parents perceived themselves. These discrepancies are especially noteworthy given that the parents in this sample were relatively young and in good health, and they were in frequent contact with their daughters. The potential for such misunderstandings increases as parents become less able to articulate their needs.

Another reflection of this unwillingness to admit or address problems emerged in the open-ended portion of the interview. Many parents were reluctant to admit to problems in their relationships with their daughters. To illustrate, seven parents would not admit to any concerns in their relationships, and only seven of the mothers would say that their daughters were not their confidantes.

These findings are consistent with earlier suggestions that parents are loathe to share their problems with their children, fearing that they will be a burden. A more concrete illustration of this reticence occurred when one mother stopped herself as she was about to discuss her feelings about the amount of travelling her daughter does to accompany her



Parent's Age
INTERACTION EFFECTS OF PARENTS' AGE ON THE ASSOCIATION BETWEEN CONCERNS IN RELATIONSHIPS WITH DAUGHTERS AND PARENTS' PSYCHOLOGICAL DISTRESS

husband on business trips. She said, "I don't approve...but what can I do about it. Like when they go to .." She then turned to the interviewer and asked, "Have you got that thing still on [referring to the tape recorder]?" After she was told that it was on, she said: "I really shouldn't...she had been perfect for me. Everything she does I agree with. She is just a perfect daughter. That is all I can say."

There are also indications in the literature that adult children do not want to "pry" into their parents' affairs. However, such well-intentioned respect of privacy can easily result in misperceptions, misdirected assistance, and unpleasant affect. For example, according to the findings of Lee & Ishii-Kuntz (1987) and Hansson (1986), the quality of older people's non-family relationships are crucial to parents' morale. If daughters believe that these relationships are less satisfactory to their parents than they actually are, they are likely to underestimate a major source of parental support. Further, daughters may also underestimate their parents' satisfaction with their living arrangements and/or the importance of such satisfaction, which was an important correlate of mental and physical health, especially among fathers.

Based on such erroneous beliefs, daughters may be unduly guilty, worried, and prompted to unnecessary or premature actions that are undermining of their parents' welfare. For example, daughters may advocate a change in living arrangements, which, in turn, might have more harmful than helpful consequences on their parents. At the same time, parents may hesitate to ask their daughters for needed help, perhaps limiting their ability to remain in the community. Thus, the potential exists for parents to feel patronized and daughters to feel unappreciated, even though both parties are acting out of their positive feelings for one another. Indeed, the lack of openness mentioned by daughters as the most problematic aspect of their relationship with their parents reflects this "reciprocal reticence."

To the extent that these misperceptions go uncorrected, daughters' efforts will be unrewarded and daughters may grow to feel incompetent to meet their parents' needs. Cumulatively, such situations may generate anticipatory stress for both parents and daughters. In advance of the time when parents are older or sicker and need their daughters more, daughters may anticipate expending considerable effort and not being appreciated for it and parents may fear being reliant on someone whose efforts seem so misguided. In other words, where positive support, real help, and genuine appreciation are possible, lack of support, misguided efforts, and guilt may abound.

In addition, taboos against recognizing or admitting concerns limits our ability to obtain a balanced picture of how older parents really feel about their daughters. Perhaps among the next generation of mothers and fathers, for whom having "perfect" daughters is not so central to their definition of themselves as successful mothers, more open discussion of the negatives as well as the positives in these relationships will be less difficult.

Interestingly, daughters' and parents' perceptions of parents' finances were significantly correlated. Having grown up with their parents and living close to them may permit daughters to appraise their parents' financial situation accurately without having to discuss it openly with them.

These findings have several practical implications for parents, daughters, mental-health professionals and community workers. Knowledge that such misperceptions exist creates a direction for intervention and a means for tension reduction. For example, parents may benefit from learning how to be more assertive; daughters, from learning how to listen. And, knowing that this reciprocal reticence and the resultant disparity in perceptions is "normal," mitigates the tendency to "pathologize" the relationship, blaming the mother, father and/or daughter for their failure to communicate. Also, knowing that daughters tend to see their parents more negatively than parents see themselves mitigates daughters' tendency to feel guilty and blame themselves for not doing more to improve their parents' situations. Finally, knowing that factors in their parents' lives other than their relationships with their daughters are the primary correlates of their parents' health reports, at least when their parents are relatively young and healthy, can mitigate daughters' feelings of responsibility for the quality of their parents' lives. As the data have demonstrated, positive feelings and geographical closeness alone do not guarantee openness and shared perceptions. Difficult as it may be to achieve, mutual openness is the best avenue for reducing stress, increasing appreciation and understanding and providing the assistance parents actually need to maximize their satisfaction with their current living situations. Our goal should be to promote openness by encouraging frank discussion of problems and fostering a more mutual perception of parents' reality.

It is noteworthy that the level of rewards or concerns parents experienced in their relationships with their daughters was not associated with their mental- and physical-health reports. The effects, however, would have had to have been quite large to be detected, given the small sample size. It is also possible that as parents age and/or their health needs increase and they need to rely more heavily on their daughters, the association between the quality of this relationship and their experiences of anxiety, depression, and physical-health problems will increase. Longitudinal research is needed to illuminate these associations.

Moreover, the association between rewards or concerns and distress levels did not differ by parents' marital status, gender, social class, proximity, or frequency of contact, or satisfaction with frequency of contact with their daughters. For example, the effect of concerns on distress was not greater among widowed than among married parents, or among parents who see their daughters more or less frequently. However, parents' age did moderate the effect of concerns on distress. When concerns were high, the distress of younger parents was greater than that of older parents. Perhaps older parents have adapted to problematic relationships and, are therefore, less reactive to them. Conversely, younger parents have more years of "troubled relationships" to anticipate than do older parents.

Finally, it is important to remember that the findings are based on a largely white and non-random sample, therefore, it is unclear how widely they can be generalized.

Footnotes

1. Race effects have also been assumed. We were unable to estimate race effects in this sample because there were too few black dyads ($n = 9$). However, in a previous study of adult daughters (Barnett, et al, 1991), race effects were estimated in both the quality of daughters' relationships with their mothers and fathers and in the association between relationship quality and daughters' reports of psychological distress. No significant race effects were found in either analysis.
2. Two of the fathers, one from Florida and one from Pennsylvania, agreed to be interviewed while visiting their daughters in Massachusetts. One mother was interviewed in her home in Rhode Island.
3. Both the parents' and the daughters' protocols are available from the authors.
4. For both the reward and concern scales, the "not at all" response option was used to mean both that the item was not applicable, i.e., it was irrelevant to the relationship and that it was applicable but either not at all a reward or not at all a concern.
5. Previous research indicates that the items daughters find most rewarding and of most concern in their relationships with their mothers and fathers are essentially identical (Barnett, Kibria, Baruch, & Pleck, 1991).
6. The non-significant correlation between parents' age and the physical-health measure is an indication that the sample is relatively young and healthy.
7. Satisfaction with living arrangements was operationalized as a score on a scale developed for the project but based on previous research (Quinn, 1983). The scale is composed of 6 items. Parents were asked to rate on a 4-point scale from (1=very satisfied to 4= very dissatisfied) the following aspects of their neighborhood and living arrangement: the privacy; availability of transportation; their feelings of security; the adequacy of housing; neighborhood atmosphere; and friends and acquaintances in the neighborhood. Per-item ratings were summed and divided by the number of items answered to create a scale score.
8. It is important to note that, due to the small sample size, the number of observations per predictor is relatively low (roughly 8) compared to the 10-15 thought necessary to provide stable estimates.

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