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Adult Son-Parent Relationships and their Associations with Sons' Psychological Distress

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Abstract

The relationship between the quality of adult sons' experiences in their current relationships with their mothers and fathers and the sons' mental health (i.e., psychological distress) was examined in a random sample of 285 sons, ages 25-40, in dual-earner couples. The sample varied in parental status and in the number of parents still alive. Quality of experience in the son role was assessed separately for the son-mother and son-father roles. Overall, sons reported positive experiences with each parent. The quality of son's relationships with their mothers and fathers was positively related to the sons' perceptions of their parents' health: sons who perceived their parents to be in good health reported more positive relationships than sons who perceived their parents to be in poor health. Having a positive relationship with his mother or father was associated with son's reports of low psychological distress. The association between the son's psychological distress and the quality of his relationship with his father was conditioned by the father's age. When the son-father relationship was troubled, sons with younger fathers experienced higher distress than did sons with older fathers.

Inquiry into the quality of adult son-parent relationships and its association to adult sons' mental health is in its infancy. To the best of our knowledge there are no studies of these issues based on representative samples. Current understanding of these relationships derives from theoretical writings (Bergman, 1990; Chodorow, 1978; Dinnerstein, 1976), clinical studies (e.g., Osherson, 1986; Rubinstein, 1986), and autobiographical accounts (Bell, 1982; Roth, 1990). With data from a random sample of 268 adult sons, 25 to 40 years of age, drawn from the town lists of two communities, we addressed two questions: (1) What is the quality of adult sons' relationships with their mothers and fathers? and (2) What is the association between the quality of these relationships and the sons' mental health?

Much of the previous research on adult child-parent ties has been conducted within the sociology of the family literature. The primary focus is on patterns of exchange and affection across the life span, with a particular emphasis on gender differences. The research asks whether the nature of such ties differs for daughters compared to sons and for mothers compared to fathers (see Komarovsky, 1976 for an exception).

There is general consensus that over the life course the parent-child relationship is central to the experience of both members of the dyad. For example, many studies document that adult children maintain close connections with their parents, reflected in frequent visits and geographical proximity (Troll, Bengston with McFarland, 1979). These connections are maintained in other ways among adult children who may not live in close proximity, e.g., middle-class executives and professionals, who for career reasons may live at a distance (Hill, Foote, Aldous, Carlson, & MacDonald, 1970; Troll et al. 1979). It appears that these connections are characterized by warm feelings, from both adult children to parents and from parents to adult children (Angres, 1975; Baruch & Barnett, 1983; Barnett, Kibria, Marshall, & Pleck, 1991; Bengston & Kuypers, 1971; Feldman, 1964; Rossi & Rossi, 1990).

Additional support for the existence of meaningful intergenerational ties comes from studies of aging family members' feelings about their connections to their children's families. Several studies indicate that these family members feel neither "left out" nor alienated (Brown 1960). Indeed, in a review of this literature, Troll et al. (1979) conclude that "parent-child 'attachments' are perceived as exceptionally strong interpersonal bonds throughout the life course" (p. 153).

As for gender differences, although kinship ties are important to both adult sons and daughters, daughters express more affection for their parents than do sons and mothers receive more filial affection than fathers (Caplow et al, 1982). Indeed, women are generally more involved than men, emotionally and instrumentally, in maintaining kinship ties. The recent burgeoning literature on caregiving to elder parents confirms that adult females have more responsibility for aging parents than do adult men (Finley, 1989; Kleban et al., 1989). However, the gender differences may be less dramatic when employed sons are compared to employed daughters (Pleck, 1985). In concluding an authoritative summary of the literature, Troll and Bengston (1979) wrote: "Most families around the world seem to be linked through women" (p.153).

However, sons do experience close ties to their parents. For example, sons are as likely as daughters to see their parents more than once a week and to engage in task-related activities such as helping their parents, and engaging in the same joint parent-child

activities (Caplow et al, 1982). There is also evidence (Kaye & Applegate, 1990; Travelers, 1985) that although daughters are likely to have primary caregiving responsibility for aging parents, sons also share these responsibilities.

Within the sociology of the family literature, there is the general belief that son-mother relationships are qualitatively different from son-father relationships. For example, mothers exert less control over sons than do fathers (Straus, 1967). And, sons evaluate their mothers and fathers in terms of different attributes: they evaluate their mothers in terms of nurturance, caring and understanding; their fathers, in terms of his moods and other personality characteristics (Lowenthal, Thurnher, & Chiriboga, 1975).

One illustration of parent-son closeness is whether the son considers the parent to be a confidant. It seems that adolescent and young adult sons disclose more to mothers than to fathers (Caplow et al, 1982; Komarovsky, 1976). Reflections of this pattern are found outside the family as well. For example, men are more likely to confide in women than in men (Komarovsky, 1976; Cozby, 1973). In concluding a review of these studies, Troll and Bengston (1979), state: "...sons relate differently to mothers and fathers" (p. 154).

Findings from a recent study of four adult child-parent dyads, i.e., mother-daughter, mother-son, father-son, and father-daughter, challenge some of these beliefs (Rossi & Rossi, 1990). Based on data from a random sample of 1393 adults, 323 of their parents, and 278 of their children, the authors report that "up to the adolescent years, there are minor and insignificant differences in average intimacy across the four dyads..." (p.277). These findings raise questions about formulations positing strikingly different early child-parent relationships for different sex-of-child and sex-of-parent dyads. According to Rossi and Rossi (1990), differences in affective intimacy emerge across dyads as the child matures. By the time adult children enter early middle age, affective intimacy in the mother-daughter dyad is notably stronger than in any other dyad. However, affective closeness in son-father and son-mother relationships is virtually identical. These findings stand in contrast to those reached earlier, namely that mother-son ties are stronger than father-son ties (Troll and Bengston, 1979). Thus, there is some disagreement about the strength and nature of son-father compared to son-mother ties.

Other researchers also report age effects in the nature of intergenerational relationships. Caplow et al (1982) report that the already strong ties between adult children and their parents become stronger as the adult children grow up¹. And, with the grown children's increasing age, fathers are almost as likely as mothers to be named as confidant. Frank, Avery, and Laman (1988) suggest that it is not age per se, but such age-related statuses as marriage and parenthood that are predictive of the quality of son-parent relationships. They found, contrary to their predictions, that newlywed sons experienced more rather than less emotional closeness, communication, and respect and less conflict especially in relation to their fathers than men who were married for longer periods of time or who were still single (Frank et al, 1988).

Parent's age, health and marital status are also thought to affect the quality of the son-parent relationship. There is general consensus in the home-health care and gerontology

literature that sons "disappear" as their parents' needs increase with advancing age or increasing health problems. This attenuation may be both a cause and/or a consequence of diminished son-parent quality. Further, the gerontological literature indicates that upon the death of one of the parents, the nature of the adult child-parent relationship changes. When both parents are alive, they turn to each other for support; when only one parent is alive, adult children play a more important part in fulfilling parental needs. Thus, after the death of one parent, the child's relationship with the surviving parent intensifies (Lopata, 1979; Shanas, 1979a, 1979b, 1980).

Class effects have also been reported in the quality of son-parent relationships. The general finding is that sons from middle- and upper-socioeconomic groups are closer to their parents than sons from lower-socioeconomic groups (Caplow, et al, 1982; Komarovsky, 1976). However, Caplow et al (1982) conclude that compared to gender differences, class differences are relatively unimportant.

In sum, the sociological perspective suggests that adult son-parent relationships are affectively strong and important. However, questions remain about the nature of adult son-mother compared to adult son-father relationships, about effects due to social class, sons' age, marital and parental status, as well as mothers' and fathers' age, health status and marital status. In this study, we estimate the effects of these several variables on the quality of both son-mother and son-father relationships.

Most importantly, for the purpose of this paper, the association between the quality of son-mother and son-father relationships and the son's mental health is unexplored in the sociological literature. In contrast, the psychological literature has focused heavily on the parent-child relationship during the child's early years and its consequences for later psychological development (Chodorow, 1976; Dinnerstein, 1976; Pleck, 1981). There is general agreement that a close early relationship with the mother portends healthy male development in later years. However, there is considerably less agreement about the impact of a close relationship with the mother as the son matures (Chodorow, 1978; Wylie, 1942). Moreover, there is considerable disagreement about the nature of the early son-father relationship (Chodorow, 1978; Mussen, 1961; Mussen & Rutherford, 1965; Pleck, 1981) and its consequences for healthy male development (Ochberg, 1987; Osherson, 1986, Pleck, 1989). Overall, there is surprisingly little theoretical treatment of the quality of adult son-mother or adult son-father relationships. The psychological bias is to think of males as sons when they are little, and as husbands and fathers when they are grown.

One suggestion about the relationship between current adult son-parent relationships and mental-health measures in adult sons comes from studies of adult daughters. Barnett (Baruch & Barnett, 1983; Barnett, Kibria, Baruch, & Pleck, 1991) found a significant association between the quality of daughter-mother and daughter-father relationships on the one hand and indices of daughters' psychological distress and subjective well-being on the other. Generalizing from these findings, we test the hypothesis that sons who enjoy positive relationships with their mothers or fathers are more likely to report low levels of psychological distress than sons who have negative relationships with their parents.

What do we know from the empirical literature about the influence of the quality of adult sons' relationships with their parents and sons' mental health? The few studies that have addressed this question suggest that although adult sons' relationships with their mothers may be closer and more satisfying than those with their fathers, the latter have a greater impact on sons' mental health. Komarovsky's classic study Dilemmas of Masculinity (1976), confirmed the association between son's level of personal adjustment (self-esteem and self-confidence) and the satisfaction (i.e., supportiveness) with his relationship with his father (see also, Rosenberg, 1965). Male college seniors who were low in personal adjustment reported less satisfactory relationships with their fathers than sons who were high in adjustment. Interestingly, sons' personal adjustment was not associated with satisfaction in their relationships with their mothers. Moreover, relationships with women and sexual problems were also associated with the quality of sons' relationships to their fathers. These findings are surprising given that much of the psychoanalytic as well as the popular literature emphasizes mother-son relationships in accounting for the sexual problems of males.

Potential Moderators of the Association Between Sons' Mental Health and the Quality of their Relationships to their Parents

As discussed above, the literature suggests that the quality of children's relationships to their parents may vary as a function of certain characteristics of the parents, namely, their widowhood status, age and health. It follows that the association between the quality of a child's relationship with a parent and the child's psychological health may be moderated by each of these parental variables. For example, a son's mental health may be more strongly related to the quality of his relationship to his parent if the parent is younger rather than older. Thus, differences in parents' ages may moderate the relationship between son-parent role quality and psychological-health indicators. Parents' widowhood status and health are also thought to affect son-parent role quality and to moderate the relationship between sons' distress and the quality of their relationships with their parents. In the analyses to be reported, we estimate the main and interactive effects of parents' age, widowhood status, and health on the relationship between son-mother and son-father role quality and psychological distress.

Previous research on the adult daughter-mother relationship indicates that the association between the quality of that relationship and psychological distress depends on the daughter's parental status and age (Barnett et al, 1991). Level of self-reported psychological distress was more closely related to the quality of daughter-mother relationships among younger compared to older daughters and among daughters who did not have children (Barnett et al., 1991). Following the suggestion of Frank et al (1988), we also estimate the moderating effect of length of marriage. Thus, we examine the son's social class, age, length of marriage and parental status as potential moderators of the relationship between the quality of their relationships with their mothers and fathers and their own psychological distress. Finally, the association between adult son-parent role quality and son's distress may differ for sons of divergent social classes.

Drawing on findings from the sociology of the family literatures and previous research, we test the following three hypotheses on a sample of 285 married adult sons.

1. Sons experience their current relationships with each of their parents as positive.
2. Son-mother role quality is associated with sons' psychological distress; high son-role quality is related to low levels of psychological distress; low son-role quality, to high levels of distress.
3. Son-father role quality is associated with sons' psychological distress; high son-role quality is related to low levels of psychological distress; low son-role quality, to high levels of distress.

The moderating effects of social class, son's age, length of son's marriage and parental status, as well as parents' age, health and marital status are examined. In addition, we estimate the relative contribution of son-mother and son-father role quality to son's mental health among those sons whose mothers and fathers are both alive ($n = 204$).

Method

Sample

The data for these analyses come from the first wave of a three-wave data collection (over two years) of a stratified, random sample of 301 employed men, aged 25 to 40, and their employed wives or partners. The sample was drawn from the town lists of all residents of two Boston-area towns, Watertown and Natick. These towns were selected because they were socioeconomically diverse and included a large proportion of working women².

We used a two-stage sampling technique. In Stage 1, we identified possible two-earner couples from town census lists and screened for eligibility. The pool of possible two-earner couples included all those with a male, between 25-40 years, living with a female of similar age. The population consisted of 1964 possible couples. Each couple was assigned a random number. We attempted to contact every member of this pool, starting with those with the lowest random number. A total of 92 "couples" turned out not to be couples (they were brother and sister, or roommates). 563 couples were not eligible for the study because they had moved or were presumed to have moved because letters to their addresses were returned or they had no phone (most of Massachusetts' households have phones). Finally, 251 additional couples could not be contacted. The remaining pool consisted of 1058 possible couples whom we were able to contact.

These couples were screened for eligibility by a trained screener. Criteria for eligibility included: (a) each partner had to be employed full-time; (b) each had to be English speaking; (c) each had to be in her/his respective roles (i.e., employee, partner, parent) for at least three months prior to being interviewed.

The screening identified 487 eligible couples (280 in Natick, 207 in Watertown). 45 couples were eliminated from the study, either because we had met our stratification quotas in their category ($n = 43$) or because they could not be scheduled within the study period

($n = 2$). Our stratification goal was 60% parents and 40% nonparents from each town. (The actual percentage was 57% parents). Of the remaining 442 couples whom we invited to participate, both partners in 301 couples (68%) agreed to be interviewed. (This figure is analogous to an 82% acceptance rate from each individual in the couple, $82\% \times 82\% = 68\%$).

Because the population of these towns is overwhelmingly White, the random sample we obtained is also largely white³. Thus we are unable to examine racial differences⁴. To have obtained an analyzable sample of black sons would have required a sampling design beyond the scope of the project.

For this analysis, we drew a subsample of men who had at least one living parent. Fully 95% ($n = 285$) of the men qualified; 93.7% of the men had living mothers, 80.0% had living fathers. Most sons had two living parents ($n = 204$), only 97 had only one living parent. Whereas 18.3% ($n = 48$) of the mothers were currently widowed and not remarried, only 3% ($n = 7$) of the fathers were currently widowed and not remarried. The mean age of the fathers was 65.02 years ($sd = 6.95$); the mean age of the mothers was 63.55 years ($sd = 7.11$). On average the sons were 35.02 years ($sd = 4.3$).

Procedures

Subjects were interviewed in their homes or offices by trained interviewers. The interviews were conducted between the fall of 1989 and the spring of 1990. They took about 1 1/2 hours and covered many aspects of the adult sons' lives, including the rewards and concerns in their relationships with their mothers and fathers as well as measures of psychological distress. Prior to the interview the subjects received a packet of forms to be filled out and returned to the interviewer. Each couple received \$25 for participating.

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 14 symptoms of anxiety and 10 symptoms of depression. (We have reversed the scores, so that low scores indicate poor mental health, i.e., high levels of distress.) The decision to combine the scales into a psychological distress score was based on the high correlation ($r = .80$) between the scales and on the similarity in the pattern of correlations between the anxiety and depression scales and the other variables of interest in the study.

The SCL-90-R has high levels of both internal consistency and test-retest reliability. In a previous study using this instrument, coefficient alpha was .88 for depression and .89 for anxiety (Barnett et al. 1991). 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, 1975, 1983).

For the men in this sample, the mean score for both the depression and anxiety items was .81. These scores are within one standard deviation for the respective normative samples.

Role quality. Based on previous research (Baruch & Barnett, 1983; Barnett et al, 1991) and pilot studies, we identified the rewarding and distressing aspects of adult sons' relationships with their mothers and fathers. On the basis of response frequency, 16-reward items and 19-concern items were identified. Subjects 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 of concern. As in prior work on adult daughters' relationships with their parents (Barnett et al, 1991), each subject with a living parent received three scores: a reward score (his mean response to the reward items) for the relationship with that parent, a concern score, and a role-quality score (i.e., the reward score minus the concern score). The role-quality score constitutes our overall index of the quality of experience sons have in their relationships with each parent. (The items comprising the reward and concern scales are shown in Table One below.)

To establish the reliabilities of these three scores, Cronbach alphas and test-retest reliability coefficients were computed. Cronbach alphas were .87 and .86 for the mother-concern and father-concern scales, respectively, and .95 and .96 for the mother-reward and father-reward scores, respectively. Test-retest reliability coefficients were calculated for approximately 10% of the sons ($n = 32$) who were reinterviewed within two months of their initial interview. For the rewards and concerns in the relationship with the mother, the test-retest reliability coefficients were .84 and .73, respectively, for the rewards and concerns in the relationship with the father, the coefficients were .78 and .86, respectively. For the overall quality of the relationship with the mother and father, the test-retest reliability coefficients were .90 and .91, respectively.

The difference score was selected for analyses because it captures an important aspect of subjective role quality (Bradburn, 1969; Lowenthal & Chiriboga, 1973). Moreover, in previous research, the difference score was used as a measure of daughter-mother and daughter-father role quality and had significant associations with both well being and distress indicators (Barnett, et al, 1991).

Social class. Three social-class indicators were included: occupational prestige, education and household income. We used the Bose Index (1985) to code occupational prestige. This index uses the 1980 Census Three-Digit Occupation Code and assigns prestige values separately for each gender. The correlations between these three indicators ranged from .64 (between education and occupational prestige) to .30 (between occupational prestige and household income).

Parental status. A dummy variable was created for parental status (0 = no children living in the home, 1 = one or more children living in the home.)

Parent's health. Sons were asked to indicate their perceptions of each parent's current health on a four-point scale, from 1 = poor to 4 = excellent.

Results

Son-Mother and Son-Father Role Quality

On average, sons report that their relationships with their parents are more rewarding than problematic. Moreover, adult sons reported strikingly similar levels of rewards and concerns in their relationships with their mothers and fathers. Sons typically described the rewarding aspects of their relationships with each parent as between somewhat and considerably rewarding ($M = 2.79$, $SD = .66$; $M = 2.83$, $SD = .72$, for son-mother and son-father rewards, respectively). The average level of concerns was between not at all and somewhat ($M = 1.49$; $SD = .36$, $M = 1.42$, $SD = .36$, for son-mother and son-father concerns, respectively).

With respect to overall role quality, sons experience their relationships with both their mothers and fathers as positive ($M = 1.30$, $SD = .88$; $M = 1.41$, $SD = .93$, respectively). Results of a paired-difference t-test indicated that the difference between the mean son-mother and son-father role quality scores was significant ($p = .03$). However, given the small absolute difference between the means (.22) and the relatively large n , the similarity is more striking than the difference. Thus, taking into account both the rewarding and the problematic aspects of the son role, employed, partnered, adult sons, ages 25 to 40, have generally positive experiences in their relationships with their mothers and fathers. These findings support hypothesis one: Married adult sons experience their relationships with their parents as more rewarding than problematic.

The similarity between son-mother and son-father relationships extends even to the specific aspects of these relationships that sons experience as most rewarding and as most problematic. The son-mother and son-father reward and concern items and their mean scores are presented in Table One. Rank-order correlation coefficients, computed between all the son-mother and all the son-father reward items and between all the son-mother

Insert Table One about here

and all the son-father concern items (.80, $p < .01$ and .86, $p < .01$, respectively), confirm the high level of agreement.

As can be seen, there is surprising similarity between the specific son-mother and son-father items that received the highest mean reward and highest mean concern scores. Those aspects of a son's relationship to his mother that he experiences as most and least rewarding are identical to those aspects of his relationship to his father that he experiences as most and least rewarding. More specifically, Having a mother (father) who loves you, and Having a mother (father) you respect, received the highest reward scores for both son-mother and son-father relationships. Also identical were the two reward items that received the lowest scores, namely, Being able to talk over problems with your mother (father) and Being able to count on her (him) to help out financially. Being loved by one's parents and

having a parent one can respect were more rewarding than relying on one's mother or father to meet specific needs.

Further, those aspects of sons' relationships with their mothers that received the highest and lowest concern scores also received the highest and lowest concern scores in sons' relationships with their fathers. The two highest concern items were: Seeing your mother (father) age and worrying about how she (he) will manage as she (he) gets older, and Feeling guilty or uncertain about your obligations to your mother (father). The two lowest-concern scores were: Your mother (father) living her (his) life through you and Having a mother (father) who doesn't help out when you need her (him). Loss and obligation were of more concern than was dependence. These findings were similar to those concerning daughter-mother and daughter-father relationships (Barnett et al, 1991).

The association between son-parent role quality and social class was estimated in regression analyses. The effect of sons' social class as well as age, length of marriage⁵ and parental status, and parents' widowhood status, health, and age on son-mother and son-father role quality were estimated in separate regression models (see Table 2). Because the overwhelming majority of fathers were married, (only 7 were currently widowed), we were able to estimate the effect of parents' widowhood status for the son-mother relationship only. Both models were significant [$F(9, 242) = 5.60, p < .001, R^2 = .17$ and

Insert Table Two about here

$F(9, 203) = 4.32, p < .001, R^2 = .16$, for son-mother and son-father role quality, respectively]. None of the social-class variables, i.e., occupational prestige, education, or household income, had significant main effects in either model. Further, none of the three sons' variables -- age, length of marriage, and parental status -- was related significantly to son-mother or son-father role quality.

Of the parental predictors (age, widowhood status and perceived health), only perceived health was a significant predictor in both models; sons who perceived their mothers or fathers to be in good health reported higher son-parent role quality than sons who perceived their parents to be in poor health.

To determine whether social class, son's age, length of marriage or parental status, or parents' age or mothers' widowhood status moderated the relationship between perceived parental health and son-parent role quality, we estimated a separate series of interaction-effects models in which we included as predictors interaction terms of the form, mothers' (fathers') perceived health X a social-class variable, or mothers' (fathers') perceived health X a sons' or parents' variable. A total of eight interaction terms were estimated⁶ for the son-mother series and seven for the son-father series; none was significant. Thus, for married adult sons, son-mother and son-father role quality was related to son's perceptions of their mothers' or fathers' health, and this relationship was not affected by the sons' social class, age, length of marriage, or parental status, or the parents' age or the mothers' widowhood status.

Effects of Son-Parent Role Quality on Son's Psychological Distress

Sons who report positive relationships with their mothers and fathers report low levels of psychological distress ($r = -.27, p < .001$ and $r = -.33, p < .001$, for son-mother and son-father role quality, respectively). (There were no significant correlations between sons' psychological distress and any of the sons' social-class variables, sons' age, length of marriage, parental status, or any of the parental variables, i.e., age, widowhood status, or perceived health.)

To test hypotheses two and three, we estimated a separate series of main and interaction-effects regression models of the association between son-mother and son-father role quality and psychological distress. The samples for these analyses were sons with a living mother ($n = 267$) and sons with a living father ($n = 228$). The actual numbers of subjects in the regression analyses are lower because some sons did not provide us with household income data. The predictors were sons' age, length of marriage, parental status, mothers' (or fathers') age, mothers' (or fathers') perceived health, and mothers' widowhood status (1 = currently in a marital relationship, i.e., married or remarried and 0 = currently widowed and not remarried). The control variables were sons' occupational prestige, education, and household income. To test for multiple collinearity among the predictors, tolerance statistics were computed for each regression analysis.

Table Three presents both the main-effects models for the relationship between psychological distress and both son-mother and son-father role quality⁷. The main-

Insert Table Three about here

effects models were both significant [$F(10,241) = 3.14, p < .001, R^2 = .12$; $F(10, 202) = 5.26, p < .001, R^2 = .21$, for son-mother role quality and son-father role quality, respectively]. The only consistently significant predictor, was son-mother and son-father role quality. Sons who report positive experiences with their mothers and/or fathers report lower levels of psychological distress symptoms than sons who report negative experiences.

These findings provide support for hypotheses two and three: son-mother and son-father role quality are associated with sons' reports of psychological distress. The better a son's relationship with his mother or father, the fewer symptoms of anxiety and depression he reported. Conversely, poor son-mother and poor son-father role quality are each associated with high distress levels among adult sons.

In addition, among sons with living fathers, those with older compared to younger fathers report fewer symptoms of distress. Although the two main-effects models were similar, the son-father model accounted for roughly twice the variance in sons' distress accounted for by the son-mother model (12 % vs. 21%).

To estimate the extent to which the relationships between son-parent role quality and sons' psychological distress were moderated by the sons' age, length of marriage, and parental status⁸ and the parent's age, perceived health, and mothers' widowhood status, we examined, in separate analyses a series of interaction terms of the form son-mother role quality x a moderator variable and son-father role quality x a moderator variable.

The results of the interaction effects analyses differed for the son-mother and son-father models. None of the interaction terms was significant in the son-mother models, whereas the son-father role quality X fathers' age interaction term was significant in the son-father model (see Table 3). The increment to R^2 resulting from the inclusion of this interaction term was significant ($p < .001$).

If a married son's relationship with his mother or father is relatively positive, he reports lower distress, regardless of whether he himself is younger or older, married for few or many years, or a father or not. Similarly, the association between a married, adult son's psychological distress and the quality of his relationship to his mother or father does not depend on his perception of his mother's or father's health, his mother's widowhood status, or his mother's age.

Father's age, however, moderated the relationship between son-father role quality and son's psychological distress. As can be seen in Figure One, when fathers are younger⁹, the relationship between son-father role quality and sons' distress was stronger than when fathers are older. Stated differently, when son-father role quality is high, sons' distress

Insert Figure One about here

is low, regardless of father's age; when son-father role quality is low, distress is higher among sons with younger compared to older fathers.

Relative Contribution of Son-Father and Son-Mother Role Quality

To shed light on the relative contribution of son-mother and son-father role quality to son's psychological distress, a main-effects regression model was estimated for the subsample of adult sons who had two living parents ($n = 204$). The following eleven variables were entered simultaneously: education, occupational prestige, household income, sons' age, length of marriage, parental status, mothers' health, fathers' health, fathers' age, son-mother role quality, and son-father role quality. We omitted mothers' age as a variable for two reasons: (1) mothers' age and fathers' age were collinear; and (2) fathers' age but not mothers' age was a significant predictor of son's distress in the analyses reported above.

As shown in Table Four, among married adult sons with two living parents, son-father role quality, but not son-mother role quality, was significantly associated with

Insert Table Four about here

sons' level of distress. When both parents are alive, the quality of the son-father relationship overwhelms the effect of the son-mother relationship in predicting sons' psychological distress. Although the son-mother relationship contributed to the son's mental health, it appears that the son-father relationship is the more important predictor of the son's mental health, at least when both parents are living.

Discussion and Conclusions

In this sample of married sons between 25-40 years of age, in two earner couples, the main findings were: (1) adult sons experienced their overall relationships with their mothers and fathers as similarly positive; (2) sons who perceived their parent's health to be good, reported high levels of son-father and son-mother role quality; (3) son's social class did not influence the quality of his relationship with his mother or father nor did social class moderate the relationship between son-parent role quality and son's psychological distress; (4) sons whose relationships with their parents (mother or father) were positive reported lower levels of psychological distress than sons whose relationships were negative; (5) the relationship between son's psychological distress and the quality of his relationship with his father was moderated by the father's age, that is, when son-father role quality was poor, distress was greatest among sons with younger compared to older fathers; and (6) when an adult son had two living parents, the quality of his relationship with his father was more significant a predictor of his distress levels, than the quality of his relationship with his mother.

These findings have important implications for our understanding of intergenerational relations and their association to adult son's mental health. However, because the data are cross-sectional, it is not possible to determine the direction of effects. Conceivably, adult sons who have low psychological distress experience their relationships with their parents more positively. Longitudinal data are necessary to identify casual directions.

There were striking similarities between married sons' reports of the quality of their relationships with their mothers and fathers. The overall role-quality scores were virtually identical, as were the levels of both rewards and concerns. This similarity extended even to the particular items that were experienced by the sons as most rewarding and most problematic.

These findings challenge the view that affectional ties are stronger between adult sons and mothers than between adult sons and fathers. Our findings suggest that by the time they are 25 to 40 years of age and married, sons have worked out whatever problems may have existed earlier and now enjoy equally positive relationships with both parents.

In contrast to expectations, there was no support for the previously reported finding of class effects in the quality of son-parent relationships. We found no evidence that the quality of a son's relationship to his mother or father is affected by his social class. However, because the sons in this study were all in two-earner marriages, the range of their household income, one of our social-class indicators, was undoubtedly narrower than that of the samples upon which the earlier findings were generated. Hence, the finding of no class effects must be considered tentative.

We did not find support for the idea that sons who are themselves fathers compared to those who are not have qualitatively different relationships with their mothers or fathers. However, sons' perceptions of their mother's and father's health were directly related to the quality of their relationships with their parents. Sons who saw their parents enjoying good health reported more positive relationships than did sons who saw their parents in poor health.

Positive relationships with mothers as well as fathers were significant predictors of adult son's psychological distress. The more positive the relationship with his mother or his father, the lower level of distress the son reported. This finding was as true for sons who were married for more or fewer years and for sons who had children or did not have children. Moreover, it was true for sons regardless of their perception of their parents' health or their mothers' widowhood status.

The importance of a positive relationship to his mother for the adult son's mental health is in sharp contrast to predictions derived from psychoanalytically-based assumptions about male psychological development. Specifically, positive relationships with mothers are associated with low not high levels of distress. Further, the strength of the association between the quality of his relationships with his mother and father and the son's level of distress are similar, although slightly stronger for the son-father relationship. These findings are more consistent with the revisionist view of male identity (Pleck, 1988) than with the traditional male sex-role identity paradigm.

It is noteworthy that the above relationships were not affected either by the sons' length of marriage or parental status or by the parents' perceived health or the mothers' widowhood status. Thus, we found no support for previous findings that mothers' widowhood status was associated with the quality of son-mother relationships or with their impact on son's psychological distress. Because only 7 of the fathers were currently widowed, we were unable to estimate either the association between fathers' widowhood status and son-father role quality or the interaction effect of fathers' widowhood status on the relationship between son-father role quality and son's psychological distress.

Fathers' age was a significant moderator of the relationship between son-father role quality and sons' level of distress. When the quality of the son-father relationship was problematic, the mental health of sons with younger as compared to older fathers suffered more. Speculatively, the impact of a troubled relationship with his father on a son's distress level may be greater when the son expects that the difficulty will persist for a relatively long period of time. Alternatively, if the relationship has been problematic for a relatively longer time (i.e., the fathers are older compared to younger), the sons may have adapted to the

situation, hence its impact on distress would be attenuated. Or, problematic relationships with older fathers may have only recently become problematic (related to aging), while problematic relationships with younger fathers may reflect relationships that have been problematic since early childhood, perhaps indicating dysfunctional families.

In this sample of married sons, psychological distress was associated more strongly with the quality of the sons' relationships with their fathers than with their mothers, when both parents were alive. This finding supports Komarovsky's earlier finding (1976) that the relationships college-aged sons had with their fathers had greater impact on the sons' mental health than the relationship they had with their mothers. Prior research with adult daughters found that adult daughters' mental health was more strongly associated with the quality of the daughter's relationship with her mother than her father, when both parents were alive, (Barnett et al., 1991). It seems that the quality of the relationships adult children (male and female) have with their same-sex parent compared with their opposite-sex parent has a stronger association with the children's mental health, at least among adult children with both parents alive.

Philip Roth, in his recent autobiographical book Patrimony (1990), conveys the strength of his connection to his widowed father.

As I'd driven back to Manhattan that afternoon....certainly nothing could have been clearer to me than how little I knew. It wasn't that I hadn't understood that the connection to him was convoluted and deep -- what I hadn't understood was how deep deep can be (p.129.)

Finally, it is important to note that 96% of the sons in this study were white and married to full-time employed women. Perhaps the level of son-father and son-mother role quality might differ and/or the relationship between son-mother or son-father role quality and mental health indicators might differ in different racial groups or among sons who opt for more traditional marriages. In addition, because the adult sons in this sample were all partnered, we were not able to estimate the effect of the son's partnership status on the relationship between son-parent role quality and son's psychological distress. Future research is needed to determine whether these findings can be generalized to adult sons who are in traditional marriages, or single or non-white.

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Footnotes

1. It may be that older children having successfully separated are freer to recognize their feelings of closeness or once more feel close to their parents.
2. In Natick, 70.1% of women aged 20-54 were employed in 1980, according to the U.S. Census:1980. In Watertown, 75.2% of women ages 20-50 were employed in 1980, according to the U.S. Census, 1980.
3. The racial composition of the sample was as follows: 96% Caucasian, 1% Hispanic, 1% Black, and less than 1% Native American and Other.
4. In a previous study of adult daughters' relationships with their parents, we found that although black daughters enjoy more positive relationships with both parents, there were no racial differences in the pattern of association between daughter role quality and two psychological outcomes variables (Barnett, Kibria, Baruch, & Pleck, 1991).
5. Although sons' age and length of marriage are moderately correlated ($r = .63$), tolerance statistics indicated that they were not collinear and could, therefore, be included as predictors in the same regression models. Correlations between parents' age and parents' health were negligible ($r = .06$, *ns* and $r = -.14$, $p < .05$ for mothers and fathers, respectively), perhaps because the mothers and fathers in this study were relatively young.
6. The eight interaction terms were: (1) mothers' perceived health X sons' education, (2) mothers' perceived health X sons' occupational prestige, (3) mothers' perceived health X sons' household income, (4) mothers' perceived health X sons' age, (5) mothers' perceived health X length of sons' marriage, (6) mothers' perceived health X sons' parental status, (7) mothers' perceived health X mothers' widowhood status, and (8) mothers' perceived health X mothers' age.
For the son-father role-quality analyses, the seven interaction terms were: (1) fathers' perceived health X sons' education, (2) fathers' perceived health X sons' occupational prestige, (3) fathers' perceived health X sons' household income, (4) fathers' perceived health X sons' age, (5) fathers' perceived health X length of sons' marriage, (6) fathers' perceived health X sons' parental status, and (7) fathers' perceived health X fathers' age.
7. Results of the tolerance statistics indicated no collinearity problems for either of the main-effects or interaction-effects models.
8. We also estimated the effect of having infants, toddlers or preschoolers on the relationships between son-mother or son-father role quality and psychological distress. None of the interaction terms was significant.
9. Older and younger are defined as plus or minus one standard deviation from the mean for father's age.

Table 1

Son-Mother and Son-Father Reward and Concern Items

Reward Item	Son-Mother Reward		Son-Father Reward	
	Mean	SD	Mean	SD
Having a mother (father) who loves you	3.43	.76	3.32	.83
Having a mother (father) you respect	3.24	.84	3.24	.90
Having a mother (father) who lets you know she (he) cares about you	3.08	.82	2.83	.90
Your mother's (father's) getting along well with important people in your life (children, spouse/ partner, family, friends)	3.03	.87	3.02	.93
Your mother (father) approving of the kind of person you are	3.01	.89	2.96	.88
Having a mother (father) who helps you when you need her (him)	2.89	.96	2.94	.96
Getting along smoothly with your mother (father)	2.84	.82	2.97	.86
Your mother (father) liking the way you handle your life	2.79	.87	2.80	.85
Enjoying your mother's (father's) companionship	2.76	.86	2.87	.92

Table continues.

Reward Item	Son-Mother Reward		Son-Father Reward	
	Mean	SD	Mean	SD
Seeing how well your mother (father) copes with life	2.76	.95	2.74	.95
Having a mother (father) who is a good model of getting older	2.73	.99	2.82	.98
Your mother (father) supporting the choices you make	2.70	.98	2.76	.90
Having a close relationship with your mother (father)	2.60	.87	2.75	.97
Seeing the way your mother (father) has led her (his) life	2.59	.94	2.76	.90
Being able to talk over problems with your mother (father)	2.14	.85	2.29	.98
Being able to count on her (him) to help out financially	2.00	1.05	2.25	1.09

Table continues

Concern Item	Son-Mother Concern		Son-Father Concern	
	Mean	SD	Mean	SD
Seeing your mother (father) age and worrying about how she (he) will manage as she (he) gets older	2.31	.87	2.13	.87
Feeling guilty or uncertain about your obligations to your mother (father)	1.79	.73	1.72	.70
Not being in touch with your mother (father) as often as she (he) would like	1.79	.70	1.62	.65
Your mother's (father's) personal problems	1.75	.81	1.30	.58
Your mother (father) being judgmental	1.72	.85	1.53	.80
Your mother (father) not having done what she (he) wanted to do with her (his) life	1.71	.83	1.67	.80
Feeling responsible for your mother's (father's) happiness	1.51	.66	1.42	.59
A difficult or poor relationship with your mother (father)	1.49	.75	1.98	.72
Your mother (father) not getting along with important people in your life (children, partner, family, friends)	1.48	.79	1.40	.76

Table continues

Concern Item	Son-Mother Concern		Son-Father Concern	
	Mean	SD	Mean	SD
Your mother (father) wanting more of you than you want to give	1.40	.69	1.32	.58
Having to act like a parent to your mother (father)	1.37	.72	1.39	.65
Your mother's (father's) disapproval of, or not understanding, your way of life	1.35	.63	1.36	.65
Figuring out arrangements for your mother's (father's) care — nursing home, help, etc.	1.33	.69	1.60	.78
Having a mother (father) who interferes or intrudes in your own life	1.27	.56	1.18	.52
Your mother's (father's) disapproval of you	1.25	.59	1.26	.55
Your mother (father) being judgmental	1.24	.59	1.21	.52
Being personally involved in the physical care of your mother (father)	1.16	.53	1.18	.47
Your mother (father) living her (his) life through you	1.16	.51	1.15	.47
Having a mother (father) who doesn't help out when you need her (him)	1.15	.45	1.16	.47

Table 2

Son-Mother and Son-Father Role Quality^a

Predictor	Son-Mother Role Quality ^b		
	B ^d	SE ^e	B ^f
Occupational Prestige	.01	.01	.03
Education	-.05	.03	-.13
Household Income	-1.31	1.51	-.01
Sons' Age	-.03	.02	-.14
Length of Marriage	.01	.01	.02
Parental Status	-.17	.12	-.10
Widowhood Status	-.09	.14	.04
Mothers' Health	.38***	.06	.36
Mothers' Age	.01	.01	.07
$R^2 = .17$			

Table continues

Table 2 continued

Predictor	Son-Father Role Quality ^c		
	B ^d	SE ^e	B ^f
Occupational Prestige	.02	.01	.05
Education	-.06	.04	-.15
Household Income	1.76	1.88	.07
Sons' Age	-.01	.02	-.02
Length of Marriage	-.01	.02	-.04
Parental Status	-.08	.14	-.05
Fathers' Health	.40***	.07	.36
Fathers' Age	.01	.01	.06

$R^2 = .14$

a Positive Role Quality scores reflect greater rewards than concerns

b $n = 250$

c $n = 212$

d Unstandardized regression coefficients

e Standard error of unstandardized regression coefficients

f Standardized regression coefficients

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3

Son-Mother and Son-Father Role Quality and Sons' Psychological Distress:
Main- and Interaction-Effects Models ^a

Predictor	Main-Effects Model			Interaction-Effects Model		
	Sons' Psychological Distress ^b					
	B ^d	SE ^e	B ^f	B ^d	SE ^e	B ^f
Occupational Prestige	-.10	.05	-.16			
Household Income	5.17	1.70	.02			
Education	.64	.36	.15			
Sons' Age	-.08	.21	-.04			
Length of Marriage	.17	.15	.09			
Parental Status	.82	1.37	.04			
Widowhood Status	1.13	1.54	.05			
Mothers' Age	-.01	.10	-.01			
Mothers' Health	-.35	.77	-.04			
Son-Mother Role Quality	3.48***	.72	.32			
	$R^2 = .12$					

Table Continues

Table 3 continued

Predictor	Main-Effects Model			Interaction-Effects Model		
	Sons' Psychological Distress ^c					
	B ^d	SE ^e	B ^f	B ^d	SE ^e	B ^f
Occupational Prestige	-.13	.05	-.22	.13	.05	-.24
Household Income	-2.52	1.92	-.09	-2.52	1.87	-.11
Education	1.25	.38	.29	1.27	.37	.29
Sons' Age	-.41	.23	-.18	-.40	.22	-.15
Length of Marriage	.15	.17	.08	.10	.17	.05
Parental Status	1.82	1.39	.09	2.29	1.36	.07
Widowhood Status	-3.51	3.85	-.06	-3.67	3.74	-.06
Fathers' Age	.23*	.11	.16	.25*	.11	.18
Fathers' Health	-.89	.80	-.08	-1.06	.78	-.11
Son-Father Role Quality	4.27***	.71	.41	24.33***	5.74	.40
Son-Father Role Quality X Father's Age				-.31***	.09	-.21
			R ² = .21			R ² = .25

a High SCL90 scores reflect low levels of reported psychological distress

b $n = 250$

c $n = 212$

d Unstandardized regression coefficient

e Standard error of unstandardized regression coefficient

f Standardized regression coefficient

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 4

Combined Son-Mother and Son-Father Role Quality and Son's Psychological Distress

Predictor	B ^a	SE ^b	B ^c
Education	1.23	.39	.29
Occupational Prestige	-.12	.05	-.21
Household Income	-.02	.02	-.08
Sons' Age	-.37	.23	-.17
Length of Marriage	.26	.17	.14
Parental Status	1.31	1.43	.07
Mothers' Health	-1.15	.83	-.01
Fathers' Health	-.37	.87	-.03
Fathers' Age	.22*	.11	.17
Son-Mother Role Quality	1.87	.96	.18
Son-Father Role Quality	3.13**	.95	.31

$$R^2 = .24$$

Note. N = 196

a Unstandardized regression coefficient

b Standard error of the unstandardized regression coefficient

c Standardized regression coefficient

* p < .05; ** p < .01.

SCL90 by Son-Father Quality, Dage

Figure One

