

Intergenerational Exchange and Psychological Well-being

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Population aging has received increased attention because the baby boom generation will be passing into old age during the next two decades. Today, life expectancy at birth is about 74 years for men and 80 years for women. Concomitant with increased life expectancy, America has also experienced a decline in the total fertility rate (2.1) since World War II. As a result of these demographic changes, the proportion of people who are 65 years or older in 2005 is about 12 percent in the United States. The number is expected to increase to about 20 percent by the year 2030 (Statistical Abstract of the United States 2007).

Providing or receiving support to or from adult children may have both positive and negative consequences for older parents' psychological well-being. On the one hand, older parents who provide support to their adult children may experience a greater sense of self-worth than those who do not. On the other hand, continuing to provide adult children support may be a burden to older parents with diminishing resources and declining health. Similarly, while receipt of support from adult children may improve the psychological well-being of older parents, receipt of support may increase distress among older parents because of the loss of autonomy and self-esteem. Empirical evidence regarding this topic thus far has been mixed. Some researchers found no association between intergenerational transfers and older parents' psychological well-being (Lee and Ellithorpe 1982); some found a positive association (Beckman 1981; Mutran and Reitzes 1984); some found a negative association (Lee, Netzer, and Coward 1995); and still others found a curvilinear association (Krause 1987; Silverstein et al. 1996).

Previous researchers suggest that we cannot look at receipt or provision alone. Instead, it is important to examine the support given by adult children while simultaneously taking into account the help provided by their parents (Agree, Biddlecom, and Valente 2005). Different

theoretical frameworks predict different psychological consequences of balanced or unbalanced exchange. Social exchange theory (Homans, 1961; Thibaut and Kelley 1959), for example, predicts that over-benefiting has positive psychological consequences for older adults, whereas under-benefiting is destructive. Equity theory predicts that older adults who receive amounts of assistance roughly equivalent to the support they give to adult children will fare better than those who are in unbalanced exchanges (Walster, Walster, and Berscheid 1978). While both theories receive empirical support to some extent (Antonucci, Fuhrer, and Jackson 1990; Rook 1987; Stoller 1985), a few researchers find no support for either of the theories once older parents' health is controlled (e.g., Davey and Eggebeen 1998; Lee et al. 1995; Liang et al. 2001). The inconclusive evidence is likely attributable to theoretical confusion, data constraints, and inadequate analytic strategies.

The psychological rewards and costs vary depending on the different domains of support exchanged and whom older parents reciprocate with. Previous studies, however, tend to combine different domains of support into one scale (e.g., Silverstein et al. 1996), include exchanges with non-kin in the analysis (e.g., Liang et al. 2001; Taylor and Lynch 2004), or focus on the exchange within a particular parent-child dyad (e.g., Davey and Eggebeen 1998). It is critical to distinguish different domains of support in the analysis because, for example, receipt of instrumental support may have a greater consequence for older parents' psychological well-being than emotional support does (Rook 1987; but see Krause 1987 for opposite results). It is also important to distinguish support from adult children and support from other relatives or friends, because norms of exchange between parents and their children are likely to differ from those among relatives or friends (Okun and Keith 1998; Rook 1987). Finally, research based on a single parent-child dyad cannot represent a comprehensive picture of intergenerational support in

the family. In particular, this approach is inappropriate for analyzing types of support that typically involve multiple children.

Data constraints are another cause of limited understanding of the relationship between intergenerational exchange and older parents' psychological well-being. The majority of previous research on the effects of intergenerational exchange has been cross-sectional or short-term longitudinal in design (i.e., two time points), limiting the ability to understand the patterns of intergenerational exchange and its relationship to other psychological life course processes. Most research to date either has used regression models or cross-lagged models to examine this relationship. These types of analytic strategies cannot illustrate how older parents' psychological well-being changes over a long period of time in response to change in patterns of support.

RESEARCH QUESTIONS AND HYPOTHESES

The main objective of this research is to examine the psychological consequences of intergenerational exchange for older adults. Specifically, three research questions are addressed in the study:

- Q1. What are the patterns of intergenerational exchange in the United States?
- Q2. What dimensions of intergenerational exchange are related to depressive symptom patterns?
- Q3. How do older parents' anticipation of support moderates the association between exchange behavior and depression?

DATA, VARIABLES, AND METHOD

The data come from the 1998, 2000, 2002, and 2004 waves of the Health and Retirement Study (HRS). The HRS is a longitudinal study of nationally representative cohorts of individuals born between 1890 and 1947 in the United States. The study consists of four cohorts who entered

the study in three different years. The 1931 – 1941 cohort of the original HRS sample was first interviewed in 1992 and followed up biennially. The 1890 – 1923 cohort of the study of Assets and Health Dynamics among the Oldest Old (AHEAD) was first interviewed in 1993, reinterviewed in 1995, and combined with the HRS in 1998. The 1924 – 1930 cohort of Children of Depression Age (CODA) and the 1942 – 1947 cohort of War Babies (WB) were first interviewed in 1998. Since 1998, all four cohorts of respondents and their spouses have been reinterviewed every other year until their death (Willis, 1999). The response rate for the HRS and AHEAD baseline interviews is about 80%; for the CODA and WB baseline interviews, the rate is about 70%. For all cohorts, the reinterview response rates are above 90% in each wave (for detailed information on study design, see <http://hrsonline.isr.umich.edu>)

Four primary sets of variables will be included in the analysis: (1) support provided by older parents to their children; (2) support received by older parents from their children; (3) older parents' anticipation of support from their children; and (4) older parents' depression. Most of these variables are repeatedly measured at each wave of the study. A detailed description of each variable is summarized in the following.

(1) Support provided by older parents to their children (all four waves)

Financial support	Number of children that the respondent gave financial help totaling \$500 or more and the amount of financial support provided
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(2) Support received by older parents from their children (all four waves)

ADL help	Number of children providing the respondent assistance with bathing, dressing, or maintaining toilet functions, and the amount of time children spent on helping
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IADL help	Number of children providing the respondent assistance with household chores, shopping, meal preparation, transportation, or managing finances, and the amount of time children spent on helping
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Financial support Number of children giving the respondent money for living expenses and the amount of financial support provided

(3) Older parents' anticipation of care and support (all four waves)

Anticipation of care Can the respondent count on his or her children for care when he or she is ill? Response categories are 0 ("No") and 1 ("Yes").

Anticipation of support Can the respondent count on his or her children to help to meet the respondent's expense? Response categories are 0 ("No") and 1 ("Yes").

(4) Older parents' depression (all four waves)

Depression (CES-D) Includes eight items measuring feeling depressed, feeling that doing anything was an effort, feeling that sleeping was restless, feeling happy, feeling lonely, enjoying life, feeling sad, and unable to "get going" in the past week. Response categories are 0 ("No") and 1 ("Yes")

PLAN OF ANALYSIS

The analysis will consist of three parts. First, I will document the patterns of intergenerational exchanges and assess the flows of exchange across the four waves of data. Second, I will model intergenerational exchange and depression as dynamic processes using the latent growth modeling (Singer and Willett 2003). Specifically, I will examine whether the pattern of intergenerational exchange has a positive association with older parents' trajectories of depression, by controlling for social, economic, and demographic factors that may also affect the psychological well-being of the older parents. Finally, I will examine whether parents' anticipation of support from their children buffers the association between intergenerational exchange and the parents' psychological well-being.

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