

*Family Roles and Well-Being during
the Middle Life Course*

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How healthy are we? A national study of well-being at midlife. (2004) Brim, OG, Ryff, CD, & Kessler, RC (eds). Chicago, IL The University of Chicago Press, 514-549

As we embark on the early years of a new millennium, considerable consternation and debate about what is happening to the family as a social institution in the United States and elsewhere continue (Waite 2000). During the twentieth century, family demography charted historic changes in rates of mortality, marriage, fertility, divorce, remarriage, and household composition (Bumpass 1990). Today both men and women live significantly longer than they did in 1900, a smaller proportion of the adult life course is spent married, a higher proportion of adults cohabit before marriage or in lieu of marriage, a higher proportion of marriages end in divorce, fewer remarriages follow a divorce, fewer children are born to each woman, a higher proportion of the population lives in single-person households, and a higher proportion of adults have parents who live beyond the age of 65 (and thus are at risk of dependency on their adult children because of their own frailty and/or chronic illness) (Bumpass 1990; Bumpass and Sweet 1989a, 1989b; Bumpass, Sweet, and Castro-Martin 1989; Castro-Martin and Bumpass 1989; Cherlin 1992; Glick 1988; Schoen et al. 1985; Schoen and Weinick 1993; Watkins, Menken, and Bongaarts 1987). All of these changes have led some scholars to proclaim the decline if not the demise of the traditional family (Popenoe 1988, 1993; Skolnick 1991). Others have suggested that although, indeed, the American family is changing, this dynamism is nothing new; rather, it is a continuation of long-term trends and patterns (Bane 1976). Families in twenty-first-century America are increasingly diverse in structure and process, yet they still constitute a resilient social institution that continues to provide an important emotional and economic foundation for the life course of adults as well as children (Stacey 1990, 1993; Waite 2000).

Life experience within family roles, including the partner role, the parent role, and the adult child role vis-à-vis aging parents, has been previously documented to be a significant determinant of the well-being of men and women (Ross, Mirowsky, and Goldsteen 1990). Yet the dynamism of family change currently in process has considerably altered

expectations for these family roles and family-role enactments. A life-course structural symbolic interactionist theoretical perspective (Stryker and Statham 1985; Wells and Stryker 1988) would predict that such changes in role meaning and role expectations could lead to changing consequences of occupying these roles for adult well-being. For example, marital partners are now struggling with changed and sometimes conflicting expectations about women's and men's responsibilities for marital emotional and instrumental support (Goldscheider and Waite 1991). Divorce is a more normative potential outcome for contemporary marriage cohorts if marital expectations are not met. Many marriages are remarriages, where one or both partners come to the institution with a history of disenchantment or, at least, disappointment (Cherlin 1992). Cohabitation has grown from a rare and deviant behavior to the majority experience among cohorts of marriageable age (Bumpass and Lu 2000; Bumpass and Sweet 1989b).

Parenthood is no longer necessarily a role shared with a single partner across the life course (Bumpass and Sweet 1989a; Cherlin 1992). Research on intergenerational relations has documented the continuing emotional and instrumental ties that characterize parenting for children aged 19 and older, as well as for children aged 18 and younger (Hogan, Eggebeen, and Clogg 1993; Rossi and Rossi 1990; Marks 1995). Parenthood responsibilities are more often shared by fathers and mothers, and caring for children is more often juggled with work and other caregiving responsibilities by contemporary women and men (Marks 1996c).

Experience in the adult child role vis-à-vis aging parents has been less well studied—possibly a holdover from the extended period in family studies when structural functionalism was the dominant theoretical paradigm, emphasizing the relative isolation of the elderly from their grown children (Parsons 1942). One exception is the growing literature on caregiving to aging parents (e.g., Brody 1990; Stone, Cafferata, and Sangl 1987; Marks 1996a, 1998). However, again, as families become more vertical (i.e., more typically comprised of persons from three or more generations) and less horizontal (i.e., more typically comprised of fewer persons from the same generation, such as siblings and cousins) in structure, continuing relations and interdependency across generations become even more common (Rossi and Rossi 1990; Hogan, Eggebeen, and Clogg 1993; Cooney and Uhlenberg 1992). Across the middle adult years, men and women are more and more likely to have living parents who may provide them with varying degrees of emotional, instrumental, and financial support and/or whom they watch gradually, or sometimes

suddenly, decline in health and possibly become more dependent on them (Rossi and Rossi 1990; Watkins, Mencken, and Bongaarts 1987).

In this chapter we use data from the primary respondent sample ($N = 3032$; 1318 men, 1714 women) of the 1995 National Survey of Midlife in the United States (MIDUS) (see chap. 1 of this volume for more design details) to describe how the distribution of the adult population occupying marital/partner, parenthood, and adult child (in relationship to older parents' health and mortality) roles varies across ages 25–74 for contemporary men and women in the United States. Additionally, we examine how marital status, parental status, and adult child status are currently associated with physical, mental, and social well-being, and whether these associations differ across gender and age groups (young adults, ages 25–39, representing birth cohorts from 1956 to 1970; midlife adults, ages 40–59, representing birth cohorts from 1936 to 1955; and older adults, ages 60–74, representing birth cohorts from 1920 to 1935). The MIDUS data offer a particularly rich resource for the investigation of these issues because the survey's development by an interdisciplinary team resulted in the inclusion of expansive and innovative measurements of health, psychological, and social constructs for a large representative sample of American adults across a wide adult age span. Sampling weights that correct for selection probabilities and nonresponse allow this sample to match the composition of the U.S. population on age, sex, race, and education.

MARITAL/PARTNERSHIP STATUS DURING THE MIDDLE LIFE COURSE

Although in general there has been a major upheaval in the stability of marriage, most Americans continue to develop partnerships during the middle adult years. Marriage now, compared with that of fifty years ago, is occurring at older ages for both women and men (Schoen et al. 1985; Schoen and Weinick 1993). Ever more typically, contemporary marriages occur after a period of cohabitation (Bumpass and Sweet 1989b; Bumpass and Lu 2000). Although a high proportion of marriages occurred before age 25 for older cohorts, younger cohorts are increasingly waiting until after age 25 to marry. Additionally, across the middle life course, many adults are married more than once (Schoen et al. 1985; Schoen and Weinick 1993).

Table 1 describes the distribution of number of marriages reported across the sample of MIDUS respondents aged 25–74 in 1995 (weighted distribution estimates here and in other descriptive tables are provided to estimate U.S. population distributions). Overall, only about one in ten women and one in eight men reported having never been married when

TABLE 1 Weighted Percentage Distribution (unweighted *n*) of the Number of Times Married, U.S. Adults Aged 25–74

Number of Marriages	Total Sample		Women		Men	
	Unweighted <i>N</i>	Weighted %	Unweighted <i>N</i>	Weighted %	Unweighted <i>N</i>	Weighted %
0	351	11.5	163	10.9	188	12.4
1	1980	65.8	1030	66.1	950	65.4
2	557	18.3	292	18.8	265	17.8
3	117	3.7	63	3.7	54	3.7
4	23	.6	11	.5	12	.7
5	3	.1	2	.1	1	.1
TOTAL	3031	100.0	1561	100.0	1470	100.0

Source: National Survey of Midlife Development in the United States (MIDUS).

Note: Percentage columns do not always total 100.0 due to rounding error.

we considered the entire population at these ages. About two-thirds of the population in this age range have been married only once. A little over one in five adults these ages report two or more marriages.

A further examination of current marital status by age provided in table 2 indicates that although a little more than one in five women at young adult ages 25–39 have never been married (5.8 percent cohabiting and 14.7 percent noncohabiting) and just under one in four young adult men has never been married (7.1 percent cohabiting and 15.7 percent noncohabiting), by midlife ages 40–59, only about one in twenty American women and men have not tried marriage at least once. For all the rhetoric about a “retreat from marriage,” Americans remain a “marrying people,” much more so than some Western Europeans (Popenoe 1988).

Considered in cross-sectional, one-point-in-time perspective, we find that about half of young and midlife adult men and women are in first marriages. At young adult ages, another one in ten men and women are in second or higher-order marriages. By the midlife years, for those members of birth cohorts who have moved through young adulthood during a period of relatively high divorce rates, a full one in five women and one in four men are remarried. By contrast, for members of the older adult age group, representing somewhat older birth cohorts that historically experienced lower divorce rates during the young adult ages when divorce is most likely, only about one in eight women and one in five men are remarried.

Cohabitation has become a much more common type of union in the last few decades (Bumpass and Sweet 1989b). About one in ten young

TABLE 2 Weighted Percentage Distribution

Marital Status	Young Adults Aged 25–39			
	Women		Men	
	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
First marriage	244	50.6	258	55.1
Remarried	52	11.2	45	10.7
Sep/div–cohabiting	22	5.6	9	2.3
Widow–cohabiting	0	.0	0	.0
Never married–cohabiting	24	5.8	34	7.1
Sep/div–not cohabiting	76	11.7	49	8.9
Widow–not cohabiting	2	.3	1	.3
Never married–not cohabiting	89	14.7	94	15.7
TOTAL	509	100.0	490	100.0

Source: MIDUS.

Note: Percentage columns do not always total 100.0 due to rounding error.

adult MIDUS respondents reported living in a cohabiting, marriage-like union. By midlife these rates had reduced by half to about one in twenty for both men and women. Cohabitation was seldom reported by older adults.

At young adult ages, 17.3 percent of women (5.6 percent cohabiting, 11.7 percent noncohabiting) reported being separated or divorced. At midlife for these birth cohorts, separated and divorced rates had risen to include almost one in four women (3 percent cohabiting, 20.2 percent noncohabiting). By older ages for these birth cohorts, about one in ten women reported being separated or divorced (almost exclusively noncohabiting).

Men's rates of reporting separated or divorced status are somewhat lower than women's rates due mainly to their propensity to remarry more quickly if divorced (Schoen and Weinick 1993). For example, in the MIDUS sample, about 11.2 percent of young adult men report being separated or divorced (2.3 percent cohabiting, 8.9 percent noncohabiting). At midlife ages about 15.5 percent of men were separated or divorced (3.6 percent cohabiting, 11.9 percent noncohabiting). At older ages about 7.6 percent of older men reported being separated or divorced (almost exclusively noncohabiting).

The prevalence of widowhood at young adult ages is extremely low.¹ At midlife the rates begin to increase for women (4.4 percent) but not for

of Marital Status, by Age and Gender

Midlife Adults Aged 40–59				Older Adults Aged 60–74			
Women		Men		Women		Men	
Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
301	47.1	354	53.5	135	48.9	171	62.4
118	20.0	153	24.6	36	12.9	56	19.1
17	3.0	20	3.6	2	.5	1	.7
0	.0	3	.4	1	.1	1	.3
2	.4	7	1.0	1	.7	0	.0
187	20.2	100	11.9	45	10.0	25	6.9
38	4.4	7	.6	104	25.4	20	5.3
37	5.0	38	4.5	10	1.5	14	5.3
700	100.0	682	100.0	334	100.0	288	100.0

men; at older adult ages about one in four women is a widow and about one in twenty men is a widower.

MARITAL/PARTNERSHIP STATUS AND WELL-BEING

Marital status and its association with well-being have been an important topic of study in the family studies literature. Historically, being married has been associated with better mental health than being unmarried (e.g., Booth and Amato 1991; Glenn 1975; Gove, Hughes, and Style 1983; Gove, Style, and Hughes 1990; Menaghan and Lieberman 1986; Pearlin and Johnson 1977). However, as marriage has become more delayed, cohabitation more common, divorce more common, and a period of single living more typical and acceptable for young adults, there has been some speculation and even some evidence that marriage per se may have become less important for adult happiness (e.g., Glenn and Weaver 1988; Lee, Seccombe, and Shehan 1991). Overall, however, population research continues to suggest that marriage is associated with less psychological distress for both men and women (e.g., Marks 1996b; Marks and Lambert 1998).

Previous research on marriage and well-being often has been limited, however, in that (1) it has seldom included important contemporary categories reflecting the full range of marital/partnership status, such as remarried and cohabitor, to contrast with first-marriage status (Ross 1995); (2) it has seldom examined age differences in the importance of marriage

for well-being (e.g., young adult versus midlife adult versus older adult differences in the influence of marriage on well-being); and (3) it has often been limited to studying only depression and/or life satisfaction, and sometimes health, as outcomes.

To address these gaps, we used the MIDUS data to examine how marital/partner status might be related to four dimensions of well-being: negative affect (dysphoria), positive psychological wellness, global self-assessed health, and generativity. Examining this range of psychological, physical, and social well-being is congruent with the multidimensional approach to considering positive human health that was first suggested by the World Health Organization in 1946 (i.e., health defined as not just the “absence of disease” but as “a state of complete physical, mental, and social-well-being”). A similar expansive conceptualization of health was further developed by the MIDMAC Network, which chose to focus on physical health, mental health, and social responsibility as three key criteria for defining successful midlife development. Examining dysphoria allows us to examine an indicator of negative affect or psychological dysfunction—the most typically studied aspect of mental health, thereby building on and replicating previous work. Negative affect, or dysphoria, was operationalized with a six-item, highly reliable scale ($\alpha = .87$) developed for MIDUS (see Mroczek and Kolarz 1998 for additional details on reliability and validity). Respondents were queried: “During the past 30 days, how much of the time did you feel (1) so sad nothing could cheer you up? (2) nervous? (3) restless or fidgety? (4) hopeless? (5) that everything was an effort? (6) worthless?” Response categories ranged from 1, “none of the time,” to 5, “all of the time.” (See the appendix for descriptives for all variables used in the analyses.)

Positive psychological wellness is much less typically studied, yet it represents an important related, but distinct, domain of mental health (Ryff 1989; Ryff and Keyes 1995). Much previous work studying more positive psychological well-being has focused singularly on either happiness or life satisfaction. However, attention to these outcomes has arisen from a largely atheoretical basis. Addressing this gap in studying psychological wellness among adults, Ryff and her colleagues have used adult development theories to guide the development and validation of six new psychological wellness scales. Three-item versions of these scales were included in the MIDUS. For this investigation we created a psychological wellness index ($\alpha = .81$) by summing across the eighteen Ryff items that assessed autonomy (e.g., “I have confidence in my own opinions, even if

they are different from the way most other people think”), environmental mastery (e.g., “I am good at managing the responsibilities of daily life”), positive relations with others (e.g., “People would describe me as a giving person, willing to share my time with others”), self-acceptance (e.g., “When I look at the story of my life, I am pleased with how things have turned out so far”), purpose in life (e.g., “Some people wander aimlessly through life, but I am not one of them”), and personal growth (e.g., “For me, life has been a continuous process of learning, changing, and growth”) (for more details on reliability and validity, see Ryff 1989; Ryff and Keyes 1995).

Global physical health was measured using a standard one-item self-report: “In general, would you say your physical health is poor (1), fair (2), good (3), very good (4), or excellent (5)?” This one item has been shown to have high predictive validity for future mortality and morbidity in a wide range of studies (Idler and Benyamini 1997).

The most atypical well-being outcome we considered is a measure of social well-being: generativity. Erikson’s (1950) developmental theory suggests that during middle adulthood, the most important developmental task is to engage in activity that extends benefit beyond the self and supports the growth and development of others. This often includes support offered to one’s own children, but it is conceptually and operationally by no means limited to this. In the context of family roles, we might expect that individuals have a rich opportunity to realize gains in this area of personal development; however, generativity has seldom been previously examined in research on family roles and well-being (McAdams and de St. Aubin 1992, 1998).

The measure of generativity we used from the MIDUS was adapted from the McAdams generativity scale (McAdams and de St. Aubin 1992) by Alice Rossi (see also Rossi, chap. 19, in this volume). This summed index, which includes six items, asks respondents, “To what extent does each of the following statements describe you? (1) Others would say that you have made unique contributions to society. (2) You have important skills you can pass along to others. (3) Many people come to you for advice. (4) You feel that other people need you. (5) You have had a good influence on the lives of many people. (6) You like to teach things to people.” Response categories, ranging 1–4, were defined as “not at all,” “a little,” “some,” and “a lot” ($\alpha = .84$).

Because our aim was to examine gender differences as well as age differences in the influence of marital status on well-being, we undertook

our analyses in two steps: the first step included an evaluation of gender differences, and the second step examined age differences. Specifically, in the first step for the marital-status analyses, to investigate gender differences we estimated models for men and women together, regressing each of the four outcome variables on variables for the following: gender (female = 1); age (coded categorically: age1 = 25–39 years, age3 = 60–74 years, contrasted with age2 = 40–59 years); marital status (coded categorically: remarried, cohabiting [any type], formerly married [separated, divorced, widowed, but not cohabiting], never married [not cohabiting], contrasted with first marriage); gender \times marital-status interaction variables; and demographic control variables for race/ethnicity (dichotomous, black = 1); employment status (dichotomous, employed = 1); education (coded categorically and then used as a continuous measure: 1 = less than high school, 2 = high school graduate or GED, 3 = some college, and 4 = college graduate or more); household income (summed across respondent and spouse and coded continuously in thousands of dollars); parental status (dichotomous, 1 = has child); and adult child status (dichotomous, 1 = both parents alive and healthy).

Although it might have been preferable to examine the marital role, parental role, and adult child role concurrently, we were not able to do this, due to cell-size limitations, and still allow for the degree of differentiation in categories for each of these roles that we wished to investigate. Therefore, we undertook a separate analysis for each of these roles, and in each analysis, we controlled for the other two family roles in a simplified way. Specifically, in the marital-role analysis, we controlled for parental status and adult child status with dichotomous variables as just noted. For the parental-role analysis, we controlled for marital status with a dichotomous variable (first married = 1) and adult child status with a dichotomous variable. Likewise, in the adult-child-role analysis, we controlled for marital status and parental status with dichotomous variables.

In a second step of our marital-status analytic sequence, to further examine age differences, we created as many viable contrasts (i.e., age \times marital-status interaction variables) as we could based on the population distribution of marital status (see table 2) and examined these contrasts in separate models for men and women. Specifically, we were able to create categories to contrast remarried young adults and remarried older adults with remarried midlife adults, and formerly married young adults and formerly married older adults with formerly married midlife adults. However, because so very few cohabitators exist at older ages, we created

only a contrast of young cohabitators with predominantly midlife (plus a few older) cohabitators; and because so few never-married adults exist at older ages, we created only a contrast of young never-married adults with predominantly midlife (plus a few older) never-married adults.

All models were estimated both with and without population weighting. The overall patterns of results for both weighted and unweighted models were similar; therefore, unweighted results are reported (Winship and Radbill 1994).

Table 3 provides the results of our analyses of the effects of marital status on well-being. (Fig. 1 graphically illustrates predicted well-being scores for population subgroups based on the estimates from models reported in table 3.)

Gender Differences

In our preliminary models (first step of analyses) examining men and women together (results not shown in full but denoted on table 3 with superscripts), we found trend-level evidence of two gender differences. In the models estimated for both psychological wellness and generativity, it appeared that never-married men were reporting less positive psychological wellness and generativity than never-married women, when they were both compared with their first-married peers.

Age Differences

To better view these potential gender differences and also to more easily consider age-group differences, we proceeded to estimate a second model for men and women separately by adding the age interaction variables. The resulting estimates from these models displayed in table 3 suggest that noncohabiting formerly married (separated, divorced, or widowed) women and men clearly reported more negative affect than did those in a first marriage (the omitted contrast category). There was also suggestive evidence (trend-level effect) that remarried men might experience more negative affect than first-married men (the omitted contrast category).

One robust age-group difference was also in evidence for both women and men but working in opposite directions: younger never-married women reported significantly more dysphoria than did midlife never-married women (the omitted contrast category); however, younger never-married women reported less dysphoria than did midlife never-married men.

When we considered positive psychological wellness, our results from the analyses of women and men separately suggested that age has an

TABLE 3 Unstandardized Regression Coefficients for

Predictors	Dysphoria		Psychological Wellness (Ryff)	
	Women	Men	Women	Men
First marriage (omitted)	—	—	—	—
Remarried	.56	.63 ⁺	1.97	-1.06
Cohabiting	.36	.61	2.53	-2.54
Formerly married	.75*	1.05**	-.36	-2.91*
Never married	-.91	1.87**	-2.47 ^a	-7.14*** ^a
Age1 (25-39 yrs)	-.14	.98**	1.99 ⁺	.45
Age2 (40-59 yrs) (omitted)	—	—	—	—
Age3 (60-74 yrs)	-1.25**	-1.32***	.91	3.65***
Age1 × remarried	.60	-.30	-5.35**	.51
Age3 × remarried	-1.02	.35	-2.42	-2.43
Age1 × cohabiting	-.02	-.08	-5.99*	2.38
Age1 × formerly married	.98	-.93	-5.61**	.03
Age3 × formerly married	-.41	.28	1.28	-1.30
Age1 × never married	1.84*	-2.01**	-1.95	4.66*
Constant	12.17***	9.93***	54.14***	57.84***
R ²	.06	.07	.09	.08

Source: MIDUS.

Note: All models also included controls for race/ethnicity, employment status, education, household income, parental status, and adult child status. Analyses used unweighted data.

^aModel estimated with men and women together revealed a trend-level gender difference ($p \leq .10$).

⁺ $p \leq .10$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$ (two-tailed test).

important moderating effect on the influence of marriage on women's wellness. Younger remarried women, younger cohabiting women, and younger formerly married women all reported significantly less psychological wellness than did their marital-status counterparts at midlife ages. Among men, in a pattern similar to that found for dysphoria, we found formerly married and never-married men doing more poorly than first-married men, although the negative effect for younger never-married men was significantly less than for midlife never-married men.

We found only limited evidence that marital-status differences were associated with physical health differences in this sample. In our model estimated for men, we found remarried men overall reported poorer health than first-married men (although fig. 1 indicates this global effect is mainly driven by the relatively poorer health of midlife remarried men). There were no significant marital-status differences in health for women, and no significant age-group differences for either men or women.

In terms of generativity, in the separate analyses for women and men, an interesting age pattern for remarried women came into evidence. A trend-level age interaction effect suggested that remarried midlife women

the Effects of Marital Status on Well-Being, by Gender

Self-Assessed Global Health		Generativity	
Women	Men	Women	Men
—	—	—	—
.03	-.21*	1.11**	.07
-.03	.07	.21	.98
-.07	-.16	.66 ⁺	.33
.03	-.05	.38 ^a	-1.24 ⁺ ^a
.16 ⁺	.05	.05	-.82*
—	—	—	—
-.01	.04	.29	.07
-.16	.27	-1.35 ⁺	.46
-.04	.15	-1.46	-.12
-.31	-.13	-.56	.23
-.19	.16	-.27	-.80
.16	.21	-.72	.88
-.19	.09	-.24	1.75*
2.50***	2.47***	13.59***	14.75***
.13	.14	.09	.06

may experience more generativity than remarried young adult women. There was also trend-level evidence that formerly married midlife women were reporting somewhat more feelings of generativity than first-married midlife women. Among men, again, never-married status (in contrast to first-married status) at midlife ages was associated with a trend toward reporting less generativity, but the young adult never-married men reported significantly more generativity than the midlife never-married men did.

Conclusions

Overall, these results suggest several broad conclusions. First, being in a first marriage is associated with less negative affect than being formerly married at all adult ages. This replicates a relatively consistent finding in the marital-status and mental health literature.

Second, there are few robust gender differences in the association between marital status and well-being. The issue of whether and how gender may moderate the association between marriage and well-being has been hotly contested over the years—beginning with Bernard's (1972) thesis that marriage benefits men more than women. However, more recently evidence from population studies has been shifting to suggest that the benefits of marriage may be more even across women and men than was previously thought (Marks and Lambert 1998; Waite 2000).

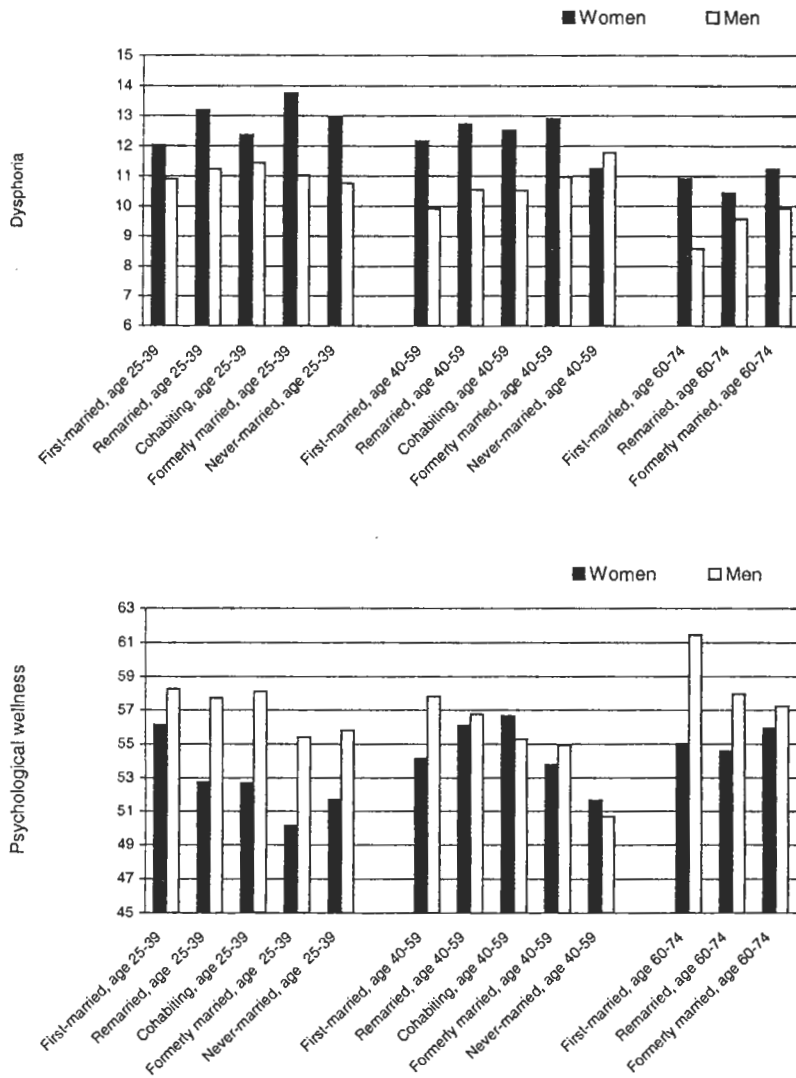


FIGURE 1. Predicted well-being scores by marital status, age, and gender.

Our results here are generally congruent with the hypothesis of relatively similar well-being benefits of marriage for women and men.

Third, never-married status contributes to more negative effects for midlife men than it does for younger men. This finding supports other work that suggests that never-married young men are happier now than in the past (Glenn and Weaver 1988), possibly because a new life-course period of semiautonomous young adult single living is increasingly more normative and less stigmatized (Goldscheider and Waite 1991). Yet the fact that midlife never-married men are disadvantaged in psychological wellness (a measure that includes many adult development subscales) and possibly generativity in comparison to men in a first marriage suggests that marriage may be particularly important for psychological and social development for men as they age into middle adulthood.

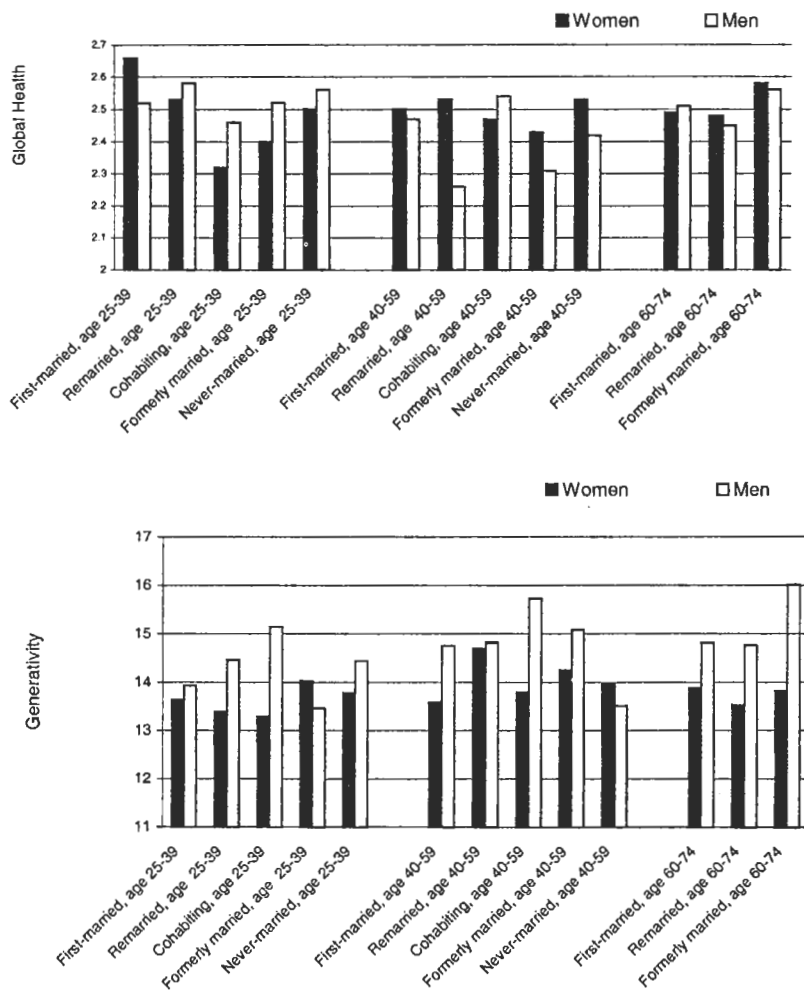


FIGURE 1 (continued)

Fourth, younger remarried, cohabiting, and formerly married women experience less psychological wellness than do midlife women in these statuses. Additionally, midlife women who experience nontraditional marital careers that include remarriage or formerly married status may experience some benefits in terms of generativity not experienced by their first-married counterparts. These results highlight the importance of considering age effects in family roles and are suggestive that some of the growing life expertise and life management skills that may go along with the midlife years (cf. Brim 1992) are an asset for women in nontraditional marital statuses (see also a similar pattern of results reported in Marks and Lambert 1998).

Finally, differences in physical health for married persons in contrast to single persons are not obvious when viewed cross-sectionally and with many demographic factors controlled. We found only one difference among the married: remarried men reported poorer health than

TABLE 4 Weighted Percentage Distribution (unweighted *n*)

Marital Status	Young Adults Aged 25–39			
	Women		Men	
	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
Age of youngest child: 5 yrs or less	174	37.4	153	33.5
Age of youngest child: 6 yrs to 18 yrs	178	37.8	121	28.1
Age of youngest child: 19 yrs or older	4	.8	1	.3
No child	144	24.0	201	38.1
TOTAL	500	100.0	476	100.0

Source: MIDUS.

Note: Definition of parent here includes all biological or adoptive parents together with stepparents and others who indicated they played a significant role in rearing a child in their household for five or more years. Percentage columns do not always total 100.0 due to rounding error.

first-married men. Marriage has been consistently associated with longevity (Lillard and Panis 1996), but the findings for health status have been less robust; we found no evidence of a self-assessed health disadvantage of single status.

PARENTAL STATUS ACROSS THE MIDDLE LIFE COURSE

Although great advances in birth control across the last several decades have increasingly made it possible to separate sex from child-bearing, parenthood remains a normative role during the American adult life course (Marks 1996c). The middle adult years tend to be a time when adults are participating in the development of their children: beginning with infancy and preschool years, moving on to school-age years, and finally, to the “launching” phase of young adulthood and older ages.

Table 4 describes the population distribution of parental status for men and women across young, middle, and older ages. For these analyses we defined parents of a child as (1) anyone who reported that they had a biological child, and/or (2) anyone who reported that they had any “other children . . . including step children, adopted children, and any others you helped to raise for at least five years.”² Using this operational definition, we found that among young adults about three in four women and more than three in five men reported being parents of a child. The age of the youngest child (usually an indicator of the heaviest level of child

of Parental Status by Age and Gender, U.S. Adults Aged 25–74

Midlife Adults Aged 40–59				Older Adults Aged 60–74			
Women		Men		Women		Men	
Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
16	3.1	38	7.2	0	0.0	0	0.0
213	35.7	267	45.4	1	.3	9	2.9
380	53.8	261	37.7	296	92.5	237	87.1
58	7.4	77	9.6	24	7.2	23	10.0
667	100.0	643	100.0	321	100.0	269	100.0

dependency) was about evenly split, at these young adult ages, between having a youngest child under age 5 and having a youngest child traversing middle childhood or adolescence. It was rare to report a youngest child age 19 or older at young adult ages.

By examining evidence from adults at midlife, we can determine relatively good estimates of lifetime incidence of childbearing/childrearing. At ages 40–59, only about 7.4 percent of women and 9.6 percent of men from these birth cohorts report not having any children. These rates are also quite similar for the older birth cohorts of women and men. Overall, therefore, even with greater control over childbearing, and greater public attitudinal acceptance of childfree adults (Thornton 1989), the vast majority of adults from these birth cohorts continue to experience a parenting role during their adult life course.

By midlife, a much smaller proportion of women and men has a preschool child, and about half of women and over a third of men report that their youngest child is an adult (age 19 or older). By older ages, almost all children are adult children.

PARENTAL STATUS AND WELL-BEING

Overall, the evidence has suggested that parenthood is associated with a greater degree of psychological distress than is being childfree (McLanahan and Adams 1987). However, research on the association between parenthood and well-being is typically missing an important examination of moderating factors, such as age of children and also age of parents, which might influence the pattern of associations (Seltzer and Ryff 1994; Umberson 1989; Umberson and Gove 1989). Additionally,

TABLE 5 Unstandardized Regression Coefficients for

Predictors	Dysphoria		Psychological Wellness (Ryff)	
	Women	Men	Women	Men
No children (omitted)	—	—	—	—
Age of youngest 5 yrs or less	2.87*	-.84	-9.62** ^a	.59 ^a
Age of youngest 6 yrs to 18 yrs	.66	-.26	-3.22 ⁺ ^b	2.02 ^b
Age of youngest 19 yrs or older	.47	-1.05*	-.87 ^c	2.88* ^c
Age1 (25-39 yrs)	1.33*	.14	-.24	3.11*
Age2 (40-59 yrs) (omitted)	—	—	—	—
Age3 (60-74 yrs)	-.10	-1.44 ⁺	-5.40 ⁺	3.26
Age1 × age of youngest 5 yrs or less	-3.39**	1.05	6.72 ⁺	-.61
Age1 × age of youngest 6 yrs to 18 yrs	-1.58*	-.14	1.39	-2.53
Age3 × age of youngest 19 yrs or older	-1.41	.23	6.09*	-.77
Constant	12.38***	11.44***	55.51***	53.28***
R ²	.06	.07	.09	.07

Source: MIDUS. Analyses used unweighted data.

Note: All models also included controls for race/ethnicity, employment status, education, household income, marital status, and adult child status.

^aModel estimated with men and women together revealed a significant gender difference ($p \leq .01$).

^bModel estimated with men and women together revealed a significant gender difference ($p \leq .05$).

^cModel estimated with men and women together revealed a trend level gender difference ($p \leq .10$).

⁺ $p \leq .10$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$ (two-tailed test).

examinations of parenthood and well-being have typically focused on psychological distress or life satisfaction as outcomes. An examination of only these outcomes does not provide evidence about whether parenthood might actually have positive effects on other domains of well-being, such as psychological wellness (including here dimensions of adult development such as purpose in life, self-acceptance, positive relations with others, and personal growth) and generativity, which might be posited to be enhanced by the experiences, and even challenges, of parenthood.

In our analyses we aimed to better examine child age differences, parent age differences, and differences that might occur in reports of psychological wellness, generativity, and physical health, as well as psychological dysphoria, in the effects of parenthood among contemporary American parents. Therefore we constructed an analysis similar to the one previously described for marital-status contrasts, this time including greater differentiation for parental status. For age contrasts in these analyses, we

the Effects of Parental Status on Well-Being, by Gender

Self-Assessed Global Health		Generativity	
Women	Men	Women	Men
—	—	—	—
-.50+	-.08	-2.10 ^{+c}	1.45 ^{+c}
-.25+	-.09	.42	1.14*
-.34**	-.11	.31 ^b	1.51 ^{**b}
-.27+	.03	-.16	.57
—	—	—	—
-.24	-.09	-.33	.12
.62*	.09	1.97 ⁺	-1.40
.29	.10	-.12	-1.70**
.35	.22	.13	-.16
2.72***	2.45***	13.86***	13.78***
.14	.13	.09	.05

were again limited by population age composition considerations to the following contrasts: (1) because so few older adults have a youngest child under age 5, only young adults with children under age 5 (age1 × age of youngest under 5) could be contrasted with midlife adults with children under age 5; (2) because so few older adults have a youngest child aged 6–18 years, only young adults with children aged 6–18 (age1 × age of youngest 6–18) could be contrasted with midlife adults (and a few older adults) with a youngest child aged 6–18; and (3) because so few young adults have a youngest child age 19 and older, only older adults with a youngest child 19 or older (age3 × age of youngest 19 or older) could be contrasted with midlife adults (and a few younger adults) with a youngest child 19 or older.

Table 5 describes the associations between having children of varying ages with well-being, also by gender and age group. (Fig. 2 graphically illustrates predicted well-being scores for population subgroups on the basis of the estimates from models reported in table 5.)

Gender and Age Differences

Among women, two significant age-group differences were in evidence. Although it appears that among midlife women, having a youngest aged 5 years or less is associated with more dysphoria than having no children (the omitted parental-status contrast category), this effect was significantly reduced for women aged 25–39. Similarly, the association

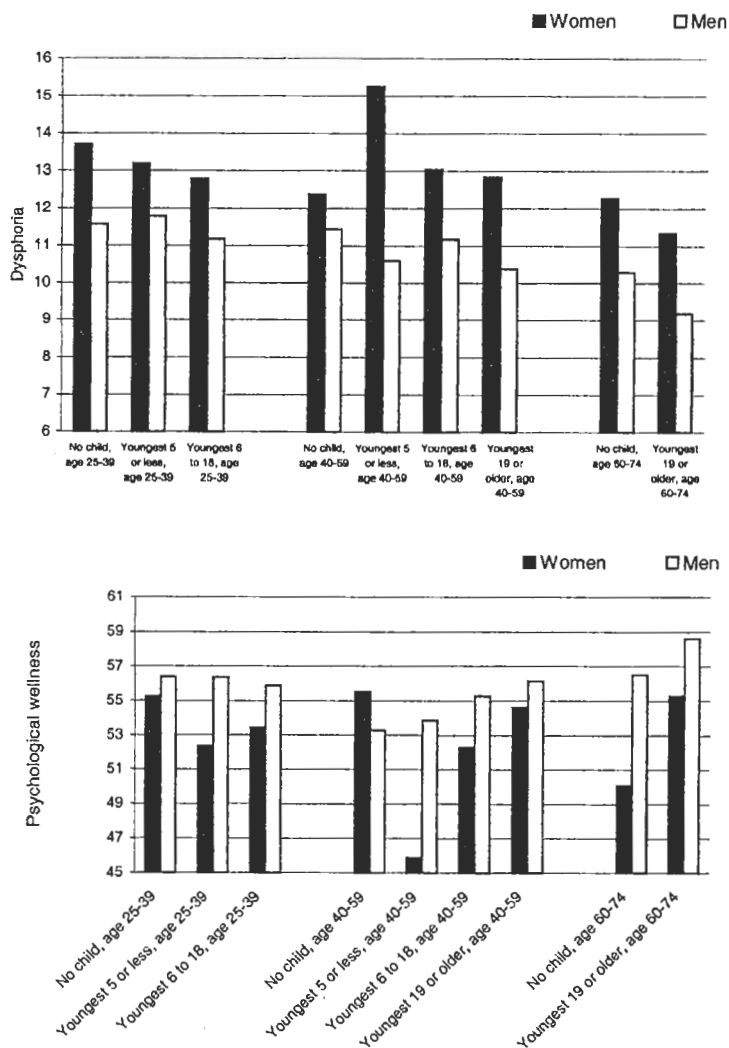


FIGURE 2. Predicted well-being scores by parental status, age, and gender.

between having school-aged youngest children and having more dysphoria was significantly less among young adult women than midlife women (the omitted age-contrast category).

Among men there were no significant age-group differences. Overall, evidence indicated well-being benefits of parenthood for men, in contrast to being childfree. Having only adult children was associated with less dysphoria than having no children.

In terms of psychological wellness, there were clear gender differences in evidence regarding the impact of parenthood on well-being. In our preliminary model, estimated across men and women together, we found that for all categories of parenting (in contrast to being childfree), women reported less psychological wellness than did men in the comparable

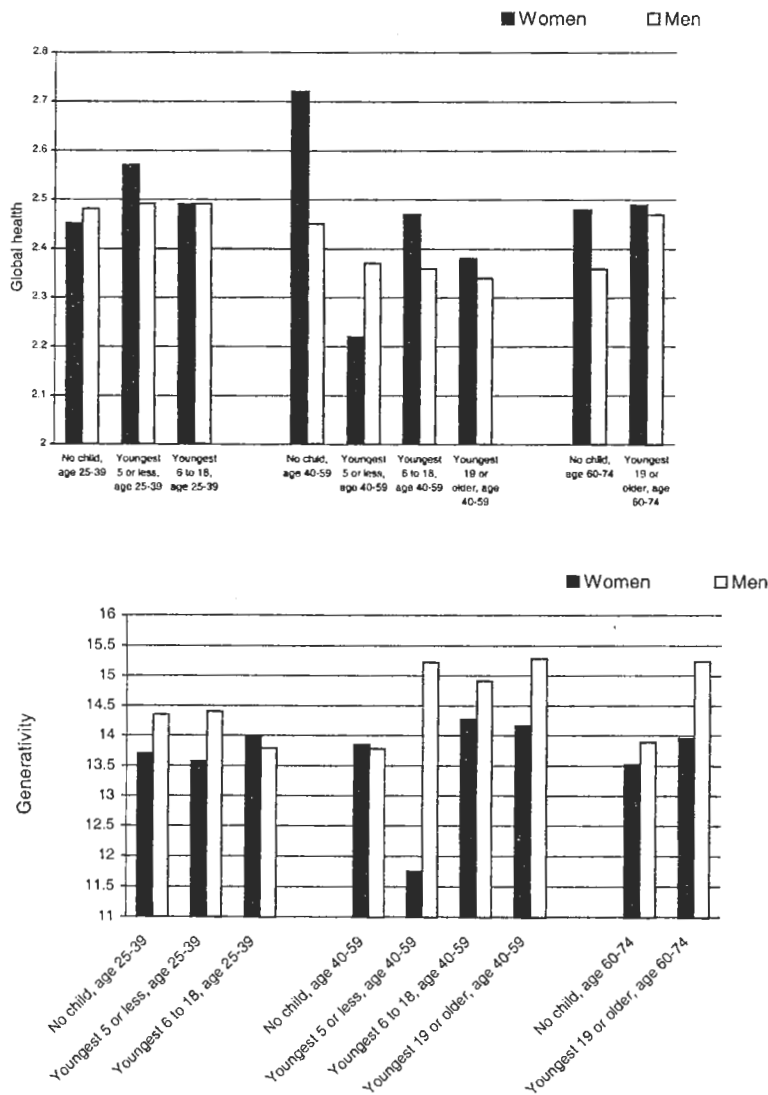


FIGURE 2. (continued)

parenting category. In the separate analyses by gender that added age-group contrasts, we found that women with a youngest child under age 6 reported significantly less psychological wellness than did women with no children (although a trend-level effect suggested that this negative effect might be attenuated for younger women in contrast to midlife women). Additionally, a trend-level effect suggested that having school-aged children was associated with less wellness for women than having no children. However, the age contrasts allowed us to also observe that for women at older ages, having adult children was associated with significantly greater wellness than it was at midlife ages (perhaps because children are likely to be even more mature and independent when mothers are at these ages). Figure 3 graphically illustrates how at older ages, mothers of adult

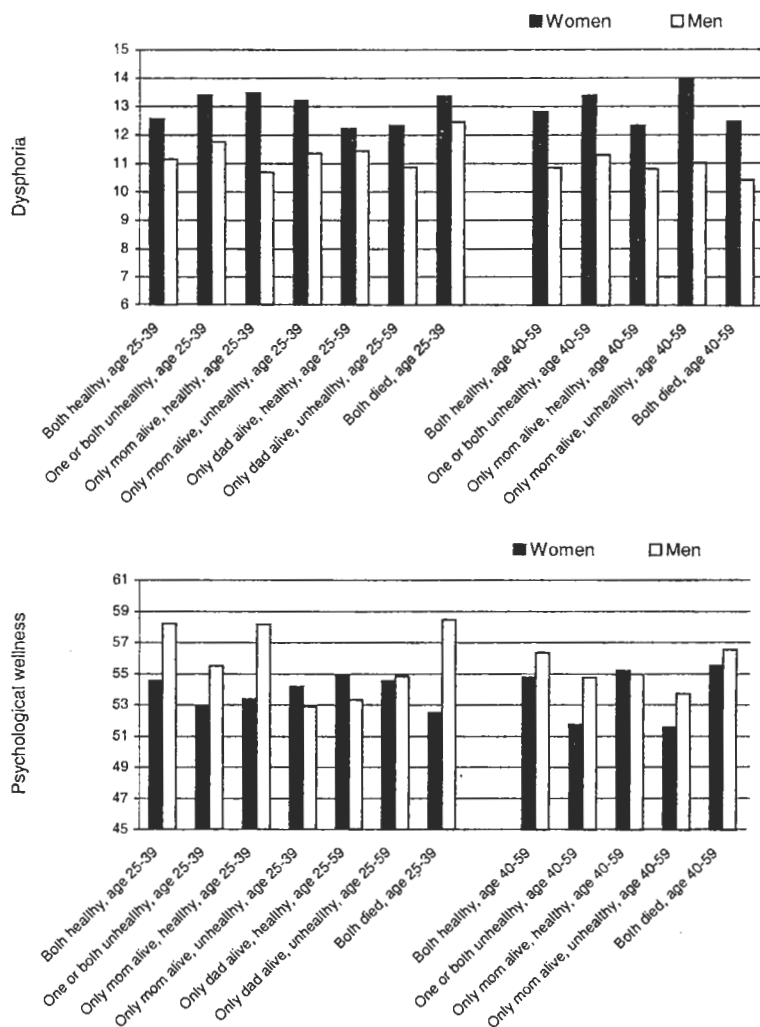


FIGURE 3. Predicted well-being scores by adult child status, age, and gender.

children are actually at a psychological wellness advantage in comparison to women without children.

The models estimated separately for men and women, and including an analysis of age-group differences, revealed that parental status had more implications for women's than men's reports of physical health. Younger women reporting a youngest child aged 5 or under reported significantly better physical health than did midlife women reporting a youngest aged 5 or under. Across this sample of women, women reporting a youngest 19 or older reported poorer health than women without children. No significant differences in health by parental status were observed among men when they were examined in a separate model with age interaction variables added.

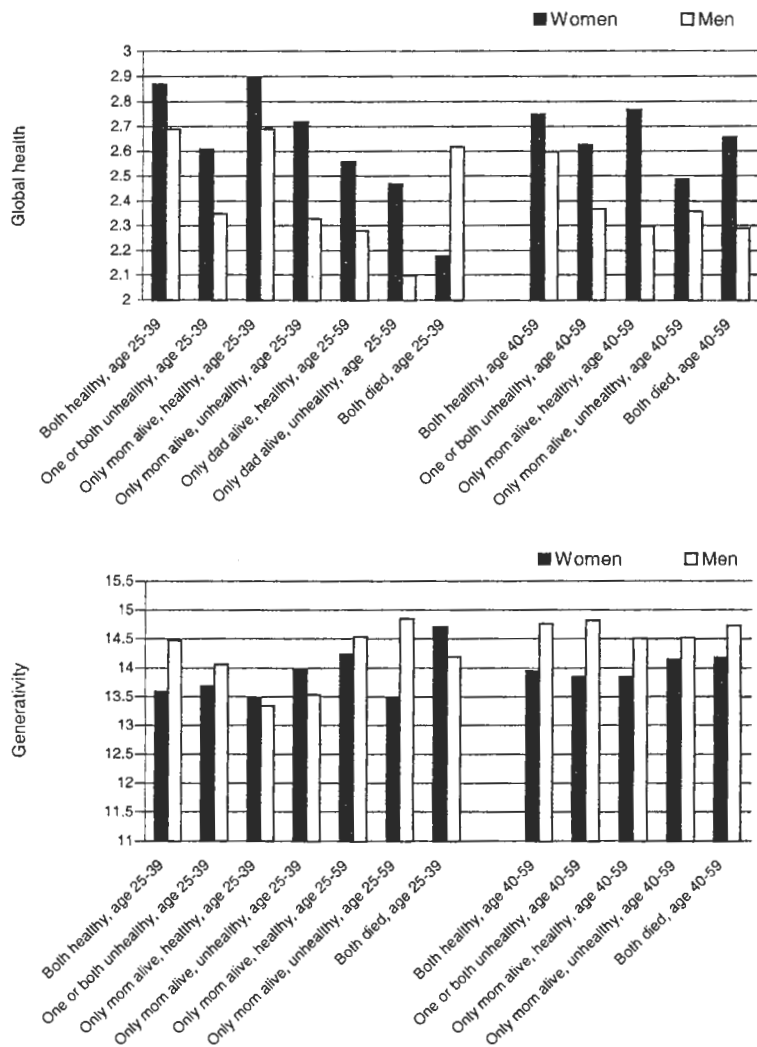


FIGURE 3. (continued)

The combined analysis of men and women also revealed two gender differences in the influence of parenthood on generativity. Men with adult children report significantly more generativity than do women with adult children, and men with preschool children show evidence of possibly reporting more generativity than do women with preschool children.

The separate analysis of women that added age contrasts suggested that midlife women with a preschool-aged youngest child may experience less generativity than midlife women with no children. However, this negative effect appeared to be attenuated for younger women with a preschool-aged youngest child.

Men, by contrast, clearly benefited in terms of their experience of generativity when they had children in contrast to not having children.

The only age-group exception was young men whose youngest child was school-aged, and whose predicted generativity scores were lower than those for young men without children (see figure 2).

Conclusions

Overall, our results suggest several conclusions in terms of the parent role and well-being. First, parenting children is more challenging to the well-being of women than men. This is likely a result of the greater emotional and instrumental responsibility for children that women internalize and enact (Rossi and Rossi 1990). Second, the challenge of parenting a preschool-aged child is associated with more negative mental health consequences but better physical health and generativity reports for women at midlife ages than at young adult ages. These findings highlight the importance of considering age differences. They also illustrate how a family role can have costs and benefits at the same time, such that in examining only one dimension of well-being (e.g., dysphoria), we would miss the complexity of the story.

Third, having only adult children in contrast to no children is associated with increased psychological wellness for men and older women. Additionally, parenthood is particularly important in contributing to men's experience of generativity. These findings again illustrate the importance of considering different age periods of childrearing when considering the association of parenthood with well-being (Seltzer and Ryff 1994; Umberson 1989). They also demonstrate the significant benefits for development that parenting has for men. The finding regarding parenthood and generativity among men provides convergent support from population data for a finding that has previously been suggested in earlier psychological research with more limited samples (McAdams and de St. Aubin 1992, 1998). These results overall also suggest that a monolithic examination of parenthood and its association with only one dimension of well-being—psychological distress—is likely to miss the benefits as well as costs of parenthood for men as well as women.

ADULTS AND THEIR AGING PARENTS ACROSS THE MIDDLE LIFE COURSE

An important part of adult life is spent now in relationship to parents who are still alive or who over time become ill and die. More men and women reach adulthood with both parents alive than was true early in the twentieth century, and men and women from contemporary adult birth cohorts are likely to spend more years with one or more parents aged 65

and older than they are with children under age 18 (Watkins, Menken, and Bongaarts 1987). Despite these demographic trends, relatively little social demography and family research to date have focused on midlife adults in their adult child role vis-à-vis their aging parents, and how this adult child role might be related to the well-being of midlife adults.

Table 6 describes the population distribution of men and women who have parents alive and who have parents in good or poor health. For these analyses, MIDUS respondents' reports of whether father and mother were alive were combined with respondents' reports about the relative health of their parents ("How would you rate your biological mother's/father's current physical health? Excellent, very good, good, fair, poor?") to create seven mutually exclusive and exhaustive categories of respondents. The first category included respondents who reported both parents were alive and both were "healthy" (i.e., rated global health for each as good, very good, or excellent, in contrast to fair or poor). The second category included respondents who reported both parents alive, but one or both were "unhealthy" (i.e., rated global health for at least one living parent as fair or poor). The third category included respondents who reported that only their mother was alive but that she was healthy. The fourth category included respondents who reported that only their mother was alive but that she was unhealthy. The fifth category included respondents with only a father alive who was healthy. The sixth, only a father alive who was unhealthy. And the final category included respondents who reported both parents had died prior to their adult children's interview in 1995.

The population estimates provided in table 6 show the dramatic changes in adult child role status vis-à-vis aging parents that occur across the middle life course. At young adult ages, a little more than one-third of the sample reported that both parents were alive and healthy. About half the young adult population reported only healthy living parent(s) (i.e., either both alive and healthy or only mom or dad alive and healthy). Reflecting gender differences in mortality rates, our findings indicated that young adults were about three times more likely to have a sole-surviving mother than a sole-surviving father. Less than one in twenty young adults had lost both parents to death.

By midlife ages 40–59, only about one in nine adults overall (10.5 percent of women and 12.8 percent of men) reported having both parents alive and both parents healthy. Another approximately one in three reported at least one unhealthy parent. About one in five midlife adults reported having a sole-surviving parent in poor health, most typically

TABLE 6 Weighted Percentage Distribution of

Adult Child Status	Young Aged 25–39			
	Women		Men	
	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
Both parents alive, both healthy	164	35.0	161	36.0
Both parents alive, 1 or both unhealthy	174	37.7	161	35.3
Only mom alive, healthy	57	11.2	60	12.5
Only mom alive, unhealthy	35	7.6	26	6.1
Only dad alive, healthy	16	3.8	17	4.0
Only dad alive, unhealthy	7	1.4	10	1.9
Both parents dead	15	3.3	22	4.2
TOTAL	468	100.0	457	100.0

Source: MIDUS.

Note: Percentage columns do not always total 100.0 due to rounding error.

a mother. Already by midlife ages, less than one in ten adults reported having a father alive, healthy or not, and more than one-quarter reported the loss of both parents.

By older ages, it is quite uncommon to have both parents still alive. The vast majority of adults (80.5 percent of women and 90.3 percent of men) have experienced the death of both parents by these ages. The relatively small proportion of adults who do have living parents is comprised mainly of persons whose mothers are still alive.

ADULTS, AGING PARENTS, AND WELL-BEING

Overall, there is little literature examining how the health and mortality of parents affects the well-being of adult children. The literature that does exist in this area tends to emphasize filial caregiving and typically focuses on the stressful well-being consequences of becoming a caregiver for an aging parent (e.g., Brody 1990; Horowitz 1985; Marks 1998; Marks, Lambert, and Choi 2002; Montgomery 1992).

In this study, we wished to make a further contribution to the literature that considers the continuing potential influence of aging parents and their health status on the well-being of adult children. Because the population estimates provided in table 6 suggest that most of the variance in the adult child role differentiated by the relative health and mortality

Adult Child Status, by Age and Gender

Midlife Adults Aged 40–59				Older Adults Aged 60–74			
Women		Men		Women		Men	
Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %	Unwgted <i>n</i>	Wgted %
70	10.5	85	12.8	1	.2	2	.3
105	18.3	105	16.5	7	2.9	3	.7
123	18.1	117	18.5	26	6.1	12	3.8
110	17.6	94	14.8	28	8.7	15	3.7
28	3.9	36	5.8	2	.8	3	.6
20	3.0	22	3.8	2	.8	2	.5
189	28.6	185	27.9	250	80.5	227	90.3
645	100.0	644	100.0	316	100.0	264	100.0

of their parents is confined to the young adult and midlife adult years as we have defined them here, for our adult child role analyses, we limited our analytic sample only to respondents aged 25–59. Again we began by estimating a preliminary model, including both men and women together, which included gender interaction variables to explore potential gender differences. We subsequently estimated models for women and men separately, adding age by adult child role interaction variables where cell sizes for both young adults made such a comparison possible (specifically, for contrasts of both parents alive, one or both unhealthy; only mom alive and healthy; only mom alive and unhealthy; and for both parents dead).

The results of these analyses are provided in table 7. (Fig. 3 graphically illustrates predicted well-being scores for population subgroups on the basis of the estimates from models reported in table 7.)

Gender and Age Differences

The preliminary models that included men and women together suggested one robust gender difference: having a mother alive and unhealthy was associated with significantly higher levels of dysphoria for women than for men. The models for women and men separately further demonstrated this gender difference. Specifically, among women, those who had a sole-surviving, unhealthy mother reported significantly higher rates of

TABLE 7 Unstandardized Regression Coefficients for the Effects of Adult

Predictors	Dysphoria		Psychological Wellness (Ryff)	
	Women	Men	Women	Men
Both parents alive, both healthy (omitted)	—	—	—	—
Both parents alive, 1 or both unhealthy	.58	.45	-3.01 ⁺	-1.58
Only mom alive, healthy	-.49	-.04	.46	-1.39
Only mom alive, unhealthy	1.20** ^a	.19 ^a	-3.18 ⁺	-2.62 ⁺
Only dad alive, healthy	-.61	.58	.14	-3.07 ⁺
Only dad alive, unhealthy	-.50	.01	-.25	-1.54
Both parents died	-.35	-.41	.76	.22
Age1 (29–39 yrs)	-.27	.30	-.23	1.83
Age2 (40–59 yrs) (omitted)	—	—	—	—
Age1 × both parents alive, 1 or both unhealthy	.25	.15	1.34	-1.13
Age1 × only mom alive, healthy	1.39	-.43	-1.67	1.35
Age1 × only mom alive, unhealthy	-.54	.01	2.80	-2.72
Age1 × both parents dead	1.16	1.70 ⁺	-2.80	.07
Constant	12.82***	10.85***	54.79***	56.38***
R ²	.07	.06	.09	.08

Source: MIDUS.

Note: All models also included controls for race/ethnicity, employment status, education, household income, marital status, and parental status. Analyses used unweighted data.

^aModel estimated with men and women together revealed a significant gender difference ($p \leq .05$).

⁺ $p \leq .10$. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$ (two-tailed test).

dysphoria than their women peers who continued to have two healthy parents. Among men, differences in the health and mortality of parents did not appear to have robust effects on dysphoria, although a trend-effect age interaction suggested that having both parents dead by young adult ages was associated with higher levels of dysphoria among men than having both parents dead by midlife ages.

For women, trend effects suggested that having both parents alive but one or both unhealthy, or having only a mother alive but unhealthy, was associated with lower psychological wellness for women than having both parents alive and healthy. Among men, trend effects suggested that having a mother alive but unhealthy, or having a father alive and healthy, might be associated with less wellness. No age-group differences were in evidence for men or women.

Again for global health, having a sole-surviving unhealthy mother appeared possibly to compromise women's self-rated health (trend effect).

Child Status on Well-Being by Gender, U.S. Adults Aged 25–59

Global Health		Generativity	
Women	Men	Women	Men
—	—	—	—
-.12	-.23 ⁺	-.10	.06
.02	-.30*	-.10	-.25
-.26 ⁺	-.24 ⁺	.20	-.24
-.19	-.32*	.29	-.23
-.28	-.50**	-.47	.08
-.09	-.31**	.23	-.03
.12	.09	-.37	-.30
—	—	—	—
-.14	-.11	.20	-.47
.01	.30 ⁺	-.00	-.87
.11	-.12	.19	-.69
-.60*	.24	.89	-.24
2.75***	2.60***	13.96***	14.77***
.11	.14	.09	.05

Additionally, a significant age interaction effect indicated that having both parents dead at young adult ages was associated with reporting significantly poorer health among women than having both parents dead at midlife adult ages.

All the adult child contrasts other than having both parents alive and healthy were associated with reporting poorer physical health among men, although trend-level age interaction effects suggested that the negative effect of this status may be more problematic for midlife men than young adult men. Differences in adult child status were not associated with differences in reports of generativity among men or women.

Conclusions

Overall, our results from this analysis of the adult child role in relation to aging parents suggest the following: First, having unhealthy parents, particularly an unhealthy sole-surviving mother, can undermine the mental health and self-assessed physical health of young and midlife adults. We speculate (but cannot empirically verify with these data) that an unhealthy sole-surviving father is more likely to

be remarried and therefore less worrisome because of care provided by the new spouse. Second, the negative effects of having a sole-surviving unhealthy mother are greater for women than for men. This is congruent with what we know about the gendered nature of the schemas for family roles (Rossi and Rossi 1990), which have traditionally led women to assume greater emotional and instrumental caregiving responsibilities for family members (often leading to added stress) than men assume.

Third, the early death (i.e., by young adulthood) of both parents (in contrast to having both parents remain alive and healthy) may be associated with greater dysphoria among men and poorer assessments of physical health among women. It is difficult to reliably interpret these findings because we do not know exactly when parental deaths occurred (e.g., in childhood or young adulthood) or to what degree genetic selection is at work here. However, these suggestive findings lead us to recommend that scholars studying midlife further explore the possible importance of ongoing relationships with parents in adulthood for mental and physical well-being.

SUMMARY AND CONCLUSIONS

In this chapter we have taken advantage of the unique strengths of the MIDUS population data to examine gender and age variation in marital, parenting, and adult child vis-à-vis aging parent roles, and to investigate how these family-role differences are associated with differences in physical, mental, and social well-being. We have used the opportunity provided by these rich data to highlight the increased contemporary diversity within marital, parental, and adult child roles across the middle life course—by considering, for example, cohabiting and remarried partner statuses, parenting experiences across different ages of children, and variation in types of adult child role diversity based on differences in the health and mortality status of parents. Considering age-group differences in population distributions across these roles also helped us draw attention to the implicit life-course trajectories that take place in marital, parenting, and adult child roles. In other words, these roles each involve an age-related “career” that is likely to have different opportunities, challenges, constraints, and consequences for well-being. Early adulthood first marriage may be followed by divorce and possibly midlife remarriage or continued formerly married status. Parenting young children is followed by parenting adolescents, “launching” children, and finally, continued parental involvement with adult

children. Young adult children may begin by having both parents still alive and providing them with support, but over time experience the loss of health of one or both parents, and the death of one or both parents.

We also use the MIDUS physical, mental, and social health measurements to highlight here the value of considering a wider range of different well-being outcomes in relation to these family roles than is typically employed in the literature, as well as gender and age differences in the impact of these role differences. The inclusion of a measure of social well-being—that is, generativity—proved to be particularly illuminating. Examining multiple well-being outcomes, we were better able to demonstrate the combination of both gains and strains that can be associated with family roles. For example, we found evidence that although being a parent can be associated with more psychological distress than being childfree, being a parent can also result in reports of greater psychological wellness and generativity.

Examining gender differences, we found fewer marital-status effect differences than some of the literature may have led us to expect. However, we found important gender differences in the effects of a parenting role; men clearly evidenced greater psychological wellness benefits and generativity benefits from parenting than women did. Women in an adult child role having only an unhealthy mother alive also reported more dysphoria than did their male peers. However, young adult and midlife men without two healthy parents all reported some degree of poorer physical health; this pattern was not replicated among women.

In the literature on family roles, potential age differences in the consequences of roles for well-being are typically ignored. However, we found age moderation results to be some of the most interesting findings of our study—highlighting the importance of considering substantive differences in the experience of adulthood in young adult versus midlife adult versus older adult years and demonstrating that, indeed, midlife is to some extent distinct. For example, in our marital-status analyses we found never-married midlife men reporting more dysphoria and less generativity than never-married young adult men. We also found midlife women in nontraditional marital statuses (cohabiting, remarried, and formerly married) to be reporting more psychological wellness than younger women in these statuses. Midlife women parenting children under 19 reported more dysphoria than younger women parenting children these ages. Older women with young adult children (aged 19 or

older) reported more psychological wellness than midlife women with young adult children. Women with both parents dead at young adult ages reported significantly poorer overall health than women reporting both parents dead at midlife ages.

In sum, we believe there is sufficient evidence here to recommend that future research on family roles and well-being continue to investigate diverse dimensions of well-being to better gauge the costs and benefits of family roles. We also believe it is important to continue to consider both gender and age moderation of effects.

However, we also acknowledge the many limitations of this broad-brush study. Although we have made efforts to take a more differentiated approach to examining family roles and well-being, we have still not taken into full account additional important axes of variance. For example, we have not fully addressed the considerable differences in prevalence of family-role categories by race/ethnicity and socioeconomic status (Marks 1996c), and the potential these differences might have on moderating family-role effects on well-being. For parsimony's sake, we have also ignored here important differences in role quality and role history (Wheaton 1990) that we expect would also have a significant impact on how differences in family-role incumbency influence multiple dimensions of well-being. We have not carefully examined different combinations of roles and evaluated how this might influence the impact of role experience. We used cross-sectional data here, so our inferences of causality occurring from family roles to well-being are not definitive. Nor can we necessarily infer that differences across the range of our different birth cohorts are telling us a story of developmental change. We are certain that important period and cohort effects are embedded in this analysis, given the considerable family and social changes we outlined at the outset; therefore we urge reader caution in making developmental inferences.

Future research is needed to address these many limitations and to keep apace of tracking the continuing evolution in family-role variance in the years to come. Nonetheless, we believe the results of our work here confirm the continued significance of family roles, responsibilities, opportunities, and constraints for the ongoing development and well-being of adults across the middle life course at the beginning of the twenty-first century. We see no evidence to suggest that the family is an obsolete institution that will not remain a significant context and constituting factor for adult well-being in the century ahead.

APPENDIX

Descriptive Statistics for Analysis Variables

	Total Sample Mean (SD) (<i>n</i> = 3032)	Women Mean (SD) (<i>n</i> = 1714)	Men Mean (SD) (<i>n</i> = 1318)
Outcome variables			
Dysphoria	9.50 (3.89)	9.88 (4.14)	9.01 (3.49)
Psychological wellness (Ryff)	63.26 (10.89)	62.67 (10.99)	64.02 (10.71)
Self-assessed global health	3.41 (1.00)	3.37 (1.02)	3.46 (.97)
Generativity	16.94 (3.74)	17.02 (3.77)	16.83 (3.71)
Demographic characteristics			
Female	.57		
Age	45.30 (13.78)	45.49 (13.69)	45.05 (13.20)
Age1 (25–39 yrs)	.41	.41	.40
Age2 (40–59 yrs)	.40	.39	.42
Age3 (60–74 yrs)	.19	.20	.18
Marital status			
First marriage	.52	.49	.56
Remarried	.16	.15	.18
Cohabiting	.06	.06	.06
Formerly married	.17	.22	.11
Never married	.09	.08	.09
Parental status			
Age of youngest child: <5 yrs	.17	.17	.17
Age of youngest child: 6 to 18 yrs	.30	.29	.31
Age of youngest child: 19 or older	.36	.39	.31
No child	.17	.14	.21
Adult child status			
Both alive, both healthy	.19	.18	.20
Both alive, 1 or both unhealthy	.22	.23	.21
Only mom alive, healthy	.13	.13	.14
Only mom alive, unhealthy	.11	.12	.09
Only dad alive, healthy	.04	.03	.04
Only dad alive, unhealthy	.02	.02	.02
Both parents died	.29	.29	.29
Black	.11	.13	.10
Employed	.73	.66	.81
Level of education ^a	2.58 (.98)	2.52 (.96)	2.67 (1.01)
Household income (in thousands)	50.75 (43.88)	45.47 (39.71)	57.61 (47.93)

Source: MIDUS.

Note: Descriptive statistics were calculated using weighted data. Dichotomous variable means are proportions.

^aRange for level of education: 1, less than high school graduation; 2, high school graduation; 3, some college; 4, college graduation or more.

NOTES

1. Because this is a cross-sectional profile, remarried widows are included in the remarried category.
2. Only about 3.3 percent of parents, so defined, were exclusively stepparents; in total, only 3.5 percent of parents, so defined, were exclusively nonbiological parents.

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