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Different Types of Childhood Experience With Mothers and Caregiving Outcomes in Adulthood

Objective and Background: The current study examines the types of childhood experiences with mothers (i.e., maternal abuse, affection, discipline) among caregivers of aging mothers and investigates whether membership in specific latent classes, particularly maternal maltreatment, is associated with psychological functioning among caregivers.

Method: Using data from the Midlife in the United States (MIDUS), we used the Bolck, Croon, and Hageaars approach of latent class analysis to predict distal outcomes.

Results: We identified four latent classes (prevalence rate noted): “Affectionate and authoritative” (65%), “affectionate and permissive” (11%), “emotionally abusive and neglectful” (8%), and “emotionally/physically abusive and authoritative” (16%). Caregivers in the “emotionally/physically abusive and authoritative” class endorsed high probabilities of both maternal affection and abuse and were most negatively affected across the three psychological functioning outcomes (i.e., self-rated mental health, psychological distress, and psychological well-being).

Conclusion: In support of the life course perspective, our findings emphasized the importance of examining adult children caregivers’ early life experiences with aging mothers and how those experiences can impact the psychological effects of caregiving.

Implications: This study suggests specific practice implications; for example, assessment tools for evaluating caregiver burden should consider life course factors, such as caregivers’ childhood experiences with aging parents.

According to a recent survey report, an estimated 34 million Americans provide care to an older adult, commonly an aging parent (National Alliance for Caregiving & AARP Public Policy Institute, 2015). With an increase in life expectancy and the aging of the population globally, the need for family caregiving is likely to increase substantially (National Academies of Sciences, Engineering, & Medicine, 2016). Family caregivers are critical national health care resources; however, caregiving can be a chronic stressor that results in detrimental psychological health effects (Schulz & Sherwood, 2008). A well-established research literature has identified several risk factors associated with undermining caregivers’ health and well-being, including role conflicts (Gordon et al., 2012), current relationship quality with a care recipient (Merz, Schuengel, &

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Key Words: caregiving, latent class analysis, maternal abuse, maternal warmth, psychological health.

Schulze, 2009), and the health conditions of both caregiver and care recipient (Lin et al., 2012).

Despite the prevalence and toll of caregiving for an aging parent, the life course perspective, which considers the historical context of family relationships, has rarely been used as a theoretical lens to understand the experiences and outcomes of family caregiving. The life course perspective suggests that caregivers of aging parents bring their histories of relationships with aging parents, such as childhood maltreatment, to the care environment. These histories would then impact the dynamics and consequences of caregiving (Kong, 2018a; Kong & Moorman, 2015). Prior studies have examined the impact of childhood maltreatment on qualities of relationships with offspring (e.g., mother–infant interaction quality among mothers with a history of childhood abuse; Riva Crugnola et al., 2017). However, there is a lack of research on the impact of parent–child interactions on adult relationships with aging parents, particularly in the context of caregiving.

Recognizing this gap in the literature, we used data from national samples of midlife adults who were caregivers to aging mothers and examined respondents' retrospective reports of childhood experiences with their mothers. The primary aims of this study were (a) to identify multidimensional patterns in the aspects of childhood experiences with mothers among this sample of caregivers by employing latent class analysis (LCA) and (b) to examine associations between latent class membership and caregivers' psychological functioning. We focused on caregivers of mothers based on existing knowledge that relationship quality with mothers outweighs the relationship quality with fathers in terms of having an impact on optimal child development and well-being across the life course (Fingerman, 2001).

Theoretical Framework: Life Course Perspective in Caregiving for Aging Parents

The life course perspective posits that individuals' early life experiences and events cumulatively and interactively influence long-term outcomes and relationships, including choices, behaviors, relationships, health, and well-being (Elder, 1994; Elder et al., 2003). This perspective attempts to account for the historical context of individuals' life trajectories or pathways to better understand their current life

circumstances (Elder et al., 2014). To better understand individuals' adult relationships and health outcomes, it is critical to examine risk factors that are not limited to the present but instead are "more distally located in the life course" (Pearlin, 2010, p. 213).

In the context of caregiving for aging parents, the life course perspective underscores the potential impact that an adult's childhood relationships with parents can have on psychological functioning outcomes. Notably, the *linked lives* principle, one of the core themes of the life course perspective, suggests that the lives of individuals are typically embedded in social relationships with kin members, such as parents, across the life course (Settersten, 2015). As Fingerman and Bermann (2000) reported, intergenerational caregiving can be a situation in which adult children "reunite with their families of origin" (p. 8), and thus a *lengthy family history* or even *unfinished business or tensions* may make the caregiving experience more challenging and can have a significant impact on the health and well-being of adult children caregivers (Brubaker, 1990).

Prior Studies on Childhood Experiences With Parents and Caregiver Outcomes

A small amount of literature has empirically tested the impact of childhood relationships with parents on the psychological health outcomes among caregivers of aging parents. For example, Kong and colleagues (Kong, 2018b; Kong & Moorman, 2015) investigated the associations between a history of child maltreatment and mental health outcomes among caregivers of a previously abusive parent. Using large-scale national surveys, these studies found that between 10% and 25% of caregivers reported a history of verbal or physical abuse (or both) and provided care to their abusive parents. Compared with their nonabused counterparts, these caregivers showed poorer psychological functioning outcomes.

However, childhood abuse experiences may not sufficiently explain the long-term harmful effects associated with caregiving for an abusive parent. Existing literature suggests that the scope of parent–child relationships includes multiple dimensions, such as conflict, discipline or control, and parental support/care or closeness (Stafford et al., 2016; Steinberg, 2001), resulting in different typologies of parenting styles, such

as authoritative (i.e., firm discipline) and permissive (i.e., lax discipline; Baumrind, 1991). Interestingly, several studies have identified a group of parent–child dyads who showed or reported high levels of seemingly contradictory dimensions, such as conflict and closeness (Fingerman et al., 2008; Niu et al., 2018; Schafer et al., 2014). Furthermore, Schafer and colleagues (2014) analyzed retrospective self-reports of childhood experiences with parents and identified a group of respondents who experienced parental abusive behaviors and simultaneously recalled a positive relationship with the perpetrating parent. The authors also noted that incongruity of reporting experiences of abuse and affection is “a phenomenological reality, a universal human experience” (Bengtson et al., 2002, p. 568; Schafer et al., 2014).

Findings from previous studies suggest the differential influences that childhood experiences with parents can have on caregivers’ well-being. First, a positive recollection of childhood experiences with parents appears to reduce the harmful effects of childhood maltreatment on physical health in adulthood (Schafer et al., 2014). Therefore, it may be possible that these effects translate to better psychological health for caregivers of abusive mothers. Furthermore, the mix of positive and negative recollections of childhood experiences with parents may reflect adult caregivers’ feelings of ambivalence, mixed or contradictory cognitions, emotions, and motivations, toward their parents (Connidis & McMullin, 2002; Fingerman et al., 2008; Lendon et al., 2014). The existing empirical evidence indicates that the simultaneous experience of positive and negative sentiments compromise individuals’ psychological health and well-being (Fingerman et al., 2008; Tighe et al., 2016).

Focus of the Current Study

This review of the literature highlights the importance of taking into account the full scope of parent–child relationships when examining the psychological functioning of caregiving for aging parents. As noted earlier, we decided to focus on caregivers of mothers in consideration of existing knowledge that emphasizes the impact that quality relationships with mothers have on the psychological well-being of their children across the life course (Fingerman, 2001). We aimed to close

gaps in the research literature in two important ways. First, we sought to classify caregivers of aging mothers based on their childhood experiences with the mothers using the LCA approach. Second, we examined whether latent class membership would predict psychological functioning among caregivers. Our specific research questions are the following: .

1. What are the multidimensional patterns of childhood experiences with mothers among caregivers of aging mothers?
2. Does latent class membership of childhood experiences with mothers predict psychological functioning outcomes among caregivers?

METHODS

Data source

The data used in this project were taken from the Midlife in the United States (MIDUS) study (<http://midus.wisc.edu/>). MIDUS is a large-scale, interdisciplinary, national study with multiple waves of data collection. MIDUS I was conducted in 1995–1996 and investigated the family relationships, health status, lifestyles, work attitudes, and well-being of 7,108 adults aged 25 to 74 years. Follow-up surveys were conducted in 2004–2006 (MIDUS II) and 2013–2014 (MIDUS III) and showed high retention rates (e.g., 77% of living participants responded to the MIDUS III telephone survey). In addition to the longitudinal data collection, MIDUS has continued to add new study samples. The Milwaukee MIDUS project was conducted in 2005–2006 by surveying 592 African Americans in the Milwaukee metropolitan area to increase the sample of African Americans who were underrepresented in the longitudinal MIDUS sample. In 2011–2014, the MIDUS Refresher study was conducted to replenish the original MIDUS participants and added data from a national probability sample of 3,577 adults.

The sample analyzed in the current study included 371 MIDUS participants who had given personal care to their mothers due to her physical or mental illness or disability for 1 month or more during the past 12 months. We selected the study sample from the combined MIDUS datasets, including MIDUS II ($n = 151$), MIDUS III ($n = 93$), MIDUS Milwaukee ($n = 24$), and MIDUS Refresher ($n = 103$). When respondents provided care to

aging mothers both at MIDUS II and MIDUS III ($n = 12$), we used their data from MIDUS III only to examine their recent caregiving experience. MIDUS is a publicly available data set, and this study was deemed exempt from institutional review.

Measures

Latent class indicators: childhood experiences with mother. Fourteen self-reported items were used to identify the latent classes of childhood experiences with mothers (see Table 3 for the complete list; Cronbach's $\alpha = 0.82$). Three items assessing histories of maternal childhood abuse were drawn from the Conflict Tactics Scale (Straus et al., 1980). Sample items included "During your childhood, how often did your mother or the woman who raised you push, grab, or shove you, slap you, throw something at you?". Seven items assessing maternal affection during childhood were drawn from the work of Rossi (2001). Sample items included "How much love and affection did she give you?" Lastly, there were four items assessing maternal discipline during childhood (Rossi, 2001). Sample items included "How harsh was she when she punished you?". Respondents rated the items on a Likert scale (e.g., 1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*); for the LCA analysis, the items were dichotomized (e.g., 0 = *never/rarely* and 1 = *sometimes/often*).

Outcome variables. We assessed respondents' psychological functioning by their reports of self-rated mental health, psychological distress, and psychological well-being. These measures have been shown to be associated with childhood adversity and have excellent psychometric properties (i.e., high reliability; Kong et al., 2019; Kuire, 2019; Springer et al., 2007). The outcome measures were moderately correlated with each other ($r_s = 0.41$ – 0.49).

Self-rated mental health. Respondents were asked to assess their overall mental or emotional health. Respondents rated the item on a 5-point scale (1 = *poor*, 2 = *fair*, 3 = *good*, 4 = *very good*, 5 = *excellent*).

Psychological distress. Negative affect was measured by the K6 scale (Kessler et al., 2003). The six items include "During the past 30 days,

how much of the time did you feel (a) so sad nothing could cheer you up, (b) nervous, (c) restless or fidgety, (d) hopeless, (e) that everything was an effort, and (f) worthless?" Respondents rated the items on a 5-point scale (1 = *none of the time*, 2 = *a little of the time*, 3 = *some of the time*, 4 = *most of the time*, 5 = *all of the time*). A scaled score was calculated by averaging the six items (Cronbach's α : 0.85).

Psychological well-being. Psychological well-being was measured by the Ryff Scale of Psychological Well-Being (Ryff & Keyes, 1995). We used a total of 18 items (e.g., "I have confidence in my opinions even if they are contrary to the general consensus," "In general, I feel I am in charge of the situation in which I live"). Respondents rated the items on a 7-point scale (1 = *strongly disagree* to 7 = *strongly agree*). A scaled score was calculated by averaging the 18 items (Cronbach's α : 0.83).

Covariates. In the models predicting psychological functioning outcomes, we controlled for respondents' age, gender, race (*White, others*), marital status (*married, nonmarried*), and education (1 = *no school/some grade school* to 12 = *PhD-level degree*). Characteristics of the caregiving context also were included as covariates: coresidence with the care recipient during the period of providing care (1 = *yes*, 0 = *no*), years of caregiving (1 = *less than a year*, 2 = *1 year to less than 3 years*, 3 = *3 years to less than 5 years*, 4 = *5 years or more*), and weekly hours of caregiving (1 = *less than 7 hours*, 2 = *7 to less than 14 hours*, 3 = *14 to less than 28 hours*, 4 = *28 to less than 42 hours*, 5 = *42 hours or more*).

Analytic Strategy

Data analysis was conducted in two phases. The goal of the first phase was to understand the latent subtypes of childhood experiences with mothers among caregivers and identify the optimal number of latent classes. For this, we compared LCA models with one to six latent classes. These models were evaluated using model fit information and criteria, including the Akaike information criterion (AIC), Bayesian information criterion (BIC), sample-size adjusted BIC (a-BIC), entropy, and a bootstrapped likelihood ratio test (BLRT).

Lower values for the AIC, BIC, and a-BIC indicated optimal model fit; entropy values close to one indicated clear classifications and greater precision (Carragher & McWilliams, 2011), and significant BLRT p values indicated significantly better model fit compared with a model with one fewer class. In addition to these fit indices, final model selection considered model interpretability and parsimony and latent class prevalence (Collins & Lanza, 2010).

The second phase examined whether latent class membership was associated with the psychological functioning of caregivers, controlling for sociodemographic and caregiving context variables. Separate analyses were conducted for each outcome variable. We used the Bolck, Croon, and Hagnaars (BCH) approach for LCA with outcomes, which is currently recommended as optimal for predicting continuous outcomes from latent class membership (Asparouhov & Muthén, 2015; Bakk & Vermunt, 2016; Dziak et al., 2016). In this approach, modal posterior probability assignment is used to classify respondents to their most likely latent class. These assignments are then treated as known in the subsequent outcome analysis (e.g., multiple linear regression model), and this analysis is weighted by the classification error of the assignments. An overall significance test of the association between latent class membership and outcome is provided, as well as pairwise difference tests between classes in the means of the continuous outcome (Asparouhov & Muthén, 2015). This approach also allows the inclusion of covariates so that the effects of latent class membership are controlled by those covariates. All models were estimated using Mplus version 7.4.

RESULTS

Table 1 presents the descriptive characteristics of key variables. More than two thirds of respondents were female ($n = 268$) or White ($n = 285$). Half of the respondents were married or had a partner ($n = 199$) and reported good, very good, or excellent health status ($n = 189$). The average age of respondents was 54 years old. Approximately 70% of caregivers provided care for more than 14 hours a week over more than 1 year. Approximately 25% of respondents reported having been verbally abused by mothers ($n = 86$), and 10% reported having experienced severe physical abuse by mothers ($n = 30$).

Table 2 summarizes the model fit information for LCA models with one to six classes. The AIC and a-BIC always decreased as the number of classes increased, but the BIC was minimized for the four- and five-class models. The five-class model had the highest entropy value (0.95). The six-class model included one class with a low prevalence (0.04). The four-class model was selected as optimal over the five-class model because in the five-class model, there was one redundant class that did not have a unique theoretical interpretation.

Table 3 presents latent class prevalence and item-response probabilities of childhood experiences with mother for the four-class model. The classes were labeled “Affectionate and authoritative” (corresponding to 65% of the caregivers), “Affectionate and permissive” (11%), “Emotionally abusive and neglectful” (8%), and “Emotionally/physically abusive and authoritative” (16%). Caregivers in the “affectionate and authoritative” class had low probabilities of maternal abuse, high probabilities of maternal affection, and moderate/high probabilities of maternal discipline. Caregivers in the “affectionate and permissive” class showed similar characteristics to the “affectionate and authoritative” class except that they had low probabilities of maternal discipline. Consistent with the conceptualization of Baumrind (1991), we do not consider permissive parenting as involving strict or severe discipline. Caregivers in the “emotionally abusive and neglectful” class had a high probability of reporting maternal verbal abuse and moderate probabilities of physical abuse; they also had low probabilities of maternal affection and discipline. Lastly, caregivers in the “emotionally/physically abusive and authoritative” class reported high probabilities of emotional and physical abuse but also some affection items (e.g., effort to put into watching over you and making sure you had a good upbringing). They also reported high probabilities of the mother’s disciplinary behaviors.

Table 4 displays the results of the BCH analyses to examine the associations between latent class membership and psychological functioning. After controlling for the aforementioned covariates, childhood experiences with mothers significantly predicted self-rated mental health status and psychological distress. Specifically, the “affectionate and authoritative” class had more positive self-reports of mental/emotional health compared to the “emotionally abusive

Table 1. Descriptive Characteristics of Caregivers (N = 371)

Variables	N or M (SD)	% or Min/Max
Latent class indicators		
1. Insult you or swear at you ... threaten to hit you, smash or kick something in anger?	86	23.18
2. Push, grab, or shove you, slap you, throw something at you?	63	16.98
3. Kick, bite, or hit you with a fist ... choke you, burn or scald you?	30	8.09
4. Quality of relationship with your mother?	284	76.55
5. Understand your problems and worries?	234	63.07
6. Could you confide in her about things that were bothering you?	187	50.40
7. Give you love and affection?	281	75.74
8. Give you time and attention when you needed it?	265	71.43
9. Effort put into watching over you and making sure you had a good upbringing?	294	79.25
10. Teach you about life?	228	61.46
11. Strict with her rules for you?	261	70.35
12. Consistent about the rules?	258	69.54
13. Harsh when she punished you?	167	45.01
14. Stop you from doing things that other kids your age were allowed to do?	196	52.83
Psychological functioning outcomes		
Self-rated mental health	3.57 (1.00)	1/5
Psychological distress	1.64 (0.70)	1/5
Psychological well-being	5.49 (0.66)	1/7
Gender		
Male	103	27.76
Female	268	72.24
Race		
White	285	76.82
Others	63	16.98
Marital status		
Married	199	53.64
Nonmarried	172	46.46
Self-reported health		
Excellent/very good/good	189	50.94
Fair/poor	182	49.06
Age	53.94 (10.20)	25/84
Education (years)	7.36 (2.39)	1/12
Coresidence with care recipient		
Yes	142	38.27
No	229	61.73
Duration of caregiving		
Less than 1 year	105	28.30
1 year–less than 3 years	112	30.19
3 years–less than 5 years	53	14.29
5 years or more	95	25.61
Weekly hours of caregiving		
Less than 7 hours	18	4.85
7–less than 14 hours	61	16.44
14–less than 28 hours	103	27.76
28–less than 42 hours	80	21.56
42 hours or more	89	23.99
MIDUS data sets		
MIDUS II	151	40.7
MIDUS III	93	25.07
MIDUS Milwaukee	24	6.47
MIDUS Refresher	103	27.76

Note. Self-rated mental health and psychological well-being were coded as higher values reflecting more positive psychological functioning. Psychological distress was coded as higher values reflecting greater distress.

Table 2. Model Fit Indices for Latent Class Analyses of Childhood Experiences With Mother

	1	2	3	4	5	6
LL	-2224.32	-1851.80	-1754.45	-1687.56	-1643.43	-1605.74
AIC	4476.63	3761.60	3596.91	3493.12	3434.85	3389.49
BIC	4529.52	3871.15	3763.12	3716.00	3714.40	3725.70
a-BIC	4485.12	3779.17	3623.56	3528.86	3479.68	3443.40
Entropy	NA	0.91	0.93	0.93	0.95	0.87
BLRT	NA	0.00	0.00	0.00	0.00	0.00

Note. The four-class model was selected as optimal. a-BIC = sample size-adjusted Bayesian information criterion; AIC = Akaike information criterion; BIC = Bayesian information criterion; BLRT = bootstrapped likelihood ratio test; LL = log likelihood; NA = not applicable.

Table 3. Latent Class Prevalence and Item-Response Probabilities for the Selected Four-Class Model of Childhood Experiences with Mother

	Affectionate and authoritative	Affectionate and permissive	Emotionally abusive and neglectful	Emotionally/ physically abusive and authoritative
Latent class prevalence	65%	11%	8%	16%
Item-response probabilities				
Insult you or swear at you ... threaten to hit you, smash or kick something in anger?	.11	.25	.72	.82
Push, grab, or shove you, slap you, throw something at you?	.04	.17	.55	.73
Kick, bite, or hit you with a fist ... choke you, burn or scald you?	.02	.00	.35	.38
Rate your relationship with your mother?	1.00	.94	.26	.72
Understand your problems and worries?	.91	.69	.12	.33
Could you confide in her about things that were bothering you?	.78	.54	.04	.10
Give you love and affection?	.99	.97	.22	.70
Give you time and attention when you needed it?	.97	.84	.04	.65
Effort to put into watching over you and making sure you had a good upbringing?	1.00	1.00	.08	.96
Teach you about life?	.86	.51	.12	.57
Strict with her rules for you?	.97	.10	.21	1.00
Consistent about the rules?	.99	.16	.04	.92
Harsh when she punished you?	.49	.12	.42	1.00
Stop you from doing things that other kids your age were allowed to do?	.65	.19	.34	.88

Note. Item-response probabilities >0.70 are bolded. All latent class indicators were dichotomized.

and neglectful" class ($p < .01$) and the "emotionally/physically abusive and authoritative" class ($p < .05$). Also, the "affectionate and authoritative" class showed reduced psychological distress compared to the "emotionally/physically abusive and authoritative" class ($p < .05$). Caregivers in the "affectionate and authoritative" class showed greater psychological well-being compared with the "emotionally/physically abusive and authoritative" class; however, this

association was only marginally statistically significant ($p = .06$).

DISCUSSION

This study used data from the national surveys on midlife adults (MIDUS) and analyzed the reports of 371 caregivers of mothers. More than 70% of these caregivers were women, and the average age was 54 years. The median

Table 4. *Effects of Childhood Experiences With Mothers on Psychological Functioning Among Caregivers of Mothers*

	Self-rated mental health	Psychological distress	Psychological well-being
Intercept	3.64***	2.07***	5.02***
Affectionate and authoritative	—	—	—
Affectionate and permissive	−0.14	0.28	−0.31*
Emotionally abusive and neglectful	−0.55**	−0.01	−0.17
Emotionally/physically abusive and authoritative	−0.38*	0.37*	−0.33

Note. Adjusted models included the covariates of sociodemographic and caregiving characteristics. Self-rated mental health and psychological well-being were coded as higher values reflecting better psychological outcomes. Psychological distress was coded as higher values reflecting greater distress. Dashes indicate the reference category.

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

weekly hours of caregiving was 14 to less than 28 hours and that of caregiving duration was 1 year to less than 3 years. These characteristics showed similarities with those of the typical caregivers of aging parents in the United States (National Alliance for Caregiving & the AARP Public Policy Institute, 2015). Guided by a life course perspective, the current study aimed to identify the latent classes of childhood experiences with mothers among a sample of caregivers of mothers and examined whether the latent class memberships would predict the psychological functioning of these caregivers. Overall, our findings support the importance of examining adult children caregivers' early life experience and relationship with aging mothers when attempting to understand and evaluate the psychological health of caregivers.

First, the LCA identified four latent classes that were distinguished by maternal abuse, affection, and discipline. The majority of the caregivers (65%) were classified into a class of "affectionate and authoritative" who endorsed high probabilities of maternal warmth and some discipline items but no history of parental abuse. The latent class of "affectionate and permissive" consisted of 11% of caregivers who were characterized by high maternal affection and low endorsement of maternal discipline and abuse. The remaining two classes included those victimized during childhood with a moderate or high endorsement of maternal verbal and physical abuse. The distinct difference between the two classes was that the "emotionally/physically abusive and authoritative" class (16%) endorsed high probabilities of some maternal warmth items (e.g., mother gave love and affection) and all discipline items, whereas the "emotionally abusive and neglectful" class (8%) endorsed low

probabilities of maternal warmth and discipline items. Consistent with the work of Kong and colleagues who first investigated the prevalence of parental caregivers with a history of childhood maltreatment (Kong, 2018b; Kong & Moorman, 2015), we found two latent classes (i.e., "emotionally/physically abusive and authoritative" and "emotionally abusive and neglectful" classes) that reported a history of childhood maltreatment by their mothers. The high prevalence of these groups of caregivers underscores the value of employing the life course perspective in the context of caregiving and the need to evaluate how relationship histories can affect the caregiving experience as well as the well-being of family caregivers. Our results also support the findings of Schafer et al. (2014) by identifying a subtype of caregivers who reported their mother's abusive behaviors during childhood and a positive relationship with the mother (i.e., the "emotionally/physically abusive and authoritative" class). The existence of this latent class may reflect complicated relational dynamics and emotional qualities in parent-child interactions. In addition, this sense of ambivalence may be an intrinsic aspect of the relationship as prior studies have pointed out (Fingerman et al., 2008; Lendon et al., 2014).

In relation to our second research question, we found that childhood experiences with mothers predicted psychological functioning after controlling for sociodemographic and caregiving characteristics. Consistent with prior research (Steinberg, 2001), caregivers who recalled high maternal warmth and discipline appeared to be better off in terms of psychological functioning outcomes. On the other hand, caregivers in the two victimized classes showed poorer ratings of current mental health

or greater psychological distress compared with caregivers in the class of “affectionate and authoritative.” Mainly, caregivers who endorsed high probabilities of both maternal affection and abuse were most negatively affected across the three psychological functioning outcomes. This result is somewhat inconsistent with the findings of Schafer and colleagues (2014), which showed the protective role of parental affection that mitigated the harmful effects of parental childhood abuse on adult health outcomes. As we speculated, caregivers who reported mixed perceptions about childhood experiences with their mother may experience ambivalence (i.e., the simultaneous experience of positive and negative emotions) toward the mother or their role in the relationship (Connidis & McMullin, 2002). The psychological effect of ambivalence in general intergenerational relationships (Fingerman et al., 2008; Tighe et al., 2016); likewise, previous studies indicate the psychological toll that ambivalence in relationships has on caregivers. For example, Losada and colleagues (2017) found that the presence of ambivalent feelings toward the care recipient was associated with depressive and anxiety symptoms in caregivers. Future research should explore how parental childhood maltreatment may influence relationship quality with parents later in life through increased levels of ambivalence and their health effects on parental caregivers.

Our findings are relevant also to the prior caregiving literature that has shown that the current quality of intergenerational relationships is a significant predictor of the well-being outcomes among adult children caregivers (Bastawrous et al., 2014; Merz, Schuengel, & Schulze, 2009; Merz, Consedine, et al., 2009). Informed by the life course perspective, our work extends this knowledge by suggesting that the current relationship quality with an aging parent may have been affected by the relationship history (e.g., maltreatment). Therefore, the fundamental experiences and memories of these negative interactions with the parent likely have persisted through the life course and are influencing health and well-being of adult children caregivers. Specifically, Kong and colleagues (Kong, 2018a; Kong & Martire, 2019) have found that a history of maternal childhood abuse was associated with reduced emotional closeness with aging mothers, which was in turn negatively associated with adult children’s psychological well-being. For

caregivers with a history of maternal childhood abuse, a lower level of emotional closeness with aging mothers, which may be a proxy measure of poor intergenerational relationship quality (Bengtson, 2001), may affect psychological functioning. Future research is warranted to explore how both the past and current relationship quality and dynamics with aging parents influence the health and well-being of caregivers.

LIMITATIONS AND IMPLICATIONS

We acknowledge that our study has limitations. First, the measures used to capture childhood experiences with mothers were based on retrospective reports that could involve recall bias (Macmillan, 2009). These self-reports may reflect respondents’ current relationship quality with their parents. Additionally, childhood abuse measures lacked certain specific details, such as the timing and duration of abuse. We did not incorporate measures of current relationships with parents because these measures are not available in the MIDUS datasets. We also cannot rule out the possibility that parental caregivers may not have participated in the MIDUS study due to the time intensiveness of the survey. Therefore, the current study sample may not fully represent caregivers who provide care to their parents. Lastly, due to data availability constraints, we did not examine caregivers of fathers or their childhood experiences with the father. Interesting future directions may include investigating how the gender of a parent and an adult child play a role in the experience and outcomes of caregiving for a previously abusive parent.

We believe that the contributions of the present study outweigh the aforementioned limitations. First, consideration of the historical context of parent–child relationships is becoming more relevant as we face increased demands for family caregivers to support older adults and limited public support for long-term care assistance. The historical approach should lead researchers and practitioners to examine proximal and distal risk factors as they strategize optimal ways to support adult children’s caregiving behaviors and health effects. Second, the current study contributes to raising awareness about the prevalence and psychological toll of caregivers who used to have, or continue to have, challenging relationships with their

parents. With the current limited attention on the issue both theoretically and clinically, this group will undoubtedly struggle with adverse psychological effects from caregiving without a support network or system that can address their particular concerns (McCarthy & Taylor, 1999). Lastly, the current study provides insight into the development of effective interventions and strategies aimed at improving the psychological health and well-being of family caregivers. For example, measurement tools evaluating caregiver difficulties should incorporate the assessment of life course factors, such as caregivers' childhood experiences with aging parents. Caregiver training programs also are encouraged to include a section that allows caregivers to reflect on their relationship history with aging parents to understand how the past can influence their fulfillment of the caregiving role. A multidimensional approach may also benefit them; this could include individual counseling services, peer support programs, interventions based on a family systems approach to strengthening overall family dynamics, or alternative long-term care arrangements such as respite care.

AUTHOR NOTE

This study was supported by National Institute on Aging (grant T32 AG049676, D. Almeida) to The Pennsylvania State University. Since 1995, the MIDUS study has been funded by the John D. and Catherine T. MacArthur Foundation Research Network and the National Institute on Aging (P01-AG020166 and U19-AG051426).

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