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EIGHT

The Impact of Family Problems on Social Responsibility

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Introduction

The underlying assumption of the analysis reported in this chapter is that adults do not move through life as either solitary individuals or members of small isolated nuclear families, but are instead embedded in the larger social context of extended families. A three-generation lineage is the typical generational depth at all stages of the life course. A further assumption is that individuals are affected not merely by events that touch on their own health and well-being, but also by what happens in the lives of their significant others. In specific terms, we first explore the prevalence of problems in the lives of parents, children, and spouses of MIDUS respondents and how the multiple problems of such family members affect the help and support respondents give to them. Second, we investigate whether providing such support and help to kin precludes or stimulates participation in volunteer work in the larger community. A third purpose links this chapter to the preceding one on the developmental trajectory from early family life that best predicts adult social responsibility to family and community: a test of whether the quality of the relationship with parents in early life has an impact on the extent to which adults rise to the needs of their parents many years later.

But first we address the changing composition of the larger kin network across the life course, with special attention to the changes occurring during the middle years as a consequence of the unfolding dynamics of generational succession.

The Dynamics of Generational Succession

A widely held image of midlife is that of a "sandwich generation" (Bureau of the Census 1996) composed of adults caught between increasingly fragile elderly parents on the one hand and ongoing responsibilities toward their children on the other (e.g., Briar and Kaplan 1990; Brody 1990; Uhlenberg 1993). The implication of such a view is that middle-aged adults today carry a much heavier set of burdens than

previous generations of middle-aged adults did. One can readily visualize a midlife scenario of role conflict for a middle-aged woman who works full-time to support her children's education, while at the same time her mother is in need of significant caregiving due to declining health. To meet her mother's need she considers withdrawing from the workforce or reducing the hours she works, but to do so would restrict her ability to support her children through the prolonged schooling they require. Guilty feelings attend either choice.

But how prevalent is such a burdened middle generation? Some demographic realism seems in order (Soldo 1996). Parental mortality is a very infrequent event for adults under forty years of age: in the MIDUS survey, 92% of adults in their thirties report that one or both of their parents are still alive, as are 81% of the parents of adults in their forties. One asks such adults "How are your parents?" Of the adults in their fifties, the proportion with at least one living parent has dropped to 55%; hence it becomes more appropriate to ask "Are your parents still alive?" (Hagestad 1996, 215). Generational succession is a relentless process and by the latter half of midlife, it is more realistic to assume that the older generation has been lost (one's parents) and a new generation added (one's grandchildren).

Nor is it demographically realistic to assume that adults in their fifties are typically coping with both very elderly parents and young children. The average age of the youngest child of adults in their forties is fifteen years, but for those in their fifties it is twenty-five. Putting together the trend in parental mortality with the ages of the children of adults in midlife underlines the relatively low prevalence of even a *potentially* burdened middle generation. If we restrict attention to the presence of at least one child under thirteen years of age to capture the years of most intense childrearing, the proportion of midlife respondents who also have *at least one living parent* undergoes a dramatic reduction: a *third* of adults in their forties but only 7% of adults in their fifties have both one living parent and one child under thirteen. Far from being an added burden of responsibility, young adult children may actually be of help to adults in their fifties who are caring for an elderly parent (Hagestad 1986).[1]

Because men on average marry later than women do and have wives younger than themselves, there is a significant difference in midlife between men and women who still have young children: among our respondents in their forties, for example, 40% of the men but only 20% of the women have a child under twelve years of age. Since women are

far more likely to be the kinkeepers and caregivers than men are, even men in their forties with young children and parents in need of assistance are less likely than their sisters to extend help to the older generation (Finch and Groves 1982; Lewis and Meredith 1988; Rosenthal 1985; Soldo 1996).

But thus far we have only defined the outer demographic limits. Not all parents in old age are ill or require hands-on care. The elderly in the United States today are in a better position financially and have greater access to state-funded medical care, private health insurance, or both than any previous cohort of elderly in human history. Even confining attention to MIDUS respondents who have a living parent and at least one preadolescent child, only seventy-three adults in their forties and twenty-one adults in their fifties report having a parent with a "chronic disease or disability." This represents only 10% of all respondents in their forties and a very small 3% of those in their fifties. Furthermore, having a chronic disease does not necessarily mean the elderly parent is in need of caregiving from adult children, only that there is a *potential* need for such caregiving. Note too that midlife adults today are the baby-boom cohort and have more siblings to share responsibility with than either their parents had (because the Depression restricted family size), or their children have (because baby-boomers have produced very small families).[2]

The fact that there is only a slim empirical base for supporting the image of a burdened middle generation does not mean there is no heartache attached to coping with parents' terminal illnesses and death, nor does it suggest that midlife adults are not coping with numerous problems in the lives of close relatives. The sharp drop from 55% of adults in their fifties who have at least one living parent to only 21% of adults in their sixties implies that significant numbers of adults experience a parent's death during their forties and early fifties. Clearly some of these midlifers will have been involved in hands-on caregiving, and almost all will have experienced grief in connection with the loss of a key person in their lives. No one ever becomes an "ex-child," just as no one is ever an "ex-parent." Even in the years beyond our parents' deaths, most of us carry an internalized image of our parents, and this image often provides a standard against which we judge ourselves favorably or unfavorably; and rightly or wrongly, as parents ourselves our psychological well-being is intricately related to how well or poorly our adult children are doing (Ryff and Seltzer 1996). While the children of most middle-aged adults are no longer primarily dependent on their

parents, their lives may well be "off track" due to unemployment or marital breakdown (Smith 1983). Job or marital failure often precipitates a return to the parental nest, which disrupts expectations concerning the timetable of life events in children's lives that can be a source of stress and worry to their middle-aged parents.

The dynamics of change in longevity in this century have also had an important psychological and social impact on the nature of the relationship between parents and children: parents and children now have from forty to sixty years of "shared lives" as co-adults (Hagestad 1996; Rossi and Rossi 1990). As the child's dependency on parents ebbs, the relationship shifts to one of greater equality, although many parents play a significant role as what David Gutmann calls "emeritus parents" for their fully mature adult children (Gutmann 1987), serving as a backup source of help when it is needed. Further along in the life course, middle-aged children begin to show "filial maturity," that is, a readiness to accept some dependence by their aging parents (Blenkner 1965).[3] This shift in the balance of dependency may be a particularly difficult one for Americans to make due to our cultural emphasis on autonomy, a difficulty facing not only the elderly but the middle-aged children as well. In a historical perspective, however, this transition to parental dependency may be far easier in our time due to the long intervening years as peer-like co-adults; no longer is there an abrupt transition as in the past when many young children were confronted by the sudden health crises and deaths of their middle-aged parents.

Adult children and their parents are in frequent contact and very much involved in many aspects of each other's lives. In the MIDUS sample, *two-thirds* report some kind of contact with one or more members of their families (parents, siblings, or children no longer living at home) at least *several times a week;* 15% report contact *several times a day;* a mere 7% report contact only *once a month or less.* Despite social and geographic mobility, American families are far from isolated nuclear units. A more apt characterization of contemporary families is as a "bundle of interwoven lives" (Hagestad 1996; Pruchno, Blow, and Smyder 1984).

A good index to the changed nature of the parent-child relationship as a result of the long years they spend as co-adults is the high degree to which the help exchanged between the generations is *reciprocal:* if you *give,* you also *get!* Sociological studies of reciprocity have a long history (e.g., Gouldner 1960), recently illustrated by the study of normative obligations to kin compared to that for friends and neighbors

(Rossi and Rossi 1990). The degree of relatedness in terms of shared genes provides the latent principle underlying the level of felt obligation between people: the highest level of obligation holds for parents and children, followed in descending order of obligation by grandparents, grandchildren, and siblings; aunts, uncles, nieces and nephews; first cousins; friends and neighbors. The least obligation of all is to ex-spouses, especially if the former spouse remarried. This same study also shows that actual behavior in terms of both social contact and helping patterns is consistent with this ordering of normative obligations by degree of biological relatedness.

The high degree of reciprocity that is a mark of close kin relationships is illustrated in table 8.1, which reports the correlation between the number of hours devoted to *giving* social-emotional support to close kin—spouses, parents, and children—and *getting* social-emotional support from the same significant others. Support is empirically defined as the hours per month respondents estimate they spend giving such informal support as "comforting, listening to problems, or giving advice." Note that this does not require face-to-face interaction. Telephone lines are abuzz with intimate conversations between family members across many miles as well as across town. The highest degree of reciprocity, as measured by the size of these correlation coefficients, is between husbands and wives, and this does not vary across the life course from young adulthood to old age. Such reciprocity is a significant characteristic of the parent-child relationship as well: a correlation of .73 in reciprocity between respondents and their parents, .57 between respondents and their children. The higher correlation for parents than for children reflects the fact that a large proportion of respondents' children are still very young (30% of their children are under

TABLE 8.1 Reciprocity of Caregiving between Family Members, Total and by Age of Respondent

		Age of Respondent		
	Total	25–39	40–59	60–74
A. Respondent and spouse/partner	.88	.89	.86	.88
B. Respondent and child(ren)	.57	.47	.66	.72
C. Respondent and parent(s)	.73	.71	.78	.54

Note: Pearson correlation coefficients between hours per month of social-emotional support given and received. Base *Ns* = respondents who (A) are married or cohabiting; (B) have at least one child; and (C) have at least one living parent.

twelve years of age); preschool- and school-age children are simply not yet able to reciprocate the social-emotional support they receive from their parents. This is reflected in the finding that the lowest degree of reciprocity between children and parents is among respondents in their late twenties and thirties $r = .47$), compared to the correlation for respondents in midlife $r = .66$), most of whose children range in age from adolescence to young adulthood. In parallel fashion, reciprocity between respondents and their parents is at a nadir among the oldest respondents: not only are there very few living parents of respondents who are over sixty years of age themselves, but the remaining old-old parents, well over eighty years of age, are not as capable of reciprocating the time and attention their children provide to them. At the extremes of old age, parents have undergone a critical transition from reciprocity to dependence, important in order to compensate for age-related losses and to free up psychological energy for use in other domains of life that permit reward and gratification (Baltes 1996). Hence, overall, reciprocity in time devoted to emotional support goes *up* with the age of children, *down* with the age of parents.[4]

High correlations in social support between the generations does not mean the same *degree* of support is received as is given. A high correlation can be found whether parents generally give *a great deal more time* or the *same amount of time* to counseling their children as children return to them. In point of fact, our MIDUS data shows that on average, parents give *twice* as much time to providing social support to their children as they receive from their children. This is partially a function of age: respondents under forty years of age, whose children are quite young, report almost twice as much time (forty hours per month) devoted to support of their children as middle-aged adults do (twenty-two hours per month).

The long stretch of years today's parents and children enjoy as co-adults may explain the reciprocal exchange in counseling and advising each other, but this does not extend to the exchange of money between the generations. Compared to the high correlations shown in table 8.1 on social support, the correlations between giving and receiving *financial assistance* hover around .05 in all age groups. The flow of money tends to be one-directional: for the most part, money flows from the old to the young, from parents to children and grandchildren.[5] MIDUS data are consistent with data from the Health and Retirement Study (Soldo and Hill 1995) and a national probability sample of Canadian

TABLE 8.2 Average Amount of Time and Money Given and Received per Month between Respondents and Their Children or Grandchildren

	Mean	SD	N^a
Hours of social-emotional support per month			
Respondent as donor	25	29	2,282
Respondent as recipient	13	21	1,660
Amount of financial assistance per month ($)			
Respondent as donor	165	236	1,020
Respondent as recipient	18	30	179

[a] N = respondents who have at least one child and who give or get *any* support or money.

adults (Rosenthal, Martin-Matthews, and Matthews 1996): both studies report a very low incidence of financial transfers to older parents. Table 8.2 shows the extent of this imbalance in dollar terms: as donors, respondents report giving an average of $165 a month to children or grandchildren, compared to the very small average of $18 they received from one or more of their descendants. These averages are restricted to those who give or receive *any* money; hence the base *N*s shown also reflect the general tendency for money to flow from older to younger kin, a ratio of almost six to one between serving as *donors* to children or grandchildren and being the *recipients* of financial aid. Financial help reaches a peak among middle-aged adults (a mean dollar contribution to children or grandchildren of $176); its nadir is money from children reported by elderly adults ($17). Note too the enormous extent of variation in both the time and money estimates reported by respondents, for example, a standard deviation of $236 in the case of money given to children or grandchildren, far in excess of the mean of $165. Time estimates show a similar though less extreme pattern of variation in the number of hours a month devoted to social support.

Though the concept of midlife family "burdens" is tempered by the findings reported above, it remains important and interesting to ask how extensive and of what kind are the problems being experienced by close family members. Physical health is not the only potential problem elderly parents may be experiencing; they may, for example, have ongoing personality problems, loneliness associated with widowhood, or financial or emotional stress associated with retirement. Children may be having difficulty getting or keeping a job or a relationship with a sig-

nificant other, carrying heavy debts, or coping with alcoholism or substance abuse. We turn now to the prevalence and types of problems in the lives of close family members.

The Prevalence of Problems in Lives of Family Members

Table 8.3 sets the stage for this analysis, showing the prevalence of problems over the course of the past year in the lives of the parents, spouses or partners, and children of respondents. Respondents were asked whether or not each of these three types of close relatives had one or more of ten specified and varied problems: health problems (chronic disease or disability, frequent illnesses); emotional or alcohol/substance abuse problems; difficulty getting along with people generally or specifically with a marital partner; job or school problems (getting or keeping a job or poor job performance for employed family members, or problems at school like failing grades for younger family members);

Table 8.3 The Prevalence and Type of Recent Problems in the Lives of Parents, Spouses/Partners, and Children of Respondents (percentage)

Problem	Parent(s)	Spouse/Partner	Child(ren)
A. Summary score			
No problems	46.3	49.0	43.6
1–2 problems	36.4	35.3	34.0
3–10 problems	17.3	16.7	22.4
B. Type of problem			
Physical/mental health			
Chronic disease/disability	27.8	11.5	7.3
Frequent illnesses	34.6	19.9	24.9
Emotional problems	27.0	37.4	24.4
Alcohol/substance problems	6.5	6.0	6.8
Interpersonal			
Marital/partner relationship	8.8	16.8	18.5
Difficulty getting along	8.7	7.6	9.6
School/job performance	2.3	7.7	21.5
Getting/keeping a job	2.8	7.0	12.7
Financial problems	16.9	21.0	27.3
Legal problems	3.2	7.0	10.2
N	1,389	1,585	1,579

Note: Respondents answered yes or no to each of the specific problems, hence percentages in panel B of the table exceed 100%. Summary scores (range = 0–10) are the number of problems reported for each of three categories of specified kin.

financial problems (low income or heavy debts); or legal problems (e.g., law suits, police charges, traffic violations). Overall, slightly more than *half* of parents, marital partners, and at least one child are reported to have at least *one* problem. Multiple problems are most prevalent in the lives of respondents' children, 22% of whom are reported to have *three or more* problems.

The nature of the problems reported differs between those experienced by parents and those by spouse and children. As one might expect, chronic disease and frequent illnesses are the most often cited problems for parents; emotional problems predominate in reporting on spouses or partners. The most frequently reported problems of children involve personal finances or work or school roles (either trouble keeping a job or difficulty in job or school performance). That one in four respondents report their children have financial problems may reflect the fact that most such children were young adults confronting a tighter job market in the late 1980s and early 1990s, and as in any era, household and family formation entails expenses close to or in excess of current earnings of adults in their twenties and early thirties. Nicholas Zill and Christine Nord (1994) report that the real wages of young workers declined in the decade of the early 1980s to the early 1990s, by 9% for men, 4% for women.

There are surprisingly high correlations in problem prevalence for all pairs among the three categories of close family members. Significant correlations in problem prevalence might be expected for blood kin on both genetic and shared environment grounds, for example, between spouses' and children's problems ($r = .26$, significant at the .001 level), which in all but a very few cases involve biological parents and their biological children. The correlation is just as high between respondents' parents and their children's problems (.29, significant at the .001 level). What is surprising is that the correlation is even higher between the number of problems reported for respondents' parents and their spouses or partners (.34, significant at the .001 level), family members who do not share any genes. We can only infer some degree of assortative mating such that spouses and parents have some similar attributes, supplemented perhaps by relatively small social class differences between proximate generations in a family.

Closer inspection of the correlations by specific type of problem provides an interpretive clue: the correlations are highest in all three dyadic relationships for physical health, emotional problems, and difficulty getting along with people. For example, the pair correlations on

"frequent illnesses" vary only in a narrow range from .27 (parents and children) to .34 (spouses and children). The correlations on emotional problems differ hardly at all, .30 between spouses and children as well as between parents and children. Genetic tendencies toward poor or excellent health may play a role in the case of spouses and children, or even parents and children, but this is clearly not the case for affinal relationships like parents and respondents' spouses, yet here the correlations are as high as for blood kin (.31 for frequent illnesses, .29 for emotional problems).

The connecting link common to all three types of dyadic relationships is, of course, the respondents themselves. One can hypothesize that parents with emotional problems as elderly adults might have had similar problems as young adults, and consequently, stress in their relationship to their children (i.e., our respondents when they were growing up). Such a background could trigger personality problems in respondents' earlier lives such that they too experienced social-emotional problems reflected in their choice of marital partner and the quality of the childrearing they in turn were capable of. Some hint of such intergenerational transmission is provided by several relevant findings: For one, there is a significant correlation between respondents' scores on neuroticism and the number of problems in the lives of their parents ($r = .19$, significant at the .001 level) and their spouses ($r = .16$, also significant at the .001 level). So too, there are significant correlations between respondents' reporting they had a serious bout of depression during the past year and multiple problems of their parents (.18, significant at the .001 level) and their spouses (.22, significant at the .001 level). While one could well expect that adults whose parents or spouses have multiple problems could *become* depressed as a consequence of such problems, this is less sustainable where elevated neuroticism is concerned, which tends to be a long-standing, not an episodic, personal trait: twin studies show that 40–50% of the variation on neuroticism in a population can be explained by heredity. The genetic proclivity to neuroticism is therefore a likely *precursor* to the onset of a depressive episode (Gallagher 1996).

We put such speculation to an empirical test in table 8.4. Respondents rated their parents' health when they were about sixteen years of age, just as they rated the quality of their relationship with their parents when they were growing up (i.e., the parental affection scales analyzed in chapter 7). If the intergenerational transmission model is at work in the life histories of our respondents, then it should follow that multiple

TABLE 8.4 Regression of Current Parental Problems Score on Past Health of Parents and Early Parental Affection Scales (beta coefficients)

Variable	Current Parental Problems
Mother	
health when respondent at age 16	−.162***
affection scale	−.123***
educational attainment	−.019
R^2	.050***
N	1,343
Father	
health when respondent at age 16	−.138***
affection scale	−.088**
educational attainment	−.020
R^2	.036***
N	1,210

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

problems in the lives of parents today have their roots in earlier poor health and less than optimal childrearing competence. Therefore in table 8.4 we regress *current* parental problems on their *past* health and the parental affection scales. Since physical and mental health are class-related, educational attainment of parents is included as a control in both equations. Independent of parents' educational attainment (negative but not statistically significant), poor health in the past of either mothers or fathers and low levels of affection in the relationship with either parent when respondents were growing up are significant predictors of multiple problems in the lives of parents today. We infer that the parental affection scales tap underlying characteristics of the parents; an inability to show affection toward their children or to make room in their lives for the emotional needs of their youngsters by being available when the children need them is not limited to relationships to children but indicative of a personality predisposition to poor relational skills affecting all social relationships that persists over the decades after children have left the household.

In designing the inventory of major potential problems, we made every effort to cover a wide range of life domains (physical and mental health, work or school problems, interpersonal problems in intimate relationships, legal problems, alcohol or substance abuse, etc.). The aim was to make the problem types applicable to all three types of significant others and to all phases of the life course. This has obvious limita-

tions, particularly for respondents with very young children, because we made no attempt to inquire about problems particular to early childhood (e.g., bedwetting, eating problems, deviant behavior in school or around the neighborhood). Young children clearly do not have legal, financial, or marital problems, though the item on problems at work was expanded to cover problems in school or failing grades. The fact that respondents have only one spouse but potentially two living parents and from one to twelve children further complicates the analysis task. To simplify the format of this complex set of questions, we asked respondents to indicate whether or not *"either parent"* or *"any of your children"* experienced each of the problems on the inventory. This makes comparison of multiple problems across the categories subject to potential misinterpretation. However, we find that there is no significant correlation between the number of problems cited for children and family size $r = .01$), nor did having only one versus both parents alive correlate with the number of parental problems reported by respondents. Hence it is of interest to chart the life course profile of multiple problems by each of the three categories of kin, as shown in figure 8.1. Note that the life course in question is defined in terms of the age of respondents; hence both parents and children differ in age accordingly. Adults in their thirties are largely reporting on preschool- and school-age children and parents in their fifties; by contrast, most respondents in their fifties have grown children and if their parents are still alive, they are likely to be in their seventies or older.

Figure 8.1 illuminates an interesting profile of problem prevalence across the life course: multiple problems in the lives of respondents' spouses peak in early midlife and then decline from late midlife through early old age. Multiple parental problems show no significant change in prevalence across the life course. The most striking pattern shown in figure 8.1 is the sharp upward climb in multiple problems experienced by respondents' children, reaching a peak of 38% with multiple problems when respondents are in their sixties, when the majority of their adult children are in their early thirties. The middle years are often seen as a relatively stable phase of life, but they are years during which there is great change in the lives of those closest and dearest to midlifers. Note in figure 8.1 that adults under forty years of age report more problems involving parents and spouses than children, but as adults move into their forties and fifties the profile changes dramatically: by late midlife parents have died or have fewer problems and marriages have stabilized or partners have been changed, but by late

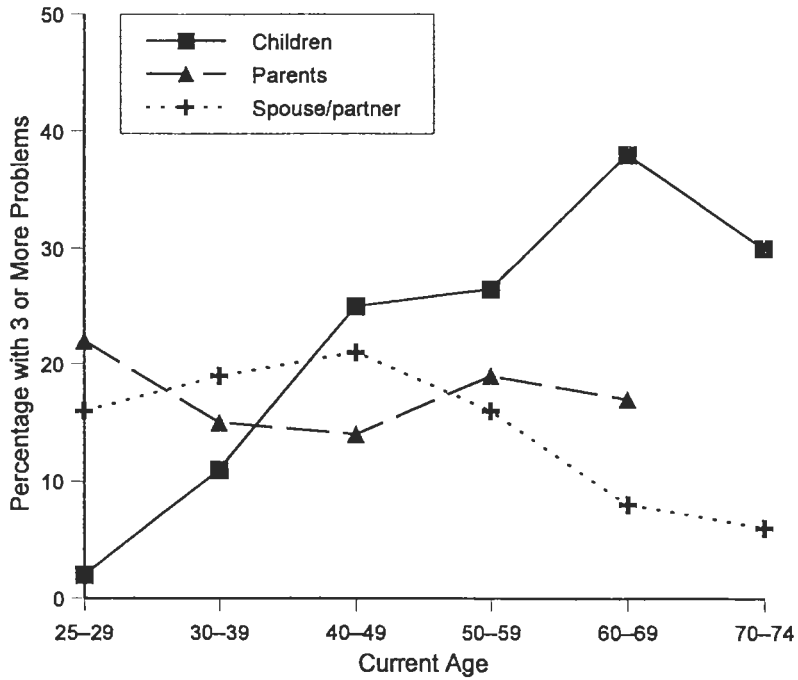

FIGURE 8.1. Current problems in lives of child(ren), parent(s), and spouse/partner, by age of respondent (percentage). See the text for the specific ten problems reported for parents, spouses/partners, and children. Base *N*s are respondents with at least one child, or one living parent, or married/cohabitating. There are too few cases of living parents among the oldest respondents (twelve cases). The only significant difference by age is for children's problems ($p \leq .001$).

midlife respondents' children have moved into adulthood and are experiencing a wide array of problems in their lives, some carried forward from their youth, others newly acquired as they establish families and secure their place in the economy. It may be true, as Gullette (1997) claims, that when women speak frankly, they say that life was more complicated when the nest is full than when it is empty, but the physical presence of children in the home is not required for parents to be worried about their health, happiness, and security.

Having found significant predictors of current parental problems rooted in the early years of childrearing and relatively high correlations between problems reported for spouses and children, an appropriate next step is to test the extent to which spouse problems are implicated

TABLE 8.5 Regression of Children's Problems Score on Spouse/Partner's Problems Score, and Neuroticism, Age, Sex, and Education of Respondent (beta coefficients)

Variable	Children's Problem Score
Spouse/partner's problem score	.218***
Respondent characteristics	
Neuroticism	.092**
Age	.271***
Sex[a]	.076**
Educational attainment	−.010
R^2	.121***
N	1,353

[a] 0 = male; 1 = female.
** $p < .01$. *** $p < .001$.

in children's problems, net of an array of respondents' own characteristics. In table 8.5 we regress children's problems on spouses' problems, along with respondents' age, sex, educational attainment, and the extent to which they characterize themselves as neurotic. The neuroticism scale serves as a proxy for respondents who themselves have problems in interpersonal skills that are rooted in the quality of their early family life.[6] Sex of respondent is added because women report more problems in the lives of their children than men do ($\chi^2 = 25.2$, significant at the .01 level), reflecting the likelihood that women have more intimate interaction with children than fathers typically have (Rosenthal 1985; Rossi and Rossi 1990). Age of respondent is an indirect measure of children's age, relevant in light of the sharp upturn in multiple problems shown in figure 8.1. Table 8.5 shows that both age and multiple spouse problems strongly and significantly predict multiple problems in the lives of respondents' children; sex of respondent adds a modest increment, but the problem score of children is not significantly related to educational attainment of their parents. Of special interest is that respondents' neuroticism contributes a significant net effect on multiple problems of their children. All told the results of tables 8.4 and 8.5 suggest a continuing thread of poor relational abilities across three generations, a result consistent with the fact that there are genetic components to the predisposition to neuroticism (Plomin 1994).[7]

We turn now to the effect of problems in the lives of parents and children on the pattern of social-emotional support and financial assistance between the generations.

THE IMPACT OF FAMILY PROBLEMS ON HELP EXCHANGE BETWEEN PARENTS AND CHILDREN

In analyzing the extent to which family problems affect the help given to parents and children, we select variables that are significantly predictive of the prevalence of problems in the lives of parents and children in order to test for direct and indirect effects on the level of help provided. Problem scores themselves express the presence of potential *need* for help from others. Whether that need is met depends on many factors: the emotional quality of the relationship, personality, and the time and money resources parents and children can draw upon. MIDUS data are not adequate to a full test because we have no direct measures of the personality, education, or financial resources of respondents' children, nor of the financial resources of respondents' parents except as they are reflected in the types of problems parents were reported to have. Hence we concentrate on help *given by* respondents to their parents and children and rely on characteristics of the respondents as predictors. Since income is a more finite resource and time a more flexible one, we expect far smaller R^2s in multivariate predictions of financial help than of social-emotional support.

We include in this analysis a measure of the closeness of the parent-child relationship, the neuroticism scale, sex and age of the respondent, and the two socioeconomic status markers of educational attainment and total household income. Table 8.6 shows the results for the flow of help to *parents,* table 8.7 the flow of help to respondents' *children.*

Looking first at the results shown in table 8.6 on help to parents, the key findings are as follows: The quality of affection respondents enjoyed in their relationship to their parents early in life, which we found to significantly predict the prevalence of parental problems (table 8.4), also has *direct* effects on the *time* respondents now devote to supporting their parents, net of the level of problems parents are experiencing. The more affectionate the relationship has been and the more problems parents are currently facing, the greater the time given to providing advice and comfort to parents. This is particularly the case for women, who devote significantly more time providing support to parents than men do, net of problem level or the emotional quality of the relationship in the past. Income per se is not significantly related to either time or money contributions to parents, but less well educated respondents give significantly *more* support than better-educated adults do, a pattern consistent with all our analyses of the sociodemographic correlates

TABLE 8.6 Regressions of Time and Money Given to Parents on Quality of Early Relations with Mothers, Number of Current Parental Problems, and Selected Respondent Characteristics (beta coefficients)

Variable	Time (hours of support given to parents per month)	Money (amount given to parents per month)
Maternal affection in childhood	.098***	.035
Number of parental problems	.076**	.104***
Neuroticism	.031	−.088**
Educational attainment	−.116***	.004
Total household income	−.019	−.021
Sex[a]	.169***	−.038
Age	−.025	−.037
R^2	.060***	.020***
N	1,257[b]	1,257

Note: To assure inclusion of 197 respondents who did not have a biological father or other surrogate father while they were growing up, and hence no measure of paternal affection, we use the maternal affection scale rather than the combined parental affection scale in these equations.

[a] 0 = male; 1 = female.

[b] Respondents with at least one living parent.

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

of socially responsible behavior in the family domain (see chapter 3). Though not statistically significant, those with relatively low family income contribute more financial help to parents than high-income respondents do. But as we have seen, the overall financial help given to parents is minimal compared to the money contributed to children, reflecting the far better economic condition of today's elderly compared to today's young adults. When analysis is restricted to parents and children who have *financial problems* (rather than their total problem scores), we find that money problems significantly predict financial help to both parents and children. Respondents' own total income plays no role in financial help to parents, but income is a major predictor of financial help to children (betas of .001 in the equation on parents, .189, significant at the .001 level, in equations on children). The fact that a much greater amount of money is given to children than to parents may itself explain why the donor's income is less a factor in financial aid to parents than to children.

We have no ready explanation for why neuroticism predicts less financial aid to parents, unless neurotic respondents retain some resentment toward their parents as being partially responsible for their own predisposition. The point remains that parental problems are the only highly significant predictors of financial assistance to parents. Age plays no significant role in providing either type of assistance.

TABLE 8.7 Regressions of Time and Money Given to Children on Quality of Parent-Child Relationship, Number of Current Child Problems, and Selected Respondent Characteristics (beta coefficients)

Variable	Time (hours of support given to children per month)	Money (amount given to children per month)
Global rating of relationship to children[a]	.131***	.022
Number of child problems	.005	.104***
Neuroticism	.041*	.030
Educational attainment	−.029	.029
Total household income	−.039*	.203***
Sex[b]	.110***	−.023
Age	−.332***	.105***
R^2	.149***	.072***
N	2,335[c]	2,335

[a] Range = 0–10 (worst possible to best possible) for overall relationship of respondents to their children "these days."

[b] 0 = male; 1 = female.

[c] Respondents with at least one child.

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

Turning to the predictors of help to children (table 8.7), a rather different profile appears. Note that we have no measure of the quality of respondents' relationships to their children in the past; the global rating concerns the *current* relationships with children. Time given to advising and comforting children is significantly greater from mothers than from fathers, and from younger rather than older respondents, reflecting the fact that it is younger children who require a good deal of advice and emotional support. The childrearing phase of parenting implies availability and concern for children regardless of whether the children are experiencing problems in their lives or not. As children mature and they encounter serious problems, the financial help parents extend increases with the number of problems the children have. This reflects the kinds of problems included in our inventory, that is, difficulty getting or keeping a job, low income, or having heavy debts. These are problems for which financial help is appropriate, hence household income is a strong predictor of support when children have

many problems (.203, significant at the .001 level), but not when parents do (−.021, not significant).

That the neuroticism scale is a significant *positive* predictor of support time given to children is one of the rare instances of a positive correlate of this scale, suggesting that parents who are nervous, worrying types are more attuned to and involved in their children's lives. When regressions were run on the support time respondents report *receiving* from their children, we find an even stronger positive coefficient on neuroticism, suggesting the pressure to provide reciprocal help may enmesh neurotic parents and their children in particularly intense and frequent contact with and support of each other (data not shown). How effective such support is under such conditions, we cannot tell from our data.

These findings demonstrate that most adults do not live in isolation but are embedded in a three-generation kindred, deeply affected by events and problems in the lives of significant others. This conception challenges the view of American culture as preeminently focused on autonomy. The high frequency of social contact with parents, siblings, adult children, and grandchildren and the high degree of reciprocity we noted in social-emotional support attest to the high degree of *interdependence* among close kin, and at a macro-societal level, interdependent generations provide stability and continuity to the social fabric.

For many, the multigenerational family is the *only* ongoing domain of life within which social responsibility and concern for the welfare of others are acted out. As we have noted, this is particularly the case for less well educated working-class adults in the United States. In the section to follow, we investigate whether the involvement in family members' problems serves as a *barrier* to or a *facilitator* of participation in the larger community.

The Effect of Family Problems and Support Time on Community Volunteer Service

Time is a precious commodity in an industrial or fast-paced information age. Social science journals and the mass media are replete with articles about the time constraints of adults today as they attempt to deal with the often conflicting demands of family and work (Crosby 1987, 1991; Eckenrode and Gore 1990; Voydanoff 1984). The focus of such analysis has been primarily on women, presumably because the majority are no longer homemakers but co-breadwinners.[8] The work-family conflict is assumed to have been minimal in the decades when

men were the primary breadwinners because their wives did almost all of the domestic chores and childrearing. Whether this was actually the case or not, we do not know. I suspect that it was not deemed manly for men to admit to conflict or to any preference for more time with their families, as younger men today are more willing to do. Why multiple roles are often deemed to be problematic and the source of stress for women but not for men is an interesting question. Terms like being "caught in the middle" or "the conflict between work and family" have a pejorative ambience conveying a negative view of multiple roles. Recent research has begun to question this by pointing out that multiple roles may complement or even strengthen each other (Baruch and Barnett 1986). Indeed, Stull, Bowman, and Smerglia (1993) report that the number of roles daughters of elderly parents occupy is unrelated to their levels of stress, with the single exception of employed daughters reporting more physical fatigue. As will be shown in chapter 11, many young *men*, not just women, report job-related stress that results in negative effects on their home life.

In this section, we explore the implications of heavy investment in family affairs for moving outside the family domain to participate in the larger community as volunteers. Do multiple problems of close kin and the resulting hours of counseling and comforting *preclude* such service in the community? Or does such involvement *stimulate* an interest in specific kinds of volunteer work? One often hears of women moving into hospital volunteer work following prolonged hospitalization of a parent or child, or becoming active in anti-smoking campaigns following the death of a spouse from lung cancer, or in leukemia drives after a child has been diagnosed with the disease. Are these exceptions? Does time devoted to family support on top of a full-time job preclude volunteer service even if the motivation to do so is present?

We explore this question in the multivariate analysis reported in table 8.8. Our major dependent variable is the total hours of volunteer work of any kind that respondents report they engage in on a monthly basis. Education is a critical control because with each higher level of schooling, there is a sharp increase in the level of felt civic obligations and participation in community organizations generally, as shown in chapter 3. Weekly hours of employment is also a significant predictor, because such employment may be a major barrier to engaging in volunteer service. Of key interest is whether respondents who report multiple problems and a good deal of support time to parents or children

TABLE 8.8 Regressions of Total Monthly Hours of Volunteer Work on Problems and Support Time to Parent(s), Spouse/Partner, and Child(ren) (beta coefficients)

Variable	Hours of Volunteer Time Affected by Problems of and Support Time to		
	A. Parent(s)	B. Spouse/partner	C. Child(ren)
Number of current problems	−.003	−.032	.001
Hours of support	−.017	.037	.080***
Educational attainment	.137***	.143***	.166***
Hours of work per week	−.089**	−.085***	−.071***
Sex[a]	.061*	.010	.037*
R^2	.030***	.027***	.036***
N	1,378	1,571	2,492

Note: Problem and support variables are tailored to each of the three family member types: number of parent problems and hours of support to parents in equation A; number of spouse problems and hours of support to spouse in equation B; and number of child problems and hours of support to children in equation C.

[a]0 = male; 1 = female.

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

are *more* or *less* likely to devote time to volunteer work. Either eventuality could be predicted: concern for health problems of parents or school or job problems of children might stimulate participation in any number of community organizations. By contrast, the sheer time pressure of work and support might restrict such community service, particularly for women because they do much more kinkeeping and caregiving than men do in the family domain.

As expected, the time devoted to volunteer work *increases* with higher educational attainment but *decreases* as a function of hours spent at work. The sheer presence or absence of problems in the lives of close kin has no significant effect on volunteer service, and support time affects volunteer service only in the case of children and does so in a *positive* way: the more time adults spend counseling and advising their own children, the more time they devote to volunteer service in the community. By itself this finding is difficult to interpret, though it is consistent with research that shows the transition to parenthood is often the pathway through which adults become involved with neighborhood and community issues—for example, recreation facilities, neighborhood safety, school curricula (O'Donnell 1983).

We get one handle on interpreting this finding by analyzing the role

TABLE 8.9 Regressions of Total Monthly Hours of Volunteer Time, by Type of Volunteer Service, on Problem Scores and Hours of Support Given to Children and Parents (beta coefficients)

Variable	Type of Volunteer Service (hours per month)			
	Youth-Related	Health-Related	Political Organizations/ Causes	All Other Volunteer Work
Children				
Hours of support to children	.142***	−.005	.009	.003
Number of child problems	−.013	.007	.009	.006
Sex[a]	.034	.068***	.008	−.012
R^2	.030***	.010**	.007*	.025***
N	2,492	2,492	2,492	2,492
Parents				
Hours of support to parents	−.022	.002	.036	−.018
Number of Parent problems	−.029	.032	−.001	.007
Sex[a]	.056*	.069*	−.029	.015
R^2	.009*	.011*	.007	.030***
N	1,378	1,378	1,378	1,378

Note: All eight equations include controls on respondents' education and hours worked per week.

[a]0 = male; 1 = female.

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

of support time to children and parents by the *type* of volunteer service involved. The summary score of *all* volunteer service was used in table 8.8. In table 8.9, we specify volunteer service by four category types: youth- or school-related, hospital- or health-related, political organizations or causes, or all other types of volunteer work. The major finding of interest in these regression results is that support time to children is the only significant predictor of *any* type of volunteer service, and this is explicitly to youth-related volunteer work ($\beta = .142$, significant at the .001 level). Against expectation, support time to parents or multiple problems in parents' lives does not predict any health-related community service. Last, it is specifically youth- and health-related volunteer work that women are more active in than men.

One last bit of analysis adds further to the interpretation of the effect of support time to children on volunteer service. In table 8.10 we show the results of multivariate analysis within age groups to test whether

TABLE 8.10 Regressions of Total Hours per Month to All Volunteer Work and of Hours per Month to School- or Youth-Related Volunteer Work, by Age of Respondent

	Age of Respondent		
Type of Volunteer Work	25–39	40–59	60–74
Total hours of ALL volunteer work per month	.079*	.078**	.104***
Total hours of SCHOOL/YOUTH-related volunteer work	.399***	.295***	.189***

Note: Shown are only the standardized beta coefficients of support time to children. All six equations include controls for number of children's problems, educational attainment, hours worked per week, and sex of respondents.

the linkage between support time to children and youth-related volunteer work is a pattern only among young and middle-aged adults who have children still in school or college. Shown in the table are only the standardized beta coefficients of the major predictor variable of interest, support time to children, by age of respondent in two sets of equations: the total time given to *all* volunteer work per month and the total time given specifically to school- and youth-related work. As the pattern clearly shows, it *is* the case that support time to children has the greatest role in predicting youth-related volunteer service among young respondents ($\beta = .399$, significant at the .001 level), but note two other major features of these results: support time to children remains significant though at a less powerful level among both middle-aged and elderly adults as well. Even among respondents between sixty and seventy-four years of age, support time to their now mature adult children continues to show a spillover effect to youth-related volunteer work, and as shown on the total amount of *all* kinds of volunteer service, support time to children has the most significant effect among the *oldest* respondents. Consequently, involvement with one's own children for the years after they have become independent adults on their own is clearly one pathway that attracts and keeps parents invested in the larger world of community service. In an analysis of data from the 1992 National Household Education Survey (consisting of parents of children in grades three through twelve), Nicholas Zill reports that parents who score high on involvement in their children's schools have children who are more involved in extracurricular activities, suggesting a family lifestyle of diverse interests shared between the generations not only in the family domain but involving both parents

and children in the larger community (Zill and Nord 1994). Echoes of this early pattern may be reflected in our findings, even among elderly respondents.

One general important implication of this last finding is that there is no single developmental trajectory that leads to significant socially responsible involvement in the community. Some adults may become concerned for others through personal tragedy (for example, a child's death from cancer leading to action for all children suffering from the disease), through a burglary or an assault on a child in a neighborhood stimulating efforts to form neighborhood watch groups, or, as we have shown, through the more widespread experience of continuing in an active helpful parental role when children are grown that stimulates concern for all children and youth.[9]

CONCLUSION

The major findings reported in this chapter are as follows:

1. At least half of the MIDUS respondents report one or more problems currently confronting their spouse/partner, parents, or children. Multiple problems (three or more of the ten specified) are most common for children, increasing with age to a peak of 38% of elderly respondents who report three or more problems in their children's lives.

2. The major problem confronting respondents' parents concerns their physical health (chronic disease, disability, frequent illnesses). The major problems reported for spouses are emotional and financial problems, and for children, financial, emotional, and role-performance problems.

3. There is some continuity across the generations for both health and poor relational skills: low parental affection and poor health of parents during respondents' childhood predicted heightened prevalence of current parental problems. So too, respondents whose spouses had multiple problems reported more problems among their children. Respondents' own high scores on neuroticism are related to low affection from parents in early life, a reduction in support time to parents today, and predict multiple problems for their children.

4. Social-emotional support is highly reciprocal between the generations: those who *give* support also *get* support, although parents generally devote twice the time to support of their children as children provide to their parents. Financial help, by contrast, tends to flow from older to younger generations, but with a great deal of variation in the amount of

money contributed to children. The more problems children have and the higher parents' income, the more money children receive.

5. Multiple problems in the lives of close kin has no effect on volunteer service in the community, and support time to children actually *increases* volunteer time, both overall and in particular to youth-related volunteer service. This effect of support time to children is *not,* however, limited to respondents with young children; it applies as well to elderly parents who may persist in such community involvement as grandchildren arrive on the scene, or merely because they have become familiar figures to call upon in youth-related service organizations in their community.

All told, our analysis supports the image of American families as interdependent and multigenerational, with considerable social interaction and helping behavior between the generations, an emotional and behavioral social network that contributes to the social cohesion of society without being turned inward to the family domain alone. Rather, the trajectory that follows the transition to parenthood in early adulthood is enlarged later in the life course by continued concern and assistance to adult children and grandchildren, as well as involvement at a community level in volunteer service, in particular but not exclusively to youth-related volunteer work.

Notes

1. Using data from NSFH-II, Beth Soldo shows that "with the mean age of childbearing hovering around twenty-six years since 1960, very little of the generational overlap occurs at a point when both the elderly parents and offspring of middle-aged adults are likely to need care" (Soldo 1996, S271). Furthermore, the point at which elderly parents or in-laws are at greatest risk for frailty is typically after age seventy-five, by which time midlife adults may be more likely to be conflicted between care and involvement with grandchildren and their parents than between care for their own children and their parents.

2. Deborah Gold (1987, 1989, 1996) has studied sibling relationships in old age and, through retrospective interviewing, has sketched the quality of their relationship to each other and to their parents over the life course.

3. Margret Baltes (1996) claims that only by invoking dependency and support can the elderly free up resources for use in other domains involving personal efficacy and growth.

4. Table 8.1 provides an example of findings that give an analyst confidence in a data set: note the fact that our *oldest* respondents report the same degree of reciprocity in relations with *children* (.72) as our *youngest* respondents report for relations with *parents* (.71), identical pairs in terms of cohort membership, though in the first instance respondents report in their roles as parents, in the second instance in their roles as children.

5. The survey questions on social support are not limited to respondents' children but to "children or grandchildren," and in the case of money, the question refers not merely to respondents' own contributions but to money from "you or your family living with you." Respondents were also asked to count the dollar value of "any food, clothing, or other goods" in making their estimate of the amount of money they contributed. Such data are therefore only very crude estimates of help exchange between the generations.

6. As shown in chapter 7, low levels of affection from parents in childhood and adolescence are predictors of contemporary neuroticism of respondents as adults. Being moody, nervous, worrying types may well contribute to their children's interpersonal difficulties as tapped by several types of problems in the children's problem score: trouble in their marital or significant-other relationship, trouble getting along generally with other people, having emotional problems, even falling short in school or job performance or difficulty in keeping a job.

7. It used to be assumed that if a personality trait has a genetic component, it should be most clearly shown early in life and subsequently tempered by social influences in late adolescence and adulthood. Once researchers realized, however, that older adult identical twins are more alike than younger identical twins on many temperamental traits, theory in behavioral genetics shifted to the view that young adults actively seek out "niches" in society congenial to their temperament (Rowe 1991; Scarr and McCartney 1983).

8. Not all researchers adhere to the role conflict view in dealing with work and family issues. Faye Crosby, for example, argues that focusing on conflict between roles is a diversionary tactic that deflects attention from the real problems *within* roles: sex discrimination at work, sex-role expectations concerning division of labor at home, and a cultural assumption of rugged individualism in which nuclear families are supposed to be self-sufficient (Crosby 1991).

9. Analogously, Paul Baltes invokes the concept of *equifinality* in his overview of ontogenesis, that is, the same developmental outcome can be reached by different means and combination of means, for example, many different paths may be followed to reach the same level of psychological well-being (Baltes, Lindenberger, and Staudinger 1997).

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