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Adult Children's Problems and Mothers' Well-Being: Does Parental Favoritism Matter?

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Abstract

This article explores whether understanding of the effects of children's problems on older parents' well-being can be advanced by exploring differences in parent-child relationships within families. Using data from a study in which mothers reported on all adult children, we addressed the question: Do patterns of maternal favoritism moderate the impact of children's problems on psychological well-being? Based on the literature on the effects of children's problems and on parental favoritism, we hypothesized that problems in the lives of favored adult children will have a more detrimental impact than when they affect unfavored offspring. Results revealed strong and detrimental effects of any offspring's problems on mothers' well-being; these effects occurred, however, regardless of parental preference for an adult child. The findings suggest that the well-documented effects of parental preference may be limited in domains such as problems and difficult transitions in adult children's lives.

Keywords

family; parent-adult child relations; older adults

Introduction

Extensive research has documented the degree to which adult children and older parents influence one another in middle age and beyond. Studies predominantly have focused on the effects of parents on their adult children, with hundreds of articles published over the past four decades regarding how parental disability and needs for care affect offspring's stress, burden, employment patterns, physical health, and psychological well-being (cf. Pavalko, 2011; Sutor, Sechrist, Gilligan, & Pillemer, 2011). More recently, a smaller but growing literature has developed on the reverse direction of influence: How problems and disruptions in the lives of adult children affect the well-being of their mothers and fathers. Research

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conducted in the early 1990s first called attention to the detrimental effects of adult children's problems on parents' mental health (Greenberg, McKibben, & Raymond, 1990; Pillemer & Suito, 1991). A number of later investigations (reviewed subsequently) have confirmed these findings, demonstrating that stressful events, illness, and off-time transitions in adult children's lives are important predictors of parental depression and other negative mental health outcomes.

This article explores whether our understanding of the effects of children's problems on older parents can be advanced by exploring differences in parent-child relationships within families. Most studies of this topic have asked parents about their adult children in the aggregate (e.g., Greenfield & Marks, 2006; Milkie, Bierman, & Schieman, 2008), rather than about each child separately, or have focused on only one target child (e.g., Kaufman & Uhlenberg, 1998; Oreo & Ozgul, 2007). Using data collected as part of the Within-Family Differences Study (WFDS), in which mothers reported on all children in the family, we addressed the question: Do patterns of maternal favoritism moderate the impact of children's problems on psychological well-being?

Literature Review

Extensive research on young children and adolescents shows that their problems have a dramatically negative effect on parents' well-being (Nelson, 2002). Although the specific relationship between children's problems and parental distress may differ according to the type of problem, parents typically experience decreased psychological well-being when their children have developmental disabilities, autism, serious health issues, conduct problems, and engage in delinquent behaviors, among other difficulties (Barker et al., 2011; Buehler, 2006; Majnemer, Shevell, Law, Poulin, & Rosenbaum, 2012; Miodrag & Hodapp, 2010; Moses, 2010). Both the distress of observing suffering experienced by one's child, as well as the numerous practical, social, and financial difficulties these problems often entail, place parents at risk of depression, anxiety, and other negative outcomes (Benson, 2006; Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004; Hunfeld et al., 2001; Vrijmoet-Wiersma et al., 2008).

Despite a popular view that the generations become independent when children are launched, it is clear that the impact of children's problems does not end after they become adults. Indeed, there is widespread scholarly agreement that the parent-child relationship remains highly salient throughout life, although its specific form, concerns, and influences are dependent on the developmental stage and circumstances of both the child and the parent (Fingerman, Hay, Dush, Cichy, & Hosterman, 2007; Rossi & Rossi, 1990; Suito, Sechrist, Plikuhn, Pardo, & Pillemer, 2008). Even after children have left the home, are self-sufficient, and have formed families of their own, parents maintain a unique link to and bond with their children (Fingerman, Pillemer, Silverstein, & Suito, 2012; Rossi & Rossi, 1990; Suito et al., 2011). Due to this enduring connection, it is not surprising that the problems and life stresses of adult children have been found to cause distress to parents throughout the life course.

Studies over the past two decades have demonstrated a strong association between a wide variety of adult children's problems and parental well-being outcomes, including depressive symptoms (Green, Ensminger, Robertson, & Juon, 2006; Kalmijn & De Graaf, 2012; Milkie et al., 2008; Pillemer & Suito, 1991; Seltzer, Greenberg, Floyd, Pettee, & Hong, 2001), anxiety (Green et al., 2006), emotional well-being (Fingerman, Cheng, Birditt, & Zarit, 2012; Greenfield & Marks, 2006; Oreo & Ozgul, 2007), and anger (Milkie et al., 2008). Although this line of research has shown that the effects vary to some degree by the number and severity of children's problems as well as by parents' gender and race (Birditt, Fingerman, & Zarit, 2010; Milkie et al., 2008), the findings reveal a strong pattern of detrimental effects of problems on a wide array of measures of parents' well-being.

Parental Favoritism and Children's Problems

It is clear that adult children's problems affect their parents' psychological well-being. To advance this field of study, it is important to take into account the fact that older parents' relationships with individual children within the same family differ. Within-family differences in parent-child relationships have been well documented in early childhood and adolescence. Research on younger families indicates that many parents differentiate among their offspring in terms of emotional closeness, support, and other dimensions (cf. Kowal, Krull, & Kramer, 2006; Jensen, Whiteman, Fingerman, & Birditt, 2013; Loehlin, Horn, & Ernst, 2010; Siennick, 2013).

There is strong evidence that such within-family differences persist among older parents and adult children. Pillemer, Suito, and colleagues have shown that most mothers and fathers favor some of their children over others in terms of closeness, confiding, and provision of support (Pillemer & Suito, 2006; 2008; 2014; Suito & Pillemer, 2006, 2007, 2013). This set of findings is consistent with earlier studies of parental favoritism in later life (Aldous, Klaus, & Klein, 1985; Baker & Daniels, 1990; Bedford, 1992; Boll, Ferring, & Filipp, 2003; Brackbill, Kitch, & Noffsinger, 1988). Taken together, this research shows that mothers typically prefer some adult children over others in the family and that established patterns of favoritism persist over long periods of time (Pillemer & Suito, 2008; Suito, Gilligan, & Pillemer, 2013).

The research question addressed in this article emerged from an integration of research on children's problems with studies of parental favoritism in later life. We explore whether the effects of problems differ according to *which* child in a family has these experiences. As noted earlier, studies have shown that mothers typically report differentiating among their adult children in such areas as emotional closeness and preferences for support. Such within-family variations in investment of affect and support may lead to differential consequences of children's problems. We examine whether problems in the lives of children whom parents favor will have more pronounced effects than such events experienced by unfavored offspring.

Favoritism and Children's Problems

In this article, we test the hypothesis that established patterns of parental favoritism may affect the impact children's problems have on parents. Somewhat surprisingly, children's

problems in adulthood have not been found to predict favoritism over time (Suitor et al., 2013). However, no prior research (either among minor or adult children) exists regarding whether favoritism for a child affects the impact of that offspring's problems. The existing literature can be used to suggest that problems will have a greater impact on parental well-being when they are experienced by a favored child. In this study, we focused on two domains in which older parents are likely to have preferred children: emotional closeness and preferences for caregiving.

Emotional closeness.—Prior research has shown that approximately two thirds of mothers identify a particular adult child with whom they are most emotionally close (Suitor & Pillemer, 2006). We hypothesize that problems experienced by children whom the mother favors in this domain will affect her to a greater degree than when other children in the family encounter such problems. One mechanism for this differential effect is the link between empathy and the strength of an emotional tie. In general, individuals are more likely to be empathic toward others with whom they experience greater emotional closeness (Batson, 1998; Kalmijn & de Graff, 2012). Although fundamental attachment may exist with all children in the family, feelings of empathy for problems experienced may vary between individual parent-child dyads depending on the level of emotional closeness (Knoester, 2003).

Further, socioemotional selectivity theory suggests that emotional closeness will be highly salient for mothers in the age-group of our sample. Carstensen and colleagues (Charles & Carstensen, 2010) posit that as individuals enter the later stages of life, their interpersonal focus shifts toward their most meaningful and emotionally rewarding relationships. This transition allows them to maximize emotional gains, preferring those social ties that are the most rewarding and deemphasizing relationships that are conflictual, disruptive, or unreliable. Given that the mothers in our sample are on average 78 years old, it is likely that they emphasize their relationships with the child to whom they are most emotionally close. Based on research on empathy and socioemotional selectivity, we hypothesize that the impact of life problems will be greater on mothers' well-being when they are experienced by children favored for emotional closeness.

Preferred caregiver.—A second dimension of favoritism explored in this study is mothers' preference for which child will provide care should she become ill or disabled. In this case, the hypothesis to be tested is whether problems affecting a mother's preferred caregiver lead to greater distress. Prior research shows that mothers have clear preferences regarding which children they prefer as their caregivers, with more than three quarters expressing favoritism for an offspring in this regard (Pillemer & Suitor, 2006, 2014). Further, research indicates that the preferences for specific adult child care-givers remain stable across later life (Suitor et al., 2013).

Given the age range of the mothers in the study ($M = 78$), they are likely to be anticipating or experiencing health events that will precipitate the need for care. Because of recent or potential health problems, the question of who among their children will provide care when needed is likely to be highly salient. In fact, there is evidence that both explicit and implicit assumptions about care provision are typical in later-life families (Pecchioni, 2001). Given

this heightened awareness of potential care needs, it is possible that problems in the life of the preferred caregiver are likely to cause worry about the viability of future care arrangements and lead to greater emotional distress.

In summary, this study examined the impact of problems across multiple adult children on mothers' psychological well-being, employing a data set that allowed us to assess the differential effects of problems experienced by children who are and are not favored by their mothers. Specifically, we address the question: How do children's favored or unfavored statuses in the domains of emotional closeness and preferred caregiver moderate the effect of their problems on their mothers' psychological well-being? We test the hypothesis that the impact of children's problems on mothers' well-being will be greater when the children experiencing them are those to whom mothers are most emotionally close or those whom mothers identify as preferred caregivers.

Research Design

The data used in the present analyses were collected as part of the WFDS. The design of the WFDS involved selecting a sample of mothers 65–75 years of age with at least two living adult children and collecting data from mothers regarding each of their children. The first wave of interviews in the WFDS took place with 566 women between 2001 and 2003, and the original study was expanded to include a second wave of data collection from 420 mothers who were still living at the time of the 2008–2011 survey. In this article, we use data collected from 352 mothers who were interviewed at T2 regarding 1,339 of their adult children. For the present analyses, we used data collected at T2 rather than T1 because the full set of child problems and the timing of their occurrence were available only at T2. Although a longitudinal analysis would be ideal, we would note that prior research using this data set has found that patterns of favoritism are remarkably stable over time (Suitor et al., 2013), with over two thirds of mothers choosing the same child at both time points.

Procedures

Massachusetts city and town lists were used as the source of the original WFDS sample. With the assistance of the Center for Survey Research at the University of Massachusetts, Boston, we drew a probability sample of women ages 65–75 with two or more children from the greater Boston area. (For a more detailed description of the WFDS design, see [Suitor et al., 2013], where portions of this section have been published previously.) The T1 sample consisted of 566 mothers, which represented 61% of those who were eligible for participation, a rate comparable to that of similar surveys in the past decade (Marsden & Wright, 2010).

For the follow-up study, the survey team attempted to contact each mother who participated in the original study. At T2, 420 mothers were interviewed. Of the 146 mothers who participated at only T1, 78 had died between waves, 19 were too ill to be interviewed, 33 refused, and 16 could not be reached. Thus, the 420 represent 86% of mothers who were living at T2. Comparisons between the mothers alive at T2 who did and did not participate revealed that they differed only on education and subjective health.

We omitted six mothers from the present analysis because one of their two children died between waves and we also omitted four mothers who were missing data on the Center for Epidemiological Studies Depression (CES-D) Scale, and eight who were missing data on one or both of the favoritism items. For each of the two favoritism domains (caregiving and emotional closeness), we included data only from mothers who identified favored children at T2. Fifty mothers did not differentiate among their adult children for either of the relational contexts at T2 and were therefore also omitted from the present analyses. Thus, the final analytic sample for the present analysis is 352 mothers who reported on a total of 1,339 adult children. Listwise deletion was used to handle missing data on the independent variables because there were fewer than 1% missing on any variable in the analysis (cf. Allison, 2010). Table 1 presents the demographic characteristics of the 352 mothers.

Measures

Depressive symptoms.—To measure depressive symptoms, we employed the 7-item version of the CES-D Scale (Ross & Mirowsky, 1988). The items composing the scale are: (a) Everything I did was an effort, (b) I had trouble getting to sleep or staying asleep, (c) I felt lonely, (d) I felt sad, (e) I could not get going, (f) I felt I could not shake off the blues, and (g) I had trouble keeping my mind on what I was doing. In this sample, the scale for mothers ranged from 7–28, with a mean of 11.0 ($SD = 4.3$) and an α coefficient of .82.

Children's problems.—Consistent with other studies (Birditt et al., 2010; Milkie et al., 2008), we measured adult children's problems using items taken from the Midlife Development in the United States survey (Brim et al., 1996). Mothers were asked, separately, whether each of their adult children had experienced any of the following problems within the past year: (a) seriously ill or injured, (b) serious emotional or psychological problems, (c) drinking or drug problem, (d) serious financial problems, (e) did not have a job when wanted to work, (f) problems at work, (g) trouble with the law or police, (h) other legal problems, or (i) marital or other relationship problems. These (or similar) items have been used to create a variety of measures of children's problems (cf. Birditt et al., 2010; Greenfield & Marks, 2006; Milkie et al., 2008; Pillemer & Suito, 1991). Given that our primary concern was the effects of problems experienced by particular children, rather than the differential effects of particular types of problems, we classified children based on whether they had experienced any of the nine serious problems noted earlier. Because most children experienced none, and those who did typically experienced only one or two of these problems in the previous year, we classified each child as having or not having experienced at least one of the nine serious problems, rather than summing the items. This decision also took into consideration the fact that the data would be aggregated because the unit of analysis is the mother not the child or the individual mother–child dyad.

We then aggregated the reports to create a measure of the proportion of children in the family who had experienced any of these serious problems to provide a measure of children's problems without taking the children's favoritism statuses into consideration. Aggregation is necessary due to the within-family design, and we included all of each mother's children (rather than selecting a target child) to provide the most complete picture possible of the role of children's problems.

Children's problems by favoritism status.—To examine the differential effects of problems experienced by favored and not favored children for both favoritism domains (emotional closeness and preference for caregiver), we also created measures that would allow us to classify each child on the basis of whether he or she had experienced a serious problem during the previous year in combination with whether he or she was or was not favored for emotional closeness and/or caregiving.

To determine maternal favoritism, mothers were asked a series of questions that required them to select among their adult children. Among these items, the mother was asked to select which child (a) she would prefer help from if she (the mother) became ill or disabled and (b) to whom she felt the most emotionally close. Each child was coded as 0 for each of the items for which he or she was not chosen and 1 for each item for which he or she was chosen.

We then classified each child as: (a) experienced a problem and was favored for emotional closeness, (b) experienced a problem and was not favored for emotional closeness, or (c) did not experience any serious problems in the past year. We followed the same procedures to classify each child on the basis of being favored for caregiving. The two dimensions of favoritism were relatively independent of one another. The bivariate correlation between these two measures is only .31, consistent with our conceptual argument that these two dimensions of favoritism are distinct and should be analyzed separately.

For both emotional closeness and caregiving favoritism, we aggregated the combined children's problems/favoritism variables by mothers' case ID, such that we created a measure of the proportion of each mother's children who had experienced serious problems during the previous year and were favored (0–100%) as well as a measure of the proportion of children who had experienced problems and were not favored (0–100%). The strategy of aggregation and calculating the proportion of children in the two categories was selected to maximize the within-family design of the study. If most mothers had only one child with problems, it would have been possible to create a set of dummy variables at the mother level (mother had no children with problems, mother had a favored child with problems, and mother had a child not favored with problems) and analyze the interaction of problems with favoritism. However, in most cases, mothers had more than one child who had experienced problems. Thus, it was necessary to create an aggregate that combined the favoritism and child problems to measure the proportion of children who had problems and were or were not favored. The proportion of children in the family with problems ranged from 0 (26.5%) to 100 (14.4%). In the majority of cases, (57.2%) fewer than half of the children in the family were reported as having problems.

Mother-Level Characteristics

Family size was measured using the number of living adult children in the family at T2 ($\bar{x} = 3.9$; $SD = 1.8$). Mothers' age was measured in years ($\bar{x} = 77.9$; $SD = 3.2$). *Marital status* was coded as *married* = 1 and not married = 0. Age was the age mothers provided at T1 plus 7 (the number of years between interviews). *Mothers' educational attainment* was assessed by asking the highest level of education completed.

Race was measured by asking the mothers to select from a card listing several races and ethnicities (e.g., White, Black, or African American, Hispanic or Latina, Native American, and Asian). They were instructed that they could choose more than one race or ethnicity. The analytic sample for this article included 167 mothers who identified themselves as White, 60 who identified as Black, 3 as Hispanic, 3 as Native American, and 1 as Asian. Based on the literature on later-life families, which has shown greater filial responsibility in Black, Asian, and Hispanic than White families, we coded race as *White* = 1 and not *White* = 0. We included subjective health as a control because it has been found to be a strong predictor of depressive symptoms (Geerlings, Beekman, Deeg, & van Tilburg, 2000); *poor* = 1 and *excellent* = 5.

Analytic Plan

As noted earlier, we omitted mothers from the present analysis who did not have at least two living children and those who were missing data on the CES-D Scale or favoritism items. Because the percentage of mothers who favored a child varied across domains, the number of cases included in each analysis varied. The final analytic sample is 352 for the analysis that does not take mothers' favoritism into consideration, 322 for the analysis in which mothers' favoritism regarding future caregiving is included in the model, and 279 for the analysis in which mothers' favoritism regarding emotional closeness is included. Because the mother is the unit of analysis, we used ordinary least squares regression analysis using SPSS 22. Listwise deletion was used to handle missing data on the independent variables because there were fewer than 1% missing on any variable in the analysis (cf. Allison, 2010).

Results

The analyses presented in Table 2 examine the effect of the proportion of children with problems on mothers' depressive symptoms as well as the effect of the combination of children's problems and their favoritism status. As shown in Model 1 in the left-hand columns, the greater the proportion of children with problems, the higher the mothers' depressive symptoms ($B = .18$; $p < .01$). These results clearly demonstrate the powerful impact of children's problems on mothers' well-being.

Model 1 provided a test of the main effect of children's problems on mothers' psychological well-being. In contrast, Models 2 and 3 consider the interaction of problems and favoritism. Specifically, Model 2, which is shown in the middle columns, tests whether the effects of children's problems vary by whether the children were or were not favored as mothers' preferred caregivers. As shown in the bottom two rows, the proportion of children with problems who were preferred caregivers predicted mothers' depressive symptoms ($B = .16$; $p < .01$) and the proportion of children with problems who were not favored for caregiving approached statistical significance ($B = .09$; $p < .10$). Tests of significance between the coefficients revealed no significant difference in the magnitude of the effects ($F = .15$; n.s.), leading to the conclusion that favoritism did not increase the negative impact of children's problems.

Model 3 examines the effects of children's problems on mothers' psychological well-being by whether the problems were experienced by the children to whom mothers reported being most emotionally close. As shown at the bottom of the right-hand columns, the proportion of children with problems predicted mothers' depressive symptoms both when the children with problems were those to whom she was most emotionally close ($B = .14$; $p < .01$) and when they were not ($B = .11$; $p < .05$). The difference between the coefficients for proportions of problem children who were and who were not favored for emotional closeness was not statistically significant ($F = .33$; n.s.).

We questioned whether the findings may have been affected by combining children's problems into a single measure. In particular, it is possible that the effects of children's problems may vary depending on whether the child's problems involved actions that are perceived as outside of the offspring's personal control (i.e., serious physical illness) or were more voluntary in nature (e.g., problems with drugs or the law). For example, children's problems might affect depression only under circumstances in which the off-spring are seen as contributing to their life problems. We conducted separate analyses dividing the problem scale into voluntary and involuntary problems, and the results were unchanged (tables not shown).

We also conducted an additional set of analyses using a randomly selected child from each family, as an alternative approach to testing our hypothesis that children's problems would be stronger predictors of mothers' depressive symptoms when those children were also favored for emotional closeness or future caregiving. For this analysis, we randomly selected a child from each family and created interaction terms that took into consideration whether the child did or did not have problems and whether the child was or was not favored for emotional closeness or future caregiving. These analyses revealed no evidence of differences in the effects of having problem children who were and were not favored (tables not shown).

Discussion

In this article, we hypothesized that parents may have a stronger investment in the children to whom they are most emotionally close and that therefore problems those children experience would be especially distressing to parents. Further, problems in the lives of adult children from whom parents prefer to receive caregiving support may also have greater effects on parents' well-being, given that the child's difficulties can be perceived as a barrier to future help. We tested these hypotheses using a data set that allowed for inclusion of mothers' reports on all children in the family.

The pattern of findings reported in this article contributes to a growing body of literature demonstrating that adult children's experience of problems profoundly affects mothers' psychological well-being. In the present study, the influence of children's problems is striking, and in fact, the problem measures are the strongest predictors of depression across all models. Indeed, in concert with prior literature reviewed earlier in this article, our results suggest that expanding research on the role of children's problems in parental depression and the mechanisms for this effect should be a high priority. Although the reverse pattern—the negative effects of parental disability and caregiving needs on children—has taken

precedence in the literature over the past several decades, it is clear that parents are at similar risk when their off-spring encounter difficulties. Research should vigorously explore these reciprocal dynamics of relational stress and well-being.

Such problems in children's lives affected mothers regardless of whether the offspring was or was not a favored child. The hypothesis we tested proposed that when favored children experienced problems, mothers' depressive symptoms would be greater. That hypothesis was not supported, and children's problems led to greater distress both when children were favored and when they were not favored. This pattern of findings suggests that there is only a main effect of children's problems on parental well-being. As the review of the literature made clear, parental favoritism has been shown to be a highly important factor in parent–adult child relations in a number of domains (Fingerman, Cheng, et al., 2012; Pillemer & Sutor, 2008). However, in the case of child problems, it is possible that powerful bonds of attachment may attenuate that relationship.

Based on attachment theory (Bowlby, 1969), it may be that parents will experience an increase in distress regardless of their preference for a child. Specifically, lifelong patterns of parent–child attachment may lead to distress regarding all children with problems (Bradley & Cafferty, 2001). Attachment relationships involve provision of support and protection for children as well as seeking to aid the offspring in the face of threat. An underlying assumption about attachment across the life span is that seeking and providing security are activities continued beyond childhood (Merz, Schuengel, & Schulze, 2007; Van Assche et al., 2013). Except in rare cases where there is an absence of attachment, problems affecting any child may diminish parental well-being, regardless of favoritism. This hypothesis is also grounded in the life-course emphasis on “linked lives,” in which parents and their children typically affect one another throughout the life span (Greenfield & Marks, 2006; Kalmijn & De Graaf, 2012). Further, recent research on the role of suffering in intergenerational relationships suggests that observation of the suffering of a loved one generally leads to psychological distress (cf. Monin and Schultz, 2009). Thus, having any one child experiencing life difficulties may reduce well-being.

The present findings suggest, as Fingerman, Cheng, et al. (2012) have observed, that the adage “you are only as happy as your least happy child” appears to be correct, in that mothers experienced any child's problems as distressing without regard to favoritism. The linked lives that are forged through early family life and attachment continue to have effects on parents after the offspring become adults, and in this case, within-family differentiation does not appear to play a role.

Future research can productively expand our knowledge of these issues in several ways. First, the critically important role of adult children's problems in the lives of older parents has now been convincingly demonstrated across a range of studies (Fingerman, Cheng, et al., 2012; Greenfield & Marks, 2006; Kalmijn & De Graaf, 2012; Milkie et al., 2008; Oreo & Ozgul, 2007; Pillemer & Sutor, 1991; Seltzer et al., 2001). It is an important task to better understand the mechanisms for this effect. We hypothesized one mechanism: that distress might result from a child's perceived unavailability to provide care if needed. Although this hypothesis was not supported, alternative mechanisms should be explored. Especially useful

would be studies that examine resilience in the face of children's problems: What characteristics of parents or children serve as protective factors against the distress caused by difficulties in the lives of offspring?

Second, it is important to use panel data to address the question of reciprocal causation. Although we have proposed that children's problems lead to mothers' higher depressive symptoms, it is possible that in some cases, there are reciprocal effects of children's problems and mothers' well-being. Given the strength of the cross-sectional association between children's problems and depressive symptoms in the present study, such longitudinal research appears to be strongly justified. Third, this study focused on mothers, and it is important to determine if similar findings are uncovered for fathers.

Conclusion

Over the past two decades, increasing evidence has mounted regarding the prevalence and importance of parental favoritism in later life. Studies have shown that parental favoritism is related to lower psychological well-being in adult offspring (Pillemer, Suito, Pardo, & Henderson, 2010) and to lower quality relationships among siblings (Gilligan, Suito, Kim, & Pillemer, 2013). Despite enthusiasm for this line of research, the present study suggests that there are limits to the impact of favoritism. Regarding children's problems, mothers' responses appear to be egalitarian: If any child is experiencing difficulties, the risk of psychological distress increases. As research continues to emphasize the importance of within-family differences in parent-child relationships, additional studies are needed to clarify when parental favoritism makes a difference and when it does not.

Additional research on this topic is likely to be useful to practitioners who work with older people and their families. The powerful effect of children's problems on mothers' well-being suggests that clinicians who work with aging families should explore this issue in detail. Because embarrassment regarding troubled offspring may inhibit disclosure, service providers are likely to need to directly inquire about the presence and extent of children's problems. Although family counseling options for older people have increased, they are often underutilized (Knight, Kaskie, Shurgot, & Dave, 2006). Given the importance of troubled intergenerational relationships as a predictor of diminished well-being, providing opportunities to understand and resolve these intergenerational difficulties is highly recommended.

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Table 1.

Description of Mothers' Characteristics.

Marital Status, %	
Married	39.0
Divorced/separated	15.1
Widowed	46.0
Education, %	
Less than high school	19.3
High school graduate	45.5
Some college	12.8
College graduate	22.4
Number of children (<i>SD</i>)	3.8 (1.7)
Race, %	
Black	27.6
Not Black	72.4
Age in years (<i>SD</i>)	77.7 (3.1)
Subjective health (<i>SD</i>)	3.2 (1.1)
Depressive symptoms (<i>SD</i>)	11.0 (4.3)
Proportion of children in the family who had problems and were favored for future caregiving	12.0
Proportion of children in the family who had problems and were not favored for future caregiving	28.0
Proportion of children in the family who had problems and were favored for emotional closeness	11.1
Proportion of children in the family who had problems and were not favored for emotional closeness	28.9

Note. *N* = 352.

Ordinary Least Squares Analysis Predicting Depressive Symptoms for Favoritism Regarding Preferences for Caregiving and Emotional Closeness.

Table 2.

	Model 1		Model 2		Model 3	
	<i>b</i> (<i>SE</i>)	<i>B</i>	<i>b</i> (<i>SE</i>)	<i>B</i>	<i>b</i> (<i>SE</i>)	<i>B</i>
Married	0.40 (.46)	.05	0.39 (0.46)	.04	0.41 (.46)	.05
Education	-0.16 (.13)	-.07	-0.16 (0.13)	-.07	-0.16 (.13)	-.07
Family size at T2	-0.01 (.13)	-.01	0.06 (0.13)	.02	0.04 (.13)	.02
White	0.77 (.51)	.08	0.83 (0.51)	.09	0.74 (.51)	.08
Age at T2	0.03 (.08)	.02	0.02 (0.07)	.02	0.03 (.07)	.02
Subjective health at T2	-1.45** (.20)	-.36	-1.45** (0.20)	-.36	-1.46** (0.21)	-.37
Proportion of children with problems	2.26** (.63)	.18	—	—	—	—
Proportion of children with problems favored	—	—	3.79** (1.25)	.16	3.30** (1.25)	.14
Proportion of children with problems not favored	—	—	1.49 [†] (0.83)	.09	1.75* (0.82)	.11
Model statistics						
Adjusted R ²	.19		.14		.17	
<i>df</i>	7		8		8	
<i>n</i>	352		322		279	

[†] *p* < .10.

* *p* < .05.

** *p* < .01.