Intergenerational Relations Across 4 Years: Well-being Is Affected by Quality, Not by Support Exchange

Eva-Maria Merz, PhD,1,2 Carlo Schuengel, PhD,2 and Hans-Joachim Schulze PhD2

Purpose: Providing support to an aging parent may pose challenges to adult children but also provide an opportunity to “give back” to loved ones. The current study investigated changes in emotional and instrumental support and quality across a period of 4 years. Additionally, associations between intergenerational support and well-being in adult children over time were investigated. Design and Methods: Data from the first and second waves of the Netherlands Kinship Panel Study (N = 6,062) were analyzed to investigate the relative importance of relationship quality and support exchange and to test the potential buffering role of relationship quality for effects of the changing balance of support on well-being. Results: It was found that provision of instrumental and emotional support to parents increased during a period of 4 years. At the same time, instrumental support children received from parents decreased, whereas emotional support from parents increased. Intergenerational support exchange between children and parents was not associated with well-being in children, whereas the quality of the intergenerational relationship strongly predicted their well-being. Implications: Decreasing relationship quality seems a greater threat to the well-being of caregiving children than increased support and care tasks. Family counseling and public awareness to address this decline in intergenerational relationship quality may be important for well-being of families.

Key Words: Adult child–parent relationships, Emotional and instrumental care, Affective characteristics, Life satisfaction, Longitudinal design

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Although support exchange typifies intergenerational relationships between parents and their children across the life span, the consequences of providing and receiving support during times when adult children may become more providers and parents more recipients are unclear. Characteristics of intergenerational relationships remain important throughout the whole life span (Merz, Schuengel, & Schulze, 2007) and are associated with well-being in both generations (Dehart, Sroufe, & Cooper, 2004; Treboux, Crowell, & Waters, 2004). These relationship characteristics, such as support exchange and caregiving, are likely to vary according to developmental stages and phases during the life course and might be associated with well-being differently according to these life stages. In elderly parent–adult child dyads, the balance of the intergenerational relationship is tipped toward children giving more support to their parent than receiving (Merz, Schuengel, & Schulze, 2008). Older parents’ mental and physical state deteriorates, whereas their children gain in knowledge, experience, and other personal resources (Colin, 1996; Doherty & Feeney, 2004; Merz et al., 2007). Based on the existing cross-sectional studies, however, an estimation of the rate at which these changes occur is hard to give, nor can the possibility be excluded that differences between age groups reflect cohort differences, not the effects of aging. Additionally, not all dimensions of parent–child relationships may be related with age. Affective characteristics such as quality most of the time remain strong and intergenerational relationships are usually characterized by frequent contacts and emotional closeness (Schwarz, Trommsdorff, Albert, & Mayer, 2005). Starting from infancy, parent–child interactions translate into
mental representations of attachment that tend to self-perpetuate and entrench the quality of the relationship (Sroufe, Carlson, Levy, & Egeland, 1999). Not only might the quality of relationships be relatively stable but might also be more strongly intertwined with emotional functioning and well-being than dimensions of relationships related to intergenerational support.

Related to well-being, it has been found that providing intergenerational support to elderly parents is weakly associated with lower levels of well-being among adult children (e.g., Cicirelli, 1993; Townsend & Franks, 1995). Behind these small effects, considerable variability may exist, however, where providing support may in some groups lead to more well-being if the parent–child relationship is, and has been, open and emotionally secure (Merz et al., 2007). In addition, older parents may continue to fulfill their parental role, especially concerning emotional support and giving advice. Intensified contact because of their support needs may even provide increasing opportunities to do so. This may partially compensate for the burden that occurs when the members of the younger generation provide support to their parents.

Such complexity suggests that much remains to be understood regarding the associations between intergenerational support exchange, relationship quality, and well-being. The present study tests to what extent the balance of intergenerational support is a function of time and to what extent the quality of the relationship, independent from structural and instrumental capacities, is stable. Additionally, the current report investigates the associations between intergenerational relationship characteristics and well-being in adult children over time by testing the relative importance of relationship quality and support exchange for well-being and testing the potential buffering role of relationship quality for effects of the changing balance of support.

**Emotional and Instrumental Support Exchange and Well-being**

As several studies have failed to find an overall association between family support and well-being (e.g., Lee & Ellithorpe, 1982; Whitbeck, Hoyt, & Tyler, 2001), at least when assessing received support, researchers have begun to differentiate among various components of support. Intergenerational support is a complex construct (Uchino, Cacioppo, & Kiecolt-Glaser, 1996), and indeed, emotional and instrumental support may have different associations with well-being (Zunzunegui, Béland, & Otero, 2001). It has been found that receiving emotional support is less negatively associated with the well-being of older adults than receiving instrumental support (e.g., Reinhardt, Boerner, & Horowitz, 2006; Zunzunegui et al.) presumably because emotional support may be more associated with empathy, affection, and emotional commitment within the relationship than with an increased dependency on the parent’s side. Generally, caring for older family members has been found to put considerable burden on caregivers. Explanations for this burden range from having to cope with the disruptive life event of becoming a caregiver, the disruption of marital and family life, competition among different roles and duties (Remmnick, 2001), and the costs in terms of time spent with caregiving tasks (Tooth, McKenna, Barnett, Prescott, & Murphy, 2005). These explanations imply that different types of support might have different effects on well-being.

There have been only a few studies that investigated the effects of providing different kinds of support, in particular emotional and instrumental support. Schwarz and colleagues (2005) found no difference in associations between support and caregiver burden experienced by daughters for the three kinds of filial support they investigated, namely, emotional, instrumental, and financial support. However, Carpenter (2001) did find a significant association between providing instrumental support to older mothers and caregiver burden in daughters. He did not find an association between providing emotional support and burden. A study by Jasinskaja-Lahti, Liebkind, Jaakkola, and Reuter (2006) found that emotional support was more strongly associated with positive effects than was instrumental support. Given the limited number of studies and their equivocal results, more research is needed that distinguishes between emotional and instrumental support to investigate the consequences that providing support to elderly parents may have for adult children. It is also worth noting that several of the aforementioned studies provide evidence suggesting that not only the distinction between emotional and instrumental support is critical but also the characteristics of the relationship between the recipient and provider (e.g., Marcoen, Verschueren, & Geerts, 1997) may moderate the support–well-being relationship. In the following section, we consider these data more explicitly and develop a rationale for the specific consideration of relationship.
quality as a likely moderator of the links between forms of support exchange and well-being in caring adult children.

**Intergenerational Relationships and Well-being in Adult Children**

Sociologically motivated gerontological research (e.g., Koropeckyj-Cox, 2002; Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002) as well as attachment theoretical research (Ainsworth, 1989) on adult children and aging parents (e.g., Cicirelli, 1993; Marcoen et al., 1997) converge in their suggestion that in addition to intergenerational support exchange, affective relationship characteristics such as quality and attachment are associated with well-being in caring relationships between adult children and their elderly parents. Affective relationship characteristics such as quality, closeness, and filial love were found to be positively related to well-being (e.g., Levitt, Guacci, & Weber, 1992; Pype, Marcoen, & Van Ranst, 1996; Townsend & Franks, 1995) in intergenerational caring relationships. Similarly, Llacer, Zunzunegui, Gutierrez-Cuadra, Béland, and Zarit (2002) reported that conflict behavior in the intergenerational relationship was associated with poorer life satisfaction in adult child caregivers, a finding mirrored by the study of Umberson (1992). Several studies from an attachment theoretical framework have found various aspects of attachment to be related with well-being in caregiving children. Stronger attachment in the adult child–parent relationship was related to less caregiving burden, whereas stronger feelings of obligation were related to greater caregiving burden (Cicirelli). Carpenter’s (2001) results suggest that practical care of adult daughters might be independent from attachment patterns in its effect on well-being, whereas affective care may be enhanced or hampered by characteristics of the respective attachment bonds. Similarly, attachment styles, presumably based on the relationship history with the parent, were related to caregiving difficulty and psychological symptomatology, with a secure style associated with less and a style of preoccupation with attachment associated with more difficulties (Crispi, Schiaffino, & Berman, 1997).

If an intergenerational relationship is well organized in terms of the coregulation of harmonious interaction patterns, based on clear and positive expectations, relationship partners might experience higher quality and less conflict. Harmonious and well-regulated interaction may be especially important during times in the relationship when support has to be more intensively exchanged. In relationships that are characterized by positive interactions, emotional commitment, openness, and flexibility, the challenges of changes in the balance of support exchange may be experienced with less forfeit regarding well-being of caregiving children.

**The Present Study and Hypotheses**

The aim of the present study was twofold. A first goal was to investigate how intergenerational relationships change across a period of 4 years with respect to the balance of intergenerational support between adult children and their parents and to the quality of the relationship. We hypothesized that children would increase their support to their elderly parents, both emotionally and instrumentally, whereas the support they received from their parents would decrease, especially instrumental support. Regarding the quality of the intergenerational relationship, we expected no increasing or decreasing trend from the first to the second point of measurement, based on the theoretical notion that quality of parent–child relationships is based on a lifelong history of interaction, represented in reciprocal expectations and perceptions (Sroufe et al., 1999).

Our second goal was to prospectively examine the association between providing and receiving intergenerational support and quality with well-being in the adult child generation. We investigated to what extent patterns of intergenerational support predicted well-being 4 years later and which role the quality of intergenerational relationship played in this association. Based on previous research (e.g., Lee & Ellithorpe, 1982; Whitbeck et al., 2001), which failed to find an overall association between family support and well-being, we hypothesized that providing and receiving emotional support is beneficial for the well-being of adult children, whereas instrumental support might have negative consequences. Although we expected higher quality relationships to predict greater well-being in adult children, we were also interested in examining how quality might moderate the relations between intergenerational support and well-being in adult children. Given that relationship quality may represent a relatively stable characteristic that influences relationship expectancies and behaviors as well as the individual’s relationship to own needs and dependencies, we
expected that quality would moderate the associations between support exchange and well-being in adult children. Because high relationship quality allows for greater interpersonal dependency, we expected that the negative associations of instrumental support exchange with well-being would be reduced. Providing support to parents as their needs increase may be a sign of a strong and positive relationship and may reduce the possible burden for the adult child.

Methods

Participants and Procedure

The Netherlands Kinship Panel Study (NKPS; Dykstra et al., 2004, 2007) is a representative survey among individuals living in the Netherlands (N = 8,161, 58.09% women, M_age1 = 46.43 years, SD = 15.13 years). The NKPS, a collaboration between the Netherlands Interdisciplinary Demographic Institute, the University of Amsterdam, the Utrecht University, and the Tilburg University, was intended to examine family and kinship relationships across the Netherlands with a particular focus on intergenerational solidarity (Dykstra et al., 2004). Data collection with computer-assisted personal interview and self-completion questionnaire schedules took place from October 2002 until January 2004 for the first wave (T1). This first wave sample was a random sample of individuals within private households in the Netherlands, aged 18–79 years.

From September 2006 until June 2007, a second wave (T2) of data collection took place. A total of 6,026 of former NKPS main respondents were interviewed again. Of these main respondents, 59.31% were women; the mean age (M_age2) was 50.15 years, with an SD of 14.47 years. The questionnaires in Wave 2 focused on the changes that have taken place in the lives of the respondents and their families since the first wave. Comparing Wave 1 respondents who were and were not Wave 2 respondents revealed that Wave 2 nonrespondents did not differ from respondents in terms of intergenerational support received. However, Wave 2 nonrespondents had lower levels of intergenerational support provided, relationship quality, and well-being (p < .05). In Table 1, an overview over respondent and study characteristics, relevant to the current report, can be found.

Measures

The NKPS survey was developed by a multidisciplinary scientific council of representatives from Dutch and international scientific institutes with a strong background in the field of family studies and intergenerational relations. An initial survey was drafted by this council, consisting of items regarding family relationships and support exchange. This list was subjected to pilot testing and item analysis and formed the basis for the final survey (Dykstra et al., 2004).

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<th>Variables</th>
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<td>0.71</td>
<td>−3.60 to 1.41</td>
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Note: Sex and partner are dummy coded, such that 1 = female and 1 = partnered.
**Intergenerational Support.**—Consistent with prior data indicating differential links to well-being, two different metrics, one referring to instrumental support and one to emotional support, were created. If respondents reported on intergenerational exchanges with both father and mother, scores were averaged to obtain one parent score.

Emotional support provided was measured using items referring to how much interest and advice (ranging between 1 = not at all, 2 = once or twice, and 3 = several times) children provided to their parents. Cronbach’s alpha for the emotional support variable, based on four items, was .77 at T1 and .76 at T2. Instrumental support consisted of items measuring how much support with household chores and odd jobs (ranging between 1 = not at all, 2 = once or twice, and 3 = several times) children provided to their parents. Cronbach’s alpha for the instrumental support variable, based on four items, was .81 at T1 and .83 at T2.

Additionally, we investigated emotional and instrumental support adult children were receiving from their elderly parents. Emotional support received consisted of items on how much interest and advice children were receiving from their parents. Cronbach’s alpha for the emotional support variable, based on four items, was .79 at T1 and .80 at T2. Instrumental support received from parents included the items measuring how much support with household chores and odd jobs children received from their parents and also included one item referring to support with child care adult children received from their parents. Cronbach’s alpha for the instrumental support variable, based on six items, was .81 at T1 and .83 at T2.

Well-being.—Well-being was measured with two scales, one on psychological health and one on life satisfaction of the respondents. The psychological health scale included five items covering different psychological states, such as feeling depressed, calm and composed, very nervous, miserable, and happy (Cronbach’s alphas were .85 at T1 and .85 at T2). The life satisfaction scale included four items asking how respondents would evaluate their life in general, its conditions, and asking if they regard it as ideal in most ways and would do their life in the same way over again (Cronbach’s alphas were .82 at T1 and .84 at T2). Mean scores of well-being were computed by combining both the psychological health and the life satisfaction scale. The score was declared missing when three or more of the total nine items were missing. Cronbach’s alphas for this combined scale were .87 for the well-being of main respondents at both times (T1 and T2).

**Health.**—Respondents were asked to indicate how they would rate their health in general. Health of the respondents and their parents was used as a control variable because this factor may be a confounder due to its association with both well-being and support provision (Silverstein, Chen, & Heller, 1996).

**Statistical Analyses**

Pearson correlations were calculated to assess bivariate associations among the study variables. Repeated measures analyses were conducted to investigate changes in study variables between T1 and T2. Additionally, we tested if these changes in study variables varied across age groups. The respondents (i.e., the adult children) were divided into four age groups (18–29, 30–39, 40–49, and 50–79 years), each spanning about 10 years; the last age group was wider to generate more evenly populated groups. We conducted repeated measures analyses of variance (ANOVAs), with age group as between-subject factor. A hierarchical regression analysis was performed to determine the best linear combination of emotional support, instrumental support, and relationship quality scores predicting well-being at T2. Well-being at T1, demographic variables, and general health scores were entered into the regression model as control variables. In a second step, emotional support and instrumental support were entered into the regression equation. In a third step, the relationship
quality scores were added, and in the fourth step, the interactions between different kinds of support provided and received and relationship quality were added to the model. For the interaction testing, variables were centered and then multiplied, as suggested by Aiken and West (1991).

Results

Correlations Among Study Variables

Table 2 presents the correlations among demographic variables, emotional and instrumental support, relationship quality, and well-being. As indicated, several demographic variables were associated with well-being. Older respondents and respondents having a partner showed higher well-being at both the first and the second wave assessment. Additionally, older adult children were providing more emotional and instrumental support to their elderly parents. At the same time, older respondents (i.e., the adult children) received less emotional and instrumental support from their parents. Higher educated adult children were providing their parents with more emotional support and reported a higher well-being at T1 and T2. Women reported a lower well-being than men but were providing their parents with more emotional support.

The quality of the adult child–parent relationship was positively associated with both emotional and instrumental support provided and received as well as with well-being at both times of measurement. Giving emotional support to parents was positively related to adult children’s well-being, whereas providing instrumental support was not associated with the well-being of adult children.

Changes Within Parent–Child Relationships Over Time

Repeated measures ANOVAs were conducted to investigate increases and decreases in the study variables between the first and the second measurements. We found a significant increase in emotional and instrumental support adult children provided to their parents between the first and second measurements, $F_{\text{emotional support provided}}(1, 3587) = 327.22, p < .001, \eta = .29$, and $F_{\text{instrumental support provided}}(1, 3384) = 39.66, p < .001, \eta = .11$. Emotional support children received from their parents also increased, whereas instrumental support received from parents decreased between T1 and T2, $F_{\text{emotional support received}}(1, 3587) = 34.45, p < .001, \eta = .10$, and $F_{\text{instrumental support received}}(1, 3384) = 5.87, p < .05, \eta = .04$. Regarding relationship quality, a significant decrease between the first and second waves was found, $F_{\text{quality}}(1, 3660) = 13.92, p < .001, \eta = .06$. The well-being of adult children did not change significantly between the first and second measurements, $F_{\text{well-being}}(1, 5331) = .01, p > .05$.

Concerning changes across age groups, we found the following results. The increase in emotional support adult children provided to their parents did not significantly differ among age groups, $F_{\text{emotional support provided}}(3, 3584) = 2.53, p > .05$, whereas instrumental support given to parents decreased in the youngest group and increased, $F_{\text{instrumental support provided}}(3, 3381) = 9.87, p < .001, \eta = .09$, in the older age groups, including children from 30 years of age on (cf. Figure 1).

Regarding intergenerational support adult children received from their parents, we found a general increase in emotional support between T1 and T2 in all age groups, $F_{\text{emotional support received}}(3, 3584) = 2.99, p < .05, \eta = .04$. However, this increase was larger in the younger age groups (adult children between 18 and 29 years) compared with the older child–parent dyads (including adult children from 30 years of age on; cf. Figure 2).

Instrumental support from parents significantly decreased, $F_{\text{instrumental support received}}(3, 3381) = 4.45, p < .001, \eta = .06$, but especially in the two older groups, including adult children from 40 to 79 years old. In the youngest group, that is, adult children between 18 and 29 years, we found an increase in instrumental support received from parents (cf. Figure 3). Age group did not have a significant effect on the change in relationship quality and well-being.

Well-being Predicted by Parent–Child Relationship Characteristics

Table 3 shows the results for the hierarchical regression of well-being of the adult children at T2 on control variables, intergenerational support provided and received and quality of the intergenerational relationship at T1. The well-being of adult children at T2 was positively associated with their well-being at the first assessment, with older age and better health. Adult children’s well-being was not found to be significantly associated with any form of intergenerational support, be it emotional or instrumental support provided to elderly parents or received from them. The quality of the
Table 2. Correlations Among Study Variables

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Notes: Sex and partner are dummy coded, such that 1 = female and 1 = partnered.

*p < .05, **p < .01, ***p < .001.
adult child–parent relationship predicted increased well-being of adult children. Furthermore, one interaction effect, between instrumental support received from parents and relationship quality, was found to predict well-being of the adult children. Probing this interaction effect revealed that in relationships considered as of low quality, receiving instrumental support from parents predicted lower well-being of adult children than in high-quality relationships.

Discussion

Changes Across Time

Intergenerational support exchange patterns change across the life course. The balance in the flow of intergenerational help and support varies according to different developmental phases during the life span. When children age into adulthood, they will gain in knowledge, experiences, and capacities to reach a certain state of maturity (Brody, 1985). This may enable them to function as support providers for their aging parents. These shifts were reflected in our finding that the amount of instrumental and emotional support that children provided to their parents increased over a period of 4 years. For their parents, becoming older might already lead to limitations, such as decreasing mobility and capacities and deteriorating health. This might explain why they might increasingly elicit support and care from their adult children. However, these changes in the relationships do not imply that roles become totally reversed and that adult children have to expect decreasing support, especially emotional support, from their parents. The relative proportions of receiving and providing support changed until adult children on average provided more support than they received, a situation contrary to how
Intergenerational support relationships are characterized during childhood.

Instrumental support parents provided to children decreased but emotional support increased. Parents facing the challenges of aging might have to deal with shrinking capacities and reduced mobility and may therefore be less able to provide instrumental support. However, parents may not abandon their role as stronger and wiser support figures (cf. Zarit & Eggebeen, 2002) because their ability to support their children in emotional and affective ways is largely independent from physical capacities or mobility. Therefore, older parents may concentrate on emotional support provision, reflected by advice exchange, increased interest, and emotional commitment.

By comparing the different age groups on the rate in which support provision and receipt changed, an even clearer picture was obtained of the balance of intergenerational support exchange across the life course. A stronger increase in instrumental support provided to parents was found in the older parent–child dyads, reflecting an increased need for support and care from children at the parent side, compared with younger parent–child dyads. Emotional support increased about as much in every age group. This may be because emotional support does not necessarily require physical mobility and other capacities and, even more important, might compensate for the shrinking possibilities to provide instrumental support to children. It may also reflect the fact that parents getting older might have more life experiences to base emotional support toward their children on. Contrary to our expectations, quality within the intergenerational relationship decreased between the first and the second measurements. In an earlier study, based on the same sample but using a cross-sectional approach, it has been found that intergenerational relationship quality generally was higher in younger adult child–parent dyads than in older dyads (Merz et al., 2008). In line with these results, the present study also provides evidence for a general decline in relationship quality. At the same time, the emotional and instrumental support children received from their parents was more strongly associated with relationship quality than the intergenerational support children provided to their parents. The decrease in relationship quality may therefore be explained by an increase in support provided in parallel with a decrease in support received.

Intergenerational Support and Well-being

Contrary to our expectations, the current study did not find intergenerational support exchange to be directly related with the well-being of adult children. In fact, earlier work also has failed to find such effects (cf. Whitbeck et al., 2001), and when effects were found, they were small in magnitude (e.g., Marks, Lambert, & Choi, 2002). Instead of support exchange, relationship quality showed in our study the strongest effects on well-being, despite the limited manner in which quality was currently operationalized. In addition to main effects of quality, theoretical and empirical arguments led to the hypothesis that quality would also explain variation in the effects support exchange might have on well-being. Contrary to these expectations, we only found one, unexpected, moderating effect of quality. Receiving instrumental support

**Figure 3.** Change in instrumental support received from parents across age groups. *Note:* Differences between age groups were obtained with least significant difference post hoc tests. Difference between age groups 18–29 and 40–49, \(t(1587) = 19.32, p < .001\); difference between age groups 18–29 and 50–79, \(t(1093) = 24.58, p < .001\); difference between age groups 30–39 and 40–49, \(t(2288) = 21.38, p < .001\); difference between age groups 30–39 and 50–79, \(t(1794) = 26.47, p < .001\); and difference between age groups 40–49 and 50–79, \(t(1522) = 8.90, p < .001\).
from parents was found related to the well-being of adult children when the intergenerational relationship was considered as of high quality. In relationships of lower quality, receiving instrumental support appeared to have a more negative impact on the well-being of adult children. As an explanation, having to accept instrumental support from parents may undermine children’s striving for autonomy, but only when this support is ill focused with respect to the needs of the adult child. Parents and children in a high-quality relationship are more likely than others to effectively communicate what support is and is not required. Regarding the absence of a moderating effect of quality on the

Table 3. Summary of Hierarchical Regression Analysis for Intergenerational Support and Relationship Quality Predicting Well-being in Adult Children at T2

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Notes: R² = .39 for Step 1; ΔR² = .00 for Step 2 (p = ns); ΔR² = .01 for Step 3 (p < .001); ΔR² = .00 for Step 4 (p = ns). Total R² = .40. Sex is dummy coded, such that 1 = female.

a Including partner status and health of the parent as control variables in Step 1 did not provide significant changes in the model.

*p < .05. **p < .01. ***p < .001.
association between providing support and well-being, there is the possibility that providing such support is not experienced as very stressful, unless parents are very needy and professional support is insufficient. This may especially be the case at the end of parents’ life. In the current study, children responded with respect to parents who were still alive, excluding children who had lost their parent in the 4-year period and had been caring for them during the time of their illness. Relatively few children may therefore have based their responses on a high-care situation. It has been found that caregivers caring for family members with severe health problems, including chronic physical health problems, dementia, physical disability, or chronic mental health problems, had less negative health outcomes in terms of depression, psychological distress, and life satisfaction when their former relationship with the care recipient was better regarding respect, affection, love reciprocity, and conflict (Wuest, Hodgins, Malcolm, Merritt-Gray, & Seaman, 2007). Similarly, Steadman, Tremont, and Davis (2007) found that higher relationship satisfaction was associated with less burden in caregivers of patients with dementia. It might be possible that the moderating role of relationship characteristics in the association between support and caregiver well-being becomes especially salient in caring relationships where the care recipients suffer from severe health problems.

Limitations and Concluding Remarks

Through analysis of a large, geographically representative, and longitudinal data set, the current study offered an extension of previous research on intergenerational support, relationship quality, and well-being in later life in terms of statistical power, generalizability, and changes over time. These strengths considered, the current study is also not without limitations. First, it is worth noting that the comprehensiveness of the survey imposed limitations on the detail with which constructs were operationalized. Characteristics of intergenerational relationships, health and disability, and affective and emotional aspects of these relationships were therefore assessed at a global level.

Relationship quality, which was found to be a strong and significant predictor of well-being, was measured with a single item, without delving into the emotional depths and affective complexities of parent–child relationships. In an earlier report, this measure of relationship quality was shown to discriminate from other, support-related, aspects of the relationship and to converge with reported conflict (Merz et al., 2008). Despite the broad scope of the measure, the results were in line with theoretical predictions and earlier studies using more differentiated measures of quality (cf. Levitt et al., 1992; Pype et al., 1996; Schwarz et al., 2005; Townsend & Franks, 1995).

The current report did not focus on structural characteristics of the family context such as marital status, presence of siblings, or geographical proximity, to explain the changes in support exchange as well as the differences in impact that support exchange may have for the well-being of adult children. Recently, Van Stuijbergen, Van Elden, and Dykstra (2008) reported on the basis of the NKPS survey that strong sociodemographic correlates of providing practical and social support to parents were having few siblings, having a widowed parent, and short geographical distance.

Longitudinal research provides insight into changes that cannot be gleaned from cross-sectional research. However, longitudinal studies have specific vulnerability, relating to drop out of subjects who differ from the remaining sample, usually in negative terms. We found that the analyses of change and prediction had to be conducted on a subset of the original sample that had higher quality relationships, higher well-being, and higher support provided. Because this would lead to less variability in the remaining longitudinal sample, some of the associations might have been underestimated.

Overall, the current report elucidates some of the complex associations that relationship characteristics and patterns of intergenerational support exchange have with the well-being of adult children. The findings on change extend previous cross-sectional research. Given the findings that support exchange did not predict filial well-being 4 years later, whereas quality of the relationship did, the affective and emotional characteristics of intergenerational relationships may offer a more fruitful avenue for research into the corollaries of intergenerational support. Family relationships often stir strong emotions, positive and negative, and play an important role for health and well-being. Decreasing quality in intergenerational relationships appears to be a greater threat to the well-being of caregivers than mere quantity of support. It should be taken into account that meaningful and long-lasting relations between family members
in all phases of the life span cannot be taken for granted (Kaufmann, Kuijsten, Schulze, & Strohmeier, 2002), although they are crucial for our well-being and the very meaning of life. Preserving high-quality relationships are primarily a responsibility of families themselves. However, based on findings such as these, awareness may be raised that maintaining high-quality relationships with one’s children or one’s parents requires active commitment. Letting relationships deteriorate might in the long run lead to less well-being. Although there is a well-developed practice for supporting parent–child relationships when children are young, promoting mental health in offspring, the current findings suggest that such practice, such as family counseling and therapy, may become relevant again as parents are aging.

**Funding**

The NKPS is funded by Grant 480-10-009 from the Major Investments Fund of the Netherlands Organization for Scientific Research, and by the Netherlands Interdisciplinary Demographic Institute, the Utrecht University, the University of Amsterdam, and the Tilburg University.

**References**


Received May 22, 2008
Accepted September 15, 2008
Decision Editor: William J. McAuley, PhD