

# Positive Relationships That Support Elder Health and Well-being Are Grounded in Midlife/Adolescent Family

*Linda G. Bell, PhD; David C. Bell, PhD*

Family is potentially a major support system for people of all ages. It can become particularly important for elders. On the basis of a 25-year longitudinal study, this article explores the contributions of family system functioning at parents' midlife to elderly parents' physical and mental health. Findings support the significant influence of the quality of the midlife/adolescent family life cycle stage on later life relationships between elderly parents and their adult children. Positive relationships with their adult children were important for both elderly parents' well-being. Frequency of contact with children was important for fathers—both for their well-being and for their physical health. **Key words:** *adult child-elderly parent relationship, family, health, well-being*

**R**ELATIONSHIPS between parents and their adult children have become important in recent decades as a result of increased longevity.<sup>1</sup> Research over the last 20 years has led to a greater understanding of social support and caregiving in adult child-elderly parent relationships.<sup>2</sup> Much of this research on adult child-elderly parent relationships shows that caregiving and support are reciprocal until parents become very old.<sup>3-6</sup>

Family researchers have long argued for the importance of the childhood family life cycle

stage on adult outcomes. That is, "the nuclear family is a lifelong and multigenerational event."<sup>7(p158)</sup> The family creates a primary reality for children and adolescents as they absorb their family culture. Models, thought patterns, expectations, and meanings absorbed in the family pervade the rest of their life, both through the filtering of perceptions and through expectations of what is and what can be.<sup>8-11</sup> Family cohesion and parental affection are associated with adult child-parent relationships.<sup>7,12,13</sup> Family effects have been observed in adolescence,<sup>14-17</sup> in young adulthood,<sup>18,19</sup> in middle adulthood,<sup>7,20</sup> and at midlife.<sup>21</sup>

Social relationships have a well-documented association with health.<sup>22,23</sup> Of particular importance are the quality of the adult child-elderly parent relationship<sup>24-27</sup> and marriage. Because married people tend to have a devoted advocate who gives multiple modalities of support, they tend to have better health outcomes than unmarried people.<sup>28</sup> Recent studies find clear evidence that married individuals, both men and women, are significantly healthier than unmarried ones.<sup>29-31</sup> However, earlier studies

---

*Author Affiliations:* Departments of Communication Studies and Family Health (Dr L. G. Bell) and Sociology (Dr D. C. Bell), Indiana University Purdue University-Indianapolis, Indianapolis.

*This research was supported by grants from the National Institute of Mental Health, the Texas Higher Education Coordinating Board, the University of Houston-Clear Lake, and Indiana University Purdue University Indianapolis.*

*The authors declare no conflict of interest.*

*Correspondence:* Linda G. Bell, Department of Communication Studies, Indiana University Purdue University Indianapolis, Indianapolis, Cananough Hall 309, IN 46202 (lgbell@iupui.edu).

DOI: 10.1097/FCH.0b013e31826665a4

suggest that marital relationships may be particularly important for men in the cohort we are studying. These studies suggest that men experience a stronger benefit from marriage than do women,<sup>32-34</sup> and that marriage results in closer ties (more frequent contact) between adult children and their fathers.<sup>35</sup>

This article makes a contribution to this area of research by linking the quality of adult child-elderly parent relationships and elderly parents' health and well-being in later life to early family experiences. The data analyzed here are from a longitudinal study of families at the midlife/adolescent family life cycle stage. In these families, family system functioning was measured by recording family interaction process. Adult child-elderly parent relationships were measured by self-report some 25 years later.

**THEORY**

The work described here is grounded in family systems theory<sup>36,37</sup> and attachment theory,<sup>38-42</sup> and focuses on connection and individuation processes. This focus informs our choice of measures, both at the family system and at the relationship level. We describe a connection process associated with affection and the attachment concept of safe haven, and an individuation process associated with respect and the attachment concept of secure base. The model is also informed by Japanese culture, particularly the concept of *amae*.<sup>43-45</sup>

*Amae* means *dependency* and has a positive connotation. The prototype is the baby at the breast. An English equivalent meaning can be found in the phrase "I can depend on you."

Connection and individuation have been of consistent interest in family research.<sup>46,47</sup> However, although researchers and theorists acknowledge their centrality for understanding the family-individual interface,<sup>48</sup> their association has been theoretically problematic. Our interest has been to conceptualize them as independent processes with differential effects on development.<sup>49,50</sup> We find that although there is a positive correlation between measures of connection and measures of individuation, there are examples of families that do not fit this pattern, being high on connection and low on individuation, or vice versa.<sup>51</sup> Our research also suggests that individuation in the midlife/adolescent family system is associated with personal autonomy at midlife for the former adolescents, whereas connection is associated with self-acceptance and positive relationships.<sup>52</sup> Figure 1 gives a summary of our conception of the connection and individuation processes.

In the connection process, dependency (*amae*) behaviors by the child are met with support and nurture by the parent. Repetition of these nurturing exchanges creates a warm, accepting family climate and supports the development in the child of self-esteem and the ability to trust. Self-esteem and trust, in the context of a warm, accepting family

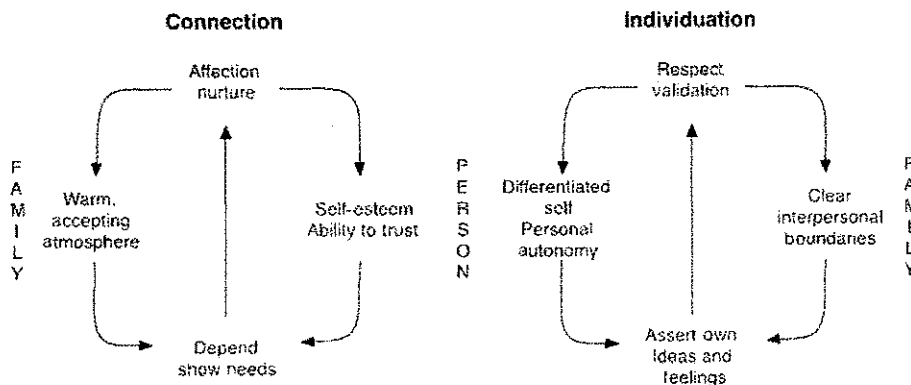


Figure 1. Family connection and individuation processes.

climate, encourage the child to show his or her needs and depend on others for support. A child's increasing ability to trust enhances the child's ability to create affectionate, nurturing relationships with others. In the individuation process, assertions by the child of his or her own ideas and feelings are respected and acknowledged. From validating interactions, a family system arises with clear interpersonal boundaries, in which individuals are comfortable with individuality and with interpersonal difference. Acknowledgement and validation support the child's increasing differentiation of self and his or her sense of personal autonomy and self-efficacy. Clear interpersonal boundaries within the family, an increasing differentiated self, and a sense of self-efficacy encourage the child to express his or her own ideas and feeling.

### Theoretical model

Our theoretical model is given in Figure 2. We expected parent resources (education and ego development) to influence family system functioning (connection and individuation) at the midlife/adolescent life cycle stage and for family system functioning to then influence later life positive relationships between elderly parents and adult children (affection, respect, and support) and their frequency of contact. Positive relationships with adult children and frequency of contact are expected to influence elderly parents' psychological well-being and their physical health. Being still mar-

ried is expected to have a positive effect on well-being for men. Consistent with research showing that the family system fully mediates the effects of parental resources on midlife well-being for former adolescents,<sup>21</sup> we expected that family functioning would also mediate the effects of parental resources on later life adult child-elderly parent relationships.

### METHODS

We have been following a group of families who had adolescents in the mid-1970s ([www.familylegacies.net](http://www.familylegacies.net)). Data were collected in 2 waves. Wave 1 data were collected during a structured home interview (1975-1976). Data from wave 1 included in this article are parent ego development, parent education, and midlife/adolescent family system functioning. Wave 2 data were collected some 25 years later through telephone interviews (1998-2003). The data included the quality of adult child-elderly parent relationships, frequency of contact between elderly parents and adult children, and elderly parents' psychological well-being and physical health.

### Wave 1 (1975-1976)

#### Sample

Structured home interviews were conducted with 99 middle-class families at the midlife/adolescent family life cycle stage. Intact families were recruited through 3 high

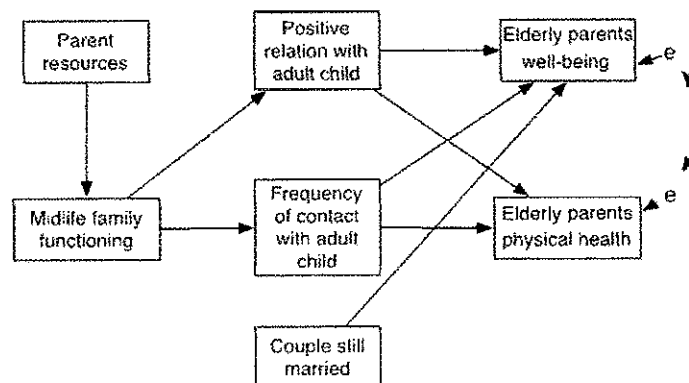


Figure 2. Theoretical model.

schools in 1 suburban district. The sample was composed of only white families. The parents were raised during the Depression and married after World War II. They had stayed married and had 2 or 3 children, including at least 1 adolescent daughter at the time of our interview. Because of this focus on an adolescent daughter, there are more daughters than sons in our sample.

### *Home interview*

The interview<sup>15</sup> included questionnaires and a family-revealed difference exercise.<sup>53</sup> The revealed difference task was based on individual family members' responses to selected scales from the Moos Family Environment Scale.<sup>54,55</sup> Items were selected on which family members disagreed. They were asked to discuss the items and try to reach agreement. Family interaction process was recorded and later coded on a variety of items related to family functioning. All family members signed an informed consent form. The University of Chicago did not have a human subjects review board in 1975.

### *Parent resources*

Two measures of parental resources were included, the education and ego development of each parent. Ego development was evaluated using Loevinger's sentence completion exercise.<sup>56-58</sup> This exercise measures stages of socioemotional development. A shortened version (18 items) was completed by parents at wave 1 and scored by an experienced scorer trained to criterion by Loevinger.

### *Family system functioning*

Transcripts of the 15- to 20-minute family-revealed difference exercise were typed and used along with the audiotaped interaction to code a number of family-level concepts. The Global Coding Scheme<sup>59</sup> was created to evaluate the family's interactions on a variety of family system variables. The Global Coding Scheme scales were derived from the Beavers-Timberlawn Family Evaluation Scale<sup>60</sup> and the

Family Behavioral Snapshot.<sup>61</sup> All interaction process variables were measured at the interval level. An exploratory factor analysis was performed, and connection and individuation emerged as the primary factors on the Global Coding Scheme.<sup>21</sup> The 4 scales that loaded highly on the connection factor were warmth and support, depression (reversed), overt conflict (reversed), and humor. Scales loading on the individuation factor were clear interpersonal boundaries, covert conflict (reversed), comfort with differences, and problem-solving efficiency. Alpha reliability values were .81 for both connection and individuation. Overall reliability for a combined scale was .85.

### *Wave 2 (1998-2002)*

#### *Sample*

We located 85 of the original wave 1 couples. Of those individuals who were alive and healthy enough to participate in an interview, 86% of the fathers and 92% of the mothers agreed to participate. As mentioned earlier, most of the elderly parents interviewed were born during the Depression and married after World War II. About a quarter of the wives and husbands had at least 1 parent who was an immigrant from Europe. This grandparent generation came mostly from northern and eastern Europe. About one-third of parents of the elderly parents did not attend high school; half graduated from high school; only 10% graduated from college. Many people in our sample grew up in ethnic neighborhoods or were very aware of people's ethnic backgrounds. Educationally they achieved much more than their parents. Ninety-five percent graduated from high school; 25% graduated from college. All of their adult children were high school graduates. Of those children, 70% of the men and 66% of the women were college graduates; 20% of the men and 27% of the women had postgraduate degrees. Participants in the telephone interview gave verbal informed consent. Procedures were approved by the University of Houston-Clear Lake Human Subjects Committee.

Of 59 fathers included in the study, 47 were still married to their wave 1 mate; of 67 mothers, 53 were still married to their wave 1 mate. Six women and 3 men were widowed; 8 women and 9 men were divorced or separated. Fathers' ages ranged from 60 to 77 (mean = 67.1, standard deviation [SD] = 3.94); mothers' ages ranged from 57 to 79 (mean = 65.6, SD = 4.68). Each elderly parent described relationships with each of their adult children ( $n = 143$  for father and  $n = 164$  for mothers). For both parents, 65% of those relationships were with daughters.

### *Relationships between adult children and elderly parents*

During the telephone interview, the elderly parents completed a 24-item instrument to describe their current relationship with each adult child; for each item, parents were asked their agreement or disagreement at the levels of *slight*, *moderate*, or *strong*. Three scales selected for use in this study are Affection, Respect, and Support. Items for the Affection scale ( $\alpha = .86$ ) are as follows: "My son/daughter (S/D) perks me up or cheers me up," "I feel loved and cared for by my S/D," and "My S/D knows how to take care of me." The items for the Respect scale ( $\alpha = .75$ ) were as follows: "We have mutual respect for each other," "My S/D sees me the way (s)he wishes I were instead of as I really am (reversed)," "My S/D respects me as an individual," "It is hard for my S/D to let me live my own life (reversed)," and "My S/D wishes I were someone I am not (reversed)." The items for the Support scale ( $\alpha = .89$ ) were as follows: "My S/D pays attention to me when I tell him/her about my life," "My S/D takes responsibility for helping me when I need help," "I know I can depend on my S/D," and "My S/D helps me if I call on her/him unexpectedly." Reliability for a combined scale was .92.

### *Frequency of contact with adult children*

Frequency of contact was rated using an 8-point scale ranging from daily to never. The questions was "On average, how often do you

see or have contact (phone, e-mail, letter, etc) with \_\_\_ (adult child's name)."

### *Elderly parents' well-being*

The wave 2 telephone interview included the Ryff Well-being Scale<sup>62-64</sup> consisting of 18 statements to which respondents stated their agreement or disagreement at the levels of *slight*, *moderate*, or *strong*. The scale measures autonomy (eg, "I have confidence in my opinions, even if they are contrary to the general consensus"), environmental mastery ("In general, I feel I am in charge of the situation in which I live"), personal growth ("I think it is important to have new experiences that challenge how you think about yourself and the world"), positive relations ("People would describe me as a giving person, willing to share my time with others"), purpose in life ("Some people wander aimlessly through life, but I am not one of them"), and self-acceptance ("I like most aspects of my personality"). Reliability for well-being in our sample was .71.

### *Elderly parents' physical health*

Elderly parents rated their health on a 5-point scale ranging from very poor to excellent.

All variables used in analyses were tested for nonnormality. When necessary, we transformed variables to remove excess skewness. After transformation, all variables were below the guidelines for skewness and kurtosis ( $<3$  and  $<10$ , respectively).<sup>65</sup>

### *Theoretical model and plan of analysis*

Two approaches were used for data analysis. First, we used clustered regressions for men and women separately. Family data are inherently nonindependent: parent-child relationships within families might be more similar than relationships between families. Interclass correlation for adult child-elderly parent relationships was 0.29; for frequency of contact, interclass correlation was 0.44, indicating substantial clustering. However, collinearity among interaction terms prohibited comparing the 2 genders in the

regression analyses. Thus, we used a second method to evaluate differences between elderly fathers and elderly mothers. We ran structural equation models using the Stata command *-sem-* to explore group differences. This command estimates both structural and measurement parameters simultaneously, tests hypothesized relationships (Figure 2), and identifies potential improvements to the model to better fit the observed data.

**RESULTS**

There was no significant difference between the fathers and mothers in well-being or physical health. Mothers had more contact with adult children than did fathers ( $t = 2.57, P < .05$ ); they also reported more positive relationships with their adult children than did fathers ( $t = 2.78, P < .01$ ). Correlations among variables for elderly parents are given in the Table. Parents reported more contact with adult daughters than with adult sons ( $t = 2.09, P < .05$ ) and also reported more positive relationships with adult daughters than with adult sons ( $t = 3.97, P < .01$ ).

Clustered regressions were consistent with the model given in Figure 2. The clustered regressions showed parallel results for sons

and daughters in terms of the effects of their relationships and contact on parental well-being and health (results not shown). Significant effects in the clustered regressions were consistent with those in the structural equation model.

**Structural equation model**

Single measures were created for each theoretical variable, and the  $\alpha$  reliability of each measure was used to set its error variance.<sup>66</sup> The structural equation model started with our theoretical model as shown in Figure 2. A 2-group model was estimated, and all effects were initially constrained to be equal between men and women. We assessed overall fit by the  $\chi^2$  statistic ( $\chi^2_{32} = 132.3$ ), comparative fit index (CFI = 0.567), the Tucker-Lewis Index (TLI = 0.432), and the residual mean-squared error of approximation (RMSEA = 0.143). These statistics show that the initial model was not a good fit to the data. Diagnostic indicators were then used to improve the fit of the model to the data<sup>65,67,68</sup>; the Lagrange multiplier score test was used to identify constraints that were to be relaxed, and modification indices were used to identify omitted paths.<sup>65</sup> The final model is given in Figure 3. The figure shows all parameters

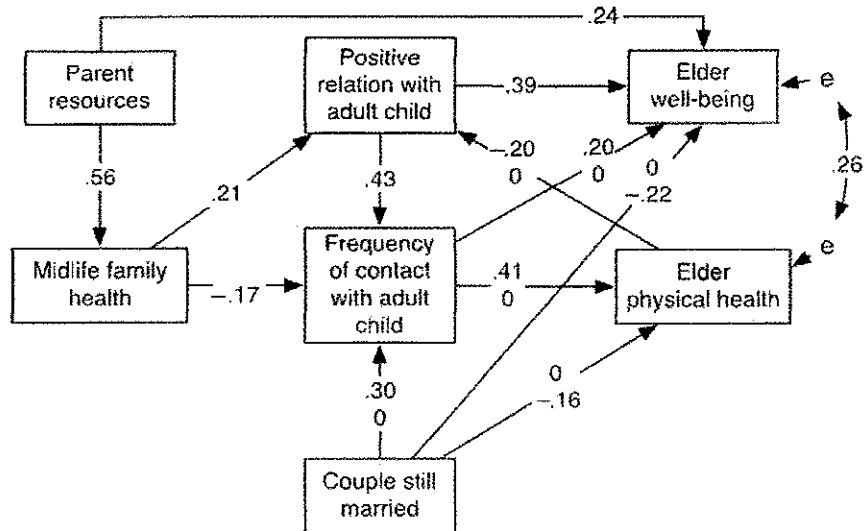
**Table. Correlations Among Measures for Elderly Parents<sup>a</sup>**

	Parent Resources	Family System	Still Married	Positive Relations	Contact Frequency	Well-being	Physical Health
Parent resources		0.31 <sup>b</sup>	0.10	0.19 <sup>b</sup>	0.04	0.09	0.11
Family system	0.38 <sup>c</sup>		0.12	0.24 <sup>c</sup>	-0.04	0.16	0.02
Still married	0.00	0.04		0.07	0.31 <sup>c</sup>	0.02	0.21
Positive relations	0.11	0.11	-0.01		0.33 <sup>c</sup>	0.33 <sup>c</sup>	-0.02
Contact frequency	-0.16 <sup>b</sup>	-0.09	-0.00	0.42 <sup>c</sup>		0.28 <sup>c</sup>	0.35 <sup>c</sup>
Well-being	0.22	0.23	-0.16 <sup>b</sup>	0.42 <sup>c</sup>	0.05		0.22
Physical health	-0.11	0.14	-0.12	0.10	0.00	0.29 <sup>b</sup>	

<sup>a</sup>Fathers' numbers are above the diagonal, mothers' are below. Correlations of positive adult child-elderly parent relations and frequency of contact with one another and with everything else are relationship measures (men: n = 143; women: n = 164). Correlations of parent resources, family system, still married, well-being, and health with each other are individual measures (men: n = 59; women: n = 67).

<sup>b</sup> $P < .05$ .

<sup>c</sup> $P < .01$ .



**Figure 3.** Final model. When coefficients differ for fathers and mothers; fathers' values are listed above mothers' values.

that are significantly different from zero. The overall fit was quite good ( $\chi^2_{29} = 34.4$ ; CFI = 0.976; TLI = 0.966; RMSEA = 0.035).

## DISCUSSION

Many studies have shown that qualities of the adult child-elderly parent relationship are critical for issues of elderly parents' health and well-being. In this longitudinal study, we put these effects in context by describing aspects of the history of these relationships. Family functioning (connection, individuation) at the midlife/adolescent family system life cycle stage was found to affect parent-child relationships (affection, respect, support) in later life, and these influenced, in turn, elderly parents' well-being and health. The midlife family system fully mediated the effect of parent resources (education, ego development) on their later life relationships with their adult children. Findings thus support the importance of a family system exemplified by connection and individuation for parents' relationships with adult children and their well-being in later life.

Parental resources had an independent effect on later life well-being but not on later life physical health. Fathers' physical health

was associated with parental resources as mediated by midlife/adolescent family system functioning, positive relationships with adult children, and frequency of contact. And, as better functioning family systems supported higher-quality adult child-elderly parent relationships, at the same time, they reduced the frequency of parent-child contact. This negative effect on contact helps clarify previous research that found a negative effect of parent education on frequency of contact later in life.<sup>35</sup> The results here suggest that some later life effects of education are mediated by the quality of the family system.

Positive relationships with adult children were important for elderly parents' well-being. Frequency of contact with children was important for fathers—both for their well-being and for their physical health. However, for fathers, poor health in their later life increased the quality of their relationships with their adult children. These results are inconsistent with the findings of Kaufman and Uhlenberg<sup>12</sup> that as parents become old, adult-parent relationships are often diminished by the elderly parent's health problems. Our results suggest that declining elderly fathers' health leads to more positive relationships and thus to more frequent contact

with adult children. More frequent contact with adult children leads to improved physical health for fathers. Consistent with others' research,<sup>35</sup> the results show that intact marriages result in more frequent contact between adult children and their fathers.

In our sample, being married had a negative impact on women's health and well-being. Recent research has found that marriage is a consistent predictor of well-being for both men and women.<sup>69-72</sup> However, we need to remember the cohort. Research in the 1970s and 1980s often found that marriage was negative for women and positive for men.<sup>73-75</sup> The generation represented in this study, for the most part, did not divorce. One of the elderly women in our sample told an interviewer, "If I were in your generation, I would have divorced, but in our generation, divorce was not an option."

Cutrona<sup>76</sup> has made the case that social support is critical for well-being and that differential support patterns and skills can explain the research, suggesting that men benefit more from marriage than do women. She notes that women tend to be excellent sources of social support and that men are less well-socialized than women to ask for help or to give it. Thus, women give more support to others than men do and are more skillful than men in support transactions.<sup>77</sup> Our data also suggest that contact with adult children is more important for fathers than for mothers in this cohort. A possible explanation would be that mothers are more likely to have social supports outside of the family,<sup>78,79</sup> whereas men rely more heavily on their families for social support.

### Limitations

The original sample of families was quite homogeneous: white, intact, middle-class, suburban families whose children were to become relatively well educated. The homogeneous sample was an intentional design decision to examine effects of family process using a relatively small sample without the confounds of extraneous cultural variation. This initial choice, while making the effects of the

family system easier to discern, limits the generalizability. We fully expect that processes that we have identified to be relevant to other families, but we cannot, at this point, analyze the additional relevance of culture, cohort, or family structure to these processes.

Our theoretical model emphasized the effects on the family of parental resources measured by parent education and ego development. However, there are many effects on the family system that were not considered in this study, such as child temperament and peer influences during adolescence.

### Strengths

One of the strengths is that in our measure of family system functioning the whole family was included, and they were interviewed in their home. Thus, we evaluated the family system as a whole by observing interaction of the whole family. Furthermore, interviewing the family in their own home made it more likely that they would feel "at home" and exhibit typical relational patterns.

Also, the family measures were based on observed behavior rather than on self-report. Audiotaped family interaction process was coded by coders trained in family systems concepts. Self-report data can provide important information about individual experiences: for instance, the telephone interview used in this study to collect information about adult child-elderly parents relationships and elderly parents' health. However, observational data can provide an outsider perspective and may allow more objective measures because the outside observer will have no motive for presenting the study families in a favorable light. An outside observer can also describe or code actual behavior on the basis of a theory-based "map" not available to those whose behavior is being described.<sup>80,81</sup> This is also true of theory-based projective measures such as Loewinger's sentence completion measure of ego development that was used here as one measure of parent resources.

Another strength is the longitudinal nature of this research—a prospective study over a



period of 25 years in which a high percentage of the original sample was found and interviewed. A longitudinal study of the effects of earlier life experience on later life outcomes provides a stronger test of hypotheses concerning those effects than self-report retrospective data in which individuals report how they are now and how they remember what happened in the past. Of course, longitudinal analyses take longer to carry out, and the coding of both interaction process and projective measures can be quite expensive in

terms of time and money, especially if interviewers have to travel to the family's home rather than have the family come into a laboratory. But this kind of work can add a richness and depth to our understanding of family life.

The results of this study reinforce the importance of the family environment throughout the life course. Family system functioning at the time children are growing up can have life-long implications for well-being, not only for the children but also for the parents.

## REFERENCES

1. Silverstein M, Giarrusso R. Aging and family life: a decade review. *J Marriage Fam.* 2010;72:1039-1058.
2. Allen KR, Blieszner R, Roberto KA. Families in the middle and later years: a review and critique of research in the 1990s. *J Marriage Fam* 2000;62(4):911-926.
3. Mancini J, Blieszner R. Aging parents and adult children: research themes in intergenerational relations. *J Marriage Fam.* 1989;51:275-290.
4. Bengtson V, Rosenthal C, Burton L. Families and aging: diversity and heterogeneity. In: Binstock RH, George LK, eds. *Handbook of Aging and the Social Sciences*. 3rd ed. New York, NY: Academic Press; 1990:263-287.
5. Streib GF, Beck RW. Older families: a decade review. *J Marriage Fam.* 1980;42:937-956.
6. Troll LE. The family of later life: a decade review. *J Marriage Fam.* 1971;33:263-290.
7. Rossi AS, Rossi PH. *Of Human Bondage: Parent-Child Relations Across the Life Course*. New York, NY: Aldine deGruyter; 1990.
8. Bowen M. *Family Therapy in Clinical Practice*. New York, NY: Aronson; 1978.
9. Dickstein S, Seifer R, Albus K. Maternal adult attachment representations across relationship domains and infant outcomes: the importance of family and couple functioning. *Attachment Hum Dev.* 2009;11(1):5-27.
10. Litz T. *The Relevance of the Family to Psychoanalytic Theory*. New York, NY: International University Press; 1992.
11. McGoldrick M, Gerson R, Petry S. *Genograms: Assessment and Intervention*. 3rd ed. New York, NY: Norton; 2008.
12. Kaufman G, Uhlenberg P. Effects of life course transitions on the quality of relationships between adult children and their parents. *J Marriage Fam.* 1998;60:924-938.
13. Lye DN. Adult child-parent relationships. *Annu Rev Sociol.* 1996;22:79-102.
14. Powers SI, Hauser ST, Schwartz JM, Noam GG, Jacobson AM. Adolescent ego development and family interaction: a structural-developmental perspective. In: Grotevant HD, Cooper CR, eds. *Adolescent Development in the Family*. San Francisco, CA: Jossey-Bass; 1983:5-25.
15. Bell LG, Bell DC. Family climate and the role of the female adolescent: determinants of adolescent functioning. *Fam Relat.* 1982;31:519-527.
16. Grotevant HD. Adolescent development in family context. In: Damon W, Eisenberg N, eds. *Handbook of Child Psychology: Social, Emotional, and Personality Development*. Vol 3. 5th ed. New York, NY: Wiley; 1997:1097-1147.
17. Belsky J, Lerner RM, Spanier GB. *The Child in the Family*. New York, NY: Random House; 1984.
18. Aquilino WS. From adolescent to young adult: a prospective study of parent-child relations during the transition to adulthood. *J Marriage Fam.* 1997;59:670-686.
19. White KM, Speisman JC, Costos D. Young adults and their parents: individuality to mutuality. In: Grotevant HD, Cooper CR, eds. *Adolescent Development in the Family*. San Francisco, CA: Jossey-Bass; 1983: 61-76.
20. Willson AE, Shucy KM, Elder GH. Ambivalence in the relationship of adult children to aging parents and in-laws. *J Marriage Fam.* 2003;65:1055-1072.
21. Bell LG, Bell DC. Family dynamics in adolescence affect midlife well-being. *J Fam Psychol.* 2005;19:198-207.
22. House JS, Landis KR, Umberson D. Social relationships and health. *Science.* 1988;241:540-545.
23. Christakis NA, Fowler JH. *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*. New York, NY: Little Brown; 2009.
24. McColloch BJ. The relationship of family proximity and social support to the mental health of older rural adults: the Appalachian context. *J Aging Stud.* 1995;9(1):65-81.

25. Gottlieb BH. Preventive interventions involving social networks and social support. In: Gottlieb BH, ed. *Social Networks and Social Support*. Newbury Park, CA: Sage; 1981:201-232.
26. Wellman B, Hall A. Social networks and social support: implications for later life. In: Marshall V, ed. *Later Life: The Social Psychology of Aging*. Beverly Hills, CA: Sage; 1986:191-231.
27. Lowenstein A. Solidarity-conflict and ambivalence: testing two conceptual frameworks and their impact on quality of life for older family members. *J Gerontol Soc Sci*. 2007;61:S100-S107.
28. Iwashina TJ, Christakis NA. Marriage, widowhood, and health-care use. *Soc Sci Med*. 2003;57(11):2137-2147.
29. de Vaus D. Marriage and mental health. *Fam Matters*. 2002;62:26-33.
30. Simon RW. Revisiting the relationships among gender, marital status, and mental health. *Am J Sociol*. 2002;107:1065-1096.
31. Williams K. Has the future of marriage arrived? A contemporary examination of gender, marriage, and psychological well-being. *J Health Soc Behav*. 2003;44:470-487.
32. Peters A, Liefbroer AC. Beyond marital status: partner history and well-being in old age. *J Marriage Fam*. 1997;59:687-699.
33. Umberson D. Gender, marital status and the social control of health behavior. *Soc Sci Med*. 1992;34:907-917.
34. Coombs R. Marital status and personal well-being: a literature review. *Fam Relat*. 1991;40:97-102.
35. Silverstein M, Lawton L, Bengtson VL. Types of relations between parents and adult children. In: Bengtson VL, Harootyan RA, eds. *Intergenerational Linkages: Hidden Connections in American Society*. New York, NY: Springer; 1994:43-76.
36. Broderick CB. *Understanding Family Process: Basics of Family Systems Theory*. Newbury Park, CA: Sage; 1993.
37. Guttman HA. Systems theory, cybernetics, and epistemology. In: Gurman AS, Kniskern DP, eds. *Handbook of Family Therapy*, Vol. 2. New York, NY: Brunner/Mazel; 1991:41-64.
38. Liddle HA, Schwartz JA. Attachment and family therapy: clinical utility of adolescent family attachment research. *Fam Process*. 2002;41(3):455-476.
39. Bowlby J. *Attachment and Loss: Attachment*. Vol 1. New York, NY: Basic; 1982.
40. Karen R. *Becoming Attached: First Relationships and How They Shape Our Capacity to Love*. New York, NY: Oxford University Press; 1998.
41. Mercer J. *Understanding Attachment: Parenting, Child Care, and Emotional Development*. Westport, CT: Praeger; 2006.
42. Phyllis E, Caffery T, eds. *Attachment and Family Systems: Conceptual, Empirical and Therapeutic Relatedness*. New York, NY: Brunner-Routledge; 2003.
43. Bell DC. *The Dynamics of Connection: How Evolution and Biology Create Caregiving and Attachment*. Lanham, MD: Lexington Books; 2010.
44. Doi T. Amae: a key concept for understanding Japanese personality. In: Lebra TS, Lebra WP, eds. *Japanese Culture and Behavior*. Honolulu, HI: University of Hawaii; 1986:121-129.
45. Doi T. *The Anatomy of Dependence*. Tokyo, Japan: Kodansha International; 1981.
46. Bengtson PL, Grotevant HD. The individuality and connectedness Q-sort: a measure for assessing individuality and connectedness in dyadic relationships. *Pers Relationships*. 1999;6:213-225.
47. Grotevant HD, Cooper CR. Individuality and connectedness in adolescent development: review and prospects for research on identity, relationships, and context. In: Skoe E, von der Lippe A, eds. *Personality Development in Adolescence: A Cross National and Life Span Perspective*. London, England: Routledge & Kegan Paul; 1998:3-37.
48. Benson MJ, Deal JE. Bridging the individual and the family. *J Marriage Fam*. 1995;57:561-566.
49. Bell DC, Bell IG. Parental validation and support in the development of adolescent daughters. In: Grotevant HD, Cooper CR, eds. *Adolescent Development in the Family: New Directions in Child Development*. San Francisco, CA: Jossey-Bass; 1983:27-42.
50. İmamoglu EO. Individuation and relatedness: not opposing but distinct and complementary. *Genet Soc Gen Psychol Monogr*. 2004;129(4):367-402.
51. Bell IG, Meyer J, Rehal D, Swope C, Brock D, Lakhani A. Connection and individuation as separate and independent processes: a qualitative analysis. *J Fam Psychother*. 2007;18:43-59.
52. Bell IG, Bell DC. Effects of family connection and family individuation. *Attachment Hum Dev*. 2009;11:471-490.
53. Strodbeck FL. Husband-wife interaction over revealed differences. *Am Sociol Rev*. 1951;16:468-473.
54. Moos RH. *Family Environment Scale*. Palo Alto, CA: Consulting Psychologists Press; 1974.
55. Moos RH. Conceptual and empirical approaches to developing family-based assessment procedures: resolving the case of the family environment scale. *Fam Process*. 1990;29:199-208.
56. Loevinger J. Meaning and measurement of ego development. *Am Psychol*. 1966;21:195-206.
57. Loevinger J, Wessler R. *Measuring ego Development: Volume 1: Use of a Sentence Completion Test*. San Francisco, CA: Jossey-Bass; 1970.
58. Loevinger J. Ego development: questions of method and theory. *Psychol Inq*. 1993;4:56-63.
59. Bell IG, Cornwell CS, Bell DC. *Global Scales to Code Family Interaction*. Houston, TX: University of Houston-Clear Lake; 1983.
60. Lewis JW, Beavers WR, Gossett JT, Phillips VA. *No Single Thread: Psychological Health in Family Systems*. New York, NY: Brunner/Mazel; 1976.

61. Meyerstein I. The family behavioral snapshot: a tool for teaching family assessment. *Am J Fam Ther.* 1979;7(1):48-56.
62. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J Pers Soc Psychol.* 1989;57:1069-1081.
63. Ryff CD, Keyes CLM. The structure of psychological well-being revisited. *J Pers Soc Psychol.* 1995;69:719-727.
64. Ryff CD. Know thyself and become what you are: a eudaimonic approach to psychological well-being. *J Happiness Stud.* 2008;9:13-39.
65. Kline RB. *Principles and Practice of Structural Equation Modeling.* 2nd ed. New York, NY: Guilford; 2005.
66. Beadnell B, Baker SA, Gillmore MR, Morrison DM, Huang B, Stielstra S. The theory of reasoned action and the role of external factors on heterosexual men's monogamy and condom use. *J Appl Soc Psychol.* 2008;38:97-134.
67. Dunn G, Everitt B, Pickles A. *Modelling Covariances and Latent Variables Using EQS.* London, England: Chapman & Hall; 1993.
68. Kaplan D. Statistical power in structural equation modeling. In: Hoyle RH, ed. *Structural Equation Modeling: Concepts, Issues, and Applications.* Thousand Oaks, CA: Sage; 1995:100-117.
69. Kim HK, McKenry P. The relationship between marriage and psychological well-being. *J Fam Issues.* 2002;23:885-911.
70. Stack S, Eshleman JR. Marital status and happiness: a 17-nation study. *J Marriage Fam.* 1998;60:527-542.
71. Waite LJ. Trends in men's and women's well-being in marriage. In: Waite LJ, ed. *The Ties That Bind: Perspectives on Marriage and Cohabitation.* New York, NY: Aldine deGruyter; 2000:368-392.
72. Lee GR, Secombe K, Shehan CL. Marital status and personal happiness: an analysis of trend data. *J Marriage Fam.* 1991;53:839-844.
73. Gove WR. The relationship between sex roles, marital status and mental illness. *Soc Forces.* 1972;51:34-44.
74. Bernard J. *The Future of Marriage.* 2nd ed. New York, NY: World Publishing; 1982.
75. D'Arcy C, Siddique CM. Marital status and psychological well-being: a cross-national comparative analysis. *Int J Comp Sociol.* 1985;26:149-166.
76. Cutrona CE. *Social Support in Couples.* London, England: Sage; 1966.
77. Saranson B, Saranson IG, Hacker TA, Basham RB. Concomitants of social support: social skills, physical attractiveness, and gender. *J Pers Soc Psychol.* 1985;49:469-480.
78. Levitt MJ, Weber RA, Guacci N. Convoys of social support: an intergenerational analysis. *Psychol Aging.* 1993;8:323-326.
79. McCrae H. Fictive kin as a component of the social networks of older people. *Res Aging.* 1992;14:226-247.
80. Hampton RB, Beavers WR, Hulgus YF. Insiders' and outsiders' views of family. *J Fam Psychol.* 1989;3:118-136.
81. Bell DC, Bell LG. Micro and macro measurement of family systems concepts. *J Fam Psychol.* 1989;3:137-157.