Effects of Parent-Care Transitions on Adult Sons’ and Daughters’ Marital Relationships

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Abstract

We examined the impact of transitioning into and/or out of the parent-care role on marital quality over a 15-year period using data from the US National Survey of Families and Households. Using 3-way mixed-MANCOVAs (controlling for sociodemographic variables), we compared four groups of adult women and men varying on parent-care transition experiences (recent-caregivers, veteran-caregivers, former-caregivers, and non-caregivers) over time on three marital quality indicators (marital happiness, marital disagreement, and estimates of expected impact on quality of life [EQOL] if separated from spouse). We found that veteran-caregivers reported significantly less marital happiness than recent-caregivers. For EQOL if separated, we obtained a significant caregiving-transition group X gender interaction. Follow-up simple-effects tests indicated that among recent and veteran caregivers, women expected their lives to be significantly more negatively impacted if marital separation were to occur than did men. A similar but much weaker gender difference was observed among non-caregivers; among former caregivers, however, men and women did not vary on EQOL. The impact of parent-care transitions on marriage appear to vary along the caregiving career trajectory.

A wealth of evidence testifies that providing care to a loved one can be a stressful experience during the adulthood years associated with diminished mental and physical health (see Bookwala, Yee, & Schulz, 2000; Pinquart & Sörensen, 2003; Schulz, O’Brien, Bookwala, & Fleissner, 1995, for reviews) especially among adult-child caregivers (e.g., Atienza, Stephens, & Townsend, 2002; Martire, Stephens, & Townsend, 2000; Miller, 1989; Pruchno & Kleban, 1993; Pruchno, Peters, & Burant, 1995; Raschick & Ingersoll-Dayton, 2004). Providing care to an ill parent can be particularly stressful for adult offspring who tend to occupy multiple roles in addition to that of caregiver (Stephens & Franks, 1995). The transition into the role of parent care is a common life transition during the adulthood years. Given current trends of population aging, adult children increasingly find themselves taking on the role of caring for an elderly parent (e.g., Brody, 2004; Marks, Lambert, & Choi, 2002).

While considerable evidence links the transition to parent care to negative health outcomes in adult child caregivers, much less research has focused on the impact of such a status transition on marital outcomes among these adult children. Yet, marital relationships play a significant role in psychological and physical well-being over the adult life course (e.g., Bookwala, 2005; Bookwala & Jacobs, 2003) and, more importantly, research on other status transitions (e.g., becoming a parent, when children leave home, retirement from the work force) suggests that marital relationships are altered in important ways by life transitions (e.g., Davey & Szinovacz, 2004; Twenge, Campbell, & Foster, 2003). Thus, we examined the impact of parent-care transitions on the marital quality of adult daughters and sons.

Past research has documented an association between caregiving demands and marital quality. Although most of these studies have focused on spouse caregivers (e.g., Bookwala & Schulz, 2000; Chadiha, Rafferty, & Pickard, 2003; Williamson & Shaffer, 2001), a few studies have examined the association between caregiving responsibilities and marital variables among adult-child caregivers. Stephens and Franks (1995) found that caregiving daughters and daughters-in-law who occupied multiple roles (including those of wife) reported considerable spill-over between the role of caregiver to a parent and the role of wife, with the experiences and expectations of the parent care role reported to affect the quality of the experiences in the wife role and vice versa. Martire, Stephens, and Franks (1997) subsequently reported that feelings of adequacy in the caregiver role were associated with greater marital satisfaction among these caregiving daughters/daughters-in-law. Suitor and
Pillemer (1994) reported that more than one-third of caregiving daughters and daughters-in-law reported some change (higher or lower) in their marital satisfaction during a one-year panel study of women caring for parents with dementia; these changes, in turn, were associated with respondents’ husbands’ reactions to their wives’ parent caregiving efforts. More recently, Bethea (2002) found that after a frail older parent relocates into the home of adult off-spring, there is a decline in satisfaction with communication and overall marital satisfaction experienced by these adult off-spring who were married for at least 25 years.

While most research on adult-child caregivers has been cross-sectional, a few studies have used prospective research designs to examine the impact of transitioning into the parent-care role (e.g., Amirkhanyan & Wolf, 2006; Lawton, Moss, Hoffman, & Perkinson, 2000; Marks et al., 2002; Seltzer & Li, 1996; Skaff, Pearlin, & Mullan, 1996). By and large, these studies have focused on the health impact of such transitions. Although the focus on describing the long-term health effects of parent-care transitions is clearly valuable, studies with this focus are somewhat limited inasmuch as caregiving transitions also may bring about changes in other life domains such as one’s marriage that, in turn, may impact health outcomes.

The present study used a prospective design to examine the differential impact of the transition to parental care on the quality of marital relationships of adult women and men at various stages in the parent-care caregiving career trajectory. Gender differences were of interest in this study because, in general, women experience more stress and worse outcomes related to the caregiving role than do men (see Yee & Schulz, 2000 for a review). Because prospective designs allow pre- and post-transition comparisons of caregivers’ well-being, they are vital for understanding more fully the causal effects of caring for a parent on adult children’s outcomes. In addition, comparisons across time of individuals who undergo a transition to parent care either recently or distally with those who do not become caregivers as well as those who are former caregivers to an ill parent are lacking in the literature. Such comparisons are valuable because they can provide perhaps the clearest understanding of the short- and long-term marital impact of entering the parent-care role. In the present study, we used longitudinal data from the National Survey of Families and Households (NSFH; Sweet & Bumpass, 2002) to compare four groups of adult women and men (recent caregivers, veteran caregivers, former caregivers, and noncaregivers) on marital quality. Three measures of marital quality were examined, two that assessed participants’ direct marital experiences (level of disagreement and global happiness in the marriage) and one that represented participants’ reflections on the importance and value of remaining in the marriage by asking them to estimate the expected impact on their life quality (i.e., the extent to which it would diminish or improve) if they were to become separated from their spouse (subsequently referred to as participants’ expected quality of life [EQOL] if marital separation were to occur). Lower marital disagreement, greater marital happiness, and estimates of worse EQOL if separated from the spouse represented better marital quality.

Method

Participants

Eligible respondents from the three-wave US National Survey of Families and Households (NSFH; Sweet & Bumpass, 2002) included adults aged 30 years and older who were not caring for a parent or parent-in-law at baseline (T1; 1987-1988), were married and remained in the same marriage throughout the study, continued to participate in the NSFH during the second wave (T2; 1992-1994) and third wave (T3; 2001-2002), were not providing care to a co-residing family member for the length of the NSFH, and had no missing data on the study variables. Parent-care status at T2 and T3 was determined by a 2-step selection procedure: respondents who indicated at T2 and/or T3 that they provided care to an ill or disabled relative who was not living in their household were selected first, and then, among these respondents, those that indicated that the person they provided care for was a parent or parent-in-law were selected.

We identified four groups of adult offspring that varied in their experiences of parent-care transitions: those who transitioned late into the parent care role over the course of the NSFH (between T2 and T3) or “recent caregivers”; those who transitioned early into the parent care role (between T1 and T2) and remained in that role at T3 (“veteran caregivers”); those who transitioned into (at T2) and out of (at T3) the caregiving role or “former caregivers”; and those who did not transition into the parent-care role over the duration of the NSFH (“noncaregiver controls”). Our final sample consisted of 905 participants: 115 recent caregivers, 57 veteran caregivers, 99 former caregivers, and 634 noncaregiver controls. The sample had a mean age of 42.8 years (SD=10.0) and included an approximately even number of women and men (50.6% female, N=458). A total of 89.2% of the sample (N=807) self-identified their ethnicity to be Caucasian and 88.8% (n=804) had completed high school.

Measures

Marital happiness. Level of marital happiness was assessed using an 8-item measure during the second and third wave of the NSFH. Respondents indicated their level of happiness (1=very unhappy to 7=very happy) on
eight dimensions of their relationship with the spouse (e.g., understanding received from spouse, the amount of
time spent with spouse, sexual relationship, the work spouse does around the house). Scores on the marital
happiness items were summed to create a measure of marital happiness such that higher scores represented
greater marital happiness (range=8-56). We obtained a Cronbach’s alpha of .89 at T2 and T3 of the NSFH.
Means on marital happiness for the sample were 44.2 (SD=9.1) at T2 and 42.0 (SD=7.6) at T3.

Marital disagreement. Level of marital disagreement was assessed during each wave of the NSFH using a 6-
item measure. Items described various areas of disagreements with the spouse (e.g., regarding household tasks,
spending time together, sexual relations). The NSFH asked respondents how often in the previous year they had
had open disagreements with their spouse in each of the listed areas. A 6-point response scale was used for these
items (1=never to 6=almost every day). Scores on the disagreement items were summed to create a composite of
marital disagreement at each wave; higher scores represented greater disagreement with the spouse (range=6-
36). We obtained Cronbach’s alphas for this measure ranging from .74 to .78 at the three NSFH waves. Means
for the entire sample on marital disagreement at T1, T2, and T3 were 10.4 (SD=3.9), 10.7 (SD=4.1), and 8.4 (SD=3.4),
respectively.

Expected impact on quality of life if marital separation occurred. The NSFH respondents were asked to
consider how their lives would transform if they were to experience marital separation. They responded to eight
items that assessed the change they expected to experience in different life domains (e.g., standard of living, job
opportunities, friendships) using a 5-point scale ranging from 1=much worse to 5=much better. Scores on the
expected quality of life items (EQOL) were summed such that higher scores represented an expected
improvement in life quality upon marital separation (range=5-40); thus, lower scores, which indicated that
participants expected their lives to change for the worse if separated from their spouse, reflected better marital
quality. We obtained Cronbach’s alphas for this EQOL measure ranging from .73 to .79 at the three NSFH
waves. Means on EQOL for the sample were 13.1 (SD=3.7), 13.4 (SD=3.4), and 11.5 (SD=3.4) at T1, T2, and
T3, respectively.

Results

Correlational analyses indicated that the three marital quality indicators showed modest and significant
stability over time. Assessments of marital happiness between T2 and T3 was correlated at .44 (p<.001), marital
disagreement assessments were correlated at between .41 and .48 (p<.001) across the three NSFH waves, and
EQOL if separated was correlated at the three data points from .31 to .46 (p<.001). Within and across study
waves, greater marital happiness was associated with lower marital disagreement (range of r~−.19 to -.31,
p<.001) and expectations of worse EQOL if marital separation were to occur (range of r~−.19 to -.32, p<.001);
higher marital disagreement was correlated significantly with expected improvements in EQOL if marital
separation were to occur (range of r~.13 to .35, p<.001).

Next, we performed separate 3-way mixed-MANCOVAs to compare the four parent-care transition groups
(recent caregivers, veteran caregivers, former caregivers, and noncaregivers; between-subjects factor) of adult
women and men (caregiver gender; between-subjects factor) over time (within-subjects factor) on marital
happiness, marital disagreement, and EQOL if marital separation were to occur. In each analysis, respondents’
age, ethnicity, education, and number of children were used as statistical covariates. The means obtained for
non-caregivers, recent caregivers, veteran caregivers, and former caregivers on the three marital quality
indicators across NSFH study waves are presented in Table 1. Of primary interest to our study, we found a
significant main effect for caregiving-transition group on marital happiness (F[3,893]=2.76, p<.05). LSD Post-
hoc tests indicated that veteran caregivers reported significantly less marital happiness than recent caregivers
(Ms=40.9 vs. 44.0, respectively). We also obtained a significant caregiving-transition group X gender interaction
for EQOL if marital separation were to occur (F[3,893]=2.77, p<.05). Follow-up simple effects tests indicated
that among recent and veteran caregivers, women expected their lives to be significantly more negatively
impacted if marital separation were to occur than did men (see Figure 1). A similar but much smaller gender
difference was observed among non-caregivers, with a partial η²=.01 (compared to .12 for recent caregivers and
.24 for veteran caregivers). We found no significant differences by gender on EQOL among former caregivers.

Other interesting effects we obtained included a significant main effect for time on all three marital quality
indicators: marital happiness (F[1,893]=14.58, p<.001), marital disagreement (F[2,892]=4.18, p<.05), and
EQOL if marital separation were to occur (F[2,892]=3.26, p<.05). Although respondents reported lower marital
happiness over time, they also reported lower marital disagreement and expected their EQOL to diminish if they
were to become separated from their spouse. We also found a main effect for gender on the marital disagreement
measure (F[1,893]=5.26, p<.05) with women reporting less marital disagreement than men (Ms=9.7 vs. 10.3);
laterwise women evaluated their EQOL as worse if marital separation were to occur compared to their male
counterparts (Ms=12.1 vs. 13.4; (F[1,893]=27.78, p<.001). No 2-way interaction of time X gender or 3-way
interaction of time X gender X caregiving-transition group was obtained.
Table 1

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† not assessed at T1; EQOL = expected quality of life; a significant main effect for CG-group, b significant CG-group X gender interaction effect, p < .05.

Figure 1. Gender Differences by Caregiving-Transition Group for EQOL upon Marital Separation

Discussion

Our study examined differences over time in the marital quality of women and men with different parent-care transition experiences that participated in the NSFH conducted in the US. Specifically, we compared adults that participated in the NSFH, all of whom were non-caregivers at baseline, on three indicators of marital quality (marital happiness, marital disagreement, and expected quality of life [EQOL] if marital separation were to occur) based on their experience of transitioning into the parent-care role over the course of the 3-wave NSFH (recent caregivers, veteran caregivers, former caregivers, and non-caregivers). We found that, although all caregiving-transition groups had similar trajectories for marital quality over time, interesting differences emerged on marital happiness and EQOL if marital separation were to occur. First, we found that length of caregiving played an important role in marital happiness. In particular, we found that veteran caregivers reported significantly lower marital happiness than recent caregivers. These findings conform to the wear-and-tear hypothesis of caregiving which states that longer-lasting stressors can have pile-up or cascading effects (Olson et al., 1983). Although longitudinal support for the wear-and-tear hypothesis on caregivers’ health has been equivocal (Lawton et al., 2000), it appears that marital happiness may be undermined among those who have provided parent-care for an extended period of time compared to those who have more recently transitioned into
the parent-care role. Our findings build upon past research on parent-care demands and marital relationships that has documented negative spill-over effects between the role of caregiver to a parent or parent-in-law and the role of wife among caregiving daughters (Stephens & Franks, 1995) and that marital satisfaction can undergo changes over a one-year period among caregiving daughters and daughters-in-law (Suitor & Pillemer, 1994). Past research also has found marital satisfaction to be more vulnerable to parent-care demands when the care-receiving parent moves into the home of the adult-child (Bethea, 2002). Our results indicate that marital quality may be undermined even among adult-child caregivers who do not live with their care-receiving parent if they have been providing care for a prolonged period.

Second, we found that gender moderates the association between caregiving-transition group and EQOL if marital separation were to occur. Compared to their female counterparts, men in the recent and veteran caregiver groups expected their quality of life to be significantly improved if they were to become separated from their spouse. Although the same pattern was observed among non-caregivers, the magnitude of the effect was much smaller; no gender differences existed on former caregivers’ evaluations of EQOL in the event of marital separation. These findings indicate that women currently in the parent-care role may feel more dependent on their spouses for maintaining their quality of life relative to men in the parent-care role and thus, may expect to be worse off than men in the event of marital separation. One possible explanation for this trend may be that women caregivers are less likely to receive social support in their caregiving role compared to men caregivers (Miller & Guo, 2000) and thus, may rely more on their spouse for their emotional and instrumental needs. Another explanation is that women who are in the caregiving role tend to be less likely to be involved in the paid work force than women who are not providing care (Lee & Gromotnev, 2007) and thus, married women caregivers may depend more than do men caregivers on their spouses for a stable quality of life. Indeed, being married for women caregivers appears to be related to better financial status (Brody et al., 1995).

It is important to note, however, that we found no differences among the four caregiving-transition groups overall on marital disagreement or expected quality of life changes if marital separation were to occur. Even the significant effect for caregiving-transition group in the case of marital happiness indicated that those with prolonged occupation of the parent-care role (i.e., veteran caregivers) were no less happy than those who had exited that role (former caregivers) or those who had never experienced a parent-care transition. In addition, those who were new to the parent-care role (recent caregivers) were just as happy in their marriage as former caregivers and non-caregivers. This suggests that any negative impact of parent-care transitions on adult children’s marriages may be minimal and temporary. Our results are important given the methodological strengths of the NSFH – the prospective design, the follow-up of participants over an extended period of time, the use of a nationally representative US sample that started out as non-caregiving adults at baseline, a comparison of recent, veteran, and former caregivers, and the inclusion of a non-caregiver control group. These characteristics enable us to identify more clearly the immediate and long-term impact of transitioning into and/or out of the parent care role on adult children’s marriages. It is important to point out, however, that because the NSFH design included three waves of data with several years between data collection points, information on caregiving-related experiences that may have occurred during the time lapse between any two waves is not available. More data collection points at shorter intervals would offer even more information on the marital effects of parent-care transitions. Nevertheless, our study makes important contributions by documenting the impact of parent-care transitions on adult men and women’s marital relationships.

References


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**Acknowledgments**

This research was supported by National Institute of Aging Grant AG027836 awarded to Jamila Bookwala.