

Intensive Mothers, Cautionary Tale Fathers: Adult Children's Perceptions of Parental Influence on Health

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Abstract

Parents strongly influence children's health, yet how parents continue to shape the health of midlife adult children remains unknown. Moreover, while most adults are married by midlife, research has failed to identify the effects of parent-in-law relationships on midlife adult well-being. Using interviews with 90 individuals in 45 marriages, we investigate how midlife adults perceive the influence of parents and parents-in-law on adult child health. Findings reveal that particularly mothers and mothers-in-law positively influence child's health via support during, or in anticipation of, illness and injury. The health experiences of parents and in-laws, particularly fathers/in-law, become cautionary tales preparing adult children for future health issues. Yet parents/in-law also have negative influence on adult children during midlife due to parents' compounding health needs. We use family systems theory to show how parents/in-laws are intertwined in ways that influence health during children's midlife that has ramifications into later life.

Keywords

midlife, families, parents, in-laws, support, strain, well-being

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Introduction

Parents are undisputed contributors to child health (Fingerman, Pitzer, Lefkowitz, Birditt, & Mroczek, 2008; Umberson, Crosnoe, & Reczek, 2010). The majority of research addressing the impact of parents on child health focuses on childhood and adolescence (Carr & Springer, 2010). However, adults at midlife (40–60 years old) remain closely tied with parents (E. Lee, Spitze, & Logan, 2003), thus the parent–child tie during this life course stage may significantly contribute to adult children’s health. Moreover, adults often experience their first chronic and acute health problems during midlife (Freedman et al., 2013), and parents may buffer or exacerbate health problems among their adult children during this life stage. A small number of emerging studies on midlife adult children and their parents focus on the health impacts of reciprocal support exchanges (Wiemers & Bianchi, 2015), how the health of aging parents affects their ability to provide support to adult children (Huo, Graham, Kim, Zarit, & Fingerman, 2018), or focuses on specific health outcomes such as depression (J. Lee et al., 2016). The current literature is missing a clear account of the processes through which parents directly influence their midlife adult children’s holistic health and well-being, including health behavior, illness or injury, and mental health.

Additionally, most midlife adults are married (Silverstein & Giarrusso, 2010), with in-laws providing another potential source of health influence (Kim, Zarit, Fingerman, & Han, 2015). Yet relatively few studies of parental influence on the health of midlife adult children consider spouses’ parents (i.e., in-laws). Drawing on family systems theory, which suggests that all members of a family are intertwined in ways that have multiple and possibly contradictory effects on health (Kreppner & Lerner, 2013), it is likely parents-in-law may play a substantial role in influencing the health of adult children during midlife. However, the processes through which in-laws shape adult children’s health have yet to be empirically explored.

The present study fills these gaps by examining how midlife adult children perceive both their parents and parents-in-law as influential to their health, broadly defined to include any aspects of well-being as determined by the respondents. To do so, we analyze 90 qualitative in-depth interviews with midlife adult children, representing 45 gay, lesbian, and heterosexual married couples, in order to explore these processes in all forms of marital relationships. We analyze data from both spouses in order to provide an additional perspective on parental and in-law influence. Because adult child–parent and in-law ties have gendered dynamics (J. E. Lee, Zarit, Rovine, Birditt, & Fingerman, 2016; Polenick et al., 2017), we further investigate whether perceived impact varies by gender. By considering how midlife adult children

perceive parent–child relationships as important to health, the present study can suggest possible mechanisms to explain variation in health outcomes at the population level among midlife adults. Furthermore, uncovering how parents and parents-in-law influence adult children’s well-being during child’s midlife years can point scholars and policy makers toward new sites of understanding and intervention for healthy aging in family contexts. Recognizing these mechanisms can provide support or evidence against proposed theoretical pathways connecting the health of adult children and their families.

Background

Chronic disease and disability rates have risen for adults during their midlife years (Gaydosch et al., 2019). During midlife, adult children have family obligations to their parents, their own children, and as most adults have married by this stage in the life course, to their parents-in-law (Silverstein & Giarrusso, 2010). Family relationships, especially with parents and in-laws, influence health issues at midlife. However, prior research has yet to investigate how midlife adult children perceive parents as consequential to their health.

In order to address this research gap, this study examines how adult children perceive relationships with parents and in-laws as influencing their own health. To do so, we merge theory on social ties and health (Umberson et al., 2010) and family systems theory (Kreppner & Lerner, 2013) to conceptualize how parents and parents-in-law shape the health of their adult children at midlife. Social ties and health theory suggests that support and strain are key mechanisms in explaining parental influence on adult child health (Thoits, 2010), and below we theorize the ways that support and strain among parents and in-laws enable and constrain certain health processes—including health behavior, illness recovery, and mental health—among midlife adult children. Notably, this body of previous empirical work focuses primarily on the parent–child tie (Fingerman et al., 2008; Umberson et al., 2010), and is not inclusive of in-laws. Thus, we use family systems theory which argues that broader family ties, such as parents-in-law, should be considered (Kreppner & Lerner, 2013).

Intergenerational Ties and Adult Child Health: Social Support and Strain

Social Support

Parents and Adult Children. Intergenerational ties influence adult health via social support, or the perception that one is loved, cared for, and provided for

practically and financially when in need (Bengtson, Giarrusso, Mabry, & Silverstein, 2002). Midlife adult children support their parents in a variety of ways. For example, in a study of U.S. adults, researchers found that adult children provide weekly emotional support, advice, and instrumental support to parents (Fingerman, Kim, Tennant, Birditt, & Zarit, 2016). Of course, support between parents and adult children is not unidirectional (Wiemers & Bianchi, 2015), as parents also provide support to their midlife adult children, most notably financial support, and instrumental assistance with child care (Grundy & Henretta, 2006). Finally, parents and midlife adult children may also provide support to each other simultaneously, especially when children have life problems such as health issues, job loss, or divorce (Huo, Graham, Kim, Birditt, & Fingerman, 2019).

The social supports that parents and midlife adult children provide each other are likely major contributors to adult children's health and well-being. Receiving support from parents may reduce adult children's stress and psychological distress as close ties to parents act as a buffer against stressful life events (Meadows, 2007), which in turn lessens the need to engage in unhealthy coping behaviors, such as smoking or alcohol use (Cohen, 2004), and decreases mortality risk (Knoester, 2003; Umberson et al., 2010). While most research shows this association between parents and their young adult children, a small number of studies show that "intensive" support from aging parents is positively associated with life satisfaction among midlife adult children (Fingerman et al., 2012). Additionally, adult children's social support to parents likely also influences adult children's health, although the direction of this effect is inconsistent. Emerging research finds that contributing financial support to parents may improve the mental health of midlife adult children (Gao, Guo, Sun, & Hodge, 2019), although other research suggests that being a primary caregiver for parents can increase stress and decrease physical and mental well-being (Pinquart & Sorensen, 2007). What is unknown in the existing literature is a clear view of how adult children perceive support exchanges with their parents as influential to their health (Wethington & Kessler, 1986).

In-Laws and Adult Children. In-laws, in addition to parents, engage in support exchanges with adult children in ways that may influence health. Like relationships between midlife adult children and parents, parents-in-law provide direct support to their midlife sons-in-law and daughters-in-law (Chong, Gordon, & Don, 2016). In-law support is particularly salient when sons and daughters-in-law have conflict with their families of origin, as in-laws may provide a "replacement family" for their own children's spouses (Polenick, Fredman, Birditt, & Zarit, 2018). It is also likely that parents' every day

support to their own children, such as instrumental or financial support, is influential to their child's spouse, as married adults often share resources (Serewicz, 2006). In addition to receiving support from in-laws, adult children also provide emotional, financial, and instrumental support to their parents-in-law during child's midlife (Chesley & Poppie, 2009; Henz, 2009), which in turn may have consequences for adult child health. However, it is less clear how support exchanges with in-laws may influence adult child health and well-being. Furthermore, research on in-laws and adult child health is missing the perspectives of both spouses, an important gap given that adult children may not be willing or able to identify the ways their parents influence their physical and mental health, while one spouse may identify the ways that their in-laws impact the other spouse due to their unique perspective.

Gender. Gender likely conditions how support exchanges with parents and in-laws affect the health of midlife adult children. First, parents' and parents'-in-law gender affect the provision of support and likely its effect on midlife adult child health. For example, mothers' support to adult children is more consistent and consequential to adult children's health than fathers' (Chong et al., 2016; Pillemer, Suito, Pardo, & Henderson, 2010). Second, gender further influences the type of support that adult children provide to parents and in-laws, which may in turn influence adult child health. For example, daughters are more likely than sons to provide support to both parents and parents-in-law (Henz, 2009), although gay sons may provide support in ways consistent with lesbian and heterosexual daughters (Reczek & Umberson, 2016). This suggests that daughters' health at midlife may be more affected by providing support for parents and in-laws than sons'. Third, gender of the adult child may condition how parental and in-law support exchanges with children influence midlife adult health. For example, adult daughters may receive more emotional support than adult sons from both parents and in-laws (Chong et al., 2016), and this increased support from parents and in-laws may positively affect adult daughters' health during midlife. Yet midlife adult daughters may hold simultaneously positive and negative feelings (i.e., ambivalence) about the support in-laws provide, as daughters may interpret in-law support as an intrusion (Mikucki-Enyart, Caughlin, & Rittenour, 2015). Thus, support from in-laws may detract from midlife adult health among daughters-in-law. Missing from this literature whether and how perceived support from parents and in-laws may vary by gender among adult children at midlife, and whether this gendered perception of support is connected to both physical and mental health.

Social Strain

Parents and Adult Children. Another way intergenerational ties influence health is via strain, or the negative side of social exchanges, such as arguments, being critical and making too many demands (Thomas, Liu, & Umberson, 2017). Familial relationships are a common source of strain and conflict between adult midlife children and their parents (Birditt et al., 2019). Midlife adult children and their parents may feel strain within their relationship for a variety of reasons. Children and parents may go through life events, such as divorce, employment transitions or changes in health, which may cause strain in the relationship (Hogerbrugge & Silverstein, 2015). It may also be that strain in parent–child relationships during child’s midlife results from interpersonal disagreements or arguments (Birditt, Rott, & Fingerman, 2009). Furthermore, children may feel strain in relationships with parents due to caregiving burdens (Kwak, Ingersoll-Dayton, & Kim, 2012), particularly during adult children’s midlife years when parents’ need for care may increase (Polenick et al., 2017).

Strain within parent–adult child relationships is more predictive of health and well-being than is support (Umberson, Williams, Thomas, Liu, & Thomeer, 2014), in part because it undermines recovery from illness or injury, health behaviors, and mental health (Umberson, Liu, & Reczek, 2008). Among midlife adult children, present day parent–child stressors may combine with parent–child stressors from childhood via stress proliferation wherein stresses amplify one another (Pearlin, Schieman, Fazio, & Meersman, 2005). In line with this work, it may be that strain between parents and midlife adult children influences adult child health, although relatively few recent studies address this possibility. Strain with parents may promote substance use among adult children (Reczek, Thomeer, Kissling, & Liu, 2017) and when parents hold contradictory attitudes toward children, adult children may report poorer physical health (Fingerman et al., 2008). Adult children who experience less strain in their relationship with parents report lower levels of psychological distress (Umberson, 1992). Caregiving may also negatively influence adult child well-being and mental health (Barnett, 2015) due to the time-intensive and emotionally taxing duties of physical caregiving for an aging parent (Litzelman et al., 2015). However, this literature is missing an account of the holistic ways that perceived strain in relationship with parents may matter during midlife for adult children’s physical and mental health.

In-Laws and Adult Children. Parent-in-law relationships may also produce significant strain for adult children and children-in-law (Polenick, DePasquale,

Eggebeen, Zarit, & Fingerman, 2018). As popular culture and some research suggests, managing in-law relationships can create strain in relationships with parents-in-law for midlife adult children, and this strain leads to stress and poor health outcomes (Pearlin et al., 2005). For example, midlife adult children may find their parents-in-law to be intrusive, unhelpful, hurtful, or insensitive (Bryant, Conger, & Meehan, 2001), and these traits may be most likely to emerge during adult children's midlife years (Fowler & Rittenour, 2017). Strained in-law ties as a result of these traits create a source of stress and psychological distress, and in turn, worse health behavior and physical health among adults (Umberson, Williams, Powers, Chen, & Campbell, 2005). Caregiving may also produce strain between midlife adult children and their in-laws, which negatively influences adult children's health. For example, a study of Korean adult children showed that daughter-in-law caregivers of in-laws with dementia had high depressive scores (J. Lee et al., 2016). However, scholars have yet to demonstrate the specific mechanisms through which strain with parents-in-law matters for both physical and mental health. Our study will fill this gap in a unique way by incorporating the perceptions of adult children as well as their spouses, as one spouse may be able to identify strain that the other cannot see.

Gender. Relationship strain between midlife adult children and their parents and in-laws may operate in gendered ways. It may be that strain in same-gender pairs (e.g., mothers–daughters, fathers–sons) are more highly influential to health than different-gender pairs (Rosenquist, Murabito, Fowler, & Christakis, 2010). For example, it appears that fathers are more influential to sons' than daughters' health; sons report fewer depressive symptoms when they have less strained relationships with fathers, as compared with daughters (Polenick et al., 2018). Among women-only dyads, prior work has found that relationships between mothers-in-law and daughters-in-law are strained in comparison with other dyads, and this strain compromises daughters'-in-law mental health (Shih & Pyke, 2010). Yet emerging research suggests mother and daughter-in-law relationships may be more complicated, and therefore have both negative and positive influences on daughters'-in-law health (Allendorf, 2017). In contrast to work on same-gender pairings, other research finds that regardless of the gender composition of the dyads, relationships between adult daughters and *both* fathers and mothers may be more emotionally intense than sons' relationships with parents (Birditt, Miller, Fingerman, & Lefkowitz, 2009). These emotionally intense relationships may affect daughters' mental and physical health negatively (Toussaint, Shields, Dorn, & Slavich, 2016), including a significant increase daughters' substance use and a reduction in exercise (Brook, Brook, Zhang, & Cohen, 2009; Reczek,

Thomeer, Lodge, Umberson, & Underhill, 2014). Midlife adult daughters may also be more susceptible than sons to the negative health effects of strain, because they provide the majority of care for parents as well as in-laws and caregiving is a common source of strain in parent–adult child dyads (Pinquart & Sorensen, 2007). However, research has yet to assess whether and how gender differences emerge in the perceived influence of strain on adult children’s health.

Method

Data Collection

The present study uses data from qualitative in-depth interviews with 90 individuals (comprising 45 couples) who were all 40 to 60 years old. This sample includes 30 gay men (15 couples), 30 lesbian women (15 couples), and 30 heterosexual men and women (15 couples) who were legally married residents of Massachusetts. The intention of the original project and data collection was to better understand the health of gay, lesbian, and heterosexual couples at midlife, including the influence of family members, such as parents and in-laws, on health. The research team chose Massachusetts as the study site because it legalized same-sex marriage in 2004 and this study aimed to be among the first to use data from all types of married couples. Data collection occurred during 2012–2013; the team picked this time frame to understand the marital dynamics of midlife couples, particularly those who are well-established in their relationships. The team largely recruited respondents through the State of Massachusetts vital records office and gathered the names, birth years, addresses, occupations, and marriage dates from gay, lesbian, and heterosexual married in the state of Massachusetts between 2004 and 2012. The research team sent letters via the U.S. mail to inviting couples to participate in the study. If letters were returned, the research team used online materials to find contact information for potential respondents. While effective, this approach may bias our results, as only those who have lived in the same place since 2004 and those who could otherwise be located were interviewed. This leaves the potential that lower socioeconomic individuals would not be included, as they change residence with a greater degree of frequency.

Among those initial couples who were interviewed, the research team asked respondents to suggest couples from their social networks, especially those who were the same age. Couples who were not identified through vital records were found through referrals or through targeted recruiting techniques in local community centers and public spaces, such as coffee shops in areas with high concentrations of gay and lesbian couples. Then, based on the sample of gay and lesbian couples, heterosexual couples were recruited to

match on relationship duration and age using a quota system. During recruitment, respondents were screened by phone in order to facilitate sociodemographic similarities between the three couple groups.

As the legal context of marriage before 2004 was unique for gays and lesbians compared with heterosexuals (i.e., they could not legally marry in any U.S. state), the research team took into account total relationship duration for comparability across groups in order to have consistent comparison groups. For example, a gay couple married for 7 years but cohabiting for 8 years prior to marriage and a heterosexual couple married for 10 years but cohabiting 5 years prior to marriage were both coded as having a total relationship duration of 15 years.

Respondents were consented before being interviewed via written consent. For each spouse, interviews were conducted separately, to protect the privacy of each individual's account. Each spouse was asked open-ended questions about relationships with family members and health; \$50 gift cards were given to each individual for their participation. All interviewers used the same interview guide in interviews with all respondents, and engaged follow-up questions when appropriate. Open-ended interviews included broad questions about relationships with both spouses and parents, such as, "Tell me about your relationship with your parents and your spouse's parents." Then, interviewers asked more targeted questions, such as, "How do your parents support you during hard times?" and "Do your in-laws talk to you about their health?" The research team allowed respondents to guide the direction of the discussion on support, strain, and health.

Sample Demographics

As seen in Table 1, the average relationship duration was about 19 years for gay men (average age = 49.70), about 20 years for lesbian women (average age = 50.73), and about 26 years for heterosexual men and women (average age = 51.70 years). For this article, we included men and women aged 40 to 60 years to keep the focus on midlife couples. Respondents in this sample were highly affluent and mostly White, which limits our ability to comment on racial-ethnic or socioeconomic differences. However, this sample composition likely conditions the results we find, especially with respect to parent support to adult children, as noted in the discussion.

Analysis

The authors independently analyzed data from the interviews using inductive data analysis, a standard process that emphasizes the dynamic construction of codes for the purpose of developing analytical and theoretical interpretations

Table 1. Descriptive Statistics of Respondents ($N = 90$).

	Gay	Lesbian	Heterosexual
<i>n</i>	30	30	30
Age (mean, years)	49.70	50.73	51.70
Relationship duration (mean, years)	19.40	20.13	25.53
Race (%)			
White	97	93	90
Hispanic	3	0	0
Black	0	7	7
Asian and Native American	0	0	3
Children (%)	13	40	80
Education (%)			
High school/some college	7	13	23
College degree	40	17	30
Postgraduate/professional	53	70	47
Income, \$			
None	0	3	10
1-24,999	3	10	10
25,000-49,999	7	14	14
50,000-74,999	10	23	20
75,000-99,999	20	27	17
100,000-149,999	33	13	13
150,000 and above	20	3	13
Missing	7	7	3

of data (Silverman, 2006). The authors used Nvivo qualitative software to house and code the data. Inductive reasoning directed the analysis, helping identify patterns. The authors read the transcripts several times to understand the content within the interviews. After this point, the authors used a three-step coding process. First, the authors conducted line-by-line, data-drive categorization in order to summarize each piece of data as it related to the relationship between midlife adult children and their parents and parents-in-law. Second, the authors enacted “focused” coding, to develop categories regarding midlife adult children’s perceptions of parent–child and in-law ties, by joining initial line-by-line codes together for conceptual purposes. Descriptions of the dynamics of the parent–child tie were treated as distinct relationships. In the third and final stage of analysis, the first author, in consult with the second author, created conceptual memos to develop categories and subcategories that related to one another on a theoretical level; the themes

from this final stage are discussed below. The utilization of one data analyst is part of a standardized qualitative methodology that draws on interpretivist and constructionist epistemology (Silverman, 2006); the systematic and rigorous interpretation of conceptual findings by one data analyst is a highly reliable and valid approach to qualitative research (Roy, Zvonkovic, Goldberg, Sharp, & LaRossa, 2015).

Results

Respondents used three primary narratives to explain how parents and parents-in-law influence several dimensions of respondents' health, including illness and injury recovery, mental health, and health behaviors. In the first theme, respondents described how parents and in-laws made them *healthier via social support*. Second, respondents discussed how parents and in-laws informed their health practices *positively through future health expectations*. Third, respondents discussed the ways parents and in-laws *negatively influence their health through intergenerational stress*. Below, we discuss findings regarding parents and parents-in-law, throughout the life course, and gendered variation within each theme, below. It should be noted that respondents can fall into more than one category.

Parents and In-Laws Enhance Health Through Support

In our first theme, 29 respondents described both parents' and parents'-in-law social support as influential to their health and their spouse's health at midlife through two mechanisms described below: (a) support provided during an illness or injury and (b) support in anticipation of illness or injury.

Support Provided During an Illness or Injury. Respondents in this subtheme reported that when they experienced a health event, parents and in-laws gave physical, financial, and instrumental support, and support, reducing stress during illness or injury. Supports included physical support (e.g., addressing the physical needs of an ill person), financial support (e.g., giving money) and instrumental support (e.g., child care) when their adult children need extra care. Thus, support positively influenced the health of the respondents via caretaking and stress reduction. Furthermore, respondents reported that mothers, not fathers, were most frequently called on to perform the work of physical caregiving when their adult children were in need. When Joyce's spouse, Julie, had knee surgery, Julie's mother came to help the couple. Joyce said,

Her mother actually flew out and spent initially the first 2 weeks [with us] because I had to work and she couldn't walk. She couldn't even walk to get anything she needed out of the refrigerator, so her mother came and spent a couple of weeks then and then [again] when she was able to at least be mobile.

Because Joyce's mother-in-law provided physical caregiving for Julie, Joyce was able to go back to work. This provided a positive influence on both Joyce's and Julie's lives, affecting both spouses' overall well-being. Furthermore, Julie needed physical care in order to speed up her recovery, while Joyce was able to continue generating needed income at work. Similarly, Laura reflected on the financial support provided to her and her wife, Carla, during Laura's cancer treatment. Laura accrued debt as a result of from cancer treatment, stating, "I have some debt, and Carla's mother helped us out a little, and my father helped us out a little." Reflecting on this support, Laura said,

You can't make [cancer] go away, but you don't think like "Well, should we spend the money or not?" Or, "You're not making enough money." [Needing financial support] cuts underneath all of that. We do what we have to do. We will ask family; we will do what we need to do. This is cancer.

For Laura, cancer was an important enough obstacle that she and Carla needed to reach out to parents and in-laws with whom they were not otherwise close, in order to ask for instrumental support. Laura's parents and in-laws were able to provide her with financial assistance, making treatment for the cancer possible. In this quote, Laura illustrates the stress she felt before the financial boost, and the ways that financial support from parents and in-laws supported her health.

In addition to physical care for the adult children, parents and parents-in-law also demonstrated their potential to provide instrumental support to respondents by providing child care for grandchildren when respondents and spouses were physically unable to provide that care for their own children. This child care was provided by mothers and mothers-in-law exclusively. Laura describes a time when her mother provided care for her son, demonstrating her potential to reduce Laura's stress load during a time when Laura had cancer. "[My mother] homeschooled my son 3 days a week last year. We pulled him out of school for a year because of the cancer. My mother was a tremendous support to us." Instrumental support was not limited to caregiving for young children. Bruce's mother-in-law also provided support to his college age daughter:

Her junior year, [my daughter] got mono and was out of commission for 6 weeks. Within 3 days, my mother-in-law was up here. She didn't want [my

wife and me] to have our schedules interrupted. She was going to be here to take care of her granddaughter and that was that.

Having his mother-in-law come and take care of his daughter allowed Bruce and his wife to maintain their regular lives, and know that their daughter was getting the care she needed.

Support in Anticipation of Illness and Injury. Respondents who have not yet experienced a serious health problem discussed how they believed parents and in-laws would be there to provide them the support that they need. When speaking of hypothetical support, respondents spoke of both mothers and fathers as potential caregivers. It was important to respondents that parents provide a safety net, which could be there to catch them, should an unexpected illness arise. Gerald finds that close family relationships contributed to his good health, because closeness relieves stress. Of his father, he said,

I know he's there for me, and know if catastrophe struck, I could absolutely just run back and have him take care of me. God willing that will never happen, but, my family does not contribute to my stress in any way. They thoroughly alleviate it.

Though he has never required this sort of care, knowing that his father is hypothetically prepared to care for him is enough to take away health-related anxiety. In this way, parents and in-laws represent people whom adult children can count on, especially during difficult times. Bruce also talked about the ways that his parents and in-laws would be there for him and his wife, Penny, should a serious illness arise. He said,

Penny's side of the family is very comfortable talking about all these kinds of issues. Her parents have a living will and medical proxy orders and what have you . . . If something serious ever happened, we'd be able to fall back on our parents.

He went on to discuss the ways that his wife's family has had to deal with a lot of death and serious illness, thus they are more prepared for that eventuality. Bruce feels his in-laws are ready to help Bruce and his wife as soon as a crisis strikes, which helps reduce the stress Bruce feels about his own health.

Parents and In-Laws Enhance Health Through Future Health Expectations

Thirty-seven respondents perceived parents and parents-in-law as making *healthier through parents' negative influence*. This occurred in two main

ways: (a) encouraging respondents to plan for the future and (b) serving as a cautionary tale, wherein difficult experiences with parents' own health warns respondents to stay away from those behaviors; respondents articulated these changes for both themselves and their spouses.

Hypothetical Preparation for the Future. A central context of midlife is the aging and death of parents and parents-in-law. Health issues experienced by parents and parents-in-law encouraged respondents to consider their own future, enhancing respondents' health. We find that experiences with both mothers and fathers of the respondents encouraged thinking about the future. Todd's mother had dementia that required extended care. Witnessing this, Todd talked with his partner, Craig, about what they would do if either one of them developed something like Alzheimer's or dementia:

Yeah, we've talked about it, not at any great length. We haven't spoken about the details. But we have talked about [whether] the other would be the caregiver as much as possible until it's not wise to do so. . . . We talked about that in generalities, [but also] using my parents and grandparents as an example, because Craig set up all my parents' legal stuff. [My parents] said, you know, this is what we want to happen after we die. How should we set up, what is the best way to set up our estate?

Because Todd and Craig helped Todd's parents set up their estate, they were encouraged to have their own conversations about what the future will hold for them, especially with regard to caregiving. As illustrated by Colleen, planning for the future only becomes more relevant as respondents' parents and parents-in-law age. Her mother and grandmother both were diagnosed with diabetes in their 70s and 80s, which influenced her health routines. She said,

If my mother's still having issues with diabetes, there is no chance that I could do anything. It was because of the genetic connection in my family. It was pretty clear. This is always going to be true. We're always going to have to figure out how to deal with it.

Now that Colleen has seen both her mother and grandmother cope with complications resulting from diabetes due to age, Colleen recognized diabetes may be a significant part of her life. Therefore, as a result, Colleen may need to accommodate this disease, which would change her future plans and potentially impact her health in a positive way.

This theme is not limited to physical illness. Respondents discussed mental health in a minority of cases. Sue describes how her mother's-in-law, as well as her own father's, mental illness has influenced her future plans with her husband, Henry. Sue said,

I don't think either one of us would hesitate to get help like right away—to do whatever we needed to do. I think Henry would hang in there with me as long as it made sense and then, if he had to institutionalize me, he would. His mother was mentally ill. He put up with an awful lot with her, way more than any human being should put up with so I think he has a very long threshold to care for me. My father also had mental issues, mental health issues, and I hung in there as long as I could with him until we had to put him in a nursing home.

When asked whether they talk about these issues, Sue responded, “Well, I guess, you kind of talk about it when you're going through it with your parent [in terms of] what would we do if this were each other.” Because both Sue and Henry experienced issues with a parent who was mentally ill, they had been forced to talk about how they would deal with mental health issues, should they present themselves. Talking about these issues allows Sue and Henry to plan for a future problem, such as a mental health issue, should one arise.

Cautionary Tales. The second way respondents reported how their parents' and parents'-in-law unhealthy behaviors made a positive impact on their health is via cautionary tales. Within this theme, respondents consistently reported that their fathers' health or health behaviors were influential. Parental addiction represents one common type of cautionary tale. For example, Miranda and her husband, Bill, smoked cigarettes, but she quit and encouraged him to quit as well. Miranda said,

Bill was living out here and he'd come home on the weekends when I was pregnant and I would say, “I smell smoke on you. My father has cancer. I don't want any smoking. I don't want that and I don't want our baby to see you smoking.”

Because Miranda's father experienced smoking-related cancer, she became cognizant of the consequences and quit smoking. Furthermore, it was equally important to Miranda that her child not see Bill smoking, because Miranda felt that this would potentially encourage her future child to smoke, making her child healthier in a multigeneration effect. Adult children of addicts frequently cited parents' issues with substances as the reason they stay away from those behaviors. For example, Mark said,

I haven't [had alcohol] in 20 years. It is something I just choose not to. Most people assume you're an AA when you say, “I haven't drank [sic] in 20 years,” you know, but I just chose not to. I grew up with pretty rampantly alcoholic parents; sloppy, fall down drunk will not be tolerated. I will not do that.

The theme of cautionary tale also sometimes involved trying to avoid future illness and disability that a parent currently has. Roger said,

My father has dementia. I'm worried about that. I sort of watch the research and the stuff that says, in today's paper, "If you walk three times a week and lift, do light weightlifting. . . . If you stay engaged . . ." I think about that stuff.

Rodger's father's situation has encouraged him to investigate more about health and health behaviors, making him more health literate. This positively affects his health. Sue also shared how her mother-in-law provided a cautionary tale for her husband, Henry. She said,

[Henry] thinks he has heart issues a lot. He thinks he's going to have a heart attack. His mother died of cardiac arrest. His mother had a lot of health issues and he is afraid that he does, too. . . . He has phantom heart issues which are very real to him, but because there have been so many of these issues that never really are anything. He's gone for stress tests, etc. We've had to leave the [region] to go to his cardiologist for different tests because he thinks the big one's coming because of his mother.

Sue continued in her interview, sharing that her mother-in-law's heart attack was largely caused by cigarette smoking, but that her husband has never smoked. For Sue, her husband's anxiety over a potential heart encourages both of them to seek reassurance through medical testing, and taking care of their diet.

Parents and In-Laws Deter Health Through Intergenerational Relationship Stress

In our third theme, respondents report that relationships with parents and in-laws sometimes have *negative* health consequences ($n = 22$). This occurred in one main way: parents had compounding health needs that respondents found to negatively influence their own health. While many types of parent-child dyads reported this subtheme, this negative health effect was especially true for those respondents who entered a coresidential situation with their parents.

Parents' Compounding Health Needs. Respondents in this subtheme felt pressure from their parents' health needs, which generates stress, and believed this stress harms their mental health and discouraged recovery from illness and improvement of health behaviors. Respondents describe

mothers and fathers' health needs in similar ways within this theme. Kimberly described a situation in which she had breast cancer, while she was enrolled in school. The mother of her wife, Patricia, lived nearby and required a fair amount of caregiving. According to Kimberly, caring for her mother-in-law while Kimberly herself was recovering from a major surgery created stress:

But the day I was supposed to come home from the hospital, Patricia's mom set her house on fire. And nothing really major went wrong, but it was like, "You got to be kidding me." So . . . so it's, it's like we are pulled in a lot of different directions. [Patricia and I are] the go-to people in each of our families for stability. You know? And both we have both big families that have a lot of needs.

Kimberly went on in her interview to talk about how this negatively affected her recovery from surgery, because she had less of her spouse's attention and support. In the same vein, Laura said,

It was interesting that when my mother moved here—and she's been a huge help—but my weight did go up because it's literally feeling the press in of more people's needs. I love to be there for people, but I need to restore myself by being alone and I have almost no time alone. Having my mother here made me feel the burden of her well-being.

For Laura, having her mother living with her is contradictory. There are ways that she helps, in terms of support, but she also limits the amount of time that Laura can take care of herself, largely due to the implicit needs of other people. Linda recounted a time when she and her mother were both experiencing mental health issues at the same time. She said,

That period when we were in flux, I was depressed; I'm sure. And there was a lot that went on then because right at that time, my mother had relapsed in her own alcoholism recovery. So I was dealing with a lot of stuff right then. I know that I was depressed for a year dealing with the stuff between us and my mom, until we finally got her admitted into a 6-, 8-week inpatient thing.

Because Linda was left to deal with her mother's alcoholism during a time when she was already under mental duress, her mental health was put on the backburner, affecting her mental health negatively. Taken together, these examples suggests that interactions with parents and in-laws, especially during times of caregiving, foster stress, negatively affecting respondents' health.

Discussion

The present study reveals the specific ways that parents and parents-in-law influence health during adult children's midlife years. Given the emerging interest in midlife health (Gaydosch et al., 2019) and the influence of parents on adult child health (Huo et al., 2018; Huo et al., 2019), our study adds to the literature by showing how parents enhance and deter midlife adult children's health in gendered ways. Furthermore, with our focus on married couples, we find that adults perceive their in-laws as important to health, in both similar and alternative ways to their own parents' influence. In the following paragraphs, we discuss the implications of our findings, drawing attention to the importance of how taking a holistic family view provides insight into new mechanisms for family of origin influence on health in adulthood.

Adding to the literature on parents' impact on adult child health via support and strain, we find that during children's midlife years, mothers and mothers-in-law provide critical support and care for their children and children's spouses in ways that promote midlife adult child health and well-being. We note that no clear gender patterns emerged when considering the gender of the child in the dyad. Mothers' continued support during adult children's midlife years contributes to work on "intensive mothering," the idea that mothers are responsible for all aspects of children's outcomes and thus mothers work diligently to positively affect their children (Hays, 1996). Prior work focused on intensive mothering practices among mothers of young children and adolescents (for an exception, see Fingerma et al., 2012). However, we find that mothers continue to provide a high level of care and support for their adult children through children's midlife years, which promotes adult children's health. Our findings suggest that midlife adult children continue to rely on mothers for help during times of stress by calling on mothers to provide care during times of children's illness or injury. Maternal support in home health care for adult children and provision of child care for grandchildren reduces midlife adult children's financial burdens, in two ways. First, by removing the need to hire outside help and second by allowing adult children and spouses to maintain regular work schedules, which increases mental well-being for midlife adult children. This is in line with previous research, which suggests that mothers and children maintain strong ties into children's adulthood, in part due to mothers more consistent role in child rearing (Pillemer et al., 2010).

The spousal relationship is critical to this form of intensive mothering. For example, mothers-in-law are often typified as having close but strained ties with midlife adult children (Chong et al., 2016; Kim et al., 2015). However, our findings suggest that mothers-in-law also provide physical support and child care, like mothers, to their children-in-law, but support from

mothers-in-law is mediated through spouses. In this study, respondents called on their own mothers to provide physical caregiving when the respondents themselves needed physical care and called on their mothers-in-law when their spouse needed care—suggesting that familial ties remain important in providing and receiving social support. Thus, in-laws, particularly mothers-in-law, remain important to adult child health, but only because they are directly helping a needy spouse. Furthermore, mothers' intensive parenting practices support their children's spousal relationships by providing key assets to adult children and spouses. This support benefits the spousal relationship by reducing stress for spouses and allowing the married couple to maintain their regular schedules even during illness. While emerging work finds that providing "intensive support" to grandchildren is beneficial to grandparents' health (Di Gessa, Glaser, & Tinker, 2016), research has yet to see whether and how providing other forms of support matters to older adult health. Our study suggests new lines of research on the ways in which adult children access intergenerational ties to improve their own health, even after childhood.

Notably, intensive mothering on midlife adult children may be unique to our sample of White middle-class respondents. Research suggests that while both White and Black mothers want to engage in intensive mothering practices (Elliott, Powell, & Brenton, 2015; Fingerman et al., 2012), affluent parents are able to provide more emotional and material support to their children. The provision of support by parents results in better health outcomes for affluent adult children at midlife (Fingerman et al., 2012). Furthermore, Black or lower socioeconomic status adult children are more likely to lack supportive parental ties, and thus may not have access to these sorts of parenting practices that could better their health (Hartnett, Fingerman, & Birditt, 2018). The increasingly tenuous health and transition to adulthood among Black emerging adults extends to parents (Barr, Simons, Simons, Beach, & Philibert, 2018). Other work finds that Black adult children provide greater support to parents as compared with their White peers and thus do not see the health benefits of intensive parenting (Fingerman, VanderDrift, Dotterer, Birditt, & Zarit, 2011). Future work should consider how Black parents negotiate intensive mothering as children become adults.

Second, in addition to the positive impacts described above, fathers and fathers-in-law appear to enhance health long-term by providing *negative* examples of health behaviors that adult children *do not* wish to copy—by providing cautionary tales. Adult children in this study were able to respond to these cautionary tales by adjusting expectations and planning for the future, consistent with recent work that shows that among spouses often redirect their own end-of-life plans based on experiences with their parents (Thomeer, Donnelly, Reczek, & Umberson, 2017). For example, in our study,

respondents commonly discussed fathers' and fathers'-in-law addiction to alcohol and drugs as negative health examples, because watching fathers struggle with addiction encouraged respondents to make healthier life choices during their adulthood. Fathers are the likely sources of cautionary tales because men take more health risks and have worse health behaviors, compared with women (Courtenay, 2000). Similarly, midlife adult children in this sample found that experiencing a parent suffering from a severe illness, such as dementia or heart failure, kept them vigilant toward any potential for severe illness in their own life. This awareness promoted their health, as seen in research on the death of a parent (Umberson, 2003). While the death of a parent clearly negatively affects mental health (Umberson, 2003), we find evidence that poor parental health may actually improve physical health. This is in line with other research which finds a reduction in mortality after the death of a parent (Rostila & Saarela, 2011).

Limitations and Conclusion

While the present study makes theoretical and empirical contributions to the literature, there are several limitations. Our sample exclusively consists of married adults. It may be that parent-child processes are different among single adults and long-term cohabitators, as families hold different meanings for married and unmarried adult children. For example, parents may be less inclined to provide support for nonmarried couples, because these relationships are culturally defined as less serious, or may provide more support for single adults because they do not have a partner to help with caretaking. Thus, future research should consider midlife adults in other relationship forms. Furthermore, gay and lesbian couples married between 2004 and 2012 are likely different from those who married more recently, as the couples in this study were married during first years of gay and lesbian marriage legalization in Massachusetts. It is possible that these gay and lesbian couples are compositionally different from the broader gay, lesbian, or heterosexual population, because the couples from our study were more likely to be in a long-term relationship prior to marriage equality. Also, many respondents did not perceive parents and in-laws as having an impact on their health, whether it was positive or negative due to boundary setting or the primacy of the marital relationship. Finally, we analyzed for themes related to gender and sexuality, due to our sample of gay and lesbian married couples. While past research would suggest that there are differences in parent and in-law dynamics by sexuality (Reczek, 2014), we did not find evidence that these effects documented in our study varied between gay, lesbian, and heterosexual adults or their families—themes presented consistently across couple type. Parents

may be influential to midlife adult health in similar ways among gay, lesbian, and heterosexual adults, for several reasons. For example, it may be that the impact of cautionary tales of parent illness has more to do with the health status of the parent, regardless of the content of interactions between parents and adult children—a relationship that is shown to be more ambivalent among gay and lesbian adults and their parents (Reczek, 2016).

Despite these limitations, the present study articulates the ways in which midlife adults perceive parent and parents-in-law relationships as contributors to their own health. This study is among the first to consider how midlife adults *directly perceive* these relationships as influential to their health, in tandem, and our qualitative explorations of perceptions demonstrate how these perceptions have consequences for midlife adult health and health behaviors. Our research demonstrates that mothers and mothers-in-law promote midlife adult child health positively, while fathers and fathers-in-law promote midlife adult child health via negative behaviors. By considering family relationships together, through family systems theory, we push theory forward, showing that spousal families, in addition to parents, are important to health.


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