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Aging Parents' Daily Support Exchanges With Adult Children Suffering Problems

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Abstract

Objectives: When adult children incur life problems (e.g., divorce, job loss, health problems), aging parents generally report providing more frequent support and experiencing poorer well-being. Yet, it is unclear how adult children's problems may influence aging parents' daily support exchanges with these children or the parents' daily mood.

Methods: Aging parents from the *Family Exchanges Study Wave 2* ($N = 207$, $M_{\text{age}} = 79.86$) reported providing and receiving emotional support, practical support, and advice from each adult child each day for 7 days. Parents also rated daily positive and negative mood.

Results: Multilevel models showed that aging parents were more likely to provide emotional and practical support to adult children incurring life problems than children not suffering problems. Parents were also more likely to receive emotional support and advice from these children with problems. Further, parents reported less negative mood on days when providing practical support to children with problems.

Discussion: Examining daily support exchanges adds to our understanding of how children's problems influence parent-child ties in late life. Prior research suggests that children's problems upset parents. In this study, however, it appears that supporting adult children who suffer problems may alleviate aging parents' distress regarding such children.

Keywords: Aging parents—Children's problems—Daily mood—Support exchanges

Ties between adults and parents typically involve frequent support exchanges (Lowenstein, 2007; Umberson, Pudrovska, & Reczek, 2010). Parents provide assistance even after their children become midlife adults, especially when children experience life problems (e.g., emotional, health, financial problems; Fingerman, Miller, Birditt, & Zarit, 2009; Gilligan, Suito, Rurka, Con, & Pillemer, 2017; Suito, Pillemer, & Sechrist, 2006; Suito, Sechrist, & Pillemer, 2007). As aging parents incur health declines, they also turn to adult children for support (Fingerman et al., 2011; Kim et al., 2017; Silverstein, Gans, & Yang, 2006; Suito et al., 2007). Yet, children suffering life problems may be less available to help. Thus, adult children's problems may play a key

role in aging parents' support exchanges with these children. Prior research has focused on retrospective reports and it is unclear whether children's problems also make a difference in daily life. Daily diary methods capture experiences that may not be readily recalled in retrospective surveys but that may be critical to parent-child ties and parents' well-being (Almeida, 2005; Charles et al., 2016).

The current study assessed aging parents' everyday support exchanges with adult children, considering emotional support, practical help, and advice. Emotional support encompasses listening to children's concerns or providing comfort when they are upset. Practical help includes services such as chores or transportation. Advice involves helping

with decision making. Parents also exchange money with children, but given the infrequency of financial support (Johnson, 2013; Swartz, 2009), we did not include it here. We examined (a) whether aging parents gave and received different types of support from adult children suffering problems compared to children not suffering problems on a daily basis and (b) how giving and receiving these types of support with different children was associated with parents' daily mood.

Children's Problems and Aging Parents' Support Exchanges

Research has explored the range of support that aging parents and their adult children exchange (Fingerman et al., 2011; Kim et al., 2017; Pillemer & Suitor, 2006). This study examined how adult children's problems influence these support exchanges on a daily basis. We drew on contingency theory (Eggebeen & Davey, 1998), which posits that individuals mobilize resources to provide for family members with greater needs, such as adult children experiencing problems. Accordingly, we expected aging parents would be more likely to provide daily support to adult children suffering problems than children without problems.

Nevertheless, parents may further differentiate among their adult children who experience problems. Adult children incur a variety of problems, including physical-emotional problems (e.g., disability, health problems) and lifestyle problems (e.g., alcohol or drug addiction, relationship issues; Birditt, Kim, Zarit, Fingerman, & Loving, 2016; Suitor et al., 2006). Moreover, parents may provide different types of support in response to the specific problems that adult children experience. Parents tend to view lifestyle problems as more controllable (Pillemer & Suitor, 2002) and may provide advice in the hope that children with these problems can improve their situations (Bucx, van Wel, & Knijn, 2012). By contrast, parents may view children with physical-emotional problems as not responsible for their problems and feel more emotionally close to these children (Suitor et al., 2006). Global surveys reveal that across adulthood, parents provide more frequent emotional and practical support when adult children have a disability, health concern, or mental problem (Gilligan et al., 2017; Suitor et al., 2006, 2007). We asked whether aging parents were more likely to offer advice to children with lifestyle problems and daily emotional and practical support to children who incurred physical-emotional problems.

Contingency theory also applies to the support that aging parents may receive from adult children. Entering late life, some parents experience health declines and require daily support from adult children (Djundeva, Mills, Wittek, & Steverink, 2015; Kim et al., 2017; Silverstein et al., 2006; Silverstein & Giarrusso, 2010). Yet, adult children's life problems may deplete these children's energy and resources (Carr & Umberson, 2013), hindering them from helping aging parents. We expected aging parents would be less likely to receive daily support from adult children with problems compared to children without problems.

Adult children with different types of problems may provide different types of support to parents. Health concerns or psychological problems (i.e., physical-emotional problems) may particularly drain adult children's resources and prevent them from providing emotional or practical support to aging parents. For example, adult children who are disabled or who are depressed may be less able to help parents with practical assistance such as household tasks or to provide comfort to parents in distress. By contrast, when adult children have financial or relationship problems (i.e., lifestyle problems), they may still be able to assist parents with activities of daily living (practical support). We expected aging parents would be less likely to receive emotional or practical support from adult children with physical-emotional problems but equally likely to receive such support from children with lifestyle problems as from children not suffering problems. We expected no differences with regard to advice.

Aging Parents' Support Exchanges and Implications for Daily Mood

Exchanging support with adult children may be associated with aging parents' daily mood. Research has revealed that older adults report reduced autonomy and poorer well-being when they receive support (Djundeva et al., 2015; Thomas, 2010). Yet, findings regarding providing support are mixed; helping is generally rewarding for aging parents (Byers, Levy, Allore, Bruce, & Kasl, 2008; Thomas, 2010) but it can also be demanding when parents view support provision as stressful (Bangerter, Kim, Zarit, Birditt, & Fingerman, 2015).

The current study explored how children's problems influenced the association between exchanging support with these children and aging parents' daily mood. We used the strength and vulnerability integration model (SAVI; Charles, 2010), which posits that older adults often exhibit advantages in emotion regulation. When negative events persist (as in the case of chronic stress), however, aging parents may experience increased emotional suffering due to decreased physiological flexibility in late life. Children's problems may be a chronic stressor for aging parents with its consistent links to more negative parent-child ties and parents' poorer well-being (Birditt, Fingerman, & Zarit, 2010; Fingerman, Cheng, Birditt, & Zarit, 2012). Thus, aging parents may suffer emotionally from interacting with children who have problems. We expected aging parents to report worse mood when they provided or received support from adult children with problems.

Further, the type of problems may matter for daily mood. Scholars argue that parents often experience greater negative feelings toward children with lifestyle problems (Suitor et al., 2006). Yet, research also shows that children's health issues (i.e., physical-emotional problems) are associated with parents' stress (Barker, Greenberg, Seltzer, & Almeida, 2012). Thus, it is unclear how children's physical-emotional and lifestyle problems influence the associations between aging parents' support exchanges and daily mood, but we explored this issue here.

Other Factors Associated with Aging Parents' Support Exchanges and Well-Being

We considered parent and child characteristics associated with parent-child support exchanges and mood. Women are typically more invested in family relations than are men (Umberson et al., 2010). Moreover, women often provide emotional support whereas men prefer to offer practical help with yard work or repairs (Kahn, McGill, & Bianchi, 2011). We controlled for gender of both parents and adult children.

We included parents' age and disability. With age, parents report increasing difficulties with daily living activities, have less capacity to help adult children, require more support from adult children, and experience diminished well-being (Infurna & Wiest, 2016; Kim et al., 2017).

We controlled for parents' education and marital status. Better educated and married parents are more likely to help adult children (Fingerman et al., 2015), whereas widowed or divorced mothers show greater reliance on adult children (Umberson et al., 2010).

Given that parents in larger families are less involved with each of their children (Grundy & Henretta, 2006), we included family size. We also considered parents' coresidence status with each child (Smits, van Gaalen, & Mulder, 2010). Further, because parents are more involved with their adult children experiencing problems (Fingerman et al., 2009; Gilligan et al., 2017), they may also have more contact with these same children than children not incurring problems. Thus, we explored whether parent-child contact accounts for the links between children's problems and parent-child support exchanges.

The Current Study

In the current study, we considered support exchanges that parents had with adult children suffering problems and adult children not suffering problems. We also considered different types of problems (e.g., physical-emotional, lifestyle) that adult children incurred. Hypotheses were as follows:

Ho1: We expected aging parents to provide more support to adult children with problems compared to children without problems on a daily basis.

Ho1a: We expected aging parents would be more likely to provide emotional and practical support to children who had physical-emotional problems.

Ho1b: We expected aging parents would be more likely to provide advice to children who had lifestyle problems.

Ho2: We expected aging parents to receive less support from children with problems than children without problems on a daily basis.

Ho2a: We expected parents would be less likely to receive emotional or practical support from children with physical-emotional problems.

Ho2b: We expected parents would be equally likely to receive support from children with lifestyle problems.

We had no prediction with regard to parents' receiving advice.

Ho3: We expected aging parents to report worse daily mood when they provided or received support from adult children with problems than children without problems.

We asked how children's physical-emotional and lifestyle problems influenced links between aging parents' support exchanges with adult children and parents' daily mood without specific predictions regarding types of problems.

Design and Methods

Sample and Procedures

Participants were from the *Family Exchanges Study Wave 2* (Fingerman et al., 2009). The *Family Exchanges Study* started in 2008 with 633 midlife adults (40–60 years old) from the Philadelphia Primary Metropolitan Statistical Area, who had at least one living parent and one adult child older than 18 years. Based on the information these midlife adults provided, we contacted 455 aging parents and recruited 337 (74%) in Wave 1. Compared with the aging parents who refused to participate, the 337 parents were younger, healthier, less likely to be disabled, and more likely to be female.

Wave 2 data were collected in 2013. Of the 337 aging parents from Wave 1, 126 did not return because they were deceased ($n = 58$), were too ill to participate ($n = 5$), or could not be reached ($n = 63$). In addition, we recruited 30 parents who did not participate in Wave 1 (total $N = 241$). Statistical analyses comparing returning parents and newly added parents revealed no differences in background characteristics (e.g., age, gender, education, relationship qualities with children). Starting in Wave 2, we invited participants to complete brief telephone interviews (i.e., *daily surveys*) on social experiences for 7 days after they finished a 1-hour Computer-Assisted Telephone Interview (CATI; i.e., *main survey*).

Of the 241 aging parents for the main survey, 207 (86%) participated in the daily surveys. These aging parents showed no difference in background characteristics when compared with the 34 parents who did not participate (according to statistical analyses including t -tests and chi-squares). Parents received \$7 each day and one bonus dollar if they completed all the daily surveys (total \$50). The majority of parents (80%) finished 7 days (total 1,375 days, 6.6 days per participant). Because 48 parents were married to one another (i.e., 24 couples), the 207 parents came from 183 families and reported on 810 adult children. Table 1 presents background characteristics of parents and their adult children.

Measures

Main survey

Child life problems. Parents indicated whether each child experienced 10 life problems (e.g., emotional problems, alcohol or drug problems, financial difficulties, divorce) in the prior 2 years (Fingerman et al., 2009; Greenfield & Marks, 2006). Because the distribution of problems was skewed, we coded a binary variable to indicate whether the adult child had any life problem (1 = *having any life problem*, 0 = *not having life problems*). Overall, 46% of adult children experienced at least 1 of the 10 problems. Following prior research (Birditt et al., 2016; Sutor et al., 2006), we focused on 8 of the 10 problems (i.e., excluding being a victim of a crime and experiencing death of someone close) and examined two categories: physical-emotional problems and lifestyle problems. Physical-emotional problems included four items: a developmental delay, a physical disability, a serious health problem or injury, and a serious emotional/psychological problem. Lifestyle problems included four items: a drinking or drug problem, a financial problem, a problem with law or police, and a serious relationship problem. We coded two binary variables to assess (a) physical-emotional problems (1 = *having any physical-emotional problem*, 0 = *not having physical-emotional problems*) and (b) lifestyle problems (1 = *having any lifestyle problem*, 0 = *not having lifestyle problems*). In total, 18% of adult children ($n = 148$) had physical-emotional problems and 20% ($n = 162$) had lifestyle problems (Table 1).

Covariates. Parents reported age, gender (1 = *male*, 0 = *female*), education in years, marital status (1 = *married or remarried*, 0 = *not married*), and number of adult children. Parents indicated whether they required assistance with four activities of daily living (i.e., personal care, housework, transportation, and finances; Fingerman et al., 2011). Due to a skewed distribution, we coded 1 = *having a disability* if parents answered “yes” to any of those items and 0 = *no disability* if they answered “no” to all items. Parents also indicated each child’s gender and coresidence status (1 = *coresiding*, 0 = *not coresiding*).

Daily surveys

Support exchanges. Each day, parents indicated whether they had provided and received (a) emotional support (e.g., listening to concerns or being available when they were upset), (b) advice (e.g., helping with a decision or giving suggestions about things they could do), and (c) practical support (e.g., fixing something around the house, running an errand, or providing a ride) to each adult child (1 = *yes*, 0 = *no*).

Daily mood. Parents rated the extent to which they experienced six positive emotions (e.g., happy, determined, calm) and nine negative emotions (e.g., lonely, nervous, distressed) from 1 (*none of the day*) to 5 (*all of the day*; Fingerman, Kim, Tennant, Birditt, & Zarit, 2016; Piazza, Charles, Stawski, & Almeida, 2013). We calculated mean scores for positive mood ($\alpha = .69$) and negative mood ($\alpha = .84$).

Table 1. Characteristics of Aging Parents and Their Adult Children

Characteristics	Parents ($N = 207$)			Offspring ($n = 810$)		
	<i>M</i>	<i>SD</i>	Range	<i>M</i>	<i>SD</i>	Range
Age	79.86	5.90	63–95	52.45	6.72	21–70
Years of education	12.97	2.18	7–17	14.16	1.98	11–17
Number of adult children	3.94	2.17	1–15	2.04	1.45	0–10
		Proportion			Proportion	
Male		.30			.48	
Minority ^a		.34			.38	
Married/remarried ^b		.37			.65	
Having a disability ^c		.32			—	
Coresiding with parent ^d		—			.06	
Life problems ^e		—			.46	
Physical-emotional problems ^f		—			.18	
Lifestyle problems ^g		—			.20	

^a1 = *minority* and 0 = *non-Hispanic white*. ^b1 = *married or remarried* and 0 = *not married*. ^c1 = *having a disability* and 0 = *no disability*. ^d1 = *coresiding* and 0 = *not coresiding*. ^eLife problems included 10 items: a developmental delay or disability, a physical disability, a serious health problem or injury, a serious emotional/psychological problem, a drinking or drug problem, a financial problem, trouble with law or police, a serious relationship problem, being a victim of a crime, and experiencing death of someone close. Following prior research, we did not consider being a victim of a crime and experiencing death of someone close in the two classifications of problems. ^fPhysical-emotional problems included four items: a developmental delay or disability, a physical disability, a serious health problem or injury, and a serious emotional/psychological problem. ^gLifestyle problems included four items: a drinking or drug problem, a financial problem, trouble with law or police, and a serious relationship problem.

Analytic Strategy

Preliminary tests showed that three aging parents did not have contact with any child during the study week (day $n = 20$). Thus, we examined 204 aging parents' support exchanges with adult children for 1,355 days in analyses.

Analyses first focused on the associations between aging parents' daily support exchanges and adult children's problems. We considered 4-level models because 48 parents (*level 3*) were nested in couples (*level 4*) and parents reported for 7 days (*level 2*) on their support exchanges with each child (*level 1*). Yet, we decided to use 3-level models by dropping the couple level with a nonsignificant random effect ($var = 0.03, p = .82$), which indicates that aging parents in couples did not show sufficient shared variance to be treated as dependent.

We initially ran all the models distinguishing children with physical-emotional problems (1 = *having any physical-emotional problem*, 0 = *not having physical-emotional problems*) and children with lifestyle problems (1 = *having any lifestyle problem*, 0 = *not having lifestyle problems*). We did not observe distinct findings regarding the two categories of problems; therefore, we used the dichotomous variable for having any of the 10 problems (for findings with the categories of problems presented separately, see Supplementary Tables 1–4).

In the main analyses, each adult child was classified based on whether they had any problem (1 = *having at least one life problem*, 0 = *not having life problems*) as the predictor. For the outcomes, we asked whether aging parents provided or received (a) emotional support, (b) practical help, or (c) advice from each adult child each day. Because outcomes were binary variables (1 = *yes*, 0 = *no*), we examined the probability of having exchanges in logistic regressions with SAS PROC GLIMMIX (Guo & Zhao, 2000). We controlled for parent disability, parent age, parent gender, parent education, parent marital status, number of adult children, child gender, and parent coresidence status with each child. We had one missing case for coresidence and the PROC GLIMMIX used listwise deletion.

The study also examined how aging parents' support exchanges with adult children were associated with their daily mood. We dropped the nonsignificant couple level ($var = 0.06, p = .32$) and estimated 2-level models to incorporate days (*level 1*) nested within parents (*level 2*). We generated variables to indicate whether aging parents had support exchanges with any child with a problem (1 = *yes*, 0 = *no*) and any child without problems (1 = *yes*, 0 = *no*) each day. We considered (a) emotional support, (b) practical help, and (c) advice given and received separately (i.e., six types of support exchanges). We entered exchanges with children having problems and children not having problems to models simultaneously to consider that 55% of the aging parents had both types of adult children. Parents' daily positive and negative mood were the outcomes. We estimated models separately for positive and negative mood, and each type of support exchanges (2 moods \times 6

types of exchanges; 12 models in total). We also conducted lagged analyses by including same day's and prior day's support exchanges to examine lingering effects. Because the outcome variables (i.e., mood) were continuous, we used linear multilevel models with SAS PROC MIXED. All models examined parents' daily well-being controlling for parent disability, parent age, parent gender, parent education, parent marital status, and number of adult children. Due to the number of analyses conducted, we used a more conservative significance level at $p < .005$.

Results

We report how often aging parents exchanged emotional, practical support, and advice from adult children incurring problems versus children not suffering problems during the study week (Supplementary Table 5). Over half of the aging parents were involved in some type of support exchange with adult children at some point. Half of the aging parents exchanged emotional support with adult children and one third exchanged practical support. On average, support exchanges occurred on 1 or 2 days.

Children's Problems and Aging Parents' Support Exchanges

We expected to observe aging parents' greater likelihood of helping adult children who suffered life problems than children without problems. Aging parents were almost twice as likely to provide emotional support (odds ratio [OR] = 2.01, $p < .001$) and practical help (OR = 1.77, $p < .001$) to adult children with problems than children without problems (Table 2). Nevertheless, children's problems were not associated with parents' advice (OR = 1.20, $p = .12$).

We also examined whether aging parents were less likely to receive support from children who had problems (Table 3). Contrary to expectations, aging parents were more likely to receive emotional support (OR = 1.44, $p < .001$) and advice (OR = 1.45, $p < .001$) from adult children who incurred problems than children without problems. Children's problems were not associated with parents' receiving practical support (OR = 1.12, $p = .37$). These models showed small-to-medium (overall) effect sizes, with Cohen's f^2 ranging from .05 to .10.

Aging Parents' Support Exchanges and Implications for Their Daily Mood

We expected aging parents' support exchanges to be associated with parents' daily mood depending on whether that support was exchanged with a child suffering problems versus a child without problems. Aging parents reported less negative mood on days when providing practical help to children with problems, but there was not a significant association between negative mood and providing practical help to children without problems (Table 4). Providing practical help to

Table 2. Multilevel Logistic Models Predicting Support That Aging Parents Provided to Adult Children

	Emotional support provided to adult children			Practical help provided to adult children		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Fixed effects						
Intercept	-1.94	0.96		0.77	1.02	
Child suffering problem(s) ^a	0.70***	0.11	2.01	0.57***	0.13	1.77
Covariates						
Parent disability ^b	-0.04	0.07	0.96	0.08	0.07	1.08
Parent age	0.00	0.01	1.00	-0.03**	0.01	0.97
Parent gender ^c	-0.71***	0.16	0.49	-0.32	0.18	0.73
Parent education	0.05	0.03	1.05	-0.03	0.03	0.97
Parent marital status ^d	0.37	0.15	1.45	0.13	0.16	1.14
Number of adult children	-0.19***	0.03	0.83	-0.14***	0.03	0.87
Offspring gender ^c	-0.73***	0.10	0.48	-0.46***	0.13	0.63
Coresidence ^e	0.73***	0.18	2.08	1.43***	0.18	4.16
Random effects						
Intercept VAR (Level 2: day)	0.47***	0.13		0.24	0.17	
Intercept VAR (Level 3: parent)	0.25***	0.05		0.11	0.05	
-2 (pseudo) log likelihood		27,338.26			29,657.18	

Note: Parent $n = 204$; day $n = 1,355$. Three parents dropped due to no contact with any offspring during the study week. The support outcomes were coded 1 = provided and 0 = did not provide to that child that day. A model predicting advice was not presented here (no significant effect of child problems). OR = odds ratio; VAR = variance.

^a1 = having at least one life problem and 0 = not having life problems. ^b1 = having a disability and 0 = no disability. ^c1 = male and 0 = female. ^d1 = married or remarried and 0 = not married. ^e1 = coresiding with that child and 0 = not coresiding.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3. Multilevel Logistic Models Predicting Support That Aging Parents Received From Adult Children

	Emotional support received from adult children			Advice received from adult children		
	<i>B</i>	<i>SE</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>OR</i>
Fixed effects						
Intercept	-1.58	0.99		-1.74	0.95	
Child suffering problem(s) ^a	0.36***	0.10	1.44	0.37***	0.11	1.45
Covariates						
Parent disability ^b	0.04	0.07	1.05	0.07	0.07	1.08
Parent age	0.00	0.01	1.00	-0.01	0.01	0.99
Parent gender ^c	-0.89***	0.17	0.41	-0.44**	0.16	0.64
Parent education	0.01	0.03	1.01	0.05	0.03	1.06
Parent marital status ^d	0.25	0.15	1.29	0.11	0.14	1.12
Number of adult children	-0.19***	0.03	0.83	-0.15***	0.03	0.86
Offspring gender ^c	-0.66***	0.10	0.52	-0.84***	0.11	0.43
Coresidence ^e	0.96***	0.18	2.60	1.07***	0.18	2.93
Random effects						
Intercept VAR (Level 2: day)	0.55***	0.13		0.36**	0.15	
Intercept VAR (Level 3: parent)	0.29***	0.05		0.20***	0.05	
-2 (pseudo) log likelihood		26,733.73			27,519.88	

Note: Parent $n = 204$; day $n = 1,355$. Three parents dropped due to no contact with any offspring during the study week. Daily support outcomes were coded 1 = received and 0 = did not received from that child on that day. A model predicting practical help was not presented here (no significant effect of child problems). OR = odds ratio; VAR = variance.

^a1 = having at least one life problem and 0 = not having life problems. ^b1 = having a disability and 0 = no disability. ^c1 = male and 0 = female. ^d1 = married or remarried and 0 = not married. ^e1 = coresiding with that child and 0 = not coresiding.

* $p < .05$. ** $p < .01$. *** $p < .001$.

children did not have a lagged effect on the next day's mood (Supplementary Table 6). Providing advice ($B = 0.05, p = .06$ for children with problems; $B = 0.02, p = .44$ for children without problems) or emotional support ($B = -0.00, p = .99$ for children with problems; $B = 0.03, p = .19$ for children without problems) was not associated with negative mood.

In addition, aging parents reported more negative mood when receiving emotional support from children who did not have major problems (Table 4). Likewise, the effect was not evident for the next day's mood (Supplementary Table 6). We did not observe associations between parents' negative mood and receipt of practical help ($B = -0.02, p = .55$ for children with problems; $B = 0.03, p = .26$ for children without problems) or advice ($B = 0.05, p = .03$ for children with problems; $B = 0.03, p = .28$ for children without problems). The overall effect sizes for all the models examining daily mood were small to medium (Cohen's $f^2 = .03$).

We also examined the associations between support exchanges and parents' positive mood. Because none of the support exchanges predicted parents' positive mood, we do not present the results here.

Post Hoc Tests

Given that children's problems may elicit parent-child contact, we tested whether such contact explained the differences in aging parents' support exchanges with children having problems versus children without problems. We re-estimated all the models including only the parents who had contact with a child each day. In this subsample, most findings remained the same, except that aging parents were equally likely to receive each type of support from children having problems as children without problems when we controlled for contact.

We also re-estimated the models for mothers ($n = 146$) and fathers ($n = 61$) separately to examine gender differences in how aging parents responded to children's problems. Results regarding support exchanges (Tables 2 and 3) stayed the same for both mothers and fathers. Nevertheless, unlike mothers, fathers reported more positive mood when providing emotional support to children incurring problems ($B = 0.22, p = .005$) and more negative mood when providing advice to children not suffering problems ($B = 0.12, p = .003$).

Table 4. Multilevel Models Predicting Aging Parents' Daily Negative Mood From Support Provision and Receipt

	Negative mood by support provision		Negative mood by support receipt	
	B	SE	B	SE
Fixed effects				
Intercept	1.18***	0.30	1.16***	0.30
Providing practical help				
To children suffering problem(s) ^a	-0.08**	0.03	—	—
To children without problem(s) ^b	0.05	0.03	—	—
Receiving emotional support				
From children suffering problem(s) ^c	—	—	0.01	0.02
From children without problem(s) ^d	—	—	0.07**	0.02
Covariates				
Parent disability ^e	0.12*	0.05	0.11	0.05
Parent age	0.00	0.00	0.00	0.00
Parent gender ^f	-0.04	0.05	-0.03	0.05
Parent education	0.00	0.01	0.00	0.01
Parent marital status ^g	0.05	0.04	0.04	0.04
Number of adult children	0.01	0.01	0.01	0.01
Random effects				
Intercept VAR	0.07***	0.01	0.07***	0.01
Residual VAR	0.05***	0.00	0.06***	0.00
-2 log-likelihood	419.5		423.6	

Note: Parent $n = 204$; day $n = 1,355$. Three parents dropped due to no contact with any offspring during the study week. Daily negative mood outcome was measured by averaging nine items from 1 = none of the day to 5 = all of the day. Four models (by provision of emotional support and advice and receipt of practical help and advice) were not presented here (no significant effect of child problems). VAR = variance.

^a1 = provided practical help to children incurring problems and 0 = did not provide practical help to children incurring problems. ^b1 = provided practical help to children without problems and 0 = did not provide practical help to children without problems. ^c1 = received emotional support from children incurring problems and 0 = did not receive emotional support from children incurring problems. ^d1 = received emotional support from children without problems and 0 = did not receive emotional support from children without problems. ^e1 = having a disability and 0 = no disability. ^f1 = male and 0 = female. ^g1 = married or remarried and 0 = not married.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

A burgeoning literature suggests that aging parents continue to suffer mentally and physically when children incur troubles (Ha, Hong, Seltzer, & Greenberg, 2008; Milkie, Bierman, & Schieman, 2008; Pillemer, Suito, Riffin, & Gilligan, 2017; Seltzer, Floyd, Song, Greenberg, & Hong, 2011). Yet, we know little about whether and in what ways adult children's problems may influence parent-child ties and aging parents' well-being in daily life. The purpose of this study was to assess the associations between children's problems and aging parents' everyday exchanges of emotional support, advice, and practical support with these children. We also explored implications of these exchanges for aging parents' daily mood.

We did not observe differences regarding the support that parents provided or received from children suffering different types of problems. That is, findings did not vary using the classifications of physical-emotional problems and lifestyle problems (Birditt et al., 2016). Research suggests that parents have greater negative feelings toward children with lifestyle problems (Suito et al., 2006). On a daily basis, however, perhaps aging parents help adult children regardless of the types of problems that children incur and children faced with various problems support parents in the same manner. In addition, this sample may not include a sufficient number of adult children within each type of problem to detect category differences. Future studies may explore physical-emotional and lifestyle problems in larger samples.

Aging Parents' Support Exchanges and Children's Problems

Findings were partially consistent with contingency theory (Eggebeen & Davey, 1998), such that aging parents were more likely to provide emotional and practical support to children with problems. Prior research shows parents' preferences for helping children with problems (e.g., Suito et al., 2006; Swartz, Kim, Uno, Mortimer, & O'Brien, 2011) and this study adds to this literature on a daily level.

Surprisingly, aging parents were more likely to receive emotional support and advice, and no less likely to receive practical help from children with problems than children without problems. To understand these findings, we considered parent-child contact in post hoc tests. Parents who had contact with children were equally likely to receive support from children with problems as well as children without problems. Having contact with children incurring problems, rather than children's problems per se, may explain parents' greater likelihood of receiving support from these children. It may be that having contact offers more opportunities for exchanging support

and that problems do not hinder support provided to parents. Future studies may explore this association by including the severity of children's problems, which will likely influence the extent to which those problems limit children's capacity to help.

Moreover, equity theory posits that individuals report greater well-being when they balance the support they give and receive (Walster, Berscheid, & Walster, 1973). Because we only used parents' reports, it is possible that they over-reported the support they received to maintain feelings of equity. Although the current study assessed the likelihood of receiving daily support rather than the frequency or amount of support aging parents received, findings still offer important clues for the idea of balancing support exchanges in late life.

Aging Parents' Support Exchanges and Implications for Daily Mood

We used the SAVI model (Charles, 2010) to explore whether the associations between aging parents' daily support exchanges with adult children and parents' mood vary by children's problems. Aging parents reported less negative mood when providing practical support to children with problems. Thus, although children's problems are linked with parents' poorer well-being (e.g., Pillemer et al., 2017), helping to improve the situations of children who incur troubles may promote aging parents' sense of satisfaction and alleviate their suffering from children's problems. Moreover, research shows that adult children's reliance on parents' instrumental support reduces parents' depressive symptoms (Byers et al., 2008). Adult children with problems often need more support and show greater reliance on aging parents than children without problems.

In addition, although prior research has linked support to poorer well-being in late life (Djundeva et al., 2015; Thomas, 2010), aging parents' receipt of support from children with problems was not associated with their negative mood in this study. Findings were partially in line with the SAVI model (Charles, 2010) indicating that older adults are skilled in emotion regulation. Although children's problems may be a stressor in aging parents' lives, these problems do not necessarily hinder aging parents' capacity to modify negative responses to receiving support on a daily basis.

Interestingly, aging parents reported more negative mood when receiving emotional support from children without problems. It is possible that on days when aging parents incur troubles that reduce well-being, they turn to children without problems for emotional support and comfort. Because support exchanges and mood were collected at the end of each day, we did not test potential causality. Future studies may include more data collections per day for a more nuanced temporal order of daily events.

Limitations and Potential Directions for Future Research

This study has several limitations. First, findings regarding aging parents' support exchanges with adult children may be biased because we only included parents' reports. Parents reported on multiple children within families but not all of them participated in the *Family Exchanges Study*. The developmental stake hypothesis posits that parents tend to be more invested in children and report better relations than the reverse (Giarrusso, Feng, & Bengtson, 2005). Parents may over-report the support they provide.

In addition, given gender-related mortality rate and willingness to participate, approximately 70% of the aging parents in the current study were mothers. Despite interesting gender differences in post hoc tests, we did not have a sufficient subsample of aging fathers. Future studies may include more aging fathers to reveal how aging mothers and fathers exchange support with adult children incurring life problems.

This study contributes to the literature of children's problems and parents' well-being by providing daily reports of (a) how aging parents exchanged various types of support with children incurring problems versus children without problems and (b) how these support exchanges were linked to aging parents' daily mood. The current study reveals that aging parents are more involved in support exchanges with children who have life problems. Although prior research suggests that aging parents with at least one child incurring troubles experience poorer well-being, interacting with these children is not necessarily upsetting and can be rewarding. On a daily basis, helping children with problems may actually buffer aging parents from the distress due to children's problems. Moreover, this study carries practical implications for family therapies and interventions. Support exchanges with children incurring problems do not always harm parents' well-being. Rather, supporting children in need may improve these children's lives and strengthen family bonds.

Supplementary Material

Supplementary data is available at *The Journals of Gerontology, Series B: Psychological and Social Sciences* online.

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Conflict of Interest

The authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or nonfinancial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript

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