THE importance of intergenerational family relationships for the health and well-being of an individual has been the concern of a growing body of research in the past decade. This heightened interest is, in part, driven by social changes in family structure, the changing economy, and a loss of confidence in the ability of social institutions to continue to provide a safety net in times of need (Zarit & Eggebeen, 1995). Despite this greater attention, we still know relatively little about why individuals give. We do not know the particular giving strategies individuals employ, under what circumstances or with what conditions they accept support from others, or the effectiveness of their particular exchange strategy. The purpose of this article is to address several of these unanswered questions. Specifically, we examine the linkage between the mental health of older adults and three distinct patterns of intergenerational exchanges.

THEORETICAL BACKGROUND

There are three dominant theoretical perspectives on why individuals give: social exchange theory (Homans, 1958; Thibaut & Kelley, 1959), equity theory (e.g., Walster, Berscheid, & Walster, 1973), and exchange based on need (Deutsch, 1975).

Social exchange theory is based upon economic principles of costs and rewards and the concept of reinforcement from behavioral psychology (Homans, 1958; Shornack, 1986; Thibaut & Kelley, 1959). A basic premise is that social exchange and interaction will continue as long as that interaction is seen as profitable; that is, where perceived rewards are seen to outweigh the costs to an individual; the individual is thus “overbenefitted.” These origins led to a relatively mechanistic conception of exchange based heavily upon an individual’s perceptions of a particular relationship and his or her ability (or inability) to acquire similar benefits from other sources. It follows, then, that the most satisfying relationships would be those from which an individual was most overbenefitted. Individuals believed to possess relatively fewer socially desirable resources, such as elderly adults or those from other disadvantaged groups, would be seen as poor partners for social exchange and interaction and would be likely to have few “profitable” social relationships (Dowd, 1975, 1986). From this perspective, the purpose of social relationships is self-serving—to gain the greatest relative benefit possible.

Empirical investigations of this theoretical explanation for intergenerational transfers have been fairly limited. Most studies are focused on determining how common this strategy is rather than whether it is associated with well-being. Cox and Rank (1992), using nationally representative data on American families, found that routine assistance is more consistent with the exchange model than with alternative specifications. Hogan, Eggebeen, and Clogg (1993), using the same data, but employing quite different measurement models, also found evidence of exchange relationships in American families. Finally, Spitz and Logan (1989) found evidence in their sample, drawn from the Albany New York area, which is consistent with the idea that women’s investment in caregiving and kin keeping activities in their early and middle life course creates obligations in men and children that lead to assistance in later life. These patterns, of course, are what exchange theory would predict.

Although there appears to be evidence that intergenerational relationships in American families are carried on in a fashion that is consistent with exchange theory, there have been virtually no attempts to assess its “effectiveness” for the health and well-being of individuals. A major reason for this is that a careful assessment of this strategy places great demands on data. With few exceptions, most data on intergenerational ties are cross-sectional, which greatly limits the chances of finding evidence for the effectiveness of exchange relationships in American families.
of this strategy. This is especially true when one considers that both exchanges and psychological outcomes often share a similar set of predictors. For example, a decline in functional ability might be accompanied by both receipt of more assistance and higher levels of depression, thus artificially inducing a negative correlation between exchange and well-being. In one of the few explicit tests of this pattern of exchanges which controlled for the effects of health, functional ability, education, marital status, and proximity to child of closest contact, McCulloch (1990) found exchange-type relations between aging parents and adult children were not associated with a measure of morale among the parents.

Equity theory represents a distinct approach to understanding intergenerational relationships. This theoretical perspective suggests that relationships will be seen as most satisfying when they are perceived as “balanced.” Balanced relationships are those in which an individual feels that contributions to, and receptions from, a particular relationship are about equal (Lerner, 1975; Walster, Walster, & Berscheid, 1978). Similar to social exchange theory, this perspective suggests that individuals will be dissatisfied with relationships in which an individual receives less than he or she contributes. In direct contrast to social exchange theory, however, relationships in which an individual would feel he or she has “overbenefitted” would also be seen as unsatisfactory. Although it may not be clear why individuals would feel dissatisfied in relationships where they were overbenefitted (Feeney, Peterson, & Noller, 1994), one possibility is that having intergenerational relationships that are “unbalanced” this way may be seen as a threat to one’s independence (McCulloch, 1990; Stoller, 1985). That is, the inability to reciprocate assistance may undermine mental health and/or well-being.

There is some evidence that exchange relationships function along lines that are consistent with this theory. Roberto and Scott (1986) examined the relationship between equity in specific older adult friendships and perceived distress within the relationship. They found that inequitable relationships were associated with greater distress across both affective and helping components of the friendship. Rook (1987) found in her sample of older widowed women—that those who reported balanced exchanges with their adult children and their friends felt less lonely. Similarly, Mutran and Reitzes (1984), in their study of patterns of exchange between elderly parents and their adult children, found that greater assistance from adult children was related to negative affect and poorer health for the married sample. However, they found the opposite for the widowed group; they received less help when in poor health and had fewer positive and more negative feelings. Finally, Stoller (1985) reported that it was the inability to reciprocate, rather than support received, which predicted lower morale in her sample of older adults.

A third theoretical explanation of patterns of intergenerational support suggests that they are largely motivated by need (Deutsch, 1975). The idea is that parents monitor the well-being of their children (and children monitor the well-being of their parents) and offer assistance when they perceive that there is a need. We term support given in response to an identified need or transition “contingent exchange,” indicating that it is neither the exchange nor the transition alone that matters, but rather the moderating effect of support given or received. This perspective has been the de facto theory behind a good number of the quantitative models of assistance rendered across generations (cf. Eggebeen, 1992; Hogan et al., 1993). That is, modeling intergenerational resource flows is largely (though not exclusively) built around variables measuring the resources and needs of each generation. This is also a standard theoretical approach in economic theories of intergenerational transfers of time and money (Becker, 1974; Eggebeen & Wilhelm, 1995).

Despite the intuitive and theoretical appeal of this theory, the empirical support is surprisingly mixed. Research using cross-sectional survey data often reports patterns that are much more complex than this theoretical approach would suggest. For example, Hogan et al. (1993) found that whereas individuals who had a preschool-aged child were more likely to be receiving assistance than those without children, those living in poverty were less likely to be involved in exchange relationships than the non-poor. Furthermore, there was no association between the health of the respondent and the likelihood of receiving help. To be sure, a number of other studies show that, by and large, family members are responsive to the needs of other family members (cf. Zarit & Eggebeen, 1995). However, it is surprising that a large proportion of individuals in need fail to receive help from their relatives (Hogan & Eggebeen, 1995; Stoller & Pugliesi, 1991).

This underscores the pressing need for research on the impact of exchange to address two considerations. First, longitudinal research is necessary to disentangle the effects of having a particular status from the effects of transitions into and out of that status, because it is the latter which is of primary interest developmentally. Second, and relatedly, it is necessary to include predictors both of exchanges and outcomes in order to avoid reaching an incorrect conclusion about the importance of exchange for well-being, as Hogan et al.’s (1993) example clearly illustrates.

Recent social-cognitive work on expectations for exchange and norms of reciprocity suggests that social exchange and equity perspectives may be inadequate to capture supportive exchanges in long-term relationships (Davey, 1994; Davey & Norris, in press). Both older and younger adults appear to indicate that contingent exchange best characterizes their close relationships with specific others, whereas social exchange is seen as most appropriate in more distant relationships. It is interesting to note that older adults appear to make these distinctions more strongly in very close relationships than do younger adults.

In summary, empirical investigations of why individuals give have failed to provide consistent support for any of these theories. More significantly, evidence for the linkage between a particular pattern of exchange and the well-being of the individuals involved is mostly lacking. The purpose of this article is to address these shortcomings by examining the relationship between each of these three approaches and the mental health and well-being of a representative national sample of older adults, using longitudinal data.
RESEARCH QUESTIONS

This study, then, was designed to address two broad research questions. First, do routine intergenerational exchanges have psychological consequences for older adults? The gerontological literature is equivocal on the question of whether or not support given or received, per se, has psychological consequences for older adults. To address this question, we attempt to rectify several potential competing explanations that plague the majority of previous research in this area. It is possible, for example, that variables such as mental health outcomes, making it appear as though those who receive the most assistance fare the poorest. Another issue is whether or not support can be considered as cause or consequence of a particular mental health outcome (cf. Johnson, 1991). In both cases, only a longitudinal perspective which attempts to incorporate the range of variables associated with both exchange and mental health variables can hope to disentangle these complex relationships.

Second, is there a theoretically derived pattern of routine intergenerational assistance which is most strongly associated with mental health outcomes for older adults? In this section, we frame hypotheses derived from each of social exchange theory, equity theory, and the contingent exchange perspective. Social exchange theory predicts that older adults who receive more than one child, this study will be deleterious. Equity theory predicts that older adults who receive amounts of assistance roughly equivalent to the support they give to an adult child will fare better than those who are in imbalanced exchanges, where they experience either overbenefit or underbenefit. The contingent exchange perspective predicts that older adults who experience a need will benefit from receiving assistance from their adult child, and will suffer from providing assistance to their adult child under the same circumstances. Similarly, providing support to a child who has experienced a need will be beneficial whereas receiving support from the same child will be deleterious.

The focus of the current study differs in many respects from much other work in this area and, as a result, we hope will provide a more rigorous test of the psychological consequences for older adults of intergenerational exchanges. Specifically, we examine both levels and patterns of routine intergenerational assistance between older parents and a specific, randomly selected adult child. Because most parents have more than one child, this study is thus likely to underestimate the total psychological consequences of intergenerational exchanges for older adults. To disentangle the effects of prior levels of exchange and psychological outcomes, we rely on longitudinal data in our analyses. Finally, our models include a large number of variables that have been identified in the literature as correlates of intergenerational exchanges, mental health outcomes, or both (e.g., Eggebeen, 1992; Mancini & Blieszner, 1989; Silverstein & Bengtson, 1991, 1994; Zarit & Eggebeen, 1995).

As such, they serve as potential competing explanations for an observed relationship between intergenerational exchanges and older adults' psychological well-being, and their effects should be controlled.

METHOD

Data

This study was conducted using data from the 1987-1988 and 1992-1994 waves of the National Survey of Families and Households (NSFH), a national sample survey covering a wide variety of issues on American family life. It involved initial interviews with 13,008 respondents, oversampling single-parent families, stepfamilies, recently married couples, and cohabiting couples. The second wave of this survey, conducted 5 years later, re-interviewed 10,008 individuals.

Sample

Participants were 2,237 individuals (56% female), aged 50 and older (M age = 62.3 years; SD = 9.3; range 50-95), who completed both study interviews and had at least one child, aged 19 or older at the time of the initial interview. African Americans comprised 8.5% of the current sample, and 5.3% were Hispanic. Mean reported total household income was $37,458, and the mean education level was 11.8 years (SD = 3.6). Children of the respondents were equally divided between males and females (50% female) with a mean age of 40.9 years (SD = 10.4; range 24-76) and an average educational level of 13.7 years (SD = 3.0).

Attrition Across Waves

Those present at both waves of data collection differed in several ways from those who completed only the original interview. Specifically, they were more likely to be younger, by approximately 5.6 years and, as a result, more likely to have a coresident child at the initial time of interview. They also had an average of an extra year of formal education, reported slightly better self-rated health, and had higher family incomes.

Measures

Outcomes.—Three primary outcome variables were considered in the current study. Depressive symptoms were measured using a 12-item version of the CES-D scale (five items from the Depressed Affect scale and seven from the Somatic scale; Radloff, 1977), with scaling modified such that participants reported the number of days in the previous week during which they had experienced each of the symptoms. For the current sample and scaling, internal consistency was very high (α = .92 at both waves). Another 3-item scale measured the extent to which participants reported experiencing long-term depressive symptomatology (i.e., lasting 2 weeks or more) in the previous 6 months. Cronbach's alpha of .69 for this scale indicates acceptable internal consistency, given the brevity of the scale, and its dichotomous indicators. The final outcome of interest was a single-item global life satisfaction variable from the Institute for Social Research at the University of Michigan.
Background characteristics.—To control for competing explanations of a relationship between exchange and well-being, a large number of background characteristics of parents and offspring were included in the current analyses. Parent characteristics controlled for included age in years, sex (0 = male, 1 = female), race (dummy coded as African American, and as Hispanic, with non-Hispanic White as the reference category), geographic region (dummy coded as North Central, South, and as West, with North East as the reference category), urban/rural location (dummy coded as Rural but adjacent to urban, and as Rural and not-adjacent to urban, with Urban as the reference category), educational attainment (measured in years of formal education), log of total household dollar income, and poverty status (coded 1 if household income was below one-half of the median income for the year of interview, and 0 otherwise). Relevant child characteristics included gender (0 = male, 1 = female), educational attainment (measured in years of formal education), and number of children (respondent’s grandchildren). Several relationship characteristics were also controlled, including log of distance in miles between parent and child, perceived relationship quality (“How would you describe your relationship with X?”, from 1 = very poor to 7 = excellent), and number of respondent’s adult children. We used the log of distance as a predictor in our models to reduce skewness and kurtosis of this variable. Untransformed, skewness and kurtosis were 4.96 and 33.96 at Time 1, and 5.28 and 38.26 at Time 2. Transformed, skewness and kurtosis were -0.77 and -0.39 at Time 1, and -0.84 and -0.45 at Time 2, indicating that our transformations were effective.

Parent transitions.—Five potential transitions in the lives of older parents were examined. Each was coded as 1 if it had occurred and 0 otherwise. These included loss of spouse, due to divorce or widowhood; change in health status; significant (defined as 20% or more) decline in income; and transition from working to not working, due to retirement or unemployment. Inclusion of self-rated health status (“Compared with other people your age, how would you describe your health”; from 1 = very poor to 5 = excellent) and functional limitations on the Activities of Daily Living (ADLs; coded as the sum of limitations with caring for personal needs such as bathing, dressing, eating or going to the bathroom; moving about inside the house; day-to-day household tasks; climbing a flight of stairs; walking six blocks; doing heavy work like shoveling snow or heavy housecleaning; and working for pay, such as the amount or type of work done) at both times of measurement led to multicolinearity problems with the regression models, and so composite (factor) scores were created through principal components analysis, with higher scores indicating better health. In each case, a transition reflects a change in status which occurred between the first and second interviews.

Child transitions.—Three child transitions were of interest. These included birth of a grandchild, loss of a spouse due to divorce or widowhood, or becoming coresident with the parent. Again, transitions reflected changes that had occurred between the two interviews.

Intergenerational exchanges.—Table 1 lists the exchange items asked at each time of measurement in the NSFH. Support given to adult children at each interview was measured as the proportion of items which a parent had given to his or her child in the preceding month. Support received from adult children at each interview was measured as the proportion of items which a parent had received from his or her child in the preceding month. From these four items, social exchange was calculated as overbenefit, or (support received - support given). This measure was high when parents were overbenefited, and low when parents were underbenefited. Equity was measured as “imbalance,” or (support received - support given)^2 (cf. McCulloch, 1990; Walster et al., 1973). This measure was high when parents were either overbenefitted or underbenefitted, and low when parents were neither overbenefitted nor underbenefitted. This measure is equivalent to the equation presented by Walster et al. (1973), in the absence of both partners’ perceptions.

An important limitation of the present study is that different and incompletely overlapping exchange items were asked at each time of measurement. Financial assistance is included in the initial interview, for example, but not at the second interview. Likewise, three exchange items at the initial interview address issues of emotional support, whereas this is captured by only a single item in the follow-up interview. Fortunately, however, the same content areas were covered for giving and receiving assistance within each time period.
wave, permitting calculation of the balance of exchanges within each wave. As a result, comparisons between measures of giving and receiving are valid within each time of interview, but not across time. For this reason, we include measures of support given and received at the time of initial interview in our models to control for past levels of support exchanged. As a result, we are modeling deviations above and below the level of exchange predicted by prior levels, rather than the change in specific types of support exchanged. Clearly, this situation is far from ideal for studying developmental phenomena, but still provides an important perspective on intergenerational exchanges over time, specifically that of current status, controlling for prior levels.

RESULTS
We were primarily interested in examining the effects of intergenerational exchanges on individual outcomes net of what could be explained by respondent background characteristics, and factors which might be responsible for exchange itself. For this reason, we adopted a 3-step hierarchical approach. In the first model, the outcome was predicted from its value at the initial interview to control for the stability in the score. In the second model, all control variables, transitions, and main effects of exchange given and received were entered into the model to determine whether they added significantly to prediction of the Time 2 outcomes. In the final step, variables representing the pattern of exchange were entered into the equation to determine whether or not the pattern of exchange added to the prediction net of the main effects in the model. To avoid problems with multicollinearity in tests of the contingent exchange perspective, separate analyses were performed for parent transitions and child transitions.

Baseline Model
The baseline models for each outcome, including respondent background characteristics, and variables to control for levels of exchange, are shown in Table 2.

Depressive symptoms.—Parent characteristics related to greater depressive symptoms included being more depressed at the initial interview, being younger, and having lower income. Being Hispanic was associated with lower depression. Parental transition variables related to greater depression were losing a spouse since the initial interview, and experiencing a decline in health status. Two relationship characteristics predicted lower depression: having a better relationship with one’s adult child, and receiving less support from the child at Time 2, net of Time 1 levels of giving and receiving. No child characteristics or transitions were associated with parental depression.

Long-term depression.—Longer term depression was associated with being younger, being female, losing a spouse, and having a decline in health status. No relationship or child characteristics made unique contributions to long-term depression. However, the birth of a grandchild was associated with significantly less long-term depression.

Life satisfaction.—Other than previous level of life satisfaction, only a single parent characteristic was predictive of life satisfaction. Specifically, those living in the western states reported lower life satisfaction. Losing a spouse and poorer health status both predicted lower life satisfaction. Quality of relationship with the adult child was predictive of greater life satisfaction. As with depressive symptoms, no characteristics of the child or child transitions predicted parental life satisfaction.

Social Exchange
Social exchange theory predicts that the extent to which an individual receives in excess of what they give will be associated with more positive outcomes. To test this, we added extent of overbenefit to the baseline model. As seen in Table 3, extent of overbenefit did add significantly to the prediction of both depressive symptoms and long-term depression. However, the results are in direct contrast to the predictions of social exchange theory. The extent to which parents receive in excess of what they give to their child is associated with greater depressive symptoms and lower long-term depression. Thus, while overbenefitting does predict levels of depression, it acts in the opposite direction to what theory would predict, once factors accounting for the exchange itself are controlled.

Equity Theory
Equity theory suggests that any imbalance in a relationship, either over or underbenefit, will be associated with greater distress in the form of greater depression and lower life satisfaction. We tested this theory in two ways. First, we added imbalance to the baseline equation to determine whether the prediction of depression and life satisfaction was significantly improved. This is analogous to including an interaction term in the model without including the main effects. Second, we added overbenefit and imbalance (overbenefit × imbalance) to the model together to determine whether underbenefitting was also stressful, treating overbenefit and imbalance as linear and quadratic terms, respectively (cf. McCulloch, 1990). The rationale behind this approach is to localize the effect of imbalance. If it is only underbenefitting (or overbenefitting) which predicts subsequent mental health outcomes, then only the linear trend will be significant. If both underbenefitting and overbenefitting are important, then the quadratic trend will be significant.

Alone, greater imbalance in the parent-child relationship was associated with more depressive symptoms as equity theory would predict but not long-term depression or life satisfaction. When imbalance was added to overbenefit, it made no unique contribution to the prediction. Thus, we found support only for equity theory’s prediction of negative consequences of overbenefiting, not for underbenefitting.

Contingent Exchange
As noted above, separate hierarchical regression models were tested to examine the effects of contingent exchanges around parent and adult child transitions. Results for the parent moderator variables appear in Table 4. Results from analyses of child moderator variables are shown in Table 5.
Depressive symptoms.—Addition of the 8 interaction terms significantly improved the prediction of depressive symptoms. As can be seen in Table 4, there were two significant interaction terms. Individuals who experienced a decline in health status and received greater amounts of support from an adult child than would be predicted from prior levels also experienced fewer depressive symptoms. Likewise, those who experienced a significant decline in income and also received a greater amount of support than predicted from prior levels experienced fewer depressive symptoms. Thus, contingent receipt of assistance appears to moderate the negative effects of declining health/functional status, and a substantial decline in income.

Child moderator variables were also important for older adults’ depressive symptoms. Parents who experienced the birth of a grandchild and received more support than would be predicted based on previous levels also reported lower levels of depression (see Table 5).
Long-term depression.—The addition of parent contingent exchange moderator variables also added significantly to the prediction of long-term depression, yielding three significant interaction terms. Parents who experienced their own spousal loss or the transition out of employment, and who gave more to their adult children than would be predicted on the basis of previous support, and when they reported receiving more from the adult child than would be predicted on the basis of previous support. Thus, we again have evidence that contingent exchange has positive consequences, whereas noncontingent exchange (i.e., greater than average levels of giving) has negative consequences.

**DISCUSSION**

The goal of this study was to examine the relationship between specific patterns of intergenerational exchanges and older adults’ psychological well-being. In several respects, this study is unique. First, we make use of longitudinal data. This is an important consideration because, if support is given in response to an event in the lives of parents, those with the greatest need (and poorest outcome) may be receiving the greatest amount of support. This will artificially induce a negative correlation between support received and mental health, making it appear as though receipt of support is associated with poorer mental health.

Second, we focus on a single parent–child dyad within each family, selected at random. This permits us to examine aspects of a specific relationship over time. Again, this is an important consideration because each of the three theoretical perspectives we test makes a statement about how individual relationships function over time. Aggregating across a group of relationships, such as all parent–child dyads, can serve to mask the process that is going on in any single relationship, and downplay the variability which can be seen within any particular family.

Finally, our study controls for many other variables which may affect both exchange and outcomes. The importance of controlling for competing explanations for observed relationships between exchange and outcomes was important for predicting parents' life satisfaction. Older adults had greater life satisfaction around the birth of a grandchild both when they reported giving less to their adult child than would be predicted on the basis of previous support, and when they reported receiving more from the adult child than would be predicted on the basis of previous support. Thus, we again have evidence that contingent exchange has positive consequences, whereas noncontingent exchange (i.e., greater than average levels of giving) has negative consequences.
cannot be underestimated if we are to understand the contribution of exchange to older adults' mental health. Failing health, declining income, loss of spouse, gender, education, and a variety of other factors, have all been shown to predict both exchange and mental health. To study the role of supportive exchange for mental health, it is important that as many as possible of these extraneous influences be controlled. Use of a large, nationally representative data source permitted us to do this to a greater extent than has generally been possible in the past.

Our results provide negative support for social exchange theory. Contrary to predictions, the extent of overbenefit, given prior patterns of support given and received, was associated with higher levels of depression, both short- and long-term. This is consistent with the finding in the baseline model that receipt of assistance at Time 2, net of expectations based on Time 1 levels of receiving, is also associated with greater depressive symptoms. It would appear from these data that there is more to satisfactory social relationships than whether one is "getting" more than "giving."

It appears as though parents who are overbenefitted tend to suffer psychologically. Apparently, it is not simply the state of dependency itself which is responsible for these findings, because major causes of this are controlled in our models. That is, the higher levels of depression observed cannot be attributed to greater assistance received around declining health, as both assistance and health appear in the model. In addition, because we control for past levels of support given and received, these findings suggest that it is people who are overbenefitted to a greater extent than would be predicted from prior levels of exchange who experience negative psychological consequences. Thus, these findings cannot be attributed either to high or low levels of exchange alone, but rather the extent of overbenefitting.

From a psychological vantage point, these findings are intriguing. Within the gerontological literature, it is often assumed that support given by parents to children earlier in life will be reciprocated later in life, creating an equitable tradeoff. However, there is evidence that social exchanges tend to provide more support to children than they receive. The literature generally supports this idea, indicating that parents tend to provide more support to children than they receive until very late in life (Morgan, Schuster, & Butler, 1991). To the extent that this is true, these findings suggest that overbenefitting may have developmental implications for older adults' mental health. That is, even having this support bank to draw from may not always be sufficient to protect older adults from potentially negative consequences of being overbenefitted. This issue is taken up in greater detail, however, when the contingent exchange perspective is discussed below.

Equity theory suggests that individuals who are either overbenefitted or underbenefitted will experience poorer mental health outcomes than those whose relationships roughly balance support given with support received. Our test of this model indicates that underbenefitting is not associated with any deleterious mental health consequences, but overbenefitting is.

In contrast to previous work on the equity perspective, which sought to explain why being overbenefitted would have negative implications, this study suggests that the lack of importance for being underbenefitted may be what begs explanation. This finding appears to reinforce the psychological importance of being able to reciprocate within a specific parent-child relationship (Roberto & Scott, 1986; Rook, 1987; Stoller, 1985). These findings also underscore the importance of considering both support given and support received. Whereas Silverstein, Chen, and Heller (1996) found that receiving support at levels that were very high or very low was associated with negative mental health outcomes, the current findings extend this idea to suggest that negative consequences are possible whenever the levels of support received exceed levels of support given. Because we know that the situation of being underbenefitted is more likely to arise in later life, these findings also suggest important developmental consequences for intergenerational exchanges. For example, although individuals are more likely to be underbenefitted in relationships with their children across most of adulthood, the reverse is true in very late life. This might lead us to conclude that, with age, older adults can expect to experience negative outcomes as a result of both declining health and the assistance they receive from their children. Again, consideration of the contingent exchange perspective below may help to reconcile these findings.

One reviewer suggested that these findings might be attributable to differential effects of overbenefit in emotional versus tangible domains. Specifically, it was suggested that it may be good to be overbenefitted with regard to emotional support, but harmful to be overbenefitted in instrumental domains. To the extent that instrumental support items dominate our measure of overbenefitting, this is indeed a plausible interpretation that should be examined in greater detail in future research.

Examination of contingent patterns of exchange begins to shed some light on the circumstances under which it is important to give and receive support in parent-child relationships. First and foremost, our results suggest that exchange has important consequences when it occurs around specific changes in the lives of both older parents and their adult children. In the current study, we found evidence for the importance of exchanges around widowhood, decline in health, significant drop in income, transition out of employment, and the birth of a grandchild.

There are at least three reasons why addition of the contingent exchange moderators only modestly improved prediction of parental outcomes. To begin with, interaction effects are notoriously difficult to find in non-experimental contexts. Interactions and main effects are usually correlated, which reduces the unique (i.e., uncorrelated) contribution of any single interaction term. Additionally, unreliability of measurement is compounded with the construction of multiplicative composites, which sets an upper limit on the extent to which interactions can add to a model. A second important consideration is that, in terms of explained variance, addition of the moderating effects accounts for between 1.5% and 5% of the reliable variance in the models, suggesting that their unique relative contribution is actually quite reasonable. The last consideration we wish to raise is that these effects necessarily under-represent the in
fluence of intergenerational exchanges, as they only incorporate information from a single parent–child relationship. We are currently developing models which will provide valid estimates of these phenomena using information from relationships with all adult children. We thus expect that the net importance of contingent exchange is likely to be considerably higher than we can observe with the design of the current study.

We find evidence that support given and received around each of the parental transitions and birth of a grandchild have important moderating influences on the effects of the transitions themselves. The interpretation of these findings is consistent for each of the significant interactions. Specifically, receiving a greater amount of support around a decline in health, substantial drop in income, or the birth of a grandchild, than would be predicted on the basis of prior levels of exchange, is associated with more positive and less negative mental health outcomes over a 5-year period. That is, we find strong evidence for the importance of receiving contingent support from adult children.

Relatedly, the noncontingent provision of support to an adult child (i.e., greater than expected amounts of support with the loss of a spouse or birth of a grandchild) appears to have deleterious consequences for older adults. Normative amounts of support given and received are to be expected around any transition in the lives of parents and their children. Parents experiencing a transition who receive more than these amounts fare better; those who receive less fare more poorly. Parents who provide greater than average levels of support to adult children around specific transitions may fare more poorly than those who provide less support under the same circumstances.

These findings suggest that individuals who find themselves in unusually supportive relationships fare well, whereas those who have exceptional demands placed on them by their social relationships in times of need may fare poorly; certainly more poorly than those who do not experience such demands.

Findings from the contingent exchange perspective can help us to make sense of the results from the social exchange and equity perspectives. It is not giving or receiving in and of themselves that affect mental health, but rather the context in which they are given or received. If support occurs in a fashion that is consistent with the circumstances, it is likely to exert a positive influence on older adults’ mental health and well-being. If support, at least support provided by older parents, is inconsistent with circumstances, it can be expected to have negative consequences. Thus, overbenefitting is not detrimental when it occurs for a specific reason (such as the loss of a spouse, or around declining health), and underbenefitting can have negative consequences when it occurs at an inappropriate time.

It seems somewhat surprising that we did not find more evidence for the psychological importance of contingent giving of support. In part, this may be the result of a relatively insensitive measure of well-being, where we would be most likely to see such an effect. Additionally, we have a relatively limited amount of information about transitions in the lives of adult children, and so may not be tapping the right circumstances under which giving support matters.

We have identified a set of circumstances under which contingent receipt of support has beneficial consequences. To what extent does this actually play out in parent child relationships? We find encouraging evidence on two fronts. First, individuals tend to report that they anticipate receiving support in a fashion consistent with the contingent exchange perspective (Davey & Norris, in press). This is true of very close relationships generally, and there is also evidence that older adults may hold these expectations to a greater degree than do younger adults. Second, we find longitudinal evidence that children do actually “step to the fore” when parents experience a need, and that this is likely to be true regardless of parents’ anticipated support from adult children as opposed to other sources (Eggebeen & Davey, 1997). This is good news because it suggests that parents are highly likely to receive support in a fashion that may actually help to protect them from the negative consequences of dependency.

Future research will need to explore ways of incorporating information about all parent–child relationships in a fashion that does not lose sight of the fact that exchange is a property of a relationship. In this way, it will be possible to estimate the total effects of intergenerational support for mental health and well-being. We will also need to explore a wider range of domains of intergenerational assistance and identify the circumstances under which one type of support can substitute for another. Ideally, future research will also incorporate information from multiple family members, as such data become more widely available to researchers.

There seems to be little doubt that the important connections between older parents and their adult children serve important developmental functions for both generations. One of the most consistent findings of the recent burst of scholarly attention being given to intergenerational relationships is that family members remain vitally involved with each other as they age. However, it is also evident from this research that the nature of this involvement is more complicated than many of our theories suggest. This is clearly evident in this article. We find good evidence that patterns of exchange have important implications for the psychological health of aging parents. Nevertheless, many questions remain. Our data constrain us to a 5-year window, yet it is entirely plausible that parents and children conduct their exchanges with a much longer “time horizon” in mind, which may have different consequences than are evident in the short run. Future work should also investigate the implications of gender differences. That is, do men and women use, think about, and react to exchange patterns differently? It is also entirely conceivable that individuals employ “mixed” exchange strategies, depending on what is being given or received. That is, parents and children may be more likely to engage an “exchange” strategy when money is the commodity being passed between generations, whereas contingent giving may be more likely employed when there are family emergencies. Finally, patterns of exchange, and their consequences, may be partially contingent on the life courses of both parents and children. Future work investigating the consequences of social exchanges for the well-being of individuals would do well to address these questions.
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