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# Childlessness, Parenthood, and Depressive Symptoms Among Middle-Aged and Older Adults

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Prior research has examined whether parenthood is associated with higher levels of well-being among older adults, but definitions of parental status have varied. The authors examine links between parental status and depressive symptoms among older adults, comparing biological and social definitions of parenthood. The study finds few differences between biological and social parenthood but substantial variation in the relationship between parental status and depressive symptoms by gender and marital status. Biologically and socially childless adults had the lowest predicted levels of depression across all marital status groups. Widowed men averaged higher levels of depression than other men. For women, the highest predicted levels of depressive symptoms were observed among never-married biological parents and formerly married women who had outlived their children. Increased sampling of less common parental subgroups and diverse kinship relations to allow for more precise classifications and the consideration of joint marital-parental statuses in future research.

**Keywords:** *childlessness; depressive symptoms; measurement; parental status*

As the proportions of childless adults in middle age have increased, concerns about the potential disadvantages of childlessness in later

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life have persisted despite mixed results from empirical studies (Glenn & McLanahan, 1981; Koropecj-Cox, 1998; McMullin & Marshall, 1996; Rempel, 1985; Zhang & Hayward, 2001). Childless women in midlife express worries about their future aging (Vissing, 2002), and career women have been warned about possible regrets related to postponed marriage and fertility (Hewlett, 2002).

In general, research has found psychological well-being to be similar for childless adults and parents, though levels vary with gender, marital status, and other factors (Koropecj-Cox, 1998). Among middle-aged and older adults, Koropecj-Cox (1998) has reported higher depression among widowed elders regardless of parental status but no deficits among never-married or currently married childless adults. For those 70 and older, Zhang and Hayward (2001) have noted significant gender differences within marital and parental status groups, with unmarried, childless men reporting more loneliness and formerly married men reporting more depressive symptoms compared to women in the same groups.

A close review of existing studies, however, reveals inconsistencies and imprecision in how childlessness and parental status have been defined. For example, Glenn and McLanahan (1981) compared older parents and childless adults based solely on their fertility status (i.e., children ever born). More commonly, surveys of older adults have measured current social resources, defining childlessness as the absence of "any living children" while emphasizing biological childlessness (Bachrach, 1980; Keith, 1983; Kivett & Learner, 1980; for review, see Dykstra & Hagestad, 2007). These studies have not distinguished among biological parents and stepparents, despite the likely differences in their experiences of parenthood. Furthermore, elders with no surviving children have been classified as childless, ignoring the potential psychological consequences of outliving one's children.

The current article examines the links between parental status and depressive symptoms, distinguishing first between biological and social parental status and then among four detailed dimensions of current parent status: biological parenthood (giving birth to or fathering a still-living child), biological and social childlessness (no biological children or stepchildren), social parenthood (having stepchildren), and biological parenthood with no surviving child(ren). Our research is motivated by an effort to clarify the distinctions specifically related to parenthood and childlessness and possible psychological outcomes.

## The Significance of Parenthood and Childlessness

Research on families and intergenerational relationships has emphasized the central importance of parenthood, generally equating normative parenthood with biological procreation (see Dykstra & Hagestad, 2007). From a structural-functionalist perspective, parenthood represents a unique relationship that serves as a resource for emotional and instrumental support in midlife and old age and as a buffer against negative stressors (e.g., Bengtson, Rosenthal, & Burton, 1996; Silverstein & Bengtson, 1991). Culturally and symbolically, parenthood (particularly biological parenthood) is characterized as a normative life experience and social role as well as a source of gratification, close emotional bonds, and the passing of genes and values to the next generation (Connidis, 2001; Morgan & King, 2001; Schoen, Kim, Nathanson, Fields, & Astone, 1997).

Family experiences have become increasingly diverse, and current cohorts of older adults have traversed a variety of pathways into parental and other family relationships (Allen, Blieszner, & Roberto, 2000; Dykstra & Hagestad, 2007; Johnson, 2000). This diversity, as well as fluctuations in fertility levels and greater acceptance of childlessness, requires us to reconsider intergenerational relations in midlife and old age. Declines in fertility may decrease the pool of potential informal caregivers (Szinovacz & Davey, 2007). Biological parenthood has been increasingly recognized as an uncertain resource in old age: Adult children may be unavailable or unable to assist parents, or they may represent a source of distress for parents if there is conflict, dependence, or disappointment (Koropecyk-Cox, 2002; Kreager, 2004; Ryff, Schmutte, & Lee, 1996; Sutor, Pillemer, Keeton, & Robison, 1994). Older parents who find themselves functionally or *de facto* childless because their adult children are absent, unavailable, or no longer living may represent an especially vulnerable but invisible group (Kreager, 2004; Rubinstein, 1987).

The life histories of biologically childless adults are also varied (Dykstra & Hagestad, 2007; Kreager, 2004). As marriage has been the traditional prerequisite and expected context for childbearing, the odds of remaining childless among older cohorts have been largely determined by marital history (i.e., never marrying, marrying relatively late, or experiencing marital disruption; Hagestad & Call, 2007). Within an individual's life course, childlessness has most often resulted inadvertently from repeated delays of marriage and/or childbearing (Rindfuss, Morgan, & Swicegood, 1988), with smaller subgroups remaining childless by choice ("childfree")

or involuntarily childless because of physiological infertility. Recent research has shown that these pathways relate to later psychological well-being in important ways: Many infertile men and women report distress and regret in later life, even those with stepchildren or adopted children, suggesting that strong cultural preferences for biogenetic parenthood may remain salient for adults who are aging without any biological children (Jeffries & Konnert, 2002; Vissing, 2002; Wirtberg, Möller, Hogström, Tronstad, & Lalos, 2007).

### **Defining the Boundaries of Childlessness: Biological and Social Parenthood**

Research on aging families has generally focused on quantifying current sources of emotional and instrumental support and has therefore emphasized the existence of living children without necessarily inquiring about deceased children or the nature of parent-child ties. By treating biological and social parental statuses equally, each available child has been regarded as an equivalent component of the kin network. The lack of attention to different parental statuses, however, may obscure real differences and vulnerabilities among subgroups of older adults. Among those who are biologically childless, social parenthood through stepparenting or adoption may provide an avenue for establishing intergenerational ties, but with unique concerns and challenges. Legally, the norms and obligations of adoptive parents are equivalent to those of biological parents, though adoption has remained socially stigmatized compared to biological parenthood (Fisher, 2003; Wegar, 2000). Social surveys, particularly of older populations, rarely distinguish adoptive and biological parenthood.

The obligations and relationships related to stepparenthood represent a relatively new area of research (Bornat, Dimmock, Jones, & Peace, 1999; Clawson & Ganong, 2002), and the uncertain status of stepparents raises basic questions about definitions of parenthood. The legal status and obligations of stepparents are ambiguous, and the norms that govern ties between stepchildren and stepparents are uncertain, flexible, and voluntary (Clawson & Ganong, 2002; Killian & Ganong, 2002). Furthermore, as stepparenting may begin at any age and may not be connected with childrearing, obligations within stepfamilies vary and are defined conditionally in terms of relationship closeness and past history (Ganong & Coleman, 1999; Ganong, Coleman, McDaniel, & Killian, 1998). Stepparenthood is also regarded as contingent on the continued relationship with the biological

parent: When a marriage dissolves, ties with former stepchildren become more tenuous or end.

The current analyses explore the definitions of parenthood and childlessness and their association with psychological well-being among middle-aged and older adults. We focus on depressive symptoms, an indicator that has been emphasized in earlier research (Koropecj-Cox, 1998; Zhang & Hayward, 2001) and that represents a potentially debilitating form of psychological distress and a risk factor for poorer health and earlier mortality (Barth, Schumacher, & Herrmann-Lingen, 2004). Our research addresses the following question: Do the levels of depressive symptoms associated with parental status vary based on the definition of parenthood (childlessness)? We begin by examining comparisons of biological and social (any living children, biological or step) parental status. We then compare estimates of depressive symptoms across more precisely defined parental status groups.

## Data and Method

Our analyses use data from the 1998 Health and Retirement Study (HRS). The 1998 wave was a combined follow-up of the HRS (which originally interviewed adults aged 51-61 in 1992) and the Assets and Health Dynamics of the Elderly Survey (AHEAD, a survey of community-dwelling adults aged 70 and older in 1993). The component surveys have followed respondents every 2 years, providing a fourth wave of the HRS and a third wave of the AHEAD in 1998. The 1998 wave also added new samples of adults in the previously omitted cohorts born in the years 1924-1930 and 1942-1947, allowing for a combined sample representing adults aged 51 years or older in the United States (for details on survey design and sampling, see HRS, 2002).

The current cross-sectional analyses utilize data from the RAND HRS 1998 sample supplemented with data from HRS 1996 and AHEAD 1995 on key measures of the number of children ever born and the number of living children. The RAND HRS data file (Version H) is a user-friendly longitudinal data set developed by the RAND Center for the Study of Aging (2008) with funding from the National Institute on Aging and the Social Security Administration. We used sample weights in all analyses to account for the complexity of the sampling design and attrition. Of 21,384 respondents, we excluded cases in which data came from proxy interviews ( $n = 2,043$ ), the respondent was under the age of 51 ( $n = 1,071$ ) or lived in a nursing home

or outside the United States ( $n = 150$ ), or data were missing on the dependent and/or major independent measures ( $n = 477$ ). Finally, because of our focus on detailed parental status, we omitted cases in which relationship statuses were ambiguous ( $n = 174$ ). The final sample therefore consisted of 17,469 adults.

## Dependent Variables

Depressive symptoms were measured in the HRS with a modified, eight-item version of the Center for Epidemiological Studies–Depression scale (CES-D) that asked respondents whether they experienced eight feelings much of the time during the past week, including feeling happy, feeling sad, having trouble getting going, or having restless sleep. Binary responses were recorded and summed to create a total depression score, ranging from 0 to 8 with a mean of 1.32 for men and 1.71 for women. This summed score represents the number of depressive symptoms reported in the past week. Used as a basic measure of depressive symptoms in the general population, both the CES-D and the shorter HRS version have been used in other studies, and their psychometric properties have been well established (see Kessler, Foster, Webster, & House, 1992). Following Zhang and Hayward (2001), we also constructed a dichotomous measure of depression, indicating “high depression” for scores more than 3 (about 16.4% of respondents). This measure is consistent with the dichotomous response to the single question regarding depression, where 17.3% had responded positively. Dichotomous measure analyses are not included in the tables, but we note the findings in the text where relevant.

## Independent Variables

To allow for comparability with earlier research, our models included key variables that have been linked with psychological well-being and with parental status, including gender, marital status, and sociodemographic control variables.

*Parental status.* The HRS has included the designation of “own” children and stepchildren. Data in the HRS on stepparenthood provide adequate detail and numbers to allow us to compare biological parents and adults who are biologically childless stepparents. The 1998 HRS (and supplemental data from earlier waves) included data on biological parenthood (children ever born), loss of children, and stepparenthood.

We began by using different definitions of parenthood to create two sets of binary parental status variables. First, we defined parenthood biologically, distinguishing between biologically childless adults ( $n = 1,732$ ) and biological parents ( $n = 15,737$ ). This classification emphasized biological parenthood, ignoring loss or stepchildren. Second, we defined parenthood socially, distinguishing between persons with no living children (socially childless and those with no surviving children;  $n = 1,360$ ) and those who had at least one living biological child or stepchild ( $n = 16,109$ ). This distinction focused on living children, the definition commonly used in surveys of older populations.

In addition, we distinguish among four detailed parental status groups that were coded as a series of mutually exclusive dummy variables: biologically and socially childless (no biological children or stepchildren), biologically childless with stepchild(ren), biological parent with no living child(ren), and biological parent with living child(ren). Biological parents with one or more living children were the reference category. By far, biological parents with living children were the largest group (9,171 women and 6,427 men). There were 101 women and 38 men who were biological parents with no living children. Among the biologically childless respondents, 1,221 (734 women and 487 men) were also socially childless, whereas 511 reported at least one stepchild (237 women and 274 men). The 1998 HRS did not ask explicitly about adoptive children, and we excluded 174 cases for whom parental status was ambiguous.

*Marital status and gender.* Marital status was included as a series of dummy variables indicating whether the respondent was separated or divorced, widowed, or never married at the time of the interview, with currently married as the reference. Marital history and current marital status are closely linked with both parental status and depressive symptoms, so we examined parental status both independently and in conjunction with current marital status. We expected that being formerly married (e.g., separated, divorced, or widowed) would be strongly linked with higher levels of depressive symptoms regardless of parental status.

Gender was measured using a dichotomous variable (1 = *female*, 0 = *male*). As gender is fundamentally intertwined with considerations of parenthood and childlessness, our analyses for interactions with gender and report on separate models for men and women. Based on earlier studies, we expected that parental status would be more salient for women's psychological status than men's, whereas marital status would play a larger role in men's well-being (e.g., see Koropecj-Cox, 1998; Zhang & Hayward, 2001).



*Control variables.* Health status was measured with a self-reported response to the question “Compared with other people your age, how would you describe your health?” Our models controlled for age (years of age at last birthday) and a squared term for age, allowing for a nonlinear relationship between age and depression (see Kessler et al., 1992). We also controlled for race (1 = *White*, 0 = *non-White*), employment (1 = *working for pay*, 0 = *not working for pay*), and educational attainment (coded with dummy variables for less than high school and college or more, with completed high school as the reference).

## Analytic Strategy

We began by examining the bivariate relationships between detailed parental status and our analytic measures. We then regressed our childlessness and parental status measures on depressive symptoms. In the regressions we included controls for the covariates of depression that have been used in prior studies of older adults: gender, marital status, age, age squared, education, employment status, race, and self-reported health. For the analyses comparing the social and biological definitions of childlessness, we analyzed the combined sample of men and women, testing for interactions between gender and parental status. Because the HRS includes data on multiple respondents (the respondent and his or her spouse or partner) in a single household, we calculated robust standard errors to account for potential clustering at the household level.

For the analyses that included the detailed parental status groups, we ran separate models for men and women and estimated the predicted level of depressive symptoms. We then summarized the predicted values of depressive symptoms by marital and parental status. In all analyses, ordinary least squares (OLS) regression was used to assess the summed depression score and logistic regression to analyze the dichotomous indicator of high depression. All analyses were weighted using the HRS person-level analysis weights.

In addition to the HRS analyses, we conducted parallel analyses with an earlier nationally representative survey, the 1987-1988 National Survey of Families and Households (NSFH1), which included detailed parental status data (for information on the NSFH1, see Sweet, Bumpass, & Call, 1988). Due to small numbers, however, our analyses with the NSFH1 were limited. We note parallel findings where relevant in the text.

**Table 1**  
**Characteristics of Adults Aged 51 and Older by Parental Status Categories:**  
**Health and Retirement Study 1998**

Characteristics	Signif.	Socially Childless: No Biological Child or Stepchild	Biologically Childless With Stepchild(ren)	Biological Parent: No Surviving Child	Biological Parent: Living Child(ren)
Depressive symptoms	*	1.56 (2.00)	1.49 (1.87)	2.03 (1.91)	1.55 (1.91)
High depression	<i>ns</i>	15.7	13.8	20.6	15.2
Female	***	57.8	41.3	72.5	57.4
Marital status	***				
Married		26.8	75.2	46.7	65.2
Separated/divorced		14.2	8.2	15.7	13.8
Widowed		19.3	14.3	37.2	20.1
Never married		39.7	2.3	0.4	0.8
Completed education	***				
Less than high school		22.5	17.2	37.7	23.5
High school		30.9	33.4	36	36.6
Some college or more		46.6	49.4	26.3	39.9
Employed	***	40.3	45.9	28.4	44
Non-White race	***	13.1	8.3	21.6	12.1
Depression score	*	1.56 (2.00)	1.49 (1.87)	2.03 (1.91)	1.55 (1.91)
Age	***	66.7 (12.4)	64.0 (10.6)	71.1 (11.1)	64.9 (10.0)
Self-reported health	<i>ns</i>	3.19 (1.23)	3.19 (1.18)	2.98 (1.22)	3.20 (1.15)
Number of cases		1,221	511	139	15,598

Note:  $N = 17,469$ . Bivariate analyses are based on weighted data using Health and Retirement Study person-level weights; standard deviations are in parentheses where appropriate. Significance levels for chi-square tests (categorical variables) and ANOVA (difference in means): \* $.01 < p \leq .05$ . \*\*\*  $p \leq .001$ .

## Results

### Descriptive Results

Table 1 summarizes the sample characteristics for each of the detailed parental status groups. Respondents who had outlived their biological child(ren) were the most likely to report depressive symptoms (2.03) or high levels of depression (20.6%). The lowest levels of depressive symptoms (1.49) were reported by the social parents, those who were biologically childless with stepchildren. The socially childless (no biological children or stepchildren) reported the second highest average levels of depressive symptoms (1.56) and proportion with a high level of depression (15.7%), although these levels were not substantially higher than those for biological parents with living children (1.55, 15.2%).

Although there was no statistically significant difference in the proportions of our sample reporting high levels of depression among these parental status groups, ANOVA tests of the differences in means indicated that the differences in levels of depressive symptoms among parental status groups were statistically significant. The comparisons of the differences in means indicated that the mean level of depressive symptoms for the biological parents with no surviving children were significantly higher than those for all other parental status groups.

Looking at the summarized control variables, it is clear that these parenthood groups are very different populations. We find significant differences by parental status on all of the control variables except self-rated health. If these differences are associated with variations in levels of depressive symptoms, as previous research has suggested, controlling for these variables may minimize differences in depressive symptoms among the parental status groups.

### Biological and Social Parenthood

Table 2 summarizes the results of the OLS regression of our biological and social measures of parenthood on depressive symptoms. Here we use two definitions of parental status: biologically childless (columns 1a-1d) and socially childless, having no living biological children or stepchildren (columns 2a-2d). Models 1c, 1d, 2c, and 2d include controls for age, age squared, race (White/non-White), completed education (less than high school, high school, or at least some college), self-rated health, and employment status (whether currently working). To streamline the presentation of our

**Table 2**  
**Ordinary Least Squares Regression of Multiple Measures of Parental Status on**  
**Depressive Symptoms: Health and Retirement Study 1998**

	Definition of Parental Status Used in Analyses							
	Biologically Childless				Socially Childless			
	1a	1b	1c	1d	2a	2b	2c	2d
Childless	.005 (.056)	.113 (.083)	-.077 (.058)	-.042 (.086)	.042 (.063)	.114 (.097)	-.107 (.068)	-.149 (.104)
Female	.397*** (.031)	.419*** (.033)	.186*** (.032)	.266*** (.035)	.396*** (.032)	.406*** (.033)	.187*** (.032)	.261*** (.035)
Separated/divorced			.487*** (.054)	.584*** (.086)			.490*** (.054)	.589*** (.086)
Widowed			.518*** (.047)	.801*** (.094)			.520*** (.047)	.808*** (.094)
Never married			.352*** (.103)	.309* (.152)			.376*** (.107)	.400*** (.161)
Female*Childless		-.201 <sup>†</sup> (.108)	—	-.065 (.111)		-.121 (.121)	—	.066 (.126)
Female*Separated/Divorced			—	-.174 (.108)			—	-.179 <sup>†</sup> (.108)
Female*Widowed			—	-.378*** (.101)			—	-.384*** (.101)
Female*Never Married			—	.066 (.201)			—	-.040 (.208)
Constant	1.323	1.310	7.801	7.678	1.320	1.314	7.805	7.678
F	79.33***	54.77***	237.87***	179.63***	79.63***	53.75***	238.02***	179.94***
R <sup>2</sup>	.01	.01	.19	.19	.01	.01	.19	.19

Note: Models C and D include controls for age, age squared, race, education, employment status, and self-reported health.  
<sup>†</sup>.05 < *p* ≤ .10. \* .01 < *p* ≤ .05. \*\* .001 < *p* ≤ .01. \*\*\* *p* ≤ .001. Unstandardized coefficients (standard errors).

results, we report only main and interaction effects of parental status, gender, and marital status. For each model, unstandardized coefficients are shown with standard errors in parentheses. Full model results are available from the authors by request.

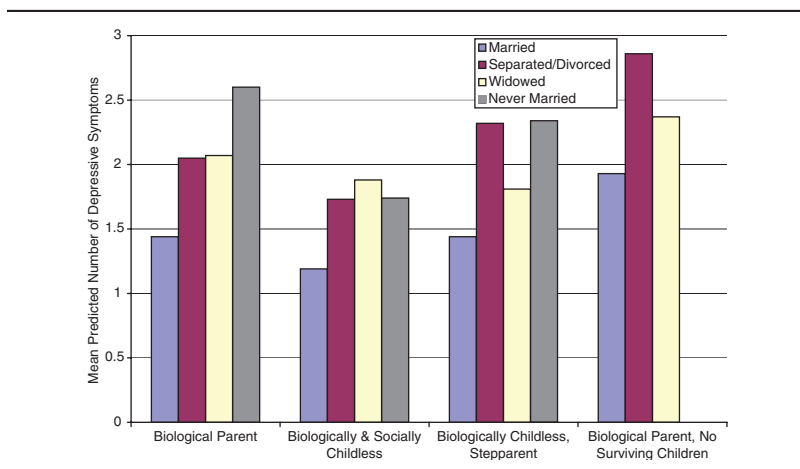
The results of our analyses indicate that neither parental status classification was significantly related to the number of depressive symptoms for the overall sample. Initially, biological childlessness and gender interact to significantly lower depressive symptoms for women relative to men (1b), but this interaction weakens and becomes insignificant in the full model (1d). In the full analyses (columns c and d), we found no substantive differences between our two definitions of childlessness in either the main effects or interactions net of other factors. Parallel analyses found no differences between analyses of the dichotomous measure of depression. NSFH1 analyses generally confirmed these findings, with no consistent differences net of other factors.

Although parental status per se did not appear to be related to depressive symptoms, our results show strong significant differences in depressive symptoms by gender and marital status. The number of depressive symptoms was higher among respondents who were unmarried, particularly those who were separated/divorced or widowed (columns 1c and 2c). Tests of interactions between gender and marital status showed significant negative effects on levels of depressive symptoms for women (compared to men) who were widowed (1d, 2d) and those who were separated/divorced (2d). These findings were consistent with our parallel analyses of high depression. Similar patterns were observed for the formerly married in the NSFH1, but there were few differences for the never married.

## Detailed Parental Status

To further explore the dimensions of gender and parental status, we regressed the detailed parental status measures on depressive symptoms separately for men and women. In these regression analyses, we found only weakly significant differences ( $p < .10$ ) between biological and social parental status and levels of depressive symptoms for either men or women after controlling for other factors. The biologically and socially childless had slightly lower levels of depressive symptoms than the biological parents. Of the childless, only women with no surviving children had significantly higher levels of depressive symptoms than the biological parents. Marital status was strongly and significantly related to the level of depressive symptoms: Formerly and never-married men and women reported significantly higher levels of depression than their married peers, net of other factors. The full results are available from the authors by request.

**Figure 1**  
**Mean Predicted Levels of Depressive Symptoms for Women**  
**by Parental and Marital Status**

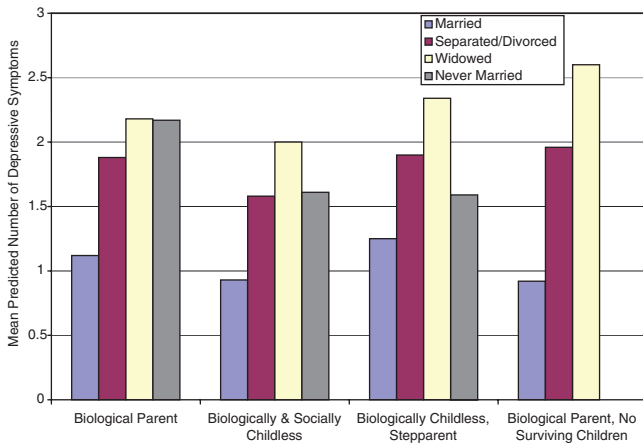


Source: Health and Retirement Study (1998).

Figures 1 and 2 summarize the mean predicted levels of depressive symptoms for women and men, respectively. These figures compare predicted levels of depressive symptoms by marital status across our four parental status groups: biological parents with living child(ren), biologically and socially childless (no biological children or stepchildren), biologically childless with stepchild(ren), and biological parent with no surviving child(ren). These results are based on the predicted values of depressive symptoms in the regressions that control for parental and marital status as well as race, self-rated health, age, education, and current employment status. We also ran ANOVA tests of the difference in mean levels of depressive symptoms by both parental and marital status. All parental and marital status differences in mean predicted levels of depressive symptoms were significant at the .05 level or higher.

The results for unmarried biologically and socially childless adults (permanently childless) are notable in that net of other factors, the predicted levels of depressive symptoms among the childless are lower than those for other parental status groups. Figures 1 and 2 illustrate similar patterns for divorced and never-married men and women. Widowed men averaged higher levels of depressive symptoms than other men, but results for unmarried women were mixed. Compared to married biological women,

**Figure 2**  
**Mean Predicted Levels of Depressive Symptoms for Men**  
**by Parental and Marital Status**



Source: Health and Retirement Study (1998).

higher levels of depressive symptoms are observed among unmarried biological parents, particularly among formerly married women who were socially childless or had outlived their children.

Due to small cell size, we exclude the means for never-married biological parents with no living child(ren). The small numbers of respondents ( $n = 139$ ) with no surviving child(ren) limited our analyses related to this parental status group. Our results suggest that married men with no surviving child(ren) averaged remarkably low levels of depressive symptoms. Women (all marital statuses) and formerly married men in this group had the highest average predicted levels of depressive symptoms. These results should be regarded tentatively.

## Discussion and Conclusion

Existing research on the link between childlessness and psychosocial well-being has been characterized by inconsistent definitions and limited, biologically based conceptualizations of parenthood and childlessness. The current research represents a modest step toward examining the potential implications of different parental status classifications by distinguishing

between multiple dimensions of biological and social parenthood. We explored variations related to social parenthood (i.e., stepparent) among those who were biologically childless as well as de facto childlessness among parents who had outlived their biological child(ren).

We began by asking whether the results of comparing parents and childless adults might vary depending on how we defined childlessness (Table 2), and our results were mixed. Specific classifications of parental status did not appear to substantially change the observed results: There were no differences in the relative depression levels of the childless compared to parents, whether childlessness was defined biologically or socially (net of controls). Parallel analyses of the NSFH1 indicated that *social* childlessness (the absence of any living children) was related to higher depression but not *biological* childlessness. These mixed findings support the need for further investigation that takes into account different definitions of parenthood.

We then examined whether reports of depressive symptoms varied when compared across more precisely defined parental status groups and marital status (Figures 1 and 2). Overall, parental status differences were relatively small compared to stronger links between psychological well-being and factors such as marital status and physical health. Our results suggest that having biological children is not necessarily a buffer against depression for older unmarried adults. Future research should further examine the relationship between parenthood and psychological well-being as well as other dimensions of parental status and relationships that may affect well-being, including proximity and contact with children (Lawton, Silverstein, & Bengtson, 1994) and the quality of the parent-child relationship (Ward, 2008).

The intersections of marital and parental statuses suggest another dimension of the relationship between parental status and psychological well-being. In general, married respondents averaged lower levels of depressive symptoms across all parental status groups, results consistent with prior research documenting the benefits of marriage for psychological well-being (see Waite, 1995; Waite & Gallagher, 2000). The average levels of depressive symptoms for biologically and socially childless adults were lower within each marital status compared to other parental status groups, including biological parents. Biologically childless stepparents and biological parents with no surviving children appeared particularly vulnerable, though their small samples require cautious interpretation. More research is needed to tease out the extent to which parental status may interact with the loss of spouse or partner in affecting well-being. The relationship between depression and detailed parental statuses needs to be examined with a larger representation of people within the less common, but potentially more vulnerable, parental status groups.



We note that despite efforts to represent the diversity of familial relationships, we have had to set aside specific consideration of other arrangements, including adoption, cohabitation, same-sex relationships, and various informal, quasiparental relationships. Our analyses are also limited to only community-dwelling adults. The absence of institutionalized elders limits our ability to observe the full range of implications of parental status, particularly as childless and unmarried elders (especially women) are more likely than others to reside in nursing homes.

Our findings highlight the importance of better representing diverse kinship relations in sampling designs and in data collection. Compared to earlier cohorts, adults aging over the next several decades will have experienced higher rates of singlehood, childlessness, divorce, cohabitation, and a variety of other socially constructed family arrangements. This heterogeneity of marital and parental statuses will have consequences for the types and levels of social support available to these older men and women. Surveys have been slow to incorporate the collection of data on nontraditional families and their relationships into their designs. Given the unique strengths of national surveys, explicit consideration of less common parental statuses and other familial variations would represent an important contribution.

Ongoing change in the nature and definitions of families will contribute to increasing complexity in family relations and parental statuses. Modern reproductive technologies have expanded and challenged our understanding of biological and social parenthood. Social changes have transformed intimate relations and kinship ties. Physical distance between biological family members may mean that individuals rely more on their partners or socially constructed “families” for support as they age. These qualitatively different life course experiences and relationships will require more nuanced conceptual frameworks and more precise measurement to better understand their potential psychological and social implications for aging adults.

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