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TRIANGULATION BETWEEN ELDERLY PARENTS
AND ADULT CHILDREN

By

Ryan J. Anderson

A Thesis

Presented to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Master of Science

Department of Marriage and Family Therapy

School of Family Life

Brigham Young University

August, 2005

BRIGHAM YOUNG UNIVERSITY

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ACKNOWLEDGMENTS

To Jim Harper, for being more help than he could know and for endless encouragement. To Rick Miller and Mark Butler, for pointing me in the right direction and actually being excited about my ideas. To my parents and siblings, for a solid foundation and a life full of both joy and substance. To Jeff Hill, for seeing my potential and getting me started. To all whom have ever believed in me and taken a chance on me, for teaching me to believe in myself. To Bradley, for giving me hope in the future. And most importantly of all, to Marianne, for making my life magic.

ABSTRACT

TRIANGULATION BETWEEN ELDERLY PARENTS
AND ADULT CHILDREN

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Department of Marriage and Family Therapy

Master of Science

This study explored the extent of triangulation between elderly people and their adult children, and examines the relationship of triangulation with marital and individual outcomes such as problem solving, negative affective communication, time spent together, intimacy, depression, and marital satisfaction. Triangulation between adult children and elderly parents was found to be strongly related with negative outcomes for elderly parents in each of the dependent variables.

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Review of Literature

The demographics of the United States have shifted as the Baby Boomer generation (1946-1964) has matured. The vanguard portion of the Baby Boomer group is currently moving into retirement age, which means that shortly, the greatest portion of the demographic bulge created by the Baby Boom will progress into the elderly population. Already, the elderly population segment is the fastest growing portion of the U.S. population, and its rate of expansion will only increase as the Baby Boomer's demographical bulge moves completely within the elderly segment's parameters (Rowe & Kahn, 1998). As such, it is reasonable to expect that therapists and other mental and physical health care professionals will see an increasing number of older adults as clients.

The increase in the numbers of the elderly population brings with it an increase in the number of elderly married couples (Herman, 1994). Among these elderly married couples, there is a trend towards increasing health and longer-lasting functionality, which allows many of them to maintain a more active role in their relationships (Busse & Maddox, 1985). A considerable majority of elderly parents maintain regular contact with at least one of their children (Shanas, 1973; Shanas, 1980). Thus, even though isolation is a harsh reality for some of the elderly, there is ample evidence that most elderly parents are not isolated from their children (Bengtson, Cutler, Mangenm & Marshall, 1985; Dewit, Wister, & Burch, 1988; Troll, 1971; Troll, Miller, & Atchley, 1979).

The relationship between elderly parents and their adult children remains an active and important element in the lives of both generations, and has great potential for influencing the emotional, mental, and physical outcomes of all of the involved members. Although a considerable amount of research has been done, there are still many aspects of the relationship

between adult children and their elderly parents that remain largely unexplored. In an effort to help shed more light on the situations and needs of families in later life, this study examined the effects of triangulation between elderly parents and their adult children. For the purposes of this study, triangulation was defined as a pathogenic emotional process in which a member of the marriage draws in a third party, in this case an adult child, to diffuse the adult parent's anxiety about their marriage, but the interaction disrupts the marital relationship or does not help the marital partners resolve problems that were the context of the anxiety in the first place.

Specifically, the effects that were examined included effects on communication between parents, their overall marital satisfaction, intimacy, conflict over time together, and individual depression in one or both parents.

Continued Relationships Between Elderly Parents and their Adult Children

Puner (1974) noted that the importance of elderly parents' involvement with their families has emerged as a crucial element in American society. As the life cycle progresses, the family, and especially one's children, become elderly parents' primary source of social interaction and support in the United States (Troll, 1971; Merrill, 1997). Most elderly parents prefer to both live nearby and to have regular and frequent contact with their adult children (Bengtson, Cutler, Mangel, & Marshall, 1985; Rossi & Rossi, 1990). Various studies have suggested that the affective bonds elderly parents have with adult children play an important role in the well-being of the elderly parents (Brody, 1970; Cottrell, 1974). The importance of these affective bonds is implied in the fact that "the 10-12% of the aged who have no family or close relationships with kin are those [same] individuals who constitute the caseloads of social agencies" (Puner, 1974). Thus, the presence of a stable affective bond with close kin, and especially with adult children, seems to have a preventative quality which decreases the

probability of negative emotional, health, and psychological outcomes.

Mere contact between elderly parents and their adult children does not guarantee affective attachment and solidarity with their accompanying benefits (Aldous, 1987; Marshall & Bengtson, 1983). Johnson and Bursk (1977) explored predictors of the affective quality of relationships between elderly parents and their adult children. They found that the better the elderly parents' health was, the better their relationship with their adult children tended to be. Similarly, they found that the better the elderly parents' attitude toward aging, the better the relationship between them and their adult children (Johnson & Bursk, 1977). Elderly parents also tended to have better quality relationships with their adult children when the parents were fairly engaged and busy in activities not involving their adult children, while at the same time maintaining regular contact with their adult children. Thus, the best outcomes for elderly adults were found when they were engaged in multiple activities independent of their children, while simultaneously maintaining a fairly consistent amount of interaction with their adult children.

Social contact and integration are capable of contributing to both the well-being and the distress of individuals, since close relationships are often characterized by constraints and strains as well as rewards (Umberson, 1992). Indeed, the relationship between parents and children is a multidimensional and often apparently paradoxical mixture of solidarity, problems, and ambivalence, yielding both benefits and challenges (Luescher & Pillemer, 1998; Marshall, Cook, & Marshall, 1993; Connidis & McMullin, 2000). A longitudinal study by House, Umberson, and Landis (1988) demonstrated that both relationship involvement and quality have "significant estimated effects on subsequent psychological functioning." Since the parent/child relationship is a particularly strong source of social integration, which remains strong and becomes even more important to the parent as time passes, both the strains and the rewards of the elderly parent/adult

child relationship have the ability to affect the psychological functioning of both parties (Umberson, 1992). Thus, the relationship between elderly parents and their adult children has the potential for contributing to both desirable and undesirable personal and relational outcomes in both generations.

In order to examine the psychological consequences of the relationship between adult children and their parents, Umberson (1992) analyzed the data from a national probability sample ($n = 3,618$) in the United States. Measures included contact, social support, relationship strains, psychological distress, and parental dissatisfaction. In their results, most parents and adult children reported that they had frequent contact with each other. Children reported less contact than their parents, which can be explained by the fact that most of the elderly parents have more than one adult child. Overall, the results suggested a fairly positive relationship between most elderly parents and their adult children (Umberson, 1992).

In general, positive relationships between elderly parents and their adult children contributed to positive psychological outcomes, and negative relationships contributed to negative psychological outcomes in both generations. Certain structural circumstances seem to influence the quality of these relationships, and in turn influence psychological outcomes (Umberson, 1992). For example, while positive contact with adult children was beneficial for the psychological functioning of all elderly parents, it was even more so for divorced parents. However, divorced parents reported less positive contact and social support and greater parental dissatisfaction and relationship strain than did married parents. As far as relationship dynamics are concerned, elderly mothers reported more positive contact, more social support, and less dissatisfaction in their relationships with their adult children than did elderly fathers. Elderly fathers appeared to be less involved, and their relationship with adult children did not appear to

affect the psychological well-being of their adult children as much as the relationship between the children and their mother did (Umberson, 1992). Overall, these data suggest that positive relational dynamics between generations lead to improved psychological outcomes for both generations.

Potential for Negative Relationship Effects

In their review of literature, Mancini and Blieszner (1989) noted that some researchers have examined the possible negative aspects of the relationship between elderly parents and their adult children. Much of that research has focused on conflict in caregiving situations or the occurrence of elder abuse. Outside of that, however, there is a relatively small body of research addressing general conflict between elderly parents and adult children. While there is reason to believe that many elderly parents actually do enjoy a constructive relationship with their adult children, this does not negate the fact that this particular type of relationship, like all others, has the potential for complications. During the life cycle stage in which elderly parents and adult children interact, one-fifth of these relationships tend to improve significantly, but another one-fifth of these relationships deteriorate considerably (Kaufman & Uhlenberg, 1998). Clearly, then, there are areas of potential difficulty in adult child-elderly parent relationships that must be addressed.

One inherent difficulty in the study of relationship problems in this age group is the apparent tendency of elderly parents to not report relationship strains with their children. Elderly parents have a tendency to rate their relationship with children more positively than their children do (Hagestad, 1987). This could be the result of social desirability pressures, but could also indicate that the elderly have a different mindset than their children, and tend to focus more on similarities with their children and have a “developmental stake” in the outcome of their

children's lives (Bengtson, Mangen, & Landry, 1984). Even though empirical data on conflict in this area are somewhat sparse, significant amounts of informal observations in therapy and other clinical experience indicate that there is a greater amount of conflict and difficulty than the current body of empirical literature on this subject would suggest (Steinman, 1979).

Much of the research that does exist has tended to focus on elderly parents as sources of burden and stress for their adult children. This unilateral lens has caused a somewhat distorted view of the situation (Barnett, Kibria, Baruch, & Pleck, 1991). More recently, some research has examined the effects of adult children's difficulties on their elderly parents in an effort to provide a more balanced conceptual base. Many of these studies have been built upon the highly-defensible premise that the literature on conflict and stress between parents and children at earlier stages in life provides indirect evidence of the existence of a reciprocal flow of stress and burden between parents and children in later life (Pillemer & Suito, 1991a). In one preliminary study, Greenberg and Becker (1988) interviewed elderly couples about their children's problems. Although the generalizability of their study is questionable due to a small sample size ($n = 29$ couples) and low response rate, their findings provide some light that could serve to direct more thorough research in the future. They found that the elderly parents experienced personal stress and worry that they attributed to their adult children's problems with things such as alcohol use and physical and emotional health.

More recent research has taken a more simultaneously bilateral view of the relationship between elderly parents and adult children. For example, Clark, Preston, Raksin, and Bengtson (1999) examined common themes and the reciprocal nature of conflict between elderly parents and adult children. They found six major themes of conflict: "1) communication and interaction style, 2) habits and lifestyle choices, 3) child-rearing practices and values, 4) politics, religion,

and ideology, 5) work habits and orientations, and 6) household standards or maintenance.” They noted that parents tend to report more conflicts over habits and lifestyle choices, while children tend to report more conflicts over communication and interaction style.

Other studies have found that conflict and negative interactions with adult children lead to a diminishment in subjective measures of well-being in elderly parents (Rook, 1984). Pillmer and Suitor (1991b) investigated the relationship of adult children’s problems with the well being of their elderly parents. Using a telephone survey of the elderly in Canada (n = 2,008), they assessed both adult children’s problems and the level of psychological distress in elderly parents. In general, they found that when adult children were experiencing mental, physical, or stress-related problems, there were higher levels of depression in elderly parents. In fact, in several cases the level of children’s problems emerged as a more significant correlate of depression in elderly parents than did several other well-established, highly impactful variables, such as marital status and level of education. Data such as these, combined with previous data about parent-to-child stress, raise the possibility that the flow of worry and stress is bilateral in elderly parent-adult children relationships. Also, such data indicate that the relationship between adult children and their parents has more than a minor impact on the outcomes of the elderly parents. In fact, the negative aspects of the relationship between parents and children have been found to have a more powerful relationship than the positive aspects with the distress levels of both generations (Umberson, 1992).

Simultaneous Life Course Changes and Affective Bonds

One dynamic that appears to contribute to the bilateral flow of stress and problems between elderly parents and their adult children is the fact that both generations are passing through significant life course changes at the same time (Kaufman & Uhlberg, 1998). For

example, Multran and Reitzes (1984) found that widows—who are typically in a relatively new and difficult position where support is needed—reported greater negative feelings when they were required to provide support for their adult children, who are often going through transitions such as marriage, divorce, or parenthood. Often, both generations are in a transitional cycle where support is needed (for example, an adult child is divorced at roughly the same time the elderly mother is widowed), and resentment and psychological distress can be the result of not only not receiving desired support, but of also being required to provide support to the same party from which support was desired.

Further support for this idea is provided by Cicirelli (1983), who found that adult children who were divorced tended to provide lower levels of emotional and instrumental support for their elderly parents. Parental divorce, decline in parents' health, and children's marital problems have all been found to cause strains in the elderly parent-adult child relationship (Kaufman & Uhlenberg, 1998). The experience of distress seems to be compounded when elderly parents have high expectations of filial responsibility which they perceive as being unfulfilled (Seelbach & Sauer, 1977). On the other hand, positive life course changes, such as employment, marriage, and in many cases parenthood, are associated with improved intergenerational relationships and the benefits that accompany them (Thorton, Orbuch, & Axinn, 1995). Thus, it would appear that life course transitions have the potential to both enhance and to injure the affective bond between elderly parents and their adult children.

Triangulation and Psychological Well-being

Another important dynamic that has the potential for influencing the bond between elderly parents and their adult children, the marital satisfaction and stability of both sets, and the psychological and physical health outcomes of both generations is the dynamic of triangulation.

It should be noted that triangular structures, in which three people are involved in a relationship (often involving more than one generation), do not always result in triangulation. Nonetheless, triangulation does not occur outside of triangular structures. Triangulation is the emotional process through which two people draw a third party into a normally dyadic relationship in one of several problematic ways (ex. “scapegoating” with disruption of parental conflict, parent-child coalitions, diffusion of responsibility onto a third party, etc...) that provide for a release of tension, while at the same time obstructing interaction between the two original people that would help to actually resolve the conflict between them. This also usually results in distress on the part of the triangulated member (Kerr & Bowen, 1988).

Triangulation has long been considered a useful theoretical assumption and a commonly encountered dynamic in clinical experience (ex. Minuchin, 1974; Bowen & Kerr, 1988).

Although no direct evidence has been found that directly supports Bowen’s specific theory that links chronic anxiety and triangulation, research to this point has found partial empirical support for the general role of triangulation in systems (Miller, Anderson, & Keala, 2004). For instance, in a study of childhood depression, Wang and Crane (2001) found that the level of a child’s depressive symptoms is strongly connected to parental marital stability, the father’s level of marital satisfaction, and perceived family triangulation. The significance of triangulation in this relationship is not to be understated. When fathers experienced low marital stability but did not perceive family triangulation, childhood depression scores were considerably and significantly lower than when father’s experienced low stability but high amounts of perceived triangulation in the family.

Even in instances where it appeared that the existing triangulation was lending stability to an unsatisfactory marital relationship, depression scores among children were still higher than

situations in which triangulation was not present, including cases where the parents had both low marital satisfaction and low marital stability (Wang & Crane, 2001).

Other research has found that triangulation accounts for a significant amount of variance in health problems and is positively correlated with disease activity (Protinsky & Gilkey, 1996; Wood et al., 1989). Triangulation has also been found to have a link with negative social and personal outcomes, such as aversive communication, low self-esteem, negative attitudes about marriage, problems with personal and academic adjustment, problems with intimacy, and difficulties with ego development (Benson et al., 1993; Protinsky & Gilkey, 1996, Larson, Benson, Wilson, & Medora, 1998; Smith, Ray, Wetchler, & Mihail, 1998; Lopez, 1991; West, Zarski, & Harvill, 1986; Bell, Bell, & Nakata, 2001).

It should be noted that in non-triangulated relationships, intervention by a third member can have beneficial outcomes for the dyad, such as in the case of mediation or marital therapy. However, even if an adult child is a skilled therapist or mediator, they are still not considered a good candidate for performing the mediation role with their own parents due to the dual relationship that exists between them. The possibility of triangulation or the insertion of the child's own issues in attempts to intervene in the dyad are much too high, and attempts at mediation or therapy in dual relationships are often unsuccessful and may in fact generate greater complications. Hence, organizations such as the APA and AAMFT have ethical guidelines intended to prevent therapy or mediation within the context of dual relationships.

While further research is definitely in order, it would appear that triangulation, while often providing a sort of functionally adaptive stability to a family, has a significant and powerful negative impact on the psychological well-being of family members. In essence, through triangulation the whole of the family structure is maintained at the cost of the

psychological well-being of its members, which would reasonably lead to the eventual dissolution or dysfunction of the whole as the members' resources are depleted. The resulting clinical suggestion is that children should be left out of marital problems. Even adult children skilled in therapy or mediation are acutely vulnerable to triangulation. Therefore, when third party intervention is necessary or desirable, an "uninvolved" individual such as a therapist or clergy member who does not have a dual relationship with the parents should be sought out to fulfill the role of mediator. Parental attempts at triangulation should be interdicted and parents should be redirected towards problem-solving efforts within the marital dyad (Wang & Crane, 2001).

Elderly Parent-Adult Child Triangulation

To date, emotional triangulation between elderly parents and their adult children has been virtually ignored by researchers. No studies were found that addressed this topic directly. However, various studies of couples in middle-aged and older families have yielded results which would suggest the presence of triangular structures in adult child-elderly parent relationships.

There appears to be ample opportunity for the development or perpetuation of triangulation in elderly parent-adult child relationships. Connidis and Davies (1990) found that from the perspective of elderly parents, children appear to be excellent candidates for emotional confidants and that children tend to play an extremely prominent role in the confiding networks of elderly parents, especially when they live geographically close. In such relationships, confiding between elderly parents and adult children is often reciprocal, and is often seen as a sign of an increasingly egalitarian relationship between parent and child (Wegner & Jerome, 1999). At the same time, these confiding relationships appear to provide a ready pathway for

triangulation in the case of conflict between the elderly parents, since the confiding parent has already established a habit of confiding in the adult child and triangulation could develop as a natural extension of such intergenerational support-seeking coping strategies.

One commonly found situation that suggests the existence of non-equilateral triangle structures and the potential for triangulation is that mothers' relationships with children are typically more intense than fathers' relationship with children, and tend to remain so throughout the entire family life cycle (Kaufman & Uhlenberg, 1998; Rossi & Rossi, 1991; Umberson, 1989; Silverstein & Bengtson, 1997). Compared to elderly fathers, elderly mothers report seeing their adult children more often and receiving more social support from them (Umberson, 1992). Similarly, while divorce is typically damaging to parent-child relationships in general, it appears to be more disruptive of father-child than of mother-child relationships (Amato & Booth, 1996; Rossi & Rossi, 1990). In studies of middle-aged parents, children's psychological problems contributed more to the depression, anxiety, and general emotional drain of mothers than of fathers (Cook, 1988, Cook & Colher, 1986). The relationship between mothers and daughters appears to be strongest combination of parent-child bonds (Rossi & Rossi, 1990).

Such results would suggest that it is not uncommon to find non-equilateral triangle structures with considerable potential for triangulation between adult children and their parents, with children showing a greater degree of connection to mothers than to fathers. Based on this, it would be reasonable to expect that when a triangular coalition occurs, it would do so more frequently between mothers and children than between fathers and children.

A study by Booth and Amato (1994), while not looking at triangulation directly, yielded results that are highly informative regarding triangulation between adult children and their elderly parents. Using a two wave study, they interviewed children (once as children, and once as

adults) and their parents to assess the impact of parental marital quality and divorce while the child is still residing with the parents on the relationship between generations when the children had grown to adulthood. They found that when marital satisfaction between the parents is high, adult children who are close to one parent tend to be close to the other parent, as well.

Conversely, when parental marital satisfaction is high, children who are not close to one of their parents tend to be distant from the other, as well. However, when marital satisfaction between the parents is low, adult children have a tendency to be close to only one of their parents.

These results are indicative of several alignments that would fit within the definition of triangulation. The case in which an adult child is close to neither parent may be indicative of “scapegoating” by the parents, or functional symptomatic behavior in a child. In this instance, the distant or conflictual parents may join together against the acting-out behaviors of a “problem child,” thus providing them a task in which they can be united and non-conflictual (Booth & Amato, 1994). While this sort of triangulation provides some sort of stability, it is often both crippling and self-reproducing, as it tends to prevent the parents from discussing and resolving marital problems, thus perpetuating the need for having a third party against whom they can become co-belligerents. The parents’ anxiety is redirected towards the child, and thus does not serve the purpose of motivating the parents towards conflict resolution between themselves. Also, such triangulation increases the amount of negative interactions between the parents and the child, and these negative interactions typically become a part of a cyclic feedback loop (Minuchin, 1974). It seems that sons are more likely to take the “scapegoat” position than daughters, since they are the ones who are most likely to report feeling close to neither parent (Booth & Amato, 1994).

The second triangular dynamic that is indicated by this study is a parent-child coalition

against the other parent, in which one or both parents seeks an “ally” among the children to serve as a confidant, a friend, a supporter in conflict, and a source of validation and agreement. This is type of triangulation would appear to exist in the low parental satisfaction group, in which children tend to be close to only one parent. These coalitions were more common between same sex parent-child relationships in general, and most common between mothers and daughters specifically (Booth & Amato, 1994). In these situations, marital problems tend to go undiscussed and unresolved within the marital dyad, and the marital relationship begins to atrophy. There also tends to be a great deal more conflict and negative interaction between the triangulated child and the non-triangulated parent. Furthermore, while the triangulated child maintains closeness with the triangulated parent, the nature of this triangulated relationship is typically a source of some personal distress for the child as well (Minuchin, 1974).

The last dynamic indicated by the study is a relationship that has a triangle structure by nature, but it appears to be closer to equilateral and does not include emotional triangulation. In this functional structure, children are close to both parents (Booth & Amato, 1994). It is assumed that in this structure, marital problems are addressed and resolved within the marital dyad. This non-triangulated, sufficiently differentiated structure is expected to promote the well-being of both the individual members of the family and the family as a whole, and clinical experience tends to confirm this expectation (Minuchin, 1974; Minuchin & Fishman, 1981). While it should be noted that none of these findings can necessarily be said to unquestionably represent triangulation, they do reflect certain patterns that one would expect to see in systems where triangulation is taking place. A closer, more discreet look at triangulation in such systems could provide empirical evidence and practical suggestions for clinical intervention that could help to improve the outcomes of both adult children and their elderly parents.

In summary, triangulation has been shown to lead to debilitating psychological and relational outcomes in earlier stages of life (Wang & Crane, 2001). Thus, it is reasonable to expect that it will continue to be a problematic emotional process in later stages of life. Although both parents and children are more mature in the adult child-elderly parent stage, both generations are likely to be undergoing simultaneous life course transitions, and the added stresses and short-circuited communication and problem solving that appear to be inherent in triangulation can be expected to exacerbate relational conflict and psychological difficulties in both generations. In an effort to provide applicable data for clinicians working with the growing elderly population, this study directly examined the prevalence of triangulation between adult children and their elderly parents, and investigated its effects on important relational and psychological outcomes of the elderly parents, specifically communication between parents, their overall marital satisfaction, intimacy, conflict over time together, and individual depression in one or both parents.

Research Questions

The following research questions were addressed:

R1. To what extent does triangulation exist between elderly couples and their adult children?

R2. What are the effects of triangulation between elderly parents and their adult children on the outcomes of the elderly couple, including marital satisfaction, marital problem solving, affective communication, time spent together, and depression?

Hypotheses

H1. Triangulation with adult children will significantly predict global marital dissatisfaction of the elderly couple.

H2. Triangulation with adult children will significantly predict problems with marital problem solving of the elderly couple.

H3. Triangulation with adult children will significantly predict problems with negative affective communication in the elderly couple.

H4. Triangulation with adult children will significantly predict conflict over time spent together by the elderly couple.

H5. Triangulation with adult children will significantly, negatively predict intimacy in the elderly couple.

H6. Triangulation with adult children will significantly predict depression in the elderly parents.

H7. Elderly mothers will be more likely than elderly fathers to triangulate with an adult child.

Method

Sample

Project Couple Retire is a longitudinal national research project that investigates various aspects of the marriage and family relationships of individuals who are either approaching retirement or who have already retired. The purpose of Project Couple Retire is to gather information with which researchers and practitioners can better understand and serve elderly couples and individuals. Questionnaires were sent to 9328 addresses which were purchased from the Donnelley Corporation, a major marketing firm. The Donnelley Corporation guaranteed that the names of these people were randomly sampled from each state in the United States and that the people were between the ages of 55 and 75 and were married. The purpose of the addresses was explained to the Donnelley Corporation, namely, to use the names in *Project Couple Retire*,

a longitudinal research project aimed at following couples through retirement. Specifically, this ongoing process is focusing on changes induced by retirement and their impact on physical and mental health over time.

The return rate for this first wave of data was 24% as calculated by Dillman's formula (Dillman, 1991). Such a response rate is not uncommon for a lengthy questionnaire mailed to older subjects (Roszkowski & Bean, 1990; Kaldenberg, Koenig, & Becker, 1994). The additional request that both husband and wife complete the questionnaires may have affected the return rate. A search of literature yielded no information on typical return rates when the request is for both married partners to return the questionnaires.

Out of 2,202 that were returned, 614 couples agreed to participate in the longitudinal study for a second and third wave of data gathering. The questionnaires for this study were included in the second wave of data which was collected three years after the first wave. One hundred and forty-eight parents completed the triangulation part of the questionnaire, and they comprised the sample for this study.

The sample is split fairly evenly between men ($n=70$) and women ($n=78$). The respondents have been married on average about 39 years, with the length of marriage ranging from 5-59 years. The average number of children in the sample is approximately 3, with a range of 1-12 children per couple. Roughly 95% of the sample is Caucasian. The sample is more diverse, however, in its religious affiliation, with roughly 20% reporting as Catholic, approximately 64% reporting as Protestant, 2% reporting as LDS, approximately 2% reporting as Jewish, and the remainder reporting other or no religious affiliation. The average income for men in the sample was \$31,636 per year, with a range of \$9,864 to \$70,000+ per year. The average income for women in the sample was \$24,718, with a range of \$7,746 to \$70,000+ per year.

Additionally, the vast majority of the elderly parents in this sample lived in separate homes rather than with their adult children. Complete demographic information for the sample is presented in Table 1.

Insert Table 1 Here

Procedure

Each couple was sent a packet with instructions and various questionnaires, including the instruments used in this study, for both the husband and the wife. The couples were instructed to complete the questionnaires individually, without consulting each other, comparing answers, or collaborating in any way. After completing the questionnaires, each spouse was instructed to return their completed forms in the self-addressed, stamped envelope that had been provided by the researchers.

Instruments

This study utilized the Relationship with Adult Children section of the Triangulation Inventory (Harper, 2003) to measure triangulation between each parent and their adult children. The Marital Satisfaction Inventory, Research Edition (Snyder, 1998), and Perceived Assessment of Intimacy in Relationships (Shaefer & Olson, 1981), and the Depression Inventory, Center for Epidemiological Studies (CES-D, 2001) were used to measure problem solving, affective communication, time together, intimacy, depression and global marital dissatisfaction from both the husbands' and wives' perspectives.

The Relationship with Adult Children Inventory. The Relationship with Adult children Inventory consists of 43 questions designed to measure 4 aspects of parent-adult child relationship, quality of relationship with adult children, triangulation of children into parents' marriage, and triangulation of parent into adult children's marriage, and triangulation between

parents, adult children as parents, and grandchildren. *The triangulation of children into parent's marriage* was the only scale used in this study. That scale consists of 11 questions each of which are scored on a five point Likert-type scale (see Appendix A). Content validity was established by having 3 expert judges each with over 25 years as marriage and family therapists classify questions into one of the 4 aspects described above. Judges were also asked to delete or add items they thought might be related to the scales. The result was the 43 item inventory. Alpha reliability indices for the scale used in this study were .86. All predicted 11 items loaded on one factor with coefficients ranging from .51 to .92. It appears that this inventory has adequate reliability and validity for research.

The Marital Satisfaction Inventory, Research Edition. The MSI research edition (Snyder, 1998) is a multidimensional, self-report measure of marital interaction in which husbands and wives independently evaluate their marriage across 11 profile scales. It consists of 150 items which are standardized on a nationally representative sample of 1,020 intact married couples. The MSI allows for the comparison of both spouses' evaluations, and readily highlights both problems areas and also areas in which the spouses disagree. The MSI-R has been widely used and has proven to be useful in identifying both psychometric and clinical concerns in couples seeking treatment. Its validity and reliability are well-established by over 15 years of research.

The Perceived Assessment of Intimacy in Relationships. Shafer and Olson's PAIR (1981) measures five areas of intimacy: recreational, social, sexual, intellectual, and emotional. The test is divided into two sections with 36 questions in each part. Each of these questions is scored on a five point Likert-type scale. The scores of each of the five categories are totaled yielding scores that can range from 0-96 for each subscale and 0-480 for the total score (Touliatos, Perlmutter, &

Strauss, 1990; Shafer & Olson, 1981).

The test is administered to each spouse twice, with spouses reporting the level of intimacy that currently exists in the marriage (perceived intimacy), and then the level of intimacy that each spouse would like to have in the marriage (expected intimacy). The difference between the perceived intimacy and the expected intimacy produces a discrepancy score.

All six scales of the PAIR correlate with the well-established Locke-Wallace Marital Adjustment Scale (Locke & Wallace, 1952), with correlation coefficients ranging from .30 to .61. In addition, each subscale has a Cronbach's Alpha reliability coefficient of at least .70. Each subscale also displays a fairly normal distribution. The PAIR has been used and validated with various populations. In general, the PAIR has been shown to display appropriate levels of concurrent validity, consistent with other established measures of intimacy (Shaefer & Olson, 1981).

The Depression Inventory Center for Epidemiological Studies. The original CES-D (Radloff, 1977) is a highly respected measurement of symptoms of clinical depression that has been used in multiple clinical and research settings. This study used a 14 item version of the CES-D (2001). Extensive community and clinical studies have been done to establish the validity and reliability of abbreviated versions of the CES-D (Kohout et al., 1993) Shorter versions of the CES-D that maintain the same four-factor solution as the CES-D, such as the version used in this study, have been found to yield scores that are highly correlated to the original ($r > .83$). Shortened versions of the CES-D also have established concurrent validity with the Beck Depression Inventory (BDI). (Carpenter et al., 1998), In addition, the shortened versions maintain good internal consistency, with a Cronbach's alphas ranging from .73 to .81. (Carpenter et al., 1998).

Analysis

The data were analyzed utilizing a series of least square regression equations, in which the variable of triangulation was the independent variable (while controlling for the variables of age, gender, and income), and the dependent variables were negative affective communication, ineffective marital problem-solving, intimacy, depression, conflict over time spent together, and global marital dissatisfaction.

As shown in Table 2, there was adequate variability in the predictor variables to do regression analysis. For example, the mean for depression was 18.32 with a range from 3 to 40. In relationship to the first question of this study, it appears that triangulation does appear in older couples in their relationships with adult children fairly frequently. Fifty-one percent of the elderly mothers in the sample scored above the cutoff score for triangulation, as did 31% of the elderly fathers. In addition, scores on the Triangulation with Adult Children Scale ranged from the minimum to the maximum amount, suggesting a fair amount of variance in the amount and intensity of triangulation.

Insert Table 2 Here

Correlation results for all the variables in the study are shown in Table 3. The correlation results show that the predictor variable, triangulation, is highly correlated with all of the dependent variables. For example, the correlations of triangulation with the criterion variables ranged from .52 to .63. There was also a considerable amount of correlation between the dependent variables, with r values ranging from .56 to .91, suggesting that there is a cohesive relationship between the dependent variables selected for this study.

Insert Table 3 Here

The results of the regression analyses are shown in Table 4. Variables of age, gender, and income were first entered into a regression model to determine if they were significantly related to any of the criterion variables. As can be seen in Table 4, there were no significant relationships between these three control variables and any of the dependent variables. The relationships between triangulation and global marital dissatisfaction, affective communication, problem solving communication, conflict over time together, intimacy, and depression were all statistically significant ($p < .001$). Specifically, Triangulation had a significant relationship with Affective Communication ($F=56.91, p<.001, df=1,146$), Problem Solving Communication ($F=67.69, p<.001, df=1,146$), Conflict over Time Together ($F=82.68, p<.001, df=1,146$), Global Marital Dissatisfaction ($F=54.91, p<.001, df=1,146$), Intimacy ($F=54.91, p<.001, df=1,146$), and Depression ($F=89.69, p<.001, df=1,146$). Triangulation's relationship with each dependent variable was in the predicted direction.

R^2 values ranged from .27 for intimacy to .39 for global marital dissatisfaction. These results indicate that triangulation explains a considerable portion of variation in couple conflict over time together, marital dissatisfaction, depression, negative affective communication, difficulties with problem solving, and intimacy. Hypotheses 1 through 6 were supported, and the second research question is answered. It appears that triangulation of adult children into the marriage of elderly parents affects outcomes including marital problem solving, affective communication, conflict about time spent together, general marital satisfaction, and depression in the elderly parents.

Insert Table 4 Here

To test Hypothesis 7 that elderly mothers would be more likely than elderly fathers to

triangulate with their adult children, an independent t-test was run to compare the triangulation with adult children mean scores for the two groups. There was a significant difference between the two groups ($t=-2.09$, $p<.05$). The mean for fathers was 33.74 ($SD=24.58$, range 13-62) and for mothers was 39.42 ($SD=18.04$, range 13-65). Figure 1 shows the differences between fathers and mothers when the cutoff point on the triangulation with adult children scale is 38, the midscore of the scale. As can be seen, 51.3% of mothers ($N=40$) scored above the midpoint cutoff whereas only 31.4% of fathers ($N=22$) scored that high. Thus, the data support Hypothesis 7.

Insert Figure 1 Here

Discussion

Implications for Theory

The general findings in this study support the theoretical position that triangulation is utilized in conflictual relationships, and although it offers some relational stability, it does not afford for the resolution of conflict within the relationship (Minuchin, 1974; Kerr & Bowen, 1988). It would seem that greater amounts of triangulation are indicative of greater amounts of marital conflict, and that triangulation could be serving as an ineffective coping strategy for marital dissatisfaction that adds to the very problem it is intended to solve. The findings of this study provide evidence to support the idea that the harmful effects of triangulation on marital relationships exist even in elderly couples and that even adult children can be triangled into their elderly parents' marriage.

At this point, a caveat must be offered. The data in this study are correlational, and thus cannot be used to establish that triangulation actually causes marital discord or depression. However, the correlational data from this study provides evidence that, consistent with theory,

the relationship between triangulation and individual and relationship outcomes is circular (Kerr & Bowen, 1988), with each one contributing to the conditions that facilitate the existence of the other. One important theoretical point that should be noted is that regardless of whether triangulation precedes marital distress or stems from it (or both), once triangulation exists, it serves as a considerable obstacle to resolution which perpetuates marital discord and other negative outcomes.

Vicious cycles. The finding that triangulation predicts ineffective marital problem solving indicates that, consistent with theory and research in younger populations, triangulation between elderly parents and adult children can be conceptualized as an ineffective form of problem-solving behavior (Kerr & Bowen, 1988). While the triangulated relationship may provide a forum for the triangulated parent to vent their frustrations, the results in this study indicate that triangulation is not effective in actually resolving problems, even though the child is older and possesses more resources than in earlier stages of the family life cycle. Besides merely being an ineffective form of conflict resolution, triangulation leads to additional conflict even for older, more mature individuals who have had a longer time to develop coping strategies and to learn to tolerate ambiguity. It could be reasoned that triangulation in relationships between elderly parents and adult children forms a sort of vicious cycle, creating both greater conflict and an increased perceived need of turning to the triangulated child rather than to the marital partner.

By turning to the triangulated child, it is likely that elderly parents receive a sensation of having put effort into resolving the marital problem, whereas in reality no actual marital problem-solving has occurred. Elderly parents involved in this pattern of interaction are then more likely to feel frustrated that their problem-solving attempts have not yielded results within their marital relationship, and consistent with the pattern of the cycle, they would then be more

likely to turn to the triangulated child again rather than to their marital partner.

Relationship impasses. The finding that triangulation is strongly related to negative affective communication provides insight into how triangulation may contribute to “irresolvable conflicts” and impasses in therapy. It is likely that elderly parents involved in triangulation with their children build up more frustration, discontent, and negative affect (such as abandonment, betrayal, and mistrust) about their partner with each cycle, and that underlying discontent is likely to fuel less-effective and more hostile interactions with their partner when non-triangulating problem-solving attempts occur.

Theories of triangulation imply that the negative affective communication is both a product of the triangulation and a stimulus for which triangulation is employed in an effort to alleviate the resulting tension (Kerr & Bowen, 1988). In essence, the occurrence of negative affective communication in the elderly couple and their attempts to involve a triangulated child becomes a self-reinforcing pattern. As elderly parents turn more and more to the triangulated child for emotional support, it is reasonable to assume that the number of positive interactions they have with their spouse decreases, while at the same time the amount of conflict with their spouse increases.

Many of the positive interactions that the triangulated elderly parent could be having in their marital relationship are transferred to the relationship with the triangulated child, while it appears that the gap that is left from the loss of these problem-solving and intimacy-seeking attempts in the marital relationship is likely to be filled with more negative interactions. In effect, it appears that by the process of elimination, triangulation tips the scales against the 5:1 ratio of positive to negative interactions that is typically found in satisfied marriages and begins to form an increasing mutual exchange of negative interactions that is common in distressed

relationships (Gottman, 1999).

As marital partners experience increasingly greater amounts of disappointing interactions and negative affect from their spouse, it could be reasoned that both triangulated and non-triangulated partners are more likely to experience negative sentiment override (Gottman, 1999) or attachment injuries (Johnson, Makinen, & Millikin, 2001), which tend to enact a qualitative shift in the entire emotional tone of the relationship and greatly complicate problem-solving attempts, often causing therapeutic impasses until the override can be dispelled or the attachment injury can be resolved.

Furthermore, the finding that triangulation is strongly related to increased conflict over time together may shed further light on the contributions of triangulation to distress in elderly marriages. Time spent together in enjoyed activities builds reservoirs of good will that can be drawn upon by couples when they have to face difficult issues together. When shared recreation time is disrupted and diminished, married couples are more likely to have difficulty resolving issues that arise in the marital relationship (Gottman, 1999). The finding that triangulation is associated with decreases in marital intimacy may be due in part to the dynamic in which marital partners sense greater distance from each other as their shared time is disrupted.

Even if the triangulation is providing some sort of stability within the marital relationship, it appears that a couple's intimacy dwindles as each partner seeks emotional support from other sources rather than turning to each other to resolve their conflicts. By decreasing intimacy in the couple, it is likely that triangulation creates more of the emotional distance and discomfort that it is being utilized in an effort to resolve. The elderly couple is likely to be put in a situation in which they feel little warm connection to each other and perceive many problems in their relationship, but in which they do not feel safe approaching their partner to resolve those

problems. As a result of these dynamics, it may be reasoned that it is highly likely that the classic “pursue-withdraw,” “withdraw-withdraw,” or “attack-attack” dynamics will develop.

Implications for Clinical Practice

One of the most basic implications of this study for clinical practice is that elderly parents, especially elderly mothers, who are dissatisfied with their marriages and who feel distant from their partner are likely to be triangulated with an adult child. The continuation of this triangulation could undermine therapeutic efforts focused on helping marital partners turn to each other for support and to resolve conflicts between them. One clinical recommendation would be to assess support and confiding networks of elderly parents who present for therapy to determine if triangulation with an adult child is occurring. Therapeutic instruments such as ecomaps or genograms could be useful in detecting the presence of triangulation or potentially triangulating relationships. Theory implies that the triangulation must be resolved before efforts at repairing the relationship can be largely successful (Kerr & Bowen, 1988).

Another implication of this study regards working with clients who are depressed. Given the strong connection this study found between depression and triangulation, it would be prudent to assess for and treat triangulation in individual, marital, and family cases where one or more partner is presenting with depressive symptoms. Interventions that increase marital satisfaction have been found to be effective in alleviating depressive symptoms (Beach, Sandeen, & O’Leary, 1990), and presently active triangulation between an elderly parent and an adult child could short-circuit marital treatments that are often a part of depression treatments, thus reducing the effectiveness of treatments for depression. It is possible that even when treating an elderly parent individually for depression without concurrent marital therapy, the existence of triangulation with an adult child may hamper therapeutic progress. Further investigation of the

way depression is handled in triangulated relationships between elderly parents and adult children could provide further clinical guidance. It is possible that depressed parents turn to their triangulated adult children to express their depression, and in so doing strengthen the triangulation and feed a self-sustaining cycle of decreased marital satisfaction and intimacy that could be contributing to the depression.

In general, it appears that there are various ways that triangulation has the potential to contribute not only to general psychological and relational distress, but to therapeutic impasses, as well. In cases where therapy seems to be getting stuck, paying attention to the possibility of triangulation between elderly parents and adult children may provide useful information for overcoming such impasses.

Implications for Further Research

This study has focused on the relationship of triangulation with various outcomes for elderly parents, but has not examined the relationship of triangulation with outcomes of the adult children involved in that dynamic. Since the influence of triangulation on elderly parents is equal to the influence of triangulation on younger parents, it is reasonable to assume that the influence of triangulation on adult children will be equivalent to the influence of triangulation on younger children. It is reasonable to assume that triangulation will contribute negatively to adult children's health, relationships, career, mental health, and so forth. However, this assumption has not yet been empirically tested.

Several interesting questions with regards to adult children remain to be addressed. For example, does triangulation cause adult children more or less distress than younger children, or is the level of distress roughly equivalent? Are there any developmental or phase-of-life factors that mediate, moderate, or exacerbate the effects of triangulation on adult

children? Also, are adults who were triangulated as children more likely to be triangulated again as adults? Does triangulation of adult children represent the continuation of triangulation from childhood, or is it likely to develop in response to certain developmental stages or experiences?

In addition, this study used a community sample. It could be assumed that in this population, there would be a higher prevalence of triangulation in a clinical setting than in a community setting, which would provide evidence that triangulation is a contributing factor to clinical levels of distress. Research that compares a community sample to a clinical sample could shed light on some aspects of triangulation that seem to be the most destructive for members of the population in question.

The data generated from this study suggest that treating triangulation between elderly parents and adult children would lead to less negative affective communication, increased intimacy, less conflict over time spent together, lower levels of depression, and improved marital satisfaction. However, whether this is actually the case for this population has not yet been tested empirically. Outcome research for treatment of triangulation with elderly parents could help confirm the clinical significance and practical application of the data generated by this study.

Limitations

This study relies heavily on the Relationship with Adult Children Inventory scale of the Triangulation Inventory (Harper, 2003). This is a relatively new instrument, and its Alpha reliability index of .86 gives reason to believe that it is a sufficiently reliable and valid instrument. However, further validation of the Adult Children Inventory Scale would serve to strengthen this study. Also, this study uses an almost exclusively Caucasian-American sample,

which limits its generalizability to the general population. It should be noted, however, that when Wang and Crane (2001) examined triangulation in a Chinese population, they found results comparable to those found among Caucasian-Americans, thus providing some support that theories of triangulation may have application in other cultural groups, as well.

Furthermore, the data generated by this study are correlational, and thus the ability to establish causation in the relationship between triangulation and the dependent variables is limited. However, from a theoretical point of view, the relationship between triangulation and various personal and relational outcomes is circular, and therefore correlational data may actually be preferable in examining such dynamics.

Conclusion

Although further investigation would be helpful, the results of the analysis suggest that triangulation in older families has the same negative influence that it has in younger and middle-aged families. This study has found that there are considerable negative personal and relational outcomes for elderly parents in triangulated relationships. While this study does not examine the outcomes for triangulated adult children, the results from this study suggest that it would be reasonable to hypothesize that triangulated adult children suffer from similar negative outcomes as triangulated young children do. The increased age and maturity of both generations do not appear to dissipate the negative influence of triangulation, and life situations in older age provide ample opportunities for the development or continuation of triangulation dynamics. The results of this study suggest that clinicians who notice depression, low levels of intimacy, high levels of negative affective communication, and high levels of marital dissatisfaction in elderly client couples may be aided in their therapy by diagnosing and treating existing triangulation with adult children.

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Figure 1. Bar Graph showing the percentage of fathers and mothers falling below and above the midpoint of the *Triangulation with Adult Children Scale*

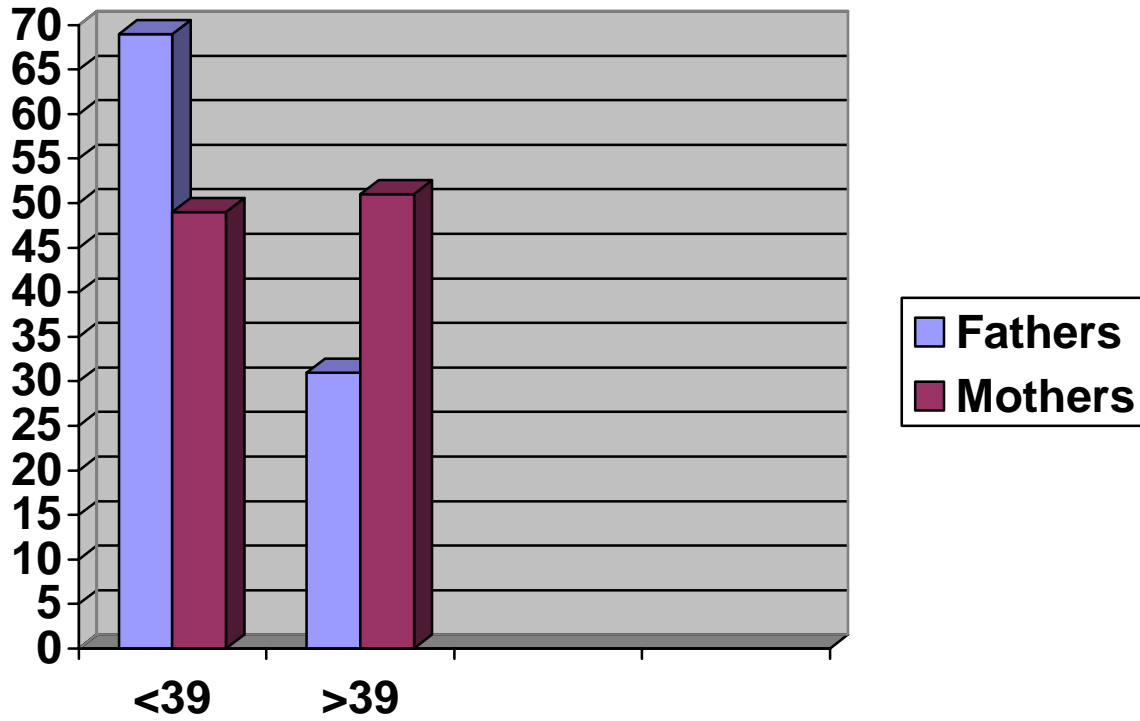


Table 1. Demographic Characteristics of Sample.

	Males (N=70)			Females (N=78)		
	Mean	S. D.	Range	Mean	S.D.	Range
Age	67.63	3.31	62-78	66.12	3.60	60-78
Length of Marriage	39.36	10.54	5-59	39.17	11.21	5-52
Number of Children	3.01	1.96	1-12	3.12	1.98	1-12
Income	\$31,636	\$9,864	\$4567- 70,000+	\$24718	\$7746	\$3144- 70,000+
			Percentage			Percentage
Race						
Asian		0%			2.0%	
Black		0%			0%	
Hispanic		4.0%			3.4%	
Caucasian		95.1%			94.0%	
Other		0.9%			0.6%	
Religion						
Catholic		20.9%			20.3%	
Jewish		2.0%			1.4%	
L.D.S.		2.0%			2.0%	
Protestant		64.2%			65.5%	
Other		10.9%			10.8%	

Table 2. Means, Standard Deviations, and Ranges for All Variables.

	Mean	SD	Range
Negative Affective Communication	5.54	4.41	0-13
Ineffective Problem Solving Communication	7.80	6.29	0-19
Conflict Over Time Together	4.07	1.24	0-8
Intimacy	398.74	69.30	204-480
Depression	18.32	11.62	3-40
Triangulation	36.73	12.61	13-65
Global Marital Dissatisfaction	7.43	6.21	0-21

Table 3. Correlations Between All Variables.

	Triangulation	Affective Communication	Problem Solving	Conflict over Time Together	Intimacy	Global Marital Distress	Depression
Triangulation	1.00						
Affective Communication	.53**	1.00					
Problem Solving	.57**	.91***	1.00				
Conflict over Time Together	.60**	.85***	.86***	1.00			
Intimacy	-.52**	-.82***	-.81***	-.77***	1.00		
Global Marital Distress	.63**	.83***	.56**	.80***	-.78***	1.00	
Depression	.62**	.74**	.72**	.69**	-.65**	.74**	1.00

*p<.05, **p<.01, ***p<.001

Table 4. Results of Regression Analyses with Gender, Age, Income, and Triangulation as Predictor Variables and Affective Communication, Problem Solving Communication, Conflict Over Time Together, Global Marital Dissatisfaction, Intimacy, and Depression

	Aff Com			Prob Solv			Time To			Mar Dis			Intimacy			Depression			
	B	SE	Beta	B	SE	Beta	B	SE	Beta	B	SE	Beta	B	SE	Beta	B	SE	Beta	
Gender	.77	.73	.09	-.11	.88	.00	.20	.45	.03	-	.95	1.36	-0.09	5.12	10.01	.04	-	1.69	-.04
Age	.10	.12	.08	.11	.13	.06	.13	.07	.13	.05	.14	.02	-.22	1.45	-.02	-	.25	-.01	
Income	-	.51	-.02	-	.60	.57	-	.01	.60	-.61	.64	-.06	7.44	6.81	.08	-	1.15	-.05	
Triangulation	.14	.02	.53***	.21	.01	.56***	.12	.07	.60***	.27	.03	.63	-	.29	-.52***	.47	.05	.62***	
R2	.28			.31			.36			.39			.27			.38			

*p<.05, **p<.01, ***p<.001

Appendix A

The Relationship with Adult Children section of the Triangulation Inventory (Harper, 2003)

	Stongly disagree	Somewhat disagree	Neutral, can't decide	Somewhat agree	Strongly agree
1.) I feel my children understand me better than my spouse understands me.	1	2	3	4	5
2.) One or more of our children side with my spouse against me when there is a conflict.	1	2	3	4	5
3.) My spouse tries to draw the children into the issues that should just concern us.	1	2	3	4	5
4.) My children give me advice about how to relate to my spouse.	1	2	3	4	5
5.) If we have a marital fight, our children get involved.	1	2	3	4	5
6.) On or more of my children are my closest friends(s).	1	2	3	4	5
7.) I feel closer to a particular child than to my spouse.	1	2	3	4	5
8.) I talk to one or more of my children about problems I have with my spouse.	1	2	3	4	5
9.) I wish my spouse would do more with me rather than spending time with our children.	1	2	3	4	5
10.) I tend to side with one of my children against my spouse.	1	2	3	4	5
11.) We get into marital arguments about the problems my children have.	1	2	3	4	5