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"I'm Getting Older Too": Challenges and Benefits Experienced by Very Old Parents and Their Children

Kathrin Boerner[1], Yijung K. Kim[2], Elizabeth A. Gallagher[1], Kyungmin Kim[1], and Daniela S. Jopp[3]

Abstract

Very old parents and their "old" children are a growing group in industrialized countries worldwide. However, virtually nothing is known about the nature and implications of this relationship constellation. To fill this gap, this study explored the challenges and rewards of the very old parent–child relationship. In-depth interviews were conducted with 114 parent–child dyads (parent age ≥90; child age ≥65). While both challenges and rewards were present, the balance of challenges and rewards was notably less favorable for children with more challenges experienced overall. Challenges reported by children were often characterized by references to children's own advanced age and health problems, and the prolonged caregiving involvement due to their parents' longevity. Health care professionals, policymakers, and families should be made aware of this increasingly common phenomenon, and specific services and policies will be needed to adequately support very old adults and their families.

Keywords

longevity, very late life, intergenerational ties, parent–child relationships

> "I think that is the difficult part of it. I think at first it was difficult for her to realize that I was getting older, too, that I was getting tired, and that I get tired a lot easier than I used to, even though I'm in great health and I'm active. I think that's been difficult for her, realizing that I'm getting older, and my life hasn't turned out quite exactly the way I thought it was going to be, because I never envisioned I would be responsible for my mother." (Daughter, age 68)

Introduction

The breathtaking acceleration of average life expectancy is a global issue. Very old adults aged 90 years or older became one of the fastest growing age groups over the past decade, and population estimates predict continued drastic growth (U.S. Census Bureau, 2010). This trend gives rise to a new phenomenon—family members reaching old and very old age together. Since most very old persons have outlived spouses and friends, their children, many of whom have reached old age themselves, are likely to become their primary social contact and to shoulder the care provision role (Boerner et al., 2016). Yet, there is virtually no research addressing the relationship of very old parents with advanced-aged children.

In the most positive case, the prolonged relationship of very old parents and their children could be seen as a benefit of longevity—a gift. This constellation could nonetheless become challenging when the parent–child relationship is strained, when children face their own age-related health problems, or when children feel burdened by prolonged caregiving (Jopp et al., 2016b). Rewards and challenges can also co-exist; challenges emerge even in very positive relationships or rewards are experienced despite strain. To gain a full understanding of this unique situation, it is important to hear the perspectives of parents and children about their relationship,

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[1]University of Massachusetts Boston, USA
[2]University of Texas at Austin, USA
[3]University of Lausanne/Swiss National Centre of Competence in Research LIVES, Switzerland

Corresponding Author:
Kathrin Boerner, Department of Gerontology, John W. McCormack Graduate School of Policy and Global Studies, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393, USA.
Email: kathrin.boerner@umb.edu

and what they perceive as challenging or rewarding in this context.

Parent–Child Relationships in Late and Very Late Life

The parent–child relationship is one of the most significant and long-standing social relations in life and ties to adult children often remain as the main source of social connections and support for older adults (Kim & Kim, 2019). Generally, close social relationships are important for well-being and health (Antonucci et al., 2014; Thoits, 2011). Protective effects of high-quality and potential harm of low-quality relationships have been documented consistently (Rook, 2014). Furthermore, evidence indicates that relationship strain constitutes a risk factor for poor caregiver outcomes (Quinn et al., 2009; Zarit et al., 2010). The bulk of the literature on late-life relationships does not include very old adults, but these studies provide important cues as to what may be unique in very old parent–child relationships.

Many parent–child relationships are characterized by mutual support and a sense of solidarity and continue to do so as the children enter middle adulthood (Fingerman et al., 2020). Support giving within families is often perceived as rewarding, reflecting a valued virtue (De Jong Gierveld & Dykstra, 2008). Nonetheless, one typical characteristic of parent–child ties is ambivalence, or the presence of positive and negative relationship aspects (Pillemer et al., 2012, 2019). This is noteworthy because ambivalence and negativity in parent–child relationships have been linked to poorer well-being and health in both dyad members (Fingerman et al., 2020).

Several factors play a role in adult parent–child relationships, including challenging personality features of dyad members (Fingerman et al., 2006), negative childhood experiences (Willson et al., 2003), differences over values, and strained communication (Clarke et al., 1999). However, particularly pertinent to our focus is research on transitions in parent–child relationships from mid- to late-life suggesting that when parents advance into an age associated with dependency, ambivalence becomes unavoidable (Hogerbrugge & Silverstein, 2015). Likewise, relationship reports tend to become worse when health issues emerge (Fingerman et al., 2006). Most very old persons live with multiple, chronic health conditions, and thus have substantial care needs (Jopp et al., 2016b, 2016c). Intensive caregiving has been associated with increased caregiver morbidity and mortality; prolonged caregiving can be especially demanding (Schulz et al., 2020). An elevated risk for poor caregiving outcomes can be expected when the caregiver role is assumed by advanced-aged children, who are likely to face age-related health issues themselves.

Ambivalence or negativity can also become more prevalent because of conflicting expectations; advanced-aged children may expect their later life to be a time of relative freedom after having cared for children and/or parents, while very old parents expect support from the children they raised. Facing continued responsibility for a parent in one's own late life could be considered an off-time life event (Neugarten, 1976). Preliminary evidence indicates that the very old parent–old child constellation indeed bears the potential for conflict and frustration. Han et al. (2004) reported that very old Koreans were ashamed of being unable to die, while their children felt resentment for being denied seniority status within their family. In a U.S. study, family members of very old adults reported considerable interference with their life, feeling constantly "on call" (Sanders et al., 1986). Similarly, a Portuguese study found elevated anxiety levels among children of centenarians and that their own life plans needed to be changed or postponed due to caregiving responsibilities (Brandão et al., 2017). However, parent–child dyads were not systematically examined in these studies, and enrolled family members were not limited to children who had also reached old age.

The Present Study

The *Boston Aging Together Study* (Boerner et al., 2021) is a comprehensive, dyadic, mixed-method study on very old parents and their children. This article examined the in-depth parent and child narrative data from this larger study, focusing on the challenges and rewards experienced within the relationship. Conceptually, these challenges and rewards can be viewed as appraisals and/or secondary stressors. Appraisals of primary and secondary stressors constitute the heart of stress-process models (Knight & Sayegh, 2010; Pearlin et al., 1990), potentially mediating the association between primary stressors and outcomes. Interventions typically seek to modify stress appraisals or address secondary stressors to reduce the negative impact of primary stressors on outcomes. Thus, to be able to tailor stress-reducing support and service models to the needs of very old parents and their children, a solid understanding of unique challenges and rewards experienced in the relationship is particularly important.

Our primary goal was to document which challenges and rewards are experienced by parents and children and to compare parent and child perspectives in this respect. However, considering existing intergenerational and caregiving literature, we were aware that we would be approaching the data with certain expectations that needed to be reflected upon throughout data collection and analysis. We expected that challenges would dominate given the age-related health limitations of both the very old and the "old" child, and the prolonged developmentally "off-time" compromised freedom and goal pursuit that comes with the child's caregiving involvement at that age.

Methods

Participants and Procedures

The sample consists of 114 very old parent–child dyads. Study recruitment involved circulating study announcements via various media outlets such as senior magazines, town newspapers, and announcement boards in senior centers to reach potential participants in Boston and vicinity. We further collaborated with local service providers (e.g., homecare agencies and senior programs) to increase our outreach.

Recruitment focused on community-dwelling dyads, as it was important that both dyad members had the cognitive capacity to provide reliable information about their relationship. Additional eligibility criteria were (a) parent age 90 or older; (b) child age 65 or older; (c) Mini–Mental State Examination ≥12 (out of a maximum score of 21); (d) both dyad members agree to participate; and (e) at least three interactions between dyad members per week. To select a participant child among multiple children, we first identified the child most involved in providing day-to-day care; if multiple children were similarly involved, we asked the parent to identify the child with whom he or she interacts the most. Initial contact and screening for eligibility took place over the phone and by email. In 25 cases, we accepted participants with a lower age (lowest age = 62 for children and 85 for parents) because they had specific characteristics that we wanted to represent in the sample (e.g., racial/ethnic minority).

Table 1 presents key participant characteristics. As is typical for older populations, the majority of parents (M_{age} = 93.31, SD = 3.10) and children (M_{age} = 67.67, SD = 3.04) were female (84% and 78%, respectively) and mother–daughter dyads (72%). However, about one-third of the sample consisted of different constellations: mother–son (12%), father–daughter (6%), and father–son (10%) dyads. Dyads with minority background included 11 dyads identifying as African American and one as Hispanic, resulting in a total minority representation of 11%. Parents indicated on average 5.40 chronic health conditions (SD = 2.12) and children on average 2.39 (SD = 1.67).

Data Collection and Measures

In-person interviews were conducted at the participants' residence (parent and child interviews, separately) and lasted about 2 hours. Parent interviews were typically split in two sessions to reduce the burden of the interview. Interviewers were doctoral students in gerontology, trained extensively in applying the study protocol. Written consent was obtained before the interview, informing participants about study purpose, procedures, and participant rights. Participants received US $40 in acknowledgment of their time.

Interviews were semistructured, consisting of a mixture of open-ended qualitative and standardized quantitative assessments of the parent–child relationship, as well as various person and context characteristics of both parent and child. The narrative section on challenges and rewards experienced in the relationship—which was analyzed for the present paper—occurred early in the interview and took 30 minutes on average. This section of the interview was audiotaped and subsequently transcribed.

In this section, all participants were exposed to the same introduction and subsequent lines of inquiry (example child interview; similar set for parents): "You and your (father/mother) are in a special situation—most people don't reach such a high age together. We would like to learn as much as possible about what it means for you and your (father/mother) to be in this situation. 1) How would you describe your relationship with him or her?; 2) What is it like for you to take care of your (father/mother) at an age where most others no longer have a parent?; 3) Sometimes a relationship comes with certain challenges or difficulties. What would you say are the challenges that you face in this situation?; 4) What about your (father/mother), what do you think are the challenges for him or her?; 5) Sometimes, relationships come with rewards or things we appreciate. What do you think is positive for you in this relationship or situation?; and 6) What do you think is positive for him or her?"

Specifically asking about both challenges and rewards was an intentional step to counteract our challenge-leaning incoming expectations and to ensure that we would give as much room to hearing about positive aspects of the relationship as possible. While all participants were asked the above set of questions, the interviewing style was still open and responsive. To facilitate narrative development, interviewers were trained to use nonsuggestive "what" and "how" probes, asking participants to provide examples or a "walk-through" the shared experiences.

Coding of Narrative Data and Ongoing Quality Control

Our approach to coding the narrative interview data was to identify recurrent themes and define categories that reflected these themes (Hsieh & Shannon, 2005). This process was initiated once the first interviews were completed and continued throughout data collection. We engaged in a code development process whereby the study team reviewed two transcripts at a time, followed by meetings in which transcripts were discussed, categories were suggested, and coding guidelines defined. The goal was to exhaustively represent the narrative data. In-depth discussions ensured that consensus was reached on category definitions and procedures. Full reviews continued until an elaborate coding system was established. Subsequently, each transcript was coded by one team member, and then reviewed by another team member. Coding disagreements or concerns were noted and discussed in team meetings. This process ensured continuous quality control, as the coding of each transcript was only finalized after

Table 1. Descriptive Summary of Sample Characteristics.

	Child			Parent		
Variable	*M*	(*SD*)	Range	*M*	(*SD*)	Range
Person characteristics						
Age	67.67	(3.04)	62–76	93.31	(3.10)	85–101
Female, %	78			84		
Education[a]	17.63	(2.20)	9–21	14.91	(3.14)	4–21
Income adequacy[b]	2.35	(0.82)	0–3	2.28	(0.77)	0–3
Marital status, %						
Married	54			10		
Never married	17			0		
Divorced	19			6		
Separated	3			3		
Widowed	7			84		
Working, %	42			5		
Number of children	1.59	(1.46)	0–10	3.40	(1.92)	1–14
Chronic conditions[c]	2.39	(1.67)	0–7	5.40	(2.12)	0–11
Dyadic characteristics						
Gender composition, %						
Mother–daughter	72			72		
Mother–son	12			12		
Father–daughter	6			6		
Father–son	10			10		
Racial/ethnic minority, %	11			11		
Coresiding or living within 1 mile, %	32			32		
Having formal helpers[d], %	75			75		
Having informal helpers[e], %	98			98		

Note. Dyad $N = 114$.
[a]Rated from 0 (*never attended/kindergarten only*) to 21 (*doctoral degree*). [b]Rated from 0 (*can't make ends meet*) to 3 (*money is not a problem*). [c]Sum of 18 chronic conditions. [d]Having paid help from professional helpers. [e]Having unpaid help from friends or family members.

thorough team review and consensus. It further served as a mechanism to monitor data collection while interviewers were in the field, to ensure that narrative development strategies were upheld and probing techniques were continuously optimized. Reflexivity of the research team's expectations brought to both data collection and coding was also an integral part of this process. We expected to find more challenges, and therefore made it a point to consider and discuss this on an ongoing basis, particularly monitoring the balance of probing for and subsequently coding both challenges and rewards.

To ensure a systematic and accurate review and coding process and to facilitate data management and quote retrieval, all transcripts were imported into and coded in the qualitative data analysis software ATLAS.ti 9 Windows. After all transcripts were coded, the study team undertook another final review round in which all coding instances were once more checked for accuracy.

Analytic Strategy

All coded narrative data were imported into SPSS as dummy variables (theme mentioned *yes* = 1, *no* = 0). We then examined frequencies and percentages to determine how many individuals mentioned specific challenges/rewards at least once, and we used McNemar's tests to compare challenge and reward reports by parents and children (as the purpose of this article was to provide a first view on challenges and rewards, these analyses compared parent and child reports in general, not within dyads). This approach to quantifying and conducting groups comparisons with narrative data has proven useful in previous work, when the goal was to assess and compare proportions of challenge themes either by challenge type or by reporter of challenges (Cimarolli et al., 2011; Jopp et al., 2016a; for a more general discussion of quantitative treatment of qualitative data, see Sandelowski, 2000).

To illustrate the challenges and rewards, we selected example quotes for each category (Supplementary Tables A and B). Next, to determine whether challenges or rewards were more prominent or similarly common, we computed count variables for challenges and rewards to be able to assess total number of challenges compared to rewards and number of challenges compared to rewards reported by parents versus children. We used paired *t*-tests to examine mean differences between challenges and rewards. Finally, we divided the number of challenges by number of rewards to

Table 2. Challenges Reported by Parents and Children.

	Parent		Child			
	n	(%)	*n*	(%)	McNemar's test	
Challenges (any of 32 subcategories)	102	(90)	113	(99)	9.31	**
1. Relationship challenges (any of 6)	62	(54)	77	(68)	5.23	*
Daily frictions	24	(21)	50	(44)	17.79	***
Dependency/role captivity	23	(20)	33	(29)	2.27	
Different views	26	(23)	16	(14)	3.13	
Reversed roles	14	(12)	23	(20)	2.61	
Old wounds	5	(4)	16	(14)	7.12	*
Serious negativity	3	(3)	10	(9)	4.45	†
2. Child feature challenges (any of 7)	67	(59)	83	(73)	4.92	*
Negative feelings	19	(17)	57	(50)	24.07	***
Competing responsibilities	21	(18)	32	(28)	2.95	
Health issues	27	(24)	16	(14)	4.84	*
Over-protective/controlling	17	(15)	13	(11)	0.67	
Life crisis/transition	15	(13)	15	(13)	0.00	
Financial	4	(4)	13	(11)	6.23	*
Pressure to feel lucky	0	(0)	11	(10)	11.00	**
3. Parent feature challenges (any of 15)	78	(68)	112	(98)	34.00	***
Health issues	23	(20)	86	(75)	54.37	***
Loss of independence	22	(19)	63	(55)	28.49	***
Not wanting to burden	41	(36)	39	(34)	0.10	
Not wanting help	10	(9)	42	(37)	25.60	***
Social loss	16	(14)	37	(32)	11.31	**
Not accepting limitations	0	(0)	36	(32)	36.00	***
Cognitive issues	2	(2)	33	(29)	29.12	***
Self-centered/lacking empathy	0	(0)	25	(22)	25.00	***
Mental health	4	(4)	23	(20)	17.19	***
Financial	9	(8)	20	(18)	4.84	*
Stubborn/inflexible	4	(4)	21	(18)	15.21	***
Driving	2	(2)	22	(19)	16.67	***
Dominant/demanding	8	(7)	19	(17)	5.26	*
Combative/confrontational	1	(1)	18	(16)	15.21	***
Negative feelings	8	(7)	18	(16)	4.17	†
4. General challenges (any of 4)	31	(27)	73	(64)	28.45	***
Insufficient support	11	(10)	47	(41)	27.00	***
Issues with aging	15	(13)	37	(33)	13.44	**
Problematic formal care	7	(6)	18	(16)	6.37	*
Caregiving norms/obligation	9	(8)	12	(11)	0.53	

Note. Dyad $N = 114$.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

calculate the relative ratio of challenges and rewards. Ratios greater than 1 indicated more challenges than rewards, and ratios less than 1 indicated more rewards than challenges. We assessed ratio differences between parents and children with a paired *t*-test.

Results

Most reported challenges and rewards fell into three overarching categories based on whether they took reference to the *parent–child relationship*, *features of the child*, or *features of the parent*. The few challenges/rewards without such references were categorized as general.

Challenges

Table 2 depicts frequencies and percentages for each challenge category (see Supplementary Table A for example quotes). For the total count of challenges across all four categories, the proportion of children reporting any challenge was significantly greater than that of parents. Nearly all children reported a parent feature challenge, about two-thirds

noted a child feature and relationship challenge, and slightly fewer stated challenges from the general category. Percentages were similarly ranked for parents: over half of them reported parent and child feature, as well as relationship challenges.

Relationship challenges. Relationship challenges were grouped into six subcategories. Experiences of conflict in the relationship were more dominant in child than parent reports. Descriptions of daily frictions came significantly more often from children. However, they were also among the most frequently reported relationship challenges of parents. Descriptions of more severe negativity in the relationship, while less common, reflected that children still felt hurt about past negative experiences with the parent (old wounds, reported significantly more often by child), as well as indication of little love left (serious negativity, reported marginally more often by child). Children and parents also spoke to aspects of the relationship that they did not necessarily see as a problem but nevertheless perceived as challenging, including having different views, reversed roles (child in role of parent and vice versa), and experiencing dependency/role captivity. The latter was the most prominent for children, with reports reflecting little room for personal life, given the continued presence of the parent, even limiting typical late-life activities like visiting their own grandchildren.

Child feature challenges. Child feature challenges were grouped into seven subcategories. The proportion of children reporting any child feature challenge was significantly greater than parents. Significantly more often reported as challenging by children were negative feelings about the situation (e.g., feeling overwhelmed or worried), financial limitations of the child (e.g., lack of income due to parent's care needs), and sensing pressure from others to feel lucky about still having the parent. Children described the latter as adding to the continued burden of caring for a parent in later life. Challenges recognized by both dyad members to a more similar extent were the child's competing responsibilities in life (e.g., work and family life, including looking after grandchildren), the child being overprotective or controlling, and the child's own life crises/transitions in light of which they seemed in need of support themselves. Concerns over children's health issues (e.g., cancer, Parkinson's disease) were the most frequent challenge noted by parents in this category (and marginally more often reported by parents).

Parent feature challenges. Parent feature challenges were grouped into 15 subcategories, reflecting instances of parent characteristics that were perceived as challenging, reported significantly more often by children. The majority of children raised concerns over parent health issues and loss of independence, compared to less than a quarter of parents. Around a third of children spoke about the parent not wanting help, not accepting his or her limitations, social losses related to outliving friends and relatives, parent's cognitive issues, as well as the parent being self-centered, not showing empathy for the child's challenges. Less frequent (yet 10%–20%) were concerns over the parent's mental health, finances, driving, the parent being stubborn, demanding, combative, and the parent having negative feelings. Notably, the one parent feature reported by over a third of both parents and children was not wanting to be a burden, including concerns over the parent's longevity being overly burdensome for children.

General challenges. General challenges were grouped into four subcategories, three of which were significantly more often reported by children compared to parents. Over a third of children spoke about having insufficient support in taking care of the parent and being troubled by the parent's aging issues. Problems with formal care providers were less frequently noted but also present. A tenth of both parents and children raised the issue of caregiving norms resulting in a negatively perceived sense of obligation for children. Quotes included references to children's own aging and that caregiving obligations for a parent were counter to expectations for children's retirement years.

Rewards

Table 3 depicts frequencies and percentages for each reward category (see Supplementary Table B for example quotes). All parents and children reported at least one reward in any of the four categories, and nearly all parents and children reported at least one relationship reward. The proportion of parents reporting a child feature reward was significantly greater compared to children. The opposite pattern emerged for parent feature and for general rewards.

Relationship rewards. Relationship rewards were grouped into nine subcategories, of which six were reported with similar frequency by parents and children. Most often noted as rewarding were having a close bond, just having him or her in one's life, and enjoying activities together, followed by enjoying conversations together, seeing the relationship as life-enriching, or generally as positive. While many quotes in these categories reflected a deep love and appreciation for each other, even the highest reporting percentage of 54% (just having him or her—child perspective) indicated that a notable portion of the sample did not fall into these very positive relationship categories. Raised significantly more often by parents was the supportive presence of children. Children, on the contrary, spoke significantly more often about old relationship benefits, noting that positive relationship experiences with the parent earlier in life provided a foundation for their current relationship, and that the parent acted as a role model for aging gracefully.

Child feature rewards. Child feature rewards were grouped into nine subcategories. The child being helpful/caring was

Table 3. Rewards Reported by Parents and Children.

	Parent		Child			
	n	(%)	*n*	(%)	McNemar's test	
Rewards (any of 33 subcategories)	114	(100)	114	(100)	–	
1. Relationship rewards (any of 9)	108	(95)	106	(93)	0.29	
Close bond/team	59	(52)	60	(53)	0.02	
Just having him/her	52	(46)	62	(54)	1.72	
Enjoy activities together	50	(44)	58	(51)	1.28	
Supportive presence	48	(42)	25	(22)	11.26	**
Enjoy conversations	32	(28)	36	(32)	0.36	
Old relationship benefits	23	(20)	39	(34)	6.10	*
Life-enriching presence	20	(18)	29	(25)	2.45	
Role model	5	(4)	26	(23)	14.23	***
General positive	16	(14)	11	(10)	1.00	
2. Child feature rewards (any of 9)	105	(92)	95	(83)	4.17	†
Helpful/caring	87	(76)	61	(54)	12.52	***
Proud of accomplishments	34	(30)	31	(27)	0.26	
Rewarding to help parent	23	(20)	31	(27)	1.60	
Intellectually engaged	17	(15)	0	(0)	17.00	***
Positive outlook/humor	15	(13)	8	(7)	2.33	
Respecting boundaries	14	(12)	11	(10)	0.43	
Empathy with aging issues	0	(0)	10	(9)	10.00	**
Agreeable/easy going	9	(8)	0	(0)	9.00	**
Sociable outgoing	8	(7)	0	(0)	8.00	**
3. Parent feature rewards (any of 12)	88	(77)	109	(96)	15.21	***
Good health/independence	20	(18)	63	(55)	39.34	***
Good parent/generativity	22	(19)	58	(51)	24.00	***
Grateful/appreciative	44	(39)	39	(34)	0.56	
Positive outlook/humor	12	(11)	42	(37)	19.57	***
Intellectually engaged	2	(2)	47	(41)	45.00	***
Sociable/outgoing	3	(3)	30	(26)	23.52	***
Proud of accomplishments	14	(12)	25	(22)	4.17	†
Accepting of help	18	(16)	16	(14)	0.17	
Respecting boundaries	21	(18)	10	(9)	5.26	*
Agreeable/easy going	8	(7)	17	(15)	3.86	†
Empathy with caregiving issues	19	(17)	6	(5)	7.35	*
Cognitively intact	0	(0)	17	(15)	17.00	***
4. General rewards (any of 3)	72	(63)	88	(77)	6.10	*
Supportive role of others	62	(54)	79	(69)	5.90	*
Caring for family natural	25	(22)	29	(25)	0.38	
Aging in place	5	(4)	14	(12)	4.76	†

Note. Dyad $N = 114$.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

the most frequently noted reward among parents overall, reported by a vast majority parents, and significantly more often by parents compared to children. However, about half of the children recognized this to be an important relationship reward for their parents. About a third of both parents and children spoke about the parent being proud of the child's accomplishments and that it seems fulfilling for the child to care for the parent. Less frequent but also similarly raised by parents and children were the positive outlook of the child, and the importance of the child respecting boundaries of the parent. Parents spoke significantly more often about the child being intellectually engaged, as well as both agreeable and sociable or outgoing with others. Children, on the contrary, expressed empathy with aging-related issues and needs of parents significantly more often.

Parent feature rewards. Parent feature rewards were grouped into 12 subcategories, only two of which were noted as rewarding with similar frequency by parents and children, namely the parent being overall grateful/appreciative and

Table 4. Comparisons Between Numbers of Challenges and Rewards.

	Challenges		Rewards			
	M	(*SD*)	*M*	(*SD*)	Paired *t*	
Total number	5.75	(4.17)	7.79	(3.23)	6.22	***
Parent reported	3.42	(2.52)	6.90	(2.52)	10.74	***
Child reported	8.08	(4.21)	8.68	(3.61)	1.12	
1. Total: Relationship	1.07	(1.11)	2.86	(1.65)	12.84	***
Parent reported	0.83	(0.90)	2.68	(1.46)	11.32	***
Child reported	1.30	(1.24)	3.04	(1.81)	7.65	***
2. Total: Parent feature	2.86	(2.47)	2.42	(1.76)	–2.60	*
Parent reported	1.32	(1.37)	1.60	(1.25)	1.63	
Child reported	4.40	(2.37)	3.23	(1.83)	–4.19	***
3. Total: Child feature	1.14	(1.09)	1.58	(1.05)	4.34	***
Parent reported	0.90	(0.94)	1.82	(1.07)	7.04	***
Child reported	1.38	(1.19)	1.34	(0.98)	–0.24	
4. Total: General	0.68	(0.91)	0.94	(0.75)	3.44	**
Parent reported	0.37	(0.71)	0.81	(0.71)	4.62	***
Child reported	1.00	(0.99)	1.07	(0.76)	0.63	

Note. Dyad $N = 114$.
*$p < .05$. **$p < .01$. ***$p < .00$.

accepting of help. Raised significantly more often by children were the parent being in relatively good health, being a good parent, having a positive outlook, staying intellectually engaged and cognitively intact, and being agreeable as well as sociable. Children also spoke significantly more often about being proud of their parent's accomplishments. Interestingly, parents noted their own ability of respecting boundaries toward their child and having empathy with caregiving issues faced by the child as a positive aspect within the relationship twice as often or more than children who would be on the receiving end of such respect and empathy.

General rewards. General rewards were grouped into three subcategories, with around a quarter of parents and children noting that caring for family members is part of the natural give and take and therefore seen as a positive aspect. The supportive role of others (e.g., siblings, neighbors) as important was noted by over half of both parents and children, yet significantly more often by children. The parent aging in place was raised by only few but marginally more often by children.

Challenges and Rewards Compared

On average, the total number of rewards was significantly higher than the total number challenges (Table 4). This difference was mainly due to parents reporting fewer challenges than rewards; children reported similarly high numbers of challenges and rewards.

For relationship challenges and rewards, total counts, as well as parent and child reports showed significantly more rewards compared to challenges. For *parent features*, the total number of challenges was significantly higher compared to rewards. This difference was mainly due to child reports, as children reported significantly more challenges than rewards, whereas parents reported a similar number of challenges and rewards. For *child features*, total number of rewards were again reported significantly more often than total number of challenges, but this time, the difference was due to parent reports (significantly more rewards compared to challenges), and nearly equal challenge–reward reports among children. A similar pattern emerged for *general* challenge and reward reports, with more reported rewards than challenges, due to parents' reports.

To sum, children reported either similar numbers of challenges and rewards (total count, child feature, and general variables), or a higher number of challenges than rewards (parent feature variables), whereas parents reported mostly more rewards. This notable difference in parent and child perspective also emerged when we examined the total challenge/reward ratio for parent versus child. Overall, the ratio was indeed significantly less favorable for children ($M = 1.19$) compared to parents ($M = 0.62$; $t = 5.46$, $p < .001$).

Discussion

Our study is the first to provide an in-depth portrayal of challenges and rewards that very old parents and their children experience in their relationship, highlighting both the parent and child perspectives. While both challenges and rewards were present, more rewards than challenges were reported overall. However, comparing parent and child perspectives revealed that the balance of challenges and rewards was less favorable for children. As one mother (age 95) noted, "It's not easy on either side, but I think it's harder, it's harder, for the child." Similarly, the challenge of "parent not wanting to

be a burden" was reported with nearly same frequency by parents and children. This is in line with the finding that family members of centenarians wished to become a centenarian only under the circumstance of good health and functional independence, and that those refuting a desire for longevity stressed the potential unavailability of family support and not wanting to become a burden (Brandão et al., 2019). Our narrative data further showed that sense of burdening their children heavily weighed on at least a fourth of parents, reflecting this as a serious concern not only for children but also for parents. One parent even felt as though she had "ruined their children's lives" (Mother, age 99).

Yet not all parents recognized the implications of their continued presence on their child. This was evident for a quarter of children noting the parent's self-centeredness and lack of empathy, as well as children reporting negative relationship perceptions more frequently. These findings are consistent with intergenerational literature documenting that adult children are more likely than their parents to experience and report negative interactions within parent–child dyads (Fingerman et al., 2020).

Furthermore, our findings supported previous literature showing that negativity tends to increase when parents become care-dependent (Hogerbrugge & Silverstein, 2015). Narratives also corresponded with the few studies that addressed negative consequences of parent longevity from the parent (Han et al., 2004) or child perspective (Brandão et al., 2017). However, for a more complete representation of the very old parent–child relationship, it was important to learn about the full spectrum of positive and negative experiences of both dyad members. Counts and content of reported challenges and rewards demonstrated the multifaceted nature of the very old parent–child relationship. Our narrative data indeed showed that challenges were often uniquely tied to the prolonged nature of the relationship and caregiving demands, and to both dyad members' advanced age and health problems. One child navigating her own diagnosis of Parkinson's disease along with caring for her 94-year-old mother noted: "Between the two of us, we're both slowing down together" (daughter, age 70). Even in very positive relationships, children (and sometimes parents) expressed that they felt like their life had been "put on hold" (daughter, age 70), or as if "your life is not your own anymore" (daughter, age 71). In very negative relationships, these issues seemed amplified, as strain was high, love and appreciation were lacking, and yet not caring for the parent was not seen as an option. Overall, parent and child reports reflected expectations and a social environment that do not yet acknowledge the unique challenges of the very old parent–child relationship, assuming mostly benefits of longevity or not anticipating this scenario at all.

Limitations and Future Directions

Although we advertised the study widely in community settings, our recruitment depended on those willing to respond to us. Thus, we only have information from those interested in participating and acknowledge not having a representative sample. However, we invested great effort in recruiting a portion of the older population that tends to be underrepresented in larger-scale population-based studies, allowing for a window into lives often underrecognized. This includes reaching beyond the majority scenario of white mother–daughter dyads. Hence, while we did not capture all experiences in very old parent–child dyads, we learned about many possible scenarios of challenges and rewards, representing a variety of dyad constellations and life situations.

While our study design allows us to delve into reporting patterns within dyads, doing so for all identified challenges and rewards would have been beyond the scope of one article. However, we plan to explore dyadic correspondence of challenge and reward reporting, and to conduct contrasting comparisons of dyads to clarify which challenge–reward combination within dyads may be particularly problematic or beneficial. Furthermore, our larger study has a mixed-method design, which will allow to combine the narrative data with standardized assessments, enabling us to more fully understand both predictors and consequences of challenge and reward perceptions.

Conclusion

Creating a knowledge base of experiences and needs of very old parent–child dyads is an important step toward developing specific services and policies that support the growing population of very old adults and their families, in particular caregiving children who are also of advanced age. Our findings suggest that it will be important for health care professionals and aging services to pay close attention to the parent–child relationship to detect signs of serious strain, especially when it reflects a long-standing history of discord. Our findings further indicate a lack of preparedness for the parent's longevity and its implications for family members. The challenges and rewards uncovered in this study call for an acknowledgment of the issue within families, as well as greater awareness on the part of health care professionals, policymakers, and aging services, paving the way for better preparation and support options that take into consideration described challenges and rewards.

Specifically, we propose that practical supportive services aimed at reducing the load on older children with very old parents are needed, including concrete guidance from health care professionals regarding how to navigate and prepare for their parents' and their own aging and arising care needs. Particularly useful for children could be support from mental health professionals to deal with challenges reflecting significant psychological burden. Mental health support for very old parents could address feelings of guilt over placing undue burden on children, taking into consideration that very old parents belong to a generation less familiar and comfortable with mental health services. Finally, a "dyadic" approach to

health care and support services may be helpful in addressing very old parent–child dyads' concerns, health, and support needs in a coordinated way. The goal would be maximizing benefits while minimizing challenges of longevity, as parents and children age together.

Authors' Note

Kyungmin Kim is now affiliated with Seoul National University, Republic of Korea.

Author Contributions

K.B., D.S.J, and K.K. planned the study together. K.B., Y.K.K., and E.A.G. led the data collection effort. All authors revised the manuscript.

Declaration of Conflicting Interests

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The Institutional Review Board of the University of Massachusetts, Boston approved the study (Study # 2017127). Written informed consent was obtained prior to research interviews.

ORCID iDs

Kathrin Boerner https://orcid.org/0000-0002-6591-9371
Kyungmin Kim https://orcid.org/0000-0002-0135-4367

Supplemental Material

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References

Antonucci, T. C., Ajrouch, K. J., & Birditt, K. S. (2014). The convoy model: Explaining social relations from a multidisciplinary perspective. *The Gerontologist*, *54*(1), 82–92. https://doi.org/10.1093/geront/gnt118

Boerner, K., Jopp, D. S., Park, M.-K. S., & Rott, C. (2016). Whom do centenarians rely on for support? Findings from the Second Heidelberg Centenarian Study. *Journal of Aging and Social Policy*, *28*(3), 165–186. https://doi.org/10.1080/08959420.2016.1160708

Boerner, K., Kim, K., Kim, Y. K., & Jopp, D. S. (2021). Support exchanges among very old parents and their children: Findings from the Boston Aging Together Study. *The Gerontologist*. Advance online publication. https://doi.org/10.1093/geront/gnab043

Brandão, D., Ribeiro, O., & Jopp, D. (2019). Would I want to reach age 100? Perspectives of centenarians' family members on reaching exceptional longevity. *Journal of Family Issues*, *40*(8), 1086–1101. https://doi.org/10.1177/0192513X19833094

Brandão, D., Ribeiro, O., Oliveira, M., & Paúl, C. (2017). Caring for a centenarian parent: An exploratory study on role strains and psychological distress. *Scandinavian Journal of Caring Sciences*, *31*(4), 984–994. https://doi.org/10.1111/scs.12423

Cimarolli, V., Boerner, K., Brennan-Ing, M., Reinhardt, J. P., & Horowitz, A. (2011). Challenges faced by older adults with vision loss: Implications for rehabilitation. *Clinical Rehabilitation*, *26*(8), 748–757. https://doi.org/10.1177/0269215511429162

Clarke, E. J., Preston, M., Raksin, J., & Bengtson, V. L. (1999). Types of conflicts and tensions between older parents and adult children. *The Gerontologist*, *39*(3), 261–270. https://doi.org/10.1093/geront/39.3.261

De Jong Gierveld, J., & Dykstra, P. (2008). Virtue is its own reward? Support-giving in the family and loneliness in middle and old age. *Ageing and Society*, *28*(2), 271–287. https://doi.org/10.1017/S0144686X07006629

Fingerman, K. L., Chen, P.-C., Hay, E., Cichy, K. E., & Lefkowitz, E. S. (2006). Ambivalent reactions in the parent and offspring relationship. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *61*(3), P152–P160. https://doi.org/10.1093/geronb/61.3.P152

Fingerman, K. L., Huo, M., & Birditt, K. S. (2020). A decade of research on intergenerational ties: Technological, economic, political, and demographic changes. *Journal of Marriage and Family*, *82*(1), 383–403. https://doi.org/10.1111/jomf.12604

Han, G., Lee, J., & Kim, J. (2004). Korean centenarians and the meaning of "living a long life." *Korean Journal of Community Living Science*, *15*(3), 121–135. [In Korean]

Hogerbrugge, M. J. A., & Silverstein, M. D. (2015). Transitions in relationships with older parents: From middle to later years. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *70*(3), 481–495. https://doi.org/10.1093/geronb/gbu069

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Jopp, D. S., Boerner, K., Cimarolli, V., Hicks, S., Jeswani, S., Paggi, M. E., & Cavanagh, A. (2016a). Challenges experienced at age 100: Findings from the Fordham Centenarian Study. *Journal of Aging and Social Policy*, *28*(3), 187–207. https://doi.org/10.1080/08959420.2016.1163652

Jopp, D. S., Boerner, K., Ribeiro, O., & Rott, C. (2016b). Life at age 100: An international research agenda for centenarian studies. *Journal of Aging and Social Policy*, *28*(3), 133–148. https://doi.org/10.1080/08959420.2016.1161693

Jopp, D. S., Boerner, K., & Rott, C. (2016c). Health and disease at age 100: Findings from the Second Heidelberg Centenarian Study. *Deutsches Aerzteblatt International*, *113*(12), 203–210. https://doi.org/10.3238/arztebl.2016.0203

Kim, K., & Kim, Y. (2019). Parent-child relations and their importance for older adults. In B. Knight (Ed.), *The Oxford encyclopedia of psychology and aging*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.392

Knight, B. G., & Sayegh, P. (2010). Cultural values and caregiving: The updated sociocultural stress and coping model. *The*

Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, *65*(1), 5–13. https://doi.org/10.1093/geronb/gbp096

Neugarten, B. L. (1976). Adaptation and the life cycle. *The Counseling Psychologist*, *6*(1), 16–20. https://doi.org/10.1177/001100007600600104

Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, *30*(5), 583–594. https://doi.org/10.1093/geront/30.5.583

Pillemer, K., Munsch, C. L., Fuller-Rowell, T., Riffin, C., & Suitor, J. J. (2012). Ambivalence toward adult children: Differences between mothers and fathers. *Journal of Marriage and Family*, *74*(5), 1101–1113. https://doi.org/10.1111/j.1741-3737.2012.01004.x

Pillemer, K., Suitor, J. J., & Baltar, A. L. (2019). Ambivalence, families and care. *International Journal of Care and Caring*, *3*(1), 9–22. https://doi.org/10.1332/239788218X15411705587594

Quinn, C., Clare, L., & Woods, B. (2009). The impact of the quality of relationship on the experiences and wellbeing of caregivers of people with dementia: A systematic review. *Aging and Mental Health*, *13*(2), 143–154. https://doi.org/10.1080/13607860802459799

Rook, K. S. (2014). The health effects of negative social exchanges in later life. *Generations*, *38*(1), 15–23.

Sandelowski, M. (2000). Combining qualitative and quantitative sampling, data collection, and analysis techniques in mixed-method studies. *Research in Nursing & Health*, *23*, 246–255.

Sanders, G. F., Pittman, J. F., & Montgomery, J. E. (1986). Family caregivers of centenarians: Support for the very old. *Journal of Applied Gerontology*, *5*(2), 113–125. https://doi.org/10.1177/073346488600500202

Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020). Family caregiving for older adults. *Annual Review of Psychology*, *71*, 635–659. https://doi.org/10.1146/annurev-psych-010419-050754

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, *52*(2), 145–161. https://doi.org/10.1177/0022146510395592

U.S. Census Bureau. (2010). *Age and sex composition: 2010*. https://www.census.gov/content/dam/Census/library/publications/2011/dec/c2010br-03.pdf

Willson, A. E., Shuey, K. M., & Elder, G. H. Jr (2003). Ambivalence in the relationship of adult children to aging parents and in-laws. *Journal of Marriage and Family*, *65*(4), 1055–1072. https://doi.org/10.1111/j.1741-3737.2003.01055.x

Zarit, S. H., Femia, E. E., Kim, K., & Whitlatch, C. J. (2010). The structure of risk factors and outcomes for family caregivers: Implications for assessment and treatment. *Aging and Mental Health*, *14*(2), 220–231. https://doi.org/10.1080/13607860903167861