PARENTAL ROLE BEHAVIOR, PSYCHOLOGICAL CENTRALITY

AND SELF-ESTEEM AMONG THE ELDERLY

by

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(ABSTRACT)

Previous research has failed to identify a strong relationship between parental role involvement and self-esteem of parents despite theoretical and intuitive support for the prediction. An explanatory model of the interaction between role occupancy, psychological centrality of the role, and self-esteem among older parents was presented. Data from the National Survey of Families and Households (NSFH) were used to test a path model examining the effects of the roles of parent, spouse, and worker, as well income, age, sex, and health on self-esteem. The data failed to support the model as presented. Role involvement did not affect self-esteem and psychological centrality had a direct effect instead of the proposed interactive effect. Health was the strongest predictor of self-esteem. In contrast to previous research, age negatively affected self-esteem in this sample.
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Chapter I

INTRODUCTION

The self-concept is a heavily researched topic in social psychology (Gecas, 1982). Theories on the nature of the self-concept, its formation, and expression have been extant since the time of William James and George Mead. However, issues surrounding the development and maintenance of the self-concept continue to fascinate researchers because of their obvious relevance to the core issues of personality development and, in the field of gerontology, to the core issues of successful aging. Baltes (1991) has said that "the self in old age continues to be a powerful (resilient) system of coping and maintaining integrity" (p. 848).

Self-esteem is the dimension of the self-system that is composed of the attitudes that an individual has about himself or herself (Rosenberg, 1979). It is based on the development of identities within roles and on the evaluation of performance in various roles (Gecas, 1982). Major role-identities that have been shown to affect self-esteem are those of worker, spouse, and parent. The prominence of these roles shifts throughout the life course and the self-evaluation associated with the roles shifts accordingly. However, most people retain a stable overall sense of self-esteem throughout adulthood (Demo, 1992).

Maintenance of this stable, positive image of the self is critical for
healthy, successful aging. Self-esteem is a crucial element in the larger conceptualization of quality of life. It is closely related to concepts of life satisfaction, well-being, and morale and research in any of these areas is often applicable to the understanding of self-concept and self-esteem (George & Bearon, 1980).

When the self-concept of the older adult is disrupted, a myriad of psychological and social problems can overwhelm the sense of satisfaction and result in symptoms of psychiatric or social malaise (Chene, 1991; Wheaton, 1990). Losses of social roles, physical health or other resources have the potential for disturbing the self-concept and diminishing self-esteem. However, an overall sense of satisfaction with life is usually maintained well into old age and in the face of many losses (Baltes, 1991). Understanding how self-esteem is maintained can contribute to the development of interventions to help reduce the incidence of psycho-social problems in older persons.

Purpose of the Study

In this study I describe social and psychological processes that interact to influence the self-esteem of adults over age 60. I examine the effects of role involvement on self-esteem and propose that the psychological centrality of a role serves as an intervening variable that helps
explain the process of self-esteem maintenance in this population. Because
the parental role is most likely to remain viable into old age, it has been
selected to test the major theoretical propositions of the study. Work and
spousal roles are included in the model as exogenous variables. Other
factors that have been reported in the literature to affect self-esteem include
health, age, marital status, income, and sex (Lee & Shehan, 1989; Schwalbe
& Staples, 1991). The direct or indirect effects of these variables are
included in the development of a path model to explain global self-esteem
among aging adults.
Chapter II

Literature Review

In this review I discuss the development and maintenance of self-concept and self-esteem from a symbolic interactionist perspective. Particular attention is paid to the relationship between role occupancy and self-esteem. I then discuss what happens to the self-concept over the lifespan and compare different theoretical approaches to understanding the self-system of aging adults. I use concepts from identity theory to develop hypotheses about the effects of role occupancy and the centrality of those roles on self-esteem in elderly persons. These hypotheses are used to formulate a path model explaining the self-esteem of older adults. The literature review concludes with a discussion of theoretical and empirical findings supporting the inclusion of several exogenous variables in the model.

Development of the Self-Concept

Symbolic interactionism is a framework for understanding human perceptions and behavior. It supports the idea that humans actively construct the reality of their social world. From a symbolic-interactionist perspective individuals are not born with a self, but construct a self through interaction with the environment using symbols shared by members of their
culture (Larossa & Reitzes, 1993). The most fundamental proposition of symbolic interactionism is that structured role relationships impact on the self and through the self on social behavior (Gecas, 1982; Stryker & Serpe, 1982).

Through processes like reflected appraisals, the individual learns early in life to view the self as an object. This leads to the ability to distinguish between the "I" and the "Me." The "I" is the part of the self that initiates behavior and the "Me" is the part that interprets behavior through a social perspective. Socialization is the process through which individuals learn to take roles, thereby developing the set of behaviors that become the "I." Simultaneously, values are being formed through the sharing of symbolic meanings attributed to behaviors, shaping the individual's conception of "me." Throughout life these processes contribute to the development of the self-concept and self-esteem (Gecas, 1982; LaRossa & Reitzes, 1993).

Roles are culturally determined norms applied to the occupation of social positions. Roles specify abilities and behaviors of occupants and provide definitions for feelings associated with role-specific behavior (LaRossa & Reitzes, 1993). Thus, role occupancy provides much of the meaning individuals attribute to the self.

We come to define ourselves through interaction with others and with the environment and our occupation of roles provides a vehicle for
organizing much of that self-awareness. The name, or symbol, given to a role prescribes behavior appropriate to the role and has associated with it standards for evaluating role performance. The process of identifying role-specific behaviors is usually called role-taking (LaRossa & Reitzes, 1993).

Role-making, on the other hand, describes the process of modifying the behavioral enactment of a role to fit the requirements of the individual. As role-making occurs, the behavioral meanings associated with the role develop nuances peculiar to the individual (LaRossa & Reitzes, 1993). This process leads to the development of identities, or the view the individual has of his or her performance within the role.

The self-concept is composed of elements of social identity, dispositions, and physical characteristics (Rosenberg, 1979). Social identity is the interpretation of one's position within the social strata of society. Dispositions, on the other hand, include attitudes, abilities, values, traits, habits or preferences that develop through processes of socialization by the family and significant others early in life. Dispositions are usually well formulated by adolescence. Physical characteristics are largely genetically determined and reach maturity by late adolescence. Although dispositions are probably relatively fixed by adulthood, apparently parts of social identity and many physical characteristics change throughout adulthood.

Rosenberg (1979) proposed that the individual has strong motives for
both self-consistency and self-esteem. Self-consistency is the wish to protect the self-concept from change or to maintain a consistent self-picture. Self-esteem, on the other hand, is the wish to think well of oneself. Both self-consistency and self-esteem are maintained by complex interactions between an individual’s inner psychological world and roles enacted in the larger social world.

Symbolic interactionist theory includes a strong focus on the impact of role occupancy on behavior, interactions, and attitudes (LaRossa & Reitzes, 1993). Occupancy of specific roles has been positively correlated with many measures of life satisfaction, well-being, and self-esteem (Thoits, 1983). There is some support for the theory that the quantity of roles occupied by an individual affects similar measures of the quality of life (Crosby, 1983; Spreitzer, Snyder, & Larsen, 1979). Combinations and complexities of roles occupied have also been shown to contribute to self-esteem (Menaghan, 1989). Particular emphasis has been placed on the effects of balance among parenting, work, and spouse roles on self-concept and self-esteem (Pugliesi, 1989).

In summary, symbolic interactionism provides a strong theoretical framework describing the processes of self-concept development and maintenance. It supports the idea that role occupancy is an important source of self-esteem in adults. From a symbolic interactionist perspective,
the drive for self-consistency and self-esteem motivates behavior in adults and performance in roles provides a means for satisfying both drives. But what happens to the self-esteem of older persons as they exit many formal social roles?

The Self and Aging

Much attention has been given to the development of the self-concept in children and adolescents, with relatively little attention paid to adulthood (Demo, 1992). The major debate concerning self-concept in adulthood has been over stability versus change in aspects of the self-concept over time (Hooker, 1991). The consensus is that both stability and change occur (Breytspraak, 1984; Demo, 1992; Gecas & Mortimer, 1987; Hooker, 1991). Demo (1992) described self-concept as a "moving baseline" from which situational variations emerge.

One aspect of change in the self-concept associated with aging is the general reduction in levels of social contacts (Carstensen, 1992). Evidently older people, especially those who have retired from paid work, exit from many formal roles. Much of the theory development in social gerontology has focused on explanations of the impact of these role changes on the elderly (Gove, Ortega, & Style, 1989).

Two conflicting perspectives dominated the early history of social
gerontology. Disengagement theorists proposed that the withdrawal of elderly persons from social relationships was part of a larger process of mutual withdrawal between the aged individual and society. Mutual withdrawal was used as almost a definition of social aging from this perspective. The withdrawal could be seen as a symbolic step toward death (Cumming & Henry, 1961). Activity theorists, on the other hand, viewed the withdrawal that seemed to characterize the social lives of the elderly as reflecting social pathology. According to activity theory, the withdrawal was due to obstacles to involvement placed in the way of the elderly.

Although these theories took opposing views on the causes of social withdrawal, both accepted the tacit assumption that the social lives of the elderly were often bleak, and that this social isolation had a negative impact on many measures of quality of life. Though this assumption has been discarded from current theories of social aging, disengagement and activity theories still inform current research projects (Lee & lishi-Kuntz, 1988).

In contrast to activity and disengagement theories and partly in response to findings disconfirming their predictions, continuity theory proposed that basic personality structures remain intact throughout adulthood and into old age. This continuity in psychological processes was thought to function as a compensatory mechanism to assist in coping with the changing social world of the aging adult. In this manner continuity was
thought to contribute to the stability in many of the measures of life satisfaction, morale, well-being and successful aging (Atchley, 1988, 1989).

Activity, disengagement, and continuity theories tend to focus primarily on structural aspects of society or the individual’s psyche. More recent theoretical advances in understanding the self and aging have been more process oriented. Baltes and Baltes (1990) described a theory of selection, optimization, and compensation to explain successful aging. Their theory is based on a set of seven propositions drawn from a broad range of literature in gerontology and geriatrics. The first component of their theory, selection, is the process of restricting life to fewer domains of functioning because of a loss in the range of adaptive potential. The second principle is optimization, which refers to the tendency of older persons to maximize their gains from chosen life courses. The third tenet of their theory, compensation, also results from losses associated with aging and refers to the capacity to substitute strategies for goal attainment. The Baltes’ theory is very broad in scope and applies to diverse areas of social aging and involves many social and psychological processes that are not directly specified in the statement of the theory (Baltes, 1991).

Baltes and Baltes (1990) wrote about the need to strengthen and nurture "social convoys" as a means of achieving successful aging. The convoy model developed by Kahn and Antonucci (1980) postulated that
individuals move through the life cycle surrounded by a stable set of other people who provide consistent social support for them. This model is dynamic, proposing that changes in properties of the person (such as age, health, income) and situational forces (such as financial change, mobility, role losses) interact to shape the composition and function of the convoy. The convoy helps the person adapt to change over the lifetime and has a strong effect on a person’s well-being (Crohan & Antonucci, 1989).

In a similar vein Carstensen proposed a theory describing the motivation for social contact across the lifespan (Carstensen, 1992, in press). According to her socioemotional selectivity theory there are three principal psychological goals of social interaction: acquisition of information, development and maintenance of self-concept, and regulation of emotion. According to Carstensen, the amount of social contact does not drop off precipitously at old age but instead begins to dwindle in early adulthood. Carstensen suggested that, with aging, the need for deriving information from social contact decreases and the need for gaining emotional regulation increases. Thus, the apparent social withdrawal associated with aging serves an adaptive value related to the changes in the self-concept and is, in fact, a process of active selection of relationships for retention.

In socioemotional selectivity theory this active selection of relationships extends into the realm of self-concept maintenance.
Carstensen, like Crohan and Antonucci (1989), argued that it is close intimates who are best able to affirm continuities in self-concept and that continuity can best be attained by maintaining relationships with convoys of long-term friends. With age, these convoys become increasingly important and provide an increasing proportion of the dwindling number of social relationships (Carstensen, in press).

All of the theoretical formulations described above are consistent with the basic propositions of symbolic interactionism outlined previously. They acknowledge that aging is associated with certain losses and they explore the psychological and social process involved in self-concept maintenance in the face of these losses. The more recent models have emphasized the importance of social networks in contrast to family networks for the maintenance of self-esteem.

In most survey research, family involvement has a neutral or slightly negative effect on measures of life satisfaction, well-being or morale (Mancini & Blieszner, 1989; McLanahan & Adams, 1987; Umberson & Gove, 1989). Lee and Shehan (1989) showed that friendship interaction was positively related to self-esteem whereas kinship interaction was not. They speculated that this finding was due to the mutual choice present in friendship but absent in kinship. The major kinship role examined has been the parental role.
Occupancy of a formal role is a crude measure of the meaning of the role. Occupancy can be a frustrating experience if there is not the opportunity to perform the role in an efficacious way (Gecas & Schwalbe, 1983; Pugliesi, 1989). This is a very important concern among aging parents of adult children who may have impediments to fulfilling role responsibilities yet still feel committed to the role. The demands of occupancy of the parental role may exceed the commitment for the role displayed by an aging parent. The parental role thus can become a burden to be enacted as a result of a sense of obligation rather than desire (Lee & Ishii-Kuntz, 1988).

Given the theoretical and empirical findings outlined thus far, I hypothesize that parental role involvement has a negative direct effect on self-esteem among elderly persons.

H1—Parental Role Involvement will have a negative direct effect on Self-Esteem.

Psychological Centrality and Self-Esteem

Despite the negative impacts described thus far, many adults report satisfaction from parenthood and the empirical findings regarding the impact of parenthood on measures of life satisfaction are not uniformly bleak (Carstensen, in press; Kahn & Antonucci, 1984; Lee & Shehan, 1989).
Adults of child bearing age often appear to have a strong drive to procreate and the presence of children obviously provides meaning to the lives of many families. Adult children provide opportunities for attachment, alliance, and nurturing which older adults might not find elsewhere (Long & Mancini, 1989). Older adults continue to have expectations of mutual affection, assistance, respect, and responsibility from their relationships with adult children (Blieszner & Mancini, 1987). How can the apparent contradiction between this subjective observation of parental attachment and the empirical evidence that parenthood is associated with diminished self-esteem be resolved?

Parenthood involves a complex interplay between aspects of the self and interaction with the environment that is consistent with symbolic interactionist theory (LaRossa & Reitzes, 1993). The theoretical models discussed in the previous section (Baltes & Baltes, 1990; Carstensen, in press; Crohan & Antonucci, 1989) see the individual as an active participant in constructing his or her social world, much as traditional symbolic interactionism would. The difference is that in those theories the individual, through poorly specified psychological mechanisms, is actively selecting relationships. In most explications of symbolic interactionist theory such choices are thought to be more heavily influenced by social forces.

Identity theory is a derivative of symbolic interactionism that was
specifically developed to explain such choice behavior (Stryker & Serpe, 1982). Identities are reflexively applied descriptions of an individual's positions in social structures and include social roles that attach to these positions. According to the theory, identities are organized in hierarchies corresponding to their salience and this organization serves as the core of the self. Role-identities are defined in part by the social structure and in part by the individual (Callero, 1985). The salience of a given identity is dependent on the commitment attached to the identity. Commitment refers to the degree to which a person's relationships to specified others are dependent on occupying particular positions and roles. In other words, if an individual receives value from a set of relationships, he or she will feel committed to the roles required to secure that value that will, in turn, keep those roles/identities in a salient position within the hierarchy.

Identity theory postulates that identity salience and commitment are transsituational, that they provide consistency in identity from one social situation to another. However, the theory recognizes that major changes in role/identities do occur. With aging such changes include the almost universal loss of the role of paid worker and the frequent loss of the role of spouse. Because the work and spouse roles become less salient for the elderly, one might predict that there would be a shift in emphasis to other roles during late life (Lee & Ishii-Kuntz, 1988). This postulated shift in
emphasis is consistent with Turner's concept of psychological centrality of a role (Turner, 1978) and Stryker's description of identity salience (Stryker & Serpe, 1982). Atkinson (1989) has developed a conceptualization of the parent-adult child relationship using this approach.

The concept of psychological centrality is based on the premise from identity theory that the self-concept is organized into complex hierarchies. To understand the significance of a specific aspect of the self for overall self-esteem the position of that aspect within this hierarchy must be gauged. The more central that the component is to the person's identity, the greater impact it will have on global self-esteem (Breytspraak, 1984; Rosenberg, 1979; Stryker & Serpe, 1982).

Precise specification of the direction of the effects of psychological centrality on self-esteem is currently being discussed (LaRossa & Reitzes, 1993). In their early formulation of the theoretical basis for the development of the concept, Stryker and Serpe (1982) stated that "the greater the commitment, the more salient will be the identity, and the greater will be the impact of role performance on role-specific self-esteem and on general self-esteem" (p. 208). Recent empirical findings support the general direction of the effect as described above (Gecas & Seff, 1990; Thoits, 1992).

Although theoretical explanations of this process are available, empirical testing of the propositions is absent from social gerontology.
This complex combination of social variables (role involvement) and psychological processes (psychological centrality) is difficult to analyze. In this study, I propose that a critical issue in gerontological self-esteem research is the examination of the interaction between such variables. It is hypothesized that this interaction helps explain the counterintuitive findings of maintenance of high self-esteem in the face of role loss and a weak impact of parental role involvement on self-esteem described above. The interaction of parental role involvement and the psychological centrality of that role involvement should be a better predictor of self-esteem than role involvement alone. If the interaction is significant, psychological centrality should have a positive effect on parents with high role involvement and a negative effect on parents with low role involvement.

H2--The interaction of Parental Role Involvement and Psychological Centrality will have a positive direct effect on Self-Esteem.

Exogenous Variables

Although path analysis is a powerful means of analyzing survey data in the social sciences, there are risks involved in its use. One of these is to describe a path in the model as causative when, in fact, it is spurious. One means of controlling for this potential error is to include in the model variables that are common causes of variation in both the criterion and the
causal variables (Keith, 1988; Jaccard, Turrisi & Wan, 1990). In this proposal, I include work role, marital role, health, sex, age, and income as "third variables" that affect self-esteem and either parental role involvement or psychological centrality. They are treated as exogenous variables in that no attempt is made to describe causes of variations within them. Their direct and indirect effects on self-esteem are described within the model.

Multiple Role Involvement

Multiple role involvement has been the subject of a number of studies of well-being in the elderly (Baruch & Barnett, 1986; Marks, 1977; Thoits, 1983). Early work focused on the negative effects of the demands of occupying multiple roles. More recently, multiple role involvement has been thought to enhance self-esteem, especially among females (Baruch & Barnett, 1986; Spenner & Rosenfeld, 1990). The other major role/identities commonly included in self-esteem research are the spousal and work roles. Each of these roles has been associated with increased self-esteem in younger adults (Gecas & Seff, 1990; Menaghan, 1989). Entering these roles into the model as contributing to the explanation of the self-esteem of elderly persons would be consistent with the symbolic interactionist perspective outlined above.

Employment is one of the strongest predictors of self-esteem in
younger adults (Baruch & Barnett, 1986; Gecas & Seff, 1990; Pugliesi, 1989). Because of this finding, it is hypothesized that occupying the work role has a positive direct effect on self-esteem. From the symbolic interactionist perspective this effect is due, in part, to the psychological centrality of the role within the individual's identity hierarchy. If the work role holds high psychological centrality it is likely that occupying a work status will have a negative effect on parental role involvement and on the psychological centrality of the parental role.

H3—Employment will have a positive direct effect on Self-Esteem.

H4—Employment will have a negative direct effect on Parental Role Involvement.

H5—Employment will have a negative direct effect on the Psychological Centrality of the parental role.

Although the findings are less robust, being married has been shown to positively affect many measures of life satisfaction and self-esteem, especially in older persons (Thoits, 1992). Predictions about the effects of marital status mirror those for work status.

H6—Being Married will have a positive direct effect on Self-Esteem.

H7—Being Married will have a negative direct effect on Parental Role Involvement.

H8—Being Married will have a negative direct effect on the Psychological
Centrality of the parental role.

Health and Self-Esteem

Within the proposed theoretical model, health can be envisioned as an access variable that supports or enables the enactment of roles. Good health is almost universally valued by the elderly and is a prime motivator in the movement toward health promotion in that population. George and Bearon (1980) included it as one of the key elements of quality of life in older persons. Atchley (1988) also presented a strong case supporting the deleterious effects of poor health on the self-esteem of the elderly.

Empirically, health has been shown to be a strong predictor of all the common criterion variables associated with successful aging (Larson, 1978). It has been positively correlated with self-esteem in a population of 3,004 respondents over the age of 55 (Lee & Shehan, 1989). Poor health has been shown to negatively affect self-esteem in retired persons and to have negative effects on involvement in friendship and community activities (Mutran & Reitzes, 1981). Health is entered into the path model as having a positive direct effect on self-esteem.

**H9-Health will have a positive direct effect on Self-Esteem.**

Because of the access effect mentioned above, parental health is also posited to have an indirect effect on self-esteem through its positive effect.
on parental role involvement. Health in the parent has shown to contribute to the amount of support that a parent can provide to children and parental ill-health may cause a reversal of the support-giving relationship.

**H10-Health will have a positive direct effect on Parental Role Involvement.**

**Sex and Self-Esteem**

Sex, like health, can be seen as an access variable that has pervasive effects on the criterion variable of self-esteem. Empirical research has shown that females have a slightly lower self-esteem than males (Breytspraak, 1984; Lee & Shehan, 1989). It has been hypothesized that this finding is due to lower access to the resources that promote life satisfaction, especially income.

Symbolic interactionist theory has informed much of the research on role involvement and self-esteem in females. In working-age populations, occupation of the parental role alone has correlated with low self-esteem for females, although holding a work role or multiple roles is more likely to be correlated with higher levels of self-esteem (Baruch & Barnett, 1986; Spenner & Rosenfeld, 1990). There is little research involving these factors in the current cohort of elderly females. Based on the likelihood of minimal work-role involvement with this elderly cohort and the empirical findings of lower self-esteem in females, sex is entered in the model showing a negative
path to self-esteem.

**H11--Sex will have a negative direct effect on Self-Esteem.**

More interesting within the proposed model and symbolic interactionist theory is examination of the indirect effect of sex on self-esteem through its effect on both role involvement and psychological centrality. Simon (1992) found that the parental identity was more salient for females in a sample of younger adults. It is hypothesized that females have a stronger involvement in the parental role and state a stronger centrality of the role. In this way sex has a positive indirect effect on self-esteem despite its hypothesized negative direct effect.

**H12--Sex will have a positive direct effect on Role Involvement.**

**H13--Sex will have a positive direct effect on Psychological Centrality.**

**Income and Self-Esteem**

Income also is treated as an access variable within the model. Income certainly affects the extent to which parents can enact the supportive aspects of the parental role. Previous research has found income to be correlated with life satisfaction (Coke, 1992; Spreitzer & Snyder, 1974). Lee and Shehan (1989) found a small positive relationship between income and self-esteem. Krause, Jay and Liang (1991) found that financial strain was a significant predictor of low self-esteem and could contribute to the
development of depression in both American and Japanese elderly. In a
similar vein, Keith (1993) found that financial strain predicted psychological
distress among older women. Therefore, it is hypothesized that income has
a positive direct effect on self-esteem and on the degree of parental role
involvement.

However, it may be that utilization of financial resources in parental
role enactment has a negative impact on self-esteem among those who are
unable to afford it or for whom the provision of financial support is not
psychologically central to their identity. The issue of whether this positive
effect of income on role involvement contributes to the negative effect of
role involvement on self-esteem can be analyzed by looking at the indirect
effects of income on self-esteem through parental role involvement.

H14--Income will have a positive direct effect on Self-Esteem.
H15--Income will have a positive direct effect on Role Involvement.

Age and Self-Esteem

There is strong evidence that self-esteem remains stable or improves
slightly with aging (Demo, 1992; Breytspraak, 1984). In an exhaustive
review of the empirical literature on self-conceptions, Bengtson, Reedy, and
Gordon (1985) reported that self-esteem was higher for older cohorts in
most of the cross-sectional studies reviewed. In the remaining studies there
were no age differences found. Elderly persons are thought to be better integrated, to have fewer negative self-attributes, and to be comfortable with their identities (Gove, Ortega, & Style, 1989).

H16--Age will have a positive direct effect on self-esteem.

The cause of this maintenance of self-esteem in the face of aging is unclear. From a traditional symbolic interactionist view, aging, with its inherent role losses, could be a time of loneliness and existential despair (Gove, Ortega, & Style, 1989; Marshall, 1979). The disengagement theorists viewed exiting from many social roles as a normative part of aging (Cumming & Henry, 1961). Almost all of the theorists of aging recognize role loss or social withdrawal as being widespread among the aging (Breytspraak, 1984, Carstensen, in press). Although this study proposes a mechanism for adapting to role loss, it is hypothesized that involvement in the parental role is diminished with aging.

H17--Age will have a negative direct effect on Parental Role Involvement.

Shifting of the psychological centrality of roles is the coping mechanism proposed in this study to help older adults cope with the effects of aging. Although there are many role losses associated with aging, the parental role is retained for life for most older adults, even if active involvement is not possible. This study proposes that, with aging, the parental role becomes more central in the hierarchy of role/identities.
possessed by the individual.

H18--Age will have a positive direct effect on Psychological Centrality.

The Model

The complete model as described by the hypotheses stated above is presented as figure 1.

Figure 1 Here
Chapter III

Methods

Sample

Data for the study come from the National Survey of Families and Households (NSFH) conducted in 1987 and 1988 (Sweet, Bumpass, & Call, 1988). This cross-sectional survey consists of detailed family life interviews from a national probability sample of 13,017 adults, aged 19 and older, selected to represent the non-institutionalized population of the United States. One adult respondent per household was randomly selected from the adult population of the household to respond to the main questionnaire. The sample has been weighted to adjust for household selection probabilities and nonresponse and to match the current U.S. population profile for age, race and sex. The segment of the NSFH sample age 60 and above and who have adult children or step-children is used for this analysis (N = 2,185).

The mean age for the sample was 70.2 years, individual income was $13,503, and education was 10.5 years. There were 1,380 females and 805 males. Slightly over half of the sample was married. Racially, there were 1,757 Whites, 316 Blacks, 100 Hispanics, and 12 others. In this sample, 426 of the respondents worked at least part-time for pay at the time of the study.
Measures

Self-esteem. Self-esteem is measured using three items requiring respondents to rate their level of agreement with the statements "I am a person of worth, at least on an equal plane with others; On the whole I am satisfied with myself; I am able to do things as well as other people." Responses range from strongly agree (1) to strongly disagree (5). The three items are derived from the ten-item Rosenberg Self-esteem Scale (Rosenberg, 1965). Scores on the three items are reverse coded and summed to yield a range of responses from 3-15 with the higher scores indicating a higher level of self-esteem. This measure has high construct validity and internal consistency (alpha = .69) in the NSFH sample. Pugliesi (1989) reported an alpha of .71 using the same items in a national sample of 1,234 women. In the sample being analyzed the self-esteem measure had a mean of 12.04 and a standard deviation of 2.26.

Psychological Centrality. The psychological centrality of the parental role is measured using the degree of agreement with the statement "I often wish I could be free from the responsibility of being a parent." Response choices ranged from strongly agree (1) to strongly disagree (5). This item is similar in content and construction to those used by Simon to measure salience of the parental identity (Simon, 1992). In the analysis the responses are reverse coded. The mean on this item was 1.72 and the
standard deviation was .91.

Role Involvement. This is a measure of how involved the respondent is in performing aspects of the parental role with his or her adult children. Roles are based on complex behavioral linkages between persons who occupy complementary positions in society (Biddle, 1979). Measurement of role related behavior must consider these linkages. Mutran and Reitzes (1984) used concepts from symbolic interactionist and exchange theories to examine intergenerational support activities and well-being among the elderly. In this study, the measure of role involvement is created from answers to the questions. "During the past month have you given (or received) the following kinds of help from your sons or daughters (age 19 and over)?" Responses are yes/no to (a) babysitting or child care, (b) transportation, (c) repairs to home or car, (d) other kinds of work around the house, and (e) advice encouragement, moral or emotional support. The range of responses is 0-10 with the higher scores showing a greater degree of role involvement. The mean for this item was 1.67 and the standard deviation was 1.91.

Sex. Sex is treated as a dummy variable and is coded Male = 0 and Female = 1.

Marital Status. Marital status is treated as a dummy variable and coded as Married = 1 and Not-married = 0.
**Work Status.** Work status is based on responses to the question, "Are you currently working for pay in any job?". Yes responses are coded as 1 and No responses as 0.

**Age.** Age is treated as a continuous variable with a range of 60 to 95. Respondents over age 95 are coded as 95.

**Income.** The NSFH obtains detailed information about the income of all members of the household being surveyed. Respondents are asked to provide dollar amounts received by all residents from wages, social security, pensions, annuities, interest, dividends, public assistance and other sources. The spouse/partner, as well as selected other household members, are asked similar questions regarding income. The survey has constructed several measures of family income based on these data. The measure used in this study combines the total income from the sources cited above for the respondent. The mean income for the sample is $13,503.

**Health.** Health is measured using responses to the question "Compared with other people your age, how would you describe your health?" Responses range from very poor (1) to excellent (5). The single-item assessment of health status is common in survey research. The type of age referenced question used in the NSFH has been shown to be a good predictor of mortality (Rakowski, Fleishman, Mor & Bryant, 1993) and other health outcomes (Roos & Havens, 1991). The mean score on the health
item is 3.68 and the standard deviation is .92.

Analysis of the Data

The path analysis of the data was conducted according to the methods outlined by Pedhazur (1982) and Keith (1988). Initially, Role Involvement was regressed on Marital Status, Work Status, Health, Sex, Age, and Income. Psychological Centrality was regressed on Marital Status, Work Status, Age, and Sex. The second step of the analysis required regressing Self-esteem on Role Involvement, Marital Status, Work Status, Health, Sex, Age, and Income to test the direct effects. Beta weights from the regression analyses were used as path coefficients and were used to calculate direct and indirect effects of the variables on self-esteem.

An interaction term was then constructed by multiplying Role Involvement and Psychological Centrality. This new term, Role Centrality, was then added to the second regression equation in a hierarchical fashion. The resulting change in $R^2$ was used to test the significance of the effect of the interaction between the two variables on self-esteem.

If a significant interaction is found, a two-group design should be utilized to identify the nature of the interaction. Role Involvement would be dichotomized utilizing a median split to allow for comparison of the effects of psychological centrality on self-esteem of those with high and low levels.
of parental role involvement. The theoretical basis of this approach to follow-up analysis can be found in Jaccard, Turrisi and Wan (1990) and a research example in Keith, Reimers, Fehrmann, Pottebaum and Aubey (1986).

Jaccard, Turrisi and Wan (1990) discussed issues of power estimation when using interaction terms in path analysis. Power estimation requires prediction of the squared multiple correlation of both the main effects and the full model, including the interaction. This prediction is difficult to do with the model presented here because there is little research with the population and variables of interest. However, even if only very small squared multiple correlations are achieved (0.01) with the main effects and the interaction term, the large sample used here should result in power of at least .80.
Chapter IV

Results

Descriptive Analysis

There were 2,185 subjects in the NSFH sample who met the requirements of being over 60 years old and the parent of an adult child or step-child. A summary description of the sample is presented in Table 1.

Table 1 Here

The NSFH sample was constructed to be representative of the population of the United States in 1988 (Sweet, Bumpass, & Call, 1988). This subsample of parents differs from the overall sample of older adults primarily in that it has fewer respondents who were never married. This is consistent with the social prohibition against having children out of wedlock that would have been strong during the reproductive years of this sample. Frequencies for missing data were included for each variable because pairwise deletion of missing cases was used in the analyses that follow.

Correlations

The variable means and standard deviations are presented in Table 2 along with the intercorrelations among the variables.
Table 2 Here

Few of the independent variables in the analysis had a significant correlation with self-esteem. Health, role centrality, and employment were most strongly associated with self-esteem. The negative association of age with self-esteem contradicted most findings in the literature. The correlations among the exogenous variables were similar in strength and direction to those commonly reported in the literature. Age was negatively correlated with health, income, employment, and marital status and positively correlated with being female. Health was positively correlated with income, employment and marital status. Income was negatively associated with being female and positively associated with employment and marital status. Being female was positively associated with marital status and negatively associated with employment, and employment was positively associated with marital status.

Regression Analyses

The path analysis outlined in Chapter III is based on separate regression analyses using the criterion variable of self-esteem and each of the other two endogenous variables in the model (Parental Role Involvement and Psychological Centrality) as independent variables. The results of the
initial regression of self-esteem on the variables that precede it in the model are presented in Table 3. The Beta weights reported in Table 3 serve as measures of the direct effects of the variables in the model on self-esteem. As such, they can be used to test hypotheses 1, 3, 6, 9, 11, 14, and 16.

Table 3 Here.

Table 3 illustrates that the direction of direct effects predicted by the model was supported for health (H9), employment (H3), and sex (H11). The predicted direction was not supported for income (H14), marital status (H6), age (H16), or role involvement (H1). It can be seen that health and age were the only variables to significantly predict self-esteem in the regression equation. Of the hypotheses regarding direct effects on self-esteem, only number nine, regarding health, was supported by the data. The strength of this effect is not surprising, given the almost universal finding that health has a positive impact on measures of well-being in the elderly.

The very small effect coefficients of the other variables hypothesized to have an impact on self-esteem are also not surprising. Although each of these variables has been reported to affect self-esteem, none has been shown to be a strong predictor in survey research.

It should also be noted that the magnitude of the variance in self-esteem explained by the regression equation is quite small ($R^2 = .039$). This
small explained variance indicates that the model is not well fitted to the data from the survey.

Parental Role Involvement is the second endogenous variable in the model. Table 4 summarizes the regression of Parental Role Involvement on the exogenous variables in the model that were predicted to affect it. As with the regression of self-esteem, most of the predictions were not supported by the data. The direction of the effects of age (H17), sex (H12), employment (H4), and income (15) were as predicted in the model. The effects of health (10) and marital status (H7) were contrary to the predictions.

Table 4 Here

The only effects that were statistically significant were sex and age. Hypotheses 12 and 17 were supported by the regression of Role Involvement on the exogenous variables. Hypotheses 4, 7, 10, and 15 were not supported by the data.

The regression of psychological centrality on employment, marital status, sex, and age completes the calculation of the direct effects specified in the model. As predicted, employment had a negative effect on psychological centrality of the parent role (H5), age had a positive effect (H18), and sex had a positive effect (H13). Contrary to predictions, marital
status did not have a negative effect on psychological centrality (H8). Only sex had a statistically significant effect in the regression equation. The regression of Psychological Centrality on its predictors is presented in Table 5.

Table 5 Here

The central thesis of this study has been that the interaction of role involvement and the centrality of that involvement contributes to the understanding of self-esteem. To test this hypothesis, an interaction term was constructed from the measures of role involvement and psychological centrality. The new variable, role centrality, was then added to the regression of self-esteem and the resulting change in $R^2$ was used as a test of the significance of the interaction. However, prior to adding the interaction term, the measure of psychological centrality must be added to the equation in order to assess the relative impact of the factors making up the interaction term. Table 6 presents the results of this regression of self-esteem on the original seven variables in the model, psychological centrality, and role centrality.

Table 6 Here
Psychological Centrality was added to the regression equation in the same step as the original seven variables and Role Centrality was added in a hierarchical manner. Using this procedure, Role Centrality added .000 to the explained variance in self-esteem over and above the effects of the other variables. This change in $R^2$ did not approach statistical significance, indicating that the interaction term did not add significantly to the ability to predict self-esteem within the model being proposed. Therefore, the second hypothesis was rejected.

Psychological Centrality was included in the model as an abstract personality factor that was proposed to affect self-esteem through its interaction with role involvement. It is apparent from the data presented in Table 6 that Psychological Centrality had a strong direct effect on self-esteem when it was entered into the regression equation. In a separate analysis, Psychological Centrality added .025 ($p < .001$) to the explained variance in self-esteem when it was entered into the equation hierarchically following the original regression presented in Table 3.

Path Analysis

The regression analyses presented in Tables 3-6 yield Beta weights that provide the coefficients for the paths outlined in the model in Figure 1. Using a significance level of $p < .05$ as a measure of acceptable strength for
inclusion in the model, most of the paths in the original model can be eliminated. Figure 2 illustrates those paths that remain in the model following this revision. Due to the poor fit of the data to the model, full decomposition of the effects was not pursued in this analysis.

Figure 2 Here
Chapter V

Summary, Conclusions, and Recommendations

This study presented a model of parental role involvement, psychological centrality of the role, and self-esteem in older persons. The model has strong theoretical support in the literature on identity theory and self-esteem but empirical testing has been conducted primarily with small samples of younger adults using qualitative measures. The path model constructed above was an attempt to utilize existing survey data to test hypotheses derived from identity theory and existing literature on self-esteem.

Of the eighteen hypotheses proposed in the model, only four were supported by the regression equations used to calculate direct effects. One path, the expected positive effect of age on self-esteem, was contradicted by a statistically significant finding of a negative effect. The central thesis of the model was that parental role involvement interacted with the psychological centrality of the parental role to have a positive effect on self-esteem among elderly parents. This prediction was not supported by the data. Instead, psychological centrality had a strong independent effect and role involvement did not.
The poor fit of the model to the data may be due to either measurement error or inadequate theory. Each of these possibilities is discussed below.

Measurement Issues

The dependent variable in the model, self-esteem, is measured by an abbreviated version of the Rosenberg Self-Esteem Scale. This is one of the most widely used measures of self-esteem and is widely accepted as a measure of self-esteem in the elderly (George & Bearon, 1980). Distribution on this variable was positively skewed, but this finding is typical in survey research on measures of well-being or self-esteem.

The exogenous variables in the model were mostly demographic in nature (sex, employment, marital status, age) and were not subject to large measurement error. The self-report of health has also been widely validated in the literature on aging (Roos & Havens, 1991). The measurement of income is always subject to measurement error and the large number of missing cases (N = 464, 21%) on this variable could cause concern. However, comparison of cases missing income data with those having it did not reveal significant differences in self-esteem scores.

Of greater concern is the measurement of the endogenous variables in the model. Parental role involvement was measured by the frequency of
giving and receiving help from adult children. The response range was from 0-10. Responses showed a strong negative skew with a modal response of zero, indicating no exchange of help.

No measure of psychological centrality has been validated for use in survey research. The measure chosen for this study utilized a single item measuring the degree to which a person rejected the wish to be free from the responsibility of parenting. Although the item turned out to be a strong predictor of self-esteem in the sample, this finding must be interpreted cautiously in light of the risk for measurement error in a single-item measure.

Theoretical Issues

Discussion of theoretical issues related to the findings of the path analysis must be tentative, due to the measurement issues described above. However, some broad conclusions can be drawn from analysis of the paths in Figure 2 that reached statistical significance in the model.

The direct impact of health on self-esteem is evident from the data presented above and is consistent with the literature cited in Chapter III. In the formulation of the model, health was seen as an access variable that made implementation of the parental role possible. The failure to support that hypothesis would indicate that health does not affect self-esteem through the pathway of enhancing role involvement. However, it should be
noted that the scores on health (mean = 3.68, s.d. = .92) indicate that this sample saw itself as basically healthy and not experiencing severe impairment. It may be that only more extreme signs of bad health have a significant effect on role involvement. This explanation would be consistent with the findings of Mutran and Reitzes (1981) that poor health was associated with lower levels of well-being in a sample of retired persons. In terms of future path analyses, it may be more fruitful to consider poor health as a barrier rather than good health as an access to role involvement.

It is surprising to find that age had a negative direct effect on self-esteem. This finding is contradictory to most published reports regarding self-esteem in the elderly (Bengtson, Reedy, & Gordon, 1985). However it is consistent with some symbolic interactionist theory regarding the impact of role loss (Marshall, 1979; Umberson & Gove, 1989). The finding that age had a direct negative effect on role involvement lends support to this interpretation. It is possible that this finding holds for older parents of adult children in contrast to the general population of older adults. Such a parenthood by age interaction effect on self-esteem could be due to the frustration of not being able to fully implement the parent role due to effects of aging. The negative impact of age on parental role involvement in this sample would support this interpretation.

Another possible explanation for this finding regarding age is that the
inclusion of very old persons in the sample (12% over age 80) could affect the results. In contrast, many of the studies of self-esteem and aging focus on the young-old (Bengtson, Reedy, & Gordon, 1985; Demo, 1992) or on the post-retirement period (Hooker, 1991). If this aging effect is occurring, it would most likely be due to the physical frailty associated with very old age. One way of testing this hypothesis would be to incorporate a measure of physical impairment into the analysis. It should be noted that the most physically impaired elderly, those in institutions, were excluded from the NSFH sample.

The finding that females are more likely to be involved in the parental role and to express a higher psychological centrality of the role is consistent with the literature reviewed and the hypotheses predicted. Josephs, Markus, and Tafarodi (1992) proposed that sources of self-esteem vary by sex, with females being more likely to derive high self-esteem through connection and interdependence and males through separation and independence. The findings here offer partial support for their position. Although the indirect effects of sex on self-esteem through role involvement or psychological centrality did not reach statistical significance in this study those paths may offer an opportunity for further research with stronger measures of the endogenous variables.

Perhaps the most intriguing finding of the study was the strong direct
effect (Beta = .13, p < .01) of psychological centrality of the parental role on self-esteem. As noted above, psychological centrality added significantly to the explanatory power of the regression of self-esteem with a Beta weight approaching that of health. It was hypothesized that psychological centrality would have its effect through its interaction with role involvement. It is apparent that in this analysis psychological centrality exhibited a strong independent effect and that the effect of the interaction, though not statistically significant, was due primarily to it.

It is difficult to discuss the effects of psychological centrality of a role without addressing the effect of role occupancy. This study used symbolic interactionist theory to support the assumption that role occupancy would be a strong determinant of self-esteem. However, the role occupancy variables included in the study, employment and marital status, did not have strong direct effects on self-esteem. Although this sample was composed only of parents, it seems unlikely that parent status would be a strong predictor either.

It seems likely that role occupancy is too simple a construct for use in path analysis. Blieszner and Mancini (1987) called for greater examination of role content and Baruch and Barnett (1986) focused on role quality as an important determinant of the meaning of the parental role. Role quality measures, such as attachment, alliance, and respect may be more
meaningful predictors of self-esteem than more highly structural concepts like role involvement (Mancini & Long, 1989). Connidis and McMullin (1993) recently showed that the degree of emotional closeness in the parent child relationship was a strong predictor of subjective well being in the elderly. The psychological centrality of a role is a similar qualitative variable that may well be more relevant to the understanding of self-esteem than is the enactment of the role itself. This explanation would be consistent with the thesis of identity theory (Stryker & Serpe, 1982).

The parent role was selected as the central variable in this analysis because it most often endures into old age. However, it may be that other roles of older persons may be more important in explaining self-esteem and might offer a better test of the model. Recent interest has focused on the friendships of older adults (Adams & Blieszner, 1989). Lee and Ishii-Kuntz (1987) argue that the voluntary nature of friendships, as opposed to the obligatory nature of family ties, contributes to friendship having a stronger impact on morale in the elderly. The process and significance of friend selection may well be affected by the psychological centrality of that role.

The weak effects of work role occupancy are also surprising given the strong effects shown for samples of younger adults (Baruch & Barnett, 1986; Gecas & Seff, 1990; Pugliesi, 1989). It may be that for this older population, even those who are working, the centrality of that role has
already moved to a lower position within the hierarchy. Or, again, it may be that what is lacking in the model is a measure of the meaning of the role. The same critique would apply to analysis of marital status.

Conclusions

The clearest conclusion that can be drawn from the study is that health has a very powerful direct effect on self-esteem. Unfortunately, the weak effects of the endogenous variables in the model prevented meaningful analysis of possible indirect effects of health. Alternative means of exploring indirect effects of health on self-esteem were discussed above.

It can also be concluded from the analysis that role occupancy is not a particularly meaningful predictor of self-esteem among older parents when used alone. Measures of role quality, with psychological centrality being just one example, add a new dimension to the understanding of complex social-psychological variables like self-esteem.

Role involvement, in contrast to role occupancy, is meant to measure the degree of time, energy, or activity that is devoted to enacting the role. Conclusions concerning the effect of role involvement in this analysis must be tentative due to the measurement issues outlined above. However, the weak impact of parental role involvement on self-esteem is not inconsistent with the literature reviewed (Lee & Shehan, 1989; McLanahan & Adams,
1987; Umberson & Gove, 1989). This study was designed to show that such weak findings might be explained by the interaction of role involvement with psychological centrality. Although the interaction did not turn out to be significant, the study supports an alternate view that psychological centrality may have explanatory power independent of the degree of role involvement.

It is also difficult to draw conclusions about the negative direct effect of age on self-esteem in this sample. It may be that aging has a more negative impact on self-esteem among community dwelling elderly than previously thought. It cannot be determined from the present analysis what aspects of aging might account for this finding. Given the negative effect of age on parental role involvement found in this analysis, it is possible that this path might contribute to the understanding of the direct effect. However, the measurement issues regarding role involvement make such considerations speculative. Other characteristics of the sample which might affect this finding were discussed above.

It can also be concluded that being female is an important factor in understanding parental role involvement and the psychological centrality of that role. Although this is a very narrow conclusion, it has implications for understanding the mechanisms by which self-esteem may be maintained for older females. By extension, there may also be comparable roles that would apply to the understanding of self-esteem maintenance in men. It should be
noted that the correlation between sex and employment in Table 2 is negative and significant, indicating that the work role and its associated centrality might be more applicable to the study of self-esteem for men.

Recommendations for Further Research

Although the model proposed in this study was not supported by the data, several avenues for future research were suggested by the findings. These include recommendations for both methodological and theoretical extensions of the study.

The difficulties of selecting a strong measure of role involvement have been discussed above. Several alternatives for measuring this construct exist in the NSFH data set. Measures of contact with children, though often disparaged in the gerontology literature, should be explored for their usefulness as a proxy for role involvement. If they are not strong enough to stand alone as measures of role involvement, they may be used to strengthen measures such as the help given or received as used in this study. In addition, there are measures of family or couple involvement with adult children that might be useful adjuncts to the individual level variables described thus far.

A second methodological issue involves the somewhat skewed distributions on the endogenous variables in the model. In this analysis they
were entered into the regression equations as continuous variables. If these measures were used for further research, it might be more appropriate, especially with the role involvement variable, to enter it as a dichotomous variable measuring the presence or absence of role involvement. Although this practice is generally frowned upon due to the loss of variation inherent in dichotomizing, it might more accurately describe the sample.

A final methodological recommendation would be to include additional measures of role involvement in the model. There are numerous measures of work role involvement in the NSFH. However, they would only apply to the portion of the sample currently working ($N = 426, 19.5\%$). This restriction would also eliminate almost all of the sample over age 65. Alternate measures of time spent working, such as in home maintenance, are available and might be useful in path models of self-esteem if an appropriate theoretical rationale could be developed.

When data from a path analysis fail to support the model, the theoretical propositions behind the model must be questioned. The validity of using role occupancy has already been discussed. The findings suggesting that psychological centrality of the parental role is a strong predictor of self-esteem in this sample of parents needs further exploration. The most obvious extension is to test the model with measures of the psychological centrality of other roles. Measures of the centrality of the
work role are available in the data set, but their use would again eliminate most of the older segment of the sample under study. Similar measures of the centrality of the marital role were not included in the survey.

The very small proportion of variance in self-esteem explained by the model, even when including psychological centrality ($R^2 = .065$), indicates that the theoretical propositions are not likely to be strong predictors of self-esteem in this population. Rather than searching for alternate measures of parental role involvement or psychological centrality, it would probably be more valuable to include multiple measures within the model and examine how different roles and their centralities affected self-esteem. This approach would also achieve the goal of using measures of role quality discussed above.

Inherent in the discussion of maintenance of self-esteem is the notion that changes associated with aging, specifically role loss, affect the self-concept. Identity theory proposes that the position of a given role within the hierarchy fluctuates over time. Cross sectional survey data can only provide clues as to the nature of such a dynamic process. A longitudinal approach incorporating the theoretical and methodological suggestions outlined above would strengthen our understanding of the impact of role related variables on the self-esteem of older persons.
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Figure 1

Model of role involvement and self-esteem.

Indicates contribution to an interaction
Figure 2

Paths with statistically significant Beta Coefficients.

(. . . p<.01, • p<.05)
<table>
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<th>%</th>
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Table 6  
Regression of Self Esteem, Including Role Centrality as Interaction Term

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Note: Increase in $R^2$ with addition of role centrality to regression equation = .000, N.S.
VITA

Name: Warren Gannaway Clark

Date of Birth: December 13, 1946

Family: Married with three daughters

Education:

Ph.D. Virginia Polytechnic Institute and State University Blacksburg, Virginia 1993

M.S. Rutgers, The State University of New Jersey New Brunswick, New Jersey 1975

B.S.N. Medical College of Virginia Richmond, Virginia 1973

Professional Experience

1988-93 Clinical Nurse Specialist Catawba Hospital, Catawba, VA

1981-88 Clinical Nurse Specialist VA Medical Center, Johnson City, TN

1978-81 Assistant Professor of Nursing Radford University, Radford, VA

1975-78 Clinical Caseworker Austin-Travis County MHMR, Austin, TX
Publications

Clark, W. & Vorst, V. (accepted for publication). Group therapy with chronically depressed geriatric patients. *Journal of Psychosocial Nursing.*


Warren Gannaway Clark