

ORIGINAL ARTICLE

# Depression, negative relating with the oldest child, and the mediating role of resilience in community elders' psychological well-being: a pilot study in Greece

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## INTRODUCTION

Ageing is typically associated with reduced capabilities and increased dependence, which may affect well-being.<sup>1</sup> Therefore, well-being in the elderly is an area of great interest for research on successful ageing.

### Social networks and elders' well-being

Numerous studies have related support from social networks with elders' well-being,<sup>2</sup> as well as isolation or loneliness (i.e. the lack or poor social networks and support) with deterioration in health and well-

## Abstract

**Aim:** This study examined the role of both positive and negative aspects of social relationships with partners, friends, and children on the psychological well-being of Greek elders, as well as the potential mediating role of resilience.

**Methods:** The sample included 100 Greek older community-dwellings recruited from three care centres. They completed questionnaires consisted of the Scales of Psychological Well-Being, the shortened Family Members' Interrelating Questionnaire, the Significant Others Scale, the Brief Symptom Inventory, and the Brief Resilience Scale.

**Results:** The findings suggested that mental health (i.e. depression), rather than physical frailty, and a negative relationship with the oldest child, rather than a lack of social support from family or friends in general, have detrimental effects in elders' well-being. In contrast, resilience has a positive effect on well-being that mediates the association between negative relating with the oldest child and well-being. Elderly parents perceived their child's relating more negatively than their own relating towards the child, and it was the child's negative relating to them, rather than their relating toward the child, that predicted their psychological well-being. An interdisciplinary approach to the care of the geriatric population is highlighted.

**Conclusions:** To improve elders' well-being and enhance successful ageing, the determinants of well-being should be key targets of ageing research. Policy, prevention, and intervention actions should address the modifiable variables of any underlying emotional and social issues among elderly people (i.e. depression, negative relating with children, and resilience).

being.<sup>3</sup> Scarce evidence indicates that the qualitative aspects of social networks may be source specific (i.e. spouses, children, relatives, or friends). In Pinquart and Sörensen's meta-analysis,<sup>4</sup> it was shown that when the quality of contacts was considered, contact with adult children, rather than with friends, was associated with life satisfaction. Similarly, Chao found significant associations between the psychological well-being (PWB) of elders and family support.<sup>5</sup> Lee and Szinovacz found that positive interactions have a positive impact on elders' mental health while negative or ambivalent interactions have a negative impact; this is especially true among

relationships with spouses and children rather than with friends.<sup>6</sup>

The association between life satisfaction/well-being and intergenerational relationships among elders deserves more attention. Family solidarity and emotional closeness within the family are aspects of positive intrafamilial relationships that have been found to positively affect elders' quality of life and older mothers' life satisfaction, respectively.<sup>7,8</sup> Additionally, avoiding negative aspects of close relationships has been related to a better quality of life.<sup>9</sup> Thus, it has been argued that the qualitative aspects of family support (i.e. subjective closeness) are important predictors of well-being in old age, far beyond the structural ones (i.e. the frequency of contact) or life conditions.<sup>2,10</sup> Therefore, we hypothesized that family support might have a stronger association with PWB than friends' support. Moreover, negative aspects of close relationships might negatively affect elders' PWB.

### Family relationships and the Greek cultural context

Family support seems to be culture-specific. Family is considered an important value in Southern European countries,<sup>11</sup> and adult children are the main source of instrumental support for elders in Europe.<sup>12</sup> Familial solidarity and filial piety are integral parts of Greek familism values,<sup>13,14</sup> the endorsement of which suggests that adult children, particularly the daughters or the oldest child, are expected to care for their elderly parents. Although some evidence indicates that this is progressively changing, care and support in Greece are currently provided nearly exclusively by the family, on whom elders have traditionally relied.<sup>14</sup> Moreover, the economic crisis in Greece left limited state and community resources available for the elderly, which, in turn, made family care for the elderly a priority.

Given the cultural values in Greece, a negative relationship with the oldest child may be detrimental to elders' PWB. To the best of our knowledge, no study has examined the potential role of a negative relationship with the oldest child in elders' PWB in Greece.

### The relating theory

The relating theory describes and measures the quality of parent-child relationships.<sup>15</sup> It proposes that

there are four states of relatedness: (i) closeness (e.g. being involved); (ii) distance (e.g. being separate); (iii) upperness (e.g. leading); and (iv) lowerness (e.g. being advised). Closeness and distance are depicted as the poles of a horizontal axis, and upperness and lowerness are depicted as the poles of a vertical axis. Between the four main poles, four intermediate ones can be inserted, each representing a mixture of the relating characteristics of the poles to either side of it (i.e. upper close, lower close, upper distant, and lower distant). Together, these eight positions constitute a theoretical structure called the interpersonal octagon. Relating theory also proposes that people who are competent, considerate, and effective in relating in these positions are characterized as positive relating. Behaviours that fall short of these competencies are described as negative relating (NR). Typical examples of both positive relating and NR across the eight positions of the octagon have been defined in detail elsewhere.<sup>15</sup>

### Well-being and resilience

Resilience refers to an individual's ability to achieve and maintain physical and mental well-being despite stressors and other age-related challenges.<sup>16</sup> Relevant studies have found that higher levels of resilience are linked to longevity,<sup>17</sup> better mental and physical health (e.g. lower levels of depression and chronic pain),<sup>18</sup> better quality of life,<sup>19</sup> and better well-being.<sup>20</sup> Resilience has been reported to be closely associated with social support; higher social support positively associates with higher resilience in older ages.<sup>21</sup> According to a study among elderly rural Chinese people in nursing homes, resilience also has an indirect impact on the association between social support and health-related quality of life.<sup>22</sup>

Social support affects well-being, resilience is associated with social support, and resilience affects well-being. Thus, it seems reasonable to assume that resilience may play a mediating role in the association between social support/relationships and well-being.

### The study

This study aims to examine the effect of social relationships (both positive and negative) from diverse sources (partners, friends, and children) in predicting the PWB among elderly community-dwelling Greeks,

as well as the potential mediating role of resilience. To the best of our knowledge, no such study exists, particularly in Greece, and no studies have examined the mediating effect of resilience in the association between social relationships and PWB in this population.

Based on a literature review and familial values in Greece, four hypotheses were examined:

- 1 Social networks (i.e. support from family and friends and relating with the oldest child) correlate with and are significant predictors of elders' PWB, far beyond other health-related or sociodemographic variables.
- 2 Social support from the family (e.g. partners) will be more significant than friends support in predicting elders' PWB.
- 3 Negative relating with the oldest child is more significant in predicting elders' PWB than positive relating with the child or between the partners.
- 4 Resilience potentially mediates the association between elders' NR to their oldest child and their PWB.

As further refinements of the study, the differences between how elders relate to the oldest child and how they consider that the oldest child relates to them were examined.

## METHODS

### Participants

A sample of 100 elders (38 men, 62 women), with a mean age  $\pm$  SD of  $74.0 \pm 8.7$  years (range: 60–92 years), were recruited from three care centres (i.e. a day-care centre, a domiciliary care centre, and an open care

centre) in Heraklion, Crete, Greece. Crete is the largest island in Greece and is south of the Greek mainland. All elders had at least one child (51% had two), primary school education (75%), and reportedly had typical health problems (80%), such as arthritis, osteoporosis, high blood pressure, and high cholesterol.

### Measures and procedures

The study was approved by the Research Ethics Committee of the Technological Educational Institute of Crete. After informed consent was obtained from the participants, one of the authors administered the questionnaires to the elders. The questionnaires included the Scales of Psychological Well-Being (SPWB), the shortened Family Members' Interrelating Questionnaire (FMIQ3), the Significant Others Scale (SOS), and the Brief Resilience Scale 18-item Brief Inventory Scale (BSI-18). (Mean scores and alpha reliabilities are presented in Table 1.)

#### *The Scales of Psychological Well-Being*

The Greek translation of the 18-item short version of the SPWB was used to measure six areas of PWB, each with three items<sup>23</sup>: (i) autonomy; (ii) environmental mastery; (iii) personal growth; (iv) positive relations with others; (v) purpose in life; and (vi) self-acceptance. Participants responded on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree).

#### *The shortened Family Members' Interrelating Questionnaire*

The 48-item shortened version of the FMIQ consists of eight scales (upper neutral, upper close, neutral

**Table 1** Descriptives and bivariate correlations of the study variables with psychological well-being (PWB)

	1	2	3	4	5	6	7
1. PWB	1						
2. SOSP	0.333***	1					
3. SOSF	-0.183	-0.448***	1				
4. Brief RS	0.727***	0.231*	-0.019	1			
5. BSI-18	-0.490***	-0.045	0.006	-0.427***	1		
6. FMIQ (S)	-0.461***	-0.276**	0.469***	-0.254*	0.084	1	
7. FMIQ (O)	-0.471***	-0.217	0.438***	-0.133	0.186	0.848**	1
Mean	84.8	13.2	13.5	73.9	27.2	43.3	46.1
SD	16.0	11.4	7.5	23.4	17.9	17.1	8.2
Score range	18–126	4–28	4–28	15–105	0–72	0–120	0–120
$\alpha$	0.79	0.97	0.93	0.94	0.93	0.88	0.84

\* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$ . BSI-18, the 18-item Brief Symptom Inventory; FMIQ (O), Family Members' Interrelating Questionnaire (other-rating); FMIQ (S), Family Members' Interrelating Questionnaire (self-rating); RS-15, 15-item Resilience Scale; SOSF, Significant Others Scale (friends); SOSP, Significant Others Scale (partners).

close, lower close, lower neutral, lower distant, neutral distant, upper distant) with six items each, including one item that measures positive interrelating.<sup>24</sup> The FMIQ measures both positive and negative interrelating within families.<sup>25,26</sup> In this study, elders assessed their relating towards their oldest child (self-assessed relating) and their oldest child's relating to them (other-assessed relating). Participants responded on a 4-point Likert-type scale ranging from 0 (rarely true) to 3 (nearly always true). The questionnaire is available from the senior author upon request.

### ***The Significant Others Scale***<sup>27</sup>

In this study, the SOS was used to measure positive aspects of support available from partners and friends. The participants were invited to rate the level of both emotional and practical support (two items each) that they were receiving on a 7-point Likert-type scale ranging from 1 (never) to 7 (always). The higher the total and subscales scores (emotional and practical support), the higher the level of perceived support. The scale was translated into Greek and back-translated into English by two independent bilingual persons. The back-translated version was then compared with the original one and minor adjustments were made to the Greek translation.

### ***The Brief Symptom Inventory***

The Greek version of the BSI-18 was used to measure general psychological distress over the previous week based on 18 statements (i.e. complaints) allocated equally to three subscales (i.e. somatization; depression, and anxiety).<sup>28</sup> Participants responded on a 5-point Likert-type scale ranging from 0 (not at all) to 4 (extremely).

### ***The Brief Resilience Scale***

The 15-item shortened version of the Resilience Scale measured resilience. Responses were given on a Likert-type scale ranging from 1 (disagree) to 7 (agree). The Greek translation of the Resilience Scale was used.<sup>29</sup>

### **Data analysis**

Descriptive statistics and Pearson *r* correlations examined the mean scores and relationships between the study variables, respectively. A paired-samples *t*-tests was conducted to compare FMIQ

self-rating and other-rating scores. Stepwise multiple regression analysis was used to identify the compounded influence of a number of independent variables on the outcome variable (PWB). Data were analyzed with the SPSS version 20.0 (IBM, Chicago, USA), and a two-tailed value of  $P < 0.05$  was considered significant.

To examine the potential path from the elders' NR with their oldest child to their PWB through the mediating role of resilience, structural equation modelling was performed with Stata 12 software (StataCorp, College Station, USA). An explorative approach was used to compare three models:

- Model I: a fully mediated model. The effects of the independent variable (NR) were assumed to have only an indirect effect on the dependent variable (PWB) through the intermediary variable (resilience).
- Model II: a partially mediated model. The independent variable (NR) was assumed to have a direct effect on the dependent variable (PWB) and an indirect effect through the mediation of the intermediary factor (resilience).
- Model III, a no mediation model. The independent variable (NR) was assumed to have only a direct effect on the dependent variable (PWB).

In all analyses, list-wise deletion with missing observations was used. Hu and Bentler suggested that a coefficient of determination, a comparative fit index, and a Tucker-Lewis index  $\geq 0.95$ ;<sup>30</sup> a root mean square error of approximation  $< 0.06$ ; and standardized root mean square residual  $< 0.08$  represent a good fit between the hypothesized model and the data. In addition, a  $\chi^2/\text{degrees of freedom}$  ratio  $< 3$  was preferable.<sup>31</sup> In model comparisons, smaller Akaike's information criterion and Bayesian information criterion indices values indicated a better fit.

## **RESULTS**

The elders reported receiving moderate support from partners and friends. There were no differences in the type of support (emotional vs practical) they were receiving from partners (6.4 vs 6.8, n.s.) and friends (6.8 vs 6.7, n.s.). Also, there were no differences between partners and friends with regard to emotional support (6.4 vs 6.8, n.s.) or practical support (6.8 vs 6.4, n.s.). They reported neither having a negative relationship with their children nor their children

having a negative relationship with them. The persons they most frequently (i.e., on a weekly base) meet with socially were their neighbours (46%) or children (39%), and they expressed a desire to meet more often their children (66%) and grandchildren (18%). They were slightly satisfied with their life, and they had a moderate to high level of resilience and PWB. Descriptives are presented in Table 1.

A number of independent variables were initially correlated with the PWB (Table 1). Resilience and support from their partner (SOS) correlated positively with PWB, whereas mental health symptoms (BSI-18) and both self-assessed and other-assessed NR to the oldest child, based on the FMIQ, correlated negatively with PWB. Unexpectedly, social support from friends (SOS) did not correlate with PWB.

The variables associated with PWB at the  $P < 0.05$  level or higher, along with demographic variables (i.e. sex, age, marital status, education, health problems), were entered into a multiple regression equation (stepwise method) to investigate their impact on the elders' PWB. The BSI-18 subscales (somatization, depression, and anxiety), the positive effect of social support from friends, and NR to the oldest child were also entered to assess their potential impact on PWB. The model was statistically significant ( $F_{(7)} = 59.753, P < 0.001$ ) and predicted 84.6% of the variance in PWB. PWB was predicted by seven variables (Table 2). As anticipated, resilience was associated with greater PWB, whereas depression, NR to the child from a lower distant position, and the child's NR to the participant from upper neutral and lower close positions were inversely related to elders' PWB. Unexpectedly, their child relating with them from a lower distant position predicted higher PWB.

### *Parent-child interrelating*

In comparisons of elders' self-assessed and other-assessed NR to their child, several significant differences were found (Table 3). The parents' self-assessed NR to their child on the lower distant scale was worse than their view of their child's NR to them on the same scale. In contrast, the parents' view of their child's NR to them (other-assessed relating) on upper neutral, neutral close, lower neutral, neutral distant, and total score was worse than their self-assessed NR to the child on the same scales.

### *The mediation effect of resilience*

Structural equation modelling was conducted to test the hypothesized effects of elders' NR to their oldest child on their PWB through the mediating effect of resilience. The modification indices for the three models showed that there were misspecified error covariances between certain subscales of the NR (lower close and lower distant; upper neutral and lower neutral), which were then added to the respecification of the subsequent models. The most parsimonious model that fitted better data was the partial one (model II). (Table 4). Elders' NR to their oldest child had a negative effect on resilience ( $\beta = -0.27, P < 0.01$ ) and PWB ( $\beta = -0.34, P < 0.001$ ), and resilience had a positive effect on PWB ( $\beta = 0.63, P < 0.001$ ). Overall, the results revealed that elders' NR has both a direct effect on PWB and an indirect one through the mediating role of resilience. The final model is depicted in Figure 1.

## **DISCUSSION**

As people increasingly live longer, successful ageing is a topic of enormous interest.<sup>32</sup> Assessing the predictors of elders' PWB in Greece is important because the country mainly has a collectivistic culture, although there are certain individualistic values.<sup>33</sup> Heintzelman and Bacon showed that supportive relationships are positively associated with well-being and life satisfaction, especially in individuals with high interdependency.<sup>34</sup>

In the present study, consistent with expectations, social support/relationships correlated with and were important predictors of PWB, far beyond other health-related or sociodemographic variables.<sup>35</sup> Social support from partners was positively correlated with elders' PWB, and NR to their oldest child was negatively correlated with PWB. Unexpectedly, social support from friends neither correlated with nor predicted PWB. NR to the oldest child rather than partner's support retained its significance in the multivariate regression model.

In keeping with previous findings,<sup>6</sup> NR to the oldest child had a detrimental impact on elders' PWB that was greater the positive influence of other supportive relationships (i.e. partners and friends). This finding provides additional support for the importance of family values in Greece. We are not sure whether this contradicts Carstensen's *et al.* theory of

**Table 2** Stepwise multiple regression analysis for predicting elders' psychological well-being

Variables	$\beta$	<i>t</i>	$R^2$	Adjusted $R^2$	SEE	$R^2$ change
RS-15	0.419	4.856***	0.581	0.576	11.05104	0.581***
FMIQ_O (UN)	-0.459	-5.018***	0.741	0.734	8.74826	0.160***
BSI-18 (DEP)	-0.346	-5.132	0.805	0.794	7.69866	0.023**
FMIQ_O (LD)	0.411	4.280	0.823	0.810	7.38568	0.018**
FMIQ_S (LD)	-0.198	-2.829**	0.851	0.838	6.83326	0.028**
FMIQ_O (LC)	-0.156	-2.139*	0.860	0.846	6.66277	0.009*

\*  $P < 0.05$ ; \*\*  $P < 0.01$ ; \*\*\*  $P < 0.001$ . BSI (DEP), depression scale of the 18-item Brief Symptom Inventory ; FMIQ\_O (LC), lower close scale of the shortened Family Members' Interrelating Questionnaire (other-rating); FMIQ\_O (LD), lower distant scale of the Family Members' Interrelating Questionnaire (other-rating); FMIQ\_O (UN), upper neutral scale of the Family Members' Interrelating Questionnaire (other-rating); FMIQ\_S (LC), lower distant scale of the shortened Family Members' Interrelating Questionnaire (self-rating); FMIQ\_S (LD), lower distant scale of the Family Members' Interrelating Questionnaire (self-rating); Brief RS, Brief Resilience Scale; SEE, standard error of the estimate.

**Table 3** Differences between the elders' relating with their child (self-assessed relating) and their view of their child's relating to them (other-assessed relating)

Negative relating	Mean $\pm$ SD		<i>t</i>	<i>P</i> -value
	Self-assessed	Other-assessed		
FMIQ (UN)	5.3 $\pm$ 3.0	6.3 $\pm$ 3.5	-3.945***	0.000
FMIQ (UC)	4.9 $\pm$ 3.4	4.6 $\pm$ 3.5	1.049	0.297
FMIQ (NC)	6.4 $\pm$ 2.2	6.8 $\pm$ 2.7	-1.990*	0.050
FMIQ (LC)	5.1 $\pm$ 2.8	5.2 $\pm$ 2.7	-.654	0.515
FMIQ (LN)	4.1 $\pm$ 2.4	4.8 $\pm$ 3.5	-2.673**	0.009
FMIQ (LD)	6.3 $\pm$ 2.9	5.2 $\pm$ 3.4	3.316***	0.001
FMIQ (ND)	5.1 $\pm$ 2.7	6.5 $\pm$ 2.7	-4.301***	0.000
FMIQ (UD)	5.4 $\pm$ 2.9	5.4 $\pm$ 2.7	-0.264	0.792
FMIQ (Tot)	42.8 $\pm$ 16.5	46.1 $\pm$ 19.0	-2.865**	0.005
FMIQ (Pos)	7.9 $\pm$ 3.8	8.2 $\pm$ 3.8	-0.786	0.434

\*  $P < 0.05$ ; \*\*  $P < 0.01$ ; \*\*\*  $P < 0.001$ . FMIQ, Family Members' Interrelating Questionnaire; LC, lower close; LD, lower distant; LN, lower neutral; NC, neutral close; ND, neutral distant; Pos, positive relating; Tot, total score; UC, upper close; UD, upper distant; UN, upper neutral.

**Table 4** Summary goodness-of-fit statistics of the models of the adults' VB/A

	CMIN/d.f.	SRMR	TLI	CFI	RMSEA	CD	AIC	BIC
Model I	7.47	0.093	0.872	0.912	0.126 (0.089–0.164)	0.948	4455.290	4538.340
Model II	9.46	0.058	0.921	0.947	0.099 (0.056–0.140)	0.962	4439.236	4524.728
Model III	7.13	0.063	0.881	0.917	0.124 (0.082–0.166)	0.936	3737.592	3808.429

Model I = full mediation; model II = partial mediation; model III = no mediation.

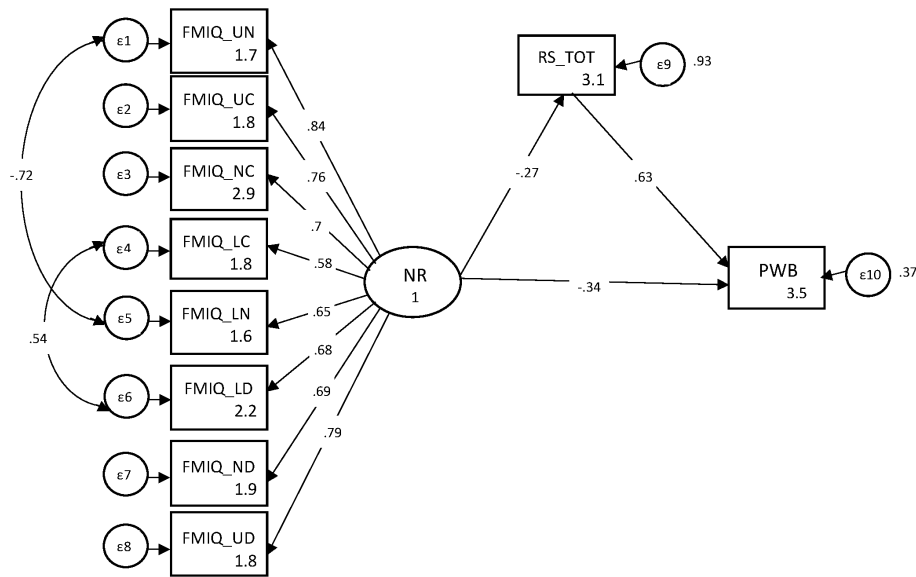
AIC, Akaike's information criterion; BIC, Bayesian information criterion; CD, coefficient of determination; CFI, comparative fit index; CMIN/d.f.,  $\chi^2$ /degrees of freedom ratio; RMSEA, root mean square error of approximation; SRMR, standardized root mean square residual; TLI, Tucker-Lewis index.

socioemotional selectivity,<sup>36</sup> which assumes that as people grow older, they most value qualitative social interactions (i.e. those that are emotionally meaningful) over interactions with other purposes. Maratou-Alipranti argued that in Greece the relations between adult children and parents are fundamental in terms of the emotions, communication, reciprocity and support they share.<sup>37</sup> Given Greek familial values and elders' expressed desire to socialize more often with their children and grandchildren than with other social contacts, it appears that these are the contacts they value most.

Although it would seem reasonable to assume that well-being decreases with age because of activity

limitations,<sup>38</sup> it was depression rather than health-related variables that predicted lower PWB in the non-physically healthy (but non-demented) elders in our sample. Our findings support a growing body of research that suggests that mental status may be more harmful to elders' PWB than physical frailty or comorbid illness.<sup>39</sup> The moderate to high level of elders' resilience might have been a potential moderator in the association between the negative effects of functional decline and PWB.

As anticipated,<sup>22</sup> resilience was the most significant positive predictor of PWB. Elders have to cope with multiple stressors, including frailty, illness, disability, limited independence, bereavement, negative



**Figure 1** The path diagram with the estimated standardized beta coefficients of model II. FMIQ, Family Members' Interrelating Questionnaire; LC, lower close; LD, lower distant; LN, lower neutral; NC, neutral close; ND, neutral distant; NR, negative relating; PWB, psychological well-being; RS\_TOT, Resilience (Total score); UC, upper close; UD, upper distant; UN, upper neutral.

emotions, cognitive decline, and poor living conditions.<sup>40</sup> The more resilient an elder is, the better coping with such stressors and, in turn, the better PWB. Resilience was also found to be a mediating factor in the relationship between NR to the oldest child and elders' PWB. Because NR to the oldest child was significantly valued by the elders in our sample, NR predicted reduced resilience and PWB. Our sample was relatively resilient. We cannot, however, know if this was because of either the lack of conflict in parent-child relationships or aggregated resilient resources over time.

### Parent-child negative relating

The elders perceived their child's relating towards them as more negative than their own relating towards their child. The elders reported avoiding overinvolvement with their children, despite being vulnerable and needing others' help (lower distant relating). They believed that their relating needs were not being fully acknowledged because their children perceived them as enjoying distance (neutral distant relating). However, at the same time, elders tried to attract their children's attention (neutral close relating); were insecure about being ignored and, therefore, repeatedly sought assurance and approval (lower neutral relating); and feared being pushed away and not being respected (upper neutral relating).

It is noteworthy that in the regression analysis, elders' beliefs about their child's NR to them predicted their PWB (three other-ratings) rather than their own NR towards their child (one self-rating). As such, it is not the way that the elders relate to their child but how they perceive their child relating to them that affects their PWB. It seems that how significant others view us is important for our PWB. It can also be assumed that elderly parents attribute NR to their child rather than themselves, possibly due to their inability to perceive or reluctance to admit their NR themselves. However, they may indeed have an accurate understanding of how their child relates to them. Because we have only the elders' ratings, we cannot confirm which is true.

Interestingly, the elders' self-perceptions and their perceptions of their child's relating to them coincided in only lower distant relating. Lower distant relating includes acquiescent, subservient, compliant, obedient, timid, withdrawn, and resigned relating. Perhaps this study's most striking finding is that although elders' self-assessed negative lower distant relating decreased their PWB, the other-assessed negative lower distant relating to them increased their PWB. In line with the self-determination theory,<sup>41</sup> elderly parents may be reluctant to request or accept a great deal of support, such as instrumental support, from their children in order to maintain a sense of self-competence and autonomy, which can increase their PWB.<sup>42</sup> Although elderly Greek parents dislike being

lower distant with their children, they may like being perceived by them as such (i.e. withdrawn and resigned), resulting in higher levels of PWB. This may be because they have high expectations about eliciting support and care from their children in their old age. Although familial norms are gradually changing in Greece, the elders in our sample seemed reluctant to limit their expectation of filial piety.

### Limitations

The lack of a random sample limits the generalizability of the findings. Most of the goodness-of-fit statistics were adequate, although the high value of root mean square error of approximation might have been artificial due to the small degrees of freedom and small sample size.<sup>43</sup> The findings may not be generalizable to samples from other cultures or even other parts of Greece, in which familialism is not as strong. The cross-sectional nature of this study makes it impossible to make causal inferences. Inter-generational interactions may influence PWB or vice versa. Qualitative accounts of the elders' relating with their children and children's perceptions of their relating with their parents might have been useful.

The findings might have also differed in parent-child relationships with a great deal of conflict. The characteristics of the oldest children and their relationships (e.g. the proportion who were unmarried and/or living with their parents, the frequency and kind of support they provided) were not known. A comparison with the parents' NR to another child would have been a valuable contribution to this study, but this was not possible for various reasons (e.g. elders' unwillingness to complete too many questionnaires, difficulty in accessing two children).

### Implications

This study's findings add further support to a growing body of evidence on PWB. However, ageing research needs to examine the role of the key determinants of PWB among older adults to provide important insights about how elders can achieve better mental health. Modifiable factors, such as depression, resilience, and negative interactions with children, should be considered by any intervention aiming to improve elders' PWB and enhance successful ageing. Geriatric practitioners should assess these factors regularly and specifically pay attention to negative parent-child relationships. They should

also address elders' mental health needs and direct their efforts at buffering them from the negative effects of depression while enhancing their resilience in adversity.

The importance of an interdisciplinary approach to geriatric care is highlighted, with a particular focus on underlying emotional and social issues rather than on medical problems. Additionally, a comprehensive perspective on the factors contributing to PWB should form the basis for preventive actions. Policies should address resilience, which could have long-term positive effects on the well-being and longevity of the elderly population. Policymakers should consider designing new forms of care that address emotional and social issues that affect the PWB of the elderly.

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