FAMILY INFLUENCES ON DEVELOPMENT ACROSS THE LIFE SPAN

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The subject of this chapter seems impossibly broad. The family influences all aspects of development—biological, social, emotional, and cognitive—and its forces are exerted through vastly different means—genes, intimate relationships, material factors, routines, cultural values, and practices. Not only are the effects of experiences in the family observed across the life span but those consequences also unfold over varying timeframes; they can be felt in the short term or many years in the future. Given that it is not feasible for a single chapter to cover each of these topics comprehensively, we approach our task by identifying broad life-stage categories and highlighting the aspects of development that are most prominently addressed in the research literature on each phase. We found that investigations of family influence tend to focus on health outcomes, as well as social and emotional well-being and adjustment; much of the research is geared toward identifying the family characteristics that predict *adaptive* versus *maladaptive* outcomes.

Of course, the manifestations of adaptive or maladaptive outcomes within a particular domain change over the life span. For example, during the prenatal period we cover birth weight and preterm birth, whereas later discussions of physical maturation and health refer to topics like pubertal timing, risky sexual behaviors and substance abuse, mental health, and physical disease. There is an emphasis on social and emotional development in our chapter, beginning with the regulation of arousal and stress response systems during infancy, moving to the growth of moral conscience, self-control, and compliance in the toddler years, and advancing to the formation of relationships with peers and the understanding of emotions during childhood. Our discussion of social development in the adolescent period includes the establishment of an identity outside of the family and the formation of romantic relationships. In adulthood and older ages, we consider educational and occupational attainments and relationships with spouse and children.

By necessity, our chapter must leave much territory uncovered; to cite one example, grapples with morality certainly do not end with the toddler years, yet our discussion of the family's influence on moral development does. Extremes of family environments that we know have significant effects on development, such as poverty and child abuse, are mentioned but are not discussed at any length. In addition, the research we review focuses almost exclusively on nuclear families (parents and their offspring) living in the United States. Space constraints did not allow us to delve into special issues that are relevant to groups of families that are either prevalent or increasing in U.S. society, such as those headed by immigrants, single parents, or same-sex parents. Although a single chapter cannot possibly provide encyclopedic coverage of all family influences on every facet of development at each stage in life,

we encourage readers to use the reference list, which includes more comprehensive summaries of the different substantive research literatures, as a resource for further detail. In addition, many excellent chapters in this volume provide greater depth by focusing on specific aspects of development.

SOCIAL ECOLOGY, RECIPROCAL INFLUENCES, AND GENES

There are a number of important elements of family influence that are relevant to all stages of development. We mention three of them before beginning our journey through the life span: the larger social contexts in which families are embedded, the bidirectional nature of influence processes within the family, and the roles played by genes.

The term *family* is generally used to refer to related individuals living under one roof. However, it is much easier to draw the boundaries that define a single family than those that define the family's influences. As Bronfenbrenner's ecological systems theory describes (Bronfenbrenner, 1989), the different settings that affect human development are interrelated. In a sense, a family carries multiple social contexts with it; the effects of other settings—such as school, daycare, and neighborhood—are part of the family's larger social ecology and, therefore, are part of its influence. In addition, social class, cultural values, customs, and laws are intertwined with variations in home environments and parenting behavior. For instance, in the United States, infants in middle-class families are typically provided with more opportunities for variety in daily stimulation, more appropriate play materials, and more total stimulation. Compared to lower socioeconomic status (SES) mothers, mothers from the middle-class talk to their infants more, and in more sophisticated ways, which is probably why babies from higher SES families produce more sounds in the first months of life (Bornstein, 1995). Virtually all aspects of parenting are informed by cultural practices, such as when and how parents care for infants, the extent to which infants are encouraged to explore, how nurturing or restrictive parents are, and the role played by others, such as grandparents and siblings. Perhaps the influence of the family can be most readily seen in how different cultural practices and expectations relate to when babies sit, stand, crawl, and walk, and when and how they sleep, eat, and play (Bornstein, 1995). Although this chapter focuses on direct experiences within the family, it is critical to recognize, first, that those experiences are shaped by the larger social context in which the household exists and, second, that experiences outside of the home can indirectly reflect the family's influence.

Of course, individuals are far from passive inhabitants of their social environ-ments. Even during infancy, crying and other signs of distress signal to caregivers that babies need attention. Those behaviors motivate adults to approach and soothe; smiling encourages others to stay near (Bornstein, 1995). Behavior geneticists argue that by eliciting particular kinds of responses (e.g., smiles versus harshness) from others, children shape their relationships with parents and other family members. In a sense, they help to "evoke" the very social environments that will influence their development (Grusec & Davidov, 2007). Although the influences of parenting practices and relationships on development are often framed as a one-way street, it is important to bear in mind that the reality is a reciprocal process. An individual's traits, behaviors, attitudes, and emotions all contribute to the family social environment.

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Genetic inheritance represents the first and most enduring influence of the biological family on development. Genes exert their power on development regardless of the presence of the parent in the child's life; even in the case of sperm donors, there is a parental influence through the passage of genes. Our chapter cannot possibly do justice to current knowledge about the biological family's contribution to development through genetic inheritance. Instead, we emphasize here that genes do not act in a vacuum; they can only be expressed in an environment. Beginning with the prenatal environment, the family's influence is shaped through gene—environment interactions. Research within the last decade suggests that many effects of the family environment are modified by genetically based differences between children. For instance, a longitudinal study found that insensitive parenting during infancy predicted less controlled and more aggressive behavior when the children were 3 years old, but only among children with a particular allele of a gene involved with dopamine (D4) receptors in the limbic area of the brain; insensitive parenting did not predict externalizing behavior in the absence of that allele (Bakermans-Kranenburg & van IJzendoorn, 2006). In a study of young adults, those who described a more adverse early family environment (some conflict, moderate household chaos, and/or cold, unaffectionate, and distant behaviors) also reported more symptoms of depression. However, the most depressive symptoms were reported by those who both described the risky early family environment and carried a particular allelic variation of the serotonin transporter gene *5-HTTLPR* (Taylor et al., 2006). Studies like these suggest that genes and the family rearing environment interact to produce a developmental outcome down the road.

PRENATAL PERIOD

The first environment in which genes are expressed is the prenatal environment. Studies of major diseases, such as schizophrenia, point to the powerful role that prenatal factors, such as infection, nutritional deficiency, and obstetric complications, play in shaping gene expression. Because the mother provides the world in which the fetus grows, whatever she eats, drinks, and breathes directly affects the quality of that environment. Maternal characteristics, behaviors, and emotions represent other mechanisms through which mothers influence fetal development. Fathers and other family members may also contribute through their impact on the mother's experience of stress and social support during pregnancy.

Some maternal characteristics, such as race and age, are associated with pregnancy outcomes that are important in predicting children's later development. Advanced maternal age is associated with pregnancy complications and, in the United States, rates of preterm delivery, infant mortality, and low birth weight are higher among African Americans than among women in other racial and ethnic groups (Dunkel-Schetter, 2009; Savitz & Dunkel-Schetter, 2007). These pregnancy outcomes are important because children born preterm or at low birth weight tend to have poorer educational outcomes and lower scores on measures of cognitive functioning, as well as increased rates of attention-deficit hyperactivity disorder and other behavioral problems (Bhutta, Cleves, Casey, Cradock, & Anand, 2002). Preterm infants are also at risk for adverse health outcomes including respiratory, gastrointestinal,

immune, central nervous system, and sensory problems (Behrman & Butler, 2006; Dunkel-Schetter, 2009).

Drug use during pregnancy, particularly high levels of alcohol consumption, cocaine use, or cigarette smoking, is associated with adverse birth outcomes. For example, smoking is related to placental abruption, reduced birth weight, and infant mortality, and consumption of large amounts of alcohol has adverse effects on fetal development, including risk for preterm birth (Savitz & Dunkel-Schetter, 2007). Fetal alcohol syndrome is associated with mental retardation that persists through life; environmental and educational interventions do not appear to have strong compensatory effects on the later intellectual development of affected children (Spohr, Wilms, & Steinhausen, 1993). In general, unfavorable health behaviors tend to cluster among pregnant women. For instance, substance abuse may co-occur with a poor diet and a lack of physical activity. Moreover, some maternal behavioral influences on pregnancy outcomes are associated with the pregnant woman's socioeconomic conditions. For example, smoking during pregnancy is linked to lower SES (Savitz & Dunkel-Schetter, 2007). It is therefore difficult to distinguish the effects of maternal behaviors, like the use of substances, from the effects of other life circumstances on prenatal development and birth outcomes.

A woman's experience of chronic or catastrophic stress during pregnancy can increase the risk of preterm birth. In particular, women who experience domestic or personal violence during pregnancy are at risk for adverse birth outcomes, including low birth weight (Savitz & Dunkel-Schetter, 2007). Homelessness, especially the percent of one's lifetime spent homeless, predicts preterm birth, even after controlling for birth weight and other factors, such as substance use, ethnicity, income, and medical risk (Dunkel-Schetter, 2009). The effects of stress on pregnancy may be mediated by increased levels of catecholamines and cortisol, or by altered immune function leading to increased susceptibility to infection or inflammation. Any of these responses would change the fetal environment and could precipitate the onset of preterm labor. In addition, risky behaviors, such as substance use, may be used as a way of coping with stress (Savitz & Dunkel-Schetter, 2007).

The experience of depression or anxiety during pregnancy also predicts preterm birth and low birth weight. Although the factors that link maternal emotions to pregnancy outcomes are not yet understood, health behaviors such as diet and nutrition, substance use, sleep, and inactivity are good candidates for further study (Savitz & Dunkel-Schetter, 2007). The emotional experiences of pregnant women may also reflect an influence of other family members. In one study, women's appraisals of the effectiveness of the support that they received from their partners predicted their level of anxiety during pregnancy; women who reported more effective support from their partners experienced less anxiety (Rini, Dunkel-Schetter, Hobel, Glynn, & Sandman, 2006). Thus, social support in the family may indirectly affect development during the prenatal period. Although observational studies indicate that prenatal maternal social support is linked with birth weight or fetal growth, intervention trials have not supported the expectation that provision of additional social support to high-risk women would reduce rates of low birth weight. It may be that many of the women in these studies required more support than the programs provided in order to overcome the deficits in their social environments (Savitz & Dunkel-Schetter, 2007).

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INFANCY

Once a baby is born, its caregivers replace many of the functions of the womb. Not only are infants completely dependent on their parents for physical survival, but families also provide their experience of the world during a period of intense development. Infancy covers the period from birth to the emergence of language between 18 and 24 months. It is the stage of greatest physical and nervous system development. We see enormous change in the areas of perception, cognition, and motor coordination as well as in the regulation of sleep cycles, emotions, and social behavior. All of these developments are shaped by the infant's social environment. Through social interaction and play, babies acquire information by listening, watching, and imitating parents, siblings, and others (Bornstein, 1995).

The formation of attachments to the individuals who have been consistently available to provide care and nurturance during the first months of life is particularly important. Those relationships play a critical role in the infant's cognitive, social, and emotional development (Bornstein, 1995). According to attachment theory, "secure trust" in the protection provided by caregivers enhances an infant's willingness to be socialized (Laible & Thompson, 2007). Behaviors like maternal attentiveness, speaking, affectionate touching, rocking, holding, and smiling during the early months of life facilitate the development of "secure trust" in the infant. They also predict more advanced cognitive and language development later in the toddler years (Bornstein, 1995). On the opposite end of the spectrum, early social deprivation, such as limited face-to-face interactions, results in cognitive and social impairments, as seen in studies of babies reared in Romanian orphanages during the Communist regime (Zeanah et al., 2003). Infants also look to family members and other caregivers for emotional cues and are influenced by both positive and negative facial expressions and vocal characteristics. This may explain why infants of depressed mothers show deficits in social referencing skills. When responses to the baby's cries and other signals are prompt and appropriate the infant experiences social partners as reliable and comforting, a message that later carries over to relationships outside of the family (Bornstein, 1995). According to attachment theory, the mental representations of relationships that infants form based on a history of sensitive parental care influence how they experience subsequent relationships (Laible & Thompson, 2007).

The family provides the environment in which a baby's physiological, emotional, and behavioral arousal is experienced. Infants need others to help them regulate that arousal; caregivers soothe infants to alleviate their distress and reinforce their positive emotions. As a result, babies gradually acquire the ability to self-regulate their emotions and to express negative emotion in an appropriate way (Grusec & Davidov, 2007). However, the development of self-regulation suffers when the infant's social world is not reliable and responsive. One of the ways that the family influences the growth of self-regulation is through an impact on infant brain development. Early experiences with caregivers are linked to the development of neurotransmitter systems that control many of the brain's regulatory functions. Three monoamines—dopamine, norepinephrine, and serotonin—comprise the "diffuse modulatory systems" in the brain that regulate arousal and mood as well as motor control, memory, motivation, attention, and learning. Studies of rats and nonhuman primates show an association between early social experiences and neurobiological changes in these neurotransmitter systems. Although research with humans is much

more limited, the findings are consistent in linking adverse early family environments with the development of differences in children's neurotransmitter profiles (Repetti, Taylor, & Saxbe, 2007). For example, evidence points to differences in the serotonin neurotransmitter system of children who have been maltreated or abused compared to nonabused children (Kaufman et al., 1998).

Parents and the family environment determine the frequency and timing of social challenges during infancy. These experiences help to shape the development of biological stress response systems. For example, harsh and insensitive parenting appears to be linked to greater reactivity of the hypothalamic–pituitary–adrenal (HPA) axis, one of the primary systems involved in responses to stress (Repetti et al., 2007). Infants who are exposed to corporal punishment at home show greater reactivity to stress as measured by cortisol, the hormone that is released into the blood stream when the HPA axis is activated (Bugental, Martorell, & Barazza, 2003). A mother's insensitivity to her child during play predicts increases in the child's cortisol during free play (Spangler, Schieche, Ilg, & Ackermann, 1994) and infant attachment patterns moderate babies' cortisol responses in stressful circumstances (Gunnar & Donzella, 2002).

To summarize, the family's influence during infancy extends to cognitive, social, and emotional aspects of development. Infants' experiences in the family also seem to shape their ability to modulate emotional and physiological reactivity and the development of systems that regulate those responses, with implications for later physical and mental health (Repetti et al., 2007; Repetti, Taylor, & Seeman, 2002).

TODDLERS AND PRESCHOOLERS

During the period between infancy and early childhood, toddlers venture from the close-knit bond with their parents into the larger social world which includes relationships with other family members, peers, nonfamilial caregivers, neighbors, and others outside the family. The process of becoming a member of society involves the development of a sense of self separate from the mother, the ability to function outside of the immediate care of parents, the first stirrings of moral conscience, and the development of relationships with peers. The family plays a role in each of those major developmental tasks beginning when children are toddlers and continuing through the preschool years.

Sometime during the second year of life, toddlers recognize themselves in the mirror, begin to label themselves by names, and use personal pronouns, such as "I" and "me." By the age of 3 or 4 years, they construct a gender identity: children are certain about their own gender and have formed one of the most stable self-categorizations they will make in their lifetimes. Through interactions with family members and by observing the world around them, they learn about gender roles and develop gender-based preferences and meanings. For example, parents' emotional reactions can direct toddlers toward gender-typed behavior. Parents have been observed becoming more involved and excited when playing with their toddlers using same-gender toys, and such toys, in turn, elicit gender-typed play (Edwards & Liu, 2002).

Just as toddlers develop a sense of themselves as separate individuals, they also begin to function autonomously. This requires the development of self-control over impulses and the capacity to comply with standards for proper and desirable

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behavior. As demands for mature behavior increase during the second year of life, toddlers are expected to modulate their behavior in accordance with caregiver commands; compliance with those expectations increases from toddler to preschool to school years. The control strategies used by parents relates to the development of compliance in toddlers. For example, mothers' use of guidance and nonassertive methods of control is associated with better compliance in toddlers whereas power assertive techniques and physical punishment are associated with toddler defiance (Edwards, 1995).

During this stage of development, children also learn to regulate their behavior and emotions without adult supervision and other external controls. They internalize standards of conduct for behavior and experience empathy as well as feelings of guilt and shame. The standards and values that form the basis of a moral conscience are conveyed and enforced in the context of family relationships (Kochanska & Thompson, 1997). Toddlers are more likely to show empathy and attempt to help someone in pain if their mothers demonstrate concern for others. In comparison, toddlers who are abused at home are not only less likely to show concern when a peer is in distress, they may even react with fear or aggression and anger toward the victim (Edwards & Liu, 2002). Thus, the modeling of social behavior in the family appears to play an important role in the early development of moral conscience. The social and emotional climate in the family, as well as the security of attachment to the mother, also play a role in the way that toddlers and preschoolers self-regulate other emotions and in how they understand emotions in others. More anger and aggression at home or less secure attachments have been linked with greater emotional reactivity, less competent coping, and less accuracy in recognizing emotions depicted in facial expressions (Repetti et al., 2002).

One of the major developmental tasks of the toddler and preschool years is the formation of sustainable relationships. Attachment theory proposes that early caregivers, especially mothers, play a critical role in how children join an ever-widening array of social networks. The quality of early family relationships influences children's emotional security and their "internal working models" of relationships which, consequently, shape their affective responses to others, communication styles, and social skills (Edwards, 1995; Ladd & Pettit, 2002). Although differences in personality and temperament also play an important role, children with secure attachments to parents develop more positive expectations about others and are more socially competent during the preschool years. They are more likely to form friendships, to have large support networks, and to garner acceptance from peers (Ladd & Pettit, 2002). Not surprisingly, toddlers and preschoolers growing up in families marked by conflict and aggression or with parents who are less responsive and sensitive are less able to effectively resolve conflicts, are more aggressive, and demonstrate fewer social skills with their peers (Repetti et al., 2002).

Parents can also exert a direct impact on their children's peer networks. Toddlers' social ties are more likely to extend beyond the family when their parents actively initiate informal peer contacts. During the preschool years, the children who have more consistent play companions are better liked by their classmates, display more prosocial behavior, and develop more harmonious ties with peers. In addition, when they become involved in the process of arranging informal play activities, these children master the skills needed to initiate and manage their own interactions with peers. The supervision of their children's ongoing interactions, activities, and

relationships with peers is another common mode of direct parental influence, one that benefits toddlers more than preschoolers (Ladd & Pettit, 2002).

With their first steps, toddlers begin the gradual process of moving away from their parents and toward greater autonomy and ties to people outside of the family. Between infancy and kindergarten, children's initial forays into the outside world are guided by experiences in the family. The sense of self they launch, the stance they adopt toward society's expectations of them, the moral conscience they begin to develop, and the relationships they forge with peers during those early years are shaped by their early attachments and the attitudes and behavior of their parents.

MIDDLE CHILDHOOD

Middle childhood covers roughly the ages of 5 to adolescence, a relatively long period of development marked by dramatic changes in physical maturity, cognitive abilities, and social relationships (Collins, Madsen, & Susman-Stillman, 2002). During these years, children spend more time engaged in activities outside of the home, particularly in the school setting, and gradually transition from more adult-directed activities to more self-directed activities. Healthy development during middle childhood is marked by increasing levels of self-control, such that children are able to regulate and modulate their emotional and behavioral responses to meet environmental demands and engage in goal-oriented activity. Although they play an increasingly active role in selecting and shaping their immediate environments, children are still largely influenced by their parents and family during this period.

Parents may directly influence their child through the nature of parent–child interactions and parenting practices such as monitoring and discipline. Children may also be influenced indirectly through behavior modeled by parents, marital interactions, and the emotional climate of the family. Behaviors and social patterns that children learn in the home have far-reaching implications for their functioning in multiple domains outside of the home, including school performance and interactions with peers and adults.

Parent Socialization of Emotion and Social Competence

The socialization of emotion, defined as the shaping of children's understanding, experience, expression, and regulation of emotion (Eisenberg, Cumberland, & Spinrad, 1998), takes place within the context of the family. Children learn to understand their own and other's emotions, display emotions in a socially and culturally age-appropriate manner, and inhibit or modulate experience and expression of emotion in order to achieve goals in a socially acceptable manner. Parents' own coping with frustration and distress influences children's regulation of their emotions (Kliewer, Fearnow, & Miller, 1996). For example, children of parents who express less positive emotion and more negative emotion show less constructive coping in response to stress (Valiente, Fabes, Eisenberg, & Spinrad, 2004).

We know that positive, accepting, secure parent–child relationships seem to enhance children's capacities for forming and maintaining positive relationships with others (e.g., Contreras, Kerns, Weimer, Gentzler, & Tomich, 2000). Studies have linked parental warmth and involvement to child displays of prosocial behavior

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and low levels of child aggression at home and at school (Pettit, Bates, & Dodge, 1993; Rothbaum, Rosen, Pott, & Beatty, 1995). Involved parents may also encourage positive peer relationships by providing opportunities for social contact (Parke & Buriel, 2006). Direct parent supervision and guidance with peers facilitate social competence among younger children, whereas offering advice or consultation about difficult social situations is helpful for older children (O'Neil & Parke, 2000).

Another mechanism that links parenting to children's social competence is reflected in the skills that children learn and practice at home; parents have an impact by modeling, eliciting, and reinforcing social behavior. Through these experiences, children learn strategies for relating to peers and resolving conflicts. Children's construals of the parent–child relationship and parenting practices may be another pathway by which parenting influences children's social behavior. Research suggests that children form an internal working model or schema of interpersonal relationships that incorporate behaviors, feelings, and expectancies of reactions from others (Bowlby, 1988; Dodge, 1993). In fact, children's perceptions of parenting predict social competence to a greater degree than parents' own reports of their parenting behavior (Domitrovich & Bierman, 2001).

Whether through the acquisition of social skills and behaviors or by the development of internal models of how relationships work, we know that disciplinary practices in the home are associated with children's social behavior outside of the home. High levels of coercive and punitive discipline promote child aggression and are associated with low levels of child prosocial behavior (Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000). For example, parenting practices that involve high levels of punitive interactions are associated with elevated rates of oppositional, aggressive, hyperactive, and internalizing behaviors in kindergarten children (Stormshak, Bierman, McMahon, Lengua, & CPPRG, 2000). In addition, ineffective maternal discipline, characterized by threats and ridicule directed toward the child, predicts an increase in child conduct problems (Snyder, Cramer, Afrank, & Patterson, 2005). Parents' ineffective disciplinary practices have been found to increase the likelihood of behavior problems and academic failure by maintaining and reinforcing antisocial tendencies (Vuchinich, Bank, & Patterson, 1992).

Parenting Dimensions and Parent Mental Health

A well-documented finding in the child-rearing literature is that authoritative parenting, characterized by firm limit-setting, warmth, and responsiveness, is conducive to positive child outcomes. This type of parenting is contrasted with authoritarian and permissive styles of parenting that are overly controlling or provide too little support and structure. Authoritative parenting is considered beneficial to positive social, emotional, and cognitive outcomes in children. Examples of these outcomes include peer acceptance, school success, self-esteem, and responsibility-taking, all of which predict success later in life. This research is primarily based on studies of middle-class Caucasian families (Baumrind, 1989), and therefore is limited in generalizability to families from low SES or ethnically diverse backgrounds. However, across cultures perceived parental acceptance–rejection accounts for approximately 26% of the variation in children's self-reported psychological adjustment (Khaleque & Rohner, 2002).

Parenting behavior and attitudes that are centered on parental concerns, rather than attunement to individual child characteristics and needs, are consistently

associated with less positive child outcomes. Insensitive parenting in middle child-hood is a risk factor for long-term difficulties in child adjustment. Parent mental health is a factor that influences child development not only through genetic herita-bility, but also by potentially compromising parenting quality and practices. Maternal depression is tied to parenting practices that are associated with development of poor emotion regulation in children. Women who are depressed tend to show less responsiveness and attunement to their children and therefore are often less able to appropriately meet their children's needs (Arsenio, Sesin, & Siegel, 2004; Goodman & Gotlib, 1999). Given that women who are depressed experience deficits in their own emotion regulation, they may not be able to model or teach their children adaptive ways of coping. Hence, maternal depression is linked to deficits in parenting behav-ior that are associated with compromised psychosocial and cognitive functioning in children (Burke, 2003).

Alterations in biological stress reactivity via the HPA axis have also been observed in children of depressed mothers (Lupien, King, Meaney, & McEwen, 2000; Pendry & Adam, 2007). Disturbances in the HPA system in the context of chronic stress, indicated by either hyper- or hypocortisolism, are associated with poor physical and mental health (McEwen, 1998). Early experiences are believed to have long-lasting effects on the reactivity and regulation of stress-sensitive physiological systems that are closely tied to regions of the brain active in attention and emotion regulation (Blair, Granger, & Razza, 2005; Shonkoff & Phillips, 2000). Consequently, disruptions in sensitive parenting, such as those that occur with maternal depression, may deplete a developing child's internal and physiological resources for meeting environmen-tal demands and thereby render children vulnerable to a wide range of health and behavioral problems.

The bulk of research on parenting has typically focused on mothers as caregiv-ers; but fathers are also involved in child rearing, particularly with older children and sons (Wood & Repetti, 2004). Early research on the role of fathers focused pri-marily on the impact of an absent father. Children in father-absent families tend to have fewer economic and socioemotional resources and show more behavioral prob-lems (McLanahan & Carlson, 2002). However, sheer quantity of involvement is less important than the quality of father's involvement. A close relationship with a non-residential father who is responsive has been associated with gains in children's aca-demic achievement and reductions in behavioral problems (Amato & Gilbreth, 1999). One way that fathers shape their children's social behavior is by their responses to difficult emotions. Fathers who accept and assist their children with sadness and anger and who employ emotion and problem-focused coping strategies in response to distress have children who are more socially competent and show less aggressive and disruptive behavior (Gottman, Katz, & Hooven, 1997; Parke & O'Neil, 1999).

Marital Relationship and Conflict

The overall quality of the marital relationship is related to parenting, with higher marital quality associated with better parenting and, in turn, more positive child adjustment (Coiro & Emery, 1998). Marital conflict has adverse consequences for children's psychological health, social functioning, and school performance (Davies, Winter, & Cicchetti, 2006; Margolin, Oliver, & Medina, 2001; Troxel & Matthews, 2004). For example, marital conflict and parental disagreement over child rearing

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practices have been linked to children's antisocial tendencies and poor relationships with peers (Gonzales, Pitts, Hill, & Roosa, 2000). Unlike marital conflict that involves physical aggression, hostility, or threat, marital disagreements expressed through calm discussion and supportive problem-solving are significantly less likely to evoke distress responses from children (Cummings, Goeke-Morey, & Papp, 2003).

Aggressive marital conflict may impact children's behavioral, cognitive, and emotional adjustment via modeling aggressive behaviors, negative cognitive representations of aggressive marital conflict, and disruptions in children's sense of emotional security (Davies, Woitach, Winter, & Cummings, 2008). Aggression between parents may also disrupt relationships with children and parenting practices. For example, negative affect elicited in the marital dyad may spill over into parent–child interactions contributing to more irritable and punitive discipline practices (Erel & Burman, 1995). Parents may use similar harsh and coercive strategies in reaction to child misbehaviors, thereby reinforcing aggressive exchanges with their children and contributing to problems with aggression among offspring (Buehler & Gerard, 2002; Patterson & Fisher, 2002). Some research suggests that a general social climate of anger and aggression in the home is even more potent for the development of child behavior problems than is discord in the marital or parent–child relationship per se (Jaycox & Repetti, 1993).

Siblings

Siblings also influence child development by changing the family structure and relationship dynamics. Research has documented the potential for positive as well as negative effects associated with the presence of siblings. For example, there may be disruptions in the parent–child relationship with the birth of new siblings. In particular, there appears to be more of a negative impact in terms of behavior problems and academic adjustment on older children from families with limited financial resources (Demo & Cox, 2000). On the other hand, brothers and sisters allow children to practice skills and interaction styles that they have learned or observed. Older siblings act as tutors and supervisors of younger siblings during social interactions and may extend or limit opportunities for social contact outside of the family. Thus, the prosocial or deviant interests and activities of siblings contribute to the relative positive or negative influence that brothers and sisters have on each other (Parke & Buriel, 2006).

Other Family Influences

Although most of the psychological literature focuses on social dimensions of the family environment (e.g., parental discipline strategies, relationship quality), material and other aspects are also important. For instance, children may learn about work and responsibilities by contributing to household chores (Lee, Schneider, & Waite, 2003). A key finding of the large-scale National Longitudinal Survey of Youth was that less learning stimulation (e.g., books in the home, parent reading with child) was associated with more behavior problems among children in every ethnic group from early childhood through adolescence, controlling for family demographics, parental responsiveness, and level of spanking. Thus, objects in the home, such as books, and parents' efforts to provide learning opportunities for their children should also be

considered in explaining potential causes and maintenance of behavior problems as well as other aspects of development (Bradley, Corwyn, Burchinal, McAdoo, & Garcia-Coll, 2001).

Children engage in different ways with their family as they grow older. Interactions with parents become less frequent whereas interactions with others outside the home, especially peers, increase. Some scholars have reasoned that the influence of certain aspects of the home environment may therefore decline over the course of middle childhood. A longitudinal study of children between ages 8 and 13 found that the association between parental responsiveness and children's competence weakened as children got older (Gottfried, Fleming, & Gottfried, 1998). Undoubtedly, the influence of the family depends on, and interacts with, the broader sociocultural context in which it is situated, such that the norms and mores of a society shape family socialization processes and how behaviors are expressed (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). A limitation of research to date is that the degree to which links between parent–child relationships and social and emotional development during middle childhood reflect the effects of the current environment, or the longer history of interactions between parent and child, is not well understood (Collins et al., 2002). Overall, research on 5- to 12-year-old children clearly indicates that the family exerts a powerful influence on children's development and sets the stage for the transition into adolescence.

ADOLESCENCE

During adolescence, children's social, emotional, cognitive, and physical characteristics develop to more closely resemble adults (Beveridge & Berg, 2007). With these changes come a less hierarchical parent–child relationship (Steinberg & Morris, 2001). Teenagers strive to develop more autonomy and their own identities, and they want to take a greater part in family decision making (Beveridge & Berg, 2007). It once was thought that a teen's assertion of autonomy engendered family discord. However, there is not so much an increase in the frequency of conflict between parents and adolescents as there is an increase in the intensity of conflicts; abstract thought and other cognitive developments help teens make better arguments (Windle et al., 2008). To maintain positive relationships, parents must find a balance between granting independence and providing guidance at the same time as adolescents explore ways of asserting their own opinions while respecting their parents' perspectives (Beveridge & Berg, 2007).

Although peers play an increasingly important role in adolescents' lives, the family continues to have a significant impact on their development (Steinberg & Morris, 2001). Discussed in the following sections are four important areas of development that are influenced by the family during this period: sexuality, substance use, academic achievement, and mental health.

Pubertal Development, Romantic Relationships, and Sexual Behavior

Physical development (puberty), sexual attitudes and behavior, and the formation of romantic relationships are all part of the development of sexuality during adolescence, and all are influenced by the family. During puberty, secondary

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sexual characteristics (e.g., breast, pubic hair, testicular and menarche development) emerge as well as changes in height and weight (Coleman & Coleman, 2002). While the sequence of developmental changes is similar for most adolescents, the timing of development varies (Belsky et al., 2007). Early pubertal onset is associated with higher rates of depression and anxiety in females (Steinberg & Morris, 2001). Research has shown that early-maturing females have higher rates of body dissatisfaction and eating disorders, and that these differences persist even after their peers have reached puberty (Mendle, Turkheimer, & Emery, 2007). While genetic factors account for the majority of variance in pubertal timing, environmental factors, such as psychosocial stressors, are also important (Eaves et al., 2004). Evolutionary theories postulate that certain psychosocial stressors are linked to early pubertal development. According to this perspective, when females cannot depend on others for support it is adaptive to begin reproduction earlier. With more offspring, there is a greater probability that some will survive (Belsky et al., 2007; Saxbe & Repetti, 2009). Consistent with this line of reasoning, family characteristics that are stressful for children and convey a lack of support, such as discord, parent psychopathology, and father absence, are associated with earlier pubertal onset among daughters (Ellis & Garber, 2000). Marital conflict and marital dissatisfaction have been associated with early pubertal onset in both girls and boys (Kim & Smith, 1998; Saxbe & Repetti, 2009), and harsh and controlling parenting predicts daughters' earlier pubertal onset whereas sensitive and warm parenting have been associated with later pubertal onset in girls (Belsky et al., 2007). Girls living in households with step-fathers also begin puberty earlier than girls living with their biological fathers (Ellis & Garber, 2000). Some have speculated that the presence of unrelated males in the home may shape females' pubertal development more than the absence of biological fathers.

At the same time that their bodies are developing secondary sex characteristics, children begin socializing with the opposite sex, dating, and exploring sexuality. Although genes influence one's sexual orientation (Mustanski, Chivers, & Bailey, 2002), family social processes can shape the quality of romantic relationship patterns. In particular, early attachment experiences with parents may influence expectations for romantic relationships. Anxiously attached teens report more fears of rejection and abandonment in their dating life than their securely attached peers; those with avoidant caregiver attachments express greater discomfort with intimacy and have trouble forming close bonds with partners. In contrast, securely attached adolescents are more likely to be involved in supportive romantic relationships (Tracy, Shaver, Albino, & Cooper, 2003).

National survey data indicate that almost half of high school students have engaged in sexual intercourse, and 39% of this group had not worn contraceptives during their most recent sexual activity (Eaton et al., 2008). What role does the family play in adolescents' risk for sexually transmitted diseases and teen pregnancy? Parental monitoring and control and parent–adolescent relationship quality and communication have received the most attention as factors that influence risky sexual behavior. More parental monitoring, defined as supervision of adolescents' social activities, is associated with less sexual activity. Not permitting any social freedom, however, predicts increases in risky sexual behavior (Kotchick, Shaffer, Forehand, & Miller, 2001). In this situation, adolescents may be rebelling against their parents' over-control and seeking an extreme form of independence. Positive parent–adolescent relationships and communication between the dyad are associated with lower levels of risky sexual

behavior (Kotchick et al., 2001; Miller, Benson, & Galbraith, 2001). Frequent, positive, and open communication with adolescents exposes them to parents' values about sex and they, in turn, are less likely to engage in risky sexual behavior (Kotchick et al., 2001; Miller et al., 2001).

Adolescents with a history of sexual abuse by family members are at risk for early sexual behavior and teen pregnancy (Kotchick et al., 2001). Victims of sexual abuse often develop depressive symptoms, low self-esteem, low self-worth, post-traumatic stress disorder, and lack of assertiveness. These psychological outcomes may make adolescents less able to defend themselves and reject unwanted sexual advances (Steel & Herlitz, 2005).

In sum, as adolescents mature, close and positive relationships with their parents pave the way for more secure romantic relationships and lower rates of risky sexual behavior.

Substance Use

Family relationships and communication during adolescence also influence other risky behaviors, such as substance abuse. The effects can be far reaching because drug use in adolescence is associated with substance abuse later in life, as well as a host of other negative outcomes such as poor academic performance, failure to complete high school, criminal behavior, premature commencement of and problems with adult roles (e.g., job or marriage instability), physical health problems, loneliness, and psychopathology (Newcomb, 1997). High levels of discord in the family may be linked to substance use because family conflict interferes with the development of effective emotion regulation; teens may use substances to help them cope with difficult emotions and stressful home environments (Repetti et al., 2002). Evidence suggests that these adolescents often disengage from their families and are likely to befriend peers who are delinquent and facilitate drug use (Westling, Andrews, Hampson, & Peterson, 2008; Wills & Yaeger, 2003). Some research indicates that changes in parenting practices during preadolescence can lead to reductions in risky behaviors more than 2 years later. Participants were randomly assigned either to a family-centered preventive intervention program designed to delay the initiation of risk behaviors (alcohol and marijuana use and sexual activity), the Strong African American Families (SAAF) program, or to a control condition. Findings showed that the SAAF program improved parents' communication and monitoring of children and that it reduced risk behaviors among children at genetic risk. At long-term follow-up, youth with a genetic vulnerability factor (those with the short allele on the serotonin transporter gene 5-HTTLPR) who were randomly assigned to the control group initiated significantly more risk behaviors than did youth in the other three groups (i.e., those at genetic risk whose families were assigned to the SAAF program, and those who were not at genetic risk, regardless of whether they were assigned to the control or intervention group; Brody, Beach, Philibert, Chen, & McBride Murry, 2009).

The attitudes and behaviors regarding substances that teens are exposed to at home also have an impact on their drug use. Family members who abuse drugs model that behavior and make drugs more available, increasing the risk of substance abuse (Denton & Kampfe, 1994). Siblings appear to be even more influential than parents in shaping substance use behaviors (Slomkowski, Rende, Novak,

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Lloyd-Richardson, & Niaura, 2005). A national study of adolescent sibling pairs (i.e., monzygotic twins, dyzygotic twins, full-siblings, half-siblings, and unrelated siblings) revealed that even after controlling for genetic relatedness, parent smoking, and peer smoking, social connectedness to one's siblings moderated the shared environment effect of a sibling who smoked cigarettes. Teens were more likely to initiate cigarette smoking or increase their smoking frequency if they had close ties with their siblings who smoked (Slomkowski et al., 2005). Family members, however, can model positive drug-related behaviors too. For example, parents who openly express disapproval of drug use have adolescent offspring who are less likely to use drugs (Burrow-Sanchez, 2006).

Academic Achievement

Family environments that foster learning have longstanding effects on children's academic achievement. A longitudinal study that followed 6-month-olds and their parents until the children reached 19 years of age found that family influences begin in early development and create a pathway to academic achievement (Jimerson, Egeland, Sroufe, & Carlson, 2000). One of the ways that parents influence their children's educational attainment is through involvement in school. Even after controlling for multiple child and family characteristics (e.g., child cognitive abilities, gender, and race, and parent employment status, marital status, education, and income), parental involvement with children's education predicted lower rates of high school dropout and more years of education. For example, a child whose parents were involved at school by participating in school activities, communicating with teachers, and/or helping in the classroom for at least 3 years before high school had a 63% less likelihood of dropping out of high school than their peers who had fewer than 3 years of parental involvement before high school (Barnard, 2004). In addition to parents, siblings also can play a role in adolescent academic performance. Longitudinal research revealed that adolescents who spent time teaching their younger siblings demonstrated growth in their own language and overall academic achievement 2 years later (Smith, 1993). Taking the time to teach one's younger siblings rehearses and reinforces the material.

Mental Health

The stressors that many children experience during adolescence can be exacerbated by living in an unsupportive or high conflict home. Such an environment can act as a breeding ground for depression in a vulnerable teen (Sander & McCarty, 2005). Several of the risk factors for suicide, the third leading cause of death for adolescents (Centers for Disease Control, 2007), are linked to daily life at home, such as poor communication and poor problem-solving in families (Perkins & Hartless, 2002; Prinstein, Boergers, Spirito, Little, & Grapentine, 2000). Using a proportional hazards model that controlled for adolescent individual characteristics, researchers found that certain kinds of experiences in the family, such as insecure caregiver attachment, parent alcohol abuse, and exposure to sexual abuse, predicted adolescent suicide ideation (Fergusson, Woodward, & Horwood, 2000). Once adolescent mental health and stressful life events exposure were added to the model, however, the links between these factors and suicide ideation no longer were significant (Fergusson et al., 2000).

Family members do not necessarily cause adolescent suicide, but they can intensify teens' depression, and adolescent depression typically mediates the association between family risk factors and suicide (Prinstein et al., 2000).

Raising adolescents is no simple task; parents must relinquish some control while also continuing to keep a close eye on their children. Teens' past experiences with their family guide their exploration of sexuality, romantic relationships, and substance use. Parents strive to prepare their adolescents with sufficient independence and maturity to embrace their transition to emerging adulthood.

EMERGING ADULTHOOD

In the United States, the emerging adult years, from approximately age 18–25, are considered to be distinct from adolescence and full adulthood (Arnett, 2007). Young adults' lives are less structured by their families and schools as compared to earlier periods, and are usually not yet shaped by new family roles and long-term employment. Emerging adults subjectively report feeling like neither adolescents nor adults, but somewhere in between, on their way to adulthood (Arnett, 2004).

Identity exploration, which begins during adolescence, becomes a prominent theme during the emerging adult years. Young adults are actively engaged in exploring their talents and abilities and making consequential decisions about their work and personal lives. Although there is considerable individual variability in the timing, duration, and sequencing of life-course transitions, a defining feature of this period is frequent changes in multiple life spheres including relationships and work. A tension exists between emerging adults' need for autonomy and continued dependency. Parents' acceptance and support of their child's independence facilitates identity exploration and commitment during these years, whereas parental anxiety around separation hinders growth in these areas (Bartle-Haring, Brucker, & Hock, 2002).

In contemporary industrialized society, the time it takes to reach full-fledged adulthood has increased. As a result, young adults may reside with parents for a longer time, an arrangement that poses certain challenges in terms of emotional boundaries, privacy, and parental intrusiveness. Leaving home, on the other hand, may promote individuation and the opportunity to establish a more adult-like relationship with parents (Arnett, 2004). Regardless, parents' provision of emotional and economic support enables many emerging adults to increase their education and explore career options (Semyonov & Lewin-Epstein, 2001).

Earlier parent–child relationships shape socioemotional outcomes in the early adult years. Reciprocity, associated with an authoritative parenting style, in the earlier parent–child relationship predicts better adjustment to college and higher academic achievement (Wintre & Yaffe, 2000). The parent–child relationship also influences the central task of forming intimate relationships in emerging adulthood. Involved and nurturing parenting earlier in life predict warm and supportive behavior toward romantic partners in emerging adults (Conger, Cui, Bryant, & Elder, 2000). Parental divorce and family conflict, on the other hand, negatively affect intimacy and security in emerging adults' romantic relationships. Depression and other mental health problems common among emerging adults have also been linked to parental divorce in childhood.

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Emotional closeness and conflict between parents and emerging adult children are in part influenced by the nature of the parent–adolescent relationship. However, the influence of earlier relationship patterns is attenuated as children move further into adulthood (Aquilino, 1997, 2006). As a result of the transitions and exploration during this phase of life, emerging adults begin to relate to family members in new ways. They endorse a sense of obligation to support, assist, and respect their families (Fuligni & Pedersen, 2002). As emerging adults mature, they recognize their parents as individual beings apart from their parental role. The influence of siblings is seen in emerging adult's greater sense of well-being (i.e., higher self-esteem and life satisfaction) associated with perceived sibling support, which also appears to offset low parental and peer support (Milevsky, 2005). Most of the research on this group has focused on middle-class and Caucasian samples and, therefore, less is known about variability related to SES and ethnicity.

ADULTHOOD

By the adult years, there are potentially three streams of family influence. One represents the continuing developmental pressures exerted by past experiences in the family, which are evident in health, achievements, and relationships long after the individual has moved out of the home. The second represents the consequences of new family relationships—the adult's current experiences in the roles of spouse and parent. The third source of influence comes from present relationships with elderly parents, adult siblings, and others in the family of origin.

Childhood Experiences

Having grown up in a home marked by overt conflict—including recurrent episodes of anger and aggression—or one in which relationships were cold, unsupportive, and neglectful has damaging effects that can be observed in the mental and physical health of adults (Repetti et al., 2002). This includes an increased risk of psychiatric disorder (Johnson, Cohen, Kasen, Smailes, & Brook, 2001). Even physical growth seems to suffer. In one representative sample of a British birth cohort, exposure to family conflict at age 7 predicted less height attainment at age 33 (24% of the adults exposed to conflict were in the lowest fifth percentile of height distribution; Montgomery, Bartley, & Wilkinson, 1997). Physical health in adulthood fares no better. A number of longitudinal studies indicate that severe dissension or maltreatment during childhood, or even just a more negative relationship with parents, are associated with higher rates of illness and disease during the adult years (Lundberg, 1993; Russek & Schwartz, 1997; Walker et al., 1999). The elevated risk for serious health problems are also observed in studies that control for other risk factors, such as alcohol use, cigarette smoking, and being overweight (Shaffer, Duszynski, & Thomas, 1982). According to the risky families model, the health effects result from an accumulation of disruptions to the physiological stress response systems, as well as deficits in the emotion processing, social competence, and behavioral self-regulation that resulted from growing up in a family that was abusive, conflictual, or failed to provide adequate nurturing. The bulk of the damage to physical health may derive from allostatic load; repeated social challenges in the early family environment may have

disrupted basic homeostatic processes that are critical to the maintenance of health and resulted in dysregulated responses to stress (Repetti et al., 2002).

The same risky family characteristics that predict poor health are also associated with lower status on a number of indicators of adult life success, such as educational attainment (in years), income, and occupational status (Power & Hertzman, 1997). A home life in childhood and adolescence characterized by harmonious marital interactions and strong attachments to both mother and father is associated with higher career aspirations and greater likelihood of adult employment in prestigious occupations. In general, warm, supportive relationships with one's parents, and, in some cases, one's siblings, facilitate a more secure sense of identity, higher levels of aspirations and expectations, increased career self-efficacy, and a sense of commit-ment to one's career choice (Whiston & Keller; 2004). Of course, a family's financial resources and the role models and knowledge it provides also influence achieve-ments observed in adulthood (Schulenberg, Vondracek, & Crouter, 1984). However, these kinds of material and social advantages may not overcome the emotional costs associated with growing up in an aggressive or neglectful family. Even after control-ling for childhood social class and neighborhood of residence, and a history of paren-tal arrest and alcohol/drug problem, adults with documented histories of abuse or neglect are less likely to have completed high school or to be employed in managerial or professional occupations (Widom & White, 1997).

Because children first learn about relationships in their families, it is not sur-prising that longitudinal studies also find a more troubled and conflictual home in childhood and less closeness to parents predict relationships with friends and family in midlife that are less connected and a generally more avoidant attachment style (based on attitudes and feelings about closeness, intimacy, and interdependence in relationships; Graves, Wang, Mead, Johnson, & Klag, 1998; Klohnen & Bera, 1998). If parents were jealous, moody, critical, domineering, or quick to anger, their grown children are more likely to have marriages that are less harmonious and more dis-cordant (Amato & Booth, 2001). Having experienced or witnessed violence in one's family of origin appears to increase the likelihood of experiencing abuse in future intimate relationships (Kwong, Bartholomew, Henderson, & Trinke, 2003) and some studies, though not all, find evidence of intergenerational transmission of child phys-ical abuse (Ertem, Leventhal, & Dobbs, 2000).

The Marital and Parental Role in Adulthood

Although not everyone marries or has children, when a new household is created through marriage and parenthood, those relationships have a profound influence on development during the adult years. Being married seems to confer a number of advantages for individual health and well-being, including lower rates of morbid-ity and mortality, greater life satisfaction, happiness, and lower risk for depression (Holt-Lunstad, Birmingham, & Jones, 2008). The quality of the spousal relationship also matters because an unhappy marriage compromises physical and mental health. Divorce, extramarital affairs, and a husband's use of physical aggression, in partic-ular, lead to increases in depressive symptoms among women (Christian-Herman, O'Leary, & Avery-Leaf, 2001). At the same time that divorce can create the kind of tur-moil from which some never fully recover, others adjust relatively quickly and benefit from the ending of a highly conflicted or violent marriage (Amato, 2000). In general,

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lower levels of marital satisfaction are associated with declines in psychological well-being—an association that may be especially true for women (Dehle & Weiss, 1998). Negative dimensions of marital functioning—especially conflict, hostility, and a lack of support—also have both direct and indirect effects on physical health. Those effects are mediated by increasing risks for depression, by influencing health behaviors (such as greater alcohol use) and through physiological mechanisms—particularly the cardiovascular, endocrine, and immune systems. Although being married appears to have more benefits for men's health than for women's, the negative effects of marital conflict appear to be greater for the health of wives compared to husbands (Kiecolt-Glaser & Newton, 2001; Robles & Kiecolt-Glaser, 2003).

The closeness and intimacy of a marital relationship means that a spouse's stressful experiences also have an impact on health and well-being of his or her partner. For instance, recent evidence suggests that a spouse's mood and physiology can have a contagious effect, such that the couple's negative moods and stress hormones begin to sync up over the course of a day, particularly if their marriage is unhappy (Saxbe & Repetti, 2010). Even something as minor as daily worries about work can influence physiological stress indicators in a spouse (Slatcher, Robles, Repetti, & Fellows, in press). In extreme cases, such as living with a depressed spouse, daily interactions can become burdensome and lead to significant personal distress, including more depressed mood in the nondepressed partner (Benazon & Coyne, 2000). A husband's or a wife's job loss or prolonged unemployment can degrade the quality of the couple relationship as well as the spouse's mental health and increase the risk of divorce (Howe, Levy, & Caplan, 2004; Strom, 2003).

Just as marriage exerts a powerful influence over adult health and well-being, so does the experience of becoming a parent and rearing children. Although many would argue that parenthood is one of the most positive, important, and meaningful roles that anyone can fulfill, the quality of that experience varies over time and among individuals (Heinicke, 2002). Parenting that is demanding and stressful, or marked by daily arguments and hassles, contributes to significant declines in adult well-being (Crnic & Low, 2002). Of course, relationships with children continue to exert an influence on well-being and development throughout the life span. Watching children emerge into adulthood is a source of great fulfillment and pride for many parents; however, when offsprings struggle in their adult years, parents may experience doubts and regrets about their performance as parents. The personal and social adjustment that offspring experience as young adults has an impact on parents' evaluations of themselves, including their ratings of self-acceptance and depression (Ryff, Schmutte, & Lee, 1996).

Relationships With the Family of Origin

The relationship between adult children and their older parents is a two-way street where the roles of provider and recipient of support switch depending on the needs and resources of each generation at any given point. For example, it is common for adult offspring to continue to receive routine help from their older parents in the form of advice, assistance with childcare or household tasks, and more rarely, monetary transfers (Zarit & Eggebeen, 2002). The role that elderly parents play in providing assistance to their adult children and grandchildren is discussed in greater detail in the next section. However, when older parents become widowed, develop health

problems, or their cognitive functioning declines, parent–child relationships often change. The amount of help needed can range from minimal to extensive around-the-clock care. Adult daughters often enjoy feeling appreciated for the assistance that they provide for their aging parents, especially if the parents are relatively healthy (Fingerman, 2000). The provision of long-term assistance, however, can place significant strain on adult offspring; if they are employed, they often find it difficult to manage job responsibilities, their social and leisure activities are restricted, and they face increased conflict with their own spouses and other family members. It can be especially stressful to care for a parent who is cognitively impaired, such as one with a dementing illness like Alzheimer's disease or with a mental disorder. When long-term care is provided by an adult child, the caregiver is most likely a daughter. Although they often receive some form of assistance from siblings, the relationship between caregiving daughters and their siblings can be quite stressful. Ultimately, the burden of providing long-term care for a disabled elderly parent can exceed the caregiver's physical, emotional, and financial resources. In the United States, adult children who assume that role are at an increased risk of depression and other types of emotional distress; they also face greater vulnerability to health problems and increased mortality (Mancini & Blieszner, 1989; Zarit & Eggebeen, 2002).

OLDER ADULTHOOD

With recent increases in longevity, older adulthood currently starts later in life and continues longer than before (Zarit & Eggebeen, 2002). This period of development now typically begins at retirement or after age 65, and retirement decisions are often based on family circumstances. For example, spouses may plan their retirements to start at the same time (Szinovacz & Ekerdt, 1995); women rarely retire after their husbands, perhaps because their continued employment could threaten their husbands' traditional role as family breadwinner and place a strain on the marital relationship (Szinovacz & DeViney, 2000). Early retirement is more likely when there are strong relational ties to the family and members want to enjoy more time together. Those who are not as close with their families may choose to remain in the workforce longer to maintain regular social contacts. Financial responsibility for other family members also delays retirement (Szinovacz, DeViney, & Davey, 2001).

Providers and Recipients of Care

Increases in life expectancy have expanded the period when older adults typically spend time caring for and receiving care from family members. Parental assistance to adult children is routine: older adults report offering an average of 1.22 hours of support (e.g., financial, emotional, childcare, or household care support) each week to one of their adult children (Logan & Spitz, 1996). Relationship quality between older adults and their grown children improves the more independent the adult children become and the less assistance they need. Parents of adult offspring who have yet to meet social expectations of independence often experience distress and a sense of personal failure because they feel responsible for this delay (Pillemer & Suitor, 2002). Although older parents may experience a mixture of positive and negative feelings about relationships with adult offspring, there is less ambivalence if

the adult offspring are in marriages in which they are highly invested, and when they rate their relationships with their parents as being very important in their lives (Fingerman, Chen, Hay, Cichy, & Lefkowitz, 2006).

Early research suggested that older adults who took on caregiving roles for grandchildren experienced declines in physical and mental health (Hughes, Waite, LaPierre, & Luo, 2007). However, whether or not health declines depends on the degree of caregiving demands and the available resources. A cross-sectional study of adults over the age of 50 found that, after controlling for a number of factors (including age, gender, ethnicity, employment status, income, education, and marital status), caregiving of grandchildren was not associated with a decline in health and actually was associated with some health benefits (Hughes et al., 2007). A national longitudinal survey of elderly married individuals found that those who provided 14 or more hours of care each week to a spouse had lower rates of mortality than those who did not provide any care—a mortality difference that persisted even after controlling for the elderly caregiver's age, gender, health, education, and other demographic variables (Brown et al., 2009). Being able to care for others (e.g., assisting others financially, emotionally, or physically) boosts self-esteem and feelings of independence which, in turn, improve life satisfaction. Across five countries, researchers found that elderly adults who provided more care for their adult children than they received reported the highest level of life satisfaction (Lowenstein, Katz, & Gur-Yish, 2007).

Increases in life expectancy have directed researchers' attention to the quality of caregiving not only of grandchildren and adult children but also of caregiving experienced by elderly people (Schiamberg & Gans, 2000). As discussed previously, the responsibility of caregiving typically falls on adult children, and the quality of that care shapes the older parent's life satisfaction. When physical needs were controlled, for example, the elderly people who perceived having more emotional support from their adult children reported higher levels of life satisfaction than those who perceived less emotional support (Lowenstein et al., 2007). Older adults who do not have any children and never marry are more likely to receive care from their siblings (Van Volkom, 2006). Elderly people who reported satisfaction with the degree of contact with their siblings had better mental and physical health and overall life satisfaction (McCamish-Svensson, Samuelsson, Hagberg, Svensson, & Dehlin, 1999).

A longer life span means increased caregiving demands. With this change also comes an increase in reports of elder abuse (Schiamberg & Gans, 2000). Although it is a rare occurrence—only 2.7 out of every 1,000 older adults are victims of abuse (Hajjar & Duthie, 2001)—the effects of elder abuse can be serious, including physical injury, depression, and stress, all of which predict early mortality. Researchers speculate that premature mortality is linked to abuse victims' chronic stress and loss of social support from their children (Baker, 2007).

Death of Family Members and Suicide

The loss of friends and family is a normative experience after the age of 65. Ten percent of those over this age have a living parent; the limited research that is available suggests that older adult offspring tend to distance themselves emotionally in order to prepare for the loss of an elderly parent (Moss & Moss, 1995). The death of an adult child, in contrast, usually is unexpected and often leaves parents plagued

with distress and guilt over their own survival. Not only do grieving parents lose a primary source of social support, but they also lose the identity that they gained from the parental role. Mourning the loss of a spouse is associated with a decline in both physical and mental health. One study examined elderly pairs of twins who were married. During the months directly following the death of a spouse, widowers and widows were at greater risk for death compared to the twins whose spouses were living; this effect held even after controlling for smoking status, excessive alcohol use, education, body mass index, and chronic diseases (Lichtenstein, Gatz, & Berg, 1998). Because individual identities are often tied to relationships with loved ones, the death of family members not only leads to changes in roles in order to manage the gap left by the deceased, but also to changes in self-concept (Moss & Moss, 1995).

Old age marks a period of multiple losses—not only of loved ones but also of independence and health, which places many at risk for depression (Waern, Rubenowitz, & Wilhelmson, 2003). Consequently, suicide rates are highest among the elderly. Loneliness is a strong predictor of geriatric suicide; those who take their life in old age are more likely to have lived alone (Conwell, 2001), lost or divorced a spouse, or experienced family discord (Cattell, 2000). It is believed that these risk factors predict suicide because of their association with depression (Waern et al., 2003). Marriage, on the other hand, acts as a protective factor, perhaps due to the social support that a spouse provides (Moorman, Booth, & Fingerman, 2006).

It is important to bear in mind that the older adult years are often filled with many joys associated with grandparenthood, postretirement leisure time, and increased life span. No longer concerned with their offspring's emergence into adulthood, older adults can invest in strengthening ties with their adult children (Fingerman, 2000). In fact, older people report fewer interpersonal tensions in their daily lives and they seem to be better able to regulate their responses to problems compared with younger adults (Birditt, Fingerman, & Almedia, 2005). As the expected life span increases, researchers should focus more on how the family influences elderly people as they continue to age.

FUTURE ISSUES IN THE STUDY OF FAMILY INFLUENCES ACROSS THE LIFE SPAN

This chapter took us from fetal development, when the family's influence is expressed through genes and the prenatal environment, to old age, when influence processes can range from the lingering effects of early experiences in the family of origin to the current impact of relationships with adult offspring and spouse. Although the topic of family influence is addressed by different disciplines using a wide variety of designs and methods, there were some commonalities in the diverse literatures we reviewed. Because of a disproportionate focus on mothers, there is a relative scarcity of research on fathers and siblings that may have resulted in an unwarranted discounting of the roles that they play in development. Another similarity across different fields is that most studies are conducted in North America and, although there has been increased focus on minority populations in developmental studies, there remains an overrepresentation of middle-class White families in the literatures we reviewed. Consequently, there is much that we do not understand about how family

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influence processes vary across cultures or even across subgroups within the United States and Canada. Attachment theory stands out in our review because it is the one model that is used in the study of family influence at many life stages. However, no true life-span perspective is currently represented in any of the research literatures we reviewed. A life-span perspective opens the door to cross-fertilization of ideas and integration of findings across what are now separate literatures. A goal for family scholars is to begin the process of synthesizing theory, knowledge, and methods across different stages of development and research traditions.

Scholars working from an integrative life-span approach will face several major challenges. First, the family's influence over even a single aspect of development is expressed in different ways over a lifetime. For instance, emotion regulation could be manifested in the frequency and intensity of crying during infancy, the ability to recognize facial expressions among toddlers and preschoolers, coping strategies adopted during the elementary school years, risky sexual behaviors and substance abuse in adolescence, and depression or anxiety in adulthood. Emotion regulation also has a profound impact on social competence; the family's influence on the experience, control, and expression of emotions may be expressed in the way that interactions and relationships with peers, romantic partners, spouses, and offspring are managed at different points through life. The other chapters in this volume reviewing different facets of human development over the life span offer family researchers valuable guideposts that could help steer the process of synthesis.

A second challenge is presented by the fact that most families provide a fairly consistent type of environment that persists over many years; the developmental consequences therefore cumulate, making it difficult to specify the timing of effects. An apparent influence of early family events and conditions may be explained to some unknown degree by continuities in the home environment. As an example, consider the impact of parenting on the quality of peer relationships in adolescence. How much do sensitive and responsive parents in early childhood contribute to the ability to form and maintain relationships during the teen years? To address that question, it is critical to understand how early experiences are reflected in the quality of parenting provided by the same mother and father years later and the extent to which the stability of experience in the family accounts for associations between early parenting and outcomes assessed afterward. Intervention studies that create discontinuities in parenting practices or other aspects of family life discriminate the effects of early conditions from the effects of current conditions in the family much better than correlational studies do.

Because of correlations between family influence processes, a third challenge for researchers is disentangling the different streams of family influence. Individuals and subsystems within the family share traits and characteristics; a child with one caring and sensitive parent is more likely to have a second parent and siblings with nurturing traits than is a child with an abusive parent. In addition, parents who are angry and aggressive with each other are more likely to behave in a similar manner with their children (Margolin, Gordis, & Oliver, 2004). To complicate matters further, genetic predispositions account for some of the observed associations between family environments and outcomes in biological offspring. Family social environments are to some degree shaped by parents' heritable characteristics. When genes contributing to those traits are passed on to offspring and influence their development, the result is a gene–environment correlation that fuels what may appear to be

an effect of the home environment on development. Special research designs such as adoption studies and experimental interventions that modify the family environment (like the Brody et al., 2009, SAAF program described earlier) help to overcome this obstacle.

Ecological systems theory, mentioned at the start of this chapter, highlights another source of correlation among family influences. For instance, social class shapes not only the materials that are found in the family's home, but also child rearing values and practices. Compared to lower SES parents, those with higher education and incomes typically provide more books in the home, emphasize educational endeavors, and can provide more assistance with homework, all of which contribute to better academic outcomes in children. Moreover, the family's impact is magnified by characteristics of other settings that affect child development and are correlated with family SES, such as the quality of schools, the social and material resources in neighborhoods, and the attitudes and behaviors of peers. In short, because of correlations between genes, the kinds of experiences and relationships that children have at home, and the broader social context in which families exist, the isolation and identification of different sources of family influence will continue to be a challenging task for researchers for some time.

We conclude our chapter where we began: family influences on development are pervasive and multifaceted. Investigators face the challenges of determining how developmental consequences are manifested at different points in the life span, identifying when effects of the family are observed, and decoding the components of family life that are potent for different outcomes. More long-term longitudinal designs and intervention studies, as well as more attention to cross-cultural perspectives, fathers, and siblings will advance the next generation of research. As knowledge from different disciplines continues to accumulate, a life-span perspective could be the thread that weaves together the bits and pieces of information about family influences.

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