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Introduction to the Special Issue “Families, health, and well-being”

A century of scientific research on the family-health nexus notwithstanding, the last decade has witnessed a renewed interest in elucidating the complex interplay of family, well-being and health. Several recent overview articles on the topic have appeared over the last decade, reflecting an attempt to sum up the main results from ‘first-generation’ research (Arránz Becker et al. 2017; Carr/Springer 2010; Carr et al. 2014; Hank/Steinbach 2018; Rapp/Klein 2015; Dolan et al. 2008; Hansen 2012) and to point to persistent gaps in the literature and directions for future research. We take this as an indication that we are witnessing the emergence of a ‘second-generation’ era of research that more closely follows the well-known tenets of life course theory (Mayer 2009), according to which individuals actively take age-graded, path-dependent life course decisions based on their available material and intangible resources within specific sociohistorical contexts. Consequently, recent studies are beginning to take a longitudinal perspective in a more rigorous manner (Arránz Becker et al. 2017) and are addressing issues of causality and social context effects more carefully than before (Hank/Steinbach 2018).

Ever since the seminal work from the 19th century (Farr 1859), the family-health nexus has almost continuously received scholarly attention, which underlines the pervasiveness of the topic. The closely intertwined connections between families and well-being can be traced back to fundamental functions of the family. Family is one of the main socialisation agents, shaping health perceptions and health behaviours, as well as happiness-inducing habits of its members. Adults’ own family formation behaviour and related transitions (e.g., marriage) have been shown to determine a plethora of health and well-being outcomes and, ultimately, mortality (Carr et al. 2014; Zimmermann/Easterlin 2006). On the other hand, health and well-being themselves may have important implications for partnering and family development processes, because they signal fecundity and the ability to provide the necessary resources for maintaining a family (Stutzer/Frey 2006). In sum, although family status is traditionally considered as a horizontal dimension of social diversity, family transitions can also be seen as catalysts of inequalities in health and well-being (Arránz Becker et al. 2017). For instance, if individuals with poorer health (or those who are less happy) exhibit lower marriage rates and higher divorce rates, then



healthier (and happier) individuals will eventually be overrepresented among the married and, given the prevalent norm of marital childbearing, among parents.

Another reason why there is a constant demand for research on the complex relationship between family, well-being, and health is that institutions like marriage and family are subject to continuous structural and functional change. The implications of such demographic changes for health and well-being are not yet fully understood. For instance, family scholars in the second half of 20th century have been concerned with steadily rising divorce rates in many Western countries (Sobotka/Toulemon 2008) that, in the case of the U.S., came to a plateau after 1980 (Raley/Bumpass 2003). Involved in these divorces was an increasing number of children, raising questions about the consequences for post-divorce family members, parents and children alike (Amato/Sobolewski 2001; Schoen et al. 2002). At the same time, marriage patterns (e.g., educational homogamy) have changed because of the massive educational expansion during that period, altering marginal distributions of educational attainment, especially among women (Kalmijn 1998; Mikucka 2016). Because marital benefits for health and well-being depend on the pooled resources that partners bring into the marriage, among them human capital in the form of education, it seems worthwhile to study their implications for health and well-being of married persons.

As another critical demographic shift during the mentioned period, longevity has markedly increased worldwide (Vaupel 1998). In terms of family structure, this implies a longer period of intergenerational contacts between grandparents and grandchildren and also more emphasis on how the grandparenthood role is enacted individually. On the other hand, shrinking family sizes and increasing childlessness lead to broken generative chains and to "beanpole families" (Bengtson/Harootyan 1994) with fewer members which, in turn, may contribute to adverse well-being and health in later life, for instance, in the form of isolation and loneliness.

All of the sketched shifts have occurred to different degrees in vastly diverse socio-historical contexts. Consequently, more cross-national comparative research is required that considers different historical roots, functions and individual orientations towards the family, along with differences in health habits and perceptions, healthcare systems, and well-being cultures. The temporal contextual dimension calls for analyses of social change over time, taking into account increasing family complexity, shifts in interaction within increasingly diverse families and their impact on well-being and health.

Looking back at the first generation research on the interplay between family, well-being and health, several shortcomings become evident. The bulk of the older research is cross-sectional and national, and there are few longitudinal analyses spanning longer periods of observation (Arránz Becker et al. 2017). Meanwhile, however, there are several long-term, large-scale international panel studies available including health and well-being indicators that can be used for more refined 'second-generation' research aiming for stronger causal inference and for temporal and spacial contextualisation of previous findings. Hence, the present Special Issue aims to add to the literature by providing an in-depth scrutiny of the impact of family structures and intergenerational contacts on well-being and health, taking advantage of large, national and international panel datasets (e.g., SHARE and GSOEP). Some of the research compiled in this Special Issue focuses on causal inference and on the study of causal mechanisms, some aims at contextualising

findings across time and across societies. In the following subsection, we briefly present the content of the Special Issue.

Contributions in this Special Issue

The first contribution in the volume, by *Johannes Stauder, Ingmar Rapp, and Thomas Klein* looks closely at health shifts among cohabiting couples in Germany, and investigates the role played by individual's and partner's education for physical and mental health. The health advantage of partnered individuals is well documented in the literature, but the heterogeneity of this effect has less often been studied. Stauder and colleagues carefully consider the types of health-relevant resources which people of various educational levels bring into a partnership and discuss the complex interplay between educational levels of both partners, and these resources' effects on health. Their fixed-effects regression analysis of data from the German Socio-Economic Panel (2002 to 2016) focuses on intra-individual change, aiming to estimate causal effects. Their results show that, not surprisingly, a highly educated partner is more beneficial for mental and physical health than a partner with low education, suggesting that health-relevant knowledge, economic resources or social status brought by a highly educated partner have a direct protective effect on physical and mental health. However, the weak protective effect of partner's higher education for men's mental health suggests that roles in a partnership remain strongly gendered. In contrast, the protective effect of a partnership on health does not invariably depend on educational homogamy, although in principle homogamy might reduce conflict and increase satisfaction with the partnership. However, health benefits of educational homogamy seem to be limited to higher educated respondents, suggesting that the ability to find a highly educated partner is of greater importance for them. The intriguing and complex gender differences found, such as stronger effects for mental health among women and stronger effect for physical health among men, are a potential avenue for future research.

The second paper, written by *Katharina Loter, Oliver Arránz Becker, Malgorzata Mikucka, and Christof Wolf*, also deals with the topic of partnership and studies the mental health dynamics around marital dissolution. The authors test whether parenthood and age of children moderate the effect of dissolution on mental health. This paper thus looks into heterogeneity (by parenthood status) of an effect that has been long and well established in the literature. Loter and colleagues recognize that a dissolution may be more difficult for parents than for childless people and may be especially hard for parents of small children. On the other hand, adult children may provide support to their divorcing parents and reduce the negative impact of dissolution. Like the first contribution, this analysis uses data from the German Socio-Economic Panel (2002-2016), this time, however, focusing on a sample of women and men who are at risk of their first marital dissolution. The distributed fixed-effects model considers intra-individual mental health trajectories around marital dissolution. The most clear-cut result is the strong negative effect of dissolution for mental health of mothers of infants and toddlers; this group not only experiences a negative anticipation but also a sustained downward slope of mental health after a

dissolution. This pattern is qualitatively different from that of other groups, for whom mental health reacts to dissolution mostly in the short run. For some groups (i.e. fathers of pre-school and primary school children) mental health remains unchanged during the dissolution. The evidence on mental health dynamics around marital dissolution presented in the paper raises the awareness of mental distress faced by both childless and parents, in particular by lone mothers of young children. But the findings also suggest that for most people divorce does not have any long-lasting mental health effects.

The next contribution, written by *Aida Solé-Auró* and *Clara Cortina* is the first among the papers in this volume that take a European, comparative perspective and focus on the elderly population. The authors explore the role of family ties for life satisfaction in order to better understand whether the presence of a co-residing partner and/or the presence of children living in proximity interact with other components of elderly people's social life, such as the size of the social network, to determine life satisfaction. The data come from the sixth wave of the Survey of Health, Ageing and Retirement in Europe and represent the population of people between the ages of 50 to 85 years in thirteen European countries. The findings show that having no partner, both divorced and widowed, has the strongest and most negative effect on life satisfaction in all countries and for both men and women. On the other hand, having no children seems to have no effect on life satisfaction for those who had ever been married, once their current partnership status is considered. Exploring further the role of social relationships and contacts, the paper confirms that people with a larger network of confidants tend to be more satisfied with their lives than those who have a smaller network, and that this relationship remains consistent across countries. The findings of this paper reduce concerns about the long-term implications of increasing childlessness among younger cohorts, as it does not appear that the childless are at a greater risk of social isolation.

The fourth paper, authored by *Thijs van den Broek*, *Marco Tosi*, and *Emily Grundy*, continues the theme of an ageing population but focuses more narrowly on the effects of parenthood and grandparenthood: The authors study whether having more children and grandchildren protects against later-life loneliness among elderly individuals in Eastern and Western Europe. The analysis is based on data from the Generations and Gender Survey for twelve – i.e., five Western and seven Eastern European – countries. Given the relatively strong reliance of older people on the family in Eastern Europe, the authors expect that the protective effects of offspring on loneliness is stronger in Eastern-European countries than in Western-European countries. The results show that people having more children are less lonely than those having fewer children, in part because having more children increases the chance of having grandchildren. The relationship between parenthood and loneliness holds in Eastern and Western Europe alike, although the protective effect of having four or more children is larger in the East than in the West. On the other hand, the effect of grandparenthood differs more across regions. Specifically, grandparenthood status partly explains differences in the loneliness risks of childless women, mothers with one child, and those with two or more children; but among men the mediating role of grandparenthood is significant in Eastern Europe but only marginally significant in Western countries. Overall, the findings indicate that having close family members, including more children and at least one grandchild, does protect elderly people against later-life loneliness.

The last contribution in this Special Issue, written by *Valeria Bordone* and *Bruno Arpino*, stays in the realm of grandparenthood research and studies the relationship between grandparenthood, grandchild care, and depression among elderly people in eighteen European countries. This is the first study to explicitly consider various grandparenthood transitions (having the first grandchild, having an additional grandchild, increasing involvement in care for a grandchild) and estimate their association with intensity of depressive symptoms. The analysis estimates intra-individual change with fixed effects and uses longitudinal data of the Survey of Health, Ageing and Retirement in Europe. The results show that, in general, women face a decline in depressive symptoms when becoming grandmothers for the first time. However, neither an increase in the number of grandchildren nor increasing involvement in grandchild care are associated with changes in depressive symptoms. An additional, in-depth analysis by country shows that, as postulated by the structural ambivalence theory, the importance of grandparenthood for people's mental functioning varies greatly across countries, as it depends on (grand)child-care organisation in a country. Nonetheless, the pattern of cross-country differences in Europe is not clear, and depression consequences of grandparenthood may vary considerably also between countries characterised by similar grandparenthood roles. Overall, the study suggests that grandparenthood and related activities have no adverse effects on grandparents' depression and the only statistically significant effects imply a reduction in depressive symptoms. These results are important in the light of a growing number of older people involved in grandchild care activities, and they reinforce the idea of considering grandchild care as an activity that may help older people to remain physically and cognitively engaged without being detrimental for their mental wellbeing.

Collectively, this Special Issue looks at the role of family relationships for well-being and health, offering a selection of current research from social sciences. We hope that the reader may find it enjoyable and useful.

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