

Research Article

How Widowhood and Gender Shape the Impact of Maternal Favoritism on Adult Children's Psychological Well-Being

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Abstract

Objectives: Our goal was to extend research on within-family differences in mother–child relations in later life by focusing on 2 social structural characteristics of mothers and offspring that may play important roles in shaping the impact of maternal favoritism on adult children's depressive symptoms—mother's marital status and child's gender.

Methods: Mixed-methods data were collected as part of the Within-Family Differences Study from 641 adult children nested within 273 families in which: (a) there were at least 2 living adult siblings, and (b) mothers were married or widowed.

Results: Multilevel analyses indicated that perceiving oneself as the child to whom one's mother was most emotionally close was a strong predictor of higher depressive symptoms among daughters of widowed mothers; in contrast, perceptions of favoritism did not predict depressive symptoms among sons of either widowed or married mothers, or daughters of married mothers. Qualitative analyses revealed that daughters, but not sons, of widowed mothers tended to attribute their greater closeness with their mothers to their roles as their mothers' "emotional caregivers," particularly solo caregivers, during times when mothers faced negative life events that neither they nor their children could control or ameliorate.

Discussion: The quantitative and qualitative findings we present underscore how social structural positions—in this case, mother's marital status and child's gender—combine with social psychological processes to shape how parent–child relations affect children's well-being in adulthood.

Keywords: Intergenerational relations, Mixed methods, Within-family differences

Research on patterns and consequences of parental differential treatment (PDT) in adulthood has established that mothers and fathers differentiate among their offspring in both emerging adulthood and midlife across a wide range of relational and evaluative dimensions, including favoritism and disfavoritism (Davey et al., 2009; Jensen et al., 2013; Rurka et al., 2018; Sutor et al., 2013, 2017). Studies across the life course have found that children's perceptions that

their parents disfavor them have a negative impact on psychological outcomes, regardless of the particular dimension of disfavoritism (cf. Jeannin & Van Leeuwen, 2015; Jensen et al., 2013; Peng et al., 2021; Pillemer et al., 2010; Sutor et al., 2017); however, findings on the effects of parents' favoritism have been less consistent. Studies have reported both positive and negative effects on well-being across a variety of dimensions of favoritism in childhood and emerging adulthood (cf.

Barrett Singer & Weinstein, 2000; Jeannin & Van Leeuwen, 2015; Jensen et al., 2018; Richmond et al., 2005). However, the limited research on current perceptions of maternal favoritism in midlife has shown neither positive nor negative associations with children's well-being, with the exception of emotional closeness, which consistently predicts higher depressive symptoms (Peng et al., 2018; Pillemer et al., 2010; Stocker et al., 2020; Sutor et al., 2017).

The counterintuitive finding that being favored is associated with increased depressive symptoms appears to be partially explained by higher conflict among siblings when adult offspring perceive that any particular child in the family is favored (Boll et al., 2003; Sutor et al., 2009). Recent research has revealed that such sibling tension mediates the association between perceptions of parental favoritism and psychological well-being (Hamwey & Whiteman, 2020; Peng et al., 2021). However, even after taking sibling conflict into account, there remains a direct negative effect of perceptions of emotional favoritism on children's psychological well-being (Peng et al., 2021).

The fact that the association between maternal favoritism and psychological well-being is not completely explained by sibling conflict may reflect more complex processes that we suggest may involve the combination of mothers' and children's characteristics. Existing studies of favoritism and well-being have focused on the role of children's characteristics; however, there has been no attention to the role of mothers' structural characteristics in these processes. The aim of the present article is to extend understanding of the effects of maternal favoritism on psychological well-being by exploring how two highly salient social structural characteristics—mother's marital status and child's gender—combine to shape the impact of perceptions of emotional favoritism on children's depressive symptoms in later-life families.

We address this question using a combination of quantitative and qualitative data collected from 641 adult children nested within 273 families in which more than half of the mothers were widowed. Taking a mixed-methods approach enhances our ability to interpret any patterns shown by the multilevel quantitative analysis, particularly regarding the reasons why the association between perceptions of maternal favoritism and children's depressive symptoms varies by mothers' marital status or children's gender.

Does Widowhood Shape the Effects of PDT?

Recent research suggests one path by which perceptions of parental favoritism affect adult children's psychological well-being as their parents enter their later years is sensing that, as the favored offspring, the child should act in the role of "emotional caregiver" to the parent (Sutor et al., 2020). Sutor and colleagues use this term to underscore that adult children who assume responsibility as the primary source of emotional care to their parents are enacting a role in the classic sense of occupying a social position

associated with a particular set of behavioral and attitudinal expectations (Linton, 1936). For adult children whose parents are in their later years, this increased sense of filial responsibility regarding parents' emotional care comes at a time when their parents are at increased risk of negative life events that neither they nor their children can control or ameliorate, such as parents' declining health and interpersonal losses due to the death, poor health, and relocation of central network members. Thus, favored children appear to be more acutely aware of their parents' emotional needs as they age, yet cannot "make things right" for their parents, and are saddened by the irresolvable difficulties their parents face.

We propose that widowhood is a context in which perceptions of mothers' favoritism may have a particularly strong impact on adult children's psychological well-being, relative to when both parents are living. In this argument, we draw on Carstensen's theory of socioemotional selectivity (Carstensen, 1992), which posits that when individuals experience events that lead them to perceive that their time to achieve goals is limited, they tend to increase their focus on socioemotional goals and reduce their focus on more instrumental goals. The theory was originally developed to explain changes in individuals' goals as they entered the later years; however, tests of the theory have shown that such a shift in the salience of socioemotional and instrumental foci is also likely to occur under certain circumstances in earlier stages of the life course. In particular, individuals tend to increasingly emphasize socioemotional dimensions of their lives after experiencing "priming events" that shift their perspective regarding the time still available to them, regardless of their place in the life course (Fung & Carstensen, 2006).

Although this argument is generally used when considering individuals' perspectives regarding the finitude of their own lives (Carstensen, 1992), we suggest that the same principles can be applied to adult children who are observing their parents' experience of aging. In particular, we posit that the loss of one parent would heighten children's recognition that their time with their surviving parent is finite, and thus increase the salience of that tie. As the salience of the tie to that surviving parent increases, we hypothesize that the effect of perceived favoritism on psychological well-being will also increase.

Further, widowhood likely fuels favored children's sense of urgency to enact the role of emotional caregiver because their mothers have just experienced a significant loss and are in heightened need of support. This increased responsiveness to mothers by favored offspring may help to explain Sutor and colleagues' (2014) finding that recently widowed mothers were more likely to receive assistance from the adult children they had previously identified as their preferred caregivers than were mothers who were divorced or who had been widowed much earlier.

It is important to note that although priming events may elicit actions that are motivated by compassion or

sense of responsibility, optimizing such positive emotional responses may nevertheless also be stressful. In fact, based on the literature on relationship quality and shared emotions, we suggest that children who perceive themselves as most close to their mothers would be especially likely to be distressed when their mothers experience major negative life events, such as widowhood (Monin & Schulz, 2009; Polenick et al., 2020; Van Orden & Joiner, 2006).

Thus, we hypothesize that adult children's perceptions of being the most emotionally close to their mothers would have stronger effects on the psychological well-being of adult children whose mothers were widowed than those whose mothers were married.

Child's Gender, Maternal Favoritism, and Psychological Well-Being

Up to this point, we have focused on the potential moderating role of mothers' widowhood in the association between perceptions of favoritism and adult children's psychological well-being without taking gender of the adult child into consideration. However, the literatures on gender role socialization, social influence, and gender differences in parent-child relations provide a clear basis for proposing that widowhood would serve as a stronger moderator between perceived favoritism and psychological well-being among daughters than sons. Classic theories of gender role development (Chodorow, 1978; Gilligan, 1982; Williams, 1993) have argued that women are socialized beginning in childhood to be especially sensitive to others' emotions. The continuity of these patterns is evident in studies of women's relationships in adulthood, both inside and outside of the context of the family, in which women, relative to men, are both more involved in their social relations and are affected more intensely by those relationships (Antonucci, 2001; Birditt et al., 2009; Polenick et al., 2016).

Studies of gender differences in mothers' relationships with daughters and sons also support the proposal that widowhood would be a stronger moderator in the association between perceived favoritism and psychological well-being for daughters than sons. Beginning with early studies of parent-child relationships in adulthood (cf. Adams, 1968), the preponderance of investigations has reported greater closeness and confiding between mothers and daughters than between mothers and sons (Fingerman et al., 2020; Suitor et al., 2013; Suitor & Pillemer, 2006).

Further, when mothers experience life events that call for high levels of emotional support, daughters are more likely than sons to provide that support (Birditt et al., 2012; Silverstein et al., 2006) and to experience higher levels of stress when doing so (Bangerter et al., 2018). The pattern of daughters experiencing more distress than sons when providing high levels of emotional support to parents is also consistent with the broader literature showing that women are affected more strongly by their interpersonal

relationships than are men (Antonucci, 2001; Birditt et al., 2009; Monin & Schulz, 2009; Polenick et al., 2016).

Thus, taken together, these literatures suggest that favored daughters would be more likely than favored sons to embrace the role of emotional caregiver, and to find this role especially psychologically taxing when their mothers are widowed. Support for this proposal also comes from Suitor and colleagues' (2020) finding that perceptions of being favored were associated with higher depressive symptoms among daughters due to qualitative gender differences in the meaning that daughters and sons gave to their perceptions of favoritism. More specifically, for daughters, but not sons, perceiving themselves as the child to whom their mother was most emotionally close meant feeling responsible for their mother's emotional care during difficult times in their mothers' later years.

In summary, we hypothesize that the association between adult children's perceptions of maternal favoritism and depressive symptoms will be stronger: (a) among offspring of widowed mothers, compared to those of married mothers; and (b) among daughters than sons, particularly when mothers are widowed.

Method

Procedures

The data used in the present analyses were collected as part of the second wave of the Within-Family Differences Study. The design of the study involved selecting a sample of mothers 65–75 years of age with at least two living adult children and collecting data from mothers regarding each of their children.

Massachusetts city and town lists were used as the source of the original study sample. With the assistance of the Center for Survey Research at the University of Massachusetts, Boston, the researchers drew a probability sample of women ages 65–75 with two or more children from the greater Boston area. The Time 1 sample consisted of 566 mothers, which represented 61% of those who were eligible for participation, a rate comparable to that of similar surveys in the 2000s (Wright & Marsden, 2010). (Further details of the design can be found in Suitor et al. (2013, 2017) and at <https://web.ics.purdue.edu/~jsuitor/within-family-differences-study/>.)

For the second wave of the study, the survey team attempted to contact each mother who participated in the original study to schedule a 60- to 90-min in-person interview. At T2, 420 mothers were interviewed. Of the 146 mothers who participated at only T1, 78 had died between waves, 19 were too ill to be interviewed, 33 refused, and 16 could not be reached. Thus, the 420 represent 86% of mothers who were living at T2. Comparisons between the mothers alive at T2 who did and did not participate revealed that those who participated were better educated and in better health. Comparing the T1 and T2 samples

revealed that mothers who were not interviewed at T2 were less healthy, less educated, less likely to have been married at T1, and more likely to be Black.

Following the interview, mothers were asked for their adult children’s contact information; at T2, 81% of the mothers provided contact information—a rate higher than typically found in studies of multiple generations (Kalmijn & Liefbroer, 2011). Seventy-five percent of the adult children for whom contact information was available agreed to participate, resulting in a final sample of 826 children nested within 360 families. Semistructured interviews with the adult children were conducted on the telephone and lasted approximately 45–60 min. Analyses comparing mothers with and without participating children revealed no differences between these two groups in terms of race, marital status, education, age, or number of children; daughters, married offspring, and those with higher education were slightly more likely to participate, consistent with other studies of multiple generations (Kalmijn & Liefbroer, 2011).

The analytic sample for this article includes the 641 adult children nested within 273 families in which: (a) there were at least two living adult siblings, and (b) mothers were married or widowed at the T2 interview (as opposed to divorced). The 61 families in which mothers were divorced at T2 were omitted primarily because the focus of the present research questions is on comparisons between children whose mothers are widowed or married. Further, in nearly all of the families in which mothers were divorced, this event took place much earlier in the life course. Table 1 presents the demographic characteristics of the adult children that comprise the analytic sample for this article and their mothers.

Measures

Depressive symptoms

To measure depressive symptoms, we employed the seven-item version of the Center for Epidemiological Studies—Depression (CES-D) scale (Ross & Mirowsky, 1984). The CES-D asks respondents how often in the past week they felt a certain way. The items composing the scale are: (a) Everything I did was an effort; (b) I had trouble getting to sleep or staying asleep; (c) I felt lonely; (d) I felt sad; (e) I could not get going; (f) I felt I could not shake off the blues; and (g) I had trouble keeping my mind on what I was doing. In this sample, the scale ranged from 7 to 28, with a mean of 11.5 (*SD* = 4.5); Cronbach’s alpha = 0.80.

Although women generally score higher than men on the CES-D, studies have reported that gender differences on the items included in the seven-item version used in the present study are relatively small, and do not preclude the use of this form of the scale for both genders (cf. Carleton et al., 2013; Van de Velde et al., 2010).

Table 1. Demographic Information on Mothers and Adult Children (*n* = 641 in 273 Families)

Mothers	<i>N</i> = 273
Age (mean, <i>SD</i>)	77.9 (3.2)
Number of children (mean, <i>SD</i>)	3.7 (1.6)
Education (%)	
Less than high school	16.7
High school graduate	33.9
Some college	21.6
College graduate and higher	27.9
Proportion of daughters in family (mean, <i>SD</i>)	0.5 (0.3)
Black (%)	17.0
Widowed (%)	52.0
Physical limitations (%)	53.9
Adult children	<i>n</i> = 641
CES-D (mean, <i>SD</i>)	11.5 (4.5)
Reported mother favored self (%)	32.6
Age (mean, <i>SD</i>)	49.1 (5.7)
Gender (female) (%)	57.9
Education (%)	
Less than high school	3.9
High school graduate	23.7
Some college	13.6
College graduate and higher	58.8
Married (%)	72.1
Employed (%)	80.3
Subjective health (mean, <i>SD</i>)	3.8 (1.0)
Sibling tension (mean, <i>SD</i>)	6.1 (2.3)
Last-born (%)	25.1

Notes: CES-D = Center for Epidemiological Studies—Depression; *SD* = standard deviation.

Independent and moderating variables

To measure maternal favoritism regarding emotional closeness, each respondent was asked: “To which child in your family is your mother the most emotionally close?” Initially, each child’s response was coded: 0 = child does not perceive mother as most close to any child in the family; 1 = child perceives that mother is most close to him or herself; or 2 = child perceives that mother is most close to another specific child in the family. This information was used to create a dichotomous variable that took into consideration each child’s own report of whether he or she was most emotionally close to the mother (1 = named self as most emotionally close to mother; 0 = named another sibling or said that no child was most close). Choosing another sibling and choosing no child were combined because prior research has shown that perceptions of being favored, not perceiving that another sibling is favored, predict adult children’s depressive symptoms (Suitor et al., 2017). Two hundred and nine (32.6%) of the adult children reported that they were the children to whom their mothers were most emotionally close.

Child's gender was coded 0 = son; 1 = daughter. Mothers' marital status was based on mothers' self-reports of their marital status at T2. For the present article, mothers were coded as 0 = widowed and 1 = married.

Control variables

Characteristics of mothers/families.—Race was measured by asking mothers to select from a card listing several races/ethnicities (e.g., White, Black/African American, Hispanic/Latina, Native American, Asian). They were instructed that they could choose more than one race or ethnicity. All families who met the criteria for inclusion in the subsample identified as Black or White. We coded race as White = 0 and Black = 1. *Number of adult children* was based on mothers' reports at T2. *Gender composition of the sibship* was measured by calculating the proportion of daughters in the family at T2. *Mothers' educational attainment* was measured by asking mothers how many years of formal education they had completed. Categories were 1 = eighth grade or less; 2 = 1–3 years of high school; 3 = high school graduate; 4 = vocational/noncollege, post-high school; 5 = 1–3 years of college; 6 = college graduate; and 7 = graduate work. *Mothers' limitations* were measured by asking adult children: "Does your mother have any health conditions or difficulties that limit her activities or things she can do?" (no = 0; yes = 1). Although children's report of mothers' limitations can be biased compared to mothers' own report, both theory and empirical research on social psychology and stress emphasize that perceptions play the primary role in stress processes (cf. Boss, 1992; Nomaguchi et al., 2017; Perry-Jenkins & Gerstel, 2020). Such a perception-based measure is particularly appropriate in the context of a within-family design in which adult children's perceptions may vary both from one another's and from mothers' reports.

Adult child characteristics.—Age at T2 was age at T1 plus seven (the number of years between interviews). *Birth order* was coded as last-born based on ages of all living siblings. *Gender* was coded 0 = son; 1 = daughter. *Educational attainment* was reported by their mothers at T1; categories were 1 = eighth grade or less; 2 = 1–3 years of high school; 3 = high school graduate; 4 = vocational/noncollege, post-high school; 5 = 1–3 years of college; 6 = college graduate; and 7 = graduate work. *Marital status* was coded as not married = 0; married = 1. *Employment* was measured by asking each respondent whether he or she was currently working for a job with pay (0 = no; 1 = yes). *Subjective health* was measured by asking respondents whether their physical health was excellent (5), very good (4), good (3), fair (2), or poor (1).

To create the measure of *sibling tension* we combined three items: (a) How often do your siblings create tensions/arguments with you? (b) How often do your siblings make too many demands on you? and (c) How often do your siblings criticize you? The response categories for the three

variables were: very often (5), fairly often (4), sometimes (3), rarely (2), and never (1). The range of the sibling tension scale was 3–15 ($M = 6.13$; $SD = 2.32$); Cronbach's $\alpha = 0.73$.

Plan of Analysis

Because the 641 adult children were nested within 273 families, we used multilevel linear regression modeling, which accounts for nonindependence and allows for correlated error structure. The MIXED procedure in SPSS 27 provides a mixed-effect model that can include both fixed effects for predictors at the adult child level (e.g., perceptions of favoritism) and random effects at the family level (e.g., race, gender composition of sibship, etc.; Allison, 2009).

Prior to conducting the multilevel linear regression analysis, we evaluated differences from the random effects and fixed effects models. We began by running an intercept-only model, which provided the variance components to calculate the intraclass correlation coefficients (ICCs). The ICC was 0.013, indicating that the family-level factors accounted for only 1.3% of the variance in adult children's depressive symptoms. Although the amount of family-level variance was small, we also conducted a Hausman test to assess the difference between within-family effects and between-family effects. The results of this test indicated that the differences were nonsignificant ($p = .449$). Given that our theoretical proposal was that the combination of mother's marital status, child's perceptions of maternal favoritism, and child's gender would shape children's psychological well-being, we used a mixed-effects modeling approach. No data were missing on any of the variables included in the analysis.

Because family size in the Within-Family Differences Study ranges from 2 to 10 adult children, the groups are not large enough to obtain reliable estimates when using interaction terms across levels. In circumstances where there are small numbers of cases in each group, random intercept models are recommended (Raudenbush & Bryk, 2002). Therefore, to examine gender differences in the association between perceptions of favoritism and CES-D scores, we conducted separate analyses for sons and daughters and compared the coefficients for perceptions of maternal favoritism across models (Paternoster et al., 1998):

$$t = \frac{b_1 - b_2}{\sqrt{(SEb_1)^2 + (SEb_2)^2}}$$

Using Qualitative Data to Explain the Role of Perceptions of Maternal Favoritism on Depressive Symptoms

The aim of the qualitative analysis was to explain patterns shown by the quantitative analysis, particularly the reasons why the association between perceptions of maternal

favoritism and children's depressive symptoms was shaped by mothers' marital status and children's gender.

We began by studying the transcripts of adult children who reported that they were those to whom their mothers were most emotionally close, with particular attention to the reasons that respondents gave when asked why they were the children to whom their mothers were most emotionally close. Our primary goal was to explore themes that emerged from the data that could illuminate the processes by which perceiving oneself as favored could increase depressive symptoms.

To analyze the qualitative data, we employed a consensus approach based upon the group interactive analysis component of Borkan's "immersion/crystallization" method (Borkan, 1999). Traditional methods using multiple coders focus on the extent of agreement among coders *after* coding is completed. Instead, the Borkan approach involves the discussion of alternative interpretations of the meanings of respondents' statements *during* the coding process until a shared understanding emerges—at which point, final codes are assigned. Thus, the goal is reaching agreement prior to finalizing codes, rather than assessing agreement after coding has been completed.

For the present article, three of the authors coded the explanations that adult children gave for being the offspring to whom their mothers were most emotionally close. When group members agreed with an author's coding decision, her initial code was assigned; when there was disagreement, group members discussed the respondent's statement until all members were in agreement about what code should be assigned.

Results

Quantitative Analysis

We began by examining the association between perceptions of mothers' favoritism and adult children's depressive symptoms. Consistent with previous research, children's perceptions that they were the offspring to whom their mothers were most emotionally close predicted depressive symptoms, as shown in Model 1 in Table 2 ($B = 0.92$; $p < .01$). We hypothesized that the impact of perceptions of favoritism on depressive symptoms would be stronger among children whose mothers were widowed compared to those whose mothers were married, but the difference in the strength of the associations did not differ by mothers' marital status, as shown in Models 2 and 3 ($B = 0.87$ married mothers; $B = 0.82$ widowed mothers). Thus, this hypothesis was not supported.

Next, we tested the hypothesis that the impact of perceived favoritism on depressive symptoms would be greater for daughters than sons, particularly among children whose mothers were widowed. As shown in Table 3, Models 1 and 2 revealed no substantive difference in the impact of perceptions of mothers' favoritism among daughters and sons whose mothers were married ($B = 0.61$ sons; $B = 0.80$

daughters), nor did either of these estimates reach statistical significance.

However, clear differences by child's gender appeared among those whose mothers were widowed. As shown in Model 4, perceptions of being the children to whom mothers were most emotionally close was a strong predictor of daughters' depressive symptoms ($B = 1.80$; $p < .01$); yet, as shown in Model 3, these perceptions did not predict sons' depressive symptoms ($B = -1.00$; n.s.). This difference in coefficients for daughters and sons was statistically significant ($t = 2.62$; $p < .01$).

Finally, comparisons of the coefficients across models revealed that for daughters, the effect of perceived favoritism was greater among those whose mothers were widowed ($B = 1.80$ widowed; $B = 0.80$ married)—a difference that approached statistical significance. However, among sons, the pattern was reversed; the effects were positive among those whose mothers were married yet negative among those whose mothers were widowed ($B = 0.61$ married; $B = -1.00$ widowed; $t = 1.50$, $p < .10$).

We conducted sensitivity analyses to confirm that the findings we present did not result from the presence of a small number of cases with high values on the CES-D scale. We conducted regression analyses using both bootstrapped standard errors and negative binomial modeling; the findings from these analyses mirrored those presented in Tables 2 and 3.

Taken together, this set of findings suggests that mothers' marital status alone does not moderate the effects of perceptions of favoritism on adult children's depressive symptoms; however, the combination of mother's marital status and child's gender does shape the impact of such perceptions. Specifically, for daughters whose mothers are widowed, perceiving oneself as the child to whom the mother is most emotionally close has a strong impact on depressive symptoms, whereas this is not the case for sons or daughters whose mothers are married.

Qualitative Analysis

Although the findings of the quantitative analyses revealed clear gender differences in the effects of perceptions of mothers' favoritism on adult children's depressive symptoms when mothers were widowed, these analyses cannot *explain* this pattern. We turn to the qualitative data to address this question, drawing from the responses of the 71 daughters and 34 sons who perceived that they were the children to whom their mothers were most close and whose mothers were widowed.

We classified children's explanations for their mothers' emotional favoritism as reflecting one or more of the following themes: (a) emotional caregiving; (b) similarity of values or personality; (c) frequency of contact; and (d) geographic proximity. We also created a classification of "no explanation/don't know why." Eighty-three percent of the respondents' explanations for their mothers' emotional

Table 2. Mixed-Effects Linear Regression Model Results Predicting Adult Children's Depressive Symptoms Using Full Sample and by Mother's Widowhood Status ($n = 641$ Adult Children Nested Within 273 Families)

	Model 1		Model 2		Model 3	
	Full sample		Married mothers		Widowed mothers	
	Estimate	SE	Estimate	SE	Estimate	SE
Mother level characteristics						
Widowed	0.44	0.34				
Age	0.12*	0.06	0.06	0.08	0.17*	0.09
Education	0.37**	0.10	0.28*	0.14	0.42**	0.16
Number of children	-0.14	0.09	-0.23	0.12	-0.05	0.15
Proportion daughters	0.84	0.69	0.63	0.94	0.96	1.06
Race (1 = Black)	-1.18*	0.50	-1.98*	0.93	-0.91	0.65
Physical limitations (1 = yes)	-0.01	0.32	-0.39	0.42	0.28	0.49
Child level characteristics						
Female	-0.35	0.38	-0.24	0.49	-0.49	0.59
Last-born	-0.16	0.43	-0.85	0.59	0.72	0.65
Education	-0.25*	0.12	-0.15	0.18	-0.29	0.16
Age	-0.04	0.04	-0.03	0.05	-0.03	0.05
Married	-1.88**	0.37	-2.02**	0.50	-1.69**	0.55
Subjective health	-1.39**	0.16	-1.42**	0.22	-1.41**	0.23
Employed	-1.48**	0.43	-1.23	0.66	-1.55**	0.59
Sibling tension	0.32**	0.07	0.17	0.10	0.47**	0.10
Reported mother favored self (1 = self)	0.92**	0.35	0.87	0.48	0.82	0.51
Constant	9.51*	4.08	15.27**	5.51	4.46	6.28
Model statistics						
AIC	3,571.68		1,780.43		1,778.46	
BIC	3,580.56		1,787.91		1,785.85	

Notes: AIC = Akaike's information criterion; BIC = Bayesian information criterion; SE = standard error.

* $p < .05$. ** $p < .01$.

Table 3. Mixed-Effects Linear Regression Model Results Predicting Adult Children's Depressive Symptoms by Mother's Widowhood Status and Adult Children's Gender (*n* = 641 Adult Children Nested Within 273 Families)

	Married mothers				Widowed mothers			
	Sons		Daughters		Sons		Daughters	
	Model 1		Model 2		Model 3		Model 4	
	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Mother level characteristics								
Age	-0.05	0.14	0.11	0.10	0.36*	0.15	0.12	0.11
Education	0.43	0.23	0.04	0.19	0.51	0.28	0.33	0.21
Number of children	-0.48	0.25	-0.14	0.14	-0.25	0.26	0.02	0.19
Proportion daughters	-0.28	1.60	1.43	1.23	-0.92	2.02	1.56	1.36
Race (1 = Black)	-3.70*	1.63	-1.19	1.17	-0.84	1.15	-0.72	0.82
Physical limitations (0 = no)	-0.37	0.70	-0.26	0.57	0.83	0.82	-0.14	0.64
Child level characteristics								
Last-born	-0.68	0.91	-0.59	0.79	-0.45	1.07	1.17	0.84
Education	-0.21	0.31	-0.20	0.23	-0.07	0.30	-0.45*	0.20
Age	0.03	0.08	-0.09	0.07	-0.16	0.09	0.02	0.07
Married	-1.49	0.78	-1.99**	0.68	-2.49*	1.01	-1.34*	0.67
Subjective health	-0.90*	0.37	-1.68**	0.29	-1.22**	0.41	-1.63**	0.29
Employed	-2.74*	1.34	-0.63	0.77	-2.74**	1.03	-0.67	0.74
Sibling tension	0.10	0.17	0.15	0.12	0.41*	0.18	0.51**	0.12
Reported mother favored self (1 = self)	0.61	0.79	0.80	0.63	-1.00 ^a	0.89	1.80** ^a	0.63
Constant	20.68*	9.47	15.18*	7.16	-2.67	10.50	4.72	8.28
Model statistics								
AIC	766.31		992.23		721.41		1,034.19	
BIC	771.99		998.0		726.87		1,040.47	

Notes: AIC = Akaike's information criterion; BIC = Bayesian information criterion; SE = standard error.

^aDifference in effect size between models by gender (*p* < .01).

p* < .05. *p* < .01.

favoritism fit one of these themes, with emotional caregiving being the most prominent (34%), followed by a combination of proximity and contact (19.8%), no explanation/don't know (17.0%), and similarity (12.3%).

We began by looking at cases in which respondents' explanations focused on providing their mothers with emotional care. We proposed that widowhood would be more likely to fuel favored daughters' than sons' sense of urgency to enact the role of emotional caregiving. To explore this possibility, we examined whether there were systematic differences in the reasons daughters and sons gave for being the offspring to whom their widowed mothers were most emotionally close.

The explanations that adult children gave revealed clear differences in the "meaning" that these sons and daughters assigned to this position in the family. The most pronounced differences between daughters' and sons' explanations centered on providing emotional caregiving to their mothers. Daughters were substantially more likely than sons to report that their mothers were closest to them because they served as emotional caregivers—45% of daughters compared to only 18% of sons. Daughters made statements such as:

Because ... when she's in emotional distress in particular, or happiness, she will confide those things to me.

Because that's the way we are, when we talk she will give me more of herself emotionally than she does anybody else.

I am always there for her. You know, if I don't call her, she calls me because she is worried and that kinda stuff.

In contrast, even among those sons whom we considered as providing emotional care to their widowed mothers, there was much less certainty in their explanations regarding this role, or even whether they were the offspring to whom their mothers were most close:

I would say me ... Because um (pause) we seem to have the ability to get at each other's emotions and, therefore we have ups and downs and seem to truly understand each other quite intimately—we can talk frank to each other and that kind of thing. Although it could be my sister, as well.

Emotionally close? Um, I'm not really sure. I guess it depends on the circumstances. Well I could say myself you know, if somebody my mother knows dies, a lot of the time she will call me first.

Another striking difference between sons' and daughters' interpretation that being favored was associated with emotional caregiving can be seen in the greater difficulty sons had in finding any specific explanation for being most close to their mothers. In fact, nearly one-third of the sons provided no explanation, and either simply reiterated that they were the most close, or expressed uncertainty about why

this was the case, compared to only 10% of the favored daughters who did this. Sons made statements such as:

Emotionally closer? Um, emotionally close (pause). Maybe me. I don't know. I don't know, just ... I don't know.

Um, I am not sure about this one but I can feel—I am not sure why it is but ...

Finally, one additional pattern in the qualitative data further explains the gender difference observed in the quantitative analysis. Of the 32 daughters who attributed their mothers' favoritism to their roles as emotional caregivers, 12 (37.5%) reported that they were their mother's *sole* emotional caregiver:

[My mother] often says, "You're the only one I can tell this to."

I am the one whose shoulder she cried on. No one else! She confides in me things that she doesn't tell [my siblings].

In contrast, none of the sons who identified themselves as the children to whom their mothers were most emotionally close reported that they were their mothers' sole source of emotional caregiving. Further, none of the daughters whose mothers were married described themselves as sole emotional caregivers, suggesting that this intensive form of emotional caregiving plays a role in how being favored leads to higher depressive symptoms among daughters when mothers are widowed.

We then examined whether there were patterns of similarity, proximity, or contact that could help explain gender differences in depressive symptoms when offspring perceived themselves as most emotionally close to their widowed mothers. These analyses revealed that sons and daughters whose mothers were widowed were equally likely to mention similarity, and although proximity and contact were mentioned more often by daughters than sons, this was the case regardless of the mother's marital status. Thus, neither similarity nor contact/proximity appeared to explain why favored daughters of widowed mothers reported higher depressive symptoms.

Taken together, the statements of daughters of widowed mothers revealed that they tended to attribute their greater closeness to their engagement in the role of emotional caregivers to their mothers, particularly solo caregivers, whereas sons did not. We suggest that this pattern accounts for the higher depressive symptoms found among favored daughters than favored sons. In contrast, sons were almost equally likely to find it difficult to articulate why they were their mothers' favorites as they were to view themselves as emotional caregivers, and none perceived themselves as solo caregivers. Thus, daughters appear to have been much more invested emotionally in this potentially stressful role, often as the only

family member shouldering this role when mothers were widowed.

Discussion

Our goal in this article was to extend research on within-family differences in parent–child relations by focusing on two social structural characteristics that may shape the impact of parental favoritism on adult children’s psychological well-being—mother’s marital status and child’s gender. Although such structural characteristics are often central to the study of family processes, they have received little attention in the literature on PDT. We proposed that understanding how structural factors moderate the association between PDT and well-being can contribute to the growing literature on within-family differences by highlighting the roles of both sociological and psychological factors in these processes. To address these issues, we employed a mixed-method approach, which allowed us to explain processes and underlying patterns identified by quantitative analyses and illuminate complex patterns that could not be revealed by either approach alone (Creswell et al., 2011; Suito & Gilligan, in press).

Drawing from Carstensen’s theory of socioemotional selectivity (Carstensen, 1992), we proposed that mothers’ marital status in later life would moderate the impact of perceptions of maternal favoritism on adult children’s well-being. We suggested that the loss of the father would serve as a priming event to heighten children’s recognition that their time with their mothers was finite, fueling favored children’s sense of urgency to be responsive to their mothers’ needs. In particular, we hypothesized that one consequence of such a priming event would be that favored offspring would be more likely to engage in the role of “emotional caregiver” to widowed than married mothers. Serving in this role may be particularly costly when mothers are at increased risk of negative life events that neither they nor their children can control or ameliorate, such as parents’ own declining health and interpersonal losses due to the death, poor health, and relocation of central network members. On these bases, we hypothesized that perceiving oneself as the child to whom the mother was most emotionally close would have a greater impact on psychological well-being when mothers were widowed than when they were married.

Based on the literatures on gender role socialization, social influence, and gender differences in parent–child relations (Antonucci, 2001; Chodorow, 1978; Gilligan, 1982; Polenick et al., 2016; Williams, 1993) we also proposed that in families in which mothers were widowed, perceptions of mothers’ favoritism would have stronger effects on daughters’ than sons’ well-being, because daughters would be more likely to adopt the role of emotional caregiver to their mothers.

The combination of quantitative and qualitative analyses provided support for some, but not all of our

hypotheses. Contrary to our expectations, multilevel linear regression analyses revealed no difference in the impact of perceptions of maternal favoritism on depressive symptoms for children of widowed mothers, compared to children of married mothers. However, separate analyses by child’s gender showed a clear difference in the impact of favoritism, but only when mothers were widowed. Specifically, the perception of being the child to whom the mother was most emotionally close was a strong predictor of depressive symptoms for daughters, but not sons, and only when mothers were widowed; when mothers were married, perceptions of favoritism predicted neither son’s nor daughters’ depressive symptoms.

The qualitative analysis helped to explain the substantial difference in the impact of perceptions of maternal favoritism on sons’ and daughters’ depressive symptoms. Specifically, favored daughters whose mothers were widowed were much more likely than sons to emphasize their role as emotional caregivers to their mothers; nearly half of the daughters described themselves as their mothers’ primary source of emotional care, compared to only 18% of favored sons. Further, more than one-third of those daughters described themselves as their mothers’ *sole* emotional caregiver, compared to none of the favored sons of widowed mothers and none of the favored daughters of married mothers. Serving in this role appears to be the primary factor differentiating the experiences of sons and daughters who perceive themselves as their mothers’ favorite offspring, suggesting that this position in the family comes with considerable psychological costs. We might think that this is because these daughters are also preferred for instrumental caregiving, which might also lower their psychological well-being; however, previous research (Suito et al., 2018) has shown that perceiving oneself as mothers’ preferred instrumental caregiver is not associated with higher depressive symptoms.

The findings we have presented underscore the ways in which social structural positions—in this case, mothers’ marital status and children’s gender—combine with social psychological processes to shape how parent–child relations affect adult children’s well-being. These findings also raise new questions about the ways in which social structural positions and social psychological factors may shape the impact of parent–adult child relations on well-being.

For example, although the findings we have presented show strong evidence for the roles of widowhood and child’s gender when considering perceptions of maternal favoritism, they cannot tell us whether these patterns would be the same when fathers become widowed. Patterns of closeness and support vary considerably by both parents’ and children’s gender, perhaps resulting in markedly different responses to perceptions of parental favoritism. Although most studies of PDT in childhood and adolescence show no differences in the effect of fathers’ versus mothers’ favoritism, a few have reported differential effects depending on the combination of

parents' and children's genders (cf. Barrett Singer & Weinstein, 2000). In adulthood, parents' gender may play a more salient role given that favoritism may be accompanied by expectations for emotional caregiving—perhaps especially for widowed men, who typically have fewer sources of emotional support than widowed women (Carr, 2004).

The findings we have presented also lead us to call for other future research on gender and maternal favoritism. First, it is possible that sons experience distress from perceptions of maternal favoritism in other mental health outcomes rather than depressive symptoms. This suggestion is consistent with the literature showing that although daughters remain more likely to provide care (Friedemann et al., 2013; Lee & Tang, 2015), both sons and daughters have been found to be negatively affected when they provide care (Daire, 2002; Kwak et al., 2012). Thus, we cannot conclude that sons do not experience any distress in mental health when providing emotional care to their mothers. Because the Within-Family Differences Study does not provide additional measures of negative affect, we cannot explore this possibility. Therefore, we call for future research to explore gender differences in the impact of favoritism following major life events using alternative measures of mental health.

Second, we hope that future research will consider the intersection of race/ethnicity, gender, and socioeconomic status (SES) in the study of maternal differential treatment (MDT), particularly favoritism and disfavoritism, and psychological well-being. Taken together, the present study and previous work (Suitor et al., 2020) suggest that the impact of favoritism is greater on daughters' than sons' depressive symptoms, whereas another recent study found the effect of mothers' disfavoritism to be greater on Black than White adult children (Suitor et al., 2017); however, these studies did not take into consideration the intersection of race/ethnicity, gender, and SES, which cannot be addressed without much larger subsamples of families that are Black, Hispanic, Asian, and lower SES.

Third, the role that personality traits may play in the impact of favoritism on adult children's psychological well-being should also be explored. Previous research has shown that such traits shape parent–adult child relations (Belsky et al., 2003; Fingerman et al., 2008), including adult children's perceptions of MDT (Gozu & Newman, 2020). Thus, personality traits should be considered in future research on the effects of favoritism and disfavoritism on psychological well-being in adulthood.

Fourth, future research should also consider whether mothers' later-life divorce might serve as a priming event for adult children. Given that the average age of the present sample of mothers was nearly 80, it is not surprising that none of the mothers became divorced during the course of the study. Thus, we could not address this question. However, with the recent sharp rise in divorces among couples over 60 (Brown & Lin, 2012), it may be possible

to study whether the patterns we have presented would be mirrored if mothers became divorced in later life.

Taken together, the findings in this article shed new light on the ways in which maternal favoritism affects adult children's psychological well-being by taking into consideration both mothers' and adult children's structural characteristics. Previous research on maternal favoritism has given little attention to the role that mothers' structural characteristics play in these processes. Thus, this article extends understanding of PDT and adult children's well-being by identifying structural conditions under which perceptions of maternal favoritism do and do not affect depressive symptoms in midlife. We hope that scholars will continue to extend the study of parents' differentiation among their children in later life and examine the consequences of these complex patterns of intergenerational relations on adult children's well-being.

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Conflict of Interest

None declared.

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Author Contributions

J. J. Suitor and M. Gilligan took lead in conceptualizing and writing the paper; J. J. Suitor and Y. Hou conducted the quantitative analysis; J. J. Suitor, M. Gilligan, R. Kincaid, C. Stepniak, and Y. Hou participated in analyses of the qualitative data; S. Peng contributed to the conceptualization of the paper and plan for data analysis; all authors contributed to preparation of the manuscript.

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