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Parent–Child Disconnectedness and Older European Adults' Mental Health: Do Patterns Differ by Marital Status and Gender?

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Abstract

Objectives: Disconnectedness from one's adult child(ren) can undermine older adults' well-being. However, the psychological consequences of disconnectedness may differ across marital contexts and by gender. Drawing on stress and normative violation frameworks, we examine the association between parent–child disconnectedness and European older adults' depressive symptoms, and the extent to which these patterns differ by marital status (married, remarried, cohabiting, divorced, widowed, and never married) and gender.

Methods: We used pooled data from 8 waves (2004–2022) of the Survey of Health and Retirement in Europe (SHARE, n = 216,469) and multivariable pooled ordinary least squares regression to evaluate whether marital status and gender moderate the association between disconnectedness and depressive symptoms. Analyses were adjusted for socioeconomic, health, survey year, and contextual covariates.

Results: Disconnectedness rates range from 1% among older adults in their first marriages to 13%–14% among divorced and remarried men and 17% among never-married men. Men have consistently higher rates of disconnectedness than women. Parent–child disconnectedness is associated with heightened depressive symptoms in many marital and gender categories. However, moderation analyses show the strongest associations in marital contexts in which disconnectedness is rare (first marriage, especially among women). Disconnectedness also is associated with heightened depressive symptoms among widowed and divorced persons, yet has negligible effects among remarried persons.

Discussion: We discuss the implications of disconnectedness for older adults' socioemotional and caregiving needs. We encourage interventions that focus on engaging older adults' supportive familial or nonfamilial ties rather than reestablishing potentially distressing ties with a disconnected child.

Keywords: Depressive symptoms, Family conflict, Parent–child relationships, Quantitative methods

Intergenerational ties are critical to older adults' well-being. Parent–child relationships marked by warmth, frequent and desired contact, and socioemotional support bolster older adults' mental and physical health (Carr & Utz, 2020; Fingerman et al., 2020). Conversely, relationships marked by infrequent contact, conflict, and strain undermine older adults' well-being. Tenuous relationships are considered more consequential than strong relations because problematic ties are atypical and stigmatized (Rook, 2015). One particular relationship attribute has recently been identified as an important influence on older adults' mental health: *parent–child disconnectedness* (Kalmijn, 2023; Lin et al., 2024; Reczek et al., 2025). Disconnectedness refers to a parent's lack of contact with at least one child (Lin et al., 2024; Reczek et al., 2023). Parent–child disconnectedness is rare in the United States, though more common among fathers than mothers; estimates range from 1% to 20% depending on sample and methodology (see Reczek et al., 2023 for review).

Disconnected parents may be deprived of practical and emotional support needed to manage aging-related challenges including retirement, caregiving, health problems, and deaths of significant others (Charles & Carstensen, 2010). However, the extent to which disconnectedness affects older adults' well-being may *vary across marital statuses and by gender*. For older parents who never married or whose marriages ended due to spousal death or divorce, disconnectedness may be particularly harmful, because adult children are typically older adults' main source of support (Swartz, 2009). The psychological impacts of disconnectedness also may be severe for those in their first and only marriage, because disconnected ties are rarer and less expected in stable partnerships (Pillemer, 2020). Parent–child ties also differ by gender; mothers tend to have stronger bonds and more frequent contact with their children relative to fathers and may experience greater stigmatization or self-blame when disconnected from them (Fingerman et al., 2020). However, we are unaware of studies exploring the prevalence and psychological consequences of disconnectedness on the basis of marital status and gender, especially in the European context where older

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adults' family lives differ from U.S. adults with respect to structure, contact, and closeness.

We use data from the Survey of Health and Retirement in Europe (SHARE) to document (1) the prevalence of parent–child disconnectedness among European older adults, with attention to marital status (married, remarried, cohabiting, divorced, widowed, and never married) and gender differences therein; and (2) the extent to which the association between disconnectedness and depressive symptoms is moderated by marital status and gender.

Background

Parent–Child Disconnectedness and Parental Well-Being

According to the intergenerational resource framework, parent–child disconnectedness may undermine both generations' well-being by depriving them of protective and supportive resources (Reczek et al., 2025). Psychological writings on ambiguous loss further suggest that disconnected ties are distressing because neither party has closure or certainty regarding the lost tie. Disconnectedness can even elicit grief-life symptoms because it involves "physical absence with psychological presence" (Boss, 1999). The impacts of disconnectedness for adult children are well-established (Hank, 2024; Hartnett et al., 2018), yet few studies have focused on the parent's perspective. Reczek and colleagues (2025) examined parent–child estrangement, which encompasses disconnectedness (i.e., lack of contact) and perceived emotional closeness. Estranged midlife mothers reported poorer physical health than their peers with strong ties to their child(ren). Two studies, one in the United States and one in the Netherlands, found that disconnected divorced parents reported poorer mental health than connected divorced parents (Kalmijn, 2023; Lin et al., 2024).

Important questions remain unresolved about the nature and impact of parent–child disconnectedness for older adults. Despite the increasing complexity of older adults' marital histories in the 21st century (Carr & Utz, 2020), surprisingly little is known about *marital status variations* in parent–child disconnectedness. One U.S. study of parent–child estrangement, measured as disconnected and low levels of perceived emotional closeness, found that married mothers are about half as likely to report estrangement as widowed or divorced mothers. However, this study focused on mothers only and did not include other marital categories that are increasingly prevalent among older adults (Gilligan et al., 2015). Other studies of the patterning and mental health impacts of disconnectedness have focused on divorced older adults in the United States (Lin et al., 2024) and the Netherlands (Kalmijn, 2023) or did not compare parents on the basis of marital status (Reczek et al., 2023, 2025).

Marital status and disconnectedness

Family systems approaches emphasize the interconnectedness of family members' experiences, such that one disrupted relationship may give rise to other problematic interactions (Arránz Becker & Hank, 2022). For instance, a divorce may threaten the quality of parent–child relationships, especially if the child blames their parent for the divorce. Parents' marital transitions can destabilize parent–child relations, making disconnectedness more common for divorced, widowed, or repartnered parents relative to parents with an enduring union (Zarit et al., 2005). Married parents with high marital quality, by contrast, tend to enjoy more harmonious and stable parent–child relationships (Coleman, 2020; Pillemer, 2020).

Stress process frameworks propose that the mental health consequences of a potentially distressing experience, such as disconnectedness, may vary on the basis of personal and contextual factors (Pearlin et al., 2005). Coping resources such as social support from a spouse, concomitant stressors that may further erode mental health like marital dissolution, and sociocultural contexts that shape the meaning, normativeness, or expectedness of a stressor may condition its impact on older adults' mental health (Pearlin et al., 2005). Consistent with this framework, disconnectedness may be particularly distressing to older adults who lack a spouse or cohabiting partner. Unpartnered disconnected parents may be especially vulnerable to mental health symptoms, as they are deprived of practical or emotional support from both a romantic partner and a child (Lin et al., 2024). The stress of parent–child disconnectedness also may compound economic and psychosocial strains experienced by persons who lost a spouse through widowhood or divorce, creating an emotional "double burden."

First-time married parents disconnected from a child also may experience depressive symptoms, because weakened intergenerational ties are less common and more unexpected for them (Pillemer, 2020). Older parents in stable marriages may attribute the disconnectedness to their perceived failings as a parent, in absence of an external force like divorce or repartnering (Ryff et al., 1994). They also may experience stigmatization or judgment from other family members and friends, given the nonnormativeness of disconnected ties between married parents and their children (Rook, 2015). Thus, we evaluate whether the psychological consequences of disconnectedness are exacerbated in marital contexts in which the older parent lacks spousal support (i.e., double burden) as well as in contexts in which disconnectedness is rare and considered a violation of cultural norms and expectations.

Gender and disconnectedness

Cultural expectations for parenthood vary on the basis of gender, thus violations of parenting norms may have gendered mental health consequences. Current cohorts of older women were socialized to nurture and prioritize interpersonal relationships, especially parenthood (Stockard, 2006). Research consistently shows that mothers report higher-quality relationships, more emotional closeness, and more frequent contact with their children than do fathers (Fingerman et al., 2020). These gender gaps widen even further upon marital dissolution such that divorced men have less frequent contact and poorer quality relationships with their children than do divorced women, with these ties fraying further upon the father's establishment of a new marriage or cohabiting union (Kalmijn, 2007; Noël-Miller, 2013).

Widowed mothers also report more frequent emotional and social support from their children than do fathers, especially widowed fathers who have since repartnered (Jiao et al., 2021; Kalmijn, 2007; Van den Hoonaard, 2010). Given the strength and persistence of mother–child bonds and cultural expectations regarding motherhood, a disruption of this tie may be particularly distressing for women. Parent–child disconnectedness may threaten a core dimension of a mother's identity (Agllias, 2013), especially among women

who feel shame or responsibility for their child's problems that potentially triggered the disconnectedness (Ryff et al., 1994). Thus, we expect that rates of disconnectedness will be lower among women than men across all marital categories, with the largest male–female disparities detected among divorced and widowed parents. We also expect disconnectedness to be more distressing for women than men across all marital categories.

The Present Study

Our study offers two novel contributions to the emerging literature on parent–child disconnectedness and its implications for older adults' well-being. First, our study is the first we know of to document both the *prevalence of parent–child disconnectedness* and *its associations with depressive symptoms across marital statuses*, as well as *gender differences* therein. Given increasing rates in recent decades of lifelong singlehood, "gray divorce" (i.e., divorce among persons aged 50 and older) in the United States, or "silver splits" (i.e., dissolution of marriages or cohabiting unions among older adults) in Europe, and repartnering upon marital dissolution, rising numbers of older adults are experiencing their later years outside of the "one marriage for life" model (Alderotti et al., 2022; Carr & Utz, 2020; United Nations, 2019). Global attention to social isolation among older adults and the implications for their well-being has focused largely on persons who lack blood or legal ties, such as "kinless" older adults who are unmarried and childless, neglecting experiences of adults who have children yet are disconnected from them (Patterson & Margolis, 2023; World Health Organization, 2021). With declining fertility rates and increasingly complex marital histories across Europe, disconnectedness could emerge as social concern that is not fully understood. Disconnected parents may have few other sources of support, especially those parents who have never married or whose marriages ended through death or divorce (Billari & Kohler, 2004).

Second, our study focuses on *European older adults*. Most research on parent–child disconnectedness is focused on the United States (Coleman, 2020; Pillemer, 2020). However, there may be regional differences in the normativeness of intergenerational strain which could condition its emotional impacts. Cross-cultural research documents that parent–child relationships in Europe are less likely to be disharmonious (low affection and high conflict) or detached (low affection and low conflict), compared to the United States—a difference attributed to "individualistic ideology with respect to kinship ties" in the United States (Silverstein et al., 2010, p. 1017). Marriage, divorce, and cohabitation rates among older adults differ between the United States and Europe, potentially affecting the prevalence and psychological impact of parent–child disconnectedness. Rates of gray divorce and silver splits have increased in both regions over the past three decades (Alderotti et al., 2022; Brown & Lin, 2022), yet divorce rates remain higher in the United States than in Europe (Eurostat, 2024; National Center for Health Statistics, 2023). In societies where divorce is less normative, parent–child disconnectedness may be more prevalent among divorced persons, as children might blame their parents (especially fathers) for the dissolution and sever contact (Schmidt et al., 2016). Additionally, in Europe, cohabitation is more prevalent and accepted, and is viewed as an alternative to marriage, whereas it is seen as an alternative to singlehood in the United States (Heuveline & Timberlake, 2004). Consequently, cohabiters in the United States may be more likely to experience parent–child disconnectedness than their counterparts in Europe, where cohabitation is better understood and accepted.

Our study focuses on Europe, a region with a demographic and cultural context distinct from that of the United States (Lin et al., 2024; Reczek et al., 2025). We recognize, however, that family relationships vary *within* Europe in ways that may affect levels and impacts of disconnectedness. Intergenerational ties are generally stronger in Southern Europe compared to Northern Europe (Hank, 2007), whereas cohabitation and divorce are less common in the South (Mortelmans, 2020). We do not explore these regional difference in depth, and rather set the foundation for future studies focused on within-Europe heterogeneity in disconnectedness.

In sum, our study contributes to the study of family diversity by examining: (1) the prevalence of parent–child disconnectedness among older European adults, stratified by gender and marital status; and (2) the extent to which associations between parent–child disconnectedness and depressive symptoms vary on the basis of gender and marital status.

Method

Data

We use pooled data from Waves 1, 2, 4, 5, 6, 7, 8, and 9 of the Survey of Health, Ageing and Retirement in Europe (SHARE; Börsch-Supan et al., 2013) from 2004 to 2022. SHARE is a cross-national survey modeled after the U.S.-based Health and Retirement Study (HRS). Compared to other European surveys, the pooled multiwave SHARE data provide a large enough sample to evaluate parent–child disconnectedness across different marital statuses, including the smaller categories of remarried, cohabiting and never married, stratified by gender. We include all available individual observations across waves to ensure sufficient statistical power. Our initial pooled sample included 396,713 person–wave observations from 152,345 individuals from 28 countries, encompassing Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and Switzerland. We excluded respondents from Israel, the only SHARE country outside of Europe ($N = 11,693$). We also excluded persons under age 50 ($N = 6,693$) and childless respondents ($N = 35,898$), given our focus on older parents who are disconnected from their child(ren). We also excluded observations from respondents with missing data on our focal variables ($N = 125,960$, see Supplementary Table 1 for distribution of item-specific missing data). Supplementary logistic regression models revealed that missing data on disconnectedness was significantly more likely among men, individuals with less education, unemployed persons, and those not experiencing poverty. Additionally, missing data on marital measures was significantly more likely among men, individuals living in larger households, those with less education, with employment, and those not experiencing poverty. Our final sample included 82,687 respondents with 216,469 observations (i.e., an average of 2.6 observations per respondent).

Measures

Depressive symptoms

Depressive symptoms were assessed with the Euro-D scale (Prince et al., 1999). Respondents indicate the presence/absence of 12 symptoms in the past month (depressed mood, pessimism, suicidality, guilt, sleep, interest, irritability, appetite, fatigue, concentration, enjoyment, and tearfulness). Summed scores range from 0 to 12. Sensitivity analyses using a dichotomous indicator based on the cutoff for elevated depression (4+ depressive symptoms) yielded similar results.

Parent–child disconnectedness

Parent–child disconnectedness was defined as lack of contact with *at least one child* in the past 12 months. This measure is consistent with research documenting that parental well-being is undermined if even one child has problems or relationship strains with the parent (Fingerman et al., 2012). SHARE asked respondents: "During the past twelve months, how often did you have contact with your child, either in person, by phone, or by mail?" Responses options were daily, several times a week, about once a week, about every 2 weeks, about once a month, less than once a month, and never. Respondents who "never" had contact in the past year are coded as "disconnected," consistent with prior studies (Lin et al., 2024). Of those classified as disconnected, just 20% were disconnected from all children while 80% maintained contact with at least one other child. To ensure adequate statistical power, we did not stratify disconnected parents further in our multivariable analyses. However, supplementary bivariate analyses showed that parents disconnected from all of their children experienced significantly more depressive symptoms, with the most sizeable disparities among cohabiting and widowed women, as well as divorced and widowed men.

The parent–child contact question had quite high levels of missing data (20%). To address the possibility that missing responses might be indicative of a problematic or estranged relationship that respondents are reluctant to report, we compared depressive symptoms of respondents with missing data to both connected and disconnected parents. Respondents who did not report parent–child contact frequency have significantly *fewer* depressive symptoms than disconnected parents, and symptom levels similar to connected parents. We find comparable patterns across marital status categories for men and women. Therefore, we are confident that omitting persons with missing contact data will not bias our results for disconnected parents (see Supplementary Table 2).

Marital status

Our focal moderator is marital status (married, first marriage; married, second or higher-order marriage; cohabiting or registered partnership; divorced; widowed; and never married). We do not differentiate divorced or widowed persons by number of prior marriages, to ensure adequately powered analyses. SHARE has considerable missing data (19% of full sample) on marital history because complete histories were captured at only two waves (3 and 7, SHARELIFE). Thus, although we can ascertain *current* marital status for all respondents, we can distinguish marital order only for those who participated in Waves 3 and 7.

In supplementary analyses, we compared depressive symptoms scores of those with missing versus more detailed marital histories. We detected no statistically significant differences in depressive symptoms scores between those in a first marriage, second or higher-order marriage, or with missing marital history data. Among persons with missing marital history data, the depressive symptoms gap between connected and disconnected parents was comparable to that found among persons with complete marital history data. Thus, given the theoretical and substantive importance of considering repartnered persons, we limit our analyses to persons with marital history data.

Control variables

Demographics include *age at interview* (in years) *gender* (female = 1, male = 0), *household size*, and *total number of living children*. Socioeconomic status encompasses highest *educational degree* based on the ISCED-97 classification. We classify respondents as "low" (completed lower secondary education or less), "medium" (completed upper secondary or postsecondary non-tertiary education,) and "high" (completed the first stage of tertiary education or higher). We also adjust for current *employment* (1 = employed) and *relative poverty status* (1 = poor), based on one's total annual household income, adjusted for household size using the OECD equivalence scale. An individual is coded as at risk of relative poverty if their household's equivalence-weighted net income was less than 60% of the country–wave-specific median. Health measures include *self-rated health* (excellent, very good, good, fair, and poor) and *functional limitations*, which refers to the total number of limitations of their activities of daily living (ADL), such as bathing, eating, or walking. Disconnected parents may turn to others for support, so we control for *instrumental support* received from anyone outside their household in the past 12 months. Finally, we control for the *interview country* and *interview wave*. Table 1 displays the means (and standard deviations) or proportions for all measures (except wave and country), stratified by gender and level of disconnectedness.

Analytic Plan

We first contrasted unadjusted depressive symptoms and disconnectedness rates by marital status and gender. Within-gender marital status differences were evaluated using analysis of variance (ANOVA) with post-hoc comparisons, and within-marital status gender differences were evaluated with two-group *t*-tests. We used multivariable pooled ordinary least squares (OLS) regression to evaluate the associations between parent–child disconnectedness and depressive symptoms by marital status and gender, adjusted for covariates. To adjust for the clustered structure of the data (repeated observations of individuals), we use clustered standard errors (Arceneaux & Nickerson, 2009). Statistically significant coefficients are denoted as $^{*}p < .05$, $^{**}p < .01$, $^{***}p < .001$. Replication files for analyses presented here and robustness checks are available on OSF.

Results

Descriptive and Bivariate Analyses

Table 2 presents disconnectedness rates by marital status and gender. Just 1% of women in a first marriage report being disconnected, a proportion considerably lower than that detected among widowed and never-married (4%), divorced and cohabiting (6%), and remarried (9%) women. Men also evidenced significant variation across marital statuses. Just 5%

Table 1. Means (and Standard Deviations) or Proportions, All Variables Used in Analysis

Variable	Women			Men			Gender diff.
	C[a]	D*b*	C vs. D diff.	C*c*	D*d*	C vs. D diff.	
Dependent variable							
Depressive symptoms	2.82 (2.36)	3.65 (2.64)	***	1.90 (1.97)	2.63 (2.34)	***	*ac bd*
Independent variables							
Marital status							
Married, 1st	.49	.20	***	.69	.20	***	*ac*
Married, 2nd	.05	.13	***	.07	.23	***	*ac bd*
Cohabiting	.02	.04	***	.03	.06	***	*ac bd*
Divorced	.12	.23	***	.09	.33	***	*ac bd*
Widowed	.30	.37	***	.10	.13	***	*ac bd*
Never married	.02	.03	**	.01	.05	***	*ac bd*
Number of children	2.31 (1.16)	3.14 (1.71)	***	2.34 (1.14)	2.97 (1.62)	***	*ac bd*
Age at interview	68.05 (10.13)	69.64 (9.79)	***	67.78 (9.69)	67.68 (9.33)	*ns*	*ac bd*
Household size	1.98 (1.04)	1.64 (0.84)	***	2.28 (1.04)	1.77 (0.86)	***	*ac bd*
Help received	.26	.32	***	.18	.22	***	*ac bd*
Employment	.20	.13	***	.26	.18	***	*ac bd*
Relative poverty	.17	.21	***	.12	.18	***	*ac bd*
Education							
High education	.20	.14	***	.25	.18	***	*ac bd*
Medium education	.37	.35	***	.41	.45	***	*ac bd*
Low education	.43	.52	***	.33	.37	***	*ac bd*
Self-rated health							
Excellent	.06	.05	***	.08	.08	*ns*	*ac bd*
Very good	.16	.11	***	.19	.12	***	*ac*
Good	.37	.33	***	.39	.34	***	*ac*
Fair	.30	.32	*	.26	.30	***	*ac*
Poor	.10	.20	***	.08	.17	***	*ac bd*
Activities of daily living	0.23 (0.79)	0.42 (1.06)	***	0.16 (0.65)	0.33 (0.89)	***	*ac bd*
Observations	126,570	4,474		81,587	3,838		

Notes: C denotes connected and D denotes disconnected. Person–wave observations. Statistically significant ($p < .001$) gender differences across level of disconnectedness denoted as *ac* = connected women vs. connected men and *bd* = disconnected women vs. disconnected men. Statistically significant within-gender differences denoted as ***$p < .001$. **$p < .01$. *$p < .05$. *ns* = not significant. Results are based on unweighted data from SHARE, Waves 1, 2, 4, 5, 6, 7, 8, and 9, release 9.0.0.

Table 2. Percent Disconnected From Child(ren) by Gender and Marital Status

Variable	Women		Men		Gender diff.
	%	*N*	%	*N*	
1st marriage [a]	1	62,711	1	57,051	*ns*
2nd marriage [b]	9	6,559	13	6,735	***
Cohabitation [c]	6	2,640	9	2,710	***
Divorced [d]	6	16,824	14	8,942	***
Widowed [e]	4	39,567	5	8,945	***
Never married [f]	4	2,743	17	1,042	***
Within-group differences	*ab*, *ac*, *ad*, *ae*, *af*, *bc*, *bd*, *be*, *bf*, *ce*, cf, *de*, *df*		*ab*, *ac*, *ad*, *ae*, *af*, *bc*, *be*, *bf*, *cd*, *ce*, cf, *de*, *df*, *ef*		

Notes: Statistically significant ($p < .01$) within-gender marital status differences denoted as *ab* = 1st marriage vs. 2nd marriage, *ac* = 1st marriage vs. cohabitation, *ad* = 1st marriage vs. divorced, *ae* = 1st marriage vs. widowed, *af* = 1st marriage vs. never married, *bc* = 2nd marriage vs. cohabitation, *bd* = 2nd marriage vs. divorced, *be* = 2nd marriage vs. widowed, *bf* = 2nd marriage vs. never married, *cd* = cohabitation vs. divorced, *ce* = cohabitation vs. widowed, cf = cohabitation vs. never married, *de* = divorced vs. widowed, *df* = divorced vs. never married, and *ef* = widowed vs. never married. Statistically significant ($p < .001$) within-marital status gender differences denoted as ***$p < .001$; *ns* = not significant. Results are based on unweighted data from SHARE, Waves 1, 2, 4, 5, 6, 7, 8, and 9, release 9.0.0.

of widowers are disconnected, compared to 9% of cohabiters, with much higher rates among remarried (13%), divorced (14%), and never-married (17%) men. Men reported significantly higher rates of disconnectedness than women across all marital categories except for those in a first marriage (1%).

We next examined whether disconnected and connected parents differ with respect to depressive symptoms, within each marital status category for men and women (Figure 1). Across all marital categories, disconnected parents reported significantly more depressive symptoms than their connected counterparts, with the greatest number of symptoms detected among disconnected women ($M = 3.9$) and men ($M = 3.1$) who are widowed or never married. The largest within-marital status differences between disconnected and connected parents were found among divorced men ($M = 2.9$ vs. 2.0) and never-married women ($M = 3.9$ vs. 2.8). Within every marital and connectedness category, women reported significantly more depressive symptoms than men, consistent with well-established gender gaps in depression.

Multivariable Analyses

We next evaluated whether depressive symptom differences detected on the basis of disconnectedness, marital status, and gender persisted after adjusting for covariates. In preliminary analyses evaluating fully adjusted main effects only, we found that disconnected parents reported .32 more depressive symptoms than connected parents, women reported .68 more symptoms than men, and each marital status group reported significantly more symptoms than persons in their first marriage: remarried ($b = .14$), cohabiting ($b = .13$), divorced ($b = .25$), widowed ($b = .32$), and never married ($b = .25$). We also evaluated all two- and three-way interaction terms and found significant variation between marital status groups with less pronounced differences by gender (see Supplementary Table 3 for formal tests of difference, and Supplementary Table 6 for analyses of alternative reference groups). For ease of presentation, we display pooled OLS (POLS) regression results estimated separately for each gender and marital status group (Table 3), and we plot fully adjusted associations in Figure 2. In Table 3, statistically significant gender differences in the association of parent–child connectedness for each marital group are denoted with superscripts. In Figure 2, solid markers indicate statistically significant gender differences and asterisks denote statistically significant associations of disconnectedness on depressive symptoms in each subgroup (see Supplementary Table 4 for results of formal significance tests).

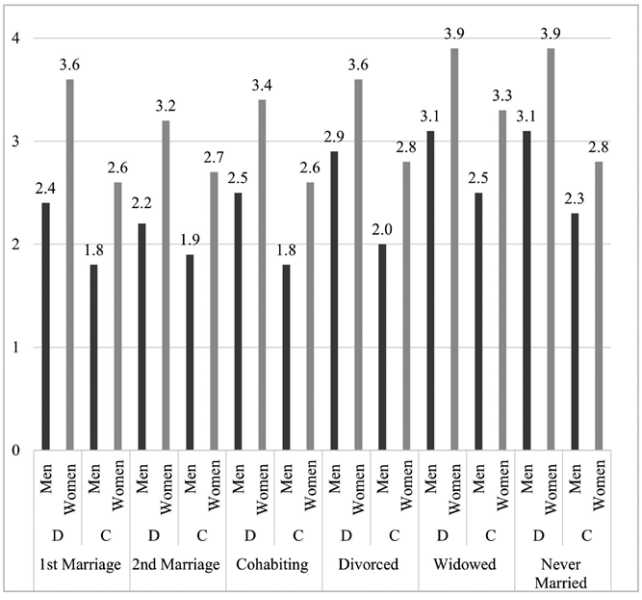

Figure 1. Unadjusted depressive symptoms (Euro-D) by gender and parent–child disconnectedness, within each marital status category. *Notes*: All within-marital category gender differences and differences between connected (C) and disconnected (D) men and women are statistically significant at $p < .01$ level. Results are based on unweighted data from SHARE, Waves 1, 2, 4, 5, 6, 7, 8, and 9, release 9.0.0.

The association between parent–child disconnectedness and depressive symptoms varies across marital groups, with less variation by gender. Among women, disconnectedness is especially distressing among those in a first marriage ($b = .61$), with this association significantly larger than for men in their first marriage ($b = .28$). The association between disconnectedness and mental health is weaker among women in other partnered relationships, with negligible and nonsignificant results for those in a higher-order marriage ($b = .16$) and cohabiting women ($b = .18$). For all subgroups of unmarried women, disconnectedness is linked with elevated depressive symptoms with modest variation in effect sizes across marital statuses ($b = .32$ for divorced, .40 for widowed, and .38 for never-married women). Coefficients were not statistically significant for never-married women, likely due to small cell sizes.

Among men, disconnectedness is associated with depressive symptoms in three of the six marital status groups, although we detected significant gender differences in effect sizes among once-married persons only. While disconnectedness had a strong association with depressive symptoms for men in their first marriage ($b = .28$), this is still significantly smaller than for their female counterparts. Disconnectedness is not significantly associated with depressive symptoms for remarried men ($b = .03$) or cohabiting men ($b = .24$). Disconnectedness is significantly associated with depressive symptoms among divorced ($b = .33$) and widowed men ($b = .36$), with effect sizes comparable to those detected among women. We did not detect significant associations for never-married men ($b = .34$), likely due to small cell sizes. Overall, parent–child disconnectedness is most distressing to women in a first marriage ($b = .61$) and least distressing to remarried men ($b = .03$). Supplementary analyses (see Supplementary Table 5) revealed that the association between disconnectedness and depressive symptoms did not differ across unmarried categories (i.e., between divorced, widowed, and never-married persons) for either men or women.

Discussion

Our study contributes to the emerging literature on parent–child disconnectedness by documenting its prevalence and associations with depressive symptoms across marital statuses and gender differences therein in a large sample of European older adults. Two major findings are noteworthy. First, overall rates of disconnectedness are low (3.5%), yet this snapshot belies vast variation on the basis of marital status and gender. Just 1% of men and women in a first marriage report disconnectedness, yet rates are dramatically higher for all other marital categories. Our results are consistent with a core theme of family systems theory, that a disruption to

Table 3. Pooled Ordinary Least Squares (POLS) Regression of the Association of Parent–Child Disconnectedness on Depressive Symptoms (Euro-D), by Marital Status and Gender

Variable	Women						Men					
	Married, 1st	Married, 2nd	Cohabiting	Divorced	Widowed	Never married	Married, 1st	Married, 2nd	Cohabiting	Divorced	Widowed	Never married
Parent–child disconnectedness	0.61***[a]	0.16	0.18	0.32***	0.40***	0.38	0.28*** [a]	0.03	0.24	0.33***	0.36**	0.34
	(0.09)	(0.10)	(0.20)	(0.09)	(0.07)	(0.26)	(0.08)	(0.07)	(0.14)	(0.08)	(0.11)	(0.26)
Age at interview	−0.00	−0.01**	−0.02*	−0.03***	−0.01***	−0.02*	0.00*	−0.01	−0.00	−0.03***	−0.00	−0.04**
	(0.00)	(0.01)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)	(0.00)	(0.00)	(0.01)
Number of children	0.01	−0.02	−0.02	−0.01	−0.04***	0.02	0.03**	−0.01	0.04	−0.01	0.03	−0.05
	(0.01)	(0.02)	(0.03)	(0.02)	(0.01)	(0.05)	(0.01)	(0.02)	(0.03)	(0.02)	(0.02)	(0.09)
Help received	0.45***	0.47***	0.54***	0.30***	0.35***	0.39***	0.32***	0.34***	0.25*	0.32***	0.36***	0.42*
	(0.02)	(0.07)	(0.12)	(0.04)	(0.03)	(0.09)	(0.02)	(0.06)	(0.10)	(0.05)	(0.05)	(0.17)
Household size	0.03*	0.09	0.08	0.07*	−0.02	0.07	0.04***	0.04	0.02	−0.06	−0.04	−0.07
	(0.01)	(0.05)	(0.06)	(0.03)	(0.02)	(0.06)	(0.01)	(0.03)	(0.05)	(0.03)	(0.03)	(0.12)
Education (ref.: High)												
Medium	0.03	0.04	0.18	0.00	−0.02	0.11	−0.01	0.05	0.01	0.02	−0.04	−0.33
	(0.03)	(0.08)	(0.11)	(0.05)	(0.05)	(0.13)	(0.02)	(0.06)	(0.10)	(0.06)	(0.07)	(0.19)
Low	0.12***	0.10	0.08	0.23***	0.27***	0.42**	0.05	0.14	0.20	0.20**	0.09	−0.23
	(0.03)	(0.10)	(0.13)	(0.06)	(0.05)	(0.16)	(0.03)	(0.08)	(0.11)	(0.08)	(0.08)	(0.23)
Employed	−0.02	−0.06	−0.07	−0.22***	0.09	−0.07	0.02	−0.09	−0.01	−0.29***	0.05	−0.38*
	(0.03)	(0.08)	(0.11)	(0.05)	(0.06)	(0.12)	(0.02)	(0.07)	(0.10)	(0.06)	(0.11)	(0.17)
Relative poverty	0.12***	0.05	0.07	0.11*	0.15***	0.26*	0.11***	0.27**	0.19	0.12*	0.11	0.37*
	(0.03)	(0.10)	(0.16)	(0.04)	(0.03)	(0.11)	(0.03)	(0.09)	(0.13)	(0.06)	(0.07)	(0.16)
Self-rated health (ref.: Excellent)												
Very good	0.17***	0.21*	0.16	0.33***	0.14*	0.30*	0.14***	0.20**	0.08	0.23***	0.13	0.38
	(0.03)	(0.09)	(0.13)	(0.06)	(0.06)	(0.15)	(0.02)	(0.06)	(0.11)	(0.06)	(0.10)	(0.22)
Good	0.73***	0.81***	0.69***	0.85***	0.64***	0.86***	0.51***	0.58***	0.48***	0.60***	0.45***	1.08***
	(0.03)	(0.09)	(0.13)	(0.06)	(0.06)	(0.15)	(0.02)	(0.06)	(0.11)	(0.07)	(0.10)	(0.21)
Fair	1.81***	1.98***	1.66***	1.85***	1.65***	1.76***	1.36***	1.37***	1.26***	1.57***	1.28***	1.79***
	(0.04)	(0.10)	(0.16)	(0.07)	(0.06)	(0.17)	(0.03)	(0.08)	(0.14)	(0.08)	(0.10)	(0.24)
Poor	3.22***	3.23***	3.20***	3.27***	3.16***	3.05***	2.78***	2.69***	2.49***	2.86***	2.64***	2.96***
	(0.05)	(0.14)	(0.24)	(0.09)	(0.07)	(0.23)	(0.05)	(0.14)	(0.21)	(0.12)	(0.13)	(0.33)
Activities of daily living	0.35***	0.38***	0.36***	0.34***	0.29***	0.18*	0.40***	0.43***	0.32***	0.32***	0.37***	0.29*
	(0.02)	(0.06)	(0.10)	(0.03)	(0.01)	(0.08)	(0.02)	(0.05)	(0.08)	(0.05)	(0.03)	(0.14)
R^2	0.24	0.27	0.24	0.24	0.26	0.23	0.23	0.24	0.22	0.26	0.24	0.32
N observations	62,711	6,559	2,640	16,824	39,567	2,743	57,051	6,735	2,710	8,942	8,945	1,042

Notes: Depressive symptoms range from 0 to 12. Statistically significant coefficients denoted as ***$p < .001$. **$p < .01$. *$p < .05$. Statistically significant within-marital status gender differences in the association of disconnectedness are denoted with superscripts [a]$p < .01$. Statistically significant within-gender marital status differences ($p < .05$) in the association of disconnectedness: *Women*: married 1st vs. married 2nd, cohabiting, divorced, and widowed. *Men*: married 1st vs. married 2nd, married 2nd vs. divorced, see Supplementary Table 5. Results are based on unweighted data from SHARE, Waves 1, 2, 4, 5, 6, 7, 8, and 9, release 9.0.0.

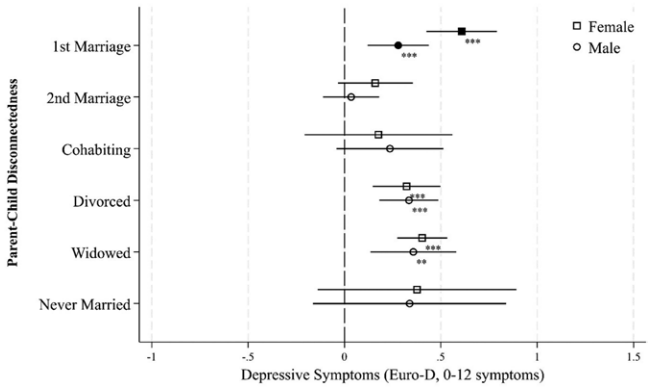

Figure 2. Fully adjusted associations of parent–child disconnectedness on depressive symptoms (Euro-D) by marital status and gender. *Notes*: Depressive symptoms range from 0 to 12. Whiskers indicate 95% confidence intervals. Solid markers indicate statistically significant within-marital status gender differences. Asterisks denote whether the association of disconnectedness is statistically significant for each subgroup, where ***$p < .001$, **$p < .01$, *$p < .05$. Statistically significant within-gender marital status differences ($p < .05$) in the association of disconnectedness: *Women*: married 1st vs. married 2nd, cohabiting, divorced, and widowed. *Men*: married 1st vs. married 2nd, married 2nd vs. divorced, see Supplementary Table 5. Models were adjusted for age, household size, total number of living children, education, employment, relative poverty, self-rated health, functional limitations, instrumental support, nation and interview wave. Results are based on unweighted data from SHARE, Waves 1, 2, 4, 5, 6, 7, 8, and 9, release 9.0.0.

one family tie (such as a parent's divorce or repartnering) may reverberate throughout the family, destabilizing a parent's tie with one or more children (Arránz Becker & Hank, 2022). The destabilizing effects of parental marital transitions are gender-asymmetrical, with the exception of widowhood. Widowed women and men are similar (4% and 5%) with respect to disconnectedness, perhaps because a surviving parent is not considered blameworthy for the marriage's end and instead is viewed as deserving of the child's support and sympathy (Carr, 2003). Yet for all other unmarried categories, men have higher rates of disconnectedness, potentially reflecting an adult child's tendency to blame their father for parental divorce (or subsequent repartnering; Schmidt et al., 2016). Although we cannot ascertain causal ordering, our results are consistent with studies of parent–child closeness and contact demonstrating negative effects of fathers' divorces and repartnerships (Kalmijn, 2013, 2015).

Never-married men also reported high levels of disconnectedness, although their mental health was not significantly worse than their connected counterparts. This warrants further investigation in larger samples of never-married fathers. Never-married older men are at elevated risk of economic insecurity and poor health relative to their ever-married counterparts (Carr et al., 2024). Our results suggest that among the few never-married men who have children, a considerable fraction is disconnected, heightening concerns about their isolation and economic insecurity. Given these risk factors, men aging alone may be in particular need of targeted supports and services. Moreover, our results may underestimate the mental health burden of disconnectedness among fathers, as men tend to underreport depressive symptoms (Nolen-Hoeksema, 1987). Future research including outcomes like suicidality, anger, and substance use could provide further insights into disconnected fathers' mental health.

Second, we found that disconnected parents have significantly more depressive symptoms than their connected counterparts, although the strength of these associations differs by marital status and, to a lesser extent, gender. For two of three categories of unpartnered older adults—divorced and widowed—disconnected parents reported significantly more depressive symptoms than their connected counterparts, with comparable effect sizes across genders. Although coefficients were generally similar for the small category of never-married persons, they did not reach statistical significance, likely due to weak statistical power. These results are broadly consistent with stress process models, which underscore significant mental health effects of co-occurring stressors (Pearlin et al., 2005). The stress that accompanies parent–child disconnectedness may exacerbate economic and emotional strains of aging alone and the distress from a spouse's death or a marriage's dissolution.

Counter to our expectations, the emotional toll of disconnectedness did not differ significantly by gender for all categories of unmarried parents. Our results may reflect the age of our sample; some researchers have noted that gender differences tend to converge with advancing age across various outcomes (Leopold et al., 2018). Older unmarried men and women may rely on their closest network members, including children, so parent–child disconnectedness may exact a similar toll on their mental health (Charles & Carstensen, 2010). By contrast, we detected significant gender differences in the association between mental health and disconnectedness for parents in their first marriage. Marriage, especially long-term marriage, may maintain and reinforce gendered roles and relationships especially with respect to parent–child ties, rendering disconnectedness particularly painful for women (Boerner et al., 2014).

The emotional toll of disconnectedness was greatest for once-married mothers, with an effect size twice that of their male counterparts and higher than all other subgroups of women. We suspect this finding reflects cultural expectations placed on women (and especially stably married women) to be nurturers and engaged parents. Parent–child disconnectedness may threaten a core dimension of a mother's identity (Agllias, 2013), especially among married women who may feel shame or responsibility for their child's problems that gave rise to the disconnectedness (Ryff et al., 1994). Disconnectedness is very rare among once-married men and women (1%), so they may be uninformed on how to navigate this unexpected rift, or feel stigmatized or blameworthy. We encourage future explorations of this intriguing finding, considering the role of the other spouse. With our data, we cannot ascertain whether the disconnected child maintains a tie with their other parent, or whether the intergenerational rift causes marital discord that further undermines the parents' mental health. We encourage dyadic analyses that extend beyond one parent only to encompass both spouses, who may differ with respect to their engagement with the disconnected child.

Last, our analyses revealed that partnered parents' distress in the face of disconnectedness is limited to persons in a first marriage. The effect sizes of disconnectedness are either not statistically significant or negligible in magnitude for remarried and cohabiting men and women. This finding aligns with theoretical perspectives suggesting that loss of a social role or tie is not uniformly distressing. For some individuals, severing contact with their child(ren) may be less distressing than maintaining a conflictual relationship, and may even be "a

healthy response to an unhealthy situation" (Blake, 2017, p. 527).

Limitations

Our study has several limitations. First, SHARE lacked information on other sources of family strain and support that may counterbalance or amplify the association between depressive symptoms and disconnectedness. Future studies should consider the number of disconnected children, parents' perceived closeness with non-disconnected children, and whether the disconnected child is biological or step. Our measure also captures the parent's perspective only and thus may understate the levels of disconnectedness, given research suggesting that adult children are more likely than their parents to acknowledge disconnectedness or estrangement (Reczek et al., 2025).

Second, we could not determine the *timing* or *duration* of disconnectedness in relation to changes in older parent's marital status. Descriptive analyses suggest that the duration of disconnectedness is mainly important for widowed parents, as those disconnected for longer periods (two or more waves) show significantly fewer depressive symptoms compared to those with short-term disconnectedness (one wave). Moreover, we could not ascertain whether disconnectedness contributed to the parent's divorce, whether it resulted from the parent's remarriage, or whether the parent or child initiated the disconnectedness.

Third, although SHARE is a large sample, the relatively small number of persons in particular marital, gender, and disconnectedness categories required that we pool the data across waves. This limited our capacity to exploit the longitudinal nature of the data and track selection into and out of disconnectedness, especially the role of depressive symptoms or other potentially important omitted variables that "selected" a parent into disconnectedness. For instance, more depressed parents may withdraw from social interactions, leading to increased parent–child disconnectedness. We encourage future studies with larger samples to explore the potential influences of omitted variable bias and reverse causality, examining within-person change using approaches such as dynamic panel models with fixed effects (Jessee, 2023). Fourth, the omission of persons who did not answer the disconnectedness question may bias the study results. For instance, men were more likely than women to have missing data on this item, which may lead to an understatement of gender differences in disconnectedness.

Finally, we focused on the aggregated sample of European adults and did not stratify on the basis of nation or region. We encourage future explorations that contrast cultural and demographic contexts within Europe. Supplementary analyses showed that rates of disconnectedness are lowest in Southern Europe and highest in Western Europe (1% vs. 6%), and the depressive symptoms gap between connected and disconnected parents was larger in Southern Europe ($M = 2.7$ vs. 4.6) than in Eastern, Northern, or Western Europe. These patterns are consistent with research suggesting that intergenerational strain is more distressing in regions where family discord is less common (Hank, 2007).

Despite these limitations, our study advances understanding parent–child disconnectedness, its patterning, and mental health associations for older European adults. Our results suggest that studies of older adults' social isolation should extend beyond measures such as "kinlessness" and recognize that even married parents may be at risk of elevated depressive symptoms when their relationship with one or more child is frayed (Patterson & Margolis, 2023). We caution against interventions that seek to repair disconnected parent–child ties, however; such efforts would need to consider source, nature, and intensity of the discord leading to the severed contact. Rather, we encourage practitioners to recognize older adults' ties that provide support and solace, whether friends, siblings, a romantic partner, or children other than the disconnected child(ren) and to engage those ties productively in conversations about the older adults' health, health care, and other critical needs (Mair, 2019).

Supplementary Material

Supplementary data are available at *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* online.

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Conflict of Interest

None.

Data Availability

This paper uses data from SHARE Waves 1, 2, 3, 4, 5, 6, 7, 8 and 9 (DOIs: 10.6103/SHARE.w1.900, 10.6103/SHARE.w2.900, 10.6103/SHARE.w3.900, 10.6103/SHARE.w4.900, 10.6103/SHARE.w5.900, 10.6103/SHARE.w6.900, 10.6103/SHARE.w7.900, 10.6103/SHARE.w8.900, 10.6103/SHARE.w8ca.900, 10.6103/SHARE.w9.900, 10.6103/SHARE.w9ca900); see Börsch-Supan et al. (2013) for methodological details. (1) The SHARE data collection has been funded by the European Commission, DG RTD through FP5 (QLK6-CT-2001-00360), FP6 (SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812), FP7 (SHARE-PREP: GA N°211909, SHARE-LEAP: GA N°227822, SHARE M4: GA N°261982, DASISH: GA N°283646) and Horizon 2020 (SHARE-DEV3: GA N°676536, SHARE-COHESION: GA N°870628, SERISS: GA N°654221, SSHOC: GA N°823782, SHARE-COVID19: GA N°101015924) and by DG Employment, Social Affairs & Inclusion through VS 2015/0195, VS 2016/0135, VS 2018/0285, VS 2019/0332, VS 2020/0313 and SHARE-EUCOV: GA N°101052589 and EUCOVII: GA N°101102412. Additional funding from the German Ministry of Education and Research, the Max Planck Society for the Advancement of Science, the U.S. National Institute on Aging (U01_AG09740-13S2, P01_AG005842, P01_AG08291, P30_AG12815, R21_AG025169, Y1-AG-4553-01, IAG_BSR06-11, OGHA_04-064, BSR12-04, R01_AG052527-02, HHSN271201300071C, RAG052527A) and from various national funding sources is gratefully acknowledged (see www.share-eric.eu).

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Author Contributions

L. Jessee planned the study, performed all statistical analyses, wrote the methods and results, and contributed to revising the paper. D. Carr planned the study, wrote the theoretical background and discussion, and revised the methods and results.

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