Love in a Family Context

by

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Abstract

The desire to love and be loved is an innate need that motivates many of our thoughts, feelings, and behaviors across the entire lifespan. Despite the importance of love, it has only been a topic of serious psychological study over the last few decades, with much of this early work focusing on defining and conceptualizing love. To extend this inquiry to capture both the expression and course of love, this dissertation examined both parental love and compassionate love using qualitative and quantitative methodologies within two distinct samples of families. To capture the expression of parental love, we gathered examples from 58 happily-married, opposite-sex parents and their young children about how parental love was demonstrated and perceived within their parent-child relationship. Five themes of parental love were identified from examples provided through interviews with mothers, fathers, and children. The resultant themes primarily underscore the importance of spending time together and demonstrating affection. Children’s examples of parental love were similar to their parents’ and there were several gender differences in how parental love was demonstrated by parents and perceived by children. To explore how love developed later in life in the marital relationship, we assessed both self- and spouse-reported compassionate love and its predictors among 64 older married opposite-sex couples. Results revealed a modest decline in self-reported compassionate love for both husbands and wives over a year, and wives’ attachment avoidance emerged as the strongest predictor of compassionate love concurrently and over time. These studies assessed different forms of love within generally satisfied families to provide an important perspective on love as it is commonly experienced at different stages of life within these specific family
contexts. As love and other positive family processes and experiences are often understudied, continuing research on love in a variety of family contexts is necessary to help families go beyond surviving to ultimately thriving.
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# Table of Contents

Abstract ........................................................................................................................ ii

Acknowledgments.......................................................................................................... iv

List of Tables .................................................................................................................. viii

List of Figures .............................................................................................................. ix

Chapter 1: General Introduction ................................................................................ 1

Chapter 2: Study 1 – “Lots of Hugs and Kisses”: Expressions of Parental Love as Reported by Mothers, Fathers, and their Children .................................................. 7
  Introduction ................................................................................................................. 8
  Method ....................................................................................................................... 15
  Results ....................................................................................................................... 18
  Discussion ................................................................................................................ 25

Chapter 3: Study 2 – Me before You or You before Me? The Development of Compassionate Love among Older Couples ................................................................. 39
  Introduction ............................................................................................................. 40
  Method ..................................................................................................................... 46
  Results ..................................................................................................................... 51
  Discussion ............................................................................................................... 55

Chapter 4 – General Discussion ............................................................................... 68

References .................................................................................................................. 72

Appendix A ................................................................................................................ 94
List of Tables

Study 1
Table 1 .........................................................................................................................38

Study 2
Table 1 .........................................................................................................................64
List of Figures

Study 2

Figure 1 ........................................................................................................................................65
Figure 2 ........................................................................................................................................66
Figure 3 ........................................................................................................................................67
I. General Introduction

The desire to love and be loved is an innate need that motivates many of our thoughts, feelings, and behaviors across the entire lifespan (Baumeister & Leary, 1995; Berscheid, 2003; Clark & Grote, 2013). Despite its importance, love has only been a topic of serious psychological study over the last few decades, with much of this early work focusing on defining and conceptualizing love (Berscheid, 2010; Lee, 1973; Sternberg, 1986). Although love has been conceptualized in a variety of ways (e.g., typologies, Lee, 1973; Sternberg, 1986), love has been most broadly defined as a desire or attitude towards another individual that motivates the person to think, feel, and behave in ways that foster greater closeness (Reis & Aron, 2008).

In light of this more relationship-specific definition, it is not surprising that various types of love (e.g., parent-child, romantic couple) have been shown to serve different purposes, motivate unique behaviors, and affect a variety of outcomes. Across all of these relationships, however, love has been found to be almost uniformly beneficial for close family relationships (Berscheid, 2010; Reis & Aron, 2008). Given the substantial benefits of love for adjustment and well-being across the lifespan (Valliant, 2012), researchers have sought to understand how love is experienced throughout the lifespan, particularly how it develops within the family context (Berscheid, 2010; Reis & Aron, 2008; Sternberg & Weis, 2006; Sumter, Valkenburg, & Peter, 2013).

Although scholars used to think of development as occurring primarily or even exclusively in the earlier life stages (e.g., childhood, adolescence), human development is now
widely accepted to continue throughout the entire lifespan (Baltes, 1987; Baltes, Staudinger, & Lindenberger, 1999). Development is currently understood to encompass growth, maintenance, and loss of various domains and abilities, with more growth typically occurring earlier in the lifespan, more maintenance in the middle stages, and more loss or decline at later stages of life (Ebner, Freund, & Baltes, 2006). The development of love follows a similar course through the life course, as it begins with the emergence and growth of love within the parent-child relationship. In later stages of life, the development of love still involves development, as new relationships are created, but individuals also must maintain the stability of relationships and regulate more frequent loss of relationships. Dealing with the loss of relationships may be experienced at any stage of life but is more common among older adults as normative physical, cognitive, and emotional, declines occur. Thus, when studying love, it is vital to consider how love may be experienced differently at different stages of the lifespan.

At the beginning of the lifespan, Bowlby (1969/1982) suggested that the attachment between a parent and a child is the most critical experience of love, a conclusion supported by research linking attachment quality to a host of outcomes for children, from better emotion regulation abilities to competence in later social relationships (Feeney & Noller, 1990; Mallinckrodt, 1992; Schore, 2001; Sroufe, 2005). According to Bowlby’s attachment theory, love between a parent and child is a lasting affectional bond that is co-created over time largely according to the parent’s availability and sensitivity and the child’s expressed needs and temperament (Ainsworth, 1979; Vaughn, Egeland, Sroufe, & Waters, 1979; Vaughn et al., 1992). The attachment bond is designed provide the child with a sense of security and safety as they perceive responsive care from the parent (George & Solomon, 2008). Attachment researchers have thus often operationalized parental love as sensitive and responsive parenting (Cassidy,
However, researchers have never explicitly inquired of parents or of the children themselves how love is demonstrated within their relationship. Given that layperson’s views can and are often different than expert or theoretical perspectives, especially when it comes to more subjective experiences such as love (Fehr, Harasymchuk, & Specher, 2014), there may be a discrepancy between what theory purports and the natural and common experience of love between parents and children. Thus, gathering reports from parents and children about how they actually express and perceive love in their relationships would greatly expand our understanding of parental love.

As individuals age, the primary context of loving and being loved usually shifts from parent to romantic partner. These experiences of love within adult romantic relationships have also been viewed through the lens of attachment theory (Hazan & Shaver, 1987). For couples, a secure attachment bond forms as partners are available, sensitive, and responsive to one another’s needs and emotions (Mikulincer & Shaver, 2007) – similar to the operationalization offered for the parent-child relationship. This resulting romantic attachment bond is not only considered the foundation for romantic relationship satisfaction and adjustment but also has been found to be beneficial for older couples’ physical health (Greenman & Johnson, 2013; Kiecolt-Glaser & Newton, 2001; Slatcher 2010). One form that love may take within partnered relationship, particularly for later-life couples, is compassionate love, which can be broadly defined as a love that is centered on the good of the other (Underwood, 2002; 2009). Compassionate love has been explained as a part of the caregiving behavioral system within the framework of attachment theory, which describes the potential or actual capacity that motivates individuals to care for others (Collins et al., 2014; Mikulincer, Shaver, & Gillath, 2009). This
capacity and resulting consistent care towards a romantic partner (i.e., compassionate love) is what may account for the formation of an adult attachment relationship over time.

Compassionate love plays a particularly notable role in older couples’ relationships because there is a great need for mutual care due to poorer health and its accompanying challenges (Rauer, Sabey, & Jensen, 2014; Sabey, Rauer, & Haselschwerdt, in press). In fact, both the motivation to provide care and actual caregiving behaviors have been shown to increase in response to a partner’s growing need for assistance (Collins & Ford, 2010). As the development of love earlier in life focuses on the initial emergence of love for a child and the maturation of love for a young adult, love may continue to change as a result of facing a growing physical dependence of a spouse (Davis, Gilliss, Deshefy-Longhi, Chestnutt, & Molloy, 2011) or the loss or pending loss of a partner (Mancini, Robinaugh, Shear, & Bonanno, 2009; Sable, 1991). Therefore, to the extent that compassionate love is particularly salient later in life, it may be even more valuable to understand the course of compassionate love within older couple relationships in response to normative changes in health (Barusch, 2008; Berscheid, 2010).

Although we know much about love across the lifespan and within various family relational contexts (for reviews, see Berscheid, 2010; Sternberg & Weis, 2006), there remain important gaps in our understanding given the complexity and vastness of the experience of love. For example, experts have highlighted the need to understand the development of love and how love is commonly expressed or perceived between family members or romantic partners (Berscheid, 2010; Buss, 1988; Reis & Aron, 2008). Research on parent-child love illustrates how that love develops over time between the child and parent and the factors that predict that development (Cassidy, 2008), yet no empirical research to date has examined how parental love is demonstrated from parents and perceived by children (Buss, 1988). Rather, the ways that
parents show love to their children has largely been assumed or described in general ways, such as acceptance or warmth (Davidov & Grusec, 2006; Rohner, Khaleque, & Cournoyer, 2005). On the other hand, there has been some examination of how love, particularly compassionate love, is expressed within older couples’ relationships (Sabey et al., in press), but how compassionate love might change over time has yet to be assessed (Berscheid, 2010). Thus, we know about the development of love within the parent-child relationship but not how it is commonly demonstrated, whereas we know how compassionate love is commonly demonstrated among older couples but not how it might change during this later stage of life.

Since love is necessary for close family relationships to thrive, further research on how it develops and how it is commonly expressed within a family context is warranted (Berscheid, 2010; Reis & Aron, 2008). Therefore, this dissertation will seek to address two critical gaps in our understanding of the experience of love. First, I will explore how parental love is commonly expressed and received from parents’ and their young children’s perspectives. To do so, I will take a qualitative approach to analyze interviews from 58 parents and their children. Such an approach enables me to capture a more complete and richer sense of the experiences of love within the parent-child relationship (Ganong & Coleman, 2014). Second, I will examine how compassionate love changes over a year among older married couples and identify factors that may predict those potential changes. I will draw from both self and spouse reports of compassionate love from 64 older married couples to determine if and how compassionate love changes over time and if an individual (i.e., gender), situational (i.e., health), or relational factor (e.g., attachment avoidance) predict any change (Underwood, 2009). Given that love may uniquely develop and be expressed according to the relational context in which it occurs (Barusch, 2008; Berscheid, 2010; Fehr & Russell, 1991; Sumter et al., 2013), the results of these
Studies are useful to promote and compare future research on love within family relationships across the lifespan, particularly within a variety of diverse family contexts.
II. Study 1 - “Lots of Hugs and Kisses”: Expressions of Parental Love as Reported by Mothers, Fathers, and their Children

Abstract

Parental love is essential for the optimal development of children. Although multiple theories of this form of love have been put forward, no prior study has gathered real-life examples of how parents demonstrate parental love or how it is perceived by children. Drawing from a sample of 58 families consisting of a mother, father, and young child (approximately five years old), parents and children were asked to describe how love was demonstrated within the parent-child relationship. Results from an inductive thematic analysis revealed that parental love was described as frequently occurring in a variety of ways. Although there was considerable variability in how parental love was expressed, five themes were identified that overlapped between parents and their children, including Playing or Doing Activities Together, Demonstrating Affection, Creating Structure, Helping or Support, and Giving Gifts or Treats. Some gendered patterns in how parental love was both demonstrated and perceived were also found among these opposite-sex parents. The lay examples provided by parents and children largely support prior theoretical formulations of parental love and future research could compare the examples and resultant themes identified here with examples from more diverse family contexts.

Keywords: parental love, attachment theory, family relationships
“Because I Just Do”: Expressions of Parental Love from Parents and their Young Children

The experience of feeling loved is essential for the healthy development of children, especially for their emotional development (Perry, 2002; Shonkoff & Phillips, 2000; Sroufe, 2005). This crucial experience of feeling loved for a child typically occurs first and foremost within a parent-child relationship (Bowlby, 1969/1982) and children who have more loving relationships with their parents benefit in a number of ways – from greater peer competence in childhood (Groh, Fearon, Bakermans-Kranenburg, van IJzendoorn, Steele, & Roisman, 2014) to fewer psychological adjustment problems later in life (e.g., depression, substance abuse; Rohner, Khaleque, & Cournoyer, 2005). In light of these lasting benefits of parental love, it is critical to understand both how parents express this love and how children perceive it early in life.

The challenge of doing so is that most work to date on this topic has generally assumed the ways that love is demonstrated by parents and perceived by children without explicitly inquiring of parents or children how love is commonly experienced within their relationships. Such an approach is critical, as work with adults on other types of love (e.g., romantic love, compassionate love; Fehr & Russell, 1991; Fehr & Sprecher, 2009; Wade, Auer, & Roth, 2009) reveals that there may be meaningful differences in lay persons’ and researchers’ definitions and expressions of love. For example, Sabey, Rauer, and Haselschwerdt (in press) drew upon qualitative interviews to reveal that not only did couples’ examples of compassionate love differ from those previously assumed in the literature, but the examples also varied widely both between and within couples. Utilizing a qualitative approach in this manner is particularly valuable as it allows people to share insights about their specific experiences of love, rather than relying on broad definitions generated by researchers (Ganong & Coleman, 2014). Therefore, given the importance of parental love and the evidence suggesting that love may be expressed
and perceived in multiple ways, the current study seeks to contribute to and extend the literature by examining acts of parental love from the perspective of parents and their young children.

**An Attachment Theory Perspective on Parental Love**

To date, parental love has been best understood through the lens of attachment theory (Mikulincer, Shaver, & Pereg, 2003), which has been referred to as a “theory of love” (Karen, 1994). According to attachment theory, love is considered to be an affectional bond between child and the primary caregiver and ideally, a child will develop a sense of security and safety with their primary caregiver. The development of a secure bond between child and caregiver reassures a child that he or she can receive care and comfort when distressed and feel safe to explore the environment independently (Bowlby, 1969/1982). Both members of the dyad co-create the security of this attachment bond, with caregivers’ availability, sensitivity, and responsivity being essential and children’s expressed needs and temperament shaping the bond as well (Ainsworth, 1979).

A caregiver’s responsiveness is motivated by the caregiving behavioral system, which is activated to provide comfort, support, and protection in response to the needs and development of the child (George & Solomon, 2008). The caregiving behavioral system suggests at least three broad ways or themes of how parental love may be demonstrated towards young children. First, parental love can be demonstrated through providing comfort or reassurance in response to a child’s distress (e.g., sadness, fear). This expression of love is of paramount importance as responsiveness to distress is thought to be most critical for the formation of a secure attachment (Davidov & Grusec, 2006; Leerkes, Blankson, & O’Brien, 2009). Second, parental love can take the form of warmth or positive interactions such as expressing positive affect, pleasure, and appreciation (Davidov & Grusec, 2006). Finally, providing control or structure (e.g., expecting
socially appropriate behavior, consistently enforcing discipline) is also an expression of parental love, as control, when coupled with care and warmth, is critical for attachment security (Karavasilis, Doyle, & Markiewicz, 2003; Neal & Frick-Horbury, 2001). Thus, as seen through the lens of attachment theory, the motivation to care for and love a child may be manifested in a variety of acts by a parent that range from offering comfort in difficult times to being physically or verbally affectionate to enacting discipline. In addition, the specific ways these expressions of love are demonstrated will most likely differ based on the child’s development, especially when children are young. However, it is unknown whether parents would cite these or other behaviors as conscious ways that they show love for their children or if the children would perceive these or other behaviors as acts of parental love.

**What is Parental Love and How is it Expressed?**

Although parental love has been listed as the best example of love by lay individuals (Fehr & Russell, 1991), there has been little empirical research examining *parental love* as a specific construct. Researchers have instead used a wide variety of related constructs such as warmth, nurturance, acceptance, sensitivity, care, affection, responsiveness, and support to try to capture parental love. Each of these constructs may be unique components of an overarching concept of parental love or they may simply be synonyms describing how parental love is demonstrated. For example, the description of warmth by Davidov and Grusec (2006) as “the expression of positive affect, affection, and admiration toward the child [and involving] manifestations of fondness and enjoyment of the child carried out both spontaneously and in response to children’s initiations” (p. 44) could be easily applied to other concepts often treated as synonymous with parental love, such as caring or affection. On the other hand, most of these concepts tend to highlight the domains of emotion, cognition, and behavior to various degrees,
despite the substantial overlap. Although the exact relationship between parental love and its associated concepts remains unexplored to date, most appear to describe and emphasize behaviors that parents enact to express love and affection for their children.

How parental love is behaviorally demonstrated is critical as attachment theory posits that certain parental behaviors are necessary to foster a secure attachment bond with the child. Similarly, Buss (1988) has stated that “love is not simply a state; love *acts*” (p. 100). It is unknown, however, which acts or behaviors are most common or typical when it comes to parents’ expressions of love. From an attachment theory perspective, acts of parental love would most likely include sensitive and consistent demonstrations of care, affection, and even discipline. It is important to note, however, that the acts parents would actually cite as expressions of their love would most likely be more specific and nuanced (e.g., I give hugs and kisses). Buss (1988) proposed that such acts of parental love could be categorized into four goals: affection, commitment of resources, commitment of time, and self-sacrifice. Although these two approaches have some overlap (i.e., expressions of affection), Buss’ goals include more practical ways of love (e.g., providing resources) in addition to the more typical demonstrations of love. Despite Buss calling for future research to directly examine acts of parental love to test his hypothesized goals, this has yet to be done, even in a recent follow-up to his original study (Wade et al., 2009). As a result, researchers that have studied parental love have widely assumed which acts represent love and affection and in doing so, may have failed to capture acts or behaviors that parents typically demonstrate within their actual relationships. Therefore, gathering reports from parents about how they show or express love and affection towards their children would be invaluable for substantiating current theories of parental love.

**Whose Love?: Focusing on Who is Expressing Parental Love and Who is Receiving It**
The experience and expression of parental love may vary in meaningful ways according to whose perspective is being examined. For example, it is critical to explore the extent to which acts of parental love differ according to which parent is demonstrating them. Such an examination is warranted as mothers and fathers in heterosexual relationships not only tend to behave differently towards their children (Palkovitz, Trask, & Adamsons, 2014; Wilson & Durbin, 2013), but they may play unique yet complementary roles in fostering children’s attachment security (George, Cummings, & Davies, 2010; Freeman, Newland, & Coyl, 2010; Ranson & Urichuk, 2008; Newland & Coyl, 2010). These different roles typically take the form of mothers acting as caregivers to provide warmth and security and fathers acting as playmates to promote exploration (Palm, 2014; Wilson & Durbin, 2013). On the other hand, some parenting behaviors or constructs have been shown to be similar for mothers and fathers, such as sensitivity or overall responsiveness (Fagan, Day, Lamb, & Cabrera, 2014; Wilson & Durbin, 2013). Thus, understanding who is expressing the love may reveal important differences and similarities in the demonstration of parental love.

Beyond how love is experienced or demonstrated from the parents’ perspective, it is equally important how the child perceives those acts as the perception of love plays a significant role in determining its benefits (Rohner et al., 2005; Ronel, 2006). For example, on work with newlywed couples, Reis, Maniaci, and Rogge (2014) found that an act of compassionate love generated the most relational benefits when perceived by both the recipient and the provider. Thus, it may be key to the experience of parental love that a child perceives, at least to some extent, that the parent is demonstrating love and affection. Along this vein, D’Cruz and Stagnitti (2010) conducted interviews with five children to gather what being loved by a parent was like from a child’s experience. The interviews asked the children to tell stories about being loved by a
parent generally rather than what it was like to be loved by their own parents. The stories revealed four themes highlighting physical affection (e.g., kisses and hugs), shared special times with special activities (e.g., reading a story together), special relationships (e.g., mother-child relationship), and nurturance (e.g., providing physical safety and warmth). Similarly, interviews with 200 children highlighted the themes of physical affection and being helped as common ways that young children felt loved by their mothers (Klein, 1989). These studies provide a brief glimpse into the experience of parental love from the child’s perspective; however, we need a more up-to-date and thorough analysis of how parental love is commonly demonstrated within parent-child relationships from the children’s perspective.

The expression and perception of love from parents may also differ according to the gender and age of the child. Parents often treat and speak to their sons and daughters differently (Leaper, Anderson, & Sanders, 1998; McKee et al., 2007; Raley & Bianchi, 2006) and parenting behaviors typically adapt according to the child’s age or development (Shelton, Frick, & Wootton, 1996). Research on parent-child attachment relationships finds that fathers demonstrate less sensitivity to daughters than to sons and mothers are less sensitive to sons than to daughters (Schoppe-Sullivan, Diener, Mangelsdorf, Brown, McHale, & Frosch, 2006). Extending these differences to expressions of love and affection, typical gender roles would suggest that perhaps girls would be shown love and affection in more feminine ways (e.g., verbal expressions of love) and boys in more masculine ways (e.g., rough and tumble physical play; McHale, Crouter, & Whiteman, 2003; Witt, 1997). A child’s age may also play a role in how parents’ show love and affection towards them as positive parenting behaviors have been shown to decrease as a child gets older (Shelton et al., 1996). Therefore, gathering reports from mothers and fathers and sons and daughters on how love and affection is expressed within their relationships would provide
insight into the extent to which parental love depends on who is providing it and who is receiving it.

Current Study

Given the importance of parental love for children’s healthy development, it is somewhat surprising that no studies have identified the typical ways that parents demonstrate love and affection to their children. Therefore, informed by an attachment theory perspective, the current study will examine reports from mothers, fathers, and their young children on the ways that love and affection is expressed within their parent-child relationships. More specifically, this paper will seek to answer the following set of questions:

(1) How do parents typically demonstrate love and affection to their children?
(2) How do children perceive love from their parents?
(3) Are there gender differences for parents or gender or age differences for children in how parental love is demonstrated or perceived?
(4) Are children’s perceptions of love congruent with how their parents report demonstrating love to them?

To answer these questions, a qualitative data analysis approach will be utilized to analyze interviews with 58 families comprised of a mother, a father, and a child from each family. From a social constructionist perspective, these interviews and analyses will provide a richer sense of how love and affection is commonly demonstrated within a relational context from both parents’ and children’s perspectives (Ganong & Coleman, 2014; Manning & Kunkel, 2014). This qualitative approach also precludes assumptions regarding how love and affection should be demonstrated (Zvonkovic, Sharp, & Radina, 2012). Transcripts from parents and their children will be analyzed through an inductive thematic analysis approach, which is a common method of
identifying and reporting patterns or themes across and within the data (Braun & Clarke, 2006). In doing so, this study seeks to capture and describe broad themes of parental love—how it is demonstrated and how it is perceived.

Method

Participants

Fifty-eight married, opposite-sex couples and their children participated in the Marriage and Child Development Study which focused on examining positive marital relations and their links to parenting and prosocial behavior in children. Families from a Midwestern city were recruited from birth records, newspaper advertisements, and bulletins at local churches, daycares, and preschools. To be eligible, couples had to identify themselves as a happily married couple, give consent for participation from both spouses, and have a child who was two years of age and an older child in preschool or early-elementary school. Confirming that the couples were happily married, all 58 couples reported being happy to perfectly happy on the first item of the Locke-Wallace Marital Adjustment Test (MAT; Locke & Wallace, 1959).

Husbands and wives were approximately 37 (SD = 4.6) and 35 years old (SD = 4.5), respectively, heterosexual, predominately European American (n = 54 and 56, respectively), and all had at least some college education. Most of the families were middle or upper-middle class and 35% of the households were dual-earner. Husbands’ modal income was between $70,000 and $80,000 and wives’ modal income was $10,000 or less. Parents were married for an average of 8.7 years (SD = 3.4), and all were the biological parents of the children. The older child in each family (M<sub>age</sub> = 57.5 months; SD = 12 months; range = 38 to 86 months) was interviewed for this study and they were comprised of 25 males and 33 females.

Procedure
Couples and their children participated in two separate laboratory visits. The first visit only included the couple and focused on marital interaction tasks (e.g., problem solving, support) and individual interviews with both spouses. The second visit included the entire family and focused on family interaction tasks (e.g., sibling jealousy) and interviews with the older child. Spouses were given a packet of questionnaires to complete after the first visit to assess marital and individual characteristics. Husbands and wives were each compensated $50 and both children received a small toy at the conclusion of the second visit. The focus of the current study is the interviews that were conducted during the first visit with the couple and the second visit with the child (occurring approximately two weeks later). During these interviews, individuals were interviewed separately by an experimenter about love and affection within their family. The question asked of husbands and wives relevant to this paper was “What types of things do you do with your children that show them you feel affectionate or loving towards them?” The questions asked of the children were, “What types of things does your mommy do that lets you know she loves you? What other things? And can you think of anything else she does?” This set of questions was repeated about “daddy.” The interviews were audio recorded and later transcribed verbatim and checked.

**Data Analysis Plan**

We used an inductive thematic analysis approach to analyze our data, modifying Braun and Clarke’s (2006) six phases of thematic analysis to suit our research questions and data. In phase one, all of the acts of parental love were extracted from the transcripts as shared by the fathers, mothers, and children and placed in a Microsoft Excel file. An expert qualitative research assistant and I then read through the expressions of love to become familiar with the data. In phase two, guided by Buss’ (1988) work on love acts, I and the assistant independently
transformed the expressions of love into simple, one sentence actions and discussed any discrepancies. We worked in unison to create the final expressions of love.

In phase three, we first sorted and grouped the expressions of love into preliminary subthemes based on commonalities and differences (e.g., showing physical affection, playing physically inside). We also considered the hypothetical experience of the child to distinguish the examples of parental love. For example, examples that most likely elicited enjoyment and fun for the child were coded as playing and examples that likely primarily elicited warmth and safety were coded as affection. If participants had multiple examples of the same subthemes, they were coded together as representing one form of parental love. For example, if a parent cited giving hugs, kisses, and cuddling in bed, the subtheme of showing physical affection was coded once for that parent. We then grouped the subthemes into more overarching themes (e.g., Demonstrating Affection, Creating Structure). The counts of these themes refer to the number of subthemes and general statements that a participant provided that fit into the overarching theme. Keeping with the same example as above, if a parent provided examples of both showing physical affection and expressing verbal affection, he or she would be coded as providing two acts or counts to the theme of Demonstrating Affection (e.g., \( n = 2 \)). There was no limit to the number of themes or subthemes that a parent or child could contribute.

In contrast to Braun and Clark’s (2006) description of phases four and five as distinct, we simultaneously wrote and reviewed the themes. After identifying the themes, we began to draft memos – in accordance with Birks, Chapman, and Francis’ (2008) description of coding and analytical memos – that served as preliminary descriptions of each theme. Through this process, we named and defined each broad theme and incorporated direct quotes (or specific expressions of love). To note, the themes identified here may not represent completely mutually exclusive
categories as some examples that were coded into one theme could arguably fit into another as well, although we are confident that all of the examples are well represented by the current themes.

Similar to reliability and validity in quantitative research, qualitative research requires trustworthiness to ensure rigor and accuracy of data collection, the analysis process, and subsequent findings and interpretation (Creswell, 2012; Morse, 2015). Trustworthiness for this study was ensured in multiple ways. First, researchers engaged in reflexivity, which is the awareness and acknowledgment of how researchers’ contexts (e.g., gender, social class) and preconceptions (e.g., biases) might shape methodological and analytic decisions and interpretations of the data (Charmaz, 2014; Mauthner & Doucet, 2003). One relevant issue in this regard was that after writing the paper, two committee members identified an apparent heteronormativity throughout the manuscript. This concern was valid and perhaps occurred due to my upbringing in a heterosexual family and Christian community where I had less exposure to more diverse families. In addition, as this study was primarily descriptive in nature, there was a low level of inference during the coding process and thus limited interpretation required by the researchers. Second, the research assistant and I independently coded each of the expressions of love before comparing and discussing them together. Third, we provided a table that details how the analysis process moved from the raw data to the final themes. Fourth, I maintained a detailed methodological memo that outlined all of the analytical steps and decisions that were taken throughout the analysis process. And fifth, the themes were described in detail and exemplar quotes were provided in the results to support and enhance the description of each theme.

Results
As a result of the thematic analysis, we identified five themes of parental love acts as reported by fathers, mothers, and children: *Playing or Doing Activities Together, Demonstrating Affection, Creating Structure, Helping or Supporting, and Giving Gifts or Treats*. Table 1 provides the frequencies or counts of the number of examples in each theme and, when applicable, the subthemes. The total number of parental love acts that were provided and identified were 218 by fathers, 209 by mothers, and 129 by children (60 about fathers; 69 about mothers). Mothers averaged 3.60 examples (range 1-6), fathers averaged 3.76 examples (range 1-7), and children averaged 1.03 examples (range 0-3) about fathers and 1.19 examples (range 0-3) about mothers.

Mothers and fathers primarily provided specific examples of parental love but many parents also commented on the frequency of demonstrating love towards their children. These statements often described a type of ritual or routine. Although most parents alluded to the notion of rituals, Joseph explicitly explained how he used rituals to show he cares for his children:

> My son always has a nap in the afternoon, and I wake him up from his nap to go pick up my daughter from school. So I get all his clothes out in a row, I meet him in his bed, I put his jacket on, and then before he’s woken up, I have his bottle of juice and his shoes in the same spot every day. I sit him on the step, he drinks his juice, I put his shoes on, I put his hand on me, and I have a couple toys picked out for him to play with in the car. So every day he looks for his juice, like that’s just the ritual.

In addition to the specific and general examples of parental love, some children (*n* = 12) said they knew their mothers and fathers loved them, but when prompted to answer *how they knew*, they responded either “I just know” or “I don’t know” without providing an example of parental love. These statements were not included in the final themes. These types of statements (17 examples) were almost all provided by younger children (*n* = 16; age 38-61 months) compared to older children (*n* = 1; 62-86 months). There were also a number of children (*n* = 17)
who did not respond at all or who responded nonsensically to the questions either about their mother and/or father. The remaining 556 examples were categorized into the five themes of parental love acts. We define each parental love theme below beginning with the most frequently reported acts of parental love, provide exemplar quotes to enhance descriptions, and describe any patterns found in addressing the aims of the study (e.g., regarding gender differences of parents).

Playing or Doing Activities Together

Overall, the most common way of showing love to children was through playing or doing activities together (237 acts; 43% of total acts). This theme included the most commonly reported acts by fathers (112 acts; 51% of father acts) and children (47 acts; 36% of children acts), and the second most common for mothers (78 acts; 37% of mother acts). The subthemes included playing physically (e.g., wrestling), playing games or with toys (e.g., board games, blocks, animals, dolls), doing arts and educational activities (e.g., reading), going to special places (e.g., library, grandma’s house), and watching media (e.g., movies, sports). As children were typically less descriptive of the types of play, the subthemes of playing physical and playing games or with toys only applied to parents. General statements about playing or doing fun things together were also included in this theme (e.g., “we play together”). Acts in this theme ranged in frequency of occurrence (e.g., daily versus rare occasion) with most occurring quite frequently (e.g., “we sing and dance a lot together,” “we read a ton.”) except for going to special places (e.g., zoo, camping).

Playing physically was the most common type of act among fathers in this theme (over 40% of all playing acts) and included both inside and outside activities such as wrestling, hide and seek, tag, riding bikes, playing sports. Mark provided a representative example of engaging in physical play:
[My son likes Thomas the Tank Engine], so when I get home from work, I do what we call ‘choo choo.’ I pick him up and I run him around in the living room and he gets to blow the whistle.

Doing arts and educational activities together (e.g., reading, coloring, puzzles, baking, crafts) was the most common type of play among mothers (about 30% of all playing acts). Within that subtheme, reading was the most commonly mentioned specific act across all participant groups.

Children cited playing and going to special places at similar rates (about 32% of all playing acts). However, male children cited playing together more often than female children (10 examples compared to 5 examples) and female children cited reading more often than male children (7 examples to 1 example). For example, Henry expressed that he knows his father loves him because “I play in the backyard, and he plays with me.” and Cindy shared that she knows her mother loves her “because she reads me books.” Many parents also commented generally about the importance of providing individual attention to their children and that the activities they did with their children were guided by the needs and perspective of their child. For example, Sharon expressed: “We spend time with them. We try to do things that they like to do, and I try to listen to what they want to do. I say, ‘What do you want to do?’ and go with that.”

**Demonstrating Affection**

The second most common way of expressing love to children was through *demonstrating affection* (208 acts; 37% of total acts). More specifically, it was the most common act of parental love as reported by mothers (94 acts; 44% of mothers’ acts) and the second most common act reported by fathers (70 acts; 32% of fathers’ acts) and children (44 acts; 34% of children’s acts). Demonstrating affection included showing physical affection and expressing verbal affection. Many mothers and fathers described both types of affection as occurring together such as this father who shared, “I hold their hands when I can, when they let me, give them hugs before bed,
and tell them I love them before bed.” Acts in this theme were almost uniformly described as specific acts such as hugs, kisses, or saying “I love you” and as occurring frequently (e.g., “I give them lots of hugs,” “telling them we love them a million times a day.”). Examples of physical and verbal affection often occurred in moments when children were distressed or glad (e.g., when the child made a good grade). For example, Laura explained how she shows affection for her daughter when she is distressed:

Like rocking Katie at night before she goes to bed just to get her to calm down a little bit. I like to kind of snuggle with her at night and rock her a little bit. I know that she knows then that she is safe and secure.

In addition, children cited demonstrations of affection more frequently when they were describing how they felt loved by their mothers compared to their fathers (29 examples compared to 15 examples).

Acts of physical affection (124 acts) were the most common subtheme for mothers and children across all five themes and made up approximately 20% of all parental love acts reported by mothers, fathers, and children. Physical affection included giving hugs and kisses, holding children on parents’ lap, and snuggling in bed together. Mary, a mother, explained that “we all lay in bed and tickle and hug and kiss and say how much we are family. We do lots of hugging and kissing.” Children shared examples of physical affection at similar rates when describing acts of love from their mothers and fathers.

Acts of verbal affection (84 acts) were also described frequently by mothers, fathers, and children. The most common specific act of verbal affection was explicitly saying or hearing “I love you.” For example, Jane explained that she knew her mommy loved her “because she told me one day when I was going to [my first day of] kindergarten.” Verbal affection also included
acts such as offering or receiving praise or compliments, teasing each other, and talking and listening with one another. Lisa explained:

When I am the busiest that I’ll be during the day, running around, doing two or three things, if there is something that is exciting to them, I’ll try to stop everything I am doing to listen to what they have to say. Make their feelings feel important, even if I think it’s something kind of silly.

Creating Structure

The third most common theme of parental love as reported by participants was creating structure (45 acts, 8% of the total acts). Structure refers to the organization, rules, routines, and predictability of the home environment. Parents and children shared roughly the same number of acts within this theme. Although creating structure represented only 8% of the total acts, this theme was salient to many participants’ descriptions of parental love and included acts such as providing basic needs, disciplining, eating meals together, doing household chores and tasks together (e.g., fixing things, preparing meals), and participating in religious activities. For example, Patricia described how she included her children in household tasks, “[I] let them be involved with things that I am doing, like if I’m doing something on the computer or if I am making dinner. I try to find ways for them to help.” The majority of the examples were about providing for basic needs which comprised of preparing meals, keeping a clean house, getting them ready for school, and providing financially. Children’s examples in this theme were similar to Vanessa’s, who stated simply that she knows her mother loves her “[c]ause she makes breakfast for me.”

Helping or Supporting

The fourth theme of parental love was helping or supporting. Overall, acts in this theme represented about 6% of all acts for mothers, fathers, and children (34 acts). Acts in this theme included general statements (e.g., “I help them”) and specific acts such as helping with school
work, teaching new things (e.g., how to ride a bike), and providing support at difficult times or with relationships or activities (e.g., friendships, extracurricular activities). For example, Bobby explained how his father helped him ride his bike, “Because my daddy sometimes helps me ride my old…old two wheeler…he lets me go and I just ride and ride even on turns. And I don’t even need any help on it.” Lastly, Susan shared how she supported her children in social situations: “I’m there to kind of be supportive, not every time, but especially with a new friend, helping them if they get stuck with ideas of what to do.”

**Giving Gifts or Treats**

The final way that parents showed love to their children was by *giving gifts or treats*. Acts included in this theme were shared relatively less frequently by mothers, fathers, and children (32 acts; approximately 6% of all acts). Mothers, fathers, and children shared about how special treats (e.g., lollipops, ice cream) were an important way to show and feel love in their relationship as well as provide comfort when a child was distressed. Timothy, a father, offered how “once in a while, I’ll buy them nice treats in the store when I keep saying no to them.” Brian excitedly reported that his mother “gives me a lot of treats–she almost gave me three cookies once!” These acts of giving or buying treats shared by children were almost solely shared by the younger children ($n = 9$; age 38-61 months) compared to the older children ($n = 1$; age 62-86 months). Parents and children also explained how buying and giving toys and gifts was meaningful. Elizabeth, a mother, expressed, “Sometimes just for no particular reason just surprise them with a new book or a new, some new playdoh, or something of that nature. Never terribly big gifts.” Several parents also added that they did this sort of love act infrequently using such phrases as “we don’t buy them all the time,” “I try not to do this too much,” or “once in a while.”
Discussion

Although parental love is vital for children’s healthy development (Khaleque, 2013; Shonkoff & Phillips, 2000), no studies to date have captured how parents demonstrate their love or how young children perceive that love from their parents. Thus, this study was the first to gather reports from parents and their young children on the ways that parental love is demonstrated within their relationships. These reports and our subsequent analysis revealed considerable variability in how parental love is demonstrated, as we identified five themes of parental love acts. The first two themes, Playing or Doing Activities Together and Demonstrating Affection, were particularly salient in the examples offered by fathers, mothers, and their children as they made up 80% of all the parental love acts. The remaining 20% comprised of Creating Structure (e.g., providing basic needs, bedtime routines), Helping or Supporting, and Giving Gifts or Treats. In addition, there was evidence that some of the acts of parental love differed by gender, such that mothers and fathers, for example, emphasized different types of parental love (e.g., playing physically). Lastly, in both form and frequency, children’s reports of how they perceived parental love were largely aligned with the ways that parents described as demonstrating it. In short, the themes of parental love identified here underscore the importance of parents being attuned and responsive to the specific and often unique needs of their children, particularly in the simple ways that they demonstrate their love to them.

How is Parental Love Commonly Demonstrated and Perceived?

From the examples shared by parents and their young children, doing enjoyable activities together (e.g., playing, reading, going to the park) and demonstrating physical and verbal affection (e.g., giving hugs and kisses, saying “I love you,” praising) were the most common
ways that parental love was both demonstrated and perceived. Playing and spending time
together as a form of parental love comes as no surprise as the United Nations (Office of the
United Nations High Commissioner for Human Rights, 1989) has recognized play as a human
right for young children. Bolstering such an assertion is work showing that playing allows
children to relate more easily to and express themselves to important adults (Ginsburg, 2007).
Furthermore, specific types of playing and spending time together that were mentioned
frequently here such as physical play and reading also provide various developmental benefits
for children, such as greater emotional regulation abilities and improved academic skills (Fagan,

To note, although there were some references to toys or forms of playing that required
another object, most examples of playing and spending time together were inexpensive and
relatively simple such as wrestling, reading, or playing hide and seek. Ginsburg (2007) offered,
“Parents need to not passively accept the media and advertising messages that suggest there are
more valuable means of promoting success and happiness in children than the tried, trusted, and
traditional methods of play and family togetherness” (p. 187). Thus, parents are theorized to need
only to perform such straightforward acts genuinely to ensure that their children feel loved, a
conclusion corroborated by the reports of the young children in the current study.

This finding that one of the primary expressions of parental love is spending time
together has implications for assessing parental love and related constructs (e.g., warmth),
especially with regards to parent-child observations during laboratory studies. The majority of
laboratory studies that observe parents and children to assess the quality of interactions require
that parents interact with their children (e.g., Adam, Gunnar, & Tanaka, 2004). Although these
observational studies may assess important aspects of parent-child relationships (e.g.,
sensitivity), such observational assessments may not adequately capture parental love for two reasons that are highlighted by our findings. First, most laboratory tasks and interactions are structured so that parents and children are not able to engage in interactions or activities of their choosing or that are most common to their relationship. Given the variety of play activities that parents and children naturally participate in together as described here (e.g., reading, hide and seek, going to the park, playing sports), structuring a task prevents parents and children from engaging in their natural and/or preferred activities together. Second, parent-child observation studies also cannot observe the amount of time that parents choose to spend with their children doing enjoyable activities together. Thus, researchers should consider supplementing observational studies with parent and child questionnaires assessing the quantity and quality of time parents typically spend playing or doing enjoyable activities together with their children (Fagan et al., 2014).

Almost as common as playing and doing activities together, demonstrating physical and verbal affection were among the most frequent expressions of parental love reported by mothers, fathers, and children. Given the prevalence of physical affection (e.g., hugs, kisses) reported here, it is remarkable that it had long been excluded as a prominent theme or behavior in conceptualizations of supportive parenting (Barber & Thomas, 1986). Understandably, more attention has been paid to negative physical and verbal child-parent interactions due to the tremendously harmful consequences of physical and verbal abuse (Gershoff, 2013; Wang & Kenny, 2013). However, it is not merely the absence of negative interactions that determines the quality of parent-child relationships as the presence of positive interactions are vital as well (Altschul, Lee, & Gershoff, 2016). In particular, studies have strongly supported the value of positive touch (Blackwell, 2000; Duhn, 2010). This literature developed from the pioneering
work by Harry Harlow (1958; Harlow & Zimmermann, 1959) on contact comfort. Harlow’s work illustrates the necessity of positive physical contact (i.e., affectionate touch) from a sensitive caregiver for the development of a secure attachment bond between parent and child. Thus, touch appears to be an important medium through which parental love is expressed and perceived.

**Parental Love and Attachment Theory**

Perhaps tying these two most common forms of parental love together is that attachment theory suggests that parental love takes the general form of sensitive and responsive parenting and more specific forms such as providing comfort in response to a child’s distress, warm and positive interactions, and control or structure (George & Solomon, 2008). Our findings largely support these specific implications of attachment theory as the most common examples of playing, spending time together, and affection represent warm and positive interactions, and parents and children also shared examples of creating structure. Consequently, lay person’s examples of parental love as described here seem to align with an attachment theory framework. Parents who provide such simple yet clearly powerful acts of love towards their children appear to be reaffirming and bolstering a healthy attachment bond between child and caregiver, which is necessary for children’s optimal development across the lifespan (Mallinckrodt, 1992; Schore, 2001; Sroufe, 2005).

Somewhat surprisingly in light of attachment theory, relatively few parents and no children mentioned love in the form of providing comfort when a child is distressed. It is noteworthy that parents and especially children did not explicitly describe examples of this type of act when providing acts of parental love given that this act is considered to be one of the most critical acts for the formation of a secure attachment (Cassidy, 2008; Leerkes et al., 2009;
McElwain & Booth-LaForce, 2006). Such an omission on the part of parents and children may be because love and affection are typically considered positive experiences and thus the context of a distressed child does not readily come to mind to lay individuals as an example of showing or receiving love. Future studies could inquire of parents and children more specifically about if and how parents demonstrate love to their children in distressing moments (e.g., when a child is particularly sad) to explore this theme of parental love as we have done here.

Attachment theory also stresses the role of sensitivity and consistency in acts of parental love—attachment security forms through repetitive interactions between the parent and child as the parent responds to the specific needs and temperament of the child (Cassidy, 2008; Vaughn & Shin, 2011). Consistent with this, parents in this study often expressed that they showed love to their children according to the preferences and needs of the child. These expressions of sensitivity seem to be supported as parents’ examples of love largely matched with how their children perceived love from them. This alignment of examples suggests that parents are frequently demonstrating love in ways that are most meaningful to their children and that children are understanding much of what parents are intending. In this area of parenting behaviors, this match would be considered a positive phenomenon as the perception of love is necessary to realize the full benefits of such loving experiences (Ronel, 2006). Although this may seem unexpected for such young children (i.e., ages 3-7), work on the effects of marital conflict on children’s adjustment makes it clear that children are perhaps more perceptive than what some parents realize (Davies & Cummings, 1994). Conversely, this alignment between parents and children could simply reflect an overall cultural notion of love that parents understand and that they pass on to their children.
In addition, such parental sensitivity to children’s needs (e.g., to feel loved) has been shown to be amenable to intervention and studies have documented positive effects on children’s attachment security of interventions focused on increasing parental sensitivity (Bakermans-Kranenburg, van IJzendoorn, Juffer, 2003). Thus, our findings here highlight the importance of specific parenting behaviors (e.g., playing, physical affection) that may represent specific acts of parental sensitivity that could be beneficial to include in relevant interventions or parent education programs (e.g., The Incredible Years; Webster-Stratton, 2011). Regarding the importance of consistency, many parents and children also commented that most of the loving acts that they performed or perceived occurred regularly and even habitually. Some parents even referred explicitly to having daily or frequent meaningful routines and rituals such as bedtime and eating meals together. Such regular family rituals have been found to be valuable for building and sustaining healthy families in general (Fiese, Tomcho, Douglas, Josephs, Poltrock, & Baker, 2002) and have been strongly linked with children’s attachment security (Crespo, 2012; Homer, Freeman, Zabriskie, & Eggett, 2007). Thus, it seems crucial that parents are demonstrating their love and affection frequently and in ways that children perceive as most meaningful.

**Mothers as Nurturers, Fathers as Playmates**

Currently, there is a lack of empirical consensus about the role that gender plays in shaping how mothers, fathers, sons, and daughters uniquely behave within their families (Biblarz & Stacey, 2010; Fagan et al., 2014; Russell & Saebel, 1997). In support of the role of gender, we found evidence that although both mothers and fathers offered many examples of playing with and demonstrating affection towards their children, mothers emphasized the importance of physical and verbal affection while fathers’ examples highlighted their more prominent role as
playmates. Children’s examples further supported this difference as most of their examples of demonstrating affection referenced mothers rather than fathers. This gendered pattern supports prior evidence that mothers and fathers may have somewhat different relationships with their children due to their unique behaviors or roles (Palm, 2014; Wilson & Durbin, 2013). There were also gender differences found between sons and daughters in the theme of *Playing and Doing Activities Together* as sons provided examples of playing together (e.g., wrestling) more frequently whereas daughters emphasized reading and arts and crafts (e.g., coloring). Thus, the ways that parents demonstrate and children perceive parental love gender seems to reflect traditional gender roles or stereotypes (i.e., mothers and girls as nurturers and fathers and sons as playmates).

These gender roles are considered to be a product of both temperament and socialization (Else-Quest, Hyde, Goldsmith, & Van Hulle, 2006; Leaper & Friedman, 2007; Lytton & Romney, 1991). Therefore, it is unknown whether biological sex differences are directly shaping how parental love is expressed or whether these gender differences are more of a result of gender socialization. Considering the effects of socialization, these gender differences would represent how parents simply feel more comfortable performing certain types of expressions of love due to societal expectations. Furthermore, children may not necessarily benefit most from a parent of a certain gender demonstrating specific acts (e.g., mothers being physically affectionate); instead, children can feel loved as a parent of either gender demonstrates love in any meaningful way (Biblarz & Stacey, 2010). This is particularly relevant for single parents or same-sex parents, where parents can still ensure that their children feel loved through the ways we identified here although they may be required then to act contrary to societal gendered stereotypes (e.g., fathers being more physically affectionate). In addition, regardless of the gender of the parent or child or
the structure of the family, what is key is that parents are demonstrating their love in ways that are perceived to as meaningful by their children.

Attachment theory provides another explanation for why gender appears to be a factor in how parental love is expressed, as attachment quality has been found to vary according to the gender of the parent and child (Newland & Coyl, 2010; Schoppe-Sullivan et al., 2006). Ideally, attachment figures provide children with both a safe haven to retreat to for protection and comfort in times of distress (i.e., attachment system) and a secure base from which to go out into the world and explore (i.e., exploratory system). Theory and accompanying research suggest that mothers often fulfill the role of providing comfort and security (e.g., more affection) while fathers typically fulfill the role of providing support and modeling to explore (e.g., more playing; Grossmann, Grossmann, Fremmer-Bombik, Kindler, Scheuerer-Englisch, & Zimmermann, 2002). These roles and associated behaviors that parents demonstrate are not distinct or independent but our findings suggest that they are complementary and overlapping as mothers and fathers undoubtedly contribute to both experiences (i.e., providing a safe haven and a secure base).

**Strengths and Limitations**

This study has a number of strengths that provide confidence in its contribution to the small literature on parental love. First, given that we wanted to gather common examples of parental love, healthy and high-functioning families were an ideal sample. These families were likely to be expressing and receiving love frequently and in a variety of positive ways to provide exemplars for how parental love can and perhaps ought to be demonstrated. Another unique strength of this study is the qualitative methodological approach to gather and analyze actual examples of parental love from parents and children. Qualitative approaches allow researchers to
understand concepts from the family members’ point of view (Ganong & Coleman, 2014), which is particularly important as parental love is an understudied concept and thus lay persons’ experiences are especially beneficial to begin our understanding. A third strength is gathering examples of parental love from the recipient’s (i.e., young children’s) perspective. Given that the recipients’ experience of loving interactions can be different from the provider’s and that these differences can have significant implications (Reis et al., 2014), collecting examples from children’s perspective adds validity to parents’ reports of how they demonstrate love to their children.

Despite these strengths, there are also several limitations that warrant further consideration. First, the families that provided the examples of parental love were well-adjusted, two-parent, heterosexual, European-American, middle to upper-class biological families. With the continuing rise of more diverse families (e.g., single parents, grandparents raising grandchildren, foster families, same-sex parents), it is important to consider how demonstrations and perceptions of parental love may vary across different family contexts and structures. Given that many of the examples of parental love given here tended to require more time and energy (e.g., playing or doing activities), it may be that single or lower-income parents may express love differently due to constraints on their emotional and physical resources. For example, being outside the home together may be unsafe (Milteer, Ginsburg, & Mulligan, 2012) or there may be a lack of neighborhood resources, barring parents from expressing their love as easily or frequently via trips to the park or public library. In the case of foster parents and children, parental love may be more commonly demonstrated through attempting to provide reassurance in spite of the inherent and unavoidable instability of the living and family situation. The themes identified here, therefore, may allow for later comparisons of parental love with other families.
who differ in structure or other characteristics (e.g., income, gender, race/ethnicity) and who would perhaps generate different themes of parental love than were identified here.

Second, as this study drew from secondary data, there was a lack of uniformity in follow-up questions and getting more details or specifics about the examples provided by parents and children. For example, although interviewers typically asked for more specifics about the types of play that parents engaged in with their children, they may not have followed up in the same way if parents said that they generally helped their children. To note, children were prompted several times if they did not readily or quickly provide any examples. Follow-up questions are typically considered an important part of qualitative interviews (Kvale & Brinkman, 2009), although it largely depends on the purposes of the study. However, follow-up questions were perhaps not as essential for the purposes of this study (i.e., to gather specific acts of parental love) as most parents and children were quite forthcoming and provided many specific examples of parental love.

Third, although most of the children provided specific and coherent examples of how they knew their parents loved them, the young age of the children (i.e., 3 to 7 years old) certainly shaped how they perceived and consequently described acts of parental love. Children’s perceptions or understanding of love most likely changes over time (Flavell, 2004; Widen & Russell, 2008), and so these themes of parental love may not fit for children even a few years older (e.g., middle childhood) or their parents. For example, Widen and Russell (2005) found that children during this same developmental period (i.e., 3 to 7 years old) generally perceived love as volatile and not persisting. Children at this age will determine if a parent loves him or her strictly according to if the parent is doing something that makes the child happy or unhappy in that moment. This might explain in part why no children offered examples of parental love about
times when they were distressed. Widen and Russell concluded that this perception will change as children develop so that love will be understood as more permanent or lasting which could potentially change the types of acts that are perceived as parental love (e.g., parents providing comfort when a child is sad and crying).

Finally, although the current study was able to examine how parent’s gender and children’s age and gender shaped the ways that parental love was both expressed and perceived, there are assuredly other parent and child characteristics that need to be considered in future studies. For example, parents’ individual personalities or parenting styles could lead them to express their love in different ways (Baumrind, 1966). For instance, parents who are more authoritarian (i.e., high on control but low on warmth) may not be apt to show the same extent of physical affection as parents described here. However, this difference might not necessarily have negative effects as the consequences of different parenting styles depend in part on cultural expectations and conceptualizations of parenting (Rudy & Grusec, 2006).

Other factors that may influence how parents demonstrate and/or how children perceive love from parents could be children’s temperament as well as the goodness of fit between parenting and children’s temperament (Mangelsdorf, Gunnar, Kestenbaum, Lang, & Andreas, 1990; Vaughn, Bost, & Van Ijzendoorn, 2008). More specifically, the goodness of fit between parents’ love acts and children’s temperament could be just as crucial if the ways that parents are personally inclined to express their love are not well fitted to their children’s perhaps more difficult temperament (Lengua, 2006). For example, parents may not want to take a more difficult child to public places to play. Thus, although the themes of parental love were clear from the examples provided and consistent with the theoretical framework, generalizing to others
(e.g., low-income families, children of different ages, families in different cultures) should be done with caution.

**Conclusion**

Benefiting from real-life examples provided by parents and children, this study contributes to the literature on parental love by identifying the common ways that parents demonstrate love to their children and children perceive love from their parents. The themes of parental love identified here provide tangible evidence that substantiates and extend previous theories and conceptualizations of parental love by highlighting the importance of two themes of parental love in particular—playing or doing activities together and demonstrating affection. The importance and prevalence of these types of loving acts from parents and children should inform relevant programs and interventions to have a similar emphasis to best facilitate the benefits of parental love for children.

These findings could also serve as a foundation for future studies to examine parental love at different developmental stages across the lifespan (e.g., during adolescence, with aging parents). The experience and expressions of parental love (e.g., demonstrating physical affection) likely differ according to the age of the children as children become less physically and emotionally dependent on their parents over time. It might be expected that the older a child becomes, the greater the differences in parental love from what we found here, particularly during adolescence. There are substantial changes and new challenges in parent-child relationships during this stage including an increase in conflict and decrease in warmth, closeness, and support, especially in the early years of adolescence (Collins & Laursen, 2006; De Goede, Branje, & Meeus, 2009; McGue, Elkins, Walden, & Iacono, 2005). As parents and adolescents face a variety of difficult stressors at this stage of life, it is worrisome that acts of
parental love may be less frequent at a time when they are perhaps no less essential (Hair, Moore, Garrett, Ling, & Cleveland, 2008; Steinberg, 2001). Thus, given that parental love is valuable across the lifespan, the ways that parents demonstrate their love and the ways that children perceive that love needs to continue to be explored and better understood.
Table 1

*Frequencies of themes of parental love acts as reported by children, mothers, and fathers*

<table>
<thead>
<tr>
<th>Theme of Parental Love Acts</th>
<th>Child</th>
<th>Mother</th>
<th>Father</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing or Doing Activities Together</td>
<td>47</td>
<td>78</td>
<td>112</td>
<td>237</td>
</tr>
<tr>
<td>Playing</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>............................Playing physically</td>
<td>-</td>
<td>20</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>............................Playing games or with toys</td>
<td>-</td>
<td>10</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Doing arts and educational activities</td>
<td>8</td>
<td>23</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Going to special places</td>
<td>15</td>
<td>9</td>
<td>8</td>
<td></td>
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III. Study 2 – Me before You or You before Me? The Development of Compassionate Love among Older Couples

Abstract

Scholars have begun to recognize the importance of understanding the role that spouses play for older adults as they face normative age-related health challenges. In particular, the development of compassionate love may be a critical characteristic of healthy aging among older couples. Thus, both self- and spouse-reported compassionate love were assessed from a sample of 64 older married couples to understand the course of compassionate love and to identify predictors of potential changes over time. In contrast to prior theoretical and cross-sectional work, results indicated that compassionate love modestly declined over a year period, underscoring the importance of examining compassionate love over time. Further, although health was largely unrelated to compassionate love, wives’ attachment avoidance emerged as a consistent, negative predictor of compassionate love for both husbands and wives. These findings raise some concern for older spouses as they transition into more caregiver roles, as the need for compassionate love may be greater than earlier in life. Future research should focus on comparing these findings to more diverse samples of older adults as they face the unique challenges associated with aging.

Keywords: compassionate love, older adults, marriage, attachment theory
Me before You or You before Me? The Development of Compassionate Love among Older Couples

Being in a high-quality marital relationship confers numerous health benefits (Kiecolt-Glaser & Newton, 2001), due in large part to the care and support that spouses provide each other (Slatcher, 2010). This health advantage is particularly experienced by older couples, as spouses commonly take on more of a caregiving role in response to normative health declines (Lima, Allen, Goldscheider, & Intrator, 2008). The importance of the marital relationship for husbands’ and wives’ health is likely to become even more critical in future cohorts, in light of recent evidence documenting the poor health of the Baby Boomer generation (King, Matheson, Chirina, Shankar, & Broman-Fulks, 2013). Thus, greater attention must be paid to what might motivate couples to care for each other, as not all spouses may be equally equipped to handle such a challenge.

One promising avenue of research in this vein focuses on compassionate love, which is defined as a love that is “centered on the good of the other” (Underwood, 2009). Compassionate love has been found to be beneficial for older couples’ marriages (Sabey, Rauer, & Jensen, 2014), whereby those who feel more compassionate love report more marital satisfaction. Compassionate love also predicts prosocial relationship behaviors such as caregiving and social support (for a review, see Fehr, Harasymchuk, & Sprecher, 2014). On the other hand, Rauer, Sabey, and Jensen (2014) found that receiving compassionate love from one’s spouse was linked to poorer health. Such correlational findings suggest that compassionate love may be more nuanced than previously assumed and that it is, therefore, critical to not only understand how compassionate love develops within couples but also to investigate the factors that predict such developments for husbands and wives. Accordingly, the purpose of this study is to examine
compassionate love over time among a sample of 64 higher functioning older couples to begin to identify who is more or less likely to experience compassionate love for their spouse.

**The Development and Predictors of Compassionate Love**

Compassionate love can be defined as an affective and cognitive orientation that is focused on caring and concern towards others and is behaviorally manifested through support, help, and understanding (Sprecher & Fehr, 2005). According to Underwood’s (2009) theoretical model, compassionate love should increase over time within a relationship, as the experience of demonstrating compassionate love is thought to promote the likelihood of the experience occurring more in the future (Clark & Monin, 2006). However, no long-term longitudinal research on compassionate love has been done to date and thus the natural course of compassionate love over time is unknown. Although Underwood’s (2009) model suggests that compassionate love may increase over time as it is expressed within a relationship, it is not thought to inevitably increase over the course of a relationship. There are various factors (e.g., individual, situational, relational) that invariably shape the experience of compassionate love and make it more or less likely for compassionate love to be expressed by an individual within a relationship. As to the specific factors of relevance, although there are likely many predictors of compassionate love over time (Underwood, 2009), we focus here on a relevant factor from each of the critical domains. Focusing on gender (individual factor), health (situational), and attachment security (relational) allows us to capture a broad range of predictors likely to shape the course of compassionate love, enabling an understanding of how and why compassionate love develops the way that it does in later-life marriages.

**Gender.** Perhaps one of the most salient individual factors that could shape the expression and development of compassionate love is gender. Compassionate love may develop
differently in men and women, as women tend to be more nurturing and feel more responsible for the emotional tenor of their relationships as a result of socialization and physiological differences (Strazdins & Broom, 2004; Taylor, 2006). However, men and women have reported feeling similar levels of compassionate love towards their romantic and married partners in studies of both younger and older adults (Fehr et al., 2014; Sabey et al., 2014). Although the self-reported levels of feeling compassionate love towards a partner may be similar between spouses, how husbands and wives express or experience compassionate love may be different. For example, Sabey and colleagues (in press) found that older husbands and wives tended to demonstrate compassionate love in different ways according to typical gender roles. Husbands frequently cited wives supporting them in their careers, whereas wives cited examples of their husbands unexpectedly attending to their children’s needs. Furthermore, compassionate love has been found to have different associations among older husbands and wives. For example, wives’ compassionate love was found to play a more critical role than husbands’ for both spouses’ physical health (Rauer et al., 2014). In light of these differences, the provision of compassionate love may differentially change over time for older husbands and wives. Gender is thus one individual factor that may affect the development of compassionate love, although research suggests that compassionate love most likely develops at a similar rate for husbands as it does for wives.

**Health.** The development and experience of compassionate love within the couple relationship is also influenced by situational factors, including the specific needs of the other and the extent of those needs (Underwood, 2009). More specifically, compassionate love attitudes and behaviors are thought to be most clearly activated in times of distress—meaning, the motivation to care and act of caring for others are heightened when others are perceived to be in
greater need (Collins et al., 2014; Sprecher & Fehr, 2005). Thus, one key situational factor in the development of compassionate love in marital relationships could be the physical health of one’s spouse—the greater the need of the other (i.e., the worse health of one’s spouse), the greater the opportunity and need to express compassionate love towards him or her (Roberts, Wise, & DuBenske, 2009). Given the normative yet significant health declines and challenges faced by older adults (Hodes & Suzman, 2007), older adults may thus be the ideal population in which to examine links between health and compassionate love over time. Supporting such a conclusion is previous research on compassionate love and concurrent health in older adults showing that poorer health was associated with receiving more compassionate love from a spouse (Rauer et al., 2014). Therefore, it appears that the greater the health challenges of a spouse, the more needed and likely it is for a husband or wife to experience and demonstrate compassionate love towards their spouse. Examining husbands’ and wives’ compassionate love over time using their spouses’ health as a potential predictor may thus better elucidate the relationship between compassionate love and the situational factor of physical health.

**Attachment security.** In addition to individual and situational factors, Underwood’s (2009) theoretical model suggests that specific relational factors would also foster or hinder the expression of compassionate love. One of the few relational factors that has been examined previously is adult attachment security (Collins et al., 2014). Adult attachment security refers to a lasting sense of physical and emotional security and trust in the context of one’s closest relationships (Mikulincer & Shaver, 2007). This sense of security is determined by the extent to which an adult exhibits attachment avoidance (i.e., the tendency to avoid or withdraw from emotional intimacy or closeness with others) and attachment anxiety (i.e., the fear of rejection from others, especially close others)—less avoidance and anxiety is considered more secure. An
individual’s relational attachment style and security have been found to predict the ways that the individual will care for and respond to the needs of others (Collins et al., 2014; Collins & Ford, 2010; Mikulincer et al., 2009). More specifically, attachment avoidance, but not attachment anxiety, has been strongly linked to young adults reporting less compassionate love towards others (Sprecher & Fehr, 2011).

Attachment security may play a particular role in the expression of compassionate love among older married couples. For example, older spousal caregivers who had more secure attachment styles provided more support, engaged in healthier coping behaviors (e.g., seeking social support), and reported having a more positive view of providing care to their spouse (Feeney & Hohaus, 2001). Given that these types of behaviors have been cited by older couples as common manifestations of compassionate love (Sabey et al., in press), it is likely that attachment security may be linked to increases in compassionate love over time. At the same time that compassionate love is most needed, however, older adults tend to exhibit a more avoidant attachment style than younger and middle-aged adults (Magai, Cohen, Milburn, Thorpe, McPherson, & Peralta, 2001; Montague, Magai, Consedine, & Gillespie, 2003; Zhang & Labouvie-Vief, 2004). The potential effect of this attachment avoidance is that individuals may be less able or willing to express compassionate love and care for their spouse later in life. Thus, examining the role of attachment security, particularly attachment avoidance, in the expression and development of compassionate love among older husbands and wives is clearly warranted.

**The Current Study**

Given the value of providing compassionate love for the quality and functioning of marital relationships (Fehr et al., 2014; Sabey et al., 2014), researchers have begun to focus on how to foster compassionate love among couples. Although studies have shown compassionate
love to be amenable to intervention (Mikulincer et al., 2009; Oman, Thoresen, & Hedberg, 2010), no research has explored who should be targeted for intervention efforts and when to best intervene. Knowing who to target and when is vital to maximize the effectiveness and efficiency of an intervention or program. Unfortunately, the development of compassionate love and predictive factors of that development are currently unknown, particularly among older couples. As Berscheid (2010) noted, compassionate love is of particular interest among older couples as it may be most needed but also most difficult to demonstrate due to the growing presence of age-related challenges. Therefore, this study is designed to capture not only how the provision of compassionate love changes within the late-life marital relationship, but also to determine who is likely to care for their spouse in the face of these normative challenges. To do so, the current study will investigate how individual (i.e., gender), situational (i.e., health), and/or relational (i.e., attachment avoidance) factors predict potential changes in compassionate love.

To best capture compassionate love over time, it is critical to draw from various perspectives on compassionate love, as self- and spouse-reported compassionate love have been shown to be related yet tap into different nuances of marital relationships (Rauer et al., 2014; Reis, Maniaci, & Rogge, 2014). Thus, gathering reports of compassionate love from both partners will provide a more complete understanding of how compassionate love develops over time among older married couples. Using these reports, we will examine how husbands’ and wives’ compassionate love changes over about a year period among older married couples. Furthermore, using a series of Actor-Partner-Interdependence Models allows us to not only account for the non-independent nature of the data, but also examine how husbands’ and wives’ compassionate love predicts changes in compassionate love of their spouses (See Figures 1 and
This type of analysis will allow us to determine if and how the development of husbands’ and wives’ compassionate love is linked within couples over time.

The first question to be explored is how older couples’ self-reported compassionate love changes over a period of about a year. Consistent with the theoretical literature on compassionate love (Underwood, 2009), it is hypothesized that older couples’ compassionate love will increase over time for both husbands and wives. The second question to be explored in the current study is how gender, physical health, and attachment avoidance predict concurrent and future compassionate love. First, based on the review of the literature showing that men and women report similar levels of compassionate love (Fehr et al., 2014; Sabey et al., 2014), husbands’ and wives’ compassionate love are predicted to increase at a similar rate. Second, given that greater compassionate love has been associated with poorer health (Rauer et al., 2014), poorer health of one’s spouse will predict greater increases in compassionate love for both husbands and wives. Finally, in light of research showing that attachment avoidance is related to expressing less compassionate love (Sprecher & Fehr, 2011), attachment avoidance will predict both less initial compassionate love for older husbands and wives as well as greater decreases of compassionate love over time.

Method

Participants

Sixty-four married opposite-sex couples participated in a study investigating marital relationships and well-being in older adulthood. Couples were recruited through advertisements in newspapers, churches, and other organizations in a community in the Southeast United States. In order to qualify to participate, couples had to be married, at least partially retired or working less than 40 hours a week, and able to drive to the research center. The latter qualification was
designed to ensure that spouses were in relatively good health. Approximately one year \((M = 16.8\) months) after the initial data collection, couples were re-contacted and asked to complete another questionnaire for the second wave of data collection.

At Wave 1, husbands and wives were, on average, approximately 71 \((SD = 7.4)\) and 70 years old \((SD = 7.0)\) respectively, and were mostly European American \((n = 60\) and \(n = 61,\) respectively). In terms of education, 43 husbands and 57 wives had completed college or post-graduate degrees. The average income for couples was $85,875 \((SD = $64,074)\) and they had an average total wealth of $1,082,547 \((SD = $1,277,611)\), including couple assets such as property, pensions, and IRAs. Forty-seven couples \((73\%)\) were fully retired and 17 couples had one spouse still working for pay. Couples had been married for 42 years, on average \((SD = 15)\) and fifty-one couples \((80\%)\) were in their first marriage. The couples had an average of 2.6 children \((SD = 1.3;\) range = 0-6).

At Wave 2, 55 of the 64 original couples \((86\%)\) completed follow-up questionnaires. Attrition analyses revealed that husbands lost to attrition had lower spouse-reported compassionate love than those who participated at both waves \((t(61) = 2.01, p < .05)\).

**Procedures**

For the first wave of data collection (Wave 1), couples participated in a 2-3 hour interview at an on-campus research laboratory that consisted of several marital interactive tasks \(\text{(e.g., compassionate love task, problem-solving task)}\). At the end of the interview, each spouse was given a questionnaire packet which assessed various aspects of marital and family life, including the measures of interest for the current study. Most couples completed and returned the questionnaire \((via mail)\) approximately 2 to 3 weeks following the interview. Couples were paid $75 upon completion of the questionnaire packet. For the second wave of data collection (Wave
2), re-contacted couples who agreed to participate were sent questionnaires via mail. Couples were compensated $50 once the completed questionnaires were mailed back.

**Measures**

**Compassionate love.** Both self-reported and spouse-reported compassionate love were assessed. To assess self-reported compassionate love, participants completed the Compassionate Love for a Close Other Scale (Sprecher & Fehr, 2005) at both waves (see Appendix A). This 21-question measure assessed the willingness, desire, and frequency of putting a partner’s needs above one’s own (e.g., “I spend a lot of time concerned about the well-being of my partner”). Responses ranged from 1 (strongly disagree) to 5 (strongly agree) and an overall mean score was computed. This measure has shown high levels of internal consistency and good convergent and discriminant validity (Sprecher & Fehr, 2005). Reliability for this measure was excellent at all three time points (husbands: $\alpha = .93, .94$; wives: $\alpha = .95, .96$).

To capture spouse-reported compassionate love, participants completed the compassionate love task at Wave 1. Spouses were asked to share “a time when you felt your spouse put your needs ahead of their own,” an operationalization of compassionate love stemming from Underwood’s (2002; 2009) conceptualization of compassionate love. Spouses were asked to describe to the experimenter when this happened, what their spouse did, how it made them feel, and if they had told their spouse how they felt. Spouses completed this task in a room together and the average duration of the task was 4 minutes ($SD = 2.6$ minutes). The task was video recorded and later coded for spouse-reported compassionate love. Two coders were trained on a subsample of video recordings until inter-observer agreement was above 80% at each wave.
Based on the content of the individual’s memory of his/her spouse, a score of 1 to 4 was given for how compassionate the participant sounded according to the memory shared by the spouse. Compassionate love was defined by the kindness, sensitivity, and love that an individual showed toward his/her spouse, especially in placing the spouse’s needs above one’s own. Both the frequency and meaningfulness of the compassionate love described in the experience were included in the scoring of this code. A score of ‘1’ indicated that the individual sounded not at all to minimally compassionate, suggesting that the individual never to rarely shows meaningful compassionate love (e.g., “I don’t know the answer to that one”). A score of ‘2’ indicated the individual sounded modestly compassionate, occasionally demonstrating compassionate love towards the spouse and/or showing it in a less meaningful way (e.g., “She does some of the yard work”). A score of ‘3’ indicated that the individual sounded as though they regularly show compassionate love towards their spouse and/or compassionate love is demonstrated in a meaningful way (e.g., “He really helped take care of the kids while they were growing up and it was really special”). A score of ‘4’ indicated that the individual always shows compassionate love towards the spouse and/or it is demonstrated in an extremely meaningful way (e.g., “She gave up so much to move around the country for my job. She never complained and did so much for our family. It meant everything to me and I am so thankful for her”). Interrater reliability was good ($r = .72, p < .001$ for husbands; $r = .86, p < .001$ for wives).

**Health.** Participants reported at Wave 1 if they had ever been diagnosed by their doctor with any of the following diseases/conditions common in older adulthood: heart trouble, diabetes, cancer, arthritis, asthma, stroke, lung disease, stomach problems/ulcers, leg problems, back problems, and depression. Participants responded either yes or no to each condition and affirmative responses were summed to create a total doctor-diagnosed disease score that ranged
from 0 to 11. Higher scores indicated a greater number of doctor-diagnosed diseases and thus poorer health. This summative approach to assessing chronic conditions and diseases has been well-validated in the literature as an indicator of health in older adulthood (Hodes & Suzman, 2007).

**Attachment avoidance.** Participants completed the Experiences in Close Relationships – Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007) at Wave 1 (see Appendix B). The 6-item avoidance subscale included items such as “I want to get close to my partner, but I keep pulling back” and “I usually discuss my problems and concerns with my partner.” Items were rated on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Reliability for this measure was acceptable (husbands: $\alpha = .78$; wives: $\alpha = .66$).

**Data Analysis Plan**

To examine the nature of and relationships between self and spouse reported compassionate love and the predictor variables, descriptive statistics, correlations, and paired-sample $t$ tests will be conducted. I will then fit a series of Actor-Partner Independence Models (APIM; Kashy & Kenny, 2000) in MPlus Version 6.0 (Muthén & Muthén, 2007) to examine rank-order change for husbands’ and wives’ self-reported compassionate love over time and if spouse-reported compassionate love, health, and attachment avoidance predict those potential changes. APIMs account for the interdependent nature of the couples and enable a simultaneous examination of both within and between spouse pathways (Cook & Kenny, 2005).

The first model will include self- and spouse-reported compassionate love at Wave 1 and self-reported compassionate love at Wave 2. The within-spouse pathways, or *actor effects*, will indicate the extent to which husbands’ and wives’ compassionate love is predicted by their earlier compassionate love. The between-spouse pathways, or *partner effects*, will show how
compassionate love of one’s spouse affects one’s own compassionate love over time (e.g., how wives’ compassionate love at Wave 1 predicts husbands’ compassionate love at Wave 2). A series of delta chi-square tests will be used to test for gender differences in the actor and partner effects. The second model will include both spouses’ physical health at Wave 1 as a predictor. For this model, the actor effects will assess how health predicts one’s compassionate love and partner effects will capture how husbands’ and wives’ compassionate love is predicted by spouses’ health (e.g., wives’ health at Wave 1 predicts husbands’ compassionate love over time). The third model will examine whether both spouses’ attachment avoidance at Wave 1 serves as a significant predictor of compassionate love. Actor effects will assess how attachment avoidance predicts one’s compassionate love and partner effects will capture how husbands’ and wives’ attachment avoidance predicts compassionate love of one’s spouse (e.g., wives’ attachment avoidance at Wave 1 predicts husbands’ compassionate love over time).

Results

Descriptive statistics and correlations are presented in Table 1. Overall, husbands and wives reported high levels of self-reported compassionate love at Waves 1 and 2 ($M_{husbands} = 4.47, 4.41$, respectively; $M_{wives} = 4.44, 4.32$, respectively). Corroborating these self-reports, spouses were observed to be similarly high on spouse-reported compassionate love at Wave 1 ($M_{husbands} = 3.11; M_{wives} = 3.17$). Paired sample $t$ tests indicated no spousal differences on any of the study variables (i.e., self and spouse-reported compassionate love, health, and attachment avoidance). Paired sample $t$ tests also showed small, yet significant declines in self-reported compassionate love from Wave 1 to Wave 2 for both husbands, $t(54) = -2.69, p < .05$, and wives, $t(54) = -3.07, p < .01$. 
Correlations indicated strong positive links between husbands’ and wives’ self-reported compassionate love at both waves. There were also various positive associations between self- and spouse-reported compassionate love for both husbands and wives across both waves. For example, wives’ self-reported compassionate love at Wave 1 was positively correlated with their spouse-reported compassionate love at Wave 1, meaning that the more they described themselves as compassionately loving, the more their husbands described them as compassionately loving as well. Looking at the potential antecedents of compassionate love, there were no significant correlations between husbands’ and wives’ health and any of the measures of compassionate love for either spouse. Lastly, strong negative correlations were found between wives’ attachment avoidance and both spouses’ self- and spouse-reported compassionate love—the more attachment avoidance reported by wives, the less compassionate love reported by husbands and wives at both waves. In contrast, husbands’ attachment avoidance was only negatively correlated with their own self-reported compassionate love at Wave 1.

Findings for the Predictors of Compassionate Love

A series of three Actor Partner Interdependence Models (APIM; Kashy & Kenny, 2000) were fit to examine the links between self- and spouse-reported compassionate love and the various predictors (e.g., health, attachment avoidance) for husbands and wives. In line with recommendations for fitting APIMs with distinguishable dyads (Peugh, DiLillo, & Panuzio, 2013), the three models were fully saturated and thus demonstrated perfect fit, \(\chi^2 = 0.00, df = 0; CFI = 1.00; TLI = 1.00; RMSEA = .00\).

To examine compassionate love over time, a model was first fit with self- and spouse-reported compassionate love at Wave 1 predicting self-reported compassionate love at Wave 2 (see Figure 1). Looking first at the concurrent links, wives’ self-reported compassionate love at
Wave 1 was significantly related to both husbands’ self-reported compassionate love at Wave 1 and their own spouse-reported compassionate love. Wives’ and husbands’ spouse-reported compassionate love were significantly linked as well. When examining compassionate love over time, actor effects for husbands’ and wives’ self-reported compassionate love were not significant. That is, husbands’ and wives’ self-reported compassionate love at Wave 2 were strongly predicted by their own but not their spouses’ self-reported compassionate love at Wave 1. In addition, one of the partner effects emerged, whereby husbands’ spouse-reported compassionate love predicted increases in wives’ self-reported compassionate love over time. This pathway reveals that the more wives describe their husbands as compassionately loving, the more wives report their compassionate love for their husbands increasing over time. Delta chi-square tests indicated no spousal differences in actor or partner effects for either self- or spouse-reported compassionate love concurrently or over time (e.g., for actor effect of self-reported compassionate love over time: $\Delta \chi^2 (1) = 1.74, p = .19$).

To examine potential antecedents of compassionate love, the second model included husbands’ and wives’ health at Wave 1 as a predictor of self-reported compassionate love at Wave 2, controlling for the effects of both self- and spouse-reported compassionate love at Wave 1 (see Figure 2). A similar pattern of results emerged for the compassionate love reports both concurrently and over time. Concerning the role of health in later compassionate love, only husbands’ health was positively associated with increases in wives’ self-reported compassionate love over time, such that the poorer health the husband reported at Wave 1, the greater the increase of wives’ own report of compassionate love. No concurrent links were detected between compassionate love and health at Wave 1 either within or across spouses. Delta chi-square tests indicated only one spousal difference approaching significance, such that the link between
husbands’ health at Wave 1 and wives’ self-reported compassionate love at Wave 2 was stronger than the link between wives’ health at Wave 1 and husbands’ compassionate love at Wave 2, $\Delta \chi^2 (1) = 3.54, p = .05$.

The final model examined if husbands’ and wives’ attachment avoidance predicted self-reported compassionate love at Wave 2, controlling for self- and spouse-reported compassionate love at Wave 1 (see Figure 3). Although the pattern of results was overall similar to those found in previous models for self- and spouse-reported compassionate love concurrently and over time, how compassionately loving husbands were described at Wave 1 was not related to how compassionately loving wives reported themselves to be at Wave 2. With regard to the associations between attachment avoidance and concurrent compassionate love, wives’ attachment avoidance was negatively related to all four reports of compassionate love (i.e., husbands’ and wives’ self- and spouse-reported compassionate love), whereas husbands’ attachment avoidance was only negatively associated with their self-reported compassionate love. Upon testing for gender differences, the link between wives’ attachment avoidance and wives’ self-reported compassionate love was found to be stronger than the link between husbands’ attachment avoidance and husbands’ self-reported compassionate love, $\Delta \chi^2 (1) = 9.14, p = .002$. Another gender difference also approached significance: wives’ attachment avoidance to wives’ spouse-reported compassionate love was stronger than husbands’ attachment avoidance to husbands’ spouse-reported compassionate love, $\Delta \chi^2 (1) = 3.52, p = .06$. Regarding the prediction of later compassionate love, only wives’ attachment avoidance was predictive of less self-reported compassionate love for husbands a year later. A delta chi-square test indicated that the path from wives’ attachment avoidance to husbands’ later self-reported compassionate love
love was significantly stronger than the path between husbands’ attachment avoidance and wives’ later self-reported compassionate love, $\Delta \chi^2 (1) = 5.13, p = .03$.

Discussion

Given the rise in the proportion of older adults in the U.S., scholars have begun to recognize the importance of understanding the role that spouses play for older adults as they face normative age-related health challenges (Bookwala, 2005; Carr, Freedman, Cornman, & Schwarz, 2014; Iveniuk, Waite, Laumann, McClintock, & Tiedt, 2014; Rauer, Williams, & Jensen, in press; Yorgason, 2015). More specifically, the increasing health problems that older couples face provide both opportunities and challenges for older husbands and wives to feel and demonstrate care for each other which may take the form of compassionate love. Unfortunately, results from the current study indicated a modest decline in both husbands’ and wives’ self-reported compassionate love over approximately a year. Although there were few significant gender differences and associations between health and compassionate love, strong support emerged for the role of attachment avoidance in the experience and development of compassionate love. The decline of compassionate love and the negative impact of attachment avoidance raise some concerns for older married adults in light of findings suggesting that compassionate love may protect caregivers from the oft-experienced burdens of caring for an ill or dependent spouse (Roberts et al., 2009).

Declines in Compassionate Love over Time: Unexpected but not Unfounded

Although older husbands and wives reported high levels of compassionate love across both waves, compassionate love significantly decreased over a year period for both spouses. These decreases were relatively modest—about a fourth of a standard deviation for both husbands and wives—but are notable as they could build up over the course of several decades.
of older adulthood and over time, compassionate love could be drastically diminished should these declines persist. However, even declines this small at this point were unexpected as Underwood’s (2009) model predicts increases in compassionate love over time within a relationship. Declines in compassionate love are also somewhat surprising considering that compassionate love is related to positive emotional experience and abilities (Sprecher & Fehr, 2005), and older adults typically experience more positive emotions in comparison to younger adults (Carstensen et al., 2011; Stone, Schwartz, Broderick, & Deaton, 2010). The fact that compassionate love among older adults and couples was expected to at least remain stable if not increase over time underscores the importance of this first examination of the long-term course of compassionate love, given the unexpected findings of decline over time.

However, this decrease is perhaps less unexpected when considering similar declines of other types of love. Both romantic and companionate love have also been found to decrease gradually over the course of a relationship (Hatfield, Pillemer, O’Brien, & Le, 2008). Surprisingly though, there are few longitudinal studies that have documented changes in any form of love over time (Berscheid, 2010). The few studies that have been conducted have revealed tremendous variability in love across the lifespan and this variability seems to depend on the type and assessment of love that is being examined (Acevedo & Aron, 2009; Berscheid, 2010; Sprecher, 1999). For example, even though most types of love appear to decline over time, adults report more altruistic love as they age, even into older adulthood (Smith, 2009). Thus, the typical course of compassionate love is somewhat unclear given that our findings are less consistent with theory and some related research suggesting that more work is clearly needed to confirm this potential downward trajectory of compassionate love over time among older adults.
Even though compassionate love decreased slightly over time, compassionate love was quite stable in rank-order change, meaning that husbands and wives who reported more compassionate love earlier were extremely likely to report similarly high levels compassionate love a year later. Given this stability over time, the modest decline in compassionate love for older couples appears to be relatively uniform across couples. This uniform decrease in compassionate love among older couples is troubling due to the growing need for spouses to provide care as older adults face more health challenges and eventually greater dependency (Hodes & Suzman, 2007). As older adults experience poorer health, they often turn to and rely on their spouse (Lima et al., 2008). Although turning to the spouse is beneficial, it is not without its challenges and adverse effects for the individuals and for the relationship (Burton, Zdaniuk, Schulz, Jackson, & Hirsch, 2003; Carretero, Garces, Rodenas, & Sanjose, 2009). However, compassionate love may protect against these common adverse effects, as it plays an important part in helping and motivating older husbands and wives as they deal with significant health concerns of a spouse (Roberts et al., 2009; Sabey et al., in press). Therefore, if compassionate love continues to decrease over time among older couples, husbands and wives may be less motivated to feel and provide the needed care for their spouses. Given this potential decline in compassionate love, it is imperative to identify factors that might explain why compassionate love might be decreasing among older couples.

The Nuanced Role of Gender: Similar in Experience, Different in Effects

As Underwood (2009) suggested that a variety of individual, relational, and situational factors influence the experience and development of compassionate love, gender, health, and attachment avoidance were examined for potential effects on older spouses’ compassionate love. First, there were few gender differences or cross-spouse associations in compassionate love
concurrently and over time. Consistent with previous studies on younger samples (Fehr et al., 2014), husbands and wives reported similar levels of self- and spouse-reported compassionate love at both waves. This lack of gender differences among older adults is consistent with the literature that suggests that men and women are more psychologically similar than different across the lifespan (Hyde, 2005). Furthermore, scholars have found that gender differences become more muted later in life (Sinnott, 1984), with men, in particular, becoming more androgynous over time (Strough, Leszcynski, Neely, Flinn, & Margrett, 2007). Thus, the experience of compassionate love may be similar for older husbands and older wives. This similarity between spouses is further backed by the robust links between husbands’ and wives’ self and spouse-reported compassionate love at Wave 1. However, the lack of statistical evidence for spousal differences may be a result of lower statistical power due to the modest sample size and further research is needed to confirm the gender similarities of compassionate love among older couples.

Although older husbands and wives were generally similar in their experiences of compassionate love, the antecedents of this love were less uniform. As diminishing health is one of the main emotional challenges faced by older couples (Levin & Chatters, 1998; Saint Onge, Krueger, & Rogers, 2014), it would seem likely that health status would be related to the experience of compassionate love (Berscheid, 2010). On the one hand, poorer health may inspire and provide opportunities for care and compassionate love (Collins et al., 2010; Rauer et al., 2014; Schulz et al., 2007). On the other hand, most research has found that poorer health is associated with negative relationship outcomes, including relationship dissatisfaction and even relationship instability (Daniel, Wolfe, Busch, McKevitt, 2009; Korpøraal, van Groenou, & van Tilburg, 2013; Wickrama, Lorenz, Conger, & Elder Jr., 1997; Wilson & Waddoups, 2002).
Findings from the current study appeared to align more with the former argument, such that wives’ reported greater compassionate love over time when their husbands had poorer health, even though husbands’ and wives’ objective health was unrelated to either measure of compassionate love concurrently for either spouse. Wives appear to respond with greater love and care as their husbands face more health challenges. Thus, the declines in compassionate love over time might have been even greater if wives were not inspired by their husbands’ health challenges.

In contrast to the paucity of links between compassionate love and objective health, attachment avoidance unmistakably plays a powerful, albeit negative role in older couples’ compassionate love. Although both wives’ and husbands’ attachment avoidance were related to compassionate love, it was wives’ avoidance that was especially influential for both spouses. As to why wives’ attachment avoidance played such a critical role, it may be because wives’ attachment avoidance within older and more traditional couples such as these (i.e., husbands as breadwinners; Sabey et al., 2014) is much less common and perhaps unfamiliar for both spouses (Land, Rochlen, & Vaughn, 2011). This unusual experience may then be concerning to both husbands and wives and even pose a serious emotional risk to the couples’ compatibility. In contrast, husbands’ attachment avoidance may not be as unfamiliar for wives, given that attachment avoidance is more common among males (Del Giudice, 2011; Johnson & Greenman, 2006; Levy, Blatt, & Shaver, 1998; Levy & Kelly, 2010). Therefore, husbands are perhaps more likely to be negatively affected by their wives’ avoidance than vice versa because feeling distant or disconnected from them is vastly different from what they may expect or have experienced in the past (Li & Fung, 2014). This unexpected emotional withdrawal could then be relationally worrisome and thus affect spouses’ feelings of compassionate love. Since wives are typically the
caregivers and thus more responsible for their relationships, when they are more avoidant, husbands usually suffer (Davila, Karney, & Bradbury, 1999).

Regarding the negative links between husbands’ and wives’ attachment avoidance and their own compassionate love, multiple cross-sectional studies of younger and middle-aged adults found that both men’s and women’s avoidance is problematic for their own relationship quality (Mikulincer & Shaver, 2007). For example, Sprecher and Fehr (2011) found that attachment avoidance predicted less compassionate love among college students. If a husband or wife is less emotionally available or invested in the relationship (i.e., more avoidant), it follows that it would be more difficult to feel and demonstrate compassionate love in that relationship. The dilemma then is that attachment avoidance has been found to more prevalent among older adults than younger samples (Cicirelli, 2010; Fiori, Consedine, & Magai, 2009; Van Assche, Luyten, Bruffaerts, Persoons, van de Ven, & Vandenbulcke, 2013). Several explanations have been offered for this trend including that it is an adaptive response as older adults deal with more loss or a cohort effect of older adults who experienced less affectionate parenting (Magai, 2008). Unfortunately, however, this adaptive response can have adverse effects as feeling lonely or isolated at this stage of life typically has grim outcomes such as depression and poorer physical health (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Luanaigh & Lawlor, 2008). Despite research examining attachment among older adults becoming more common, there has been very little on attachment within the context of long-term, marital relationships (Lee & Montelongo, in press; Van Assche et al., 2013). In light of the findings here and the importance of attachment security for healthy long-term relationships (Magai, 2008; Mikulincer & Shaver, 2007), further research is needed to better understand the role of attachment avoidance for older
married couples and its effects on their marriages, especially among more diverse samples of older couples.

**Strengths and Limitations**

The findings of this study should be viewed within the context of its multiple strengths and limitations. First, compassionate love has primarily been studied in young adults (Fehr et al., 2014), and thus the focus on older couples represents offers important insight into how compassionate love may be unique among older adults and within long-term relationships (Berscheid, 2010). In addition, employing a dyadic approach revealed how older husbands’ and wives’ compassionate love was related to their own and their spouses’ compassionate love. Second, utilizing a multi-method assessment of compassionate love bolstered conclusions about the course of compassionate love over time and its predictors. Finally, this is the first study to date to assess compassionate love over an extended period, enabling the first look at how it develops over time (Berscheid, 2010; Fehr et al., 2014). As previous work on compassionate love has been cross-sectional or diary studies over a few weeks, this approach was necessary to detect the declines in compassionate love that were found here.

This study also has limitations that suggest caution when interpreting the findings. First, the higher-functioning nature of the sample may have resulted in the limited variability and potential ceiling and floor effects. This limited variability may have prevented identification of certain significant predictors that exist within the larger population of older couples. Couples in our sample reported generally good health, high levels of compassionate love, and low levels of attachment avoidance (Chopik, Edelstein, & Fraley, 2013) which most likely limits our ability generalize to all older adults or couples. For example, couples and spouses facing more severe
health challenges may be more likely to have their health affect their ability to feel and
demonstrate compassionate love towards their spouse (Berscheid, 2010).

Second, the couples in this study were all opposite-sex and predominately Caucasian,
well-educated, and financially stable, thus limiting its generalizability. These contextual factors
most likely shape the experience of compassionate love and so it may develop differently and
have other antecedents than those included here among more diverse couples (e.g., race,
socioeconomic status; Underwood, 2009). This may be particularly true with regards to the
association between compassionate love and attachment avoidance as attachment quality among
older adults has been found to differ according to race and ethnicity (Fiori et al., 2009; Montague
et al., 2003). For example, these ethnic differences (e.g., Haitians report higher rates of
avoidance) may be more normative in other cultures which could perhaps mitigate the negative
associations found here. Additionally, aging gay, lesbian, bisexual, and transgender individuals
often experience poorer health compared to their heterosexual counterparts and there is some
recent evidence of this among older adults in cohabiting relationships (Gonzales & Henning-
Smith, 2015). This disparity, along with the potential greater need for compassionate love within
same-sex couples due to external discrimination, could potential lead to different associations
between health and compassionate love than those found here. Thus, additional research with
older couples who are less homogenous with regards to the study variables (e.g., compassionate
love, health) and personal and couple demographics (e.g., race, education) is needed to better
understand the associations examined here.

Conclusion

Given the increasing prevalence of older couples (U.S. Census, 2014) and the role of
compassionate love for healthy close relationships (Fehr et al., 2014), further research on
compassionate love over a longer period is needed to determine whether the downward trend found here continues within older couples’ relationships. This may be particularly relevant as couples face more serious health challenges and accompanying physical and cognitive limitations, especially given what is known about compassion burnout (Monin & Schulz, 2009). In addition, since the ratio of younger and middle-aged adults to older adults is shrinking, research on compassionate love among younger and middle-aged adults who may be required to care for an aging or dependent parent is essential. Even more often than spouses, children are most likely to provide care for a dependent older adult and children caregivers face many of the same difficulties that spousal caregivers face (Wolff & Kasper, 2006). Typically, demonstrating love is thought to occur from parents to children. When children are willing or required to demonstrate love to a parent in a potentially difficult circumstance, compassionate love may be in even greater demand. Therefore, even though it is clear that compassionate love plays a vital role within a family context, future studies should continue to examine it over time and among different family members facing a variety of difficulties to understand fully how it might protect individuals against more distressing situations.
Table 1.

*Descriptives and correlations for husbands’ and wives’ compassionate love, health, and attachment avoidance at Waves 1 and 2*

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<tr>
<td>1. Husband CL Self-Report – Wave 1</td>
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<td>2. Wife CL Self-Report – Wave 1</td>
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<td>3. Husband CL Spouse-Report – Wave 1</td>
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<td>5. Husband CL Self-Report – Wave 2</td>
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<td>.44**</td>
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<td>6. Wife CL Self-Report – Wave 2</td>
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<td>.77**</td>
<td>.35*</td>
<td>.36**</td>
<td>.39**</td>
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<td>7. Husband Health – Wave 1</td>
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<td>-.23</td>
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<td>.04</td>
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<td>8. Wife Health – Wave 1</td>
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<td>-.18</td>
<td>.02</td>
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<td>9. Husband Attachment Avoidance – Wave 1</td>
<td>-.32*</td>
<td>-.15</td>
<td>-.11</td>
<td>-.08</td>
<td>-.25</td>
<td>-.01</td>
<td>.06</td>
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<tr>
<td>10. Wife Attachment Avoidance – Wave 1</td>
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<td>-.67**</td>
<td>-.34**</td>
<td>-.48**</td>
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<td>-.62**</td>
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<td>.31*</td>
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<td>4.44</td>
<td>3.11</td>
<td>3.17</td>
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<td>1.71</td>
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<tr>
<td>SD</td>
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<td>.92</td>
<td>.77</td>
<td>.45</td>
<td>.59</td>
<td>1.59</td>
<td>1.70</td>
<td>.67</td>
<td>.71</td>
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</table>

Note: *p ≤ .05, **p ≤ .01
APIM examining husbands’ and wives’ self- and spouse-reported compassionate love at Wave 1 and 2

Note: Only significant pathways are shown with unstandardized path coefficients and standardized coefficients in parentheses. ($\chi^2 = 0.00, df = 0; CFI = 1.00; TLI = 1.00; RMSEA = .00$). * $p \leq .05$, ** $p \leq .01$. 
Figure 2.

*APIM examining husbands’ and wives’ health and self- and spouse-reported compassionate love at Wave 1 and 2*

Wave 1

![Diagram showing pathways between variables at Wave 1](image)

Wave 2

![Diagram showing pathways between variables at Wave 2](image)

Note: Only significant pathways are shown with unstandardized path coefficients and standardized coefficients in parentheses. ($\chi^2 = 0.00$, df = 0; CFI = 1.00; TLI = 1.00; RMSEA = .00). * $p \leq .05$, ** $p \leq .01$. 
APIM examining husbands’ and wives’ attachment avoidance and self- and spouse-reported compassionate love at Wave 1 and 2

Note: Only significant pathways are shown with unstandardized path coefficients and standardized coefficients in parentheses. ($\chi^2 = 0.00$, df = 0; CFI = 1.00; TLI = 1.00; RMSEA = .00). $^* p \leq .05$, $^{**} p \leq .01$. 
IV. General Discussion

Although there have been multiples theories, typologies, and conceptualizations of love put forward (Aron, Fisher, & Strong, 2006; Reis & Aron, 2008), there remains significant gaps in what we understand about love. More specifically, it has been unclear how parental love is demonstrated and perceived by parents and young children and the extent to which compassionate love changes over time among older couples. To address these two critical gaps, we examined love at two different points of the lifespan (i.e., parents with young children, older couples) using both qualitative and quantitative methodologies as each of these provides valuable insight into the experience of love in a family context.

Remarkably, as essential as parental love is for children’s optimal development (Shonkoff & Phillips, 2000), this was the first study that we know of to gather actual examples of this experience from both parents and their young children. Collecting and analyzing examples directly from families is crucial as lay conceptualizations of such subjective concepts can often shed light on expert definitions (Aron et al., 2006; Fehr et al., 2014). Thus, our first study drew from interviews with mothers, fathers, and their young children about how love was demonstrated in the parent-child relationship. Findings revealed considerable variability in how parents demonstrated love to their young children and these real-life examples fell into five themes (e.g., *Playing or Doing Activities Together, Creating Structure*). In addition and somewhat unexpectedly, how children perceived love from their parents aligned well with how their parents demonstrated it.
The themes identified here correspond well with previous theories (e.g., attachment theory) and conceptualizations of parental love. For example, Buss (1988) proposed four themes of parental love that had never been empirically validated before: affection, commitment of resources, commitment of time, and self-sacrifice. Comparing these to the themes here, *Playing and Doing Activities Together* matches well with commitment of time, *Demonstrating Affection* with affection, *Creating Structure* (i.e., providing basic needs) and *Giving Gifts or Treats* with commitment of resources, and *Helping or Supporting* with self-sacrifice, although the last pair is perhaps the least well-matched. Self-sacrifice seems to describe more what the parents give up for the well-being of their children than a theme of behavior that represents parental love. However, despite this last distinction, Buss’ themes largely map onto the actual examples of parental love provided by parents and children in the current study, lending support to his broad conceptualization of parental love.

At the other end of the lifespan, we explored how compassionate love developed over time in a sample of older married couples. Contrary to expected findings according to previous cross-sectional studies, we found modest declines in self-reported compassionate love for both older husbands and wives over a year. Further, as to who was most likely to experience compassionate love, we found few gender differences in compassionate love and few associations between health and compassionate love. However, the role of wives’ attachment avoidance appeared particularly relevant as it was negatively related to both spouses’ compassionate love. The results from this study are troubling, especially if compassionate love continues to decline over time and attachment avoidance, which is more common among older adults, has such negative effects on older couples’ compassionate love. Thus, future research is needed to determine whether the decrease in compassionate love continues among these older
married couples as older adults and couples face greater health challenges and are in greater need of care from their spouses.

Although these studies assessed different forms of love (i.e., parental love, compassionate love) within different types of family relationships (i.e., parent-child, married couple), findings from both studies underscored the important role of gender within the family context. In Study 1, parents seemed to demonstrate their love to their children in somewhat gendered ways and in Study 2, several of the associations between compassionate love and its predictors were gender specific among older married couples. More specifically, these findings point to the powerful effect of gender socialization and suggest the complexity of how that gender socialization can play out within family relationships in both beneficial and detrimental ways across the lifespan (Leaper & Friedman, 2007; Pudrovksa, Schieman, & Carr, 2006).

Both of these studies assessed love within generally healthy and satisfied families which provides an important perspective on love as it is perhaps meant to be experienced and demonstrated at different stages of life. Love and other positive family processes and experiences are often understudied even though family relationships consist of both positive and negative dimensions (Fincham & Linfield, 1997). It is understandable that more attention has been paid to the dysfunctional processes as these are often the source of negative outcomes (e.g., poor physical, mental health challenges; Choi & Marks, 2008; Robles & Kiecolt-Glaser, 2003). However, to help families go beyond surviving to ultimately thrive, it is important to study healthy positive processes as well (Fincham & Beach, 2010; Goldstein & Brooks, 2013). Thus, continued research on love within a family context is warranted.

Furthermore, to provide a more comprehensive picture of love, researchers could also consider how positive processes such as love might function differently within more distressed
family contexts. Potentially distressing circumstances (e.g., poverty, single-parenthood, spousal caregiving) often leads to more negative outcomes, which may be in part due to a greater difficulty to demonstrate love between family members. However, there are those who are resilient in such situations and do not experience negative effects even in the midst of more difficult circumstances. Thus, to the extent that children and spouses feel loved in the midst of stressful situations, these loving experiences could protect them from or at least buffer the potential negative effects of those situations (Werner, 2013). Given the nature of the families studied here, the findings from both studies provide strong basis to compare results from families in more difficult circumstances. In conclusion, it is critical to work to understand the nature and course of love within both healthy and more distressed families, as such efforts would provide valuable insight into how to foster love for all individuals within a variety of family contexts.
References


Appendix A

Study 2 – Compassionate Love Scale (Sprecher & Fehr, 2005)

Each item was rated on the following scale:

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<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Agree Nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</table>

1. If my partner needs help, I would do almost anything I could to help him/her.
2. One of the activities that provide me with the most meaning is helping my spouse.
3. I very much wish to be kind and good to my spouse.
4. I would rather suffer myself than see my spouse suffer.
5. I often have tender feelings toward my spouse when he/she seems to be in need.
6. When I see my spouse feeling sad, I feel a need to reach out to him/her.
7. I spend a lot of time concerned about the well-being of my spouse.
8. When I hear about my spouse going through a difficult time, I feel a great deal of love for him or her and a desire to help.
9. It is easy for me to feel the pain (and joy) experienced by my spouse.
10. I feel an unselfish love for my spouse.
11. If given the opportunity, I am willing to sacrifice in order to let my spouse achieve his/her goals.
12. I tend to feel compassion for my spouse.
13. I would rather do things that help my spouse than do things that would help me.
15. I accept my spouse even when he or she does things I think are wrong.
16. If my spouse is troubled, I usually feel extreme tenderness and caring.
17. I try to understand rather than judge my spouse.
18. I try to put myself in my spouse’s shoes when he or she is troubled.
19. I feel happy when I see that my spouse is happy.
20. My spouse can assume that I will be there if he/she needs me.
21. I want to spend time with my spouse so that I can find ways to help enrich his/her life.
Appendix B

Study 2 – Attachment Avoidance subscale (Wei, Russell, Mallinckrodt, & Vogel, 2007)

Each item was rated on the following scale:

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<tr>
<td></td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Slightly disagree</td>
<td>Neither agree nor disagree</td>
<td>Slightly agree</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

1. It helps to turn to my spouse in times of need. (reverse coded)
2. I want to get close to my spouse, but I keep pulling back.
3. I turn to my spouse for many things, including comfort and reassurance. (reverse coded)
4. I try to avoid getting too close to my spouse.
5. I usually discuss my problems and concerns with my spouse. (reverse coded)
6. I am nervous when my spouse gets too close.