

**Solidarity-conflict and ambivalence: Testing two conceptual frameworks
and their impact on quality of life for older family members**

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Abstract

Objectives. To test empirically two major conceptualizations of parent-child relations in later adulthood, the intergenerational solidarity-conflict and the ambivalence paradigms, and to test their predictive validity on elders' quality of life (QOL) using comparative cross-national data.

Methods. Data are from a sample of 2,064 elders (75+) from the OASIS five-country study (Norway, England, Germany, Spain and Israel). Multivariate and block-recursive regression models estimated the predictivity of the two conceptualizations of family dynamics on overall QOL controlling for country, personal characteristics and health.

Results. Descriptive analyses indicated that family solidarity, especially the affective/cognitive component (called Solidarity A), was high in all five countries, whereas conflict and ambivalence were low. When all three constructs were entered into the regression, only Solidarity A and reciprocal intergenerational support predicted QOL. Controlling for health, SES and country, intergenerational relations had only a weak explanatory power, while personal resources explained most of the variance.

Discussion. The data suggest that the three constructs exist simultaneously but in varying combinations, confirming that in cross-cultural contexts family cohesion predominated, albeit with low degrees of conflict and ambivalence. The solidarity construct evidenced relatively robust measurement. For ambivalence it is suggested that more work is required to enhance measurement of this construct.

Social gerontology has witnessed few conceptual and theoretical conflicts since the debate over disengagement theory over 40 years ago (e.g. Cumming & Henry, 1961; Bengtson, 1967). Recently, however, a controversy has developed over two competing paradigms of parent-child relations in later life, the solidarity-conflict model versus the intergenerational ambivalence model. These offer different conceptual lenses for understanding complex family relationships in societies undergoing social change. They provide different ways to understand micro-level interpersonal relations and macro-level structural forces and the interactions between them. The clash is between social psychologists who developed and tested the long-standing intergenerational solidarity-conflict paradigm (Bengtson & Schrader, 1982; Bengtson & Roberts, 1991; Parrott & Bengtson, 1999) and critical theorists who advocate applying the concept of ambivalence to intergenerational relationships (Luescher & Pillemer, 1998; Connidis & McMullin (2002a).

The premise of the solidarity-conflict model is that levels of cohesion and conflict predict parent-child relations and their consequences in later life; the ambivalence model states that adult intergenerational relations revolve around sociological and psychological contradictions. Further analysis of the two paradigms can enrich our understanding of the complex social phenomenon involved in family relations in later life. This is important because of the profound increase in average life expectancy which means that more people spend more years within family structures while at the same time these structures are constantly changing. Moreover, population aging and globalization has increased the diversity and complexity of family lives and intergenerational bonds (Lowenstein & Bengtson, 2003).

This paper has two goals. The first is to explore the controversy behind the ambivalence versus solidarity-conflict models and to empirically examine which is the more useful or accurate model for explaining parent-child relations in adulthood. The second goal is to

compare the predictive adequacy of each model for quality of life (QOL) of older people in five societies that differ in family culture characteristics and public welfare policies.

Three conceptualizations of parent-child relations in adulthood

Intergenerational solidarity in later life

The conceptual framework of intergenerational family solidarity represents an effort to conceptualize family relations in adulthood and to develop theory about differences between parent-child dyads in such relations. The solidarity model first proposed in the 1970s is a taxonomy for describing sentiments, behaviors and attitudes in family relationships (Bengtson & Schrader, 1982). The first attempt to use this model was 30 years ago (e.g., Bengtson, 1975) and it has been subsequently critiqued, modified and expanded by others (e.g., Atkinson, Kivett & Campbell, 1986; Rossi & Rossi, 1990). The paradigm reflects several theoretical traditions, including: (1) early theories of social organization (Homans, 1950; Parsons, 1973); (2) social psychology of group dynamics (Homans, 1961); and (3) the family development perspective (e.g. Hill et al., 1970). Bengtson and colleagues eventually demonstrated six dimensions of parent-child solidarity: Associational, affectual, consensual, functional, normative and family structure (Bengtson & Schrader, 1982). Each of the six dimensions of solidarity was empirically proven as distinctive (orthogonal) and as representing a dialectic (high versus low). Further analyses suggested that the six dimensions reflect two underlying dimensions: (1) Structural-behavioral (comprising association, function, and structure), and (2) Affective-cognitive (affectual, consensus, and normative) (Bengtson & Roberts, 1991).

Subsequent research has demonstrated several advantages of the model. It focuses on family cohesion as an important component of family relations, particularly for enhancing psychological well-being in old age (Silverstein & Bengtson, 1994) and even for longevity (Silverstein & Bengtson, 1991). The model emphasizes that intergenerational relations are

multidimensional (Silverstein & Bengtson, 1997). It has been widely used to study variations in parent-adult child relations in various ethnic groups (e.g. Kauh, 1997) and cross-national contexts (e.g. Lowenstein & Ogg, 2003).

The solidarity conceptual framework remained a dominant paradigm in social gerontology for two decades. However, some scholars raised concerns about the model being normative, that is, whether it points to how family relationships should be rather than how they are (Marshall, Matthews & Rosenthal, 1993). The very term “solidarity” implies consensus, though there are obviously non-consensual aspects of family relationships. Critics argued, therefore, that the solidarity model contains normative implications that easily lend themselves to idealization (Marshall, et al., 1993). Some also asserted that the model does not take into account conflict, nor provide insight into conflictual intergenerational relationships (Luescher & Pillemer, 1998).

Intergenerational Conflict in later life

The solidarity model proved adaptable to innovations in methods and to challenges to its dominance and universality (Bengtson et al., 2002). The paradigm was modified in the 1980's to become the “family solidarity-conflict” model, which incorporates conflict and considers the possible negative effects of too much solidarity (Silverstein, Chen & Heller, 1996).

In developing the intergenerational conflict model, Bengtson and others (Clarke et al., 1999; Parrott & Bengtson, 1999) argued that conflict is a normal aspect of family relations, that it affects the way family members perceive one another, and that consequently it affects their willingness to assist one another. Conflict can mean that some difficult issues never are resolved but others are, over time, and that the overall quality of relationships improves rather than deteriorates. Solidarity and conflict do not represent a single continuum from high solidarity to high conflict. Rather, family relations can exhibit both high solidarity and

high conflict, or low solidarity and low conflict, depending on family dynamics and situations.

Bengtson and colleagues see conflict as a natural part of human life (the basic assumption of conflict theory), and as representing a separate dimension of family intergenerational relations (Bengtson et al., 2002). In formulating the “family solidarity-conflict” model, Bengtson and Silverstein represent a group of contemporary theorists of aging who view conflictual relations as an important element in understanding aging as part of a system of age stratification, where relations between different age groups are based not only on norms of reciprocity or equality of exchange. These revisions of the solidarity model, which was developed as an inductive approach, exemplify the scientific process of theory building that aspires to build cumulative knowledge and uses empirical testing as a means of assessing the utility of a model or theory (Katz et al., 2005). Currently, Giarrusso et al. (2005) advocate multi-dimensional typologies based on solidarity and conflict dimensions.

Intergenerational Ambivalence in later life

The term ambivalence, reflecting contradictions and ambiguities in relationships, was introduced by Luescher and Pillemer (1998) as a valuable new conceptual perspective for studying parent-child relations in later life. They noted that the term ambivalence has a relatively long history in the field of psychology, both in psychotherapy and in research on attitudes in close relationships, and that in sociology it reflects post-modern approaches to the family. They proposed intergenerational ambivalence to "designate contradictions in relationships between parents and adult offspring that cannot be reconciled" (Luescher & Pillemer, 1998, p. 416). The concept of ambivalence, they argue, should be the primary topic of study of intergenerational relations, since "societies and the individuals within them are characteristically ambivalent about relationships between parents and children in adulthood. That is, rather than being formed on a basis of solidarity, or being under imminent threat of

conflict or dissolution, the social dynamics of intergenerational relations among adults revolve around sociological and psychological contradictions and dilemmas" (Pillemer & Luescher, 2004, p. 6).

Several years later Connidis and McMullin (2002a) submitted an article to the Journal of Marriage and Family proposing a reconceptualization of ambivalence tied to critical theory. They emphasized "socially structured" ambivalence, which they describe as "both a variable feature of structured sets of social relationships and a catalyst for social action" (p. 559). Their approach to ambivalence is based on connection between individual experiences, social relationships, social institutions and societal change (Connidis & McMullin, 2002b).

The editor of JMF, Alexis Walker, sensed a controversy here that could stimulate discussion about theory in family sociology. She invited three other scholars (including Luescher and Bengtson, whose conceptualizations Connidis and McMullin criticized) to provide comments and rebuttals. This is, after all, the rationale for critical theory, which Connidis and McMullin espoused. And rebuttals there were. For example, Connidis and McMullin (2002a) had argued that Luescher "conflates institutions and social structures...while they specify social structure" (p. 600). Luescher (2004) responded that this was inaccurate: "ambivalence is based on attributions and as an interpretation of modes of behaviour, cognitions, and emotions which can be conditioned by social structures or located within them" (p. 588).

In their response Bengtson et al. (2002) questioned the utility of the construct of ambivalence. Ambivalence does not necessarily tie individual agency and social structure together and it may be a motivator to doing nothing at all. They asked how ambivalence differs from the classic symbolic interactionist depiction of role conflict. They wondered how ambivalence can be operationalized as a variable to predict or explain differences in intergenerational family dynamics. They concluded that the concept of ambivalence

complemented rather than competed with the solidarity-conflict framework, which is conceptually adequate for exploring mixed feelings; "From the intersection of solidarity and conflict comes ambivalence, both psychological and structural" (p. 575). They argue that both the solidarity-conflict and the ambivalence models can be regarded as lenses "through which one can look at family relationships – complementary instead of competing" (p. 575).

Empirical support for ambivalence has been provided by Luescher (2004) and by Pillemer and Sutor (2002). Other scholars have attempted to measure ambivalence in parent-child relations in adulthood to provide an empirical assessment, with mixed results (Fingerman & Hay, 2004; Wilson, Shuey & Elder, 2003). These studies demonstrate the need of further conceptual and empirical development.

Intergenerational relationships and quality of life

In all societies, the family holds a crucial position at the intersection of generational and gender lines. Because individuals live longer and therefore share more years and experiences with members of other generations, intergenerational bonds among adult family members may be more important today than in earlier decades, and the needs of older people and their quality of life (QOL) are best understood within the context of the family (Bengtson, 2001). Intergenerational relationships are one of the elements that affect subjective QOL and are viewed as important components in family relations, especially for successful coping and social integration in old age. The presence or absence of positive intergenerational relations affects the individual's self-esteem and psychological well-being (e.g. Silverstein & Bengtson, 1991); and these have been found to contribute to the psychological well-being of individuals throughout their life course (Rossi & Rossi, 1990).

Testing the models: Accounting for variation in elders' family relationships

While both the solidarity-conflict and the ambivalence models have had strong advocates, no study to date has directly compared them. Using a common set of data from The OASIS

("Old Age and Autonomy: The Role of Service Systems and Intergenerational Family Solidarity") cross-national study, the aim of this analysis is to examine evidence regarding each model in a highly diverse sample of elders, and to assess their utility in accounting for variations in QOL indicators. Specific research questions and hypotheses to be tested are the following: (1) *How different are the patterns of intergenerational solidarity, conflict and ambivalence observed across several societies that differ in welfare provisions and family traditions?* It is hypothesized that: (1a) the different dimensions of solidarity will be much stronger in countries with more 'familistic' family cultures as Spain or Israel where there is, for example, a legal obligation for children to support aging parents compared to the other three countries. On the other hand, conflict and ambivalence will be much lower. (1b) For support exchanges, it will be lower in Israel and Norway as the more developed welfare states, having a broad service network for the elderly, than in the other three countries.

(2) *Are there differences between the effects of these concepts as predictors of individuals' outcomes – QOL? and, do they affect the QOL of older members controlling for personal health and country variables?* Specifically it is hypothesized that: (2a) Solidarity, conflict and ambivalence will all contribute to QOL as complementing constructs, as suggested by Bengtson et al. (2002), where solidarity would have a significant positive impact and conflict and ambivalence a negative one; and (2b) Ambivalence will be a stronger predictor of QOL than solidarity and conflict, as suggested by Luescher and Pillemer (1988).

The OASIS study represents a comparative perspective, drawing on data from five countries: Norway, England, Germany, Spain and Israel. These countries reflect a diverse range of welfare regimes (institutional, conservative, residual) and familial cultures (family-oriented, individualistic), differences that may be reflected in intergenerational family relationships and may impact elders' QOL.

Comparative studies are driven by contrasting goals. One is the search for generalities – the structuralist approach, and the other is the search for distinctiveness – the culturalist position. Revealing cross-national similarities is an avenue to more general knowledge, yet any cross-national differences and national idiosyncrasies found must be understood and interpreted in the appropriate historical and political contexts. OASIS adopted both approaches. Its broad aims were to provide a knowledge base of how autonomy in old age can be promoted to enhance the well-being and QOL of elders and their family caregivers.

Methods

Research design and sample

OASIS is a cross-sectional study that incorporates quantitative and qualitative methods. The quantitative data were collected by face-to-face structured interviews with a random urban representative sample of 1,200 respondents, and stratified (ages 75+ over-represented; 800 aged 25-74 and about 400 aged 75+) in each of the five countries, for a total of 6,000 participants. The overall response rates in all countries varied from 70% to 76%. All respondents lived in the community, thus explicitly excluding persons living in institutions.

The decision to restrict samples to urban areas was based on the premise that potential differences between countries depend in part upon stages of urbanization. Urban areas, defined as cities with more than 100,000 inhabitants, were identified as primary sample units. In Norway, Spain and Israel all of these urban units were included, while in England and Germany a selection of urban areas was made. In England urban areas were defined as six major regions with 120 wards, which the research team with the advice of experts assumed to be representative for the English urban areas in general. In contrast, the German gross sample was drawn as a self-weighting double random sample based on municipal registries. The number of addresses in the gross sample was weighted by the size of the municipality. The sample strategies on the individual level differ slightly between the countries according to national conditions and availability of registries. In Israel and Spain a

pure random route strategy was chosen. In Norway the same procedure was followed for the 25-74 age groups, while available registry data was used for the 75+. In England electoral registers were used combined with the Monica coding system (using first names to identify the age group of the target person), while in Germany municipal registries were used. The different strategies were chosen because they represent the best research practice in each country based on its legal system and ability to obtain addresses from registries etc. The field work was undertaken by subcontracted survey research organizations.

About 12% of the gross sample consisted of 'natural' dropouts who included faulty addresses, people afraid to open their door, and elders who were not independent. The analysis of systematic drop-out shows a distribution typical for surveys (Motel-Klingebiel, Tesch-Roemer & von Kondratowitz, 2004). Qualitative data were based on in-depth interviews with 10 dyads (a parent aged 75 or older and one of his/her adult children) in each country. In the present article only the quantitative data were used, focusing on the group of older parents (75+). Data in Table 1 present the comparative distribution of the background variables, the respondents interviewed include: 413 in Norway, 398 in England, 429 in Germany, 385 in Spain and 368 in Israel.

---- Table 1 about here ---

A larger proportion of men were included in Norway and Israel (40%) than in the other countries. Spain showed the highest proportion of married respondents (39%). Parents in Spain and Israel had on average, more living adult children (2.6 and 2.7, respectively), and Germany the lowest (1.9). Older Spaniards were the least educated, with 81% indicating only primary (or less), while in Norway more than a third and in Israel 26% indicated having higher education. Subjective level of living, measured by perceived financial situation, showed substantial differences: the highest was in Germany and the lowest in Spain. The highest level of physical (ADL) functioning (81-100 points) was reported by 44% in

Norway, and the lowest in Israel – 14%. In the realm of living arrangements, Spain stands out by far with almost a third of the respondents living together with family members.

Measures

The OASIS questionnaire was compiled with the co-operation of each of the country teams and its design was based on scales that have been frequently used and validated. A basic master version and an operational manual were compiled in English. Using the standard back translation method, seven pre-tests were conducted in each country introducing revisions along the way. The eighth version was accepted as the final version (for a detailed review of the research instruments, see Lowenstein et al. 2002).

Intergenerational Solidarity. -- Solidarity items were selected from the Longitudinal Study of Generations (LSOG). The instrument contains 54 items relating to the respondent's children or parents along six dimensions: (1) Structure - the geographic distance that might constrain or facilitate interaction, on a 6-point scale, ranging from 1 = living 3 hours or more traveling distance, to 6 = living together. (2) Association - frequency of face-to-face contact, coded as 1 = several times a year, to 6 = daily or more often. (3) Affect - feelings of emotional intimacy between family members, using three questions like "How close do you feel to (this child)"? The questions are coded from 1 = not at all, to 6 = extremely. (4) Functional - instrumental assistance operationalized as receiving or providing help from/to at least one child, in the following areas: shopping and transportation, household chores, house repair and gardening, personal care/child care, financial assistance and emotional support. The questions were asked about all children and a mean score was used. (5) Consensus - degree of similarity in opinions and values, coded as 1 = not at all similar, to 6 = extremely similar. (6) Normative – expectations and obligations of intergenerational support (not used in OASIS).

Factor analysis performed for all countries (pooled samples) revealed a two-factor structure. The first reflects a structural-behavioral dimension (structure and association); factor loadings: 0.9015 and 0.8715 – labeled Solidarity S; the second the affective-cognitive (affectual and consensus) factor loadings: 0.7526 and 0.9833; labeled Solidarity A. This dual structure is somewhat similar to that noted by Bengtson and Roberts (1991) and Silverstein and Bengtson (1994). Receiving or providing help did not emerge in the factor structure and was thus used separately in the analyses, labeled Solidarity H-1 and H-2. The questions regarding affect, consensus and conflict were asked about a randomly selected "study child", the one whose birthday was the closest to the interview date.

Conflict. -- Based on the LSOG, conflict was measured by three items relating to the degree of conflicts or tensions, criticism and arguments between the generations, coded as 1 = none at all to 6 = a great deal. A mean score was used in the analyses.

Ambivalence. -- Ambivalence was measured by three items, based on those designed by Luescher (1998): (a) "Sometimes family members can have mixed feelings in their relationships. Thinking about your relationships with your parent/child, how often do you have such mixed feelings?" The response rates were from 1 = very often to 5 = never. (b) "Every relationship can have both pleasant and unpleasant aspects. All things concerned, how would you evaluate your relationship with your mother/father/ child?" Responses ranged from 1 = almost always pleasant to 5 = almost always unpleasant. (c) "In every family there are situations when family members do everything possible to preserve family harmony, or allow conflicts to occur. What about you and your child/parent?" Coded from 1 = we almost always try to preserve family harmony to 5 = we almost always allow conflicts to occur. A mean score was used. Alpha Cronbach reliability measure for the scale was 0.68.

Quality of life. -- QOL was measured by the WHOQOL-BREF inventory (World Health Organization QOL scales), which focuses on evaluations of subjective living situations

(WHOQOL Group, 1998). The instrument was designed for use in cross-cultural and cross-societal research and was developed, tested and validated by researchers from 15 culturally diverse research centers in Europe, Asia, North and South America, and Africa. The scale is multidimensional, covering 24 facets of QOL by indicators relating to physical health, psychological well-being, satisfaction with social relationships, and satisfaction with living conditions. Items are rated on a 5-point Likert scale, from 1 = very dissatisfied, to 5 = very satisfied. Scale reliability in OASIS data was 0.65-0.87. Factor analysis of the 24 items revealed a one factor structure, which was later used in the analysis (factor loadings 0.75-0.84). A mean score was computed.

Personal characteristics: – These were coded as follows: Gender 1 = male, 0 = female; marital status 1 = married, 0 = not married; number of living adult children older than 21; education measured by the highest level attained: 1 = primary, 2 = secondary, 3 = higher; perceived current financial situation 1 = comfortable, 0 = not comfortable; ADL functioning measured by the short version of the SF-36 containing 12 items (Ware & Sherbourne, 1992), with a total score scale of 0-100 (higher score indicating better functioning). These attributes were selected because they have been found to affect family relations and well-being in several studies (e.g., Fernandez-Ballesteros, Zamarron & Ruiz, 2001).

Data analysis. -- Data were analyzed in two phases. First, descriptive statistics for solidarity, conflict, ambivalence and QOL measures were calculated comparing the five countries, with Anova and Duncan tests for differences between countries. Second, multiple regression was calculated to examine the effects of the three concepts on QOL, followed by a block-hierarchical or block-recursive regression. This was performed to examine the differential impact of the solidarity, conflict and ambivalence constructs on overall QOL controlling for country, personal characteristics and health.

Results

To answer research question 1 (*How different are the patterns of solidarity, conflict and ambivalence across different societies?*), means and standard deviations of the two factors: Solidarity S and Solidarity A, and for Solidarity H-1 - help received, Solidarity H-2 - help provided, conflict and ambivalence were computed and compared across the five societies. Anova and Duncan Multiple Range tests were conducted to test the differences. The results are shown in Table 2.

----- Insert Table 2 about here -----

The data indicate that the strength of Solidarity S (structural-behavioral) was very similar in four of the countries (mean 3.6 to 3.8), while much higher in Spain (4.5). Anova results: $F = 21.06$ ($p < .0001$, $df = 4,1456$). Duncan multiple range tests on Solidarity S show that Spain formed one group, with the four other countries grouped together. Solidarity A (affective-cognitive) was high in all countries, though there were differences (mean 4.2 to 4.7 on a 6-point scale); Anova results: $F = 19.70$ ($p < .0001$, $df = 4,1456$). For Solidarity A, Duncan tests reflect the differences between the countries, showing Israel with the highest score, forming one group; England and Norway grouped together next, and Germany and Spain forming the lowest group. Thus, hypothesis 1a in this regard was confirmed for Israel only. The exchange of help between generations was relatively low, but again there were differences between countries. Germany was highest (mean 2.1) for Solidarity H-1, with Norway and Israel lowest (mean 1.4). Anova results: $F = 12.74$ ($p < .0001$, $df = 4,1456$). Duncan tests indicate that Germany, England and Spain group together with greater help received, Norway and Israel together in a second group (less help received), confirming hypothesis 1b. On Solidarity H-2 - help provided, however, no differences between the countries were found (mean 1.0 to 0.8). Anova: $F = 0.82$ ($p < 0.515$, $df = 4,1456$).

Levels of conflict appeared to be low in all countries (mean 1.3-1.7), with a score of 6 indicating high conflict. The Israeli sample reported the highest level of conflict, but the differences were minor. Anova: $F = 11.63$ ($p < .0001$, $df = 4,1456$). Duncan tests for conflict show that three groups were formed: Israel by itself, Germany and Spain, and Norway and England.

Ambivalence also appeared low in all countries (mean 1.4-1.7) with Norway and Germany forming the first group, followed by Israel and Spain together, and England as a third group. Anova for ambivalence: $F = 12.36$ ($p < .0001$, $df = 4,1456$).

To answer the first part of research question 2 (*Are there differences between the three concepts as predictors of individuals' outcomes such as elders' QOL?*) multiple regression for all countries was computed, with the QOL factor as the dependent variable. Descriptive statistics on overall QOL across countries showed quite a range of scores. Duncan test indicated that Germany and Norway formed the highest group (mean 14.8), followed by England (14.2), with Israel and Spain forming the lowest group (13.4).

Table 3 presents the results of the multiple regression analysis with four models. In the first, only the two solidarity factors and the reciprocal exchange of support (Solidarity H-1 and H-2) were entered; in the second, only conflict; in the third, only ambivalence. The fourth model contains all of the intergenerational relations variables.

----- Insert Table 3 about here -----

Coefficients for Models 1-3 indicate that three of the solidarity constructs, when entered separately, were associated with QOL. The exception is Solidarity S (structure and contact) which was surprising. Both conflict and ambivalence were negligibly associated with QOL. Thus, hypothesis 2a was partially confirmed. However, the explained variance for all the intergenerational variables was rather low – about 9% for the solidarity measures and hardly

1% for either conflict or ambivalence. Those who indicated higher conflict and/or higher ambivalence rated QOL lower.

In Model 4, however, the picture changed: only Solidarity A and help received (Solidarity H-1) or given (Solidarity H-2) impacted QOL. A similar pattern emerged when regressions were performed for each country separately. It should be noted that help received was negatively associated with QOL, meaning that those who received more help (apparently being more limited physically) perceive their QOL as lower than the group who received less help. These findings suggest that dimensions of solidarity (except Solidarity S) can better predict QOL of elders than can either conflict or ambivalence.

In answer to the second part of research question 2 (*Is there a difference between the effect of the three constructs on QOL controlling for country, personal, and health variables?*) and the hypotheses related to it, a block-recursive regression was performed with four models. The first contained the country variables only. In the second, family variables were added. In the third personal and health were also entered. The fourth included interactions between the countries and the solidarity-conflict and ambivalence dimensions, such as between Norway and Solidarity S. However, results indicated that this fourth model added only 2% to the variance and the number of significant interactions was very small. Thus, results of this fourth model are not presented. Table 4 present the results of the three models.

----- Insert Table 4 about here -----

The regression data indicate that the overall explained variance of QOL by the inter-generational concepts and personal characteristics indicators was 47%. The most powerful predictors of overall QOL are health and personal (financial situation and level of education) which contributed 27% to the explained variance. Country variables contributed about 10%. Model 1, which contained the country variables only, shows that Norway, UK and Germany differed from Spain and Israel, confirming partially hypothesis 1a. When the inter-

generational relations variables were added, they accounted for another 10.5% of the explained variance, with highest significance shown for Solidarity A factor, then for Solidarity H-1 and H-2, and finally for ambivalence. Conflict was not a significant predictor. Ambivalence was negatively related to QOL, confirming partially hypothesis 2a. The Solidarity S factor and conflict had no significant impact on QOL in any of the models.

Discussion

The article presents an empirical analysis of two conceptual paradigms of inter-generational relations: solidarity-conflict versus ambivalence. Cross-societal data have been used to examine how these are experienced in various cultures and to learn which paradigm better explains parent-child relationships as they reflect the influence of individual agency and social structure. Additionally, the utility of each model was tested by examining the extent to which the two paradigms serve as predictors of overall QOL.

Solidarity-conflict versus ambivalence in different cultures

The data suggest that the majority of respondents in all the five countries reported strong and positive emotional solidarity (affective-cognitive Solidarity) whereas negative inter-generational emotions (conflict and ambivalence) were low. These findings support the assertion that in cross-cultural contexts, extended families today have maintained considerable cross-generational cohesion with some conflict (Bengtson, 2001) albeit with some ambivalent feelings (Luescher, 2004; Pillemer & Luescher, 2004). The data thus support the more recent perspective of the solidarity-conflict model. As Clarke et al. (1999) suggest further study of the balance between solidarity and conflict is needed. Ambivalence was not found to be a stronger predictor of QOL compared to solidarity. Further exploration of ambivalence is, thus, warranted, focusing on how it emerges in family relations.

The similarities as well as the differences found between the countries on the various dimensions of solidarity-conflict and ambivalence may reflect variations in family norms and

behavior patterns, as well as traditions of social policy in the participating countries. This heterogeneity can, as Silverstein and Bengtson (1997) suggest "be attributed to historical trends over the last century, such as geographic and economic mobility of generations or increasing numbers of later-life families" (p. 454).

Thus, in linking the testing of solidarity-conflict and ambivalence on the micro level of individuals and families to the macro perspective of the cross-national study, historical and familial developments in the context of the countries involved must be considered. The higher rates of close parent-child relationships found in Israel may be closely related to the country's recent history and geopolitical situation. However, the higher rates of conflict might reflect a culture where very open and frank communication between generations is encouraged (Katz & Lavee, 2005). Similarly, the apparent generation gap between current cohorts of older parents and their adult children in Germany may be related to the polarization along generational lines of traditional/radical attitudes that occurred in the 1960s. In Spain, findings of relatively low rates of close parent-child relationships, contrary to expectations, may be due to rapid modernization (reflected, e.g., in low fertility rates). Younger generations are more exposed to this process, and are better educated and better off than their parents. This could result in the emergence of a significant generation gap.

The countries participating in the OASIS study also represent different contexts and opportunity structures for family life and elder care. While confronted by similar challenges like the growing numbers of elderly, they have taken different strategies toward solutions. Of particular interest is that Germany and Spain have welfare policies that favour family responsibility while welfare provisions play a secondary role (Germany) or even a residual role (Spain). Both countries lay down legal obligations between generations but have relatively low levels of social care services for elderly although Germany provides high levels of medical services. By comparison, England and Norway have individualistic social

policies, no legal obligations between generations, and higher levels of social care services. Younger generations there find it more possible to combine work with family obligations than in Germany and Spain. The mixed Israeli model is illustrated by legal family obligations, as in Spain and Germany, with high service levels, as in Norway.

Solidarity-conflict versus ambivalence as predictors of QOL

The validity of the three concepts under review as predictors of individuals' outcomes – QOL – has also been examined in this analysis. QOL is a multidimensional concept comprising objective and subjective aspects of well-being. The focus in OASIS was on the subjective aspects. The data indicate that of the family relations variables, when entered separately into the regression, the affective-cognitive factor (Solidarity A) and the reciprocal exchange of support (help received and provided– Solidarity H-1 and H-2) had the greatest predictive value. Conflict and ambivalence had very little effect on overall QOL (Models 2 and 3, Table 4). The conclusion, therefore, is that the solidarity dimensions have a better predictive validity for overall QOL. This is congruent with other studies showing that affectual solidarity in particular was associated with greater longevity of older parents who experienced losses such as widowhood (e.g., Silverstein & Bengtson, 1991). Comparative research in the US and India has shown that emotional support contributed to well-being both directly and indirectly (Venkatraman, 1995).

The structural-behavioral factor – Solidarity S (proximity and contact) – was not statistically related to QOL in this study, which was somewhat surprising. Yet help given and received, especially a reciprocal exchange, did contribute to elder well-being. Since the exchange of support entails contact, conceivably the Solidarity S factor was confounded with these dimensions of instrumental exchange. Some studies have reported a relationship between structural-behavioral solidarity and QOL, mainly during stressful events (e.g., Silverstein & Bengtson, 1994). However, the association may be not linear but curvilinear.

Silverstein, Chen and Heller (1996) found that support from adult children was psychologically beneficial at moderate levels and harmful at high levels – support can become "too much of a good thing". Others found no association between intergenerational support and well-being (Umberson, 1992). However, studies have revealed that if support exchanged is reciprocal elders report a higher QOL (Kim & Kim, 2003; Stevens, 1992), thereby supporting one of the main ideas underlying exchange theory, which forms the basis for the solidarity paradigm - the norm of reciprocity between generations (Turner, 1986).

The contribution of personal resources to QOL

Even though family ties have generally been found to affect the psychological well-being of the individual throughout the life course (Bengtson & Roberts, 1991; Rossi & Rossi, 1990), some studies emphasize the importance of personal resources over family relations (Fernandez-Ballesteros et al., 2001). QOL in this study was associated with level of physical functioning and the personal resources of education and level of living. Apparently, personal resources that relate to basic needs are perceived as the first priority for the overall QOL of people above the age of 75, as compared to other dimensions of family relationships. These findings correspond to previous research showing that social integration, good health, and high SES are the central predictors of subjective QOL (Pinquart & Sorensen, 2000).

Conclusions and Future Research Directions

The present analysis represents a first attempt to empirically examine the accuracy of the clashing theoretical claims of solidarity-conflict versus ambivalence models of older parents-adult child relations from a cross-national perspective.

The solidarity-conflict model was especially useful in evaluating the strength of family relationships in the different societies, as predicted by Bengtson and Roberts (1991). However, the model does not claim to capture the entire complex and diverse picture of late-life family relations, as noted by Bengtson et al. (2002). This is especially true at points of

transition along the life course, such as the failing health of older parents or the changing needs of working caregivers, when more negative and/or ambivalent feelings may surface (Wilson, Shuey & Elder, 2003). Nevertheless, the OASIS study demonstrates the validity and utility of the three dimensions of solidarity – the Solidarity A factor (affect and consensus), Solidarity H-1 (help received) and H-2 (help provided), for expanding knowledge of the key dilemmas identified in the intergenerational relations literature. These three dimensions were the main contributors to overall QOL, controlling for health and personal variables. Conflict as a variable did not have any effect, and ambivalence only a minimal effect.

The OASIS design allowed for testing the positivist model of solidarity-conflict. Some of the key components of ambivalence, such as contradictions in relationships that cannot be reconciled, may be harder to capture with survey measures compared to in-depth interviews, as may be the case with conflict where a multiple domain approach might be more fruitful (Clarke et al., 1999).

The operationalization of ambivalence was in its infancy when the OASIS study started and we used the measures suggested by their originators – Luescher and Pillemer. In OASIS we found that ambivalence was best reflected in qualitative data (not reported here). Solidarity-conflict has been examined primarily using quantitative measures over the years and as Giarrusso et al. (2005) indicate "Continuing efforts at refining the measurement properties of solidarity and conflict items have made this protocol the 'gold standard' in assessing intergenerational relations" (p. 415). Using both quantitative and qualitative methods of data collection and the triangulation of data bases is recommended in order to further address and examine these different concepts. We need to further explore the three concepts in additional cross-national and cultural contexts to better validate their accuracy in explaining parent-child relations in adulthood.

Conceivably, the conflict and ambivalence concepts are useful heuristically but difficult or impossible to measure empirically. Moreover, they may be prone to social desirability when measured quantitatively. Thus, testing these two concepts with less "normative" samples, such as in cases of elder abuse or estranged families, might yield new insights.

A word of caution is in order about the limitations of this study, which in turn suggest directions for future research in this area. First, the analysis reports one side only in the parent-child relations -- the parents' viewpoint. In order to fully understand the complexity of family relations, the adult children's point of view as well as that of other family members should also be examined. Understanding dyadic relations within the total context of family networks and roles may further help to test the utility of the two paradigms. Second, the OASIS data are cross-sectional and show a static family relations situation. Replication and extension of the analysis using a longitudinal design would provide a more dynamic picture. Third, though the research design was comparative, testing these paradigms empirically in less developed countries would be beneficial (Wenger, 2005).

The findings reported here indicate that solidarity is a robust concept and that there are high levels of solidarity reported in diverse countries, though it may take other forms when circumstances change. The data underscore the process, in an intergenerational context, of individuals actively negotiating and renegotiating solutions and management strategies in response to change and transitions over the life course (Katz et al., 2005). Scholars should consider the possible paradigmatic changes in the social fabric of families, and in societal networks, which might impact on family intergenerational relationships in the future.

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Table 1. Personal characteristics of elders 75+ in the five countries

	Norway	England	Germany	Spain	Israel
Gender (% male)	40	32	31	35	40
Marital status (% married)	35	36	36	39	35
Number of children 21 and up (mean)	2.3	2.2	1.9	2.6	2.7
Std Dev	(1.1)	(1.3)	(1.2)	(1.4)	(1.5)
Education					
Primary level (%)	30	25	13	81	38
Secondary level (%)	34	62	63	15	36
Higher level (%)	36	13	24	4	26
Standard of living (% comfortable)	59	52	68	28	50
Physical Functioning (SF36)					
Low (0-40 points)	21	44	29	31	39
Intermediate (41-80 points)	35	34	47	46	47
High (81-100 points)	44	22	24	23	14
	5	13	7	31	6
Living arrangements (% co-resident)					
N	413	398	429	385	368

Table 2. Means ^a and standard deviations of the family relationship dimensions

Intergenerational family relations	Country									
	Norway		England		Germany		Spain		Israel	
	Mean	Std	Mean	Std	Mean	Std	Mean	Std	Mean	Std
Solidarity S (structure+contact)	3.6	1.4	3.8	1.4	3.7	1.4	4.5	1.3	3.8	1.2
Solidarity A (affect+consensus)	4.4	0.9	4.5	1.0	4.2	0.9	4.2	0.8	4.7	0.9
Solidarity H-1 (Help received) ^b	1.4	1.3	2.0	1.7	2.1	1.6	1.9	1.7	1.4	1.4
Solidarity H-2 (Help provided) ^b	1.0	1.1	0.9	1.2	0.9	1.2	0.8	1.2	0.8	1.0
Conflict	1.4	0.7	1.3	0.6	1.6	0.7	1.4	0.7	1.7	0.8
Ambivalence	1.6	0.7	1.4	0.5	1.7	0.7	1.5	0.5	1.5	0.7
Base	398		378		430		370		358	

^a Mean scores on a scale of 1 -6, with **6** indicating high feelings of solidarity, conflict or ambivalence.

^b Receiving or providing help from/to at least one child, in at least one of the following areas: shopping, transportation, household chores, house repair and gardening, and personal care.

Table 3. Standardized regression coefficients for Solidarity dimensions, conflict and ambivalence on overall quality of life, all countries together (N = 2,064)

	Model 1 Solidarity	Model 2 Conflict	Model 3 Ambivalence	Model 4 All
Solidarity S (structure+contact)	.018			.022
Solidarity A (affect+consensus)	.177***			.146***
Solidarity H-1 (Help received)	-.213***			-.215***
Solidarity H-2 (Help provided)	.149***			.154***
Conflict		-.085**		-.010
Ambivalence			-.107***	-.062
Total R ²	.086	.007	.011	.090

** < .01; *** < .001

Table 4. Standardized regression coefficients for overall quality of life, including countries, demographics and health (N = 2,064)

	Model 1 ^a	Model 2 ^b	Model 3 ^c
<u>Countries</u>			
Norway	.248***	.285***	.152***
UK	.128***	.170***	.171***
Germany	.264***	.359***	.241***
Spain	-.042	.027	.034
<u>Family Relations</u>			
SolidarityS (Structure+contact)		.035	.023
SolidarityA (Affect+Consensus)		.167***	.097***
Solidarity H-1 (Help Received)		-.252***	-.051*
Solidarity H-2 (Help Provided)		.137***	.053**
Conflict		.051	.032
Ambivalence		-.121***	-.087**
<u>Personal</u>			
Gender			.010
Age			-.015
Marital Status			.003
# of children			.007
Education			.078**
Financial			.203***
Health score			.496***
Total R ²	.096***	.201***	.472***
R ² change		.105***	.270***

* p<.05, ** p<.01, *** p<.001

^a countries, Israel as reference; ^b Family relations' ^c countries, family relations, personal and health variables