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Stability and change in the intergenerational family: a convoy approach

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Abstract

There have been fundamental changes in the intergenerational family, and yet families continue to be an important part of people's lives. We use the convoy model to describe the factors that influence supportive relations within intergenerational families, beginning with a description of the changing structure of the intergenerational family. We next outline support exchanges, detailing how personal characteristics, especially gender, race, age and socio-economic status, and situational characteristics, in particular family structure and intergenerational context, influence support exchanges. Instrumental and emotional family exchanges are described, with special attention to the unique circumstances of care-giving in intergenerational families. We also examine the importance of recognising differences in the quality of intergenerational relations, again noting the influence of personal and situational characteristics. Variations in support quality, *e.g.* positive, negative and ambivalent, and its influence on wellbeing are discussed. As families and individuals change, differences emerge at the individual, family and societal levels. We consider the implications of changes and stability in intergenerational relations and make recommendations about how best to envisage and plan future intergenerational family support. Societies with fewer resources as well as individuals and families with diverse individual histories must be innovative and creative in meeting the needs of older people as well as those of all family members.

Keywords

family; support; transition; care-giving; ageing

Introduction

Intergenerational relationships have changed in fundamental ways, but they remain a cornerstone of human interactions around the globe. Historical trends have led to dramatic changes in family structure, but nevertheless relationships between and among generations remain an important source of support and emotional wellbeing. In this paper, we discuss how the family has changed in terms of structure but remained a key influence on both support exchanges and the quality of relationships. Because families are often an important socialising unit that optimally both protects and guides its members, we use the convoy model as a theoretical framework for studying the intergenerational family (Antonucci 2001;

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Kahn and Antonucci 1980). The convoy model, as the name implies, proposes that individuals go through life surrounded by significant others who help them as they grow, mature and face life's challenges. Those close and important others are most often members of an intergenerational family unit. Families vary in structure (*e.g.* number of generations, geographical proximity), function (support exchange) and quality (positive, negative, ambivalent). We consider how family ties vary by personal (age, race, and gender) and situational (intergenerational households, family context) characteristics, and examine how the characteristics of intergenerational relationships influence the wellbeing of family members. Finally, we consider the implications of the changing intergenerational family for policy, societies, and the individual members of intergenerational families. The paper begins with a brief overview of the convoy model.

The convoy model of social relations

The convoy model proposes that individuals move through time and space enjoying the support of their convoy, *i.e.* close and important others, who both protect and socialise their members as they grow and mature. Most convoy members are intergenerational family members. Critical to the convoy concept is its dynamic rather than static nature. As individuals develop over their lifespan, the convoy changes with them, taking on new tasks and new forms of support as needed. Both personal and situational characteristics of individuals influence social relations which in turn affect health and wellbeing. Personal or individual characteristics include sociodemographic attributes, personality and cognitive ability, while situational characteristics capture the group or organisational influences on the individual as reflected in the norms, demands and expectations of the context (Fuller-Iglesias, Smith and Antonucci 2009). In this paper, we focus on intergenerational members of the convoy and examine three personal characteristics: age, gender and race; and situational characteristics, especially the intergenerational family context.

Intergenerational family structure—Family structure includes factors such as the number of generations, family composition (*e.g.* size, marital status), geographical proximity, and contact frequency. Many structural aspects of family ties have changed markedly as a result of changes in life expectancy, fertility rates, and divorce. Average life expectancy in the United States of America (USA) was about 49 years in 1900 and is projected to be approximately 83 years in 2050 (Miniño, Heron and Smith 2006). The implications of such a change for society and for individuals are profound. The number of people in the USA aged 65 or more years is expected to increase by 135 per cent from 1995 to 2050; with the number of people over 85 years of age expected to increase by more than 400 per cent (Gist and Hetzel 2004; US Census Bureau 1997). Given the longer life expectancy of women, the projections differ greatly by gender. The differences in male/female longevity result in an older population that is increasingly female, with approximately 80 males to every 100 females among 65-year-olds and 44 males for every 100 females among 85-year-olds (Gist and Hetzel 2004). Thus, intergenerational families are increasingly headed by older women. These figures vary in other parts of the world but are impressive, especially in the developed world (Knodel and Ofstedal 2003).

In the USA, there are important race and ethnic differences as well, with the proportion of minority elders rapidly increasing. For example, the African American population aged 65 or more years will increase from 3 million (8% of the total) in 2004 to 10.3 million (12 %) in 2050, while the number of Latino elders will increase from 2 million (6%) to 15 million (18 %) (US Administration on Aging 2006). The Asian American as well as the Central and South American older populations in the USA are substantially smaller but also increasing disproportionately (Federal Interagency Forum on Aging-Related Statistics 2004). The growth in the racial and ethnic diversity of the older population creates a pressing need to consider how culture and racial/ethnic stratification influence intergenerational family experiences.

The increase in longevity has been accompanied by decreased fertility (Antonucci, Blieszner and Denmark 2009). Consequently, the population structure is projected to change from a pyramid with many more younger than older people, to a ‘beanpole ’ with similar numbers in each broad age group and many more generations in each family. The historical trend of increased longevity naturally manifests in individuals’ lifespans and family lifecourses and structures. As an example, the duration of intergenerational ties is increasing as people live longer, and it is no longer rare for such ties to last four, five or even six decades (Hagestad 2006; Taylor, Robila and Lee 2005). Consequently, multiple transitions are likely to take place within intergenerational ties. As transitions take place across different stages of the lifespan (*e.g.* from childhood to old age), individuals’ intergenerational roles also change, as the child becomes a parent, and the middle-aged grandparent becomes the oldest-old great-grandparent. Additionally, lifecourse experiences as a student, worker or community member continue to change and shape these long-lasting relationships.

Complementing the population changes, new intergenerational family structures are also emerging. Multiple-generation families include members who have experienced divorce, single parenthood, remarriages and blended families, as well as never married co-habiting families, and married couples living apart (de Jong Gierveld 2004). The fact is that a very small percentage of the population now live in ‘traditional’ households in first marriages with one wage earner, the father, with a mother not employed outside the home, and with two biologically-related children. A recent report by Williams, Sawyer and Wahlstrom (2005) highlighted these changes and indicated that whereas in the USA in 1970, approximately 40 per cent of families were nuclear families, that figure was less than 25 per cent by 2000 and continues to decline. By contrast, the percentage of married people with no children stayed at approximately 30 per cent while the number of single households increased from approximately 15 per cent in 1970 to over 25 per cent in 2000. These various family structures of course reflect the structure of social relations. People are close to parents and children, but also step-parents and step-children. Similarly, people have fewer full siblings but more step- and half-siblings. Multiple serial marriages result in ‘former’ step-siblings or synthetic family members from non-married blended households. Disrupted families with children and fewer resources often rely on grandparents for basic care rather than the traditional honorific role (Hayslip and Patrick 2005). Nonetheless, some grandparents seem to prefer a less hands-on role in their grandchildren’s lives, In these cases, grandparents living far away from their children and grandchildren reported that they enjoyed their freedom and were pleased to avoid daily hassles and conflicts with

intergenerational family members. They preferred their increased ability to negotiate the timing and duration of family visits (Banks 2009).

Despite the fact that these varied structures might be seen as threats to fundamental social relations, the research evidence suggests that families remain committed to their older members (discussed further below). In addition, family members continue to have high levels of contact and to live relatively close to one another. As Shanas and Maddox (1975) reminded us over a quarter of a century ago, most older people live within a few miles of a son or daughter, and this continues 40 years later. According to the 2002 wave of the US Health and Retirement Study, 51 per cent of parents indicated that at least one adult child lived within ten miles (National Institute on Aging 2007: 82). In sum, the structure of the multigene rational family is varied and can be complicated, leading to both predictable and unpredictable support exchanges. These advantage some, *e.g.* those who acquire grandchildren as a result of a remarriage, and disadvantage others, *e.g.* those who lose contact with grandchildren who move away with the custodial parent. Although family structure and context have changed a great deal, family members remain an important source of social support.

Social support exchanges

'Social support' usually refers to diverse exchanges whereby individuals provide different types of support to each other, *e.g.* aid, affect or affirmation (Kahn and Antonucci 1980). Such exchanges are almost universally a component of intergenerational relations. The impact of these support exchanges are wide ranging and influence mortality (Birditt and Antonucci 2008; Lyyra and Heikkinen 2006), health (McIlvane, Ajrouch and Antonucci 2007), and wellbeing (Antonucci and Akiyama 1987). We believe that the convoy concept offers insight into why and how support exchanges are so powerful. We turn to a more detailed consideration of the type of support that can be exchanged, a consideration of the multiple ways in which support can be given, received, perceived and evaluated across contexts and over time, and a review of the specific context of care-giving. Several types of tangible and intangible support exchanges have been identified (Antonucci 2001). Instrumental and financial supports are specific types of tangible support, and emotional support is an example of intangible support. Care-giving represents a uniquely important type of social support that can be both tangible (instrumental care) and intangible (emotional).

Support exchange by personal characteristics—Personal characteristics, such as gender, race, socio-economic status and age, influence the direction, quality and quantity of social support. Support exchange appears to occur more often among female family members. One American sample of older mothers aged between 66 and 78 years reported a preference for relying on their daughters rather than their sons for both instrumental and emotional support (Suitor and Pillemer 2006), Similarly, daughters are more likely than sons to provide support to older parents, particularly mothers (Moen, Robison and Fields 1994). Using data from the US Longitudinal Study of Generations, Silverstein, Gans and Yang (2006) found that mothers in good health received more support than fathers in poor health. This may be less true in other cultures. In Japan, for example, daughters-in-law rather than

daughters are expected to provide direct personal care for both parents-in-law, while first-born sons and their wives are expected to live with and care for his parents until they die (Akiyama, Antonucci and Campbell 1997).

In addition to gender, there are variations in social support exchanges by race and income. In the USA, instrumental support, *e.g.* child care, household chores, is more common in Black and Latino than White families, but socio-economic status is also a factor (Antonucci 2001; Swartz 2009). Among higher socio-economic status Black and Latino families, financial support is more common relative to instrumental and practical support. Financial support may likely come in the form of co-residence as members across generations live in one household which may facilitate the provision and exchange of support. Schoeni and Ross (2004) found that most parents provided financial support to their children to help pay bills, school tuition, loans and rent. Comparing parents in the upper income quartile with those in the lower income quartile, they found substantial differences, with 90 per cent of the higher-income and 61 per cent of the lower-income parents providing support to their children. There was also a considerable gap in the amount of financial aid received. Among those receiving aid, families in the upper quartile received on average US $17,907, while those in the lower quartile received approximately US $3,548. Racial differences were also evident with African Americans who received financial help from their parents reporting an average transfer of US $5,018, while non-African Americans reported receipt of US $11,765 on average. These findings demonstrate the fundamental, strong and long-lasting contribution of parents to their children but also document significant income and race differences in the amount of intergenerational financial support children receive (Schoeni and Ross 2004).

Certain levels and types of social support exchanges appear more common at particular periods of the lifecourse. For example, adolescents may increasingly give and receive emotional support from peers, including siblings, relative to members of their non-peer family members as they seek to establish their independence. On the other hand, the support exchanges of older adults are increasingly family and intergenerationally based. Although there is a general trend for a family's older generations to provide financial support to the younger, the extent of this support varies by specific periods of the lifespan and depends on different lifecourse situational contexts (*e.g.* school, family, work) (Fuller-Iglesias, Smith and Antonucci 2009; Levitt 2005; Levitt, Guacci and Weber 1992). Using data from the US National Survey of Families and Households, Conney and Uhlenberg (1992) found that adult children most frequently reported receiving advice from their parents over the entire lifespan, but the receipt of gifts and money declined once children reached their thirties.

Support exchange by situational characteristics—Situational characteristics including need, health status and culture shape many aspects of social support exchanges. There is evidence to suggest that parents differentiate between their children, giving more to those who are in need but also, perhaps counter-intuitively, to those who are successful (Fingerman *et al.* 2009). Younger children typically have greater needs and consequently receive more support. Considering intergenerational transfers, Fingerman *et al.* (2010) found that middle-aged adults with adult children and elderly parents in the USA are more likely to give to their children except when the parents experience health declines and limitations in meeting their daily needs. Adult children of divorced parents are just as likely to help their

parents as adult children of widowed parents except that divorced fathers receive less help from their adult children (Lin 2008).

Caring for an ill individual entails different experiences, norms, and expectations, depending upon situational characteristics. An older parent's need for social support may vary depending on the severity of illness (*e.g.* acute, chronic, terminal), the number of other family members available to provide support, other demands made on the adult child (*e.g.* young children to care for and paid work), and the health of the adult child as well as other members of their convoy. Situational factors such as geographical proximity influence contact frequency, which in turn may influence some types of social support exchanges (*e.g.* providing material goods) more than others (*e.g.* emotional support).

Support exchange also varies by culture. In the USA, greater support is generally given to younger generations, especially financial support, suggesting a downward flow of intergenerational support (Fingerman *et al.* 2011). The same tendency has been found in Europe (Albertini, Kohli and Vogel 2007; Kohli and Albertini 2009), but is less the case in Japan, where children are seen as forever indebted to their parents (Akiyama, Antonucci and Campbell 1997). In Taiwan, parents expect and do receive more financial support from their adult sons than daughters, as indicated by the proportionately higher rates of financial exchanges from sons to parents (Chen 2006). In a recent study, Akiyama and Antonucci (2009) asked regionally-representative samples of adults in the USA and Japan the degree to which they felt that they provided more, received more, or had provided and received equal amounts of support from/with their mother, father and child. Examination of the responses indicated both age and country differences. Overall the Japanese were more likely to say they received more support from their mothers and fathers than Americans, although the majority of people aged 20–50 years in both countries said that they received more support from their mother and father than they provided. The percentage reporting that they provided more support to their mothers and fathers than they received increased with age, with over 20 per cent of those aged 65–74 years in both countries reporting that they provided more than they received. The picture differed for children. Parents in both countries reported that they provided more support to their child than they received.

The difference between the two countries was much smaller for support provided to children than for support provided by adult children to their parents. This pattern was fairly consistent across age groups in both countries, with almost 50 per cent of parents aged 75 or more years reporting that they provided more support to their children than they received. In a study of reciprocity in a regionally-representative sample of people over 65 years of age in south-west France, approximately 35 per cent of the respondents reported that they provided more support than they received (Antonucci 2008). Of special interest is the fact that people reporting that they provided more support to others were more satisfied with their life six years later than those reporting reciprocal relations or receiving more support than they provided. This finding highlights the positive benefits of providing support to others, especially close family members.

Support exchange and wellbeing—Social support is widely associated with both negative and positive outcomes in terms of wellbeing. This may result from definitional and

contextual issues surrounding social support as a multi-dimensional concept. In addition to the types of support, social support is highly contextualised and depends on roles, expectations and norms that may vary by culture, gender, age and time. For example, receiving support may induce psychological distress if it provokes negative feelings such as incompetence, although anticipated support may diminish this association (Liang, Krause and Bennett 2001). The anticipation of support may be contingent upon the history of the relationship, such as whether social support exchanges were common and positive in the past. Early relationship characteristics have been shown to influence adult wellbeing. Emotional support received from parents during childhood predicts less depressive symptoms and chronic symptoms in adulthood (Shaw *et al.* 2004). Adult children who report spending a great deal of time with their parents during childhood provided more support to their parents later in life (Silverstein *et al.* 2002). This is in keeping with the norm of reciprocity and highlights its implications for wellbeing.

In a cross-national study of Norway, England, Germany, Spain and Israel that examined reciprocity and life satisfaction in the parent–child relationship during late life, parents who provided less support to their adult children relative to the support received reported, on average, lower life satisfaction (Lowenstein, Katz and Gur-Yaish 2007). In contrast, parents who provided more support to their children and received less support in return reported the highest levels of life satisfaction. From further analyses of these data, Katz (2009) found that the effects of intergenerational relations on wellbeing were influenced by multiple factors including nation state, affective solidarity and personal resources.

Support exchange: the context of care-giving—One of the most important types of intergenerational exchanges is care-giving. Provision of informal family care for an older relative is a significant form of intergenerational exchange. In the USA, family members provide 70 per cent of community-based long-term care for older adults (Wolff and Kasper 2006). Family care-giving is protective for older adults (Pruchno, Michaels and Potashnik 1990), and current estimates suggest that 44.4 million Americans provide over 37 billion hours of care per year for adult family members and other loved ones with chronic illnesses and disabilities (Gibson and Hauser 2008). Younger people report greater expectations that they will provide care than older people expect. The discrepancy has remained consistent over time in the USA. In 1980, Kahn and Antonucci (1984) found that 90 per cent of US respondents aged 50 or more years agreed that social security benefits should be increased, and 75 per cent felt that older people who could not make it on their own should live with immediate family members rather than in nursing homes. Over 20 years later, people aged 50 or more continued to agree that the family should take the major responsibility for elders (Jackson *et al.* 2008). Fifty-five per cent of this age group believed that families should be responsible for the financial needs of elders who cannot manage on their own; 91 per cent believed families should help with household chores; and 74 per cent believed that families should provide personal care when the elder cannot manage alone. Interestingly, younger people (*i.e.* adults in their thirties and forties) had the same basic opinions but were more likely to believe that younger people should help their elders. These findings are important because, contrary to the common myths that ‘the family is dead’ or that young people do not

expect to care for their elders, it appears that family members do feel close to and wish to support their elders.

While cultural norms and expectations vary with respect to familial or filial obligation (Rossi and Rossi 1990), caring for an older family member is often viewed in the context of lifetime exchanges and family solidarity (Bengtson *et al.* 2002; Katz *et al.* 2005). Fulfilling filial obligations is one of the salient rewards mentioned by family care-givers (Pinquart and Sorenson 2003; Roff *et al.* 2004). Spouses often mention the fulfilment of marital vows ('in sickness and in health'), while adult children talk about 'wanting to give back' to the parent(s) who cared for them earlier in life.

Care-giving varies by numerous personal characteristics. Both the care recipient's and the care-giver's characteristics shape the experience of intergenerational care exchanges. Among the most frequently documented are gender and race. The vast majority of care-giving continues to be done by women. Wives and adult daughters, and even daughters-in-law, provide significantly more care and more care hours compared to their male counterparts (Johnson and Weiner 2006). In addition, men generally assume a more executive style of care-giving, employ formal assistance, and receive more informal support in their role compared to female caregivers (Kramer and Thompson 2002).

Race and ethnicity shape intergenerational care-giving expectations and experiences. In the USA, non-White care-givers are less likely to be a spouse and more likely to be an adult child, other relative or friend compared to White care-givers (Connell and Gibson 1997; Pinquart and Sorensen 2005). Both African American and Hispanic care-givers are more likely to be co-resident, spend more hours providing care and use less formal support services compared to White and Asian-American care-givers (Cox 1995). Over 75 per cent of Hispanic care recipients live with an adult daughter, compared to less than 15 per cent of Whites, who are more likely to be in institutional care. African American care-givers are more likely to provide care for both older and younger family members and to be employed outside the home compared to Whites (Connell and Gibson 1997). While high levels of poverty among older African Americans results in greater financial hardship compared to other care-givers, they were less likely to report care-giver stress and appeared to cope better by praying and/or consulting with spiritual counsellors in comparison to White, Hispanic or Asian-American care-givers (Roff *et al.* 2004).

Situational characteristics such as the family context influence the provision of care-giving support, while family relationship type and quality affect the intergenerational care-giving experience (Steadman, Tremont and Davis 2007). Even within the social relations convoy, there is a natural hierarchy of people from whom an individual prefers to receive support and assistance (Kahn and Antonucci 1980). Older adults prefer to receive support from a spouse, when available, and from adult children, primarily daughters, before turning to friends and neighbours (Cantor 1979). Among siblings, those who are more proximate are perceived to be more available, and those who have a history of more positive relationships are often expected to take on a greater care-giver role (Suitor and Pillemer 1994). Increasingly, adult children care-givers are 'sandwiched' between their multiple family and professional roles

as they are called upon to provide care for family members across two or three generations (Szinovacz and Davey 2007).

Demographic shifts and higher rates of divorce across the lifespan have stimulated increased interest in how post-divorce and complex family patterns influence intergenerational support in later life (*see* Ganong and Coleman 2009). Post-divorce families are vulnerable to increased tension (Bornat *et al.* 1999; Pasley and Ihinger-Tallman 1990), and high levels of intergenerational ambivalence (Luescher and Pillemer 1998; Stewart 2005). Such family dynamics potentially threaten the likelihood and quality of intergenerational care provision. Indeed, a recent study found significant detrimental effects of parental divorce and step relationships on time transfers, probability of co-residence, and likelihood of monetary transfers (Pezzin, Pollack and Schone 2008). Greater attention is needed to identify and address expectations and experiences of care-giving among minority, gay/lesbian, single adults' and other families that differ in composition from dominant patterns and legal norms (Dilworth-Anderson, Burton and Johnson 1993; Lynch 2000).

While reconfigured stepfamilies and cohabitation have become more prevalent in the USA and elsewhere, care-giving research has not adequately taken these changes in older adults' marital and family histories into account. Elders in such families are vulnerable members of the intergenerational family convoy. One new study of remarried spouse care-givers makes this clear and documents some unique characteristics of dementia care-giving in the remarried and step-family contexts (Sherman 2009; Sherman and Boss 2007). Remarried care-givers generally reported little to no emotional or instrumental assistance from adult step-children, while a sizeable sub-group also reported considerable tension and conflict with step-children regarding financial and other care-giving-related decisions (Sherman 2009; Sherman and Boss 2007), The social and care-giving-specific support networks of remarried care-givers comprise biological or adoptive family members and friends, with minimal representation of step-family members. This pattern shifts dramatically for negative (*e.g.* intrusive or non-support) caregiving networks in which step-family members were nominated most frequently. Such findings of intergenerational non-support patterns among remarried older adults and step-family members raise genuine concern about the potential for additional vulnerability among care-givers in the step-family context.

Extensive research has documented the many adverse relational and health outcomes that can accrue from providing long-term care for an ageing adult who experiences declines in physical and cognitive functioning (Blieszner *et al.* 2007; Gaugler *et al.* 2000; Lu and Wykle 2007; Pinquart and Sorensen 2003, 2005; Vitaliano, Zhang and Scanlan 2003; Zarit 2009). Women generally report higher levels of depression, anxiety, isolation and burden in their role as care-givers than men. African Americans report higher levels of positive aspects of care-giving, lower anxiety, and lower feelings of bother by the care recipient's behaviour compared to Whites regardless of socio-economic status. African Americans' higher religiosity has been shown to mediate the relationship between race and positive aspects of care (Roff *et al.* 2004). Spouse care-givers, who are older, co-resident and have medical issues of their own, report significantly more physical demands, financial strains and higher levels of relationship and social strain compared to other family carers (Pinquart and Sorensen 2003). Coping with the challenge of assuming responsibility for their care

recipient, they also have to cope with the emotional strain of change and loss in their intimate relationship. Child care-givers report higher relationship quality with the care recipient, greater reward, and less job strain compared to children-in-law, many of whom lack a history of reciprocal support with the care recipient or may feel pressured into the care-giver role by cultural expectations (Pinquart and Sorenson 2005). Sustaining care-giver health and wellbeing is critical to the provision of long-term care of older adults in an ageing society. As increasing numbers of adults enter later life with complex marital and family histories, the challenge will be to ascertain both their unique vulnerabilities and the strengths of diverse family systems as intergenerational members are called upon to provide long-term care for multiple family members.

The quality of intergenerational relations

Most parents and children have close, long-term relationships but their quality varies considerably. The convoy model stipulates relationship quality as an important dimension of social relations. Parent–child relations can be positive, negative and ambivalent. These differences in relationship quality are influenced by personal and situational characteristics and have important implications for the wellbeing of the intergenerational family members. Focusing on the positive and supportive aspects of the parent–child tie, Bengtson *et al.* (2002) identified several important dimensions of the relationship, including frequency of contact and support exchanged. They also emphasised the affective solidarity or emotional quality of the relationship. Affective solidarity refers to the extent to which parents and children love, care for and understand one another. Another approach identifies generational differences in the degree to which family members have invested in family relationships. Older members are hypothesised to feel a greater stake or commitment to the family than younger members. Much research on parents' and children's feelings about the quality of their relationship has found that parents report feeling greater positive emotion and closeness towards their children than their children feel towards them (*e.g.* Giarrusso, Feng and Bengtson 2005; Shapiro 2004).

Not all relationships are positive, of course, and many studies have identified both negative and ambivalent relationship quality. The majority of parents and children experience at least some tension in the relationship (Fingerman 2003; Fingerman, Hay and Birditt 2004). Birditt *et al.* (2009) identified two matters that commonly induced tension: personal issues (*e.g.* finances or housekeeping); and relationship issues (such as unsolicited advice or frequency of parent–child contacts). More specifically, they found that parents reported greater tension with personal issues than did their children, and that any tension, but especially those regarding relationships, predicted greater feelings of ambivalence. The authors speculated that parents reported greater tension because they were more invested in the relationship than their children; and that relationship tensions may be more harmful because they represent long-standing issues that are difficult to change. Birditt *et al.* (2009) also examined the strategies used by parents and children to address these tensions. They found that constructive strategies (*e.g.* calm discussion) were more frequent than avoidance or destructive strategies (*e.g.* yelling), with parents reporting more use of constructive strategies than their offspring (Birditt *et al.* 2009).

Tensions are associated with relationship ambivalence, *i.e.* the simultaneous experience of positive and negative feelings regarding the same relationship (Luescher and Pillemer 1998). Most parents and children experience ambivalence in their relationships. Connidis and McMullin (2002) suggested that ambivalence occurs in the parent–child tie because of competing social behavioural norms. Most often these competing norms involve pressures for closeness and independence in the relationship. Parents tend to report less ambivalence than their offspring (Fingerman *et al.* 2006; Willson, Shuey and Elder 2003). Next, we discuss how solidarity, tensions and ambivalence vary by personal and situational characteristics.

Quality of intergenerational relations by personal characteristics—Parent–child relationship qualities vary by personal characteristics including age, gender and race. Research has indicated that parents and children tend to become closer and more positive over time (Rossi and Rossi 1990), and that parents and children report lower negative relationship quality over time (Birditt *et al.* 2009). Birditt, Jackey and Antonucci (2009) found that ratings of negativity regarding children decreased over 12 years among young and middle-aged adults but not among older adults. Ambivalence tends to decrease over time, especially as children progress from adolescence to young adulthood (Tighe, Birditt and Antonucci 2009). These findings are similar to those from cross-sectional research which show that older people more than younger people report that the parent–child relationship is closer and less negative (Akiyama *et al.* 2003; Umberson 1992). Women are more likely than men to report feeling closer to their children, as well as to be both more positive and more negative about them (Collins and Russell 1991; Fingerman 2003; Rossi and Rossi 1990). For instance, parents of daughters report greater tensions than do parents of sons (Birditt *et al.* 2009). The findings regarding ambivalence are more mixed, with some studies reporting that women feel greater ambivalence (Willson, Shuey and Elder 2003) and others finding no gender differences (Fingerman *et al.* 2006).

In the USA, because African Americans tend to report greater reliance on their family members for support than other groups (Neighbors 1997), their parent–child relationships may be a source of support as well as strain and ambivalence (Chatters, Taylor and Neighbors 1989; Umberson 1992). Research regarding race differences in the emotional qualities of the parent–child tie has been inconclusive, with some finding that African Americans report greater support and negativity and others finding no differences (Birditt, Rott and Fingerman 2009; Pillemer *et al.* 2007; Umberson 1992).

Quality of intergenerational relations by situational characteristics—Parents' and children's reports of relationship quality can vary by situational characteristics including social roles, problems, successes, and relationship history. Most parents have invested in having their children achieve roles associated with adulthood. They report more positive relations with young adult children who do not have their own children, who are employed, married, and not co-residing with parents (Belsky *et al.* 2003). Fingerman *et al.* (2006) found that parents reported greater ambivalence when children had fewer roles (*e.g.* marriage, employment). Parents report more ambivalence when their children are having problems or are less successful and vice versa. Suitor and Pillemer (2000) found that older mothers felt

closer to children who had involuntary problems (*e.g.* health problems), whereas they felt least close to children they perceived as having voluntary problems (*e.g.* trouble with the law). Birditt, Fingerman and Zarit (2010) found that middle-aged men reported greater feelings of ambivalence regarding adult children who had physical and emotional problems and less career success. Middle-aged men and women reported greater ambivalence about children with less relationship success. Children tend to experience greater ambivalence when their parents have poorer health or need care (Peters, Hooker and Zvonkovic 2006; Willson, Shuey and Elder 2003). Relationship history also influences the parent–child tie in adulthood. Early parental rejection predicts lower-quality relationships with parents in adulthood (Whitbeck, Hoyt and Huck 1994; Whitbeck, Simons and Conger 1991). Adult children experience greater ambivalence when they report having had low-quality parent relationships as children (Willson, Shuey and Elder 2003).

Qualify of intergenerational emotional relations and wellbeing—The emotional qualities of the parent–child tie have important influences on the health and wellbeing of both parents and children. As one might expect, positive aspects of the relationship are associated with better wellbeing among parents and children (Bengtson *et al.* 2002; Lowenstein 2007). In addition, parents report better wellbeing when their children are more successful (Ryff *et al.* 1994). Silverstein and Bengtson (1991) examined in a US sample the association between parent's feelings of affective solidarity and parental mortality. While they found no direct effect of affective solidarity on mortality, they did find a buffering effect. Parents who were recently widowed had lower mortality rates if they had greater affective solidarity with offspring. Umberson (1992) found that greater strain with mothers and fathers associated with greater psychological distress among adult children. Greater ambivalence associates with poorer health and wellbeing among both parents and children. Fingerman *et al.* (2008) found that adult children reported lower self-rated health when their fathers were more ambivalent about them, whereas mothers reported poorer selfrated health when their children were more ambivalent about them. Ward (2008) found that parents who reported lower collective ambivalence (*i.e.* lower-quality relationship or less contact with at least some children) reported less depression. Lowenstein (2007) examined the links between how older adults felt about their children (ambivalence, solidarity and conflict) and their quality of life in samples of mothers and fathers aged 75 or more years in England, Norway, Germany, Spain and Israel. She found that ambivalence predicted lower quality of life whereas solidarity predicted greater quality of life in all countries, and that solidarity had à greater impact on quality of life than ambivalence.

Overall, these studies have shown that parents and their children feel both intense love and irritation for one another. Relationship quality includes positive, negative and ambivalent feelings, which vary widely within and between families by personal and situational factors. Parents and children who report greater feelings of ambivalence and lower feelings of positive quality tend to report lower wellbeing. Future studies need to examine these associations over time, however, to understand how these factors operate longitudinally in intergenerational families. To date, it is unclear whether individuals with poorer wellbeing elicit more ambivalence and negativity in their relationships or the reverse. Of course, bidirectionality of influence is very likely. Future researchers should consider using daily

diary and longitudinal methods to document this complex relationship and how dyads and family members influence one another over time.

Summary, conclusions and future challenges

In sum, despite frequent assumptions to the contrary, both young and old intergenerational family members continue to exchange support and remain committed to providing care for elders. Examinations of intergenerational exchanges clearly demonstrate that older generation members provide as well as receive considerable support, including financial support, to younger family members. Relations can be positive, negative or ambivalent. It is also clear that early life experiences influence later life expectations. In many cultures, not least in the USA, reciprocity appears to be both lifelong and multigenerational well into old age. These are positive and hopeful findings, but there are nevertheless causes for concern – these are identified and discussed in the closing paragraphs.

Given the reported commitment of intergenerational family members to each other, is too much being asked of family members? We have documented increases in longevity, increased generations within families, more complex family structures and fewer family members in each generation. At the same time, with the world-wide financial crisis, the reduced economic circumstances of most families, and the parallel societal reductions in community resources, it is clear that the family and its members will be increasingly stressed and strained. Even if family members are willing to provide care, do these changed circumstances make it unreasonable to ask or expect them to do so? It may be that to meet the challenges that we face, we will need to develop new models of care, to reframe and update our goals concerning the provision of care to our ageing population as well as the new multi-generation family. Rather than a passive expectation that elders will be cared for by their families, we need to recognise the contributions that elders are making over time, and to find ways to facilitate reciprocity across time and among family, other people and needs. Our goal must be to maximise creatively the effectiveness of multi-generation families; this requires a multi-generational, two-way intervention. For example, one can envision formal supports to complement the support provided by family members. Families that have elders in need of care might be grouped together to share the responsibility. On a very small neighbourhood scale, five families each with an elder in need of care might bring all the elders together with each family taking responsibility for elder care one day a week. Younger elders or those with more functional abilities might take more responsibility for the care of others, maybe particularly as the elders became needier, or a formal provider could be hired to assist the informal family providers. In this way, all family members in need would receive care. They would age-in-place but also benefit from sharing the day with age peers, and family members could distribute the day-time, family-provided, support across time and families. Family members would be able to remain employed, thus allowing continued input of financial resources needed for the care and wellbeing of all family members.

It should also be recognised that in affluent countries most elders have significant resources that they can contribute to the wellbeing of the family. Having a grandparent at home when a young or adolescent child arrives home from school, college or their first job when their

parents are both employed outside the home can save on after-school child-care costs and provide both with meaningful warmth, comfort, and sharing. The group situation described above would allow this after-school care experience to continue even if the elder became too frail to be safe at home alone. We need to recognise that caring for family members – elders and young alike – is a multi-generational family, community and societal goal. In the future, we need to provide guidance for lifelong planning, so that people understand that preparation for old age begins early in life. We should also provide multi-generational guidelines for intergenerational relations and care. The family should be viewed as a multi-generational unit and ideally all members should be involved in the planning and exchange of support to those family members in need, regardless of age. Alternative sources of support need to be more widely available when family members cannot provide necessary care. Specific and appropriate lifecourse and family trajectories should be outlined so that there are clear long-term and life-long expectations. Given the many socio-demographic and societal changes currently under way, multiple pathways should be developed for providing and receiving care. The challenges we face can only be met by creating a sense of responsibility for self and others across generations, ultimately creating a society for all ages.

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