

“The Bitter With the Sweet”

Older Adults’ Strategies for Handling Ambivalence in Relations With Their Adult Children

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This research adds to recent discussions of intergenerational ambivalence by analyzing accounts of relations with adult children from focus group interviews with older parents. When discussing their adult children, participants reveal strong desires for both autonomy and connection, leading to ambivalence about receiving assistance from them. They define themselves as independent but hope that children’s help will be available if needed. They are annoyed by children’s overprotectiveness but appreciate the concern it expresses. They use a variety of strategies to deal with their ambivalent feelings, such as minimizing the help they receive, ignoring or resisting children’s attempts to control, withholding information from children to maintain clear boundaries, seeking others as confidants, and rationalizing children’s unavailability. They actively strive for a balance in their relationships with children. The authors interpret their findings in relation to their children’s styles of offering help and discuss implications for practitioners.

Keywords: *intergenerational relations; older parents; adult children; ambivalence*

Recent accounts of intergenerational relations have affirmed their strength, contradicting earlier assertions that they were weakened by the processes of modernization and industrialization. Researchers have emphasized contact, help, and care from adult children to older

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parents, in contrast to popular images of abandonment. However, there is also extensive discussion of problems, conflict, and caregiver stress, and of the burdens of parent care, especially for adult daughters (see accounts in Allen, Blieszner, and Roberto 2000; Bengtson 2001; Connidis 2001; Connidis and McMullin 2002; Luescher and Pillemer 1998). These discussions often tend to assume that, despite possible stress for the adult child, assistance to older parents is a sign of a strong, positive relationship, or alternatively, that positive relations imply the availability (and enactment) of help. Provision of help is viewed as one dimension of solidarity (Bengtson 2001).

A new perspective in this area reconciles these positive and negative views by focusing on ambivalence in intergenerational relationships (Connidis and McMullin 2002; Luescher and Pillemer 1998). This view suggests that intergenerational family relationships are inherently structured so as to generate ambivalence and that people use various strategies in their attempts to reconcile that ambivalence. To date, there has been limited empirical work to complement the rich theoretical work in this area (see Fingerman 2001; Pillemer and Suitor 2002; Willson, Shuey, and Elder 2003).

Our purpose is to present qualitative empirical evidence regarding how intergenerational ambivalence is experienced from the older parent's point of view, and in particular, the strategies that are used to deal with it. The findings reported here are based on a focus group interview study whose original aim was to explore the role of personal networks in the self-management of chronic illness among older adults. We focus here on how participants describe their relations with their adult children in the context of their chronic illnesses, which create, in many cases, needs for assistance that may be met by adult children or by others. Our inductive analysis of these descriptions yielded evidence of ambivalence between a desire for independence and a need for connection with adult children, as well as accounts of the strategies older parents use to manage these feelings in the context of their situations.

Ambivalence in Intergenerational Relations: Theory and Evidence

Luescher and Pillemer (1998) proposed intergenerational ambivalence as a "general orientation" to the study of intergenerational rela-

tionships, an alternative to perspectives focusing on solidarity or conflict. They argued that intergenerational relations are inherently structured so as to create ambivalence or contradictions in relationships between parents and adult children. This occurs at two levels: the level of social structure, evidenced by contradictions among statuses, roles, and norms; and the subjective level, in the psychic processes of individual parents and their children. These relationships create ambivalent demands and feelings in part because of conflicting pressures toward both autonomy and mutual support and nurturance, complicated by changes in dependency relations over the life course (Luescher and Pillemer 1998).

Luescher and Pillemer (1998) pointed to three aspects of parent-child relations in later life that are likely to generate ambivalence: dependence/autonomy, conflicting norms, and solidarity. Of interest here is the first, which stems from both parents' and children's desires for support and nurturance along with their desires for differentiation and freedom from control (see also Cohler 1983). Luescher and Pillemer suggest that intergenerational ambivalence may be most apparent during status transitions and call for more sensitive measurement and the use of multiple methods so that these conflicting feelings can be expressed and captured. Although they argue that these contradictions cannot be reconciled (see also Lüscher 2002), they suggest a need to investigate mechanisms used to try to manage them.

Connidis and McMullin (2002) used a critical perspective to further this discussion by emphasizing imbalances in power and resources embedded in social relationships. They highlight individuals as social actors who negotiate relationships and may encounter constraints in their attempts to reconcile the ambivalence in those relations. Although they acknowledge that ambivalence may not be permanently reconciled, they emphasize people's attempts to do so at least temporarily, in contrast to Lüscher and Pillemer's view that these contradictions may be inherently irreconcilable.

Thus, Connidis and McMullin (2002) focused on the agency of individuals in constructing relationships, viewing ambivalence as a potential source of negotiation and change, and they challenge researchers to identify strategies people may use in their attempts to resolve it. Several such strategies are suggested, including Coser's (1966) discussion of avoiding or ignoring ambivalent situations and use of humor. They add to these the additional possibilities of con-

frontation (with the risk of conflict), rationalization, and acceptance. They also argue that people's choice of strategies will be tied to their structured opportunities and that people with fewer options or resources may choose acceptance over confrontation.

Even though most of the work to date on ambivalence has been theoretical, a few studies have explicitly attempted to capture it empirically. Pillemer and Suitor (2002) provided quantitative evidence of ambivalence felt by older women toward their oldest child, using a five-item survey measure capturing "mixed feelings" in various ways. They suggest that women feel more ambivalence toward children than men do (although this cannot be tested with their sample), because of more intense relations and greater dependence due to widowhood. They found higher levels of ambivalent feelings for older mothers and toward adult children who have not achieved normative adult statuses. More important, significant predictors of ambivalence differ from those for measures of closeness and interpersonal stress.

Also focusing on mothers and adult children, Shuey, Willson, and Elder (2003) used data from the Iowa Youth and Families Project to investigate ambivalent feelings on the part of both members of dyads. While mothers generally experienced less ambivalence than adult children did, mothers' dependency increased ambivalence for both. Children's dependency did not increase ambivalence, perhaps because it is an extension of earlier patterns and thus less uncomfortable for both. Using the same data set, Willson et al. (2003) focused on adult children's ambivalent feelings, finding more ambivalence in female dyads, in relations with in-laws, with parents in poor health, among caregiving daughters, and when there were poor relations during childhood.

In the only study that has used qualitative methods to provide empirical evidence explicitly tied to the concept of ambivalence, Fingerman (2001) interviewed pairs of older mothers and adult daughters about both pleasures and problems in their relationships. Significant numbers of mothers and daughters made negative comments even while discussing positive aspects of their relationships. Fingerman found a number of sources of tension, including, among many others, daughters' unsolicited advice or help.

Other studies, although not explicitly using the concept of ambivalence, have pointed to the possibility that parents may have mixed feelings about receiving assistance from children (Thomas 1993) or

more generally to sources of tension in intergenerational relations (Clarke et al. 1999; Fingerman 1996). Pyke (1999) used qualitative interview data from the Bengtson longitudinal study to examine family ideologies as a context for care provided by adult children to aging parents. She found that aging parents must sometimes “pay” for the receipt of care by deferring to adult children’s wishes and decisions, or alternatively, pay for their own autonomy and independence by failing to receive needed care. She describes the feelings of parents who want to be helped *without* losing their independence and who would prefer that their children’s attention be voluntary and based on affection rather than duty.

An unanswered question in the study of intergenerational ambivalence is how older parents and adult children manage these feelings. Both Luescher and Pillemer (1998) and particularly Connidis and McMullin (2002) pointed to this issue as meriting investigation, but they differ somewhat in their view of how well ambivalence can be “resolved” through such strategies. However, the few empirical studies to date have focused more on the conditions that *produce* ambivalence and the forms it takes than on how people *respond* to it or *manage* it. Fingerman (2001) focused attention on this issue, categorizing responses to tension as constructive, destructive, or avoidant. She found that older mothers tend to be more accepting and tolerant than daughters and are less likely to respond in actively “destructive” ways. This is consistent with findings from a study by Smith and Goodnow (1999) of how adults respond to unasked-for support. Although their research was not limited to parent-child relations, they usefully identify three strategies: assertively ignoring or rejecting the help, active discounting, and accommodating, and they note age differences in use of these strategies. It seems likely that older parents would be particularly concerned to avoid using strategies that might damage the relationship or cut off the possibility of future help if needed.

Thus, our purpose is to add to the limited empirical evidence on how older parents experience ambivalence around the issues of autonomy and connection with their adult children and the strategies they use to manage these feelings and relationships. In the next section, we describe our research design, followed by a brief overview of the kinds of help our participants receive from adult children. Then, we discuss our participants’ views of themselves as independent, their reactions to needing or receiving help from adult children, and the

variety of strategies they use to manage their ambivalence in the context of those relationships. Our concluding discussion focuses on both theoretical implications of our findings and implications for practice with older families.

Method

The original purpose of this focus group interview study was to increase our understanding of the role of personal networks in the self-management of chronic illness among older adults. Thirteen focus groups were conducted in upstate New York between July 2001 and August 2002. All focus group participants were at least 65 years old and had arthritis, diabetes, and/or heart disease. Four groups were conducted with White women, five with Black women, three with White men, and one with Black men. Participants were recruited from a variety of community sources, including senior service agencies, churches and religious organizations, senior housing, and direct advertisements. Initial contact with potential participants was either in person or by phone in response to an advertisement. To facilitate group discussion, focus groups were homogeneous by race and gender. A total of 84 people participated in the focus groups.

Each focus group included 4 to 9 participants and was conducted in a setting convenient to the participant. Each lasted approximately 1½ hours, and participants were paid \$20. One experienced focus group facilitator moderated 11 groups; a graduate research assistant moderated or comoderated three groups. Focus group participants were asked a series of questions relating to how they take care of themselves and how family members and friends help or hinder their illness self-management. Here, we focus on those portions of the discussions that pertained to their relations with adult children.

Our focus group sample included 28 White women, 32 African American women, 19 White men, and 6 African American men. Due to the small number of Black men, despite extensive recruitment efforts, we will focus our discussion of sample characteristics on patterns by gender rather than race. Three-quarters of men and one-quarter of women are currently married. Three-fifths of women live alone, but about one-fifth live with someone other than a spouse. All unmarried men live alone. The vast majority of participants have liv-

ing children, and the majority have children in the area whom they see regularly. However, perhaps as a consequence of the differences in marital status, there was more discussion of wives and less discussion of relations with children by the male participants. Thus, the reader will note that we use fewer quotations from male than female participants in the discussion below.

Focus group sessions were audiotaped and professionally transcribed. The written transcripts were then coded and analyzed by the study's coinvestigators, using Atlas qualitative analysis software (Muhr 1997). For the current article, we used an inductive approach to examine all mentions of adult sons or daughters (Glaser and Strauss 1967; Strauss 1987). Our analysis yielded a striking pattern of potentially contradictory themes, centering on issues of independence and connection. The theoretical literature on intergenerational ambivalence provided a useful tool for interpreting these findings.

Findings

In the course of focus group discussions, most participants described relationships with their adult children, both in terms of assistance they received from them, and more generally. They spoke of four general kinds of support, consistent with previous literature on such relationships. First, they received *emotional support*, such as checking in with phone calls, showing concern, and offering tangible help. Second, they discussed a variety of forms of *instrumental assistance*, including transportation, household chores, and yard maintenance. Third, although much of this assistance was not directly tied to a particular illness, some children were involved in the *management of a chronic disease*, such as helping with testing of blood sugar. And fourth, a number of participants had children who were medical providers and offered *medical advice* based on that expertise.

Thus, the older parents who participated in our focus group interviews are not in need of intensive caregiving but do need and receive more limited amounts of assistance, and they may be in a period of transition to greater levels of dependency. We found that help from children was in many ways resisted and certainly viewed as a mixed blessing. An overarching theme expressed by our participants was a desire to be independent coupled with a potentially conflicting desire

for connection to children. In fact, *independence* was our most frequent code, despite the fact that it was not a term we used explicitly in questions addressed to focus groups. Participants described taking care of themselves, their own needs, their own health, and their own housework. They did not like to view themselves as needing or receiving help. Yet, as we will describe below, they also clearly wanted connection with their children and appreciated their concern even when it felt like overprotection and hindered their independence. These combined motivations led to a number of sources of potential conflict and misunderstanding in relationships with children, and participants used a variety of strategies to deal with the feelings generated by the contradictions.

“I don’t need anyone”

Participants typically described themselves as independent. Initial questions from the facilitator about receiving help invariably met with a negative response. We provide several examples below to illustrate the strength of these responses; some of them we recall as a veritable chorus of denials. (In the quotations that follow, we indicate the respondent’s identification number and gender; “M” refers to the moderator.)

(M: Can you tell us in what way do members of your family help you take care of yourself?)

(#s 1, 5, 9, women all together): No

(M: Does anyone in your life make it easier for you to take care of yourselves?)

(#s 14, 37, 47, women): No.

Definitely not.

I think all of us live alone.

(# 101, woman): I don’t feel I need anyone at this point. I do my own housework. The only difference is whereas I could get up on Saturday morning and go through my house from top to bottom and ready to go out in the evening for dinner or whatever, I’m happy if I get the kitchen, the bathroom, and my bedroom done.

(# 49, woman): My daughter (name): “When you get old, you can come and live with (husband) and me.”

I went: “(Daughter), it’s real sweet of you but don’t plan on it.” I would rather be the bag lady and a member of subculture before I would live with any of my kids.

Our point here is not whether participants were in fact “independent,” although most did seem to take care of their own needs to a large extent. But what was striking was the centrality, emotion, and conviction that was clearly invested in a self-definition of independence for so many of our participants. In fact, this led us to seek other ways to obtain the information about the support from family and friends that was the major focus of the study. In later focus groups, we avoided the use of the word *help* and tried to approach the topic in a less direct manner. For example, as in the above example, the moderator would ask, “Does anyone in your lives make it easier for you to take care of yourselves?”

“They don’t help me”

This desire to view themselves as independent led participants in some cases to minimize the help they actually received. Thus, in some cases, initial self-descriptions of independence were followed by a description of help received and then concluded with reaffirmations of the ability to take care of themselves.

(# 112, woman): The one that lives upstairs, my middle daughter, like she’ll come down and shampoo the rug because she’s a cleaning freak. If my house don’t look too right, she’ll clean. I do it myself, but shampooing——.

(M: And how do you feel about that?)

Great. —— do my work for me great, but I try and do my own so I don’t have to depend on her. I do my own laundry, my own shopping, everything.

(M: You said you have a couple of sons that live in (city) and that they help you. What do they do?)

(# 56, woman): They don’t help me.

(M: I thought you said they help you.)

When I was in bed when I first came, they would bring a meal over. Not to cook there, they'd come over . . . with a meal already cooked. I'm too independent I guess, and once I was able to get up and do it, I did it.

(M: Does your son make it easier for you to take care of yourself?)

(# 37, female): Well, he tries . . . this morning, he vacuumed for me.

(M: Anything he does to help you with your arthritis?)

No. I don't take care of my arthritis. I just take the pill when my back hurts, when I overwork. There's not anything he can do to help me with that.

It appears likely that the son who vacuumed was attempting to relieve his mother's arthritis, but it was not interpreted in that manner.

"There may come a day . . ."

At the same time that respondents wanted to think of themselves as independent and not a burden to anyone, they also wanted to feel that their children cared and were available.

(# 25, woman): but I don't rely on my children.

(M: If you had to rely on someone . . .)

No problem, they're right there. In fact, I've had emergencies in the past, and the minute I call, they're right there. I'm very lucky that way.

(# 73, male): I have a son who helps me if I need help, and I'm pretty independent. I got a lot of grandkids and stepchildren that would help me if I needed help. I don't ask for help.

Furthermore, they were reassured to feel that they had this source of help in reserve for a future time and did not want to draw on it before it was necessary.

(# 65, woman): Yes, or usually they'll just call and say what do I want, they'll bring it. . . . Wait until I get older, then I'll need your help, but right now, I want to do it all myself.

(# 101, woman): Well, my youngest son helps me. He lives in Cincinnati. . . . "Now mama," he says, "you know, I've told you over and over, if you need money, call me, you'll have it." I said, "Well, I don't want to call you." There may come a day when I have to, but I don't want to now.

(# 137, male): She's (daughter) at the house a lot. . . . She is concerned. Watch, don't take that, this does this to you, or something she's read in a nutrition book or something. So sometimes I just have to roll my eyes and forget about it. I know the concern is there, it's not that she just wants to pick on me.

(M: Have you ever thought about asking her to do things differently? . . .)

No. "You need to back off" or something, no. I don't think she would do it. . . . There might come a day where I really would need that help, so I don't want to discourage it.

"Don't do this, don't do that"

Participants expressed mixed feelings about children's "overprotection." On one hand, this was sometimes a source of irritation and stress. Parents felt that children's anxiety could prevent them from staying active in a way that was helpful in managing their illness or simply in managing their daily life.

(# 9, woman): I live with one son who frankly is a pain in the teeth once in a while: "Don't do that;" "You can't do that, I'll do it for you." You know I got to do something; I can't be immobile. If I do like this lady says, stiffen up like a board and it'll take forever for you to move around again. . . . Sometimes, you know they are too—or maybe not too concerned but overly protective. They

really are (sounds of agreement) when I am doing something. You're better off if they let you . . . even though you see that it's a strain—if you're doing it—let me finish doing it, you know. . . .

(# 107, man): My kids annoy me.

(M: In what way?)

“Don't do this, don't do that.” “Don't you dare pick up the shovel.”
How am I going to get my car out?

(# 85, woman): My middle daughter, “You with us now, let us do all the work,” and then I'd get so stiff. She said, “Well, if you exercise, you wouldn't get stiff.” Good grief, give me a break. “We here, we're going to do the work, you just sit down and rest.” “Well, if you moved around more, you wouldn't get so stiff.”

This overprotection made them feel like children, in a sort of role reversal that has been described elsewhere (e.g., Harris 1998). In fact, participants very clearly expressed this.

(#s 87, 85, women): My youngest daughter, when she was away at school, she'd call me. She's calling me in the morning, “I'm going to work, make sure you put on ——.”

My son does that.

(M: How does that make you feel?)

Like a child.

(# 120, woman): My children, they're always around. As a matter of fact, I feel like I'm a child because I have to report to them. If they call and don't get any answer, they're coming to the house, so I have to let them know where I'm going, what time I'll be back.

Yet, despite the annoyance it causes, they appreciate the feelings behind the overprotectiveness. They feel cared for and reassured by the concern and attention expressed in this manner.

(# 9, woman): Yes. You know, everything he sees, the things that he thinks I am doing . . . he takes me to task about that.

(M: And how do you feel about that?)

I rather he left me alone (laughter)—don't we all?— but he does not mean harm. He is really very good. He means well. . . . You almost smile about them being a pain. You may be annoyed at the time, but afterwards you like it. You almost appreciate it. What would I do if he wasn't there? What would I do if he did not care?

(# 35, woman): "Be sure to eat."

(M: Who are you talking about?)

My daughter, "Did you eat, did you eat?"

(M: How do you feel about that?)

Well, I like it.

(# 144, male): Actually, my youngest daughter is pretty much on my case about my health conditions.

(M, later in dialogue: How do you feel about your daughter calling you?)

I don't have any problem with it at all.

(# 122, woman): They're always hollering at me ——.

(M: What do you mean always hollering?)

I mean they always check me out.

(M: How do you feel about them checking on you?)

I think it's great.

(# 25, woman): They'll say, "What is your day? What are you doing today?" They'll say, "OK." They'll say, "What's the weather out?" They'll say, "You don't need a heavy coat or whatever?" That's it. "What are you doing?" Very short and sweet, but it's reassuring.

Thus, children's expressions of concern generate ambivalence in parents. Perhaps they would wish for children to show they care in ways that feel less limiting or controlling to the parent, but the alternative of no such expressions seems bleak. One participant (# 107), in response to another's account of "pressure" from children who wanted to do so much for him, referred to it as "love stress." This phrase captures very well the manner in which children's attention was sometimes experienced by parents.

“Sometimes I lie to him”

So how do parents deal with these ambivalent feelings? Participants described several strategies for dealing with overprotectiveness without losing their independence. One was simply to ignore it.

(M: What would you do if they did start . . . to tell you what to do?)
(# 25, woman): I would ignore it. I would be, “Thank you,” and I do what I want to do.

Another strategy was to let children know when they were being too intrusive.

(# 108, woman): I have a doting daughter. I have to kind of say back off now.

A third strategy was to withhold information from children who would otherwise worry or try to prevent them from doing something.

(M: What does she do that makes it difficult?)
(# 108, woman, continued from above): If I need to go any place like a—or something like that, “Oh, come on, mom,” and she’ll want to take me here and there, so I have to be quiet sometimes and not say what I need or what I’m going to do, or whatever. Yesterday I was at the doctor’s, and I just slipped out of the house because I was just going to the doctor’s office. . . . So I left and came back, and her nose was a little bit out of joint, but she was all right. That’s all. I don’t think it’s a bad thing, but I don’t want to lose my independence.

(# 2, woman): Well, my son in Chicago calls me every evening to see what I have had for supper, to see if I have had a good supper. Sometimes I lie to him. “Please,” I said, “I had a great supper,” but I had maybe only toast and tea (laughing).

(# 88, woman): I do have two daughters who will take me anyplace that I want to go if I let them know. I’m not too free with telling my kids how I feel. I have to be crawling on the floor before I tell them.

Another, more practical solution was described in an exchange among female participants.

(#s 101, 99, 97, women): My (children) say, “Where you going today?” I can’t tell you everything, you know. I basically tell them when I have to go out someplace.

My kids are the same way.

You leave your house, and (they) call everybody——. They want to know, “Have you seen my mother today?”

I got a cell phone for that very reason.

I have one too.

“Mama, I don’t like the idea of your being out with no communication.”

Who am I going to call, for what?

“Mama, you don’t know when you might get ill or need to call someone to come and get you.” So I got a cell phone for a Christmas present, which half the time I forget to bring with me.

Thus, some parents deal with children’s overprotectiveness by reinforcing the boundaries between them, whereas the cell phone’s owner is making those boundaries more permeable, assuming she “remembers” to carry it.

“I think I’d call my friend first . . .”

Litwak’s (1985) task-specific model suggests that different categories of people in one’s network are called upon for different kinds of support. We found evidence that, although children (or children-in-law, in one case below) were helpful as both emotional and instrumental supports, they were sometimes viewed as not understanding one’s situation the way a peer would. Thus, a few people explicitly mentioned preferring friends as confidants. This also serves the purpose of maintaining some distance from children’s overprotectiveness and maintaining one’s independence in the intergenerational relationship.

(# 54, female): I had a friend that’s about 5-6 years older than I am.

We talk to each other almost every day, and we commiserate about various things. . . . Yeah, if something bothers me some-

times, I'm certainly not going to call my daughter, and I'll speak to her and vice versa.

- (M: You said it's different than talking with your daughter-in-law.)
 (# 64, female): Yeah, because I think it's relative to relative where a friend, you can compare and say more. This is ———.
- (M: Why is that?)
 I don't know, because with my daughter-in-law, if I should tell her that I fell which I have, she smothers me, is either there or the phone rings constant, and I can't take that.
- (M: And your friend?)
 She doesn't. She'll call, and we just limit our calls to one another. Where family I think likes to smother. I try to stay. . . independent until I really can't. It's getting so I think I'm going to sell my home because I just can't take care of it. . . .
- (M: If you got to a point where you couldn't take care of yourself, who would you call? What would you do?)
 I'd have to call my daughter-in-law. I think I'd call my friend first and discuss with her . . . I really don't know. As I say, as good is my daughter-in-law is, very smothering. I have to let her know where I'm going to go. When you're 76, you want to keep your freedom as long as you can. "Why are you going there?" The other side of the coin is they're so good, you've got to take the bitter with the sweet.

This participant clearly distinguishes between the friend's role as confidante who understands her situation and would help her think it over and the daughter-in-law who would "smother" if used as a confidante but would be called upon to provide the needed instrumental assistance.

"They have their own busy lives"

Although for most participants, children's involvement and over-protection in the face of their own desire for independence was a key issue, some seemed to express an opposite concern. A frequent theme in our discussions was children's busy lives. This is, on one hand, a source of pride. Parents are seen as successful to the extent that their

children grow up to achieve independence and success in their own lives (Allen, Blieszner, and Roberto 2000; Ryff, Schmutte, and Lee 1996). And participants' descriptions of children as "busy" may be in part a way of affirming that success. However, these descriptions also involve anxiety and complaints about their children's lack of availability, and the description of "busyness" may be a way of dealing with their mixed feelings of pride and neglect.

(# 68, woman): I have a daughter who's a doctor; I'm still waiting to hear from her. I went to the doctor the other day and he said, "Talk to your daughter first about whether you should want to go to a rheumatologist." I left a message two days ago, I'm still waiting. I know she's busy, she goes to work early, she's in her own practice. She doesn't get home until late, she goes to meetings. I don't expect that much out of children. My husband says, "If you don't expect too much out of anybody, you'll never be disappointed."

(M: If necessary, would she be able to come to help you, come in from (city)?)

(# 54, woman): I would have to be pretty sick because she's got a large family. At this point, I don't feel I need any help.

Participants would like to feel that they can count on those "busy" children in times of need. Some experience disappointment or try to protect themselves by not asking. For others, children's availability despite their busy lives is a sign of the strength of the relationship.

(# 52, woman): We have two daughters but living out of the state. I could call them, but I hope I never have to because one of them is in (state), and one of them is in (state), and they have their own busy lives. But they'd be here need be, but hopefully, we'll manage. . . . Hopefully we won't need it for a long time.

(# 104, woman): You know, my son, the one that I said was the Prodigal Son, boy, if I could keep up with him, he's right there at my side, but keeping up with him. He's always got other things going on around him.

(M: He's got a busy life, but you can count on him.)

He's one, he's the one that calls me every day. "Hi, mom, how you doing, how you feel? Do you need anything?" but then sometimes, he's out there in the world, and I don't know where he is. Those things happen. I think all of us have children we can't keep up with.

While we described some participants as minimizing help in order to assert their independence, others seem to redefine children who might otherwise be seen as neglectful or unloving as "busy." Thus, *any* amount of help can be viewed in a positive light, and lack of contact or assistance can at least be viewed as evidence of the children's success, perhaps reflecting positively on their parents.

"You got to help them . . ."

Perhaps another way of dealing with mixed feelings about needing or receiving help was an affirmation that relationships with adult children involve reciprocity. This theme was not as frequent as those discussed previously but seems worth mentioning as an issue for further investigation.

(# 54, woman): Yeah, I don't recall exactly how it was, but he knows he could call us, "Can you take the children? Can you drive?" so it's a give and take. We're very fortunate that they live here, and they know if they need us, they'll call, and at the same token, if we need them, who calls first at this particular time I really don't recall. But help is there if we need it, but not for physically taking care of us, but to help out with.

(M: It sounds like you're also able to return the favor, so to speak.)
We just moved into their house for a few days while they went away. Then I needed a vacation.

(#s 53, 55, men): They're so busy with their schedules, they call us periodically to see if we can help out with the baby-sitting. Then we got to tell them we got to check our calendar. They can't call us at the last minute and say you know, it's difficult. . . . When you have children, instead of them helping you, you got to help them.

Although it is indeed possible that some of these relationships are highly reciprocal or even may be weighted in the direction of help to children (Logan and Spitze 1996), it also seems possible that these descriptions are a strategy for coping with feelings of dependence (whether emotional or physical) or worries about losing independence in the future.

“I found that slot”

To a large extent, the struggles over ambivalent feelings regarding independence and connection described in this article are “snapshots” of ongoing situations. However, there were a few instances of evidence that participants had negotiated changes in those relationships. One male participant described how he and his family found a balance between care and overprotection.

(# 107, man): See, that’s the other part of it. I took care of my father for six years after my mother passed away. Stopped down every morning before I went on the road. When I came off the road, I sat back at night and made sure he had a shower, made sure he shaved, cut his toenails, I did all of that. He finally got to a point saying to me, “You know, you’re a pain in my neck. Why don’t you give me a break and leave me alone?” So I don’t know which way is better, doing everything for somebody or just doing nothing for somebody.

(M: Is there a happy medium?)

That’s something you’ve got to find. Like I said, now my kids know, I think I found that slot that they know when they’re bothering me and when to leave me alone. Like when I first got out of the hospital, they came twice the first day I was home. Then from then on it was telephone. They would call every day, twice a day sometimes, but they left me alone. And I enjoyed it.

(M: You enjoyed that. You said that you worked it out, they found the slot. How did your family do that? How did they find that slot?)

I don’t give them a dirty look anymore. That’s it, that’s the truth. If they start to say something, I’ll look at them a certain way. Uh, oh, I better back off. That’s it. Without being really nasty like I

used to be. I just have to look and say that's it, and they understand that.

The "happy medium" mentioned above may vary across families, and undoubtedly some continue to search for it indefinitely.

Discussion and Conclusions

We have described how older parents reveal, in focus group discussions, ambivalent feelings surrounding desires for both independence and connection with their adult children. We have also presented suggestive evidence of strategies they use to manage or resolve these ambivalent feelings. These parents tend to define themselves as independent, as not needing any help. They want to feel that help is available, because it represents care, but they want to postpone asking for it. They are annoyed by children's overprotectiveness, at the same time that they appreciate the concern behind it and don't know what they would do without it. They tend to minimize the help they do receive. They may preserve independence and privacy directly by telling overprotective children to back off. But they may also circumvent the overprotection without challenging it. Some simply ignore children's attempts to control them, and some withhold information from children about how they are doing, what they eat, where they are going. They use friends rather than children as confidants, another way of preserving boundaries, but count on children to be there for needed instrumental support. They describe children as busy, perhaps as a way both to explain any apparent neglect but also perhaps as a point of pride. They may emphasize the reciprocal nature of exchange relations with children.

Luescher and Pillemer (1998) called for attention to the mechanisms used by family members to manage ambivalence, whereas Connidis and McMullin (2002) focused in particular on the active role played by individuals in trying to reconcile ambivalent feelings, in the context of their social position and limited power and resources. They also suggest several alternative strategies that may be used to this end: avoidance or ignoring, confrontation, rationalization, or acceptance. Our qualitative evidence suggests particular strategies parents may use to deal with these potentially conflicting desires. Among those

described by Connidis and McMullin, we found the least evidence of confrontation, possibly suggesting that this is a last resort. Perhaps our male respondent who “found that slot” and gives children a look without being “nasty like I used to be” is referring obliquely to past conflict, and there is clear evidence of conflict in a few cases of children and parents who are not speaking.

Overall, however, parents seem to avoid overt conflict, perhaps because it is too threatening. This is consistent with Fingerman’s (2001) findings that older mothers use less “destructive” strategies than daughters do, perhaps because they are more reluctant to risk disrupting the relationship, due to having fewer resources at this stage in their lives. We find that our participants circumvent children’s protectiveness and control by withholding information and confiding in others, rather than dealing with it directly. Similarly, they may simply ignore it, as in one of our respondents who said, “I just have to roll my eyes and forget about it.” There is much evidence of acceptance, in that participants describe liking the children’s expressions of concern in the same breath as they state their annoyance with it. They seem to understand and recognize that ambivalence is to be expected. And we find much evidence of possible rationalization, in participants’ tendency to minimize help that might seem to threaten their self-defined independence or focusing on how busy children are.

Thus, we have provided suggestive evidence of a variety of strategies older parents may use to respond to ambivalence. However, on the basis of these findings, we cannot take a position as to whether the kinds of ambivalence described here are more likely to be managed or resolved. We certainly find evidence of people’s active attempts to deal with these contradictory feelings, and in some cases, seeming to have reached a level of acceptance or comfort. But it may be necessary to observe families over a period of time or to conduct in-depth interviews asking about how relationships have changed over time (as Fingerman did for mothers and daughters) in order to have a clearer picture of whether and/or how these issues are reconciled. The data we gathered do not lend themselves to understanding how these processes play out over time.

Our findings may be usefully interpreted to add to our understanding of adult sons’ and daughters’ help to parents. In many previous studies, it has been found that daughters provide more help than sons, particularly intensive caregiving (Allen et al. 2000; Horowitz 1985;

Rossi and Rossi 1990), but also that help by sons tends to be minimized and underreported (Connidis 2001; Harris and Bichler 1997; Laditka and Laditka 2001; Matthews 1995, 2002).

Previous research has also suggested differences in the *styles* of sons' and daughters' help to parents (Connidis 2001). Matthews (2002; see also Matthews and Heidorn 1998) found that sons tend to view parents as capable of making decisions about their lives, and they wait for parents to let them know what kinds of help they need. Sons also try to promote their parents' independence, and when the parent's health changes, to reshape parents' circumstances to match their abilities. In contrast, she reports that daughters are more apt to monitor parents, to give them advice, and to intervene rather than to take parents at their word about whether they need help. They tend to deal with health changes by providing more services. Sisters also expect siblings to interact around the issue of helping parents, whereas brothers tend to deal directly with the parent about their need for help. Abel (1990) also characterized men's and women's caregiving styles differently, describing men as having an instrumental, task-oriented approach, but remaining somewhat distant and detached, whereas women may become "submerged" in caregiving and experience more closeness and connection.

Matthews (2002) suggested that brothers may end up being viewed negatively if their sisters' views of the appropriate style are adopted as "best practice." Researchers in this area also may tend to view the latter as the preferred mode, although expressing some concern about its effects on the caregiver. However, it seems possible that having one's caregiver "submerged" in caregiving leads to the feeling of being "smothered" described by one of our participants. One of our male respondents (the one who "found that slot" in our earlier discussion) said, "People can be way too helpful." He argues that letting me "do myself as much as I can . . . affects the mental attitude as well as the physical."

Thus, it is important to be aware of how we interpret gender differences and to interpret them in light of older parents' desires for *both* independence and connection. We would echo concerns in some previous work (Connidis 2001; Laditka and Laditka 2001; Matthews 1995, 2002) that sons be given due credit for their part in these relationships and that researchers investigate the help provided by sons, their motives, and styles in providing this help, and in how it is re-

ceived by older parents. Future research might usefully focus on the relationship between *how* help is offered and provided, as Matthews (2002) described, and the dynamics of how parents receive it. Do they feel both cared for and (sometimes) smothered by daughters' patterns of helping, but perhaps both respected and (sometimes) neglected by sons' more detached styles?

At a practical level, those who work with older parents with a chronic illness, and their sons and daughters who may be providing some assistance, might usefully be aware of both these dynamics and, more generally, how parents' strategies for dealing with ambivalence about receiving help might complicate their relationships. How does a child who is juggling many demands on his or her time in order to provide help to a parent feel if his or her parents describe themselves as independent, not needing or receiving help? How does it affect children's ability to be supportive if they feel that their parents are withholding information? How can parents' needs for love and contact be reconciled with their annoyance at being overprotected? And how do these dynamics interact with gender of parent and child, given that women are more often widowed and that daughters may be more inclined to step in and define parents' needs for them? Cicirelli (2003) discussed the potential for "paternalism" to "subtly increase over the course of a caregiving relationship without either mother or daughter being clearly aware of it" (pp. 18-19).

Although our focus groups included both Black and White men and women, we have not systematically examined differences by race or gender of respondent. As indicated earlier, we were able to recruit only a limited number of Black men, and both Black and White men tended to speak less about children than about wives. We did find some examples of these ambivalent feelings among the men, and many more among both Black and White women. It would be useful in future research to look for gender and ethnic differences in the use of strategies identified here, and particularly to see whether the issues are as salient for men as for women. It would also be fruitful to investigate how the structured opportunities available to individuals in varied social positions influence their choices about managing and trying to resolve their ambivalence (Connidis and McMullin 2002). Our focus group interview data do not allow this kind of analysis, so we view our results as suggestive, providing evidence about strategies that could be investigated in future studies.

An important contribution of this study is that we have examined this issue from the older parent's point of view. Much of the literature on help and caregiving by adult children has tended to present the adult child's point of view (see Thomas 1993; review in Allen et al. 2000). Researchers have focused on issues such as whether children neglect their parents, the help they provide, how they combine caregiving with other demanding roles, and how they deal with any resulting stress (Connidis and McMullin 2002). Our participants have chronic illnesses but are all living independently. They receive varying amounts of help from children and friends, but none receive the level of support that is generally termed *caregiving* (although we would argue that this is more of a continuum than a clear distinction, given the way these terms are used in the literature). However, they do have chronic illnesses and may be facing the possibility of becoming more dependent at some future time (Gignac and Cott 1998). Thus, it is useful to examine how they feel and how they actively manage their relations with adult children. It seems possible that some of the patterns that appear in their current situations will be maintained for those who become more dependent. Future research might usefully follow older parents as their health worsens and focus on the extent to which these dynamics are modified or transformed in major ways as some adult children make the transition from occasional helpers to caregivers.

In this study, we have provided empirical evidence of the variety of strategies older parents use to manage their feelings of ambivalence about receiving help. We have presented accounts of how they use avoidance, confrontation, rationalization, or acceptance to cope with their conflicting desires for autonomy and for connection with adult children. Better understanding of these dynamics seems likely to contribute both to our theoretical understanding of intergenerational ambivalence and to our ability to promote more positive relationships in older families.

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