

Ageing, intergenerational relations, care systems and quality of life

– an introduction to the OASIS project

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Preface

The purpose of this report is to present the background and objectives of the OASIS project – Old age and autonomy: The role of service systems and intergenerational family solidarity.

Longer lives and ageing populations are challenges all European countries are facing. The five-country OASIS project is designed to study how families and service systems interact to support autonomy and quality of life in old age, and to produce recommendations for sustainable policies for the future.

The OASIS project is funded under the 5th Framework Programme of the European Community, Contract No QLK6-CT-1999-02182. Participating countries and partners are as follows: University of Haifa (Israel), ESHEL (The Association for Planning and Development of Services for the Aged) (Israel), Deutsches Zentrum für Altersfragen (Germany), Universidad del País Vasco in Bilbao (Spain), Keele University (UK), and NOVA – Norwegian Social Research (Norway). The Norwegian study has also received funding from the Research Council of Norway.

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Ariela Lowenstein
Coordinator of OASIS

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Introduction

Svein Olav Daatland and Katharina Herlofson

BACKGROUND AND OBJECTIVES

All European welfare states have some way of dividing the responsibility for caring for the elderly between the family and formal service systems, but the actual form of this state-family mix varies considerably. However idiosyncratic the national models are, all countries seem to share a common concern about the future. They are all trying to adapt to greater longevity and older populations. Changes in family norms and roles of women on the one side, and a political and economic climate that favours containment of public expenditure on the other, add to the need to reform present models. One of the major concerns is how to build supportive relationships between families and service systems. A sustainable future for long-term care must be based on combined efforts of families, services systems, and older persons themselves. What is needed, then, is a detailed understanding of the relations between intergenerational family solidarity, policy responses, and the coping abilities of older people and their family caregivers.

The goal of the OASIS project is to learn how families and service systems may support autonomy and delay dependency in old age, in order to promote quality of life among the elderly and their caregivers, and improve the basis for policy and planning.

The project will:

- study the balance between family care and service systems and its relation to the quality of life of the elderly,
- study variations in family norms and transfers (intergenerational solidarity) across age groups within various countries, and
- study how individuals and families cope when at risk of dependency (intergenerational ambivalence).

The study takes a cross-cultural, cross-generational approach, comparing intergenerational solidarity, conflict and ambivalence across different age groups and between countries with different family cultures (family-oriented and individualistic) and different welfare state regimes (institutional,

conservative, residual). To our knowledge the OASIS-project is the first study of this kind.

RESEARCH QUESTIONS

The study will analyse how the roles of families, service systems and individual coping mechanisms interact and affect autonomy and quality of life in old age. Comparative data from five countries (Spain, Israel, the UK, Norway, and Germany) will enable us to study norms, expectations, and behaviours regarding the mix of formal and informal elder care from the perspective of different age groups and family generations.

The study is guided by the following research questions:

- (1) What is the actual and preferred balance between families and service systems?
- (2) Are families and services substituting or complementing?
- (3) How do family norms and practices (family culture) affect the service system, and vice-versa, how are they influenced by the welfare regimes?
- (4) How do these behavioural and normative patterns vary between countries and generations?
- (5) What are the normative ideals of intergenerational care and living arrangements within the various countries?
- (6) To what extent are these norms shared across cohorts, and what changes are to be expected in the future?
- (7) How do families handle intergenerational ambivalence, and how is this related to quality of life?
- (8) Can intergenerational solidarity and ambivalence exist together? Is there a balance between them, and how does this reflect on quality of life in caregiving situations?

Central to the project is the combined application of macro-level variables (family cultures, social policies and services), individual, micro-level variables (capabilities, personality), and the meso, interpersonal-level variables (family norms, solidarity, ambivalence). How the different levels and variables are related in the project is illustrated in the heuristic OASIS model (figure 1).

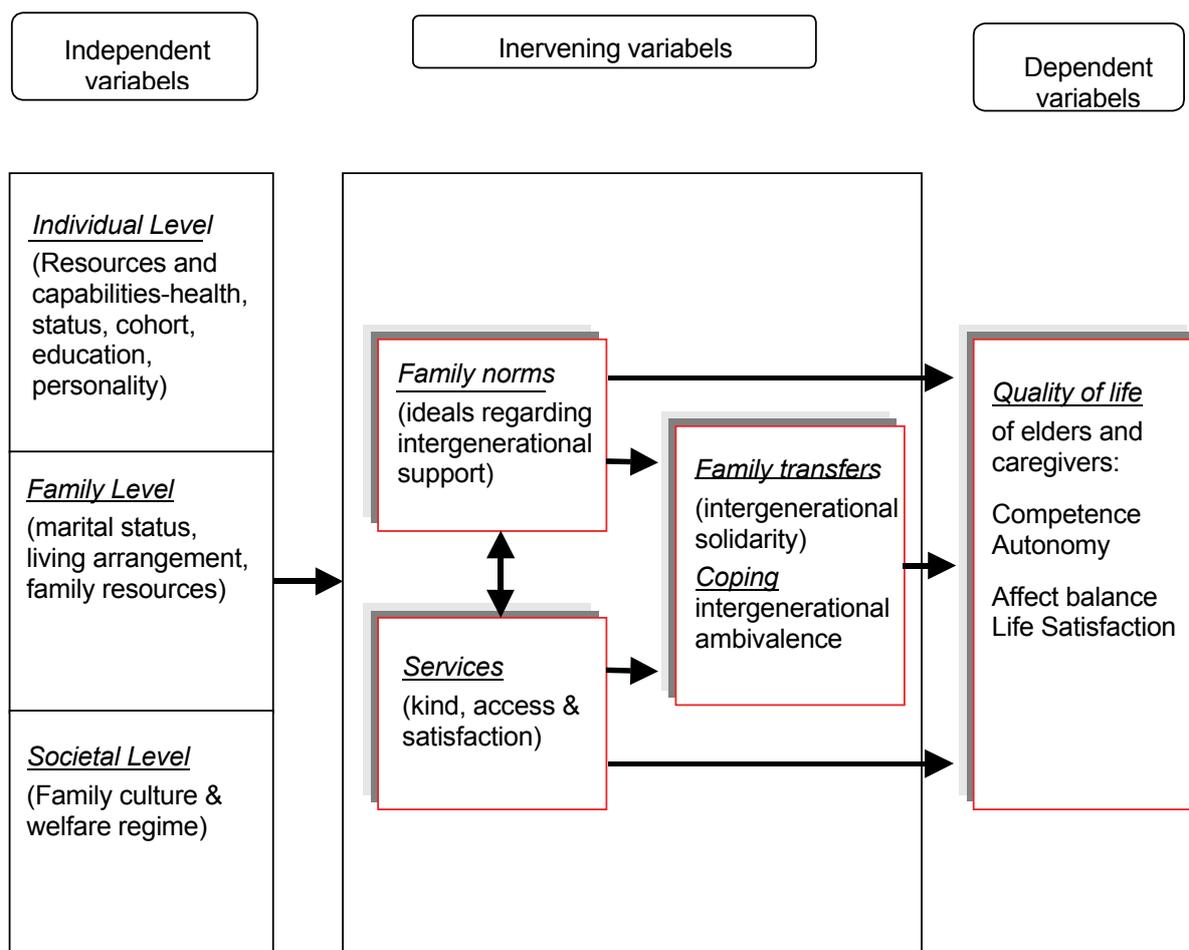


Figure 1: The heuristic OASIS model.

DESIGN

The design is based on combined quantitative and qualitative methods with both a cross-sectional and a longitudinal approach.

Surveys: Baseline data has been collected through a survey (cross-sectional) in all five countries from representative samples of population aged 25 and over living in their own homes in larger urban areas. The national samples are approximately 1 200, of which 400 are aged 75 and over. The total sample is thus about 6 000. The survey addresses all three subject areas and their interaction: family norms and transfers, access to services, and coping and quality of life.

Qualitative interviews (longitudinal): The survey will identify older people at risk of dependency. A sample of 10–15 elderly and their «primary adult child caregiver» will be selected and interviewed with in-depth

interviews at T1, and re-interviewed at T2, after 6-8 months, focusing on intergenerational transfers, solidarity and conflict, coping and quality of life.

PURPOSE AND CONTENTS

The purpose of this report is to introduce the background and aims of the OASIS project: How the project relates to present and future challenges in the area; what we may learn from earlier studies in the field; and what theoretical models and research methods are integrated into the study design.

One of the most common organising conceptual frameworks for understanding family relations in later life is the intergenerational solidarity model developed by Vern Bengtson and colleagues. Family solidarity is here seen as a multi-dimensional phenomenon, with six components that reflect exchange relations: structural solidarity, contact, affect, consensus, functional transfers/help and normative solidarity. The first article by Lowenstein, Katz, Prilutzky and Mehlhausen-Hassoen presents the development of the intergenerational solidarity paradigm, reviews earlier studies in the field, and introduces the contrasting perspectives of conflict and ambivalence in intergenerational relationships.

The conflict and ambivalence perspectives are further developed in the second article by Kingston, Phillips and Ray. In particular, the intergenerational ambivalence model of Luescher and Pillemer, through which conflicting norms and roles on the one hand, and psychological ambivalence (mixed feelings) on the other, is introduced as an alternative to what the authors see as the harmony bias of the intergenerational solidarity model.

The third article by García and Bazo presents the caregiving dimension, focusing on the mix of formal and informal care, and the interaction between micro- and macro-level factors.

Daatland and Herlofson continue along the same line in the fourth article, but focus more specifically on the substitution issue – to what extent families and social services substitute or complement each other.

Quality of life is the theme for the fifth and last article by Tesch-Römer, von Kondratowitz and Motel-Klingebiel. The article clarifies the quality of life concept and research tradition, in particular how quality of life may be related to intergenerational solidarity, and how these issues will be addressed in the OASIS project.

The intergenerational solidarity paradigm

Ariela Lowenstein, Ruth Katz, Dana Prilutzky and David Mehlhausen-Hassoen

INTRODUCTION

The purpose of the article is to present the development of the conceptual and theoretical bases upon which the intergenerational solidarity paradigm was shaped. Furthermore, two additional conceptual frameworks that are used in family research are analysed: the conflict theory, and the new intergenerational ambivalence approach. The article concludes with an attempt at integrating the three perspectives into the conceptual framework of the OASIS research project.

The political, social and economic ideologies of the twentieth century focused on opportunity and achievement, with development based on advantage and superiority. Large families with many filial obligations were perceived as overly demanding and as blocking opportunities for economic and social mobility. Individualism, rather than benefit to the group, was primary. The «long arm of the job» characterised the new industrial age. In this setting, the small nuclear family was better suited than the large intergenerational one (Sussman 1991).

Analysing change in the structure of society and the family as a result of the new industrial age, Ogburn (1938) pointed out that nearly all the functions of the traditional family had been taken over by various social institutions. In particular, he cited the reduction in shared housing, which used to be a source of security in old age, as the cause of the isolation.

Researchers perceived this decline of the traditional family as an unavoidable outcome of the modern economy. Scholars of the structural-functional tradition, explain that children with ambition to advance their occupational status had to depart geographically and socially from the older generation. Responding to the needs of the modern economy meant leaving the family fold. Moreover, disengagement and isolation from the large family were perceived as adaptive and functional strategies, not only for the young but for the older generation as well. The disengagement of elders from their intergenerational roles was considered positive in that it reduced the social

disintegration caused by physical weakening and death (Cumming & Henry 1961).

Changes in the family structure – namely, high rates of divorce and single parenting – are another dimension of the perceived decline of the family. The widespread normative preference for self-accomplishment over social tasks, and the existence of alternative systems for the fulfilment of basic human needs, weakened the role of the family as a socialisation agent and as the source for child rearing, nurturing and support (Lash 1977). The tendency of the older generation to live apart from their children (Thornton & Freedman 1985) stripped down the family to the most basic roles of birth and child rearing.

By the 1960s, however, empirical evidence suggested that reports of the demise of the extended family had been premature (Silverstein & Bengtson 1998). Studies of intergenerational family relationships revealed that adult children were not isolated from their parents but frequently interacted with them and exchanged assistance, even when separated by large geographic distances (Shanas 1979, Adams 1968). The strength of obligation and positive regard across generations was little diminished by geographic separation. Family sociologists pointed out that the extended family maintains cross-generational cohesion through modern communications and transportation (Litwak 1960). It became clear that the family continues to take responsibility and provides most of the care for elder parents (Abel 1991, Stoller 1983).

THEORETICAL TRADITIONS

The historic background outlined above provides the context for the development of the intergenerational solidarity framework described in this paper. The term solidarity itself reflects various theoretical traditions, including (1) classical theories of social organisation, (2) the social psychology of group dynamics, and (3) the developmental perspective in family theory (Bengtson & Roberts 1991). This theoretical background, which shapes the perspective of the intergenerational solidarity concept, is reviewed below.

One of the most basic developmental tasks of the adult family is the acceptance by adult children of filial responsibility for their elder parents. Ideally, the family should function as a mutual help network in which the adult child takes care of the parent without eliciting any feelings of low self-esteem, dependency or humiliation on the part of the parent. The parent

together with the child mutually assesses their psychological needs and abilities to give and receive help (Blenkner 1965). The following sociological and psychological theories explain this phenomenon.

Classic theories of social organization

Understanding the nature of the bonds that create cohesion between individuals has long occupied social researchers. Durkheim (1933) made an important distinction between two types of solidarity. The first, which he termed «mechanical solidarity», refers to the traditional family cohesion that characterised ties between individuals in the pre-industrial revolution era, and which was based on internalisation and endorsement of traditional norms and customs. This type of bond, he held, was weakened by industrial society and was replaced by «organic solidarity», which was typified by mutual dependence of individuals as imposed by their relations to the division of labour. The differences between traditional and industrial societies in Durkheim's view, form the basic normative solidarity that leads to cohesion. Parsons (1973) widened out this theory by suggesting that several types of solidarity can exist simultaneously in various social interactions.

The central contribution of the classic sociological theories to later models of solidarity lay therefore in describing the relevant bases of group solidarity: *normative* perceptions internalised by group members, *functional interdependencies* among group members, and *consensus* between members over rules of exchange (Roberts, Richards & Bengtson 1991).

Exchange theory

The basic assumption underlying much of the research collectively known as exchange theory is that interaction between individuals or collectivities can be characterised as attempts to maximise rewards (both material and non material). Drawing upon economic cost-benefit models of social participation, Thilbaut & Kelley (1959), Homans (1961) and Blau (1964) expanded this perception into a view of social behaviour as an exchange. As in economic exchange, the profit that the individual derives from social exchange is equivalent to the difference between rewards and costs. Participants in an exchange of behaviour will continue their exchange only so long as the exchange is perceived as being more rewarding than it is costly. Power resides implicitly in the dependence of the other. If both parties in the exchange relationship are equally dependent upon each other, the relationship may be said to be balanced. When the exchange relation is unbalanced, the exchange partner who is the more dependent – hence the less

powerful – will attempt to rebalance the relationship and thereby reduce the costs (s)he incurs from the exchange. The relationship can be balanced in one of four possible balancing ways: withdrawal, extension of power network, emergence of status, and coalition formation (Emerson 1962).

Dowd (1975) and Bengtson & Dowd (1981) – using exchange theory to explain the decrease in social interaction and activity with age – maintained that withdrawal and social isolation are not the result of system needs or individual choice, but rather of an unequal exchange process between older persons and other members of society. The shift in opportunities, roles and skills that accompanies advancing age typically leaves older people with fewer resources with which to exert power in their social relationships, and their status declines accordingly (Hendricks 1995). Left only with the capability for compliance, older people may disengage. With fewer opportunity structures, and little exchange in value (outmoded skills), some older people are forced to accept the retirement role, turning to deference and withdrawal in order to balance the exchange equation (Lynott & Lynott 1996).

The social exchange framework was applied as a starting point for explanations of parent-adult child relationships characterised by multi-dimensional resources, costs and benefits (Dwyer, Lee & Jankowski 1994, Hogan, Eggebeen & Clogg 1993). The intergenerational solidarity framework integrates exchange theory in that individuals with resources to exchange are those who can provide various types of help and support, while the recipients are made dependent on the providers, thereby weakening the power of the recipient in the relationship (Hirsh & Strain 1995). The family members who provide more assistance than they receive may perceive the supportive exchange as less desirable over time. In turn, the family member receiving assistance may want to avoid feeling dependent on the support provider and may seek to reciprocate with other forms of assistance, such as emotional support or advice, thus «balancing» the support exchange in an effort to reciprocate (Parrott & Bengtson 1999).

The social psychology of group dynamics

Research in group dynamics includes a cogent theoretical taxonomy of the elements of group solidarity developed by Homans (1950). Homans identified four components of group solidarity: (1) Interactions between the group members, based on functional interdependence as described by Durkheim (1933) in organic solidarity, (2) extensive activity involving group members, (3) sentiment (the affective dimension) between members of the

group, and (4) norms. The more cohesive the group, the more its members interact, like each other and share similar normative commitments to group activities (Roberts, Richards & Bengtson 1991). Heider (1958), expanding this theory, emphasised the importance of ‘contact’ and ‘liking’ and added the component ‘similarity’. Some components of group interaction are more stable and contribute more to group cohesion than others, he suggested, namely similarity and sentiment.

The contribution of the social psychologists to the development of the intergenerational solidarity construct is by extending the classic definition of consensus over rules of exchange to incorporate the notion of *similarity* among the members of the group.

Combining the classic and the social psychological definitions of family solidarity five elements may be identified: normative integration, functional interdependence, similarity or consensus, mutual affection and interaction.

Family sociology approaches

Although the family is a markedly different type of group from the macro-social collectivities of concern to the classical theorists, the conceptual development of a theory of intergenerational solidarity has been highly influenced by the classical and social psychological approaches. Early research in family studies described solidarity in terms of family integration, which was variously defined as involving common interest, affection and interdependence (McChesney & Bengtson 1988).

In the 1960’s, when interest in defining and measuring the components of intergenerational solidarity emerged (e.g. Rogers & Sebald 1962, Strauss 1964), a conceptual framework was proposed by Nye & Rushing (1969) in which findings from both previous and future research could be integrated. It included many of the components that were identified in the classical sociological and psychological traditions, positing six dimensions of family cohesion to be developed and measured: associational integration, affectual integration, consensual integration, functional integration, normative integration, and goal integration. Bengtson & Schrader (1982) – refining these components – defined intergenerational solidarity as a multidimensional structure with six elements: associational solidarity, affectual solidarity, consensual solidarity, functional solidarity, normative solidarity, and intergenerational family structure.

Table 1 describes the theoretical bases that contributed to the development of the intergenerational solidarity framework.

Table 1. Development of theoretical bases identified as contributing to family cohesion.

Classic Sociological Theories	Social Psychology	Family Sociology Approach
Mechanical solidarity (normative) Organic solidarity (functional) Consensus over rules of exchange (Durkheim 1933)	Interactions Activity Affection Norms (Homans 1950)	Structural integration Affectual integration Consensual integration Functional integration Normative integration Goal integration (Nye & Rushing 1969)
Possible existence of several forms of solidarity simultaneously (Parsons 1973)	Similarity (consensus) Sentiment (Heider 1958)	Associational solidarity Affectual solidarity Consensual solidarity Functional solidarity Normative solidarity Structural solidarity (Bengtson & Schrader 1982)

The intergenerational solidarity model for understanding family relationships in later life emerged from these theories, as a response to concern about the isolation of the nuclear family. Based on the classical theories of social organisation, the social psychology of group dynamics and the developmental perspective in family theory, research on solidarity between generations codified six principal dimensions: Structure, association, affect, consensus, function and norms. The taxonomy of the six elements as classified by Bengtson & Schrader (1982) serves as the basis of the conceptualisation of family cohesion. Later works used this basis in examining interrelationships of the elements and the contribution of each to family solidarity.

THE SIX ELEMENTS OF THE INTERGENERATIONAL SOLIDARITY PARADIGM

The six components of the intergenerational solidarity framework reflect behavioural, affectual, cognitive and structural dimensions of the larger family as outlined in table 2.

Table 2. The six elements of intergenerational solidarity with nominal definitions and examples of empirical indicators.

Construct	Nominal Definition	Empirical Indicators
Associational solidarity	Frequency and patterns of interaction in various types of activities in which family members engage	<ol style="list-style-type: none"> 1. Frequency of intergenerational interaction (i.e., face to face, telephone, mail) 2. Types of common activities shared (i.e., recreation, special occasions, etc.)
Affectual solidarity	Type and degree of positive sentiments held about family members, and the degree of reciprocity of these sentiments	<ol style="list-style-type: none"> 1. Ratings of affection, warmth, closeness, understanding, trust, respect, etc. for family members 2. Ratings of perceived reciprocity in positive sentiments among family members
Consensual solidarity	Degree of agreement on values, attitudes and beliefs among family members	<ol style="list-style-type: none"> 1. Intrafamilial concordance among individual measures of specific values, attitudes and beliefs 2. Ratings of perceived similarity with other family members in values, attitudes and beliefs
Functional solidarity	Degree of helping and exchange of resources	<ol style="list-style-type: none"> 1. Frequency of intergenerational exchange of assistance (e.g., financial, physical, emotional) 2. Ratings of reciprocity in the intergenerational exchange of resources
Normative solidarity	Strength of commitment to performance of familial roles and to meeting familial obligations (familism)	<ol style="list-style-type: none"> 1. Ratings of importance of family and intergenerational roles 2. Ratings of strength of filial obligations
Structural solidarity	Opportunity structure for intergenerational relationships reflected in number, type and geographic proximity of family member	<ol style="list-style-type: none"> 1. Residential propinquity of family members 2. Number of family members 3. Health of family members

Sources: Adapted from Bengtson & Schrader (1982), McChesney & Bengtson (1988).

The interrelationships of elements

Classic sociological theories assumed the possibility of opposed elements of solidarity (e.g. Durkheim's distinction between organic and mechanic solidarity). In the literature of social psychology, both Homans (1950) and

Heider (1958) held that affection, association and consensus are related. Heider suggested that similarity (consensus) and contact (association) reflect mutual affection. Hence, higher rates of consensus and association predict higher rates of affection (Roberts, Richards & Bengtson 1991).

The first attempt to construct a model of intergenerational solidarity (Bengtson, Olander & Haddad 1976) was based on Heider's perception of the three elements of affection, association and consensus as interrelated and positively correlated to such solidarity. However, two empirical tests (Atkinson, Kivett & Campbell 1986, Roberts & Bengtson 1990) failed to support the model's central proposition that the three elements are interdependent. Research by Bengtson & Roberts (1991) found a moderate to high correlation between affectual solidarity and associational solidarity, but consensual solidarity was found to be independent of any interdependence with the other two elements. Mangen & McChesney (1988) found a high correlation between associational, functional and structural solidarity, but a low correlation between these three elements and affectional solidarity. Moreover, they found no correlation between affection, proximity and exchange of help. Their conclusion was that families develop varied patterns of intergenerational solidarity.

A new effort to create a model for intergenerational solidarity predicted that (1) high rates of normative solidarity will lead to high rates of affectional solidarity, associational solidarity and exchange, and (2) high rates of normative solidarity will result in strategies to overcome conflicts and maintain affectional solidarity, association and exchange (Bengtson & Roberts 1991). The model assumed that high rates of affectual solidarity would lead to high rates of associational solidarity (Schulman 1975), but that some components of structural solidarity would either facilitate or hinder mutual activities and exchange (Sussman 1965).

Rossi & Rossi (1990) developed yet another intergenerational solidarity model, in which the component of consensus between parents and adult children was not independent, but was expected to lead to higher rates of affectual solidarity. Normative solidarity in this model was associated with rates of association and exchange, but was not expected to lead to higher rates of affectual solidarity.

Research findings supported the assumption that norms, affective feelings and structural situations influence associational solidarity and exchange. Positive relations were found between rates of subjective agreement regarding values and rates of affectual solidarity. Affectual solidarity directly influenced intergenerational exchange relations.

The mixed findings regarding the importance of the six dimensions and their ability to explain intergenerational family relations required a detailed review of empirical findings of each of the dimensions, which will be presented below.

PREDICTORS OF SOLIDARITY BY DIMENSION

Associational solidarity

Characteristics of the family structure are important factors in creating opportunities for contacts, activities and meetings of family members. Frequency and type of intergenerational interactions serve as a measurement of relations in the behavioural dimension.

Geographic proximity, number of family members and their health affect intergenerational family relations, with proximity of family members to each other found to be the strongest predictor of associational solidarity (Adams 1968, Shanas et al. 1968). This variable is responsible for 30 to 60 per cent of the diversity in measuring contacts between parents and adult children (Atkinson et al. 1986, Crimmins & Ingegneri 1990, Roberts & Bengtson 1990, Rossi & Rossi 1990).

As noted in the literature, high rates of affectual and normative solidarity affect associational solidarity. In addition, research reveals that gender is an important factor: Women tend to have more interrelations with family members than men (Aldous & Hill 1965, Atkinson et al. 1986). Conceivably, this reflects women's tendency to assume the role of preserver of relationships in the family (Roberts, Richards & Bengtson 1991).

Familial status, education and area of residence were also found to have an influence on associational solidarity. A divorced or separated parent who is highly educated and who lives in an urban area is likely to experience the lowest levels of contact with his/her adult children (Crimmins & Ingegneri 1990). Widowhood, by contrast, is a positive factor for more contact with children (Anderson 1984). Parent's age and condition of health also have an effect on associational solidarity. Elderly parents in poor health report higher rates of shared residence with their adult children (Crimmins & Ingegneri 1990).

Associational solidarity, in its turn, was found to have an effect on functional solidarity, namely, the more frequent children's contacts are with parent's, the more support they give them (Ikkink, Tilburg & Knipscheer 1999).

Affectual solidarity

Affectual bonds between children and parents are present from birth to death, but, as findings show, the intensity of these feelings changes during the life cycle. High rates of affectual solidarity were found until adolescence, rates decreased at adolescence, and they rebounded during adulthood (Rossi & Rossi 1990). Research revealed that affectual solidarity prolonged the lives of elder parents who had experienced personal loss, especially among those who had been widowed in the last five years, leading to the conclusion that the high risk of death associated with widowhood can be buffered by affectual relationships with children (Silverstein & Bengtson 1991).

Generational order is also significant: Older generations express more affectual solidarity than the younger generation (Bengtson 1986). This finding was consistent over time (Richards, Bengtson & Miller 1989), despite some evidence that it is culture dependent (Morioka et al. 1985).

The transition to adulthood and to a separate household may lead to more positive feelings between parents and adult children (Baruch & Barnett 1983, Bengtson & Black 1973, Fisher 1981). The birth of a grandchild also increases affectual solidarity (Rossi & Rossi 1990). The same researchers found evidence of the influence of gender: Higher rates of affectual solidarity were found between mothers and daughters.

Factors that weaken affection in the family include divorce in old age, socio-economic status and geographic distance. Sources of affinity in the family are associated with family rituals, health problems and caregiving, and efforts by family members who act as preservers of family ties (Richlin-Klonsky & Bengtson 1996).

In summary, a history of warm and close relations among parents and children over time increases the prospects that both parties will give and receive affectual support in old age (Parrott & Bengtson 1999).

Consensual Solidarity

Consensus is a cognitive dimension, measured in rates of agreement or disagreement about attitudes and expectations. The most common explanation for intergenerational consistency in attitudes and values is the mutual familial experience in socialisation, which engenders a similar orientation (Glass, Bengtson & Dunham 1986).

Some studies have shown that it is the parent's attitudes that predict children's attitudes in adulthood (Jennings & Niemi 1981, Smith 1983). Other research (Bengtson & Roberts 1988, Rossi & Rossi 1990) indicates

that intergenerational similarity in economic status, education and religiosity are associated with a higher consensus in attitudes and values.

Functional solidarity

Intergenerational support can be understood as processes of mutuality that exists along the life course. Considerable research has been devoted to the flow of exchange relationships among elder parents and their adult children.

Affectual solidarity between parents and children, namely affinitive and warm past relations, was found to significantly affect the exchange of relations and present support that parents give to their adult children (Parrott & Bengtson 1999). The warmer and more affinitive the relations were in the past, the more help and support the children receive from their parents in the present. However, affinitive and warm past relations did not significantly predict help and support of children to their parents later on.

Aldous (1987) identified an exchange pattern (of monetary and physical help) from the generation that has the resources to the generation in need. Family members with higher income and higher education tend to financially support parents or children in need (Hoyert 1989). Children tend to provide physical help to parents in poor health and with physical disabilities (Mutran & Reitzes 1984, Rossi & Rossi 1990).

Family status was found to be associated with intergenerational exchange patterns (Mutran & Reitzes 1984). Married parents tend to provide greater help to their children than widowed and divorced parents, while the latter tend to receive more help from their children (Rossi & Rossi 1990). Other findings indicate that unmarried children give more financial help to their parents than married children (Hoyert 1989). A study by Ikkink, Tilburg & Knipscheer (1999) supports various findings regarding familial status: Mothers, elder parents in need and single parents receive more help from their children than other parental categories.

Family size also has an effect on the pattern of intergenerational exchange. Rossi & Rossi (1990) reported that parents with a larger number of children give less material and affectual help to their children, but receive more support than parents with fewer children. This means that parenting more children can provide a larger base of support, without increasing the intergenerational resource demands (Roberts, Richards & Bengtson 1991). Birth order exerts an effect as well, in that older children give more help to their parents than younger children (Ikkink, Tilburg & Knipscheer 1999).

Types of help given by children to elder parents are classified by Silverstein & Litwak (1993) in descending order of prevalence as follows: (1) Traditional help, including instrumental and affectual/social support, (2) affectual/social support only and (3) instrumental support only. Domestic help was more affected by variables such as health conditions and structural variables, especially geographic distance. Affectual support was less affected by distance and more by the quality of the intergenerational relationship.

Another classification system, based on family characteristics, was developed by Pyke & Bengtson (1996) in differentiating between support patterns of individualistic and collectivistic families. The former, while not abandoning the elder parent, provided less instrumental help and used welfare services, acting as case managers. The latter took upon themselves the entire burden of providing care and support, even in very difficult situations.

An important element in defining mutual aid relationships between the two generations is reciprocity. Examinations of the self-assessment of rates of help given and received by the two generations (Bond & Harvey 1991, Ikknik, Tilburg & Knipscheer 1999), revealed that each party had a different assessment: The adult children reported giving more help, while elder parents reported receiving less help. Both sides, however, reported unbalanced exchange relations, namely that the parents received more help than the children. Research differs on the question of which side benefits more from the exchange relations. Some studies highlight the benefit to the adult children (Barnett, Marshall & Pleck 1992), while others accentuate the contribution made to elder parents (Aldous 1987, Gelfand 1989).

In summery, possible predictors of functional solidarity include affection, income, education, health status, family status, family size, birth order, and proximity. Classification of types of help and support patterns, and questions of reciprocity and beneficiaries, are also central in the functional solidarity component.

Normative solidarity

Researchers agree that norms concerning filial obligations to inter-generational care serve as a basic factor in the motivation to care for family members in need. Nevertheless, opinions differ on the issue of the shared caring responsibility for the aged between families and services (Daatland 1997, Finch 1989). Finch describes norms as open to negotiation about who will take which responsibility and when. Attitudes regarding filial

responsibility are consequences of the social and structural reality of each individual. For some, fulfilment of the filial obligation exacts a high cost, while for others, abandoning the filial obligation means an even higher cost (Finley, Roberts & Banahan 1988).

Differences in the strength of intergenerational normative solidarity were found to be associated with gender, ethnic origin, parent characteristics, childhood experience, and present life circumstances. Bengtson, Manuel & Burton (1981) found high rates of normative solidarity in American Indian families as compared with American black or white families. Rossi & Rossi (1990) found a lower commitment to first-degree relatives in American black families as compared with families of other ethnic origins.

Examining parental characteristics, Adams (1968) and Lopata (1973, 1979) found that widowhood, poor state of health and low income predict higher normative solidarity. Differences in normative solidarity are also found between various parenthood categories: Mother, father, stepmother, stepfather (Finley, Roberts & Banahan 1988). Adults who were raised in disintegrated families displayed low rates of normative solidarity, while adults who were raised in families with high cohesion showed high rates of solidarity (Rossi & Rossi 1990).

Differences between daughters and sons were found in the development of normative commitment, with the affective element in sons having less influence (Finley, Roberts & Banahan 1988). The examination of filial expectations to receive support in times of need revealed that those who were less in need had lower expectations. This finding is associated with parental characteristics: Married parents with higher education, higher income and in better health expressed lower expectations than parents in worse conditions. Parents who expressed higher expectations for support from their children, had given more help to their children. Those who gave more support to their children received more support (Lee, Netzer & Coward 1994).

In summary, level of filial obligation – one of the reflections of normative solidarity – is found to be a good predictor of functional solidarity.

Structural Solidarity

The structural solidarity dimension is affected by changes in the number, availability, and proximity of family members (Treas & Bengtson 1982). On the macro level, changes in birth and mortality rates, divorce rates, and labour mobility affect the structure of the family. The increase in the number of middle-aged women who work outside the home has a potential effect on

the availability of family caregivers. Living arrangements of the elderly are changing: The number of the elderly living in shared households is declining, the number of elderly living alone is rising (Knipscheer et al. 1995).

On the micro level, data shows that in measuring quality of life, living arrangements are significantly more important to elderly than to young people (Brackbill & Kitch 1991). Living in shared households or nearby is found to be predictors of functional solidarity (Silverstein & Litwak 1993).

THE SIGNIFICANCE OF THE PARADIGM

Intergenerational solidarity is viewed as an important component in family relations, especially for successful coping and social integration in old age (McChesney & Bengtson 1988). The existence or absence of intergenerational solidarity affects the individual's self-esteem and psychological well-being and the giving and receiving of help and support.

Intergenerational relationships generally contribute to the psychological well-being of the individual throughout his/her life. Indications of the importance of family solidarity in the early stages of life, as reported in the literature, cite the attachment between mother and baby and the significance of these ties in the child's growth and development (Bowlby 1973, Ainsworth 1973). In addition, the association of parental warmth (affectual solidarity) with higher rates of self-esteem in children and in adolescents, is presented (Bachman 1982, Roberts & Bengtson 1988). Affectual solidarity reflected from children to elder parents has been shown to reduce the risk of mortality in widowhood (Silverstein & Bengtson 1991). Higher family solidarity also seems to contribute to better adjustment in crisis (Koos 1973, Silverstein & Bengtson 1991).

Notably, research on intergenerational support (functional solidarity) has indicated that it does not necessarily enhance the psychological well-being of the elder generation, and sometimes even reduces it (Lee 1980, Mutran & Reitzes 1984, Roberts & Bengtson 1988). The assumption that mutual exchange increases psychological well-being in elders, was also disproved in research by Dwyer, Lee & Jankowski (1994). Negative effects of intergenerational solidarity are found in several studies. High family solidarity creates heavy demands on families of low economic status (Belle 1986). In other families, too much affinity may suppress feelings of individuality (Beavers 1982, Minuchin 1974).

The intergenerational solidarity paradigm contains independent statistical components that divide substantially into two general dimensions

of intergenerational solidarity: (1) Structural-behavioural (associational solidarity, functional solidarity and structural solidarity), and (2) Cognitive-affective (affectual solidarity, consensual solidarity, normative solidarity). This conceptual framework represents one of several enduring attempts in family sociology to examine and develop a theory of family cohesion (Mancini & Blieszner 1989). The intergenerational solidarity model has guided a large part of the research in family integration over the past 30 years. Two notable advantages stand out in this conceptual framework: (1) Measures based on the dimensions of solidarity provide reliable and valid instruments to evaluate the strength of family relationships, and (2) the structure of intergenerational solidarity is wide enough to include latent forms of solidarity.

INTERGENERATIONAL CONFLICT AND AMBIVALENCE

Some scholars have criticised the overly positive and consensual bias of the solidarity perspective. Research within the solidarity framework typically assumes that feelings such as affection, attraction and warmth, serve to maintain cohesion in the family system (Sprey 1991). The very term «solidarity» implies an emphasis on consensus among family members (Marshall, Matthews & Rosenthal 1993). Negative aspects of family life are interpreted in this view as an absence of solidarity. Research along these lines has tended to emphasise shared values across generations, normative obligations to provide help, and enduring ties between parents and children (Luescher & Pillemer 1998). The concept of intergenerational solidarity contains normative implications that easily lend themselves to idealisation (Luescher 1999). Hence, scholars have observed and emphasized additional aspects of intergenerational relationships, namely conflictual relationships and relationships that reflect ambivalence.

The conflict perspective

The tendency of contemporary theorists of ageing is to give greater prominence to conflictual relations, and to understand ageing as part of a system of age stratification, where relations between different age groups are not necessarily based upon an equality of exchange (Cockerham 1993). Because exchange relations between generations may never balance, it has been suggested that «beneficence» (Dowd 1984) rather than reciprocity characterises contemporary generational relations (Turner 1999). There are conflicts between generations over resources such as access to labour markets, income and occupational prestige.

In his work «The origin of the family, private property and the state», Engels (1884/1972) was the first to relate the terms family and conflict, while discussing conflicts between genders. This approach, however, was seldom used as a conceptual framework in family studies. The main argument against applying the conflict theory to family research was that the conception of human interactions as a series of conflicts, as Karl Marx viewed it (Gollnik 1990), is applicable to the macro level but not to the micro level, where affect motivates human behaviour. Farrington & Chertok (1993), however, argue that individuals interact in a similar way in society and within the family. They also point out that conflict is integrated in psychoanalysis as a part of the intra-psychic process. Thus, studying the family based on the conflict approach enables the simultaneous exploration of processes in the family and its environment.

Clark et al. (1999) note that research on family relationships in later life has not adequately addressed conflict. One of the reasons is that conflicts are often assumed to be unimportant in later life when compared to levels of conflict earlier in the life course.

Conflict theory views the «superstructure» as containing religious, moral, legal, and familial values which are created, implemented, and modified in accordance with the vested interests of those in control of the economy. Theorists in this tradition maintain that a capitalistic economy makes each family responsible for providing for its own members, and that the levels and intensities of family violence, are directly associated with social stress (Gelles 1980, Witt 1987). In terms of gender, Lehr (1984) found that women's conflicts tended to be over family matters, while men tended to have less frequent conflicts, and those were related to occupation, leisure time, or political events.

Conflict theory focuses on isolation, caregiver stress, family problems, and abuse. Strauss (1979) notes that conflict has been used to describe three different phenomena in analyses of family interaction and violence: (1) The collision of individuals' agendas and interests, (2) individuals' tactics or responses to conflict of interest, and (3) hostility toward others.

In recent years Bengtson and others have incorporated conflict into the study of intergenerational family relations, arguing that conflict is likely to influence the willingness of family members to assist each other. Conflict, though, also allows for resolving issues, thereby enhancing the overall quality of the relationship rather than harming it, and should actually be integrated into the intergenerational solidarity framework (Parrott &

Bengtson 1999, Parrott, Giarrusso & Bengtson 1998). However, the two dimensions of solidarity and conflict do not represent a single continuum from high solidarity to high conflict. Rather, intergenerational solidarity can exhibit both high solidarity and high conflict, or low solidarity and low conflict, depending on the family dynamics and circumstances (Bengtson, Giarrusso, Silverstein & Wang 2000). This perspective is related to the basic assumption inherent in conflict theory, that conflict is natural and inevitable to all human life. Social interaction, such as experienced within family units, always involves both harmony and conflict (Sprey, 1979).

The ambivalence perspective

Modernity is characterised by a «dilemmatic» attitude, namely structural contradictions built into societal organisations that result in cognitive dilemmas at the common sense and ideological levels (Billing et al. 1988). Weigert (1991) speaks of modernity in terms of pluralism and multivalence. Persons born into a slow-changing traditional society based on clear roles and shared values know what to feel and do. On the other hand, persons positioned in a multiverse of intersecting roles and rituals are faced with the task of arranging feelings into a meaningful whole. People in modern-developed societies face a characteristically modern dilemma: The ambiguity of competing meanings and the ambivalence of conflicting feelings. Modernity is keyed to an ambivalence struggle between liberation and alienation, between individual freedom and group security.

Sigmund Freud (1913/1964) used ambivalence to interpret the psychodynamics between son and father within the reconstructed family dramas. He interpreted the son as both loving and hating his father; both seeking his advice and resenting parental control. In later writings, Freud widened ambivalence to interpret also large-scale cultural phenomena as well as interpersonal dynamics. Psychologists view ambivalence technically in terms of «cathexis» in which positive and negative feelings toward an object are present simultaneously (Murray & Kluckhohn 1959).

In interaction with persons of different opinions, there is some evidence that ambivalent attitudes lead to overreaction. These reactions suggest that the ambivalent condition is stressful and motivates search for resolution through a variety of responses: Punitive (Katz 1981), joking (Cosser 1966), counter cultural (Yinger 1982), religious (Otto 1985), or «normally neurotic» (Putney & Putney 1972).

Based on the conceptual force of ambivalence presented by Sigmund Freud, *sociological* ambivalence was given its classic formulation in an article by Merton & Barber (1963). In their view, sociological ambivalence focuses on incompatible normative expectations of attitudes, beliefs, and behaviour. In his expansion of Merton and Barber's argument Coser (1966) notes that sociological ambivalence is built into the structure of statuses and roles. Merton's sociological analyses (1976) suggest that ambivalence can result from contradictory normative expectations within a role, role set, or status, and that it can be functional for the social system within which it occurs.

Postmodernism and feminist theories of the family have the potential to capture the sociological ambivalence (Luescher & Pillemer 1998). In Stacey's (1990) explicitly postmodern perspective contemporary family relationships are diverse, fluid and unresolved. Feminist theory challenges the assumption that a harmony of interests exists among all members of the family. Evidence of sociological ambivalence comes, for example, from the feminist literature on household division of labour (Thorne 1992) and on contradictions involved in women's caring activities versus their other family roles (Abel & Nelson 1990).

Within the small world of a family, the tension a person feels between individual and group needs takes on special intensity. Group members seek both the autonomy and profit that the individualistic culture holds so central, and the security and commonwealth that everyone needs and the group provides (Weigert 1991). Involvement in family throughout life means that members experience the loss of deep identities and the reversal of relationships of power and dependency between parents and children (Weigert & Hastings 1977).

Luescher (1999) has proposed ambivalence as an alternative to both the solidarity and conflict perspectives to serve as a model for orienting sociological research on intergenerational relations. Luescher & Pillemer (1998) proposed a working definition for intergenerational ambivalence and divided it into two dimensions: (1) Contradictions at the structural (objective) level (statuses, roles and norms), and (2) contradictions at the psychological (subjective) level (cognition, emotions and motivations).

Based on his earliest work Luescher (1999) proposed a heuristic model which is an attempt to combine the postulate of ambivalence with considerations concerning the two basic dimensions implied in the concept of generations.

Firstly, intergenerational relations are institutionally imbedded in a family system which is characterised sociologically by structural, procedural, and normative conditions in a society. These institutional conditions are, on one hand, reinforced and reproduced by the way people act out their relations. On the other hand, these conditions can also be modified and can lead to innovations. Reproduction and innovation are two poles of the social field in which the family is realised as an institution. These two poles may be conceived as referring to structural ambivalence (figure 1).

Secondly, parents and children share a certain degree of similarity that is reinforced by the intimacy of mutual learning processes, and contain a potential for closeness and subjective identification. At the same time similarity is also a cause of and reason for distancing. Consequently, on this intersubjective dimension as well, Luescher postulates an ambivalence polarity.

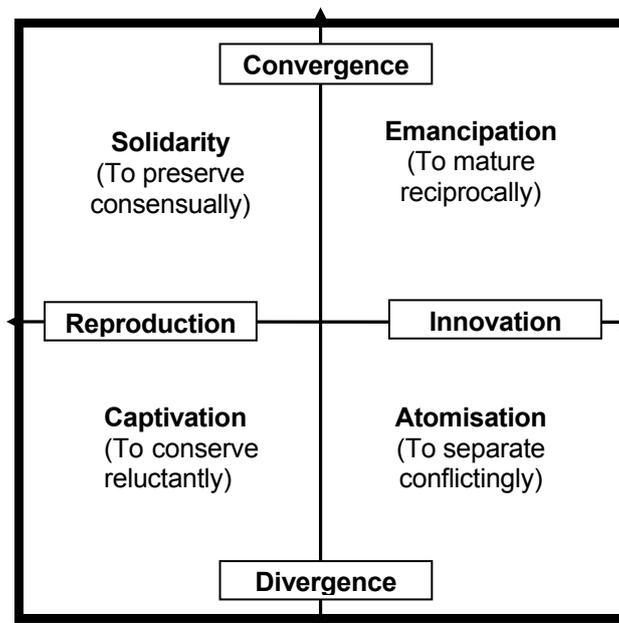


Figure 1. The intergenerational ambivalence model (Luescher 1999)

Ambivalence in a social science perspective, as defined by Luescher, evolves when dilemmas and contradictions in social relations and social structures are interpreted as being basically irreconcilable. Luescher argues that the concept of ambivalence is a good point of reference because it avoids normative assumptions and moral idealisations. Moreover, it points to a pragmatic necessity for researching strategies that shape intergenerational relations.

SOLIDARITY, CONFLICT AND AMBIVALENCE MODELS IN THE OASIS PROJECT

In the OASIS project we address familial and service dimensions of European elder care and quality of life. The project focuses on three main objectives: (1) To describe and analyse mixes of support by family carers and welfare services that are used and evaluated by the elderly and their family caregivers. (2) To describe patterns of norms and behaviors in different age cohorts as contributing to the promotion of independence and quality of life. (3) To identify family relations, selected personality traits and background attributes as contributing to the promotion of autonomy and quality of life.

The conceptual framework is an important innovative aspect in this project. As mentioned above, «the intergenerational solidarity model» (Bengtson & Roberts 1991) is one of the most common organising conceptual frameworks for understanding family relations in later life. The model conceptualises intergenerational family solidarity as a multi-dimensional phenomenon with six components that reflect exchange relations. Recently, however, «intergenerational ambivalence» has been proposed as an alternative to the solidarity perception for the study of parent-child relations in later life, suggesting that intergenerational relations might generate ambivalence between family members (Luescher & Pillemer 1998). The innovative aspect of the OASIS project will be the empirical study of both of these conceptual frameworks: intergenerational solidarity vs. intergenerational ambivalence.

Conflict and ambivalence within intergenerational relations

Paul Kingston, Judith Phillips and Mo Ray

INTRODUCTION

This article aims to spotlight a variety of literatures and empirical studies that describe and critically analyse the phenomena of both conflict and ambivalence. It is clear from both historical and contemporary writings that both conflict and ambivalence are constructed at different structural levels, macro and micro (table 1, see next page). Within the OASIS (1999) scientific specification we also argue that:

«The concept ‘intergenerational ambivalence’ reflects contradictions in parents and adult offspring relationships in two dimensions: (1) at the level of social structure in roles and norms; and (2) at the subjective level, in terms of cognitions, emotions and motivations. The innovative aspect of the project will be the advancement of the theoretical knowledge base through the use and empirical study of the two conceptual frameworks: intergenerational solidarity versus intergenerational ambivalence».

Ambivalence may be defined as simultaneously held opposing feelings or emotions that are due in part to countervailing expectations about how individuals should act (Luescher & Pillemer 1998, Smelser 1998).

The first section of this paper offers historical insights that suggest that old age and family life have frequently been the scene of family tensions. More recent contributions also indicate that conflict is a real issue in contemporary family life. A series of contributions which could be loosely called writings on post-modernity/modernity have also started to describe ambivalence as a «longstanding feature of reflections on modernity» (Smart 1999). Both phenomena, conflict and ambivalence, will therefore influence the debate around intergenerational solidarity or intergenerational ambivalence.

The final section of this article considers the implications of these literatures for empirical studies. Clearly the issue here is to try and *operationalise* the concepts of conflict and ambivalence in order that they can be empirically measured. It is suggested that this has so far been more successful with conflict than ambivalence.

Table 1: Conflict and ambivalence taxonomy.

	Conflict	Ambivalence
<i>Macro constructions</i>		
Modern and postmodern	Geronticide Inter-generational conflict (Stearns 1986, Reinhard 1986)	Euthanasia, 'Oslerisation' and 'parasitic conditions' (Kingston 1999)
Social structures in roles and normes (OASIS 1999)		Apocalyptic demography (Robertson 1991), Generational equity (Quadagno 1990) Modernity and ambivalence (Baumann 1991, Smart 1999, Giddens 1990)
<i>Micro constructions</i>		
At the subjective level in terms of cognitions, emotions and motivations (OASIS 1999)	Inter-generational family violence and neglect (Pillemer & Wolf 1986)	Negotiating family responsibilities (Finch & Mason 1993) Inter-generational ambivalence (Luescher & Pillemer 1998)
<i>Measurement and operationalisations</i>		
	CTS prevalence studies Inter-generational transmission of violence (Pillemer 1986)	Adult attachment theory (Bartholomew & Horowitz 1991) Heuristic model of ambivalence (Luescher 2000)

HISTORICAL CONFLICT

Numerous commentators have argued that family conflict, including conflict between generations, has been an enduring facet of recent western history. Stearns (1986) points to conflict over property relationships in pre-industrial times, specifically, due to late marriage – 27–28 years being the norm – Stearns argues that younger kin:

« ... were inclined, in this situation, to view their elders as unadulterated nuisances whose passing could only be welcomed, like the French peasant who, on his fathers death, noted starkly in his diary, 'My father died today; now I can do as I please'».

Shulamit Reinhard (1986) in a chapter entitled «Loving and hating one's elders: Twin themes in legend and literature», also points out the tension, conflict and violence found in kinship relationships:

«On the basis of Greek myths, biblical passages, legends, fairy tales, anthropological material, ceremonies, novels, plays, psychoanalytical theory, and famous crimes, two contradictory themes can be seen: in certain circumstances adults are expected to abuse their elders and in others, to respect them».

So, while extremes are noted – from ridicule on the one hand to respect on the other – history generally suggests a less than positive view of old age. The most extreme view in historical and anthropological texts would suggest that old age is a time of extreme danger, with indications of numerous western societies endorsing behaviours that may be considered life threatening for older people (Kingston 1997).

In more recent history elders have been increasingly perceived as useless.

HISTORICAL AMBIVALENCE TOWARDS OLD AGE

The theme of uselessness in old age can be detected in the late nineteenth and early twentieth centuries. Uselessness is noted in the themes of novels, for example Anthony Trollope's «The fixed period» (1882). In this novel, supposedly describing a British colony, attempts were made to change the law so that euthanasia through the use of chloroform was imposed at the age of 65.

In a rather complicated and confusing valedictory before leaving Johns Hopkins University for Oxford at the turn of the century, Sir William Osler made reference to «The fixed period»:

«I have two fixed ideas ... The first is the comparative uselessness of men above 40 years of age. My second fixed idea is the uselessness of men above 60 years of age» (quoted in Cushing 1940).

The speech caused outrage among the press, with headlines such as «Osler recommends chloroform at sixty», and the verb «to oslerise» was coined (Kingston 1999).

More recent publications in the 1950's stimulated a debate about ageing populations and the implications for economic resource and wealth. In essence ambivalence was noted between the success of an ageing population due to improved health care and adequate provision in old age, and the fiscal cost of such provision. The early geriatric textbooks often used the terms «burden», and «problems» in their titles. Even commentators who

specialised in the care of older people (Howell being one of the early pioneers of geriatric medicine) constructed a disapproving discourse:

«Of course the basic fact is that old people consume more of our national wealth than they produce ... This tends to diminish the standards of living for the remainder of the population. In fact, from the economic point of view most old people are parasites» (Howell 1953).

One of the more famous speeches by Beveridge, the architect of the British welfare state was also ambivalent about old age:

«It is dangerous to be in any way lavish to old age until adequate provision has been assured for all other vital needs, such as prevention of disease and the adequate nutrition of the young» (quoted in Hill 1961).

More recent commentary has talked of «apocalyptic demography» (Robertson 1991) and «intergenerational equity» (Quadagno 1990). Both of these thesis suggest the potential for «generational conflict».

It is suggested that such historical negativity – conflict and ambivalence towards old age – has left a legacy that is being played out in more recent debates around the notion of the «generational contract» (Bengtson & Achenbaum 1993), the future of the welfare state, and «welfare rationing» in old age (Kingston 1999).

Ambivalence has also emerged in contemporary debates about modernity and its futures. The theme of ambivalence is so compelling that it features in the title of at least two major contributions to post-modern discourse: «Modernity and ambivalence» (Baumann 1991), and «Facing modernity: Ambivalence, reflexivity and morality (Smart 1999).

Smart argues that a sense of ambivalence has featured in the respective writings of Marx, Weber, Durkheim, Simmel and Freud. The issue being «... whether with the advent of modernity the beneficent possibilities outweigh the negative characteristics» (Giddens 1990). Contemporary debates suggest that under «... conditions of modernity conflicting emotions and attitudes abound: ambiguity and uncertainty proliferate» (Smart 1999). Whilst for Giddens (1990) modernity is «double-edged» – there is security and danger, trust and risk, with all the inherent implications for generations and families.

For Smart (1999) and Bellah et al. (1991) the ambivalent nature of our current post-modern circumstances suggests a «family in trouble»; in effect the family is «... no longer certain, it's not just in a state of flux, but in trouble» (Smart 1999):

«... in circumstances where family life is increasingly subject to diverse processes of deconstruction and re-construction, and where concerns are being expressed about the possible de-institutionalisation of the family, what are the prospects for ‘giving and receiving attention’? Ultimately not good according to Bellah and his colleagues, for as the ‘job culture’ has expanded at the expenses of a ‘family culture’, not only is there not enough time to cope with the growing pressures of employment, domesticity and nurturing, but in addition there has been a widespread dislocation of the relationship of ‘generational rootedness’ between family life and community» (Smart 1999).

The issue for OASIS is to try and tease out such de-constructions in terms of their impact on:

«... the attitudes of different cohorts towards preferred family help and actual use of family support versus use of health and social services», and «... (what) the motives (are) for contact and exchange between generations, and for care provision ... » (OASIS 1999).

We are also in the early stages of an emerging debate about ambivalence as a new orientation for understanding intergenerational relationships at a micro level. Luescher & Pillemer (1998) argue that the study of parent-child relationships should move beyond:

«The vacillation between images of mistreatment and abandonment on the one hand, and comforting images of solidarity, on the other, (which) are not two sides of an academic argument that will ultimately be resolved in favour of one viewpoint».

MICRO CONSTRUCTIONS

Conflict

Intergenerational transmission of family violence (cycle of violence theory) suggests for example, that abused children grow up to become child abusers. This hypothesis has been tested and the results suggest that exposure to violence as a child is correlated with a general approval of violence as an adult (Owen & Straus 1975).

The clear implications for OASIS relate to whether adult children who have been abused would wish, or do, care for their parents. Or whether parents who have abused their children would wish, or are, cared for by their children. There are also implications for the quality of relationships and the quality of care provided. Preferences – both in terms of wishing to care for parents or wishing to be cared for by children – will be influenced by

previous violent or neglectful behaviours. Either way, conflict between generations may impact on both the desire to care or be cared for.

Ambivalence

At this point in time it is perhaps premature to consider the empirical evidence for ambivalence in intergenerational relationships. However, at least three avenues offer interesting insights. Firstly, Luescher (2000) has developed a theoretical model which has been operationalised into a scale to attempt to measure ambivalence (figure 1).

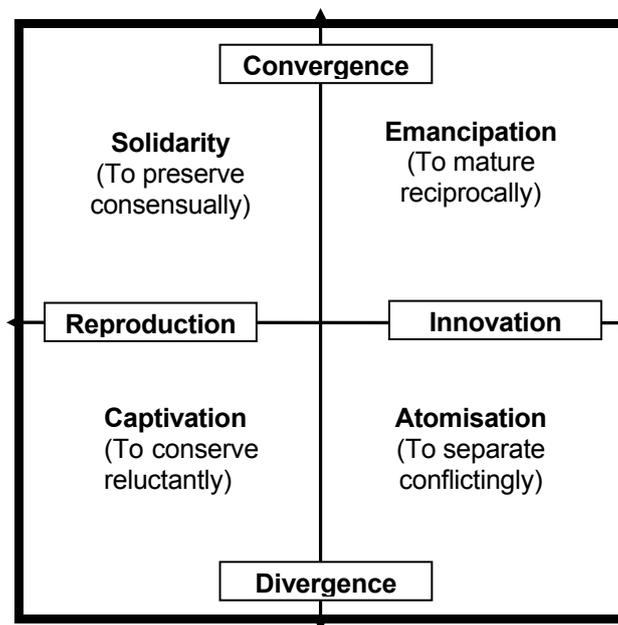


Figure 1. The intergenerational ambivalence model (Luescher 1999)

There is also the potential to generate insights from the area of *Adult attachment theory* (Feeney & Noler 1996). For example, Hazan & Shaver (1987) developed the *Forced choice, self report measure of adult attachment style*. Their empirical findings suggest that three attachment styles are apparent that describe feelings in close relationships, one style represents ‘ambivalence’ (table 2).

Table 2: Forced-choice measurement of attachment style.

Question: Which of the following best describes your feelings?

SECURE: I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.
AVOIDANT: I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and love partners often want me to be more intimate than I feel comfortable being.
ANXIOUS/AMBIVALENT: I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

This model has been utilised in an empirical study to understand the nature of conflict in non-abusive relationships (Shemmings 2000), and could be utilised to consider what types of adult attachment styles are present when abusive relationships are present. The interesting question would be whether certain adult attachment styles lead to ambivalence towards caregiving for adult parents.

More recently, Connidis & McMullin (2001) propose that ambivalence can be viewed as a brokering concept between the solidarity model and the problematisation of family relations and offer a critical perspective through their work on the impact of divorce on intergenerational relationships. The polarity of these two concepts has meant that social relations have been viewed as either harmonious or in conflict, with little negotiation between the two. They go on to argue that ambivalence should be reconceptualised. One of their central tenets is that individuals experience ambivalence when social structural arrangements prevent them from their attempts to negotiate within relationships.

«Ambivalence created at the interface between social structure and individual agency is the basis for social action that may reproduce the social order or introduce change to existing structural arrangements. Negotiation is key in how ambivalence is resolved. Resolving ambivalence can be seen as a catalyst for change (Connidis & McMullin 2001).

The development of critical theory in this area is helpful to our OASIS project in providing a check on both the notion of homogeneity and solidarity as well as conflict within intergenerational relationships. It

provides a framework for studying how relationships are negotiated, the meaning of such relationships, and how structural factors influence individual negotiation between generations during a potential period of transition to dependency.

In our study, for example, looking at the role of women in the relationship will highlight the potential of the application of this concept. Women have societal pressures to care, and less opportunity to resist, despite the entry of women into paid work. Hence they are more likely than men to experience ambivalence. As Connidis & McMullin (forthcoming) argue, they negotiate their caregiving situations and ambivalence created by competing demands on their time in order to manage work, family life and caring. Given the trend to potentially more «age gapped» families (Martin Matthews et al, 2000), more ambivalent relationships may emerge as geographical distance and work life pressures impact together with generational distance on relationships.

Ambivalence is not a once and for all aspect of family life but is a process which may fluctuate throughout the lifecourse. Unsuccessful negotiation in the past may mean conflictual relationships in the present, or a successful negotiation can result in renegotiation and redefinition of role. Data in the qualitative phase of the OASIS study will therefore draw on histories within intergenerational relationships and explore the strategies for resolving ambivalence.

In addition to the focus on intergenerational relationships we will look at how ambivalence is played out in the relationship between the individual, family and the state in the provision of care: Are older people and their families ambivalent to seeking help from outside the family? Both perspectives of ambivalence will be looked at in terms of how they impact on the quality of life of older people, for example, does unresolved ambivalence lead to a poorer quality of life?

In the qualitative phase, our discussion centres on the notion of «at risk of dependency». This is a state which has potential for illustrating ambivalence as family members negotiate their role, relationship, status, norms, motivations and emotional positions in relation to care giving and receiving.

The research will draw on the subject's «narrative» of intergenerational relationships to explore the concept of ambivalence. Older respondents will be asked about the support they receive and give. The history of the support relationship will be explored in terms of how such support and help seeking

was negotiated, and their views on the relative balance of care provided by different family members. From this the focus will be on the particular child chosen by the older person as part of the dyad. This will allow us to assess the relationship between dyads, changes within that relationship over time, and give clues on family norms. Additionally – how support is negotiated between informal and formal systems of care will be highlighted.

We then ask respondents to think about an event in the last six months, which was significant to them in some way. This enables us to highlight the family culture of solidarity, contact and the potential for conflict and ambivalence (such as ambivalent feelings about giving up work or asking for support or ambivalence around certain events). Additionally this will provide us with the opportunity to discuss the existence of attachments and conflictual relationships, factors related to ambivalence in later life, the things that keep people apart, and the ways in which conflict and ambivalence are resolved.

Vignettes will also be used based on a case study which highlights an ambivalent situation around the dilemmas of juggling caregiving and paid work. This will provide opportunity to ask about the principles of inter-generational support outside their immediate family, to look at structural ambivalence and to compare with any comments they raise in relation to their own situation, and to evaluate discussions around ambivalence.

The child named in the dyad will be asked similar questions.

The analysis will take a thematic approach including:

- (1) Identifying the main facets of ambivalence, explore whether family members are aware of ambivalence within relationships, and how family members assess and evaluate ambivalence.
- (2) Investigating the strategies for managing ambivalence. A gendered approach will be adopted looking specifically at whether different strategies are gendered, both at individual and family level.
- (3) Exploring how ambivalence is negotiated and its impact on quality of life.
- (4) Finally the implications for service systems will be discussed.

CONCLUSION

Whilst conflict has been operationalised, for example with the CTS (Conflict tactics scale, Straus 1979), at this point in time attempts to operationalise ambivalence are in their infancy. However, the work of Luescher and insights from Adult attachment theory do offer new orientations into understanding parent-child relationships in later life.

It is also important to note the substantive work that has developed around writings on «modernity». These insights clearly suggest that inter-generational and family relationships in a fragmented, fractured and ambivalent new millennium, are certain to be influenced by such structural ambivalence within society.

The caregiving dimension

Iciar Ancizu García and María Teresa Bazó

INTRODUCTION

The caregiving dimension is central to the OASIS project. The main goal is to learn how family cultures and service systems delay dependency and support autonomy and quality of life in old age. Therefore, we will be looking at both family care and service systems and their impact on the quality of life of older people. The crucial question here is determining the ideal balance between family care (informal) and service system (formal) in different welfare regimes. The analysis will thus be carried out at two different levels: macro (which includes social services, policies and planning) and micro (families, informal system of care). However, our main focus will be on the intersection between these two levels. This is illustrated in figure 1.

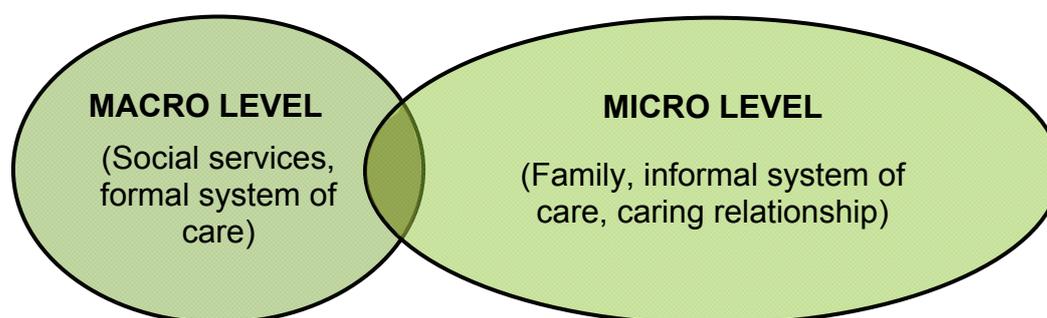


Figure 1. Levels of analysis.

Figure 1 also illustrates the situation in many European countries, in which most of the caregiving tasks are undertaken by informal caregivers, with social services playing a more sporadic role. Levels of services have not kept pace with the increasing demands created by socio-demographic change (Walker & Warren 1996). The relatively minor role of the formal services in the care of older people is illustrated in the Eurobarometer survey. Only 13 per cent of older people (60+) with functional incapacity received regular help from the public services, and another 11 per cent by paid private helpers, while adult children (40 per cent) and spouses (32) were the most frequently mentioned helpers. There is, however, considerable variation

between the EC-countries, and the role of the formal services increase with the age and incapacity of the older person (Walker 1993b).

The existence of a «care gap» (Qureshi & Walker 1989) between the needs and supply of care is as true as ever. But while there are similarities in political rhetoric concerning care for older people, there are wide differences in provision of services between countries. A common characteristic of all the participating countries in the OASIS project is that the collaboration between social services and families is largely underdeveloped. Bearing this in mind, we aim to explore the dimensions that need to be considered in order to reach a better balance between formal and informal care, thus allowing a more effective use of the existing resources in the different countries.

A common working space needs to be created in which a balance can be achieved through real and successful cooperation. Whether families and service systems are currently substituting or complementing each other, and which is the optimal mix of formal and informal care in each country, will be studied. Information gathered on this issue will contribute to prove the validity of some of the changes already undertaken in relation to the care of older people. For example, some research has ascertained (Walker & Warren 1996) that the role of the informal sector is becoming more explicit and that attempts are being made to better integrate the formal and informal sectors, rather than seeing them as substitutes for each other. Whether this is true or not is something that needs to be confirmed.

Other principal aims of the project are to study the variations in family norms and transfers across age cohorts, and how individuals and families cope when being at risk of dependency.

KEY ELEMENTS OF THE CARING RELATIONSHIP

Our main source of knowledge and research is the caring relationship. In the qualitative part of the study the focus is on the dyad made up by the adult child caregiver and the older parent. We start from the micro level (informal care), and then move to societal, organisational and political factors (formal networks). Caregiving is a social construction, influenced and shaped by social values as well as individual responses. Caregiving entails a relationship that develops within a particular socio-political and economic context. The process of caring can be a difficult and rewarding experience for both caregivers and recipients (Qureshi & Walker 1989).

Caregiving is normally conceptualised as a two-way relationship, with both parties responsible for its progress. Therefore, any policy proposal that

is developed with the objective of improving older people's quality of life and access to services must concentrate on the needs and demands of both parties. For example, knowing how older people value the relationship with their children is as important as discovering how children or other informal caregivers feel about the relationship.

Gaining a better understanding of the key aspects of the caring relationship is essential. In this sense, it is important not to lose sight of the fact that care comprises a social relationship as well as a physical task. Therefore, caring *for* someone involves a personally directed care that entails more than performing practical, tending activities. In Spain – although the informal and formal sectors are considered interdependent – the lack of state-funded community services clearly challenges this *interdependence* (Bazo 1998a). Families are not only the main providers of care, but also the most important mediating structure between elderly people and bureaucracies (Gibson 1992). Thus, in an attempt to analyse family caring relationships more deeply, we have put an emphasis on:

- *Structural material conditions of care*, such as frequency of contact, intensity, duration and sources of care, as well as tasks performed by caregivers.

- *The impact of ideological factors*, such as normative beliefs, sense of filial obligation, quality of the relationship, emotional closeness and conflict.

The extent to which the actual gender division of caring is a consequence of these factors needs to be considered. The aspects are explained in more detail below.

MATERIAL CONDITIONS

Frequency of contact

An important variable to consider is frequency of contact because it is obvious that the amount of care received will depend on the older persons' social network and the amount of contact they have – mainly with their relatives, but also with other informal caregivers.

A Spanish study on family relationships indicates that 37 per cent of adult children visit their parents on a daily basis, 27 per cent of parents visit their adult children daily, and 25 per cent of adults visit their siblings daily (Iglesias de Ussel 1994). Women have more frequent contact with closer relatives than men, maybe because they have learned to maintain stronger affective ties, and also because they live longer (Alberdi 1995). Furthermore

– contact with children is frequent in all social levels with no significant differences on the basis of sex, age and life style (Centro de Investigaciones sobre la Realidad Social, CIRES 1997).

Intensity, duration and sources of family care

The key role played by family members in the provision of care to elderly relatives has been established in studies all over the world. Although formal help exists, its importance is marginal in comparison to family care in most countries.

A study conducted in Leganés and Madrid, Spain revealed that the amount of help received in activities of daily living (ADL) was associated with cognitive impairment and disability (Béland & Zunzunegui 1995). The amount of help with instrumental activities of daily living (IADL) differed for males and females. The spouse was the main source of help for men, followed by a daughter, while it was the other way around for women. The amount of help to women increased with the number of children, although the correlation was weak.

Daughters are the main providers of care to elderly people in Spain as in most other countries. Help in everyday activities (ADL) are in Spain mainly provided by daughters (35 per cent), spouses (18 per cent), daughters-in-law (6 per cent), other relatives (6 per cent) or sons (5 per cent). Help from outside the family comes primarily from privately paid helpers (5 per cent), followed by social services (4 per cent) (INSERSO 1995a).

According to these figures, daughters will bear the greatest responsibility for caring not only psychologically but also physically. As the help from other family members is often minimal (except when the older person is still married), the daughter may often feel isolated and burdened.

Finally, it is important to note that older people themselves may act as caregivers, providing help and support to family and community members. Qureshi and Walker (1989) found that 4 per cent of elderly people were providing personal care to another person, usually their spouse. All of them were in the age range of 75–79, two-thirds were married women, and most of the help was provided at least once every day. Similarly, a Spanish study on help provided by elderly people to their peers revealed that 43 per cent provided more than 5 hours a day of care (INSERSO 1995a). The proportion of help only decreased when the caregiver was over 80. Other research data have revealed that older people also provide care to their grandchildren or disabled adult children as well as to other social groups (Bazo 1996, 2000;

Midlarsky & Kahana 1994; Roberto 1993; Minkler & Roe 1993; Kelly 1993).

IDEOLOGICAL FACTORS

The importance that *normative beliefs* and *moral obligation* have in the provision of care to elderly people, as well as in the ways in which intergenerational exchanges occur, has been highlighted in several studies (Bazo 1998a, 1999; Bazo & Domínguez-Alcón 1996; Qureshi & Walker 1989; Lewis & Meredith 1988). It has also been noted that both affect and reciprocity are important factors in determining the nature of the caring experience. This is particularly clear when the caregivers are the elderly person's children (Qureshi and Walker 1989). Interestingly, Ungerson (1987) distinguishes between men's motivations to care, expressed in terms of love, and those of women, expressed in terms of duty.

In order to establish the processes through which these ideological factors affect the way care is provided, we need information on the following issues:

– *Normative values and individual feelings*, which have a strong influence on the characteristics and evolution of the caring relationship. This is particularly so with respect to family relationships. It is important to consider the extent to which normative beliefs prevent changes in behaviour, the latter being a key factor in sustaining the uneven distribution of responsibility and the physical act of caring. The division of labour in caring based on gender (female) and kinship (daughters) is an evident and enduring trend found in many studies (Bazo 1998a, 1999; Phillips 1996; Bazo & Domínguez-Alcón 1996; INSERSO 1995a; Arber & Gilbert 1993; Qureshi and Walker 1989). Those situations in which normative conflicts (Bazo 1998a) arise need to be identified as well.

– *Emotional closeness and shared interests* between the elderly person and his/her caregiver, along with issues of affect, present and past. It is also necessary to collect data on the importance of reciprocity in the provision of care – the possible importance of social obligations due to help received earlier. The quality of the relationship between care recipient and caregiver may not have an influence on the decision to *start* a help relationship (Bazo & Domínguez-Alcón 1996), but from the perspective of the elderly person, receiving assistance is a sign of family closeness. Rosenmayr & Köckeis (1963) acknowledged the existence of an emotional disparity in as much as aged parents seemed to be more attached to their children than vice versa.

They then suggested that this was overcome by the children's sense of moral obligation. These findings stress the fact that norms and reciprocity are essential in understanding caring relationships. In fact, several studies show that few children specifically mention love as a reason for caring; they are much more likely to mention duty, reciprocity or obligation (Bazo 1999; Bazo & Domínguez-Alcón 1996; Qureshi & Walker 1989). This does not necessarily imply that love is absent, but simply that it is not regarded as the most salient factor in the decision to help.

– Finally, we will also be looking at the *ambivalence* that often characterizes intergenerational exchanges and caring relationships. Although family solidarity is generally strong, there may nevertheless be considerable ambivalence in the relationship between the generations. Qureshi & Walker (1989) found that when children were asked whether they would be willing to form a joint household with their parents, about one in five children gave an ambivalent response. Thus, children indicated that they felt they ought to, but they anticipated considerable problems if they did so. Another example has to do with the division of labour in caring. For the majority of women, ambivalence is at the heart of their caring role. In fact, given the nature of the tasks required, daughters are often expected to discharge obligations to provide domestic assistance directly, whereas sons may be able to discharge such an obligation through their wives' labour (Qureshi & Walker 1989).

In summary, family transfers cannot be limited to the one-sided and restrictive conception of family members providing instrumental help to older relatives, but has to entail a broader range of activities, emotional support and normative expectations that affect older people and relatives alike (Hirshorn & Piering 1999). All these factors are addressed in the OASIS-survey, and they will also be investigated through in-depth-interviews.

FAMILY CAREGIVING

Having established the theoretical corpus that underpins our research, it is necessary to turn now to family caregiving: caregiver profiles, the impact of the caregiving process, and the positive and negative consequences for the caregiver.

A number of recent studies have addressed the nature and extent of caregiving as well as its impact on the health and well-being of the caregiver (Haley & Bailey 1999; Liming et al. 1999; Ory et al. 1999; Lawrence et al. 1998). Specifically, family caregiving – the key element of the extensive

informal support system of older people – has been an increasing focus of gerontological research over the past twenty years (Haley & Bailey 1999).

Family members have traditionally been the main caregivers, responsible for providing instrumental care as well as affective and emotional support to older relatives (Allen et al. 1999; Bazo 1991). However, demographic and social changes such as more women in the labour force, higher divorce rates, decreasing birth rates, and changing family structures, mean that traditional practices are being increasingly brought into question (Montorio et al. 1995; Walker & Warren 1993).

Ideological factors have also played a major role in renewing the research interest in family caregiving. The demographic trends have made policy makers appeal to families, and call for increased efforts by families and volunteers (Abel 1989). Another reason for research on family caregiving is an increasing recognition of the need to improve the quality of care to older people. However, achieving this goal requires an empirically based understanding of the structures, processes, and outcomes of family and informal caregiving, as well as the way in which formal organisations can work with informal networks in order to avoid service fragmentation and to foster a better utilisation of resources through adequate policy developments (NINR & DHHS 1994). In spite of the fact that there is an increasing awareness that we need methods to assist informal networks, a widespread and comprehensive family-oriented policy in this area has yet to emerge. An in-depth study into informal caregiving would therefore be relevant not only for the family and the community, but also for the formal sector – the political and economic institutions (Cantor & Little 1985).

Caregiving is a significant human and universal experience that has a very important social dimension. This experience has been conceptualised in many different ways. However, more often than not, each research project has developed its own operational definition. In fact, the terms «informal» or «family caregiving» have been used inconsistently in the literature, with no universally accepted criteria.

According to NAC & AARP (1997:5) «... informal or family caregiving is typically performed by relatives and close friends of a person who is no longer able to manage all aspects of his/her daily life and/or personal care. It generally involves everyday activities related to managing a household, or to performing personal care, such as dressing, bathing, toileting and feeding».

Several authors (Montorio et al. 1995; Cantor & Little 1985) have identified the distinguishing features of informal caregiving. Perhaps the

most important aspect is that older people, on the basis of intimacy and personal involvement, choose their own caregivers (Allen et al. 1999). In general, informal assistance is non-technical in nature, and is more tailored to the unpredictable and idiosyncratic needs of the individual. Informal supports can, in addition, usually respond more quickly with assistance, and be more flexible with respect to the commitment and task specification. Finally, the role of informal caregivers in providing affective support is often crucial and can be as important as the provision of instrumental assistance. In the qualitative part of the study we shall interview older persons at risk of dependency and their «primary adult child caregiver».

Caregiver profiles

Family caregivers are usually women (daughters or wives) who receive little outside help and perform most of the caregiving tasks themselves (Montorio et al. 1995). However, similar caregiver profiles do not imply that the impact of the caregiving process will be the same for all of them. In fact, the impact of caregiving will depend on the interaction among various factors related to the caregiver – the caregiving tasks he or she performs, care-recipient peculiarities, and the available resources within the social support system (Montorio et al. 1995; INSERSO 1995b).

Accordingly, the consequences of caregiving must be analysed considering the care-recipient characteristics, the different types of tasks carried out by caregivers in relation to the older person's functional situation, the caregiver's personal characteristics, and available resources (formal or informal).

Consequences of caregiving

The literature describing the *negative consequences* of caregiving has expanded rapidly over the past years. Initial research tended to assume that a single, global indicator could be used to measure such consequences, but soon it became clear that more specific measures of the caregiving outcomes were needed (Montorio et al. 1995).

Caregiving burden (Poulshock & Deimling 1984) is the most frequently reported negative outcome of family caregiving, but it is also the least well defined. Nevertheless, some progress in conceptualizations has been made in the past decade (NINR & DHHS 1994). For example, Thompson & Doll (1982) are credited with dichotomising caregiving burdens into objective and subjective burdens, a direction that has been further developed in cross-sectional and longitudinal research projects.

Several sources of caregiver stress have been identified (NINR & DHHS 1994), including the following: (1) Personal limitations imposed by caregiving (restriction of social life, infringements on privacy); (2) competing role demands on the caregiver (work conflicts, conflicts with familial obligations); (3) the older person's emotional and physical demands (disruptive behaviour, physical work involved in caregiving); (4) the caregiving situation (specifically co-residence); (5) lack of social supports; and (6) the nature of the relationship between the care-recipient and the caregiver.

Recent research supports the relevance of these sources of stress and their relation to caregiving outcomes, such as emotional strain. Thus, some studies have focused on the ability of objective and subjective primary stressors to predict the caregiver's patterns of risk for depression over time. Results from Liming et al.'s (1999) study revealed numerous patterns of depressive symptomatology among caregivers of a relative with dementia. Findings suggest that subjective primary stressors (overload and role captivity) may be important precipitating factors in caregiver depression. In many occasions, social integration of older people is achieved at the expense of the (female) caregivers, who become socially excluded when they perform their caring tasks full-time in the isolation of their homes (Bazo 1998b).

Lawrence et al. (1998) found that the quality of the relationship played an important role in understanding the link between primary stressors and emotional well-being. However, although the quality of the relationship was a significant predictor, it only mediated the linkage associated with problem behaviours and role captivity (and perhaps depression). Surprisingly, the quality of the relationship did not play a general stress-buffering role, although the (high) quality of the relationship was significantly related to (low levels of) depression.

In summary, there is consistent evidence that caregiving is stressful. We therefore need new methods and more comprehensive policies in order to support informal caregivers.

Some caregivers also report *positive consequences*, like feeling gratified, useful and proud of their abilities (Strawbridge et al. 1997). Some also indicate that caregiving may build a stronger relationship with the recipient (Wells & Kendig 1997). Two other positive consequences of caregiving that are noted in research include personal affirmation of the caregiver and personal meaning gained through the caregiving experience (Wright et al. 1991; NINR & DHHS 1994).

In a study of the determinants of caregiving experiences and mental health of partners of cancer patients, positive caregiver experiences were observed especially among caregivers with a low level of education and those who took care of a patient with a stoma (Nijboer et al. 1999). Higher levels of self-esteem and lower levels of depression were also observed in caregivers of cancer patients.

Ethnicity

Another important variable to be considered in the OASIS study is ethnicity, in particular in Israel, Germany and the UK, where many different ethnic groups currently coexist. The impact of ethnicity in the provision of informal as well as formal support needs to be studied more closely. Cultural, religious, and childhood experiences may influence the degree of commitment to care later in life (Cantor & Little 1985). Persons with a strong sense of familism are not only more likely to provide care, but also more likely to be affected by the caregiving role, according to Cantor (1982). In a study of differences in familism values and caregiving outcomes among Korean, Korean American and white American dementia caregivers, much higher levels of familism were found in Korean caregivers than among white, with Korean Americans between the two (Youn et al. 1999).

Furthermore, cultural issues have been found to have important effects on families, perceptions of symptoms, decisions to seek treatment, and reactions to caregiving (Haley & Bailey 1999). African American family caregivers are less likely to be spouses, and more likely to be daughters and even distant relatives compared to white Americans. They are also less likely to seek professional assistance. They are more inclined to perceive caregiving as normal and expected, and as less stressful, and they are less likely to be depressed (Haley et al. 1995; Connell & Gibson 1997). Cultural factors are also important in family decisions concerning autopsy, with extremely low rates of autopsy found in African American dementia patients, due to specific religious and cultural beliefs (Haley & Bailey 1999). Thus, research on ethnicity and caregiving has provided an increased understanding of the complexity of this variable and how it may influence the provision of informal care.

In summary, the research not only concentrates on describing commonalities in the caregiving process, but also attempts to discover cross-cultural similarities and differences through the comparison of data from five countries with different welfare regimes and societal values and expectations.

CONCLUSION

Family members are entering new intergenerational caring relationships with both sides having to bear the strains that these relationships can generate (Walker 1993a). There is a growing risk of caregiver fatigue and a breakdown of family care according to some researchers. In the OASIS project, much of the attention is drawn to intergenerational exchanges and the caring relationship between the older persons at risk of dependency and their adult children. Several dimensions in relation to intergenerational informal care will be studied and analysed in an attempt to identify *caregiving strategies* and *normative ideals* of intergenerational care. The aim is to shed light on the links between family care, service systems, and the quality of life of older people.

As Walker & Warren (1996) have pointed out, various critics have contributed to a disillusionment with social services, and have in combination with demographic, political and economic factors created significant pressures for change in the organisation and delivery of services. In this context, the OASIS project has been developed in a framework with two underlying characteristics. On the one hand, the research intends to be *preventive* in nature. Stress is placed upon investigating older persons at risk of becoming dependent and their adult children caregivers in order to help both the caregiver and the recipient of care to deal with this challenge. The project then aims to *generate recommendations* for enhancing the efficiency and quality of service systems. And finally, the study will improve our *understanding* of family coping with dependency among older members, and will provide input to the design of *sustainable policies*, which will support the autonomy of elders and the quality of life of older people and their families.

Service systems and family care – substitution or complementarity?

Svein Olav Daatland and Katharina Herlofson

INTRODUCTION

The division of responsibility between the family and the public sector is a standing controversy in all welfare states. The controversy refers to questions like: What should the boundaries be for government intervention? Should the areas of responsibility of families and service systems overlap? What is a rational – and reasonable – way of sharing the responsibility between the welfare state and the family? Increased longevity and the ageing of populations mean that issues like these will be even more important in the years to come. Moreover, with changing women's roles and family norms pulling in one direction and the need to contain public expenditures pulling in the other, the controversy is likely to become more heated. Where should we go from here?

Even though welfare states are built on different models and traditions, they all probably share a common concern for how they may build supportive relationships between families and the state. In so doing, they will inevitably address questions like: (1) What is the actual and preferred balance between families and service systems? (2) Do social services substitute for or complement family care? Equally relevant for the future are questions like: (3) How do social services affect family care, and vice versa – how do family norms and practices influence service systems and welfare regimes? There are thus good reasons to study these issues and to include them among the major research questions in the OASIS project.

In this article we concentrate on *the substitution issue*: Do families and social services substitute for or complement each other (Lingsom 1997)? The next section clarifies some concepts and theories. Then follows a presentation of data from earlier studies, followed by an illustration of how the substitution issue may be addressed in OASIS. Some comments on policy implications are added in the concluding section.

THE SUBSTITUTION ISSUE

In its simplest form, the substitution thesis simply states that there is an inverse relationship between service provision and family care. When service levels are high, family care is low, and vice versa.

When needs have a final character, and caregivers are functionally equivalent and hence substitutable, this is a trivial statement. If for example the floor is already cleaned by one caregiver, it need not be redone by another. But this is not always the case. Each party may have competencies that are not easily replaceable, and some needs are seemingly insatiable and have no final limits for satisfaction, at least within the scope that any service system would be able to provide. Hence the zero-sum scenario need not be appropriate. More input from one party need not imply less from the other, and an expansion of services need not come instead of, but rather in addition to, family care. Moreover, contribution from both parties may be desirable if they are qualitatively different, and the qualities and competencies of both are needed.

The substitution question often becomes salient when the introduction of new services are discussed. Among the arguments against introducing new services is that they will not only allow families to reduce their efforts, but will actively discourage family and civic responsibility. According to this line of thinking, solidarity is seen as forced by necessity, and moral obligations will be corrupted if alternative sources of support are available. This is seen by some as the moral risk of the welfare state (Wolfe 1989). Services should therefore not expand beyond the minimum required to make family and civic responsibility necessary. Solidarity is seen as forced by circumstances and norms, not something citizens and families are attracted to because they need or want it.

A less radical phrasing of substitution theory is simply that families will reduce their care obligations if and when they have the opportunity to do so. One need not assume that they will want to withdraw altogether. They may simply want to transfer some of the responsibility to the point where their actual responsibilities are in better balance with other obligations and preferences. The ideal balance will then vary between families and change over time.

All welfare states have expanded into territories that were previously the exclusive domain of the family, but some have done so sooner and to a greater degree than others. And consequently, what is considered a reasonable balance between public and private, or between services and

families, will also vary. In conservative, liberalist and residual welfare states, the state is more reluctant to introduce services to traditional family territory than in the universalistic and social democratic welfare regimes. The latter have removed the legal responsibility between adult family members, and base their social policies on the needs of the *individual*, not the *family*. They have consequently developed higher levels of social services in general, and higher levels of home care services in particular (Daatland 1999). The more *familistic* welfare states operate under the principle of subsidiarity. They still place the primary responsibility with the family, while government responsibility is activated only when family care is lacking or professional expertise is needed.

Public opinion has increasingly favoured an expansion of services to relieve families – and women – of some of the burdens of caring, partly in response to the increased participation of women in the labour force and the stronger recognition of women's rights (Daatland 1997). What is seen as the proper balance of responsibilities between families and services is thus changing. There is also variation between families. Some families are more tightly knit than others, and some are traditional, others more modern. New family roles are emerging. Family members, for example, act as care managers and may demand access to services on behalf of older relatives. Greater variation in patterns of public and family support is also seen in the cash-for-care arrangements that supplement services. Cash support for family caregivers was recently introduced (or expanded) in Scandinavia (Sipilä 1994). The long-term care insurance of countries such as Germany and Austria may also be seen in this perspective (Alber 1996, Evers 1998).

Hence, more complex relationships between social services and families have developed which make the earlier either-or scenario too simplistic. In fact, most research indicates some form of complementarity between the two. Services have not replaced families, but have supplemented family care. Some put forth an even stronger argument, namely that provision of social services encourages and promotes family care and solidarity. A heavy workload on the family may make both family caregivers and recipients withdraw. When services are introduced as a supplement, the recipient may feel that he or she is less of a burden, and family caregivers may then be able to combine care with other commitments (Chappell & Blandford 1991). How generous pensions may strengthen the position of the elderly in the family, and thus stimulate family transfers and interaction, is also reported (Kohli 1999, Künemund & Rein 1999).

These findings are grounded in social exchange theory and the norm of reciprocity. The assumption is that families are more willing to contribute, and the elderly are more willing to accept family support, when burdens are not too large. Services may then strengthen family care by sharing these burdens. This position has been labelled *family support theory*.

An alternative form of complementarity is represented by *family specialization theory*, or *the task-specific model* (Lyons et al. 2000), where the two parties are seen as providing different kinds of support. Generous service provision and pensions will not replace families, but rather allow families to shift to other forms of support that are not available through the public sector. For example, while social services are taking over some instrumental tasks, the family may concentrate on psycho-social needs.

The differences between substitution and complementarity may to some extent be an issue of perception. Where one might see a clear case of substitution, another may argue that services are supplements to family care. Nor is it clear if substitution and complementarity should refer to *intent*, or simply to *effect*. Substitution effects may or may not be intended, and when intended as substitution, the actual result may be complementarity and vice versa.

Hence we still know too little about the interplay between social services and families, including how family culture and practices may affect care policies, not only the reverse. To compound matters, earlier studies have tended to disregard the role of the elderly themselves. They are usually seen as more or less passive bystanders and recipients of support, while they may actually play an active role in the construction of the support system through their preferences and practices (Daatland 1983). We need further clarification of theory, and we need more data that will allow us to study under what circumstances a particular type of relationship will tend to develop.

There are therefore good reasons to include the substitution issue in the OASIS project. Let us briefly review some earlier studies before we return to the possible contribution of the OASIS project.

EARLIER STUDIES

A simplistic approach is to study whether or not social services and family care levels are negatively correlated. Is family care low when service levels are high, and vice versa? The EU observatory study by Alan Walker (1993b) was not designed for this purpose, but allows us to compare rather crudely how care is provided from the two sources in different countries. The data

indicate that substitution effects are likely. Although by no way a perfect relationship, the countries with the highest level of services seem to have the lowest level of family care. Among the elderly receiving regular help, slightly more (60–80 per cent) reported help from (public or private) services than from family (40–60 per cent) in Denmark and the Netherlands. Andersson (1993) finds that the same goes for Sweden. In comparison, family care was totally dominant in countries such as Germany and Greece, and outnumbered services by nearly ten to one.

Data like these tell us little about the interaction between families and social service systems and how these patterns might have developed. A better test is to study the development over time: Does family care tend to decline when service levels increase, and conversely – does family care increase when service levels decline? Scandinavia is a good setting for such studies because services were introduced early and have moved farther into traditional family territory than in most other welfare states. What then are the effects on family care?

Susan Lingsom (1997) studies the Norwegian case, where homemaker and home care services were introduced in the 1950s. Services expanded greatly during the 1960s and 1970s, levelled off during the 1980s, and declined rather moderately in the 1990s. According to substitution theory, the period of increase should either be a response to a decline in family care, or should itself produce such a decline. But Lingsom finds that family care was remarkably stable over the whole period – both during the period of service expansion and when service levels eventually declined. To be more specific, Lingsom found an increase in the number of family carers, but a decline in average intensity. Hence family care has been distributed among more hands, but each of them carry a smaller burden. The total volume has remained more or less constant.

These trends do not support the substitution thesis. Families were not crowded out, nor did they withdraw, when alternative sources of help were made available. Nor is there any evidence of reverse substitution when services were cut back. Lingsom concludes that the homemaker services supplemented and supported family care, but did not replace it.

Complementarity was also found in the individual relationships. When needs were substantial, the elderly usually received help from both the family and social services. In fact, older parents with help from home services received more help from their adult children than parents without such services, even after controlling for needs and the availability of filial care.

Parents with home services also had more frequent contact with their children than parents without services, everything else being equal. Hence there is no indication that family care is withdrawn when home services are awarded, concludes Lingsom in this Norwegian study, and suggests that access to home services generates additional efforts on the part of the family, as suggested by family support theory.

Chappell and Blandford (1991) also confirm the family support hypothesis for the Canadian case. Künemund & Rein (1999) make an even stronger argument based on a comparative study between five countries. They conclude that the relationship between the state and the family may be described as a process of «crowding in», meaning that generous welfare systems which give resources to the elderly help to increase rather than undermine family solidarity.

When needs are either small – or great – social services may, however, replace or substitute family care provision. Lingsom (1997) for example finds that nearly half of the Norwegian home-help clients had help from services only when needs were modest. When needs were great, the responsibility might be transferred more or less in full to the service system through institutionalisation. On the other hand – social support from the family does not, however, stop at the doorstep of the nursing home. Family support continues after institutionalisation, although popular opinion and the media often report otherwise. Intergenerational solidarity thus seems to live on also when responsibilities are shared with service systems. Family relations seem to hold a strong attraction, even when – or maybe because – they are not forced upon people.

And yet, judging by these studies, the picture is still rather mixed. We should therefore study what circumstances pull the tendency in one direction or another rather than see substitution and complementarity as simple contrasts along one dimension only. We also need to include the role of the elderly in these dynamics – how they may affect the care system through their values, preferences and coping strategies. According to the *hierarchical compensatory model* (Cantor & Little 1985), the elderly prefer help from the socially closer over the more distant, and hence the family over social services. This may be seen as an individual parallel to *the subsidiarity principle* at the political level. The use of services is in this model easily seen as an unwanted option because family support is lacking. Scandinavian studies, however, find that a growing proportion of the elderly – and now a majority – prefer help from social services (Daatland 1990). The reasons may be several, one being that the services have become more available and

standards have improved. Moreover, such services are no longer socially stigmatic. Some may, on the other hand, prefer services for negative reasons – because they are afraid to burden their families. Others may simply prefer to have the instrumental tasks performed by people who are compensated in money and not in social returns, while they can enjoy the *company* of the family in a balanced exchange relationship. These and other forms of exchanges within the family setting are probably better understood as new expressions of intergenerational solidarity rather than as evidence of family breakdown. Family norms and obligations are constantly negotiated and changed to fit new realities (Finch 1989).

But while most researchers conclude that intergenerational solidarity is still strong, people in general seem to have less faith in the family. The majority of the population in a broad selection of Western European countries is of the opinion that family members were more willing to care for their elderly earlier than they are now. This is the case in universalistic welfare states such as in Scandinavia as well as in the conservative and residual welfare states in Central and Southern Europe (Daatland 1997). In the Norwegian case, the presumed lower family solidarity is generally understood as a direct consequence of the expanding welfare state. Between 80 and 90 per cent of the population agreed to the following statement: When the welfare state expands, family solidarity declines. Why the vast majority at the same time is very supportive of public services for the elderly is thus something of a paradox. This would reduce family solidarity even more, according to their opinion.

FURTHER STUDIES

The OASIS-project offers several possibilities to study substitution and complementarity effects, including how different welfare regimes and family cultures may push the trend in one direction or another.

As for the general approach, we see the elderly not only as recipients of care, but also as acting agents. Hence we have a triangle of interacting actors: families (family caregivers), social services, and the elderly, not only a dyad of families and services which has been the model of most other studies.

We also keep an open mind as to who and what may trigger the process. Substitution theory tends to assume that some form of decline in family care starts the process and makes it necessary to develop services. This in turn further threatens family solidarity, and so on. This is clearly too simplistic. Welfare states have their own agenda and have actively expanded their

arenas, and not merely been forced to do so reluctantly. Part of this expansion is due to medical developments, which have made it possible – and therefore necessary – to offer new services and treatments to the population.

There are thus several ways to study these issues, some of which are possible to adapt in the OASIS project. First, we may simply compare how levels of services and family care are related on a country-by-country basis. Are family care levels high in countries with low social service levels, everything else being equal? And if so – is this the case only for tasks and needs that are included in social services (such as cleaning), and not for those that are normally not included (such as house repair)?

A more sophisticated approach is to look at individual cases and see if social services and family care appear in either-or or as both-and relationships. If the two seem to be alternatives, this points in the direction of substitution. When they both appear, complementarity is suggested. If this is the case, and if we are able to distinguish what kind of help the two cooperating parties stand for, we may also be able to judge if the data support the family-support or the family-specialization theory, and under what circumstances they do so.

Perhaps an even more fruitful approach may be to test if – and how – help patterns are related to other dimensions of family solidarity (Bengtson & Roberts 1991). Is family help high when, for example, associational solidarity and consensus is high? What role do geographical distance and other features of structural solidarity play?

Yet another line of inquiry is through family values and preferences for care. If a preference for social services over family care is related to low family solidarity, this might be seen as a support for substitution theory. If, on the other hand, the preference for services is not – or even positively – related to family solidarity, complementarity may be the case.

A true test of substitution effects is not possible using synchronic data like those we collect in a cross-sectional survey. Changes must be studied diachronically – over time. The qualitative part of OASIS will give us some opportunity to follow up on this, albeit with a smaller sample size. The qualitative interviews will also make it possible to study in more depth what values and motives lie below the stated preferences. A preference for services may be a positive choice among several possible alternatives, or a negative choice simply because family support is lacking.

The OASIS study also gives us the opportunity to relate help transactions to values, family cultures, and welfare state regimes. We are interested in learning what relationship there is between social policies and family values. Are, for example, familistic policies supported by familism in values at the individual level? Some value items are included in the survey, while other information and data on culture and policies may be drawn from other sources, and used as independent or intermediate variables.

POLICY IMPLICATIONS

The importance of these issues for policy and planning is evident, as all welfare states are trying to adapt to greater longevity and older populations. Social and cultural changes in families and women's roles further add to the need for revision of the welfare state. So also do professional developments, in particular in the medical field. Reforms are also pushed for political and economic reasons in order to contain public expenditures. Where do we go from here? What are sustainable solutions for the future?

The same answers are hardly applicable to all, as different countries have already developed different arrangements and are inclined to preserve their models. But all models are under pressure. Scandinavia seems to be pushed towards more private solutions, thus moving towards the continental European model. In contrast, some of these countries seem to be moving towards the Scandinavian model. In some European countries, for example, government responsibility has expanded to include long-term care insurance systems.

Policy changes should be promoted because people and societies are changing. Policies and programs that might have been appropriate when they were introduced, may eventually grow dysfunctional, unfair, and out of touch. New problems may develop and need new services and solutions. Hence, there is no turning back to the society of yesterday, nor to the family of the past. All countries need to revise their welfare states and services for the elderly in a direction that will allow modern living, including equal opportunities for women. We therefore need more knowledge about how services and families may complement and support each other, and when they do, we need to know how to convince policy makers and people in general about the validity of these models.

Quality of life in the context of intergenerational solidarity

Clemens Tesch-Römer, Hans-Joachim von Kondratowitz and Andreas Motel-Klingebiel

INTRODUCTION

The OASIS project aims to analyze the impact of personal, familial and social determinants on autonomy and dependency of the elderly in various countries. Thus one of the central components of the study will be to look specifically at variations in the quality of life in older years. This article will focus on the aspects of the heuristic OASIS model (see introduction page 9) that are related to the topics of quality of life.

It is well established that quality of life in old age strongly depends on intergenerational family solidarity (Antonucci et al. 1996, Bengtson et al. 1996). However, it is still an open question how family solidarity interacts with the formal services provided by modern welfare states, and how both factors affect the quality of life of elderly persons. In the OASIS project, the interaction between these factors and their influence on the quality of life of the elderly and their family caregivers will be investigated. Such a comprehensive examination will include not only a detailed analysis of the effects of this interaction on the quality of life of the elderly, but will also consider the long-term consequences for self-realisation and quality of life of family caregivers.

Since the OASIS project is currently in the phase of gathering data in the participating countries, this article will focus on conceptualising and measuring quality of life.

BASIC CONCEPTUALISATIONS OF «QUALITY OF LIFE»

Quality of life is a multidimensional concept and includes material and non-material, objective and subjective, individual and collective aspects of well-being and welfare (see table 1). Historically, there are two traditions regarding how to conceptualise and measure well-being and quality of life (Noll 2000).

The level-of-living approach is based on the concept of resources. Quality of life is defined as the degree to which «individuals command over ... mobilisable resources with whose help s/he can control and consciously

direct her/his living conditions» (Erikson 1974). The theoretically interesting notions in this conceptualisation refer to resources (or means), control, and objective living conditions. In this theoretical context, individuals are seen as active and creative beings who strive toward autonomy in reaching goals. Goals are valued states that are not yet realised. In order to reach these valued states, the individual has to use certain resources. Resources include income and wealth, social relationships, and mental and physical capacities, all of which are used as means to reach personal goals. These resources increase agency, that is, the ability of the individual to actually influence or change his or her living situation. Aspects that are not under the control of individuals (such as environment, health, and infra-structure) are also taken into account as contextual determinants. Hence, this first approach considers the *objective* conditions of living.

This theoretical perspective has several implications: First, an important methodological consequence for research is the dependence on objective measures for taking into account living conditions, resources, and capabilities. For survey approaches, this might pose major difficulties because the objective measurement of, for instance, health and individual capacities (such as intelligence or other capabilities) is time-consuming and requires an interdisciplinary approach. Second, in terms of theoretical implications, the concept of quality of life suggests a normative component. Somehow, the degree of quality of life has to be judged. Although this might seem straightforward (the greater the resources, the higher the quality of life), the aspect of personal goals presents some difficulty. It is problematic to judge from an outside, «objective» standpoint whether resources are sufficient or insufficient for reaching personal goals. Here, it seems necessary to also take into account the personal view of the individuals themselves. Hence, it seems meaningful to also refer to individual, subjective evaluations of quality of life.

Table 1: Basic approaches to quality of life.

Conditions of living: Objective aspects of well-being	«Individuals command over ... mobilisable resources with whose help s/he can control and consciously direct her/his living conditions» (Erikson 1974).
Experience of living: Subjective aspects of well-being	«The quality of life must be in the eye of the beholder» (Campbell 1972). «I have come to the conclusion that the only defensible definition of quality of life is a general feeling of happiness» (Milbrath 1978). – multi-dimensionality – top-down and bottom-up approaches – cognitive and emotional aspects – positive and negative aspects

It is arguable that it is not the objective conditions, but rather the *subjective* interpretation of these conditions that have real consequences. One could assume, for instance, the subjective belief about one's own control – rather than actual resources and objective living conditions – actually influences individual actions (Schwarzer & Born 1995). Moreover, one could argue that asking individuals themselves what they think constitutes «a good life» grants to each individual the right to decide whether his or her life is worthwhile (Diener 2000). This basic assumption has been expressed in the quality-of-life research tradition. The two quotations in the lower section of table 1 express the necessity of looking at the subjective evaluation of the objective living conditions (Campbell 1972). The second quotation points to the long tradition within quality-of-life research of looking at general life satisfaction or happiness, using single-item indicators or short scales (Milbrath 1978).

However, it has been pointed out in psychological research that considering subjective well-being as general satisfaction or happiness appears to be an oversimplification. Hence, in addition to general indicators of subjective well-being, domain-specific evaluations have been used in empirical research. Thus, there are a number of different components of subjective well-being, e.g. satisfaction with health, work, or social relations. It has also been suggested that psychological well-being is more than life satisfaction, e.g. personal growth, meaning in life, self-acceptance and positive relationships (Ryff 1989). Although domain-specific indicators of subjective well-being tend to correlate, the use of all the different domains might be necessary to get an adequate picture of the multifaceted quality of life.

It is also theoretically relevant to analyse those factors that influence psychological well-being. In this respect, one can distinguish between bottom-up and top-down theories of psychological well-being (Diener 1996). Bottom-up theories suggest that subjective well-being is derived from a summation of pleasurable and unpleasurable experiences in different life domains. As a consequence of emotional experiences in daily life (e.g. success or failures), general life satisfaction increases or decreases. Top-down theories, alternatively, maintain that individuals are predisposed to experience events in positive or negative ways because of certain personality traits like neuroticism. People with a positive or negative basic attitude experience life as positive or negative, respectively. The empirical evidence shows that personality traits are important predictors of subjective well-being indeed. However, personality is not enough to explain intra-individual variation and long lasting environmental differences that are found between different cultures (Diener 2000).

A distinction has also been made between cognitive and emotional aspects of subjective well-being (Smith et al. 1999). Cognitive components refer to judgements regarding one's life (e.g. life satisfaction), while affective components refer to the experience of pleasant or unpleasant emotions and moods (e.g. happiness). It has been demonstrated empirically that negative and positive emotions are not opposite poles of one underlying dimension, but rather two independent dimensions (Diener 1994). Hence, the emotional component of subjective well-being can be said to be characterised by high levels of positive affect (experiencing many pleasant emotions) and low levels of negative affect (experiencing few unpleasant emotions). In sum, all the approaches mentioned above are based on the conviction that the subjective view of the person – or the experience of living – is central to the concept of quality of life.

INTEGRATION OF OBJECTIVE AND SUBJECTIVE DIMENSIONS

While the exclusive emphasis on objective and subjective dimensions are important to clarify the concept of quality of life, these dimensions certainly should not be treated in an either-or fashion. Instead, it is important to integrate these dimensions to get a more appropriate picture of quality of life. In this line of thinking, the objective aspects could be seen as inputs for quality of life, while the subjective aspects could be seen as the results, or the output, of the objective living conditions. In the following, four approaches to integrating objective and subjective components of quality of life are discussed.

Welfare positions: A first approach to integrating objective and subjective aspects of quality of life can be seen in the description of welfare positions based on a classification according to the dimensions of objective and subjective quality of life (Zapf 1984). The combination of good living-conditions and good subjective well-being can simply be called «well-being»; this is the intended living situation of individuals and also the intended outcome of political intervention. The opposite category comprises those persons who live in poor objective conditions and express a low degree of life satisfaction. Persons belonging to this group can be said to be «deprived»; social policy is directed at this group of people. The success of political intervention could be defined as an increase in the number of persons in the well-being group and a decrease in the deprived group.

However, the two remaining groups with inconsistent combinations of objective and subjective well-being are of theoretical and practical interest.

Being dissatisfied despite good living conditions can be called «dissonance». This situation describes a dissatisfaction dilemma: Although living in good conditions, individuals located in this group express negative life-satisfaction. In terms of theoretical analysis, it is necessary to take into account goals, motives, and standards in order to understand this group – and to possibly increase the subjective well-being among its members. In terms of socio-political interventions, the subjective well-being of this group probably cannot be changed by simply improving the objective living conditions.

Table 2: Welfare positions.

		Subjective well-being	
		good	poor
Objective living conditions	good	well-being	dissonance
	poor	adaptation	deprivation

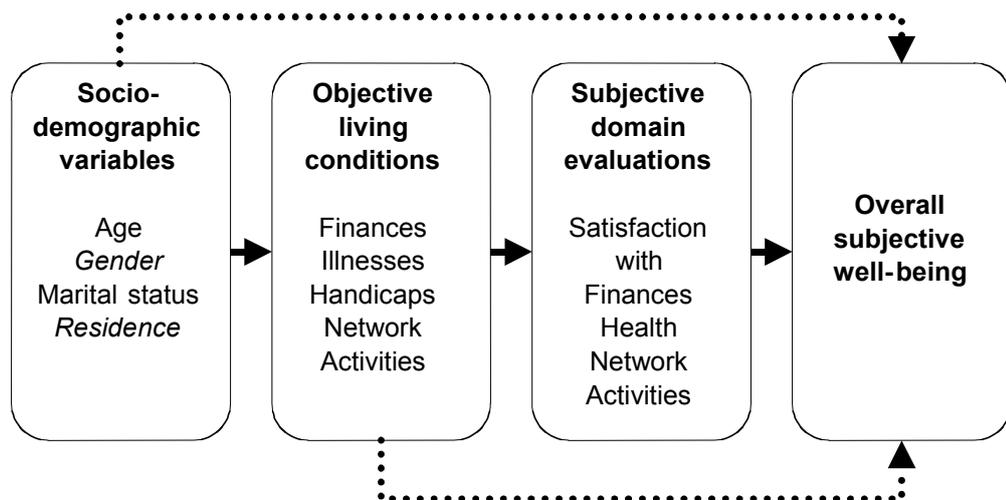
Source: Zapf 1984.

The other inconsistent combination refers to high satisfaction despite poor living conditions. Individuals belonging to this group express high levels of happiness and satisfaction despite moderate to low levels of objective living conditions. This state of «adaptation» to poor living conditions is not uncommon among elderly people. In gerontology, discrepant states of objective and subjective living situations have been described, for instance, in the domain of health (Lehr 1997). The term «paradox of life satisfaction in old age» has been coined for the result that general life satisfaction is stable in elderly persons despite the increased probability of losses in advancing age. Coping research has shown that there are a variety of intra-psychoic coping mechanisms that might protect the integrity of the subjective well-being of elderly persons (Brandtstädter et al. 1993). However, since there is no overt sign of dissatisfaction, this group tends to be overlooked by traditional social policy.

Mediated influences: Going beyond mere classification means analysing the relationship between objective and subjective aspects of quality of life. Normally, it is assumed that objective living conditions do not directly

influence general indicators of subjective well-being such as life satisfaction or happiness. Rather, it is assumed that cognitive processes might mediate the relationship between objective and subjective well-being. For instance, it could be shown that objective health does not affect life satisfaction directly, but rather it is the individual interpretation of health that in turn affects life satisfaction (Brief et al. 1993).

In the Berlin Aging Study (BASE), a study involving persons from 70 to 103 years of age, the relationship between objective living conditions, subjective domain evaluations, and overall subjective well-being was analysed (Smith et al. 1999, see figure 1). It is interesting to note that within the interdisciplinary BASE a broad array of domains could be measured objectively and subjectively: finances, health (medical diagnoses as well as handicaps), social network, and leisure activities. Age was only slightly correlated with decreased overall well-being, and inter-individual differences were high up to very old age. The predictive analyses showed that objective living conditions do not predict overall subjective well-being when domain-specific evaluations are taken into account. Only gender and type of residence had an impact on general subjective well-being: Women expressed lower life satisfaction than men, and individuals living in institutions expressed lower life satisfaction than persons living in private dwellings. The strongest predictors of overall subjective well-being, however, were the subjective evaluations of the domains of finances, health, social network, and leisure activities. Hence, if one looks closely at domain-specific evaluations, one may solve the adaptation paradox mentioned above.



Source: Smith et al. 1999.

Figure 1: Hierarchical influences: Relations between objective and subjective dimensions of well-being and quality of life.

Goals and subjective well-being: A third approach to integrating objective and subjective aspects of well-being is based on the notion of needs and goals. Related to Maslow's (1954) hierarchy of needs, it is possible to differentiate between more basic needs («having»), social needs («loving») and self-actualisation needs («being»). For all types of needs there are subjective and objective indicators of need satisfaction. It should be noted that this conceptualisation also allows consideration of inter-individual differences regarding needs and goals. Well-being could thus be broken down into the fulfilment of different types of needs and goals.

In recent years, this very general hypothesis was tested using a more refined empirical approach. The basic idea of this line of research is the assumption that everyday events and experiences cannot be classified *a priori* as positive or negative, but that the evaluation of events depends on the motivational structure of the individual. An example of this assumption is the finding that intra-individual changes (over weeks) in life satisfaction were influenced strongly by the degree of success in domains valued by the individual, and not so much by success in domains valued less by the person (Oishi et al. 1999). A similar finding refers to the role of resources: As not all personal resources are of equal importance to all personal endeavours, only those personal resources relevant to a particular personal endeavour showed strong correlations with subjective well-being (Diener & Fujita 1995). Hence, taking into account values, motives, and personal endeavours is another way to relate objective and subjective aspects of quality of life.

Societal and individual perspective: We should note finally that, so far, quality of life has been defined from the standpoint of the individual. Objective living conditions and subjective evaluation referred to the single person. For social research it seems necessary also to describe societies in terms of quality of life. In this respect, it could be asked if societies encourage their citizens to strive for quality of life, both objectively and subjectively. Some examples include aspects of social inclusion vs. social exclusion, the concept of «livability» of societies, and the societal options for human development (ul Haq 1996). Characteristics of the environment should also be considered in order to increase the ecological validity of quality of life approaches.

The concepts of «exclusion» and «inclusion» refer to the idea that societies should strive to integrate all members. Societies can differ, however, in the degree to which a certain number of citizens are excluded from opportunities and resources of the society. Similarly, the (somewhat artificial) term livability refers to societies, not individuals: A society's

livability can be conceptualised as the consistency between what it offers and requires of its citizens as compared to what they need and want (Veenhoven 1997). Finally, the concept of «human development» refers to the development of human beings in all life stages, and consists of a harmonious relationship between persons, society, and nature, ensuring the fullest enhancement of human potential without degrading, despoiling, or destroying society or nature (Miles 1985). There are several social factors that enhance human development: equity within and between generations, sustainability of resources, productivity in a broad sense (including education), empowerment of citizens, and security. However, when it comes to operationalisation, there will probably be no simple solution to defining adequate indicators of these societal aspects of quality of life.

Table 3: Individual and societal perspectives of quality of life.

Individual perspective	Individual's objective living conditions or subjective well-being.
Societal perspective	Societal conditions and options for individual welfare. Examples: – Social inclusion vs. social exclusion. – Livability of a society (Veenhoven 1997). – Human development: society guarantees justice within and between generations, enhances equal chances regarding economic, natural, social and human capital, creates options for productivity and empowerment (ul Haq 1996).

In summary, the following propositions can be formulated: (1) Quality of life is a multidimensional construct. Objective and subjective aspects should be taken into account. The objective living conditions influence the agency of the individuals, their ability to control their own environments. The subjective living experience on the other hand refers to the evaluations and feelings of the individuals regarding their living situations. (2) Within the domain of subjective well-being, several distinctions should be made. Not only general indicators (life satisfaction, happiness), but also domain specific indicators should be considered. Cognitive judgements and emotional experiences can be distinguished within subjective well-being. And finally, subjective well-being is not a single, bipolar dimension (with the poles negative/unpleasant and positive/pleasant), but rather two independent dimensions of positive and negative affect that have to be considered separately. (3) Finally, quality of life should not only be considered by taking into account the perspective of the individual, but also the societal

perspective. It is important to know which opportunities societies create for their members. Necessary preconditions for taking the societal perspective into account are, first, comparative designs (comparing at least two societies or cultures) and, second, the detailed description of the opportunity structure of the societies to be compared.

CONSEQUENCES FOR THE OASIS PROJECT

What are the consequences of these theoretical considerations for the OASIS project, especially regarding the operationalisation of quality-of-life indicators? The research team has decided to use a three-layer set of variables to measure quality of life (see table 4).

Table 4: Measuring quality of life in OASIS.

Individual perspective	Objective living conditions	<ul style="list-style-type: none"> - Family network and solidarity. - Health and everyday competence (ADL/IADL). - Housing and neighbourhood. - Financial situation.
	Subjective well-being	<ul style="list-style-type: none"> - Cognitive: WHO-QOL BREF (30 items) – psychological, physical, social, environmental domains. - Emotional: PANAS (short form 10 items) – positive affect, negative affect.
Societal perspective	Comparison between societies/cultures	Infrastructure regarding service systems in five countries (Israel, Spain, UK, Germany, Norway).

Data on the objective living conditions of the respondents are gathered through questions regarding the respondent's family network and transactions, health and everyday competence, aspects of housing and neighbourhood, and financial situation. Although interview methods are used to gather this information which means that the data are self-reported, these variables point to the objective living conditions of the participants. The family network and measures of solidarity show the social integration of the individual and the social resources of the family network. The use of ADL and IADL scales provides information about self-reported functional limitations. This information points to individual capacity, but also to the degree of need for help from other sources. The assessment of housing and neighbourhood is necessary to deduce the ecological conditions of the living

arrangements of individuals. Finally, the financial situation is a good proxy of the overall capacity of the individual to acquire goods or services. This measure, however, could be distorted because respondents might not be willing to answer this question truthfully.

The central dependent variables are indicators of subjective well-being: Both cognitive and emotional aspects of subjective well-being are represented. A variety of domain-specific cognitive evaluations will be made using the WHO-QOL BREF, which is an instrument developed under the auspices of the WHO by an international team of researchers in order to facilitate cross-societal research (WHO-QOL Group 1994). The WHO-QOL includes measurements of psychological, somatic, social and environmental quality of life. A single-item general well-being indicator is also incorporated. The affective dimension of subjective quality of life is represented by PANAS (Watson et al. 1988) – a scale measuring positive and negative affect. Empirical data show that the two dimensions of positive and negative affect are uncorrelated.

Finally, we will attempt to represent societal aspects of quality of life in the OASIS project as well. The comparison between different countries is meant to indicate a differentiation in types of welfare states, different infrastructures of service systems, and different options for supporting family solidarity. Of course, it is not enough to simply classify societies into a number of general categories (such as liberal, conservative, or social-democratic welfare states). Instead, it is necessary to describe the characteristics of the various societies. Among the dimensions which might be of interest are *legitimation* (i.e. the degree to which social policy interference is viewed as justified within the privately defined domain of the family), *explicitness* (i.e. existence of implicit or explicit family policies), *institutionalisation* (i.e. degree and level to which an explicit public family policy is institutionalised within each country), *justification* (i.e. existence and differentiation of societally central discourses), and *characterisation* (i.e. connections between the existence of family rhetoric to the effective outcome of the country's family policy). Societies might differ on more than one dimension. In addition, the actual use of service systems will be analysed in the project OASIS in order to complement the overall comparative perspective of different welfare states.

Quality of life therefore has to be seen as an overall theoretical and empirical construct, which – on the individual or micro level – has both independent and dependent aspects. This is reflected in the heuristic OASIS model (see introduction page 9). Here we find the objective living conditions

described as independent variables, while subjective well-being is seen as a dependent dimension. The societal level with its service systems and general living conditions is defined here as an intervening component. The concept of quality of life serves as an organising principle that facilitates our understanding of how norms of solidarity are negotiated across generations, and how this may affect the well-being of society in general.

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