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**Determinants of the Complex Interchange among Generations:  
Collaboration and Conflict**

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Strengthening Economic and Social Ties”**

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# **Determinants of the Complex Interchange among Generations: Collaboration and Conflict**

## **Preface**

Never before have we witnessed a “silent revolution” of such significance for all sectors of society as the global phenomenon of population aging, which has a direct bearing on the meaning of generations, cohorts and intergenerational solidarity. Two key elements of this transformation stand out. First, there is a new architecture of society that entails social change, which challenges the established order between generations. Additionally, we have witnessed an increased complexity in extended family patterns and generational relations. Yet, however similar the challenge of population aging is worldwide, different ways of relating to this challenge have emerged.

The first UN Assembly on Aging held in Vienna in 1982 made the following declaration: A longer life provides humans with an opportunity to examine their lives in retrospect, to correct some of their mistakes, to get closer to the truth and to achieve a different understanding of the sense and value of their actions. Twenty years later, the UN International Plan of Action on Aging held in Madrid in 2002 stated in Article 10: The potential of older persons is a powerful basis for future development. This enables society to rely increasingly on the skills, experience and wisdom of older persons, not only to take the lead in their own betterment but also to participate actively in that of society as a whole.

On May 15, 2002, the International Day of Families, the United Nations announced that “older people strengthen cohesion in the families.” The Madrid International Plan of Action on Aging adopted by member states of the United Nations in April 2002 calls on governments and societies to improve and maintain the quality of life of older people. Thus, in order to create a “Society for all Ages” the family must be seen as a point of departure. One has to note, though, that the modern family is a family of relationships, more “centered on people rather than things” (Durkheim, 1933), having to assure for each of its members, young and old, women and men, the conditions for the construction of personal and social identity.

Older people are usually embedded within family systems. Thus, based on the above declarations, the paper will describe and analyze changes in aging, family structures and family intergenerational solidarity, related to the “globalization” of aging, from a broad international and cross-cultural perspective. It will address some basic questions, issues and challenges emanating from the demographic, economic, familial and other societal changes by discussing similarities and differences between cultures and social structures.

In particular, the paper focuses on two areas -- demographics and economics. With regard to demographics, the paper examines the efforts to use the social capital inherent in the growing population of the “young-old,” issues related to caregiving of the “old-old” and care relations. On the economic level, the paper describes attempts to solve the problems of a shrinking workforce, especially in many European countries. Examples of such attempts include efforts to accommodate baby boomers, who play multiple roles that impact on their work lives, and public discussions about generational equity versus generational inter-dependence, co-residence versus the autonomy of both generations. Such discussions will enrich and extend our knowledge about how older people and families in the twenty-first century will meet the challenges of global aging.

## **Introduction**

The couple and family orientation of social life and the value attached to sociability make the family a main reference point in the aging process, and aging needs are best understood within the context of the family (Brubaker, 1990). Thus, in order to assure the quality of life of older people and contribute to family cohesion and intergenerational family solidarity, the following societal and familial changes should be discussed and examined. These changes include: changing demographics, particularly the phenomenon of global aging; changing family structures and support patterns; changing family preferences for care; increased participation of women (the traditional caregivers) in the labor force; changing economic patterns; changing living arrangements of older people; globalization and technological changes. The paper will address most of these changes and their salience to intergenerational family solidarity and social solidarity.

The new millennium of the twenty-first century confronts us with numerous challenges regarding the aging societies of the modern world. During the last decades there has been unprecedented growth in the number and proportion of older persons in most countries around the world, a trend which is expected to continue, reflecting a “globalization” of aging, even though the pace is more gradual in some countries and more rapid in others (Bengtson, Lowenstein, Putney and Gans, 2003; Kinsella, 2000). The proportion of people age 60 and over, for example, is increasing faster than any other age group. In 2025, there will be a total of about 1.2 billion people 60 years and older (WHO, 2002). This process of population aging alters the age structures of nations and has reshaped the age pyramid into an age rectangle in most developed countries (Bengtson and others, 2003).

This global phenomenon raises fundamental questions and issues about the definition of old age, the micro experiences of older people and their families, and the macro responses of societies to the needs of these aging populations. However, population aging is not necessarily apocalyptic for individuals, families, societies and their social systems – it means a changing balance between older and younger people in society and the challenge of establishing new generational relations, of supporting each other, of social inclusion and social integration. Aging can be a risk factor, or an opportunity for realizing new potential.

Moreover, in 2000, 31 countries had populations of at least 2 million who were 65 years of age and older. Projections indicate that by the year 2030 more than 60 countries will have 2 million or more people over the age of 65 (Kinsella and Velkoff, 2001). The “aging of the aged” means that a growing number of the frail elderly will need more care and support (WHO, 2002). Caregiving by adult children to their older parents is, thus, a major social issue because families in modern societies are still the main source of care and support for older people (e.g., Daatland 1997; Lowenstein, Katz, and Gur-Yaish, 2008). However, the inability or unwillingness of societies to continue to meet the needs of older cohorts alters the balance between family and societal systems in terms of responsibility for elder care (Lowenstein, and Daatland, 2006; Walker, 2000). Such a situation creates socio-political and policy challenges to social integration. A generational contract and innovative responses are needed on the individual, familial, and societal levels.

Along with population aging, marked changes are evident in family structures, relations and behaviors. There has been a sharp decline in fertility, changes in the timing of family transitions, increased rates of divorce, and changes in family structures from pyramids to beanpoles with an increased availability of extended, intergenerational kin as family resources (Bengtson, 2000). Changes in patterns of family formation and dissolution and the ensuing

diversification of families and households lead to more complex and “atypical” household formations. This diversity is related to what Stacey (1990) has labeled the postmodern family, characterized by “structural fragility, and a greater dependence on the voluntary commitment of its members” (Lowenstein, 2005). The diversity of family formats creates uncertainty in intergenerational relations and expectations and has specific effects on life-course role transitions (e.g., retirement, grandparenthood). The structural organization of the family is particularly critical for those in middle age, a phase in life when individuals are likely to play multiple roles. Family structure shapes opportunities for engagement, defining and reinforcing meaningful social roles and those roles that are burdensome.

Increased life expectancies imply that an individual will be a member of a three and/or four generation family for longer periods of time, while declining fertility rates and delayed parenthood suggest that others will never be members of such multigenerational families. Sociologists have long recognized that forms of social organization affect well-being. The family constitutes perhaps the most basic social institution, representing the very first group into which one enters at birth, and these ties remain primary over the life course (Hoff and Tesch-Römer, 2007).

In light of these changing demographic structures and changing family forms, intergenerational bonds among adult family members may be even more important today than previously because individuals live longer and thus can share more years and experiences with other generations (Bengtson, Giarrusso, Silverstein and Wang, 2000; Connidis, 2001; Lowenstein, Katz, Mehlhausen-Hassoen, and Prilutzky, 2003). However, some basic questions must be addressed. What is the impact of the above changes on: (1) the amount of help and support that is really exchanged between family generations? (2) the strength of the bonds of obligations and expectations between generations? (3) the potential for intergenerational family conflict and ambivalence? (4) the impact of generational ties on the well-being of older people? (5) the role of society, through its service system, in enhancing family relations?

However similar the challenge of population aging is cross-culturally, different ways of relating to this challenge have emerged. Bengtson and others (2002) note that we need explanations and understanding of family relationships and their diverse processes across time and place. We must look outside national borders to construct global conceptualizations of families and age. As M. Kohn (1989) observed: “cross-national research is always a gamble; one might as well gamble where the payoff is commensurate with the risk” (p. 45).

Europe represents a unique opportunity to study some of the above topics for two main reasons. First, because Europe is at the forefront of demographic transitions such as decreasing fertility, increased life expectancy and postponement of childbearing (e.g., Kohler, Billari and Ortega, 2004), it is possible to learn from the European experience and inform policy development in the U.S. Secondly, and perhaps more importantly, variations in policy across various European countries promote a better understanding of the interplay between factors at the societal, familial and individual levels (Wolf and Ballal, 2006), potentially informing family policy development. In response to the call by Glaser, Tomassini and Grundy (2004) for incorporating more comparative cross-national data on family support in research, we feel that the data from several European projects will allow the consideration of the various complexities of the cross-European variations.

Accordingly, cross-national and cross-cultural results from various European studies (OASIS, SHARE, SOCCARE, EUROFAMCARE) will be presented and analyzed as empirical sources from which to answer the above questions.

The OASIS\* project – Old Age and Autonomy: The Role of Service Systems and Intergenerational Family Solidarity – was a cross-cultural, cross-national five country (Norway, England, Germany, Spain and Israel) study. It aimed to enhance cross-cultural knowledge about the interplay between personal, familial and social service factors and their impact on the quality of life of aging Europeans in diverse family cultures and welfare state regimes. Data were collected from a stratified random sample of 1,200 urban dwellers aged 25 and over in each of the five countries, over sampling the 75+, a total of 6,000 individuals.

The Survey of Health, Aging and Retirement in Europe (SHARE)\*\* is a multi-disciplinary and cross-national database of micro data on the health, socio-economic status, social and family networks of individuals aged 50 or over. Eleven countries have contributed data to the 2004 SHARE baseline study. They are a balanced representation of the various regions in Europe, ranging from Scandinavia (Denmark and Sweden) through Central Europe (Austria, France, Germany, Switzerland, Belgium, and the Netherlands) to the Mediterranean (Spain, Italy and Greece). Further data were collected in 2005-06 in Israel. Two new EU member states - the Czech Republic and Poland - as well as Ireland joined SHARE in 2006.

EUROFAMCARE\*\*\* - Services for Supporting Family Carers of Elderly People in Europe - is based on data from six national surveys in Germany, Greece, Italy, Poland, Sweden and the UK, from a socio-economic evaluation that was based on personal interviews with about 6,000 European family carers, who provided at least 4 hours of care a week to a dependent older person of at least 65 years. Additionally, 23 National Background Reports were summarized in a Pan-European Background Report.

The SOCCARE\*\*\*\* Project - New Kinds of Families, New Kinds of Social Care — was a qualitative study of care arrangements in Finland, France, Italy, Portugal and the UK. It focused on four key family types that all are heavily affected by the ongoing demographic, socio-economic and structural changes within European societies: single-parent families, dual-career families, immigrant families and, “double front carer” families (those that have young children and, at the same time, elderly family members in need of care). The project interviewed almost 400 European families in detail about their opportunities for and difficulties in making flexible and responsive care arrangements and their ability to combine these arrangements with participation in paid employment.

These countries all vary from one another with regard to their level of economic development, the organization of their economy as either a welfare state or a market economy, the level of their socio-cultural and ethnic diversity, their cultural norms about family and filial relations, and their policies and legislation concerning the aged.

This paper will focus on the outcomes of the various changes described above, both in demographic terms and in terms of the structure of the family, with an eye to examining how these changes affect the personal and familial lives of older persons and their families and impact their quality of life and well-being. The paper will examine these outcomes using the theoretical perspectives of the life course, modernization theory, family intergenerational

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\*\*\*\*Project HPSE-CT-1999-00010

solidarity-conflict (based on social exchange theory) and intergenerational ambivalence.

Several key themes will be explored and discussed. First, I will consider the continued salience of the family and the strength of intergenerational family solidarity. Second, I will look at the effects of increased longevity with more years of shared experiences and the importance of using the social and human capital inherent in the “young-old” on one hand and the growing number of disabled elderly (WHO, Lessons for Long-term Policy, 2002) who will require more years of caregiving from baby boomers on the other. Added to this situation is the issue of more women in the labor force, which might mean more potential conflicts between generations. Third, I will examine the impact of complex and diverse intergenerational family relations and how they affect family expectations, living arrangements, family transfers and family support, such as in cases of divorce and remarriage (Connidis, 2001). Fourth, I will consider the importance of attitudes, norms, motivations and expectations regarding intergenerational transfers and caregiving and the consequences for quality of life and well-being for older persons and their families (Cicirelli, 1992). Finally, I will look at the inter-relations between the micro and macro systems, or in other words, family solidarity versus state solidarity (Sgritta, 1997).

The paper will contribute to the theory, research and policy on the linkages between intergenerational family support and the health and well-being of older persons and their families as well as to the strengthening of social cohesion. Indeed, as Lomas stated, “individuals and their ill-health cannot be understood solely by looking inside their bodies and brains; one must also look inside their communities, their networks... their families and even the trajectories of their life” (Lomas, 1998: 1182).

## **Theoretical Perspectives**

### ***Life Course***

According to the life course approach, which relates to aging as a general process of intergenerational interactions in changing historical circumstances (Featherstone and Hepworth, 1991; Hareven, 1995), there is room to hypothesize that a common link can be found that bridges the psychological needs of older adults and young people. Such a common link may exist because both live in a challenging historical period that is characterized by the breakdown of social structures and confusion about values. Melucci (1996) addresses this issue when he states that the young are not in touch with the last stages of life because a central characteristic of their “culture” is life in a virtually chaotic reality without meaning. Becoming acquainted with older people is a way for youngsters to put some meaning into their lives. Thus, elders can use the social capital they have accumulated during their life course.

The main assumption of the life course approach is that human development is a continuum, and the timing of social roles is shaped by various social contexts, including the family and the state. The life course is composed of many courses that are interdependent on life events and role transitions such as retirement (Hagestad 2003; Macmillan and Copher 2005)

The modern role transition of retirement breaches the contract between the generations and will need to be reformulated, enabling more people to earn an income well beyond current retirement ages. This reform will also answer the need for expanding a shrinking workforce, a pressing need in many European countries. One of the stimulants to pushing people into retirement is inherent in the generational equity idea. The increasing number of older workers in the population is usually described as a situation of conflict over the division of economic resources between generations (Collard, 2001) - the generational equity debate - and a struggle for power and social control. The generational equity concept refers to the idea that different generations should be treated in similar ways and should have similar opportunities. Thus, the

old should bow out and allow the young to enter the labor force. A major limitation of the generational equity approach is that it provides a rationale to base policy on age or age cohort and to discount other forms of equity based on race, ethnicity, class, gender, and sexual orientation. As Norman Daniels has argued, "Justice between age groups is a problem best solved if we stop thinking of the old and the young as distinct groups. We age. The young become the old. As we age, we pass through institutions that affect our well-being at each stage of life, from infancy to very old age" (Daniels, p. 18).

From a life course perspective, it follows that an alternative formulation of generational equity is generational interdependence. This view emphasizes what different generations have to offer one another as opposed to what one generation consumes at the expense of the other. Such contributions include transfers of income, child care support, personal assistance, formal volunteering, psychological support, and advice.

The overall pattern is clear: the public generational contract is partly balanced by a private one in the opposite direction. Family transfers function to some extent as an informal insurance system for periods of special needs. It should, thus, be acknowledged that the potential for distributional conflicts among generations certainly exists and is fuelled by the current challenges of public finances and changing demography.

### ***Modernization***

Modernization theory postulates that the more advanced the economy of a society, the lower the status of its older citizens (Cowgill, 1986). In an economy characterized by rapid increases in knowledge, especially technical knowledge, adult children are compelled to move away from their families of origin in order to maximize their educational and occupational opportunities and achievements. Moreover, the political, social and economic ideologies of the twentieth century focused on opportunity and achievement, with development based on merit and superiority. Large families with many filial obligations were perceived as overly demanding, and as blocking opportunities for economic and social mobility. The small nuclear family was better suited to this setting than the large multigenerational one, and its dominance over the extended household coincided with economic growth (Sussman, 1991).

In the 1950s and 1960s, concern about family solidarity was rooted in the isolated nuclear family thesis. More recently, however, it has been connected to the debate on the expanding individualism of late modernity. The isolated nuclear family thesis assumed that a loss of function made the family retreat to the nuclear unit, while both horizontal and vertical family lines outside the nuclear family had lost their importance and consequently were weakened (Parsons, 1955; Popenoe, 1993). Wolfe (1989) relates this argument specifically to the expansion of the welfare state, which he believed was a moral risk that might impact the very foundation of societal and family solidarity. Empirical studies, however, fail to support either of the two hypotheses. Intergenerational relationships are affected by modernization, but the changes are not uniformly in the direction of weaker ties. Moreover, studies from several countries, like the OASIS study, indicate that family solidarity is still strong, but may seek other expressions when circumstances change (e.g. Katz, Lowenstein, Phillips and Daatland, 2005).

This point was further corroborated by Lowenstein and Daatland (2006), whose study explored family norms and ideals as part of intergenerational family relations. The data are presented in Table 1. Filial responsibility represents the extent to which adult children feel obligated to meet the basic needs of their aging parents.

----- Table 1 about here -----



The data indicate that the majority in all five countries acknowledge some degree of filial obligation, but more so in Spain and Israel than in Germany, England, and Norway. Differences among countries are rather moderate, so if we take the assumed family-oriented Spain as a criterion, we may conclude that filial obligation norms are quite strong, too, in northern European countries. Additionally, strong filial obligation to the elderly has been noted in such rapidly developing Asian nations such as the Philippines (Domingo and Asis, 1995) and Thailand (Knodel and others, 1995). A United Nations study of seven developing countries (India, Singapore, Thailand, South Korea, Egypt, Brazil and Zimbabwe) concluded that older people were likely to favor co-residing with their children despite rapid urbanization and economic growth (e.g., Hashimoto, 1991).

Indeed, beliefs may supersede the influence of economic development and urbanization on family structure and function, as is evidenced by highly modern Japan where duty to older relatives is still reinforced by norms of filial piety (Koyano, 2003). Pervasive cultural beliefs about families may overwhelm other population distinctions, for instance, in Spain where older people in both urban and rural areas expect similarly high levels of contact with and help from their children (Katz and others, 2003).

### ***Intergenerational Family Solidarity-Conflict Paradigm***

In modern societies today, the family is perceived as an arena of negotiations, where there are not only close emotional relationships but also conflictual and ambivalent ones (Antonucci, 2001; Lowenstein, 2007). These varying elements introduce a certain degree of instability into inter-personal relationships (Phillipson, 2003). It is presumed that older parents will be autonomous and independent as long as possible, and there is less willingness today among both older parents and adult children for co-residence. However, there is a lack of empirical data to explain how the variability in the structure of social systems impacts the activities and perceptions of the individuals in these structures.

Intergenerational relations within families represent complex social bonds, and family members are linked by multiple types of solidarity that may be contradictory. As such, Bengtson and associates (e.g., Bengtson and Mangen, 1988; Bengtson and Roberts, 1991) have developed a comprehensive conceptual framework for studying intergenerational relations – the Intergenerational Solidarity Model, based on social exchange theory. This paradigm has guided much of the research on adult intergenerational relationships over the past three decades (e.g., Atkinson, Kivett and Campbell, 1986; Lee, Netzer and Coward, 1995; Lowenstein, 2007; Rossi and Rossi, 1990). The model conceptualizes intergenerational family solidarity as a multidimensional phenomenon with six components that reflect exchange relations: structural, association, affectual, consensus, functional and normative solidarity. Three salient dimensions of solidarity identified by Bengtson and Harootyan (1994) were: opportunities for interaction, or structural and associational solidarity; closeness and warmth, or affectual solidarity; and helping behaviors, or functional solidarity.

Despite findings showing the measures of the dimensions of solidarity to be valid and reliable tools for assessing the strength of intergenerational family bonds (e.g. Bengtson and Roberts, 1991), other work has shown that the component dimensions of solidarity were not additive and did not form a unitary scale (e.g., Atkinson, Kivett and Campbell, 1986). This theoretical impasse was bridged by the addition of conflict as a principle dimension to the solidarity-conflict paradigm. In developing the intergenerational conflict model, Bengtson and others (Clarke and others, 1999; Parrott and Bengtson, 1999) argued that conflict is a normal

aspect of family relations, that it affects the way family members perceive one another, and that, consequently, it affects their willingness to assist one another. Solidarity and conflict do not represent a single continuum from high solidarity to high conflict. Rather, family relations can exhibit both high solidarity and high conflict, or low solidarity and low conflict, depending on family dynamics and situations (Lowenstein, 2007).

Intergenerational solidarity and conflict are manifested at two different levels, as suggested by Bengtson and Murray (1993). They differentiate between the macro-public arena level and the micro-intergenerational family level. On the macro level, attention should be given to the larger social context where social norms are created and activated and where state policies and responses of various welfare regimes to the needs of the growing elderly populations are shaped. On the micro-family level, attention should be given to issues of filial obligations, expectations of different generations in the family and the actual flow of help and support between the generations.

Exchange of help and support is an integral part of daily life in nearly all families, but patterns and dependencies change over the life course. The parent generation is usually the net provider in such exchanges during most of the life course, but in old age, it becomes the recipient of such exchanges. Older parents are, however, also providers of support; hence exchanges need to be examined from several angles -- from the provider and receiver perspective, and from the perspective of both elder parents and adult children.

In the OASIS study, relatively high levels of instrumental, emotional and financial transfers between the generations were found even though they differed in the five societies (Lowenstein and Daatland, 2006). The data presented in Tables 2a and 2b show the perspectives of both the adult children and the older parents.

----- Tables 2a and 2b about here -----

Table 2a shows that most adult children had provided one or more types of support to older parents (aged 75+) during the preceding year. Rates range from 70% (Spain) to 87% (Norway). Emotional support is provided by the majority (62–74%) of adult children, instrumental help (for transport and household chores) is also fairly frequent, and is seemingly equal or even more frequent in a high-service-level country like Norway as in low-service-level countries such as Germany and Spain. Few adult children provide personal care, probably because few parents are frail enough to require it, and if they do, they may have already moved to an institution. Low levels of institutional care and high cohabitation rates between parents and children probably help explain why personal care rates are highest in Spain.

As indicated by Lowenstein and Daatland (2006), adult children are the net providers in the relationship: they give more than they receive. This situation is acknowledged as well from the perspective of the parents, who receive more than they give (Table 2b). Older parents, however, are not only on the receiving end, although they offer mainly emotional support and in some countries (Norway, Israel and Germany) financial help as well. When pension levels and living conditions allow, instrumental help flows upwards and financial support downwards.

While there is no standard or norm by which to judge these exchange levels, when we consider that the levels are fairly similar across five otherwise very different countries in terms of family traditions and welfare regimes, it seems reasonable to judge the exchanges as considerable. Some reservations are necessary, as these measurements are rather crude and do not indicate volume or frequency of help.

The congruence between the parent and child perspectives should also be noted. The general patterns seem fairly similar from both perspectives, although the children are inclined to

state they have provided more help than the parents admit to having received. The contrast varies between the countries: it is greatest in Norway and least, or even biased in the opposite direction, in Spain (Lowenstein and Daatland, 2006).

Traditionally, research in the area of intergenerational relations has tended to emphasize shared values across generations, normative obligations to provide care, and enduring ties between parents and children. Empirical data, however, show equivocal results regarding the costs and benefits of intergenerational family solidarity to different generations. Some studies indicate the contribution of the exchange to the adult children (Barnett, Marshall, and Pleck, 1992), while others point to the contribution to the older parents (Kauh, 1997; Yoo and Sung, 1997). Data in still other studies show the “rewards” that both generations (and even three generations) reap from the exchange relations (e.g., Ikknik, van Tilburg, and Knipscheer, 1999; Lowenstein, Katz and Gur-Yaish, 2008). These studies suggest that for both generations, giving is no less important than receiving, as it impacts on the continued interaction and well-being of the partners involved.

Further studies relate to the specific effects of generational exchange on the health and well-being of family members from diverse cultural backgrounds (e.g., Litwin, 2006). This is important because generational flows of support are known to vary across different ethnic groups (Goodman and Silverstein, 2002), and across societies with differing cultural, economic and policy contexts (Torres-Gil, 2005). In particular, we know little about these experiences and how these trends intersect to shape family health and well-being both within countries, as well as comparatively across societies with diverse economic and policy environments. In the last decade, there has been more cross-cultural research regarding intergenerational exchange and its linkages to the physical and psychological well-being of young and old generations (e.g., Litwin and Shiovitz-Ezra, 2006; Lowenstein, 2007).

### ***Intergenerational ambivalence***

Pillemer and colleagues have proposed that the experience of intergenerational relations in adulthood is characteristically ambivalent (Pillemer and Lüscher, 2004; Pillemer and Suitor, 2002; 2005). That is, rather than operating on a basis of affection, assistance and solidarity, or being under threat of conflict or dissolution, the dynamics of intergenerational relations among adults revolve around sociological and psychological contradictions or dilemmas and their management in day-to-day family life. Indeed, scholars from a variety of orientations have argued in recent years that to understand the quality of parent-child relations, studies must begin to incorporate both positive and negative elements in a single study (Bengtson, Giarrusso, Mabry, and Silverstein, 2002; Clarke, Preston, Raksin, and Bengtson, 1999; Connidis and McMullin, 2002; Fingerman, Hay, and Birditt, 2004; Lüscher and Pillemer, 1998; Willson, Shuey, and Elder, 2003).

In the OASIS study an attempt was made to test the two conceptual frameworks of intergenerational solidarity-conflict and ambivalence and their impact on quality of life for older family members across different nations. Table 3 presents the means and standard deviations of the different dimensions, compared across the five societies. Anova and Duncan Multiple Range tests were conducted to test the differences (Lowenstein, 2007).

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

The data indicate that the strength of the structural-behavioral dimension (proximity and contact) was very similar in four of the countries, while significantly higher in Spain. The affective-cognitive dimension (affection and consensus) was high in all countries, though there

were differences - Israel had the highest score, and Germany and Spain the lowest. The functional dimension of solidarity regarding the receipt of help from adult children was relatively low, but again with differences between countries. Germany was the highest, with Norway and Israel the lowest. Regarding help provided, however, no differences between the countries were found. Levels of conflict and ambivalence appeared to be low in all countries. Thus, a general conclusion is that family intergenerational solidarity appears to be strong in all five countries. This finding indicates that older people are firmly embedded within their families across these societies, although there are variations in the strength of the various dimensions in the different countries. The affective-cognitive dimension and the exchange of support predicted a positive quality of life, while ambivalence predicted a negative quality of life.

Some of the key components of ambivalence may be harder to capture with survey measures than with in-depth interviews, as may be the case with conflict, where a multiple domain approach might be more fruitful (Clarke and others, 1999). Within the qualitative data of the OASIS study, the salience of conflict and ambivalence was mostly reflected during periods of transition (older parents moving towards dependency) in the life course, when older parents and their children were attempting to renegotiate roles (Katz and others 2003). How, then, are families coping with the need to provide care to dependent and frail older members?

### **Social Support and Caregiving – Attending to Needs of the “Old-Old”**

Studies have provided evidence that social support influences mortality and morbidity, including lower rates of heart disease, depression, and better coping with illness and disability (e.g., Berkman and Kawachi, 2000). Social support and reciprocal exchange between generations were also found to be related to better psychological well-being (Lowenstein, Katz, and Gur-Yaish, 2007; Silverstein, and Bengtson, 1991). Indeed, support relations are critical to health and well-being at all ages (Antonucci, 2001).

The changes in the demographic maps of developed societies and in family structures and patterns of behavior, however, impel a reassessment of family support and family responsibility for its older members (Biggs and Powel, 2003; Lowenstein, Katz, and Daatland, 2004).

Structural changes affecting the lives of older people include the growing number of elderly single households, an increase in the proportion of childless women and the increased mobility of adult children. All of the above contribute to a shrinking pool of family support (Wolf, 2001). Additionally, the relative scarcity of children and grandchildren, and the time constraints of working women – the traditional caregivers – create a shortage in available kin caregivers (Guberman, & Maheu, 1999).

Growing old within a global community is resulting in hybrid forms of generational ties within the various global networks, creating new forms of care relations, and at the same time undermining existing forms of support (Phillipson, 2003). While the family continues to carry the major responsibility for elder care in most modern welfare states (e.g., Katz and others, 2003), patterns of intergenerational solidarity and support are becoming more complex. Thus, one of the challenges is to maintain the intergenerational contract because aging poses a threat to its fulfillment. The intergenerational contract is based on the notion that each generation invests in the human capital of the next and is taken care of at the end of its life by the generations in which it has invested. Hence, each generation cares twice (once for the previous generation and once for the next generation) and is taken care of twice (as a child and in old age). Within a family context, women are the traditional brokers of the intergenerational contract, providing most of the informal care to children and aged relatives.

Data from EUROFAMCARE project (Germany, Greece, Italy, Poland, Sweden and the UK) indicates that the overwhelming majority of family caregivers (over 80%) felt caring was worthwhile and that they coped well even under difficult circumstances. The positive value attached to family caregiving is probably the most critical element in ensuring good quality care for dependent older people.

The concept of the “sandwich generation” appeared in the professional gerontological literature in the 1980s. It described the middle-age generation, most typically middle-aged women, as “caught in the middle” (Brody, 1981) between two important tasks: caring for children and caring for adult parents. Early literature (e.g., Brody, 1981) described this condition of dealing with multiple competing demands, along with paid work and being married, as detrimental to the well-being of middle-aged individuals as well as possibly to their aging parents, who might not have their needs met by their overburdened daughters (or sons). However, these reports were usually based on convenience samples (Spitze and Logan, 1990), and the results could not therefore be generalized to the broader population. In fact, demographic studies in the 1980’s and 1990’s suggested that the likelihood of women or men being caught in the middle between care for young children and care for aging parents in their eighties and early nineties was small (Himes, 1994). Rosenthal, Matthews and Marshall (1989), using a small probability sample in Canada, and subsequently Spitze and Logan (1990), using a larger probability sample in the U.S., concluded that the sandwich generation is not a typical state for middle-aged women or men.

While some studies addressed the prevalence of the “sandwich generation” phenomenon, other studies (e.g., Loomis and Booth, 1995) challenged the nature of its potential adverse effects on those allegedly “caught in the middle.” Using a national sample of married individuals, Loomis and Booth (1995) essentially showed that multigenerational caregiving does not have adverse effects on the middle generation. This topic has been periodically revisited by other researchers (e.g., Spillman and Pezzin, 2000), producing somewhat of a mixed picture, but without producing alarming results about either the magnitude or the gravity of a “sandwich generation.”

In spite of the lack of empirical support for the notion of an at-risk middle-aged generation, the media and the popular press still frequently discuss the “sandwich generation,” providing anecdotal evidence about the difficulties of mainly women, as well as men, who are caught in the middle between caring for young children, caring for frail parents and working full time. Given that these stories seem to resonate with the public, and given a combination of unique, current and predicted future demographic trends, perhaps the “sandwich generation” phenomenon deserves to be revisited. While it may not necessarily be middle-aged women (or men) who are at risk, we should ask whether it is possible that some individuals are likely to be caught in the middle.

An important trend for this discussion is that of healthy life expectancy, meaning the number of years of life free of disability. While disability rates in the population have been declining, it seems that Fries’ (1983) view of the “compression of morbidity,” whereby individuals will live longer and healthier and morbidity will be limited to the last short period of life, might be too optimistic. Instead, Crimmins (2004) suggested that the rate of chronic conditions that might lead to functioning loss and disability were still high and that people were likely to live a longer life, but would spend a majority of those added years with chronic conditions and possible disability. Additionally, Suthers, Kim and Crimmins (2003) predicted that a large portion of those added years would be accompanied by cognitive impairments. As a

result, it is likely that older parents will require help from their middle-aged children for possibly extended periods of time.

At the same time, fertility rates have shown a constant decline (except for the “baby boom” years--1946-1964), suggesting that there are fewer adult children in families to care for their aging parents. In addition, Casper and Bianchi (2002) suggested that the age of marriage was rising for both men and women and that childbearing was increasingly delayed. Moreover, the literature describes an additional trend of what is described as a lengthening of adolescence, or “the incompletely launched young adult syndrome” (Skolnick and Skolnick, 1997). Because of various economic trends and the ever-increasing importance of higher education in a postindustrial society, the traditional pattern of education, career and marriage in the early twenties is no longer the norm. Instead, young adults might need to spend more time in the educational system and delay the start of their career as well as the start of their families. As a result, young adults may return home numerous times before they “successfully” leave the nest, and middle-aged parents may have to support their “boomerang children” for extended periods of time.

Another important factor to consider is the different financial era that the baby boom generation and future cohorts are aging into. Raising the retirement age as one form of preparing for population aging at the societal level has been discussed and suggested by economists and policy makers in all OECD countries (e.g., Duval, 2004). It is likely that the state as well as the private sector will develop programs that provide incentives for older workers to stay in the workforce. While this is a very important trend, it has not been brought up for discussion in the context of family caregiving and multigenerational caregiving situations.

The unique combination of these trends and the different timings in which they play out may lead to several multigenerational caregiving situations that may have been less common in earlier times. If the “baby boom” generation does indeed work longer, they are theoretically likely to be in a unique position, whereby they are still working while having grandchildren. Because of increased life expectancy, they are also likely to still have surviving parents who would likely be suffering from chronic conditions, possible cognitive impairments and some disability. Because both the younger and older generations are likely to experience longer periods of dependency, the number of years of shared lives within a family is likely to grow. This unique combination of demographic trends and policy responses in the public and private sectors (in the form of retirement and pension programs) may create opportunities for multigenerational caregiving that may involve the generations of the grandparent, parent, children, and grandchildren. Thus, the prevalence of various possible forms of multigenerational scenarios, the individuals likely to be in such multigenerational caregiver groups and the consequences of caregiving should be further explored.

Added to the caregiving challenges are other societal trends such as changing employment patterns, especially those of women, which impact family relations and force us to analyze and question more traditional patterns of living arrangements and family intergenerational solidarity (Lowenstein, 2000).

### **Living Arrangements**

The living arrangements of the elderly are the outcome of complex processes involving socio-demographic characteristics such as age, gender, psychological, economic, and health-related factors, ethnicity and cultural values. Research shows that the living arrangements of older persons can be grouped into three broad categories, namely, independent households (including

living alone in the community); shared households with adult children, other relatives and non-relatives; and residential settings (Basavarajappa, 1998). The most common reasons for joint intergenerational living arrangements cited in the literature are the health problems of the older parent, the death of a former caregiver, financial hardship, and a desire for companionship (Brackbill & Kitch, 1991).

Although there is a substantial body of literature on the antecedents of elderly parent/adult child co-residence much less is known about the quality and dynamics of family relations and the well-being of family members living in multigenerational households. Many of the extant studies in this area deal with the impact of caregiving in this type of living arrangement, emphasizing the issue of family conflict (e.g., Brody, Litvin, Hoffman, and Kleban, 1995; Lieberman and Fisher, 1999; Pruchno, Burant, and Peters, 1997). Most research of this nature is based on data gathered from one generation only, usually the older generation (Aquilino and Supple, 1991; Boyd, 1991; Brody et al., 1995; Litwin, 1997), with few studies comparing two or three generations (exceptions are Gelfand, 1989; Harrigan, 1992; Kauh, 1997; Slonim-Nevo, Cwikel, Luski, Lankry, and Shraga, 1995).

Most studies of multigenerational households have focused on describing the characteristics and circumstances of the persons involved that lead to or predict their formation. Much less is known about the multigenerational living arrangements among immigrant families. A key question, for example is, whether elderly immigrants in Western countries follow the trend of the native-born elderly toward independent living. A study analyzing the composition and living arrangements of 11 ethnic groups of immigrants to the U.S. in comparison with native-born families found that elderly immigrants from developing countries are significantly more likely to be living with children, or with others, and less likely to live alone. However, considerable heterogeneity was found when all immigrants were considered. Factors related to the tendency to live alone were the degree of integration in the host country and availability of economic resources (Kritz, Gurak and Chen, 2000). Further research on patterns of immigrant elder-child co-residence will broaden our understanding of the positive and negative aspects of this type of living arrangement.

Studies on more than one generation of immigrant families living in multigenerational households are sparse. Some of these have found that multigenerational households can reduce loneliness and stress levels although one study (Katz and Lowenstein, 1999) indicates that these results are relevant only for the older generation. Others, by contrast, show that multigenerational living is likely to increase stress and conflict and cause dissatisfaction (e.g., Gold, 1989). Still others present mixed results on the relation between co-residence and well-being (Litwin, 1995; Moon and Pearl, 1991). A valuable contribution is made by comparative cross-cultural studies of different types of living arrangements in four Asian countries (Philippines, Singapore, Taiwan and Thailand) using focus groups made up of older parents and their adult children, which provide insights into both generations' perceptions of the advantages and disadvantages of their living arrangements (Knodel, 1995). Co-residence was a predominant preference in all four countries studied, although some respondents preferred independent living. Both the elderly and their children reported more benefits from the arrangement than liabilities, and support was reciprocal.

Positive aspects of joint living arrangements have been identified in the literature in several areas -- economic, social, emotional and psychological, both for the individual and the family. Research assessing the advantages and disadvantages of multigenerational living arrangements shows variations in the perceptions of different generations (Harrigan, 1992). The

positive aspects of co-residence emphasize low levels of conflict and supportive social interaction (Aquilino and Supple, 1991). In contrast, co-residence can result in numerous strains, such as loss of personal space and privacy, especially if the co-residing child assumes caregiving responsibilities (e.g., Brody and others, 1995; Lieberman and Fisher, 1999). Moreover, the quality of life of older parents and their psychological well-being was found to be negatively affected (Umberson, 1992). Feelings of loneliness in co-residence were found to vary: De Jong Gierveld and Van Tilburg (1999) found less loneliness in Italy and more in the Netherlands. Clearly, however, the paucity and inconclusiveness of data in this area calls for further research.

### **State-Family Balance**

For potential and actual caregivers and care receivers, a key issue is the preferred balance between family care and (formal) services. To assess the future demands for family care it is important to look at family values, and attitudes towards family care. These values will have an interacting and moderating effect on demographic changes. Obviously, what older people receive in terms of family support and services affects – and is affected by – popular and governmental notions of what families “should” provide and the extent to which they should be responsible for caring for older relatives. Clearly there is a complex interaction between intergenerational behaviors, expectations, political ideology and level of formal care provision (Bedford and Blieszner, 1995).

Data from the OASIS project show that more generous welfare state services have not crowded out the family, but have contributed to a change in how families relate and have helped the generations establish more independent relationships. The findings also suggest that family solidarity is not easily lost, considering the fundamental and often existential character of these relationships (Daatland and Lowenstein, 2005). Somewhat different conclusions, though, were presented by Motel-Klingebiel, Tesch-Romer, and Kondratowitz (2005) who found that formal services seem to encourage family support, providing empirical backing for the notion of crowding-in.

Judged on the basis of these data, it can be concluded that the respondents in the OASIS study do not have a clear-cut preference for family care, nor do they reluctantly make use of services as a secondary option, as implied in the substitution argument. The attitudinal aspects follow more or less the same pattern as general societal attitudes, but seem to favor welfare state arrangements. It seems reasonable, then, to say that a welfare state containment policy does not seem to have support in any of the five countries (Daatland and Lowenstein, 2005).

Data from EUEOFAMCARE indicated that family caregivers need support from integrated, formal care services, both to aid in the provision of good care to older people as well as for the protection of the family caregivers’ own health and well-being. Thus, complementing family care, the provision of good service support for family caregivers is essential and should be a part of all public policies.

Another cross-national study – the SOCCARE project (Finland, France, Italy, Portugal and England)--identified two main types of care networks for older persons. The first were those composed of “weak ties”, where the network is minimal or even absent and caregiving falls on one person. The second type, in contrast, has relatively rich and polycentric networks that share care responsibilities. Both networks have connections with professional and non-professional services. The range of professionally provided services is vast, ranging from less intensive health related services and home services to “total assistance,” such as nursing homes or assisted living centers. Families in Finland, France and England most often use combinations of informal care



and publicly provided formal care. Only Portuguese and Italian families use mostly third sector and private care facilities. There are marked differences, however, between Italy, Portugal and France in the relationship between families and paid services. In the former two countries, private assistance, especially for the elderly, is used to substitute for public services. In France, it is used only to complement public services. Concerning the general organization and control of care arrangements, the family, in particular the main caregiver, remains the most important resource everywhere. It is s/he who, even in the richer and more co-operative networks, assures the co-ordination of the various activities. However, if too little help — or none at all — is available to her/him from the outside, this fundamental resource tends to become quickly exhausted. From this point of view, formal and informal services need to be combined in a complementary way, in terms of an integrated system or network of care.

### **Summary: Implications and Recommendations**

This paper asked whether there was a good reason for concern about family and societal solidarity. It also looked at techniques for maintaining intergenerational solidarity in aging societies. Empirical data presented show that intergenerational solidarity is strong but we must invest in it in order to maintain it. Older parents are not only passive recipients of support, but also active agents in family relationships, both as providers and receivers of support. Given that they are active in the negotiation of generational responsibility and exchange, we need to study what motivates or discourages the older parties in the relationship as providers and as recipients.

It is evident that population aging will bring prolonged periods of elder care but that parental support is a normal part of the life course even though there is a complex relationship between the motivations for and the commitment to parental support and actual supportive behavior. Affectual ties of solidarity with parents strengthened the commitment of adult children to provide support and predicted higher levels of both instrumental and emotional support but the principle of reciprocity operates in families over time.

Investing in individual life courses, and adopting age-sensitive policies and programs are essential in responding to the growing intergenerational and intragenerational dependence. Ensuring workplace flexibility, lifelong learning and promoting healthy lifestyles, especially as young people make the transition to adulthood, are particularly important from the life course perspective. Also important is the strengthening of the social and economic environment of families, neighborhoods and communities and the preventing of the intergenerational transmission of poverty, a topic that has received a lot of attention in the past two decades.

The paper discussed the usefulness of a life course perspective in developing proactive approaches to social policy that better fit the changing nature of social risks over the life cycle. Special attention should be paid to the accumulation and maintenance of human capital over the life course, as well as the reconciliation of work and family. Increasingly, human capital becomes the key to personal fulfillment, stable personal relationships and social inclusion on a micro level, and to high levels of employment and labor productivity as well as to social cohesion on a macro level.

The discussion outlined the need to study intergenerational relationships in context, looking at family cultures and values as well as addressing the different welfare state regimes (opportunity structures) where older people and families reside. Additionally, it is important to understand support and exchange relations as well as caregiving from both sides of the relationship, i.e., from the perspective of both the older parents and the younger generations.

We have to bear in mind, though, that intergenerational relationships are situated in a field of contrasting norms and expectations where filial obligations and parental concerns play a role. Thus, we must look up and down the generational ladder and also consider other commitments of the caregiving generation as well as cultural and structural (opportunity) factors.

Older parents are often ambivalent, trying to strike a balance between the family and the individual, the parent (self) and the child (others) and between ideals and opportunities. Formal support for the informal caregivers is very much needed in order to complement informal caregiving.

The data from several of the European studies presented show that filial obligations are comparatively stronger in southern, family-oriented welfare states while filial independence is comparatively stronger in northern, individualist welfare states. The south gives priority to the older generation; the north gives priority to the younger generation. Future generations of the elderly play a key role in re-negotiating intergenerational relationships, and both they and adult caregivers need to be supported by active welfare state policies, based on individual needs and rights.

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Table 1. Percent in agreement (agree or strongly agree) with filial obligations\*, by item and country (n).<sup>a</sup>

	<i>Norway</i>	<i>England</i>	<i>Germany</i>	<i>Spain</i>	<i>Israel</i>
Item 1 (should live close)	29	31	40	57	55
Item 2 (should sacrifice)	41	47	36	44	37
Item 3 (able to depend on)	58	41	55	60	51
Item 4 (entitled to returns)	38	48	26	55	64
Agree with at least one item	76	74	68	83	83
(n)	(1,195)	(1,172)	(1,255)	(1,173)	(1183)

\* All differences are significant at the .001 level

<sup>a</sup> Percent in agreement (agree or strongly agree) with each item and the total scale (agree with at least one item). Weighted sample s, population aged 25+ living at home in large urban settings (100,000+), n̄ 1,200 for each country. The scale is adopted from Lee, Peek & Coward 1998. Source: Lowenstein, Ariela and Daatland, Svein Olav (2006). Filial norms and family support in a comparative cross-national context (the OASIS study). *Aging and Societ*, 26, 203-223.

Table 2a. Adult children's perspective: (a) Help provided to, and (b) received from, older parents (75+), by type of help and country

	Norway	England	Germany	Spain	Israel
<b>a: Provided to older parents</b>					
Emotional support	71	62	74	65	69
Transport/shopping	58	45	49	26	41
House repair/gardening	48	31	31	21	22
Household chores	27	29	34	22	18
Personal care	9	5	9	16	12
Financial support	4	14	7	18	23
<b>Total Help (at least one)</b>	<b>87</b>	<b>76</b>	<b>83</b>	<b>70</b>	<b>74</b>
(N)	165	133	99	138	147
<b>b: Received from older parents</b>					
Emotional support	46	39	53	42	59
Transport/shopping	6	6	0	3	1
House repair/gardening	9	2	3	1	5
Household chores	7	4	4	6	5
Baby sitting	18	-	4	6	10
Personal care	0	1	1	1	1
Financial support	26	8	11	7	47
<b>Total Help (at least one)</b>	<b>59</b>	<b>44</b>	<b>54</b>	<b>45</b>	<b>67</b>
(N)	165	133	99	138	147

Source: Lowenstein, Ariela and Daatland, Svein Olav (2006). Filial norms and family support in a comparative cross-national context (the OASIS study). *Aging and Societ*, 26, 203-223.

Table 2b. The older parent's (75+) perspective: (a) Help received from, and (b) provided to, adult children, by type of help and country

	Norway	England	Germany	Spain	Israel
<b>a: Provided to adult children</b>					
Emotional support	39	46	49	44	41
Transport/shopping	7	8	8	6	2
House repair/gardening	9	7	9	3	1
Household chores	2	7	8	10	2
Child care	20	8	7	11	11
Personal care	0	1	3	2	0
Financial support	23	11	13	9	20
<b>b: Received from adult children</b>					
Emotional support	47	56	57	63	56
Transport/shopping	42	56	52	42	37
House repair/gardening	34	35	44	28	16
Household chores	16	31	38	39	15
Personal care	2	10	16	14	7
Financial support	3	9	3	13	12
<b>Total Help (at least one)</b>	<b>70</b>	<b>75</b>	<b>81</b>	<b>75</b>	<b>69</b>
(N)	333	322	355	325	341
<b>Total Help (at least one)</b>	<b>56</b>	<b>54</b>	<b>52</b>	<b>50</b>	<b>49</b>
(N)	337	318	352	322	340

Source: Lowenstein, Ariela and Daatland, Svein Olav (2006). Filial norms and family support in a comparative cross-national context (the OASIS study). *Ageing and Society* 26, 203-223..

Table 3. Means <sup>a</sup> and Standard Deviations of the Family Relationship Dimensions <sup>b</sup>

Intergenerational family relations	Country									
	Norway		England		Germany		Spain		Israel	
	Mean	Std	Mean	Std	Mean	Std	Mean	Std	Mean	Std
Solidarity S (proximity+contact)	3.6	1.4	3.8	1.4	3.7	1.4	4.5	1.3	3.8	1.2
Solidarity A (affect+consensus)	4.4	0.9	4.5	1.0	4.2	0.9	4.2	0.8	4.7	0.9
Solidarity H-1 (Help received) <sup>c</sup>	1.4	1.3	2.0	1.7	2.1	1.6	1.9	1.7	1.4	1.4
Solidarity H-2 (Help provided) <sup>c</sup>	1.0	1.1	0.9	1.2	0.9	1.2	0.8	1.2	0.8	1.0
Conflict	1.4	0.7	1.3	0.6	1.6	0.7	1.4	0.7	1.7	0.8
Ambivalence	1.7	0.0	1.6	0.8	1.7	0.8	1.7	0.8	1.7	0.9
Base	378		368		390		370		356	

<sup>a</sup> Mean scores on a scale of 1-6, with 6 indicating high feelings of solidarity and conflict. For ambivalence the scale is 1-5, a higher score indicating higher feelings.

<sup>b</sup> Based only on observations with no missing data.

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