

# article

## Ambivalence, families and care

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Although research shows that most parents and adult children report generally positive and supportive ties, there is also evidence that negative interactions and emotions are common in intergenerational relationships. To investigate this complexity, researchers have moved beyond simple models to orientations and approaches that recognise contradictory emotions and attitudes regarding family relationships in later life. These efforts have given rise to what has come to be termed the ‘intergenerational ambivalence’ perspective. In this article, we explore the applicability of this perspective to the issue of family caring. We begin by reviewing recent developments in the intergenerational ambivalence perspective. We then discuss a paradox: although caring appears to be a situation particularly prone to conflicting emotions, little research has focused specifically on ambivalence among carers. We present results from our work that shed light on the measurement of carer ambivalence, as well as substantive findings regarding sources of ambivalence for carers.

**key words** family caregiving • intergenerational relations • ambivalence • measurement

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### Introduction

The dramatic increase in interest in intergenerational relations is one of the more notable recent developments in social science. Over the past three decades, scholars from a variety of disciplines have written extensively on relationships between older parents and their adult children. The burgeoning literature contains an abundance of empirical insights, based on large-scale surveys and longitudinal studies, as well as hundreds of small-scale interview and case studies.

This attention to parent–child relations in later life is justified for several reasons. First, it responds to new demographic realities: increases in the lifespan have greatly lengthened the shared lifetime of generations. Many adults can therefore look

forward to continued parent–child relationships of 30 years or more *as adults*. This unprecedented ‘common lifetime’ can provide opportunities for positive family involvement by elderly persons. However, increased life expectancy also leads to a greater likelihood that children will spend time caring for disabled older relatives. Coupled with declining fertility in the baby-boom generation, this development indicates that larger numbers of elderly people will be cared for by fewer offspring.

Second, relationships in the aging family have become increasingly complex. Both parents and children have a greater tendency to divorce and remarry than in earlier periods, leading to a sometimes complicated web of single-parent families, step-families and blended families. Women’s increased participation in the labour force, and their return to college in great numbers, introduced changes in the time that has traditionally been devoted to ‘kinkeeping’ between the generations. Geographical mobility frequently makes it necessary to negotiate intergenerational relations over wide distances.

Thus, parent–child relations in later life are operating under new social conditions and increased complexity. However, much published work on parent–child relations in later life does not highlight this interplay of positive and negative aspects of intergenerational bonds. Instead, many analysts have noted a tendency to focus on either the positive *or* the negative aspects of intergenerational relationships in social science research. The majority of studies have emphasised the consensual aspects of parent–child relations, highlighting mutual assistance, shared values, family loyalty and affection.

Research, in fact, has consistently shown that most parents and adult children report that their relationships are meaningful and supportive. However, a range of scholarship has also shown that troubled relationships and negative interactions are common between parents and adult children. Further, such problematic relationships are a significant source of psychological distress for both parents and children (Pillemer et al, 2010; Suito et al, 2015) and in more extreme forms may even involve verbal and physical aggression or neglect (Lachs and Pillemer, 2004).

To investigate these complexities, scholars are moving beyond simple models of older parent–adult child relationships to orientations and approaches that recognise contradictory emotions and assessments in family relationships in later life (Pillemer et al, 2007). Sociological ambivalence is a promising lens through which to understand family phenomena such as caring (Connidis and McMullin, 2002). In this view, ambivalence is seen as taking place in the context of structured sets of social relations. At the individual level, people are more prone to ambivalence when such structural arrangements constrain their ability to act autonomously. Thus, the hallmark of a focus on ambivalence is the ability to link social structure and individual action in the context of family life.

These lines of thinking have given rise to what has come to be termed the ‘*intergenerational ambivalence*’ perspective. In this article, we explore the applicability of this perspective to the issue of family caring. We begin by reviewing recent developments in the intergenerational ambivalence perspective. We then discuss a paradox: although caring appears to be a situation particularly prone to conflicting emotions, little research has focused specifically on ambivalence with regard to caring. Finally, we present results from our work that shed light on the measurement of carer ambivalence, as well as substantive findings regarding sources of ambivalence for carers.

## Defining ambivalence

Although scholars have debated the precise definition of the term, for empirical purposes, operationalising the concept is relatively straightforward. In developing a definition, we rely on the extensive social–scientific literature on ambivalent attitudes. Social psychologists, in particular, have shown that ambivalence characterises attitudes in domains as disparate as marriage, early stages of romance, abortion, eating meat, presidential candidates, pregnancy, dieting, physical exercise, capital punishment and even towards the self (Van Harreveld et al, 2015).

Psychologists and other attitude researchers are very clear regarding what is meant by ambivalence. In their comprehensive review, Van Harreveld and colleagues (2015) synthesise existing definitions and provide a clear definition of the construct of ambivalence: (1) negative and positive associations need to be present in an attitude; and (2) these positive and negative associations are relevant at the same time. This definition is consistent with sociological formulations such as that offered by Weigert (1991: 21), who defines the term as ‘the experience of contradictory emotions toward the same object’. Ambivalence can also be observed in individual motivations, that is, ‘simultaneous attraction to and repulsion from pursuing a particular line of action’ (Weigert, 1991: 19). In everyday speech, the term has this connotation of holding two contradictory emotions, motivations or values at the same time.

## Trends in research on intergenerational ambivalence

The intergenerational ambivalence perspective has emerged as an organising concept for studying intergenerational relations that emphasises mixed attitudes, emotions and cognitions. Pillemer and colleagues have proposed that the experience of intergenerational relations in adulthood is characteristically ambivalent (Pillemer and Lüscher, 2004; Pillemer and Suito, 2002, 2005). That is, rather than operating exclusively on the basis of affection, assistance and solidarity, or under threat of conflict or abandonment, intergenerational relations revolve around sociological and psychological dilemmas and contradictions. A growing cohort of scholars has sought to understand the quality of parent–child relations by incorporating ambivalence in both theoretical and empirical work (Willson et al, 2006; Fingerman et al, 2004; Lendon et al, 2014).

A number of studies have confirmed that ambivalence between older parents and adult children is a common phenomenon. Despite using different measures of ambivalence, both Fingerman et al (2004) and Pillemer and Suito (2002) found that approximately 50% of the older parents in their samples reported some degree of ambivalence towards their adult children. In a study focusing on adult children, which used somewhat more restrictive criteria, Willson et al (2006) found that 28% of adult children experienced ambivalence towards elderly parents. Van Gaalen and Dykstra (2006) developed a typology of adult child–parent relationships using a large panel study; 29% of families were categorised as ambivalent. Qualitative studies have found some degree of intergenerational ambivalence to be present among most or all respondents (Peters et al, 2006; Rappoport and Lowenstein, 2007). Taken together, these studies provide strong support for extending the study of investigating ambivalence in intergenerational relations.

Four themes in current scholarship regarding intergenerational ambivalence are particularly noteworthy. First, researchers have explored factors that predict higher levels of intergenerational ambivalence. One line of investigation has hypothesised ambivalence to result from incompatible normative expectations for relationships with children or parents, which, in turn, produce contradictory feelings towards them. In particular, when children fail to achieve or maintain normative adult statuses, conflict occurs between the norm of solidarity with children and the normative expectation that children should become independent adults. When children do not fulfil expectations for normal adult development, parents continue to desire contact and to express solidarity towards the child, while simultaneously feeling disappointment about the child's life and self-doubt regarding parenting. Empirical support for this pattern has been found in several studies (Pillemer and Suito, 2002; Pillemer et al, 2007, 2012; Birditt et al, 2009).

Other factors have also been found to predict ambivalence. Research has indicated that the similarity of values between parent and child reduces ambivalence (Pillemer and Suito, 2002; Pillemer et al, 2007, 2012). Gender of the parent appears to play a role in ambivalence, with fathers exhibiting higher levels than mothers (Van Gaalen and Dykstra, 2006; Pillemer et al, 2012). Declining health of the parent has also been found to be related to higher levels of ambivalence (Fingerman et al, 2008; Rook et al, 2012; Willson et al, 2006), a finding that is very relevant to caring.

Second, as studies have proliferated, a need for more sophisticated measurement has emerged; indeed, to date, little effort has been expended on the design of reliable and valid instruments to assess ambivalence. Two measurement approaches have been used: direct measures that ask respondents to report their experience of mixed or ambivalent feelings; and indirect measures that separately assess positive and negative dimensions and use a formula to calculate an ambivalence score. Recent research has shown that although they are moderately associated, the relationship between the two types of measures is not sufficiently strong to demonstrate that they capture the same underlying construct. Further, the findings suggest that direct and indirect measures have different meanings for particular subgroups of parents and adult children (Gilligan et al, 2015). There is consensus among scholars that the development of reliable and valid measures of intergenerational ambivalence is a priority for investigators. Later in this article, we respond to this need by profiling a new measure of ambivalence among carers.

Third, researchers have begun to examine the degree to which intergenerational ambivalence predicts outcomes of interest. Early formulations of the intergenerational ambivalence perspective (cf Luescher and Pillemer, 1998; Pillemer and Lüscher, 2004) proposed that dilemmas in parent–adult child relations and the resultant mixed feelings are normative and may therefore not be predictive of distress. Several studies, however, have found that higher levels of intergenerational ambivalence are negatively correlated with measures of psychological well-being (Fingerman et al, 2008; Suito et al, 2011). Understanding the impact of intergenerational ambivalence on both individual and family outcomes is a highly promising area for future research.

Fourth, investigators have begun to conduct international comparative research on ambivalence. Such studies provide a unique opportunity to link the two components of ambivalence that have been identified in the literature (Luescher and Pillemer, 1998): ambivalence at the level of social structure; and subjective ambivalence experienced at the individual level. An example of this type of analysis that bridges

macro-level and micro-level domains of family life is work by Silverstein and colleagues (2012). Exploring ambivalence in six countries, these investigators found variations cross-nationally related to political economy and cultural characteristics (see also Rappaport and Lowenstein, 2007). Cross-national comparisons of this kind are likely to increase our understanding of ambivalence in later-life families.

Despite this history of interest, it is surprising that the concept of ambivalence has generally not been applied to the topic of family caring. Given the almost universal experience of mixed feelings around providing care, and the frequent portrayal of such contradictions in literature and film (such as *Still Alice* and *Away from her*), this lack of attention is a major gap in research. Research can shed light on such questions as: is some degree of ambivalence, in fact, characteristic of caring relationships in later life? If so, do participants in these relationships identify ambivalence when it occurs? Further, is intergenerational ambivalence among carers related to other variables of interest? In the remainder of this article, we discuss selected issues in the study of ambivalence and caring, and make suggestions for future research and practice.

## Changing dependencies and ambivalence

Increased parental dependency is frequently cited as a factor that negatively affects the quality of older parent–adult child relations. Studies have highlighted imbalanced exchanges and perceptions of inequity between the generations as major causes of family disharmony. For example, several investigations have suggested that an increase in parents' dependence upon their adult children may reduce positive feelings between the generations (Fingerman et al, 2006; Hillcoat-Nallétamby, 2010). Other studies have found that adult children's feelings of closeness and attachment are reduced when parents' health declines. As parents' health deteriorates, adult children are likely to need to increase their levels of support to previously independent parents, as well as to accept a lessening or termination of the parents' provision of support – thus disrupting the previously established flow of support between the generations.

Hundreds of articles have been published examining the experiences of families at this stage of the life course. Research has documented the strains experienced by middle-aged children when their parents become dependent, including practical problems of managing competing demands on their time and energy, as well as emotional stress, increased social isolation, guilt and feelings of inadequacy. Besides establishing both the prevalence of support for ageing parents and problems in providing care, researchers have attempted to determine who is most likely both to become a carer and to experience the greatest stress from caring.

Although most research has focused on the detrimental consequences of caring, recent evidence suggests that carers can also identify positive consequences of caring, with calls from researchers to integrate both the negative and potential positive health effects of informal care provision (Roth et al, 2015). Positive aspects usually involve feelings of gratification derived from helping someone they love and fulfilling expectations of filial responsibility. Thus, the issue of changing dependencies in later life reflects the twin themes of consensus and conflict evident throughout theory and research on intergenerational relations. As such, caring would appear to be an ideal 'laboratory' in which to study ambivalence. Mixed feelings can be exacerbated by a difficult pre-existing relationship with the care recipient, as well as the presence of discrepant values regarding care between child and parent (Pillemer and Suito, 2005).

Social-structural contradictions can also produce carer ambivalence. Most notably, pressures due to multiple family and work commitments or roles are an important factor. Significant research shows that adult children are attached to parents and desire to help and protect them as they age (Nelis et al, 2014). However, this bond between children and parents frequently comes into conflict with other attachments. Perspectives on attachment in adulthood assert that romantic love is a form of attachment (Hazan and Shaver, 1987). Thus, attachments to one's mate, and to one's own children, come into conflict with attachment to parents as adult children balance the use of time and resources between a number of attached figures. Further, attachment between parents and children in later life must also compete with cultural norms and values. For example, parents' and children's desires to be supported by one another compete with norms that strongly promote independence in American society.

George (1986: 84) provides an excellent example of this type of ambivalence from a carer in her study:

I want to take care of my dad, but I have my own family, too. My husband doesn't say much, but I know he wonders when it will end. My kids are coming to hate old people. They don't understand why Grandpa screams and won't call them by their names. If I put Dad in a nursing home, I'll be miserable. But I'm miserable now, too.

Conflicts arising in the caring context may also vary depending on the cultural background of the carer. For example, among Latinos, cultural norms promote proximity among family members, aligning with what has been considered a collectivistic culture. However, such collectivistic values can be difficult to sustain in an individualistic society that does not encourage familism as a motivation for providing care at home. This situation may increase carers' ambivalence as they try to balance societal pressures with cultural expectations and norms (Losada et al, 2006).

Similarly, patterns of ambivalence may differ for African-Americans. As we have reported elsewhere (Suitor et al, forthcoming), studies over the past two decades have demonstrated greater cohesion in black than white families, as well as stronger norms for filial responsibility. Further, there is evidence that family conflict has stronger negative effects on the well-being of African-Americans (Cichy et al, 2012; Suitor et al, 2015). It is possible that African-American carers may experience heightened levels of ambivalence resulting from both greater obligation and more negative reactions to family conflict. Ambivalence may also be heightened given that African-American family members are more likely to provide housing and practical help than white family members (Sarkisian, 2006). Additional research is greatly needed to explore these and other possible cultural and ethnic variations in ambivalence and care.

Further, adult children must balance attachment to parents with the geographic mobility required by the job market, as well as with the normative expectation that they will have a primary identification with their work life. Moen and DePasquale (2017) note that informal family care is increasing as older parents live longer, and most family carers are managing jobs while they are providing care. Role conflict emerges as individuals, and primarily women, seek to reconcile the demands of the workplace with elder caring responsibility. Research suggests that many carers report having insufficient time to perform either role and sometimes feel inadequate in

both (Hansen and Slagsvold, 2015). This situation may worsen as public resources to support both older parents and younger working people are declining (Moen and DePasquale, 2017).

In sum, family caring of dependent older parents appears to be an ideal opportunity to study the nature and dynamics of intergenerational ambivalence. However, empirical research on ambivalence in this context is lacking. There is limited evidence from qualitative research that mixed emotions may lead to carer distress. For example, Shim and colleagues (2012) identified carers who reported feeling both overwhelmed and satisfied with caring. Harding and Higginson (2001) found that carers were ambivalent about their own needs in the relationship. However, most investigators have focused on parental ambivalence towards adult children and have not examined offspring's ambivalent feelings in the context of care.

In the remainder of this article, we respond to this need by describing a new method of assessing carer ambivalence, as well as findings related to correlates of ambivalence in caring situations. We then explore possible implications of this initial work for future research and for the development of innovative carer interventions.

## Measuring carer ambivalence

To date, limited attention has been paid to the measurement of ambivalence, and prior to the research described later, no specific measures for caring ambivalence had been developed. Two approaches have been used in studies of intergenerational ambivalence to date. Most studies of intergenerational ambivalence have used indirect measures, which involve assessing individuals' independent positive and negative assessments of an individual or the relationship. The researcher then sums the positive and negative items and uses one of several formulas to produce a numeric value representing the balance between positive and negative sentiments. Several methodological problems have been raised regarding indirect measures of intergenerational ambivalence, and, in particular, that the negative component of these measures is primarily responsible for associations between ambivalence and psychological well-being, rather than mixed emotions (Gilligan et al, 2015).

Direct measures of intergenerational ambivalence ask respondents to directly respond to individual statements that present simultaneously positive and negative assessments of their relationships with parents or children. Most direct measures involve asking individuals questions regarding contradictory feelings towards their relative, such as whether they 'have mixed feelings' or 'feel torn or conflicted' in the relationship. Although direct measures have infrequently been used in the intergenerational ambivalence literature, they are much more widely used in other fields, such as clinical-psychological research and attitude measurement, where it is referred to as 'felt ambivalence'. The common link across these approaches is that individuals are asked to acknowledge that they hold clearly incongruent feelings regarding parents or children.

A clear need thus exists for a reliable and valid measure of carer ambivalence. In an effort to develop such a measure, Losada and colleagues (2017) conducted face-to-face interviews with 401 dementia family carers drawn from social and health-care centres in Madrid (Spain). As part of this study, they included questions aimed at developing the Caregiving Ambivalence Scale (CAS), a direct measure of ambivalent feelings that may emerge in the caring context. The items on the scale were derived, in part,

from earlier work by Pillemer and Suito (2002) on ambivalence and intergenerational relationships. Pillemer and Suito (2002) created a five-item scale that included items regarding the degree to which respondents felt torn or conflicted about the child and had very mixed feelings towards the child. That scale, however, was never validated and its psychometric properties are unknown.

Losada and colleagues drew upon this scale, as well as their clinical-psychological experience working with dementia family carers, to develop a five-item scale to measure ambivalent feelings among dementia carers. The goal was to design a useful but brief scale for use in empirical studies, as well as having potential application to clinical settings. Respondents are asked to select a response on a Likert-type scale that ranges from 'never' (0) to 'always' (3). Examples of items are 'I feel as much satisfaction as resentment by being a caregiver' and 'I have positive and negative feelings towards my relative at the same time' (for the complete scale, see Losada et al, 2017).

The results of analyses demonstrated good psychometric properties of the CAS. Principal component analysis and confirmatory factor analysis showed that the CAS has a unidimensional structure and good internal consistency, and explains a significant proportion of variance of the ambivalence construct. However, these results should be taken with caution, considering the preliminary nature of the CAS and the need for other studies to support these initial findings. The investigators also found a positive association between ambivalence and caring stressors, such as the care recipient's disruptive behaviours. To be sure, additional measurement efforts are needed to further refine the measurement of carer ambivalence, but the CAS both appears to be appropriate for studies and points the way for the development of direct measures of ambivalence in caring situations, as well as more generally.

## Correlates of carer ambivalence

We have also begun to shed light on possible correlates of ambivalence, as measured by the CAS. The results support the hypothesis that the direct measure of ambivalence would be positively associated with symptoms of depression and anxiety, even after controlling for relevant socio-demographic variables, caring stressors and appraisal variables. Ambivalence measured by the CAS was associated with both outcomes, but, in particular, with carer anxiety (Losada et al, 2017).

In a further effort to understand the potential impact of carer ambivalence on important outcomes, we sought to understand the relationship between ambivalence, guilt and mental health outcomes among family carers. An underexplored variable that may contribute to carers' depressive symptoms is feelings of guilt. Guilt has been described as 'the dysphoric feeling associated with the recognition that one has violated a personally relevant moral or social standard' (Kugler and Jones, 1992: 318). Prior research has found associations between carers' guilt feelings and depressive symptoms (Gonyea et al, 2008), as well as their reaction to care recipients' disruptive behaviours (Losada et al, 2010). Losada and colleagues (2018) explored the relationship between the experience of ambivalence and guilt feelings, and the role of both variables in depressive symptomatology. Specifically, they proposed that experiencing coinciding positive and negative feelings towards the care recipient would lead to guilt about those mixed feelings, and, in turn, would predict higher levels of depressive symptoms.

The findings revealed an interesting pattern that suggests the importance of ambivalence. Specifically, Losada and colleagues (2018) found an initially significant



correlation between the frequency of, and reaction to, disruptive behaviours and carers' depressive symptomatology. However, when ambivalence and guilt feelings were controlled for, this relationship became insignificant. Thus, the association between disruptive behaviours and carer depression was mediated through guilt and ambivalence. Clinical experience with carers suggests that disruptive behaviours are particularly likely to generate negative emotions like anger and shame, although they nevertheless feel love and attachment towards the parent. This co-occurrence of positive sentiments with very negative ones can lead to ambivalence, and, in turn, to guilt for having felt negative emotions towards a family member.

## Implications for research

In this article, we have argued that the intergenerational ambivalence perspective is particularly applicable to the experience of family carers. As caring has long been considered a status transition, a focus on ambivalence is very compatible with a life-course approach to parent–adult child relationships (Pillemer and Suitor, 2005). A life-course perspective on intergenerational relations includes a focus on: the dynamic nature of family circumstances and roles as individuals and family units progress through their lives; the interdependence of life choices among individual family members; the possibility of crises and diverging paths among members of the same family (Pillemer and Moen, 2000); and the social-structural and cultural imperatives facing families.

The context of caring is therefore an ideal setting for studying intergenerational ambivalence by employing a dynamic, life-course focus. In a classic article, Coser (1966: 144) argued that ambivalence should be especially intense during status transitions, because in 'changing from one status position to another, conformity with the requirements of one of these positions implies non-conformity with the requirements of another'. Therefore, heightened ambivalence is likely to characterise the transition to the status of family carer.

Indeed, a status transition such as becoming a carer provides an ideal laboratory for the study of intergenerational ambivalence. Our primary recommendation, therefore, is that researchers vigorously apply the ambivalence perspective to the issue of caring in order to better determine the degree to which mixed emotions, attitudes or cognitions affect a wide range of carer outcomes.

Based on the previous discussion, several lines of research seem particularly promising. First, studies should examine the role of ambivalence in decision-making among carers. A decision point that is likely to be highly ambivalent is whether to place a dependent parent in a long-term care facility. Placement is likely to raise simultaneous feelings of: guilt over 'abandoning' the parent; anxiety regarding his or her safety and well-being in an institution; relief at being released from the demands of daily care; and happiness at the opportunities to spend leisure time in personally fulfilling ways. An important area of study is the degree to which both the carer's and the care recipient's adjustment to placement may be affected by ambivalence regarding the move. A related area for exploration is ambivalence regarding end-of-life decisions and the degree to which mixed feelings affect whether individuals engage in planning (such as advance directives).

Second, in this article, we reported on an important advance in the measurement of ambivalence among carers. However, much more work needs to be done on

this topic. Investigators should vigorously explore more sensitive measures of both direct and indirect ambivalence, including using standard ambivalence measures available in the social-psychological literature on attitudes. Further, it is possible that cultural discrepancies could lead to significant differences in the extent, causes and consequences of intergenerational ambivalence. Therefore, the culturally sensitive measurement of carer ambivalence is an important priority.

Third, the research examples that we have provided here are cross-sectional studies; a major research priority is examining changes in carer ambivalence over time. It is likely that ambivalence varies across the caring career, responding to both individual changes as alterations in family and formal contexts and circumstances. A critical need exists for longitudinal studies that can examine shifts in ambivalence from the pre-caring period to after the onset of caring. Ambivalence is also likely to be heightened around specific events, such as a relative's diagnosis of dementia or institutional placement. Longitudinal research should examine the effect of life-course events, transitions and trajectories on ambivalence, and its effects on caring outcomes.

Fourth, researchers should explore the influences that cultural factors may have on ambivalent feelings. For example, it could be hypothesised that in collectivistic, familistic and religious cultures, the experience of relief due to respite care or institutional placement would be mixed to a greater degree with guilt than in more individualistic cultures. Similarly, in such cultures, providing care to a relative is seen as expected and normative, and should be provided with love and willingness to sacrifice. Having thoughts or emotions such as hate or anger is likely to be experienced by these carers as a violation of core values. If carers try to avoid these negative thoughts or emotions, instead of accepting them as a normal experience in a very stressful context, other negative emotions such as guilt or depression may appear, as well as physical outcomes such as increased blood pressure (Márquez-González et al, 2017).

## Implications for policy

The intergenerational ambivalence perspective has not yet had widespread application in discussions of family policy. Although a full treatment of the issue is beyond the scope of this article, we propose that the evidence regarding the ambivalent nature of caring can inform policy discussions. In particular, the emphasis on conflicting demands by social institutions points to the need to develop structures that reduce sources of ambivalence for carers and assist them in managing ambivalence when it cannot be resolved (Katz et al, 2005). Family policy in the present case entails actions by federal, state and local governments, as well as voluntary organisations, aimed at supporting caring and thereby improving family well-being (Moen and DePasquale, 2017; Pillemer and Moen, 2000).

The ambivalence approach can inform the issue of intergenerational relations and family policies in a variety of ways. First, social policies can foster or hinder the ability of families to adapt to changing circumstances, such as the need to balance the care of a parent in a health crisis with workforce participation. Indeed, as several scholars have pointed out, it is likely that the intersection of roles, such as those of worker and carer, generates the strains and challenges for individuals and families that, in turn, create ambivalence (Connidis and McMullin, 2002; Sarkisian, 2006). In this case, policies that promote flexibility in the location and schedule of work may reduce ambivalence as parental needs emerge. Second, policy can address the gap

between carers' needs and the resources that are provided for them. Given that guilt and ambivalence can result from placing a relative in an institution, a worthwhile policy goal is promoting service options that support, but do not replace, families' abilities and commitments to care. A third example is raised by our discussion of the intersection of cultural factors with caring and ambivalence. Given that the degree and nature of ambivalence may differ among racial and ethnic groups, policy that promotes culturally sensitive caring interventions is recommended.

## Implications for practice

Ambivalence research can provide valuable guidance for interventions to improve the quality of caring relationships. First, suggestive evidence shows that lower levels of ambivalence are predictive of the intention to change behaviour and behaviour change itself, that is, reduced ambivalence leads to behaviour change (Pillemer and Suito, 2005). For instance, Sparks and colleagues (2001) found that the correlation between attitudes towards various health behaviours and actually performing the behaviours was lower for more ambivalent subjects. This lack of consistency between attitudes and behaviours has implications for carer support programmes. Thus, researchers could explore the possibility that ambivalence may predict why some carers fail to seek help or use available services. Such studies may open up new possibilities for intervention based on the ambivalence perspective.

The finding that care recipients' disruptive behaviours increase carers' ambivalent feelings also has implications for intervention. Specifically, training carers in skills for managing disruptive behaviours (eg Logsdon et al, 2007), or in techniques for promoting acceptance of the behavioural and psychological symptoms of the dementias and validating the negative feelings associated with them, may reduce carers' distress by decreasing the chances of having ambivalence and guilt feelings (Losada et al, 2015). Validating negative emotions (eg normalising occasional feelings of hostility towards a loved mother or father) by training carers in acceptance skills and providing resources for coping with the stress associated with caring may be helpful treatment strategies for reducing the impact of ambivalent feelings on carers' well-being. Given the potential effects of ambivalent feelings on carers' health, future research should be devoted to increasing our understanding of the pathways to mixed feelings in caring and how best to intervene to reduce and resolve them.

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