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Intergenerational Ambivalence: Aging Mothers Whose Adult Daughters are Mentally Ill

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Abstract

Research on families dealing with mental illness has considered either positive or negative aspects of intergenerational family relationships. The current study extends this work by using intergenerational ambivalence theory to examine aging mothers' contradictory expectations toward adult daughters who are mentally ill. This study focuses on interviews obtained from a sample of 22 mothers aged 52–90 who expressed considerable sociological ambivalence in relation to their grown daughters. Four strategies of managing ambivalence are identified: excusing behaviors, reducing expectations, adjusting help-giving, and confronting. The implications are that practitioners should be aware of intergenerational ambivalence, help aging parents identify their ambivalence management strategies, and assess the extent to which these strategies are adaptive. Future research directions in this area are also discussed.

Severe mental illness has a rippling effect on the entire intergenerational family system. Aging parents may be particularly vulnerable to the vicissitudes of an adult child's mental illness as they face the dual challenge of caring for their child while also attending to their own aging (Chen, 2008; Goodman, 2004). Earlier research on aging parents highlights the negative repercussions associated with caring for an adult child with mental illness, such as self-blame, guilt, and neglect of family members (Lefly, 1989). More recent research points to positive ramifications such as intimacy (Goodman, 2004), gratification (Schwartz & Gidron, 2002) and sensitivity (Chen & Greenberg, 2004), as well as support from the adult child (Greenberg, 1995). Taken together, this small body of research has separately considered either the positive or the negative reactions of aging parents toward their adult

children with severe mental illness. However, there has been little systematic effort to simultaneously examine both positive and negative reactions to these relationships.

Gerontologists have recently coined the term “intergenerational ambivalence” to describe the coexistence of conflicting emotions toward and expectations of another family member (Connidis & McMullin, 2002; Luscher & Pillemer, 1998). While previous research on families dealing with mental illness makes occasional references to ambivalence (Bulger, Wandersman, & Goldman, 1993; Lefly, 1997), this paper focuses only on ambivalence in such families.

Aging mothers with adult daughters who are mentally ill may be particularly susceptible to ambivalence for several reasons. First, within the general population, the vast majority of older mothers experience some degree of ambivalence toward their adult children (Pillemer, 2004). Mothers and daughters tend to have particularly intense emotional relationships that make them especially susceptible to feelings that are simultaneously intimate and conflicting (Fingerman, 1996). Second, the ambivalence that occurs between mothers and daughters may become more salient over time as they attempt to balance their interconnected needs for autonomy and interdependence (Willson, Shuey, & Elder, 2003). Indeed, research suggests that older mothers are more ambivalent about their daughters than are younger mothers (Pillemer & Suito, 2002). Third, older mothers may be especially ambivalent about relationships with their adult children who are mentally ill because they are more likely than fathers to experience negative reactions, such as being engulfed by their caregiving responsibilities (Greenberg, 2002), as well as positive reactions such as relationship satisfaction (Pickett, Cook, Cohler, & Solomon, 1997). Thus, this paper uses intergenerational ambivalence theory as a framework for understanding the mixed expectations of mothers whose daughters are mentally ill, as well as their efforts to reconcile these expectations.

Intergenerational Ambivalence Theory

Two constructs from intergenerational ambivalence theory (i.e., sociological ambivalence and ambivalence management) are particularly relevant to understanding the experiences of aging mothers in relation to their adult daughters with severe mental illness.

Sociological Ambivalence

Sociological ambivalence can occur when conflicting normative expectations are placed on a social role (Merton & Barber, 1963). That is, when individuals experience contradictory expectations for a role they hold, the pressure to subscribe to these incompatible norms may lead to ambivalence (Connidis & McMullin, 2002; Willson et al., 2003). Intergenerational ambivalence theorists suggest that one source of sociological ambivalence for aging parents is the conflict they experience between two competing societal norms: intergenerational solidarity and intergenerational independence (Luscher & Pillemer, 1998). Older parents experience sociological ambivalence because they feel obligated to help their adult children and provide them with concrete support (i.e., intergenerational solidarity) but simultaneously feel that their adult children should be establishing independent lives, and ultimately, should be providing support to them (i.e., intergenerational independence). Substantiation for this theory exists in empirical research on older mothers (Pillemer & Suito, 2002), which indicates that a predictor of their intergenerational ambivalence is the presence of adult children who remain dependent upon them for financial support.

Ambivalence Management

Intergenerational ambivalence theorists are attempting to identify mechanisms by which adult children and aging parents handle ambivalence (Connidis & McMullin, 2002; Luscher

& Pillemer, 1998). Early theoretical work on ambivalence suggests that to deal with conflicting societal expectations, individuals may oscillate between contrasting behaviors that are consistent with contradictory norms (Merton & Barber, 1963). Alternatively, they may choose behaviors consistent with one norm while ignoring the other (Weigert, 1991). More recently, Connidis and McMullin (2002) added to the theoretical literature on ambivalence management strategies by hypothesizing that confrontation, rationalization, and acceptance are also mechanisms by which individuals deal with ambivalence.

In one of the first empirical studies of ambivalence negotiation, Spitze and Gallant (2004) examined the mixed reactions of older parents who were experiencing increased dependence on their adult children. The parents were conflicted by their desire to be simultaneously close to and also autonomous from their children. They appreciated their children's concern but also resented their overprotection. Consistent with the hypothesized mechanisms we described previously, Spitze and Gallant identified several strategies used by the aging parents to handle their ambivalence. These strategies included: ignoring the problematic situation, rationalizing that they were not receiving much assistance, and accepting that ambivalence was inevitable in intergenerational relationships. Spitze and Gallant found little evidence of confrontation as an ambivalence negotiation strategy and suggested that aging parents may avoid confrontation because they do not want to risk disrupting their relationships with their adult children. Because the ambivalence management strategies identified by Spitze and Gallant were based on the experiences of aging parents who were dependent upon their adult children, such strategies may be quite different for aging parents with dependent adult children, such as those who are mentally ill.

Given that there is little empirical research on intergenerational ambivalence among families in which a member is mentally ill, qualitative methods are especially well suited for exploring this area of research. Based on open-ended questions about their family relationships, the present study enables us to shed light on sociological ambivalence and the negotiation of ambivalence by aging mothers whose daughters are mentally ill.

Methods

Recruitment and Data Collection

This study used purposive sampling to identify aging mothers of adult daughters with a serious mental illness. The daughters were part of a larger study conducted from 1997 to 2003 that interviewed 379 women who were mentally ill and had children (Mowbray, Oyserman, & Hollingsworth, 1996). In the current study, some of their aging mothers were interviewed. In particular, we identified older mothers whose daughters had experienced an earlier onset in their mental illness and who varied with respect to race (i.e., African American or Non-Hispanic White). The resulting sample of aging mothers had been dealing with their daughters' mental illness for many years.

The recruitment of this sample involved several steps. First, the principal investigator of the larger study made the initial contact with the daughters from her study by sending them a letter that introduced the current research project and sought their involvement in the recruitment of their aging mothers. Next, the investigators of the present research project sent a letter to these daughters asking them to inform their mothers about the study and to provide researchers with their mothers' contact information. Once the mothers' contact information was obtained, researchers sent a new recruitment letter to notify the mothers that an interviewer would be calling them. Using a telephone script, interviewers followed up with the mothers by telephone to determine their willingness to be interviewed. If mothers chose to participate, the interviewers scheduled an appointment at a time and location that was convenient for the mother.

Recruitment of this sample of aging mothers was challenging. In order to obtain a sample of 22 aging mothers, we attempted to locate almost one-third of the daughters from the original study conducted by Mowbray et al. (1996). However, it was often difficult to find these daughters due to an inability to locate current addresses. Further recruitment difficulties included mothers' death, daughters' reluctance to provide referral information, and mothers' reluctance to be interviewed. Thus, our sample probably over-represents aging mothers who have ongoing relationships with daughters who are geographically stable.

Two graduate students conducted the interviews between January and July 2005. Most interviews were conducted in person, with the exception of five telephone interviews that were conducted with mothers who lived out of state. After obtaining the participant's informed consent, each interviewer administered a questionnaire that included open-ended and structured questions. The interviews ranged in length from 45 to 100 minutes (average = 66 minutes). The questionnaire included items related to the aging mothers' backgrounds, current living situations, health, social supports, social roles, long-term care expectations and concerns about their own care, help from informal networks, and the quality of their relationships with their daughters who were mentally ill. The analyses presented in this paper focus on the open-ended questions pertaining to the mother-daughter relationship. These questions asked about ways in which the aging mother currently reciprocated support (e.g., confiding, respecting, caring when sick) with the daughter who was mentally ill and ways in which she anticipated depending upon the daughter in the future.

Sample Characteristics

Twenty-two aging mothers were interviewed for this study. Their average age was 67 (range 52–90 years). Most of the mothers ($n = 17$) had finished at least high school. The household incomes for all of the mothers ranged from “none or less than \$2,999” to “\$50,000–\$59,999.” Most were married ($n = 11$) or widowed ($n = 7$), and the remainder were divorced ($n = 3$) or in a long-term relationship ($n = 1$). With respect to race, 11 of the mothers were African American and 11 were White. Most of the aging mothers ($n = 17$) lived in Southeast Michigan. The mean age of the daughters was 43 years (range 32–62 years). While most were the biological daughters of their mothers, one was adopted and two referred relatives who were not their mothers (i.e., grandmother and aunt) for interviews because the daughters considered these women to be their mothers. All the daughters were themselves mothers; they had on average 2.45 children (range 1–5). The daughters' mental health diagnoses were based on the Diagnostic Interview Schedule (DIS) administered as part of the earlier study (Mowbray et al., 1996), or from the records of Community Mental Health Services that were also collected as part of the earlier study. Their mental health diagnoses included major depressive disorder, bipolar disorder, anxiety disorder, and schizophrenia type. The mean age of onset for these mental health problems was 18 years (range 6–27 years).

Data Analysis

The present study used several strategies, suggested by qualitative researchers (Lincoln & Guba, 1985; Padgett, 1998; Patton, 2002), to ensure rigor during data analysis. These strategies included analyst triangulation (i.e., three investigators analyzed the transcripts), team debriefing (e.g., investigators discussed the emerging codes and illustrative examples with the study team members), and maintaining an audit trail (i.e., investigators documented all analytic decisions).

Initially, all the interviews were tape recorded and professionally transcribed. Researchers then analyzed these transcripts thematically (Boyatzis, 1998) using both inductive and deductive approaches. That is, after inductively identifying intergenerational ambivalence as

a key theme in the data, a deductive framework from ambivalence theory was used to organize the data. Subsequently, this framework was inductively augmented by the identification of new themes from the current data.

This “cycle of induction and deduction” (Nelson Goff et al., 2006, p. 453) included a number of steps. First, members of the research team inductively identified themes relevant to the older mothers’ relationships with their daughters with mental illness and their daughters’ children. Researchers subsequently incorporated these themes into a coding schema used to organize the transcript data via NVivo, a software package designed for qualitative data analysis. Team debriefings to review these preliminary analyses resulted in a consensus that intergenerational ambivalence was a particularly salient theme for the older mothers. The emergence of this theme was significant because the interviewers had not directly addressed questions about ambivalence. Next, a subgroup of analysts (the first three authors) identified those mothers who expressed ambivalence during the interview and examined the nature of their ambivalence. The three analysts discussed any discrepancies concerning which mothers were ambivalent and the nature of their ambivalence and the discrepancies were resolved by consensus. The analysts deductively applied the previously described constructs from ambivalence theory (i.e., sociological ambivalence and ambivalence management) to the transcripts. Finally, they inductively identified the themes that emerged in relation to each construct.

Findings

The qualitative approach employed here is not suited for determining the prevalence of sociological ambivalence and the strategies for managing ambivalence. Therefore, we describe findings thematically in relation to aging mothers’ experience of sociological ambivalence and the mechanisms by which they managed their ambivalence. In the sections that follow, several quotes from the aging mothers are presented to ground our findings in their experiences.

Sociological Ambivalence

A major source of ambivalence for the aging mothers in our sample was their own contradictory expectations concerning the roles they should play in their daughters’ lives. On the one hand, they felt they should support their daughters; on the other hand, they felt they should avoid undermining their daughters’ independence. Consistent with Luscher and Pillemer (1998), the mothers wrestled with their dual allegiance to the competing norms of solidarity versus independence. A 63-year-old mother with a pregnant daughter was particularly eloquent about this quandary. Her daughter, who had major depression, had considerable difficulty caring for the children she already had. When the mother learned of her daughter’s decision to have another child, she told her daughter she would provide no further assistance. Despite her resolve to withhold help, she acknowledged, “I know that if we get a phone call, you know, that last month or two and let’s say she needs complete bed rest, even though I said I wouldn’t do it, I’d find it very difficult for me to turn a deaf ear.” She then wondered aloud whether the help she provided during such crises undercut her daughter’s ability to learn from her mistakes, “Do I make life too easy for her? In other words, like when she gets into trouble, do I bail her out?”

In another example of contradictory expectations, an 87-year-old mother whose daughter had major depression with psychotic features described how her daughter’s lack of responsibility and belligerence had alienated everyone in the family. The aging mother was conflicted by her commitment to help her daughter versus her commitment to encourage her daughter’s self-reliance. In this case, a second daughter was pressuring her to withhold help from the depressed daughter. The mother’s plaintive response was, “It’s hard, you know, to

give your child up when you know she has a problem.” For this mother and others in our study, the sociological ambivalence that emerged from two conflicting norms appeared to be further complicated by their daughters’ psychiatric vulnerability. That is, the mothers felt they should promote their daughters’ independence, but the precarious emotional states of their daughters also evoked an obligation to provide help.

The mothers also experienced conflicting expectations concerning how much help they should give their daughters versus how much help they should expect to receive. Some were beginning to experience their own frailty but were unsure of the extent to which they could count on their daughters for support. A 61-year-old mother whose daughter had major depression described her feelings in this way:

So, you know, what I would expect from a daughter is to have an endearing, deep relationship and “I’m there for you, Mom!” and have it played out in different ways. At this point in time, I have doubts because I see myself walking the walk, extending myself [in] numerous ways and it’s more give on my part and take on [her] part. So how that will play out when I’m older? I don’t know.

Instead of counting on their daughters to be a safety net when they needed help, these mothers needed to be the safety net. Hence, at least a component of their ambivalence appeared to be related to feeling uncertain about how much they could expect help from their daughters when they needed it.

Ambivalence Management

As the aging mothers described the ways in which they interacted with their daughters, they also talked about how they dealt with their own mixed reactions about these relationships. From these portions of the interviews, we identified several strategies they used to negotiate their conflicting expectations.

Excusing daughters’ behaviors—One strategy was to excuse their daughters’ problem behaviors. Mothers tried to view their daughters’ illness as separate from their personalities. For example, the 87-year-old mother whose daughter had conflicted relationships with everyone in the family attested that, at her core, the daughter really had “a good heart.” She rationalized that her daughter was possessed by forces that were beyond her control and expressed this by explaining, “The demon just took her over.”

Mothers attempted to excuse their daughters by focusing on their intentions, rather than their behaviors. A 64-year-old mother whose daughter had a bipolar disorder emphasized her daughter’s generous spirit by explaining that she was “one of the most giving children that I have.” While acknowledging that her daughter’s manic-depressive behavior “drives me up the wall,” she also asserted that this daughter “would do all she could, if she was mentally, you know, stable.” By separating their daughters’ good intentions from their problematic behavior, the mothers could rationalize that the daughters would provide support if they were capable of doing so.

A part of this rationalization process involved the identification of their daughters’ positive qualities. While this positive identification process was easy for some, others found it difficult. A 56-year-old mother haltingly described the way in which her daughter, who had a type of schizophrenia, demonstrated respect. The most positive statement she could make was, “she don’t curse at me.” The 63-year-old mother whose daughter was again pregnant also tried to identify her daughter’s positive qualities in relation to how the daughter demonstrated respect. She observed, “I would like to say there are times when she listens and there are times when she accepts the responsibility of some of her behavior.” The difficulty in managing ambivalence by identifying positive traits was perhaps best illustrated

by the previously-mentioned 61-year-old mother whose daughter had major depression. The aging mother provided a detailed account of her daughter's problematic behaviors, including selfishness, negligent parenting, and belligerence. At the end of her narrative, she rationalized, "maybe for her she does the best she can."

When viewed from the perspective of sociological ambivalence, perhaps aging mothers excuse their daughters' behaviors as a means by which to deal with conflicting normative expectations of intergenerational independence versus intergenerational solidarity. It could be that by excusing their daughters, mothers experience greater solidarity with them which, in turn, results in diminished expectations about their daughters' independence. This process may result in less conflict for the mothers between the competing norms of intergenerational independence versus intergenerational solidarity. The strategy of excusing their daughter's behavior is consistent with Connidis and McMullin's (2002) notion that individuals use rationalization to manage their ambivalence.

Reducing expectations—Another strategy used by aging mothers to negotiate ambivalence was to limit their own expectations of their daughters. For some, this strategy was used to reduce their frustration concerning their daughters' lack of helpfulness. For example, when asked in what ways she confided in her daughter, who had a schizoaffective diagnosis, a 68-year-old mother explained, "I don't put any of my problems on her, but I'm always the one that's interceding with her, helping her with her own problems." When asked what kind of care she expected from her daughter as she got older, the 63-year-old mother mentioned earlier responded succinctly, "She's a manic depressive, so that would be none." These mothers seemed to be trying to protect themselves from the disappointment of receiving less support than they had hoped for from their daughters.

For other mothers, limiting their expectations was a way of dealing with the concern that their daughters would be overwhelmed by their requests for help. These mothers minimized their own requests to protect their daughters. A 73-year-old mother whose daughter had bipolar disorder with psychotic features explained how she carefully considered how much to confide in her daughter. "It depends; she's a worrier and I'm trying to think of, if it was something I thought would be upsetting to her I wouldn't probably go into it, not over the phone, maybe face-to-face." Some mothers avoided talking about their own health problems because they were concerned about worrying their daughters. For example, an 88-year-old woman whose daughter had a schizoaffective diagnosis had deliberately refrained from telling her daughter about a new heart monitor she was wearing.

Using the lens of sociological ambivalence, it may be that aging mothers place more importance on one societal norm (i.e., intergenerational solidarity) than the other (i.e., intergenerational independence). By reducing their expectations of their daughters and accepting their limitations, the aging mothers can justify continuing to help their daughters. This strategy of reducing expectations is consistent with Connidis and McMullin's notion (2002) that acceptance is a mechanism by which ambivalence is managed.

Adjusting help-giving—Mothers also dealt with their ambivalence by purposefully changing the amount of help they provided to their daughters. These changes included limiting the assistance they provided. The 63-year-old mother whose daughter was pregnant again described how she had started filtering what she talked about. "We talk every one or two weeks on the phone. But it's having an effect on me, so I don't ask a lot of questions and I don't give any suggestions." This method of managing ambivalence is similar to a strategy frequently described in the family caregiving literature—the setting of limits. In her review of studies on families who have children with disabilities, Lefly (1997) highlights the need for family members to protect themselves from caregiving demands. The importance of

establishing boundaries and attending to their own needs may become even more salient for caregivers over time (Milliken, 2001; Tuck, Mont, Evans, & Shupe, 1997).

Others handled their ambivalence by increasing the help they provided. While this help was sometimes directed to their daughter, it also involved assisting their daughters' children. One 70-year-old mother whose daughter had a bipolar diagnosis described how she stepped in when her daughter was working full time and, as a single parent, had to leave her children at home alone. The aging mother picked the children up at lunch time, shopped with them for food, and even took them to her own work when necessary. The 73-year-old mother whose daughter had bipolar disorder with psychotic features helped her daughter financially by providing additional assistance to the daughter's children when needed. Recently, her granddaughter wanted to accompany her Spanish class to Costa Rica. The older mother explained, "Grandpa and I, we pretty much financed a large part of that trip, but we felt that it was important for her and a worthwhile thing to do." Both mothers talked about the importance of independence but made exceptions when it came to helping their daughters with their own children.

From the framework of sociological ambivalence, it appeared that some aging mothers handled their ambivalence toward their daughters by choosing behaviors that were coherent with one competing norm or the other. Some chose behaviors in keeping with intergenerational independence while others chose behaviors in keeping with intergenerational solidarity. The mothers who adjusted their help-giving seem to be using an ambivalence management strategy that is consistent with Weigert's (1991) notion that individuals choose behaviors that are congruent with one norm and ignore a conflicting norm.

Confronting—Aging mothers in our sample sometimes confronted their daughters as another way of dealing with their ambivalence. For example, a 71-year-old mother whose daughter had major depression explained, "if it's something that I want to talk to her about, I call and talk to her about it. We don't hold back. If there's something she's doing that I don't like, I let her know." Similarly, the 73-year-old mother whose daughter had bipolar disorder with psychotic features described the open communication between herself and her daughter. "We share and we can talk about that and I can tell her, too, if I have any concerns about what she is or she's not doing."

Mothers who used this strategy did not shy away from conflict. A 74-year-old mother whose daughter had bipolar disorder explained, "Whenever I need someone to talk and scream at, I'll yell at her.... If I'm mad, I tell her. If I get ticked off, I tell her." This willingness to address hot topics with their daughters was further elaborated by the 61-year-old mother whose daughter had major depression. This mother described a recent "blow up" between herself and her daughter. During the argument, the mother allowed her resentments full expression. She confessed, "I laugh about it now because it felt good."

Using a sociological ambivalence perspective, it may be that aging mothers also deal with the conflicting norms of intergenerational independence versus intergenerational solidarity by confronting their daughters who are mentally ill. By being confrontational, mothers may sometimes change their daughters' unacceptable behaviors and thereby reduce their own internal conflict. Our identification of this strategy is consistent with Connidis and McMullin's (2002) hypothesis that confrontation is a mechanism for managing ambivalence.

Discussion

Using intergenerational ambivalence theory as a guiding framework, we sought to understand the mixed expectations of older mothers whose adult daughters were mentally ill. This study adds to the body of empirical research on families of those with serious mental illness, which has previously examined positive and negative reactions independently. Instead, our work uncovers the commingled contradictory expectations experienced by these families. Here, we discuss the contributions of this study, address its limitations, and discuss future research directions as well as practice implications.

Our findings highlight the relevance of sociological ambivalence to aging parents with children who are mentally ill. A consistent issue that emerged was the conflict experienced by the aging mothers who believed that they should support their daughters while simultaneously expecting their daughters to be as independent as possible. These conflicting expectations resulted in the uncomfortable realization among the older mothers that their ongoing efforts to support their daughters might also be undermining these daughters' self-sufficiency. Intergenerational ambivalence theorists (Luscher & Pillemer, 1998) have previously identified conflict between the norm of intergenerational solidarity and the norm of intergenerational independence as a primary source of sociological ambivalence. Our study uncovered several ways in which aging mothers with mentally ill daughters wrestle with their dual allegiance to these competing norms.

Perhaps the greatest contribution of this research is an illumination of the various ways in which the aging mothers attempt to handle their ambivalence. Our research identified a number of ambivalence management strategies that are consistent with and help explain the mechanisms proposed by other researchers (Connidis & McMullin, 2002; Weigert, 1991). Unlike Spitze and Gallant (2004), we found that aging mothers sometimes confronted their daughters about problematic situations. This difference between our findings may be that aging parents whose adult children are dependent upon them feel less vulnerable in these relationships than do older parents who are dependent upon their children. Taken together, the various strategies used to manage ambivalence identified in this study contribute to a growing body of literature that is attempting to understand the ways in which older families deal with severe mental illness.

Although this study has uncovered several facets of intergenerational ambivalence relevant to the experiences of aging mothers whose daughters are mentally ill, the research design has limitations that should be remedied by further research. First, the topic of ambivalence was not the initial thrust of this study. The findings described in this paper result from our interpretation of the mothers' mixed expectations. They provide baseline data for future research that should inquire more directly about ambivalence by asking study participants to describe their mixed expectations. Second, this study considered the ambivalence of aging mothers. A similar attempt to examine the ambivalence of aging fathers would be a useful next step because fathers are often actively involved in caring for their children who are mentally ill (Greenberg, 2002). Third, our study explored intergenerational ambivalence from the perspective of one member of the two-generation dyad. Since members of a dyad may provide contrasting accounts of their relationship (Fingerman, Chen, Hay, Cichy, & Lefkowitz, 2006; Willson, Shuey, Elder, & Wickrama, 2006), efforts should be made to incorporate the perspectives of both aging mothers and their adult daughters as we seek to understand ambivalence as a dynamic process between the generations.

Findings from this study offer some important practice implications. One implication is that family practitioners should be aware that parents whose adult children are mentally ill are likely to experience ambivalence. That is, aging parents are likely to have contradictory

expectations about the extent to which they should help their adult children and when they should insist on their independence. Such parents may manage these contradictory expectations by using strategies such as excusing their adult children's behaviors, reducing their own expectations, adjusting their help-giving, and confronting their adult children. These strategies are important for practitioners to understand because they help aging parents manage their own ambivalence.

Another implication is that as practitioners help aging parents whose adult children are mentally ill, they should consider incorporating some discussion of intergenerational ambivalence into their therapeutic work. It is particularly important to help build upon the practice wisdom of these aging parents, many of whom have already developed ways of dealing with their adult children's mental illness (Greenberg, Knudsen, & Aschbrenner, 2006). Practitioners can assist aging parents to identify their own strategies for managing ambivalence and to assess whether these strategies are adaptive for themselves and for their relationships with their adult children. For example, some strategies (e.g., excusing their adult child's behavior or reducing their own expectations) can be adaptive by helping maintain harmonious relationships with the adult child who is mentally ill. However, these strategies may also result in less support for the older parent. Other strategies (e.g., confronting their adult child) may help the older parent feel less frustrated. However, such strategies may also result in a more conflictual relationship with the adult child who is mentally ill. If this is the case, practitioners should assist parents in the development of alternative strategies that are functional for their relationships as well as for themselves.

By focusing on intergenerational ambivalence, our work highlights the contradictory expectations of aging mothers whose daughters are mentally ill. Using a qualitative approach allowed us to uncover facets of ambivalence that have thus far received little attention in this population. Future research on this topic would benefit from incorporating quantitative methods into the research design to determine the prevalence of ambivalence in this population and the extent to which various ambivalence management strategies facilitate or impair intergenerational relationships. We hope that others will continue to pursue this area of inquiry as a means by which to understand and enhance the relationships among later life families dealing with mental illness.

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Implications for Practice

- Implication 1: Practitioners should include assessment for and discussion of intergenerational ambivalence in their therapeutic work with aging parents whose adult children are mentally ill.
- Implication 2 : If ambivalence management strategies used by these aging parents are maladaptive, practitioners should help them develop alternative strategies.