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A Carer's Ambivalence: Intergenerational Caring for and about Older People

Abstract

Two years ago, my 82-year-old widowed father died after falling through the cracks in the mishmash of home care cobbled together by me (an only child), community-care providers, a few friends and a neighbour. In the end, arguably, he died of neglect. In my view, his situation was neither unusual nor surprising. Australian government policy ensures that the majority of care for frail, older people will take place in family homes, giving rise to an injunction that relatives, friends and neighbours do most of it. As many of us turn our unremunerated attention to caring for and about the older people in our lives, just how well and willingly we care varies enormously. Indeed, I believe that, when faced with the call to care — if indeed we hear it — our desire and capacity to do so is hobbled by ambivalence. This has its origins not only within ourselves, but also in the colliding *political, social and cultural discourses of work, family, care and the body, as well as in contradictory structural and material arrangements pertaining to intergenerational care of older people. This ambivalence is pervasive and revealed by disparities between official versions of caring and narratives of those attempting the caring.* This paper will analyse the sources of ambivalence which spring from contemporary discourses, structural and material care arrangements and the act of caring for the older bodies of family and friends.

Keywords: Intergenerational care, ambivalence, older people

In Anna Quindlen's novel, *One true thing*, Ellen is a successful magazine journalist who, in her mid-20s, experiences ambivalence about giving up her New York job to return to her home town and care for her mother who has cancer. She says, "I think that the people I know now believe I went home to take care of my mother because I loved her. And sometimes I believe that was in my heart without my knowing it. But the truth is that I felt I had no choice" (1995, p. 24). Although Ellen feels she should give up her satisfying job and return home to care for her mother, she is ambivalent about her decision. Even her colleagues, like Ellen herself, are perplexed by her plan

to return home, one of them saying, “not to be crass, but a sick mother means three weeks off and a very nice arrangement of flowers” (p. 28).

Experiences throughout my life have shaped my interest in how well and/or willingly we provide intergenerational care to our older parents, friends and neighbours. Initially, there were childhood experiences of a mother who seemed anything but ambivalent about assisting older people. Rather, she had a propensity for accumulating them, mostly women, calling each of them “adopted grandmas.” She’d have two or three of them at any one time and would drag me along to visit them in their homes or in hospital, or to take them shopping. As a ten-year-old, I found this tedious, though, at the same time, my mother’s interest in older folk and her motivation to assist them intrigued me. In hindsight, those early experiences were more than likely responsible for my becoming a hospital social worker in my 20s and just like my mother I found myself drawn to older patients. Whenever I assisted one of them to get home after a hospital stay, particularly when they had few family members, I felt a sense of having done good work. More recent mid-life experiences of intergenerational care relate to my being less at ease, to a sense of grappling with the demands of intergenerational care as I confront the needs of older neighbours and friends, and observe my peers doing the same. While some of my friends ponder what to do as their parents fumble and flail, others become concerned about silent neighbours whose closed curtains do not jiggle for more than a day or two. However, the experience which galvanised this project is that of my father’s need for my care and my ambivalence about providing it, something that surprised me. Kenny died in 2005 at the age of eighty-two. Arguably, he died of neglect, after falling through the cracks in the mishmash of home-care which had been cobbled together by me (an only child), community-care providers, a few friends and a neighbour.

The conundrum of intergenerational care is not only my concern but rather a universal one, evidenced by its thematic presence in contemporary fiction, memoir, self-help literature and other popular media. In relation to popular media, I give two examples. First, is the ABC’s highly successful comedy series, *Mother and Son*, which ran from 1984 to 1994. *Mother and Son* portrayed the divorced Arthur Beare, a man in his 40s, conflicted about meeting his own need to live a normal life while at the same time looking after his ageing, manipulative and cantankerous mother. Second, other more

sombre stories about intergenerational (un)caring make newspaper headlines when older people living alone are found dead in their homes. There are a couple each year, like the story of 75-year-old South Melbourne woman, Elsie Maude Brown, which shocked the country (Gallagher 2003, p. 9). By the time Elsie was found, it was not a few months after her death, but almost two years. Her fully decomposed body was a bundle of bones when found covered by a blanket on her living room couch. Her neighbours, Tina and Jamie Murcia, had lived next door to Elsie for years and said that Elsie had refused approaches by them and others, and even people in authority wanting to check that she was not in peril. The story raised questions: What more, if anything, could have been offered Elsie? Was there family somewhere? How much had her near-neighbours felt distressed or ambivalent about an obligation to care for and about Elsie?

Although my own intergenerational care story is ordinary, caring for my father caused me great anguish and anxiety. As Kenny became more and more frail, I increasingly stumbled in my efforts to ameliorate his situation, all the time knowing that my daughterly care was insufficient. Further, my out-of-date social-work knowledge, which I had assumed would be invaluable, failed me, and all I managed to do was to muddle along, haphazardly negotiating the plethora of changing policy, services, rules and regulations. Kenny was a man in need of far greater care and time than I had available or was prepared to conjure up and provide. My inner conflict about his situation and my role and responsibilities within it was pretty much a constant, sometimes surfacing as frank anger and argument about the unkempt state of his house and his decreasing ability to adequately feed and clothe himself. He very much wanted to stay where he was and, although I did what I could, I knew all along it was not enough. I also knew that others in my situation might have done far more, or indeed less, than me.

Providing intergenerational care to our older parents, neighbours and friends creates ambivalence in carers. In broad terms, the sources for this ambivalence are three-fold: first, there is ambivalence that comes from increasingly contradictory political, economic and cultural messages about the family, paid work and the role of women in society; second, there is significant ambivalence that stems from structural or material origins and manifests in the form of unfriendly regulatory care systems and the

infiltration of workplace risk practices into all our lives; and, finally, there is ambivalence that is internal in origin and associated with physically caring for the older bodies of people known to us as family or friends, as well as our resistance to the obligation to care. This paper will analyse the contemporary nature of these sources and make recommendations with regard to responding to the ambivalence associated with intergenerational care — but, before doing so, I will briefly outline what we currently understand about the terms: “care”, “intergenerational caring” and “ambivalence”.

Care, Intergenerational Caring and Ambivalence

Caring for and about others is no new phenomenon, although it is likely that the meaning given to the term “care” will be individually, socially and culturally specific, and my focus, therefore, is on the Australian context. All of us have received and given care in our lives and know that the experience of providing emotional and/or practical support to another entails dependency and reciprocity. It is almost universally accepted that care is core to the human experience and has strong ties, not only to family, but also to the religious and spiritual dimensions of people’s lives. Interestingly though, it is only in the last forty years that care and caring have begun to emerge as concerns worthy of public and governmental attention and of academic interest. Prior to this, caring remained a natural yet invisible activity in people’s lives and received little comment. But now, according to the Australian sociologist Michael Fine, several factors have conspired to thrust caring not only to forefront in people’s personal lives but also onto political, economic, social and public policy agendas (2007b, p. 6). These factors include the sociology of family, marriage and women’s lives in western society, the nature of the capitalist market economy, and the state’s interest in the cost of caring in the context of the changing demography of populations.

Fine (2007a) explains that the focus on care has been inspired by academics from a range of disciplines. These include moral philosophers like Nel Noddings (1986, 2002), Joan Tronto (1993) and Peta Bowden (1997); nursing academics like Patricia Benner (1984); feminist writers such as Emily Abel and Margaret Nelson (1990), Marjorie De Vault (1991), Eva Kittay (2001, 2002) and Selma Sevenhuijsen (2003);

and social theorists like Marian Barnes (2006). Together, in a range of countries, they have produced a variety of treatises and definitions of care and caring.

In terms of a definition of care, Joan Tronto, an American political scientist and moral philosopher, defines care as an ongoing process that includes four separate yet inter-linked phases: “caring about”, “taking care of”, “care-giving” and “care-receiving” (1993, pp. 106-08). In 2007, Michael Fine, drawing on work from several schools of care theory including Tronto, puts forward a combined working definition of care. He asserts that care combines three distinct yet related elements: first, it involves “a disposition, a concern for others or another,” second, it “is given expression as a form of work” and, finally, it is acknowledged as “a social and personal relationship” (2007b, pp. 143, 144). When I refer to “care” in this paper I use this working definition to guide me as it is one of the most recent attempts to unify the multiple strands of care theory.

As Lorenz-Meyer suggests in her exploration of the multiple ambivalences associated with prospective parental care, a culturally normative hierarchy exists in western societies which sees the responsibility for care first with spouses, then adult children, and then among adult children, care is assigned to daughters before others (2004, p. 238). Therefore, where older people are without spouses or live alone and require support of some kind, there is a societal expectation that care will be provided by younger relatives, primarily daughters and to a lesser extent daughters-in-law and sons and, in their absence, friends and neighbours. This is intergenerational care and, largely, it remains unexplored with no Australian data available to quantify the proportion of middle-aged people providing care for older parents and friends. A comprehensive Australian report explains that, in 2003, the Australian Bureau of Statistics identified that 39% of Australia’s primary carers or 2.6 million were people between 35 and 54 years of age (Eager, Owens, Williams, Westera, Marosszeky, England and Morris, 2007, p. 21). Moreover, the 39%, which amount to one million carers, include both co-resident and non-resident primary carers and those caring not only for ageing parents, but also for children and/or partners with disability. Thus, the actual size of the subset of middle-generation, non-spousal carers of older people is not known. Further, there are people caring for older Australians who do not identify themselves as either primary carers or indeed carers of any description, and therefore,

are not enumerated by surveys of this kind and remain invisible. These carers of older people generally are not targeted for investigation and, in spite of the growing sophistication of the discourses about ageing, care and caring, the understanding of their care work is the least developed of all.

The experience of providing intergenerational care to older people warrants attention for a number of reasons. First, a good society in which older people have their care needs met is highly desirable. Second, older people are living alone in their family homes in larger numbers and for longer than ever before, thereby creating an unprecedented demand for care. Third, care relationships with older people are, by definition, often intergenerational, often involve family including siblings, continue for long periods and are therefore potentially ambivalent. Fourth, this demand for intergenerational care also comes at a time of significant, documented social change in Australia with increases in mobility, growing family diversity, increases in geographical distance, rising rates of divorce and women more likely being in paid work and seeking greater personal fulfilment (De Vaus 2004; Olsberg and Winters 2004; von Doussa 2007; Qu and Weston 2008). Therefore, many women, and indeed some men, will be called upon to provide care to an older parent, friend or neighbour at some time in their mid-lives in a climate of major social change.

The concept of ambivalence as a natural phenomenon provides a useful paradigm for understanding not only my experiences of intergenerational care, but also those of many other Australians undertaking such responsibilities. Like many women of the so-called “sandwich generation”, I had a swathe of competing demands. Here I was with two young children, a husband, a job and a father with what his GP called a growing “self-care deficit”. In short, I was a worker in both public and private spaces and, as such, felt the push and pull of the demands of both. Andrew Weigert defines ambivalence as “the experience of contradictory emotions toward the same object” (1991, p. 21), which may manifest in motivation as “simultaneous attraction to and repulsion from pursuing a particular line of action” (1991, p. 19). According to Kurt Leuschner and Karl Pillemer, relationships between the generations create inevitable ambivalence (1998, p. 413) and the term “intergenerational ambivalence” is used to “designate contradictions in relationships between parents and adult offspring that cannot be reconciled” (1998, p. 416). While the focus in the literature is on the

sources of ambivalence in family relations, it could be useful to ponder the extent to which the concept of ambivalence might be applicable to non-kin intergenerational relations also.

The current consensus in the academic literature is that ambivalence has its sources across two dimensions, sociological and psychological, and that it is normal (Pillemer and Suitor 2004, p. 7). The sources of my ambivalence fitted with these two dimensions since they were both discursive and structural, that is, sociological, and also internal or psychological in origin. This paper explores these sources in more detail: the sociological dimension of both contemporary political, economic and cultural messages and care arrangements in the context of dominant risk practices; and the psychological dimension of physically caring for the bodies of family and friends. Personal illustrations about caring are used to highlight conclusions about these topics within the two dimensions since the issue of ambivalence in intergenerational care is more evident in fictional, autobiographical and popular literature than in the academic and professional/governmental literature about caring.

Contemporary Political, Economic and Cultural Messages

Ambivalence arose for me as a result of political and economic messages about the importance of economic prosperity being in conflict with the social and cultural imperatives for women to do care work. American sociologist Arlie Hochschild (1983; 1989) makes the compelling point that the heart has been embraced by capitalism. As a tool for work, the heart has commercial value and this, she says, has blurred and strained the boundaries of private family and public life (1983, pp. 9-11). Hochschild (2003) argues that capitalism and globalisation have infiltrated the family, resulting in a major contradiction in terms and forging the “commercialisation of intimate life”, the apt title of her recent text. This commercialisation of family life has transformed the roles of families and of women within them.

Since the early 1980s, neo-liberalism has dominated politics and also impacted on family life in Australia. Through economic deregulation and a focus on productivity and efficiency, the market determines solutions and the distribution of resources. In

this way, according to Mark Davis, Australians have been duped. In his words, we are living in

an era which is socially poor and economically rich. ... Having waited two decades for the promised prosperity of the deregulated free-market economy to flow through to their lives, many people are dismayed to discover themselves working longer hours, with less job security, higher health, education and child-care costs, reduced access to services, and few electoral alternatives, in an economy which takes as its touchstone, the needs of business, not the needs of citizens. (2004, p. 185)

The messages about being both economically productive and conducting fulfilling individual, social and family lives are conflicting. To take on board one of these two messages wholeheartedly is perhaps to exclude the other, so that the ideal of participating successfully in the market place as well as responding fully to social and family needs in the home and community is ambiguous. Responding to the demands of my paid work whilst attending to the needs of my children, my husband and my father created a dissonance that spawned ambivalence. As I vacillated about both, ambivalence about my caring role was inevitable.

This bipolarity is the focus of very recent research about juggling the demands of family and paid work. Australian researchers have focussed on our capacity to care in a context where demands for unpaid care compete with the claims of paid work in families (Edwards, Higgins, Gray, Zmijewski and Kingston 2008). In spite of the conflicting nature of care and work demands, current government policy continues to press for higher female workforce participation, particularly for women who are sole parents (Craig 2005, p. 523). Bittman, Hill and Thomson (2007, p. 255) assert that 40-60% of Australian carers are in paid employment, and academics and advocacy groups are now pushing for urgent policy reform and services to support carers who are juggling both unpaid care and paid work demands. Further, the discourse about care and work has swung to a focus on the difficulties of achieving a good “work-life balance” (Pocock 2003, 2005, 2006; Connell 2005). According to Barbara Pocock (2005, p. 208), Australian work arrangements are “hostile to care” because they have

led to increased job demands for workers, longer working hours and more casual work with non-existent leave entitlements.

Underpinning these arguments is the recognition that, in fact if not in theory, care work is gendered work, although we would all agree with Michael Fine's statement that "giving care is a human potential of both men and women" (2007b, p. 144). Still, Australian women are much more likely than Australian men to opt for part-time employment to balance their care and work responsibilities, and this means that women are bending to the demands of a valorised labour market against the cultural expectations of them as key providers of undervalued care work in the home. Such a paradox is likely to be a source of stress which will impact on women's experience in both private and public spaces and generate not only domestic strife but also ambivalence about care work.

Another vital layer of contradiction and source of ambivalence about care work emerges as a result of the contemporary privileging of individualism over collectivism in society. Multiple and conflicting messages about the need for prosperity, a good education, an enriching career, satisfying motherhood, a happy marriage, ample sexual fulfilment, and so on manifest in a desire and, indeed, a right for women to expect a fulfilling life. According to Michael Fine, the quest for self-actualisation has significant implications for care (2005, pp. 254, 255). While middle-aged daughters tend to older parents, provide care to their own children, self-actualise, manage households, care for spouses (if they have one) and conduct themselves in the market economy, ambivalence about their care work is generated, and there is every likelihood that someone's care needs will not be met.

Care Arrangements: Care Systems and Risk Practices

Other sources of contradiction and consequent ambivalence are structural and material rather than discursive in origin. These include the changed organisational nature of care systems and the institutionalised concepts of risk and risk work practices. Kate Kegge's novel *The unexpected elements of love* (2006) provides an illustration of the irony of a "care system" viewed as having a caring orientation even as its practices

suggest otherwise. The main character, Beth, cares for her dementing father and arthritic mother, but also keeps an eye on her ninety-six-year-old neighbour, Angie:

Beth does her bit, calling on Angie ... Angie is grateful for the attention — the council have contracted home meals to a firm that leaves trays on the doorstep and instructs staff to decline invitations for refreshments or a ‘while you’re here, there’s a light bulb which needs changing’. (2006, p. 37)

This is an example of Max Weber’s prediction of the “bureaucratic iron cage” coming to fruition (Fine 2007a, p. 203). Care systems and care providers have been irreversibly streamlined by the forces of corporatisation and the emphasis on productivity and efficiency. These changes are palpable at the level of the neighbourhood and mean that those in charge of the finances and management of care systems are in positions of power over those who do the care work. It is my guess that to reduce costs Angie’s local council will have contracted out the delivery of meals to Angie and other older folk who more than likely live alone. Four minutes will have been allocated for Annie’s meal drop-off and any consideration of developing a relationship with her will be vetoed since it is of no commercial value and instead will add cost to the delivery of her meal.

Another example from my own experience: as I worked my way through the list of home help providers that Kenny and I were told we could choose from, I was stunned when one Perth agency assessed his eligibility during a telephone call and with the use of a computerised tool. After my brief and frustrating journey through the Yes and No of a computerised flow chart which I could not see (but which I quickly gleaned had a focus on incontinence) the outcome was this: if I washed his sheets and clothes every second week, my father would be eligible for ninety minutes of their home-help on alternate weeks. Here we had an agency staff member rationing services in the absence of any relationship with the client and insisting that if they were to help, so was I. Not unreasonable you might think. But, for me, this process of assessment was a contradiction in terms: the call-centre person was cold, remote and non-discretionary, in short, completely regulated by her agency and missing two of Michael Fine’s (2007b, pp. 143, 144) elements of his working definition of care: that is, the *disposition, a concern for others or another* or any shred of a *social and*

personal relationship concerned with interpersonal support (my italics). For me, the messages emanating from the agency were countervailing given that its promotional literature blithely promised that “every minute, every hour, every day, we care.” Aside from the impossibility of achieving the commitment announced by this slogan, there was no space for ambivalence. I might have felt ambivalent about washing my father’s sheets and clothes, but so did they.

A second source of ambivalence created by institutionalised arrangements is the concept of risk and risk practices which have permeated our lives. Michael Fine remarks that such notions are “helping to shape the way that care work is understood and provided” (2007a, p. 214). Still, not all of us are persuaded by the arguments about risk and their associated technologies. Rather there are some of us, like my father, whose reaction is one of resistance. For as long as I can remember, Kenny was always contemptuous of risk and, even with increasing frailty, he remained totally averse to taking on board anything to do with minimising its impact. The real rub came when his score on a Living Conditions Rating Scale (Northern Sydney Severe Domestic Squalor Working Party 2005) was too high, and a local community service provider refused to provide any home help to him until his house met higher standards of cleanliness and tidiness. I should not have been surprised by the assessor’s ambivalence, by the fact that she appeared far more concerned with the risk to her home help staff than she was in assisting my father. “It’s occ health and safety”, she said. Although the problem of Ken’s untidiness was intractable and life-long in origin, I found the episode deeply embarrassing. How could a social-worker daughter have allowed her father’s home to get to a situation where people would refuse to work in it? My father was also miffed by the whole thing. “Fuck ‘em”, he said helpfully. “Tell ‘em to get stuffed. I’ll go without”. This of course was not in my interest or his, and heated negotiations ensued.

Weeks later, we had worked our way through the manager’s paper-based checklist: we cleared the hallway, binned newspapers and books which had been in piles on the floor and cleared the dining table of a range of unacceptable items like his pipe ashtrays, an assortment of hand tools and cans of no-name fly-spray. The occupational health woman also advised me to “get your hubby to nail down the hallway carpet”, so we had done that too. In her view, home maintenance was gendered work. Had I

not had a “hubby”, what we would have done? After a stressful clean-up, we were reassessed and found to pass muster. The paradox was that the focus of those providing care had far less to do with a disposition of concern for another, and much more to do with protecting care systems and care providers. Further, if there had been an emphasis on the third element in Fine’s definition (2007b, pp. 143, 144), that is, a social and personal relationship, I am sure we could have navigated the issues of safety for all more respectfully.

The Body

I turn to the last and probably the toughest taboo of the three sources of ambivalence. This is ambivalence about the body in care work, and its locus is internal. I start with a story of a friend of mine, Deb, whose elderly father has lunch at her home once a week. Alfred is a bent-over, eighty-four year old who frequently falls over. Last Sunday, Alfred was at Deb’s house. He took himself to the toilet after lunch, but was taking a long time to return, too long a time. Deb felt compelled to investigate and did so, surreptitiously. She was shocked to discover her father at the bathroom basin, pants down around his ankles and scrubbing his baggy, white underpants with her expensive, velvety, Egyptian face cloth. She vowed to throw it out the moment he left.

Society deems that younger bodies are sexual and clean but older bodies are untrustworthy. No longer watertight, they are instead prone to giving way and becoming leaky or even overwhelmed by fluids of one kind or another. Thus, caring for older bodies is problematic. Julia Twigg (2004) says we avoid emphasising the body in care work because it is ambivalent work. First, she says, there is the paradox around the cultural and sexual positioning of women and the object of the body. This sexualising of the body and women’s relationship to it is in conflict with the dominant discourse about care as maternal rather than sexual. Second, she continues, emphasising body work in relation to older people is viewed as unacceptable for two reasons. Not only does it buy into the negative and stereotypical decline narrative of old age but such a focus is also perceived as demeaning and disrespectful.

Pauline Boss and Lori Kaplan (2004) assert that family boundaries become increasingly ambiguous when a parent has dementia, and that this makes for

heightened ambivalence in intergenerational relations. Boss and Kaplan say that when a “parent’s mind is slipping away” (2004, p. 207), the loss leads to greater ambiguity and this in turn leads to ambivalent feelings. I propose that a similar process occurs as a parent’s ageing body begins to slip, to leak and become unreliable. I was disturbed each time I cleaned up my father’s body fluids. From a practical point of view, unless you are trained, it is not easy to work out the best way to do it. From a psychological point of view, it is especially difficult. Here was a man who had bathed me as a baby, even changed my nappies, and now I felt a moral responsibility to reciprocate in kind. Not easy. Issues of autonomy, dependence and conflict around the roles of adult daughter and father emerged in our intergenerational relationship. Even though I liked and loved my father, ambivalence about cleaning up after him was inevitable.

Conclusion

The issue of caring for and about older people is now forefront in Australia, and has resulted in a jostling for power and position in regard to policy and practice about caring and carers. A recent report from the Australian Institute of Health and Welfare examined future demand and supply of informal care in Australia. The report acknowledged that an overall decline in the willingness to care and a reluctance on the part of women either to reduce their paid work or to exit the workforce to take up care roles were possible scenarios (Jenkins, Rowland, Angus, and Hales 2003, p. 3). To the best of my knowledge, this is the first time that the possibility of women’s decreasing propensity to care has been canvassed in the institutional literature about care.

For any person caring for an older parent, friend or neighbour, there is a lot to juggle. Care systems look different these days, risk is a necessary evil with which we must all contend, and care-at-home ensures that close and challenging encounters with older less boundaried bodies will occur. Some of us, like Ellen in Anna Quindlen’s novel, will leave high-powered jobs and return home to care for our older family and friends. Others will plough on doing second-rate caring whilst trying to keep our jobs, ourselves and our families afloat. Whatever pathway we take, there will be ambivalence reflective of the many contradictions and ambiguities associated with intergenerational caring. In essence, the call to care increases the pressure on intergenerational relations, and creates even greater ambivalence. The burgeoning literature and the social discourse about care and caring do little to acknowledge that

ambivalence is a natural response and that, as the demands of providing intergenerational care grow, it will become even more widespread. Where ambivalence is discursive and structural in origin, but unaddressed within the literatures of the institutions that generate such discourses and policy, it is likely to be hidden. It needs to be made far more visible. Had I, together with the range of community-care providers and neighbours involved in my father's care, better understood the normality of our own ambivalence in relation to his situation, all of us including Kenny would have been better off. Ambivalence is normal and this needs to be articulated and, where possible, attention given to developing and implementing strategies for managing it.

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