Intergenerational Ambivalence from Adolescence to Young Adulthood:

Implications for Well-being

by

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Abstract

The parent-child relationship is often characterized by ambivalence, defined as the simultaneous experience of positive and negative relationship quality. This study examines reports of intergenerational ambivalence among adolescents, emerging adults, and young adults and the implications of ambivalence for well-being over a 12 year period. Participants ranging in age from 13 to 29 completed surveys in 1992 and again in 2005. Results indicate that overall, offspring’s feelings of ambivalence decreased over time (between Wave 1 and Wave 2). Ambivalence towards mothers and fathers predicted greater depressive symptoms over time. These results suggest that later well-being is vulnerable to the quality of the parent-child relationship in early life.

*Keywords:* parent-child, ambivalence, adolescence, young adulthood, well-being
Intergenerational Ambivalence from Adolescence to Young Adulthood:

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Parents are often a source of support and strain across the lifespan. Due to incompatible desires to achieve independence and closeness, this relationship is characterized by ambivalence. Ambivalence is defined as the simultaneous experience of positive and negative emotions (Merton & Barber, 1963; Pillemer & Suitor, 2005). While ambivalence is associated with negative outcomes such as greater depressive symptoms, poorer health, and lower quality of life, the majority of ambivalence research focuses on the parent-child tie in adulthood, rather than the ambivalent feelings of adolescents or young adults (Fingerman, Pitzer, Lefkowitz, Birditt, & Mroczek, 2008; Lowenstein, 2007; Ward, 2008).

Researchers have yet to examine whether feelings of ambivalence exist at younger ages, such as adolescence, and whether these feelings change over time. Ambivalence may be particularly high during adolescence and decrease during the transition to young adulthood as children seek autonomy and establish themselves in adult roles such as leaving the home, entering into marriage, or becoming a parent (Bucx & van Wei, 2008; Noack & Buhl, 2004). These feelings of ambivalence during adolescence may have important implications for children’s well-being as they transition from adolescence to young adulthood.

The present study examines reports of ambivalence regarding mothers and fathers among three age groups of children (adolescents, emerging adults, and young adults) over 12 years. The purpose of this study is twofold: (a) examine whether feelings of ambivalence toward parents varies over time and by age, (b) examine whether ambivalence has implications for later well-being.
Theoretical Framework

Ambivalence theory and individuation theory provide a useful framework for understanding the complexity of the parent-child relationship and the development of the relationship over time.

Ambivalence includes sociological and psychological dimensions. Sociological ambivalence occurs due to contradictory norms or expectations in status or role (Connidis & McMullin, 2002). These incompatible expectations between members of a relationship can lead to ambivalent feelings (Merton & Barber, 1963). Luescher and Pillemer (1998) posit that intergenerational ambivalence may develop from the struggle between dependence and autonomy and conflicting norms in intergenerational relationships. Indeed, ambivalence is common in the parent-child relationship due to conflicting desires for independence and closeness (Pillemer & Suitor, 2002, 2005). As children age, they often seek independence which creates ambiguous roles for parents as they can no longer exert influence or control over their children (Ryff, Lee, Essex, & Schmutte, 1994).

Sociological ambivalence gives rise to psychological ambivalence which is defined as the simultaneous experience of positive and negative emotions towards the same object (Luescher & Pillemer, 1998). Psychological ambivalence concerns contradictory cognitions, emotions, and motivations at the individual level (Weigert, 1991). Both sociological and psychological ambivalence perspectives consider simultaneous positive and negative experiences in the parent-child tie (Willson, Shuey, Elder, & Wickrama, 2006). This study focuses on psychological ambivalence.

Ambivalence theories have rarely considered how ambivalent feelings may change as people develop. Individuation theory provides a framework to understand possible
developmental changes in ambivalence. Individuation theory suggests that as adolescents’ age, experience puberty, and develop cognitively and socially, they develop a separate sense of individual identity, become autonomous, and take increasing responsibility for their actions (Blos, 1967; Bulcroft, 1991; Collins 1988; Holmbeck, Paikoff, & Brooks-Gunn, 1995; Smetana, 1988; Steinberg, 1999). Rather than relying on parents, individuation involves letting go of child-like dependencies and seeking more mature, less dependent relationships (Steinberg, 1999).

**Ambivalence from Adolescence to Young Adulthood**

Ambivalence may originate early in the relationship and change over time. This study focuses on three developmental phases: adolescence, emerging adulthood, and young adulthood.

Ambivalence may be particularly high in adolescence, when offspring are ages 13 to 17, due to the emergence of conflicts regarding independence and closeness. As children age, family relationships transform and reorganize, often creating an imbalance in the family as it adjusts to the change (Steinberg, 1999). In adolescence, offspring gain a more important role in the family as they age which parents may not acknowledge (Steinberg, 1999). Adolescents begin taking more responsibility for themselves and their actions and strive for autonomy, which often affects the parent-child relationship (Blos, 1967; Bucx & van Wei, 2008; Grotevant & Cooper, 1986). The pubertal process, the biological and cognitive maturation processes coupled with increased interaction with peers, categorizing the adolescence period seems to distance parent and child (Bucx & van Wei, 2008; Steinberg, 1999). Thus, adolescence is a period of the parent-child relationship that is often fraught with conflict albeit regarding mundane, everyday issues such as cleaning and homework (Noack & Buhl, 2004; Steinberg, 1999). However, this seemingly strained relationship is usually temporary (Steinberg, 1999).
Emerging adults may not have the conflictual feelings of adolescents, but they still do not have the freedom and independence of young adults. Many young people, ages 18 to 25, do not regard themselves as fully adult until they reach their later twenties, which suggests there is a developmental life stage between adolescence and young adulthood (Arnett, 1997, 2001b). During this period, emerging adults are less constrained by role requirements and responsibilities and are in the stage of exploration (Arnett, 2000, 2001a; Rindfuss, 1991). The transition to adulthood may include criteria such as accepting responsibility for actions, deciding on personal beliefs independent of parental influence, becoming financially independent, living outside of the family home, or establishing a relationship with the parent as an equal adult (Arnett, 1997).

Emerging adults’ individualism as they transition to adulthood may be a cause of ambivalence (Arnett, 1997). Childhood dependence is left behind as emerging adults seek autonomy while simultaneously relying on their parents’ support (Arnett, 2000). Thus, emerging adults may experience less ambivalence than adolescents but more ambivalent feelings than young adults.

As emerging adults shift into young adulthood, individuation continues as young adults, ages 26 to 29, learn to take on adult responsibilities such as leaving the parental home, joining the job market, entering marriage, or becoming a parent (Noack & Buhl, 2004). By the end of their twenties, most young people have already made significant decisions for the future including career and relationships (Arnett, 2000). With these transitions, the young adult becomes increasingly less dependent on the parent and the relationship between parent and child may become less focal (Bucx & van Wei, 2008). The parent-child relationships may evolve from dependence on the parent as a child to an interdependent, peer-like relationship between two adults (Nydegger, 1991). We predict that young adults will report the lowest ambivalence followed by emerging adults and adolescents who will report the greatest ambivalence.
The present study is unique because we not only were able to examine age differences in ambivalence, but also whether individual reports of ambivalence change over 12 years. This design allowed us to examine within person changes as individuals transition from adolescence and emerging adulthood to young and middle adulthood. We predict that the greatest changes in ambivalence would occur among adolescents (during the transition from adolescence to young adulthood) compared to changes among the emerging adults and young adults.

**Implications of Ambivalence for Later Well-being**

A great deal of parent and adult child research has examined the implications of ambivalence for parents’ well-being (Lowenstein, 2007; Luescher & Pillemer, 1998; Ward, 2008) with no research to our knowledge examining the implications of intergenerational ambivalence for younger offspring’s well-being. Fingerman et al. (2008) found that offspring, aged 22 to 49 years, who indicated greater ambivalence regarding their relationships with their parents reported poorer psychological well-being. Adult children’s reports of ambivalence towards mothers and fathers were associated with lower life satisfaction and higher depressive symptoms (Fingerman et al., 2008). Uchino and colleagues (2004) suggest that ambivalent feelings are more harmful than solely negative feelings because these ambivalent relationships are unpredictable.

Although there are no studies examining ambivalence and well-being among younger age groups, studies have shown links between positive and negative aspects of the relationship and children’s well-being. Studies have demonstrated that parental support in early life is linked to better psychological health during late adolescence and early adulthood (Meadows, Brown, & Elder, 2006; Richman & Flaherty, 1986). Roberts and Bengston (1993) found that children in
their late teens and early twenties with high parent-child affection had greater psychological well-being (i.e., greater self-satisfaction and lower depressive symptoms) 14 years later.

Research has also found that individuals who received little support from their parents during childhood were at an increased risk for having depressive symptoms in adolescence (Alestine, Gore, & Colten, 1998; Sheeber, Hops, Alpert, Davis, & Andrews, 1997; Stice, Ragan, & Randall, 2004) and in adulthood (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). This study goes beyond the present research by examining the implications of ambivalence on the well-being of adolescents, emerging adults, and young adults over a 12 year time period.

**Other Factors Influencing the Parent-Child Tie**

In the present study we considered other factors that may influence the parent-offspring relationship and thus controlled for these factors. These control variables include the offspring’s: gender, race, working status, marital status, and contact frequency with parents.

We controlled for gender as there are contrasting studies regarding the role of offspring gender on ambivalent feelings. For instance, Willson, Shuey, and Elder (2003) found significant differences between male and female offspring while other studies found no difference in ambivalence reports between sons and daughters (Fingerman, Chen, Hay, Cichy, Lefkowitz, 2006; Pillemer & Suitor, 2002).

Connidis and McMullin’s (2002) ambivalence theory suggests African American adults are more ambivalent than European American adults. Research shows there are race differences, such as parenting and disciplinary styles, between African American and European Americans (Hill & Sprague, 1999). African Americans tend to express more affect, provide more support
and assistance, and rely more heavily on family ties compared to European Americans (Sussman, 1985; Umberson, 1992; Vrana & Rollock, 2002).

Children who have taken on more adult roles and responsibilities such as employment and marriage may report less ambivalence than those who have not taken on those roles (Fingerman et al., 2006; Pillemer & Suitor, 2002; Willson et al., 2006). Furthermore, past research shows that greater contact frequency is associated with greater feelings of ambivalence (Birditt, Miller, Fingerman, & Lefkowitz, 2009; Connidis & McMullin, 2002; Fingerman, Hay, & Birditt, 2004).

**Present Study**

Due to the cross-sectional nature of previous studies, the literature is unclear whether there are longitudinal changes in feelings of ambivalence across the transition to adulthood and whether there are implications for well-being over time. The present study examines ambivalence regarding mothers and fathers among three age groups (adolescence, emerging adults, and young adults) over 12 years. To our knowledge, it is the first longitudinal study of ambivalence and it is the first study to examine younger offspring’s feelings of ambivalence. This study addressed the following two questions:

(a) Do ambivalent feelings towards parents vary by age and change over 12 years? Based on the previous literature, ambivalence theory, and individuation theory, we hypothesize that feelings of ambivalence will be greatest among adolescents compared to emerging and young adults (Birditt, Fingerman, & Zarit, 2010; Rossi & Rossi, 1990; Willson et al., 2006). Additionally, ambivalence will decrease the most over time among adolescents (as they transition from adolescence to young adulthood) compared to emerging and young adults.
(b) What are the longitudinal implications of ambivalence for children’s well-being? We predict that ambivalent feelings will predict lower well-being over time consistent with previous literature (Fingerman et al., 2008; Lowenstein, 2007; Ward, 2008)

**Method**

**Participants**

Participants were from the Social Relations and Health across the Lifespan study which included 1,703 people, ages 8 to 93 years from the greater Detroit area, in 1992 (Wave 1) (see Akiyama, Antonucci, Takahashi, & Langfahl, 2003 for details) and 1,074 in 2005 (Wave 2). Participants aged 8 to 12 completed a separate survey that did not include relationship quality and thus are not included in these analyses. The selected sample used in this study included participants who were adolescents (ages 13-17, n = 51), emerging adults (ages 18-25, n = 116), and young adults (ages 26-29, n = 88) at Wave 1. Of the selected sample, 73.7% participated in Wave 2. See Table 1 for descriptive statistics.

**Procedure**

In Wave 1 the participants completed interviews in their homes for approximately one hour and in Wave 2 the participants completed phone interviews regarding their relationship with their mother and their father as well as their personal well-being. Researchers have found that responses do not tend to vary between in-person and telephone survey methods (Herzog & Rodgers, 1988; Herzog, Rodgers, & Kulka, 1983).

**Measures**

**Age and time.** The age variable included three categories: 0 (adolescents aged 13-17), 1 (emerging adults aged 18-25), 2 (young adults aged 26-29) (Arnett, 2000, 2001a). Only young adults up to age 29 were included as this study sought to specifically examine ambivalence over
time among a younger group of offspring than previously studied (see Fingerman et al., 2006, 2008; Lowenstein, 2007; Ward, 2008).

Time was coded as 1 (Wave 1) or 2 (Wave 2).

**Ambivalence.** Participants rated positive and negative aspects of relationships with mother and father and ambivalence scores were created for each relationship (Fingerman et al., 2006, 2008; Willson et al., 2003, 2006). Positive qualities of the relationship included 5 items: “When my (mother/father) is having a hard time, I want to help (her/him),” “I feel my (mother/father) supports me, that (she/he) is there when I need (her/him),” “I enjoy being with my (mother/father),” “I feel my (mother/father) encourages me in whatever I do,” and “I feel my (mother/father) believes in me.” Items were rated on a 5-point scale (1 = strongly disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, or 5 = strongly agree). The items were averaged to create a positive mother and a positive father relationship quality score (Wave 1: a = .83, .92; Wave 2: a = .86, .93, respectively). Negative quality of the relationship included two items: “My (mother/father) gets on my nerves” and “My (mother/father) makes too many demands on me.” These items were also rated on a 5-point scale (1 = strongly disagree to 5 = strongly agree). The items were averaged to create a negative mother and a negative father relationship quality score (Wave 1: a = .55, .57; Wave 2: a = .62, .60, respectively). The small number of relationship items may underestimate the reliability of the negative quality scale (Carmines & Zeller, 1979) and similar reliability estimates are found in other research using the same or similar relationship items (Schuster, Kessler, & Aseltine, 1990; Umberson, 1992).

We used Griffin’s Similarity and Intensity of Components formula to calculate ambivalence using positive and negative quality scales: [(positive + negative) / 2 - |positive –
negative] + 1.5 (Thompson, Zanna, & Griffin, 1995) which is similar to other ambivalence research (Fingerman et al., 2006, 2008; Willson et al., 2003, 2006). Higher scores indicate greater ambivalence.

**Well-being.** The respondents completed the 20-item Center for Epidemiologic Studies Depression Scale (CES-D) about their feelings during the past week which included items such as: “I was bothered by things that usually don’t bother me,” “I felt depressed,” and “I felt that everything I did was an effort” (Radloff, 1977). Participants rated items from 0 (rarely or none of the time), 1 (some or a little of the time), 2 (occasionally or a moderate amount of time), to 3 (most or all of the time). The items were summed to create an index and higher scores indicate more depressive symptoms (Wave 1: a = .88; Wave 2: a = .89).

**Covariates.** We included gender, race, working status, marital status, and contact frequency as covariates. Gender was coded as 0 (men) or 1 (women). We coded race as 0 (non White) or 1 (White). Working status was coded as 0 (not working) or 1 (working). Marital status included a dichotomous score (0 = not married, 1 = married). Participants rated their contact frequency based on “In the past 12 months how often have you seen (father/mother) in person?”: 1 (everyday), 2 (once a week), 3 (once a month), 4 (once a year), or 5 (irregularly). We reverse coded the item so that higher scores represented more contact.

**Analysis Strategy**

To examine the research questions, multilevel models using SAS PROC MIXED were used to examine whether ambivalence varies by age and time and whether well-being varies by ambivalence. All analyses examined mother and father ambivalence separately. The models included two levels: upper level variables included participant characteristics (e.g., race, gender,
Wave 1 age) and lower level variables included characteristics that vary within participant by wave (e.g., ambivalence scores, marital status, working status, contact frequency).

To examine whether ambivalence varied by age and over time, models included age, time, and the interaction between age and time with gender, race, working status, marital status, and contact frequency as covariates. The models examining well-being included age, time, and ambivalence in Wave 1 as well as all possible 2-way interactions and the age x time x ambivalence interaction to examine whether ambivalence in Wave 1 was associated with changes in well-being over time and whether the associations varied by age group.

**Results**

The results are presented in three sections. First, we described the data. Next, we assessed whether ambivalent feelings vary by age group and whether ambivalence changes over time. Last, we examined the implications of ambivalent feelings for well-being over time.

**Descriptives**

To understand ambivalence scores in terms of the composition of positive and negative relationship quality, we examined means and standard deviations of positive and negative quality by the quartiles of ambivalence.

Individuals in the lowest quartile of ambivalence scores had high positive scores (mother: $M = 4.72, SD = .81$; father: $M = 4.74, SD = .73$) and low negative scores (mother: $M = 1.42, SD = .83$; father: $M = 1.13, SD = .72$). Participants in the highest quartile of ambivalence scores had high positive (mother: $M = 4.69, SD = .33$; father: $M = 4.31, SD = .61$) and negative (mother: $M = 4.38, SD = .38$; father: $M = 4.02, SD = .64$) scores. Thus, low ambivalence was associated with high positive and low negative feelings. High ambivalence was associated with high positivity and negativity.
Across age groups, participants reported greater ambivalence regarding mothers than fathers in Wave 1 (Mother: $M = 3.60, SD = 1.71$; Father: $M = 3.09, SD = 1.76$; $t(207) = 3.45, p < .01$) (see Table 1).

**Does Intergenerational Ambivalence vary by Age and change over Time?**

Analyses examining ambivalence regarding mothers revealed significant main effects of time and age and a time x age interaction that approached significance (see Table 2). Ambivalence towards mothers decreased over time ($B = -.34, SE = .13, t = -2.65, p < .01$). Pairwise comparisons with Tukey adjustments revealed that adolescents reported greater mother ambivalence than young adults ($B = 1.35, SE = .59, t = 2.30, p < .10$). There were no significant differences between adolescents and emerging adults or between emerging adults and young adults. To examine the interaction between age and time, we assessed the effects of time for each age group. Mother ambivalence decreased over time among adolescents ($B = -1.13, SE = .44, t = -2.55, p < .05$) and among young adults ($B = -.30, SE = .12, t = -2.57, p < .05$) but there was no change over time among emerging adults ($B = -.40, SE = .28, t = -1.41, p = .16$).

Analyses assessing ambivalent feelings regarding fathers revealed significant main effects of age, time, and an age x time interaction (see Table 2). Over time, ambivalence towards fathers decreased ($B = -.44, SE = .15, t = -2.90, p < .01$). Pairwise comparisons with Tukey adjustments revealed that adolescents reported greater ambivalence towards fathers than emerging adults ($B = 1.41, SE = .59, t = 2.39, p < .05$) and young adults ($B = 1.86, SE = .58, t = 3.20, p < .01$). In order to investigate the interaction between age and time, we examined the effects of time for each age group. As predicted, father ambivalence decreased among adolescents ($B = -3.81, SE = 1.09, t = -3.49, p < .01$) and young adults ($B = -.45, SE = .14, t = -3.21, p < .01$) but not emerging adults ($B = -.26, SE = .34, t = -.76, p = .45$).
What are the Implications of Ambivalence for Offspring’s Later Well-being?

Models examined the effects of Wave 1 mother and father ambivalence separately on depressive symptoms (see Table 3). When we assessed whether ambivalence towards mother in Wave 1 predicted depressive symptoms, we found a three-way interaction among age group, ambivalence, and time that approached significance. To further investigate the interaction, we estimated separate models by age. Models revealed that adolescents who reported greater ambivalence towards mothers in Wave 1 reported more depressive symptoms over time ($B = -22.10$, $SE = 7.33$, $t = -3.02$, $p < .01$). The association among ambivalence, time, and depressive symptoms was not significant among emerging adults ($B = .69$, $SE = .107$, $t = .65$, $p = .52$) or young adults ($B = 1.11$, $SE = .64$, $t = 1.73$, $p = .09$).

Then we assessed whether ambivalence towards fathers in Wave 1 predicted depressive symptoms, which revealed significant main effects of father ambivalence and a father ambivalence x time interaction (see Table 3). Greater ambivalence towards fathers in Wave 1 significantly predicted more reported depressive symptoms over time ($B = -1.09$, $SE = .49$, $t = -2.22$, $p < .05$). The interaction revealed that individuals with greater ambivalence reported an increase in depressive symptoms over time ($B = 2.33$, $SE = .72$, $t = 3.23$, $p < .01$).

Post Hoc Analyses

We conducted a series of post hoc analyses to examine whether the findings varied by the gender of the participant. We found no evidence that the change over time or age differences in ambivalence varied by gender. Furthermore, the association between well-being and ambivalence did not vary by gender.
Discussion

The present study examined intergenerational ambivalence and the implications of ambivalence for well-being from adolescence to young adulthood. We found that ambivalence is particularly high among adolescents, that ambivalence decreases over time, and that ambivalence has important implications for well-being as children grow older.

Reports of Ambivalence by Age and over Time

This study was the first to examine ambivalence among adolescence and revealed developmental patterns of ambivalence across the transition to adulthood. Feelings of ambivalence towards mothers and fathers varied over time and by age. Overall, ambivalent feelings decreased over time and adolescents reported the most ambivalence compared to emerging adults and young adults. These findings are consistent with previous research on ambivalence in the parent-child relationship (Birditt et al., 2010; Rossi & Rossi, 1990; Willson et al., 2006).

Interestingly, we found decreases in ambivalence over time among adolescents and young adults. As individuation theory suggests, adolescence is typically a tumultuous period for the parent-child relationship with simultaneously high levels of conflict, contact, and closeness (Arnett, 2001a; Noack & Buhl, 2004; Steinberg, 1999). This stage is most likely characterized with higher levels of ambivalence than other age groups due to the conflicts between independence and closeness (Blos, 1967; Bucx & van Wei, 2008). These high ambivalent feelings may decrease over time as the adolescent transitions into young adulthood due to the fulfillment of normative expectations held by their parents. This transition requires more independence and responsibility than in adolescence which may alleviate some of the conflict in the parent-adolescent relationship.
In addition, young adults’ transition to middle adulthood greatly changes their relationships with their parents as they become more similar by gaining the responsibilities and roles their parents achieved (Nydegger, 1991). There is less contact and dependency between parent and young or middle adult children, which may relieve tensions that previously characterized the parent-child tie. The parent-adult offspring tie may reflect a more peer-like and interdependent relationship between two adults (Nydegger, 1991). This awareness of changes in the parent-child relationship is a developmental milestone.

Interestingly, there was no change in ambivalence towards mothers or fathers among emerging adults over time. Emerging adulthood is a period where individuals seek independence, either by moving out of the parental home or entering school, but at the same time rely on their parents for emotional, instrumental, or financial support (Arnett 2000, 2001a). Because emerging adults have often not fully transitioned to complete independence or interdependence with their parents, the parent-emerging adult relationship may show little change in ambivalence over time.

**Implications of Ambivalence for Well-being**

Intergenerational ambivalence towards parents has negative implications for the well-being of offspring. Adolescents who reported greater mother ambivalence reported an increase in depressive symptoms over 12 years. Adolescents are in frequent contact with their mothers compared to emerging adults and young adults (Holmbeck et al., 1995; Phares, 1999). While mothers and their children often have a close relationship, this relationship can be fraught with conflicts over offspring independence and responsibilities (Pillemer et al., 2007). Greater contact and conflict between mother and child may have important implications for well-being. In this formative and vulnerable life stage, adolescents may have conflicting feelings and feel
unsupported by their mothers, thus significantly affecting their perceived relationship quality and psychological health in later life (Cummings & Cicchetti, 1990; Hankin et al., 1998; Richman & Flaherty, 1986). Emerging adults and young adults may not feel these conflicting feelings as they become more peer-like and interdependent with their mothers and experience less conflict and contact than adolescents. This lack of conflict and contact may not significantly influence their perceived relationship quality with their mother and thus have little effect on later psychological well-being.

Irrespective of age, individuals who reported greater father ambivalence reported poorer well-being 12 years later. Father ambivalence may affect children of all ages because they are traditionally not as close to their fathers compared to mothers (Steinberg & Silk, 2002). Consequently, children may feel they are not receiving an adequate amount of support from their fathers compared to mothers. This perceived lack of support from fathers may negatively affect offspring as they age due to a yearning for a close paternal bond that could lead to lower well-being.

These findings are similar to previous studies, which found that offspring’s perceived relationship quality with parents significantly predicted later depressive symptoms (Alestine et al., 1998; Branje, Hale, Frijns, & Meeus, 2010; Sheeber et al., 1997).

**Limitations and Future Directions**

There are limitations that should be addressed in future research. The negative relationship quality score had low internal consistency reliability, most likely due to the small number of negative items. Thus, future studies should consider a scale with a greater number of negative items which could improve internal consistency reliability. Additionally, emerging adulthood is not a universal developmental period and is unique to certain cultures, especially
industrialized countries that postpone the adoption of adult roles and responsibilities until past the late teenage years (Arnett 1997, 1998, 2001a). Industrialized or postindustrial countries are frequently information or technology based, so young people often pursue higher education. Thus, marriage, having a child, and other typical adult roles are delayed until school is finished (Arnett, 2000). Opportunities in education and occupation certainly influence the ability of young people to explore emerging adulthood. Social class, such as the working class, may place more emphasis on obtaining a job rather than pursuing more education compared to young middle class people who have more opportunities (Arnett, 2000).

Furthermore, this study did not investigate parents’ perceptions of the relationship with their offspring or parents’ well-being. Future studies should consider parents’ and offspring’s reports of relationship quality over time to determine the possible bidirectional effects of ambivalence. Ambivalence in the parent-child tie may also have significant effects on parents’ well-being. Investigating parents’ reports may reveal important discrepancies between parent and child reports of relationship quality and well-being. Lastly, coping strategies as a moderator between ambivalence and well-being should be investigated. Birditt, Rott, and Fingerman (2009) found that addressing parent-child conflicts using constructive strategies, such as trying to understand each other, resulted in greater affective solidarity and less ambivalence in the relationship. These particular coping strategies may lead to greater links between ambivalence and well-being.

This is the first study to our knowledge to examine intergenerational ambivalence among adolescents, emerging adults, and young adults over time. Our findings reveal that adolescence may be a pivotal stage in the development of ambivalence. Indeed, adolescents appear to experience high levels of ambivalence that decrease over time and have important implications
for well-being. We hope that this study emphasizes the importance of the ambivalence and that ambivalence is important to examine among younger as well as older age groups.
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Table 1

Descriptives of the Selected Sample

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<td>2.80 (1.72)</td>
</tr>
<tr>
<td>Father intergenerational ambivalence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents</td>
<td>3.70 (1.72)</td>
<td>1.93 (1.61)</td>
</tr>
<tr>
<td>Emerging adults</td>
<td>2.93 (1.71)</td>
<td>2.21 (1.54)</td>
</tr>
<tr>
<td>Young adults</td>
<td>2.81 (1.76)</td>
<td>2.36 (1.69)</td>
</tr>
</tbody>
</table>

*Note.* Contact frequency scale: 1 (irregularly), 2 (*once a year*), 3 (*once a month*), 4 (*once a week*), or 5 (*everyday*).
Table 2

*Ambivalence as a Function of Age and Time*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>B</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents</td>
<td>4.02</td>
<td>1.91</td>
<td>*</td>
<td>6.16</td>
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<tr>
<td>Emerging adults</td>
<td>.47</td>
<td>.41</td>
<td>.88</td>
<td>.47</td>
</tr>
<tr>
<td>Young adults</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td>-.34</td>
<td>.13</td>
</tr>
<tr>
<td>Adolescents*time</td>
<td>-1.89</td>
<td>.98</td>
<td>†</td>
<td>-3.05</td>
</tr>
<tr>
<td>Emerging adults*time</td>
<td>-.19</td>
<td>.26</td>
<td>-.31</td>
<td>.29</td>
</tr>
<tr>
<td>Young adults*time</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Covariates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>.47</td>
<td>.15</td>
<td>**</td>
<td>-.20</td>
</tr>
<tr>
<td>White</td>
<td>.25</td>
<td>.17</td>
<td>.16</td>
<td>.20</td>
</tr>
<tr>
<td>Working</td>
<td>.16</td>
<td>.15</td>
<td>-.08</td>
<td>.18</td>
</tr>
<tr>
<td>Married</td>
<td>-.37</td>
<td>.14</td>
<td>*</td>
<td>-.09</td>
</tr>
<tr>
<td>Contact frequency</td>
<td>.11</td>
<td>.08</td>
<td>-.11</td>
<td>.09</td>
</tr>
</tbody>
</table>

*Note.* **p < .01, *p < .05, † p < .10

Contact frequency scale: 1 (irregularly), 2 (*once a year*), 3 (*once a month*), 4 (*once a week*), or 5 (*everyday*).
Table 3

*Depressive Symptoms as a Function of Intergenerational Ambivalence in Wave 1*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mother B</th>
<th>Mother SE</th>
<th>Father B</th>
<th>Father SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambivalence Wave 1</td>
<td>.58</td>
<td>.56</td>
<td>2.33</td>
<td>.72</td>
</tr>
<tr>
<td>Age groups</td>
<td></td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Adolescents</td>
<td>-12.88</td>
<td>12.14</td>
<td>-19.76</td>
<td>13.44</td>
</tr>
<tr>
<td>Emerging adults</td>
<td>-4.71</td>
<td>2.83 †</td>
<td>.82</td>
<td>3.42</td>
</tr>
<tr>
<td>Young adults</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Time</td>
<td>-3.41</td>
<td>1.28 **</td>
<td>-.93</td>
<td>1.46</td>
</tr>
<tr>
<td>Ambivalence Wave 1 × Adolescents</td>
<td>1.04</td>
<td>1.12</td>
<td>.92</td>
<td>1.16</td>
</tr>
<tr>
<td>Ambivalence Wave 1 × Emerging adults</td>
<td>1.25</td>
<td>.52 *</td>
<td>-.93</td>
<td>.67</td>
</tr>
<tr>
<td>Ambivalence Wave 1 × Young adults</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ambivalence Wave 1 × Time</td>
<td>- .03</td>
<td>.37 †</td>
<td>-1.09</td>
<td>.49 *</td>
</tr>
<tr>
<td>Adolescents × Time</td>
<td>4.52</td>
<td>5.48</td>
<td>8.77</td>
<td>5.95</td>
</tr>
<tr>
<td>Emerging adults × Time</td>
<td>1.33</td>
<td>1.48</td>
<td>2.27</td>
<td>1.82</td>
</tr>
<tr>
<td>Young adults × Time</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ambivalence Wave 1 × Age group × Time</td>
<td>8.12</td>
<td>5.02 †</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Covariates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1.20</td>
<td>.82</td>
<td>1.59</td>
<td>.99</td>
</tr>
<tr>
<td>White</td>
<td>-1.46</td>
<td>.90</td>
<td>-1.33</td>
<td>1.18</td>
</tr>
<tr>
<td>Working</td>
<td>-1.75</td>
<td>.81 *</td>
<td>-2.24</td>
<td>1.05 *</td>
</tr>
<tr>
<td>Married</td>
<td>-1.74</td>
<td>.79 *</td>
<td>-1.25</td>
<td>1.00</td>
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<tr>
<td>Contact frequency</td>
<td>.28</td>
<td>.46</td>
<td>.45</td>
<td>.52</td>
</tr>
</tbody>
</table>

*Note.* **p < .01, * p < .05, † p < .10

Contact frequency scale: 1 (irregularly), 2 (once a year), 3 (once a month), 4 (once a week), or 5 (everyday).