

# The Sandwich Generation Experience

## A Mixed-Methods Analysis of Stress, Perfectionism, and What it Means to be a Sandwich Generation Caregiver

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Members of the Sandwich Generation (SGMs) simultaneously care for and support their children and elderly relatives.<sup>1</sup> Although several studies have identified stress and perfectionism in the Sandwich Generation (SG), no studies have investigated the relationship between these constructs. Overall, the SG has not been studied deeply so more research is needed to identify themes that are relevant to the SG experience. This study investigates the relationship between stress and perfectionism and explores other relevant topics in the SG. SGMs may provide many types of support to elders and children, including physical support (e.g., helping with activities of daily living, assisting with housework and tasks), driving, emotional support, financial support, and more.<sup>2</sup>

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1 Ann O'Sullivan, "Pulled From All Sides: The Sandwich Generation at Work," *Work* 50, no. 3 (2015): 491-494; Allison M. Steiner and Paula C. Fletcher, "Sandwich Generation Caregiving: A Complex and Dynamic Role," *Journal of Adult Development* 24 (2017): 133-143; Kiah L. Evans et al., "Working Sandwich Generation Women Utilize Strategies Within and Between Roles to Achieve Role Balance," *PloS one* 11, no. 6 (2016): e0157469; Alana M. Boyczuk and Paula C. Fletcher, "The Ebbs and Flows: Stresses of Sandwich Generation Caregivers," *Journal of Adult Development* 23 (2016): 51-61; Sanaz Aazami, Khadijah Shamsuddin, and Syaquirah Akmal, "Assessment of Work-family Conflict Among Women of the Sandwich Generation," *Journal of Adult Development* 25 (2018): 135-140.

2 Steiner and Fletcher, 133-143; Boyczuk and Fletcher, 51-61; Evans et al., e0157469; Esther Friedman, Sung S. Park, and Emily E. Wiemers, "New Estimates of the Sandwich Generation in the 2013 Panel Study of Income Dynamics," *The Gerontologist* 57, no. 2 (2017): 191-196.

Although some SGMs describe the dual caregiving experience as fulfilling, simultaneously acting as a caregiver to both children and elders is often a stressful experience.<sup>3</sup> Common stressors include putting pressure on oneself, pressure from others, a lack of support and/or resources, shifts in caregiving demands, and not having enough time to get everything done.<sup>4</sup> These stressors often lead to a multitude of other challenges for SGMs, including burnout, marital problems, negative emotions and feelings of overwhelm, and not having time for oneself.<sup>5</sup> The coping methods that SGMs use to manage such stressors include prioritizing important tasks, engaging in self-care, scheduling tasks and practicing time management, and asking for assistance and/or resources.<sup>6</sup>

Perfectionism also plays a role in the SG experience.<sup>7</sup> This may be problematic because perfectionism in general is related to many psychological problems, including depression, low self-esteem, relationship challenges, and even suicidal ideation.<sup>8</sup> Perfectionism exists in many forms and is linked to self-image as well as public expression.<sup>9</sup> *Self-oriented perfectionism* involves setting high expectations for oneself, whereas *other-oriented perfectionism* involves setting high expectations for other people.<sup>10</sup>

Much of the psychological research on SGMs examines the stress that SGMs experience, and some work also explores perfectionism in SGMs.<sup>11</sup> Some SGMs work to repress their perfectionistic tendencies to reduce stress, while others openly discuss the pressures SGMs place on themselves.<sup>12</sup>

However, none of the aforementioned work has directly focused on the correlation between stress and perfectionism, and it is important to understand these constructs as they relate to each other in the SGM experience. Additionally, because the existing research about SGMs, stress, and other psychological constructs

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3 Steiner and Fletcher, 133-143; Boyczuk and Fletcher, 51-61, Evans et al., e0157469; O'Sullivan, 491-494; Michelle T. Jesse et al., "Transplant Surgeon Burnout and Marital Distress in the Sandwich Generation: The Call for Organizational Support in Family Life," *Transplantation Proceedings* 50, no. 10 (2018): 2899-2904.

4 Boyczuk and Fletcher, 51-61; Aazami et al., 135-140; O'Sullivan 491-494; Evans et al., e0157469; Jesse et al., 2899-2904; Steiner and Fletcher, 133-143.

5 Jesse et al., 2899-2904; Boyczuk and Fletcher, 51-61; Steiner and Fletcher, 133-143; O'Sullivan 491-494; Evans et al., e0157469.

6 Boyczuk and Fletcher, 51-61; Aazami et al., 135-140; Evans et al., e0157469; Steiner and Fletcher, 133-143; O'Sullivan 491-494.

7 Boyczuk and Fletcher, 51-61; Aazami et al., 135-140; Evans et al., e0157469.

8 Paul L. Hewitt et al., "The Interpersonal Expression of Perfection: Perfectionistic Self-presentation and Psychological Distress," *Journal of Personality and Social Psychology* 84, no. 6 (2003): 1303-1325.

9 Hewitt et al., 1303-1325.

10 Hewitt et al., 1303-1325.

11 Steiner and Fletcher, 133-143; Boyczuk and Fletcher, 51-61; O'Sullivan 491-494; Jesse et al., 2899-2904; Aazami et al., 135-140; Evans et al., e0157469.

12 Boyczuk and Fletcher, 51-61; Aazami et al., 135-140; Evans et al., e0157469

is limited, it is necessary to identify additional relevant topics in the SG experience. Further research will allow us to improve available therapeutic interventions for SGMs and inform how institutions (e.g., the workplace) can support their SGMs.

Within my study I address limitations of the prior research on SGM stressors. I surveyed an SGM sample with stress and perfectionism scales, and I interviewed my participants to dig deeper into their SG experience. This research is exploratory in nature, so while some predictions were made, the principal aim of this work is to broaden our understanding of the SG, which in turn will inspire hypothesis-driven work in the future. The following research questions were examined:

*Research Question 1:* Is there a relationship between stress and perfectionism in the Sandwich Generation? I predicted that higher levels of perfectionism correspond to higher levels of stress because perfectionists pressure themselves to uphold unrealistic expectations.

*Research Question 2:* What themes are common to the Sandwich Generation experience? It is important to note that previous researchers have defined the Sandwich Generation in various ways.<sup>13</sup> In this study, the SG will be defined as *the individuals who simultaneously provide support to the children and elders in their lives*. This definition closely aligns with previous work, but it allows for slightly more nuance than preexisting definitions. The goal of this study is to develop a comprehensive view of the SG, so any participant who identified as an SGM was included within the study.

## **Method**

Participants were 27 members of the Sandwich Generation. The participants consisted of individuals in my personal network, as well as others who were referred to my study (e.g., spouses or coworkers of participants). To qualify for the study participants needed to provide care simultaneously to their children and older adults in their lives. It is important to note that my study consisted of both present and past SGMs (some participants reflected upon their time in the SG before their parents had passed; these participants were not in the SG at the time of my study but still participated).

Table 1 includes demographic information about the participants. Participants were informed that their data would be kept confidential and that they would not be receiving any compensation for their participation.

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13 Jesse et al., 2899-2904; Friedman et al., 191-196; Michael J. Urick, "The Aging of the Sandwich Generation," *Generations* 41, no. 3 (2017): 72-76.

**Table 1: Participant Demographics**

Demographic	Categories	Number	Percentage
Gender:	Woman	18	66.67
	Man	9	33.33
	Other	0	0
Education:	High school diploma	1	3.7
	Undergraduate degree	7	25.92
	Master's degree	9	33.33
	Doctoral degree	7	25.92
Annual Household Income:	Less than \$60,000	2	7.41
	\$60-80,000	1	3.7
	\$80-100,000	2	7.41
	\$100-120,000	4	14.81
	\$120-150,000	2	7.41
	Over \$150,000	10	37.03
Age:	Age range 37-72 years; Average age 52.08, SD = 7.77	x	x

### Materials and Procedure

I collected data in the fall of 2020 and conducted my analysis in the spring of 2021. After electing to participate in the study participants were emailed a link to a Qualtrics survey (see appendices A-C). The survey first asked the participants to provide informed consent. Participants then provided basic demographic information for themselves and for the individuals they were/are caring for and completed scales that measure stress and perfectionism. *The Perceived Stress Scale—Revised* measures general stress.<sup>14</sup> Responses were answered on a Likert scale from 1-4 (*never to very often*), and a sample item is, “How often have you been able to control the irritations in your life?”<sup>15</sup> *The Parental Stress Scale* measures stressors related to parenting and raising children.<sup>16</sup> Responses were answered on a Likert scale from 1-5 (*strongly disagree to strongly agree*), and a sample item is, “It is

14 K.A.S. Wickrama et al., “Perceived Stress Scale—Revised,” *PsycTESTS* (2013).

15 Wickrama et al.

16 Judy O. Berry and Warren H. Jones, “The Parental Stress Scale: Initial Psychometric Evidence,” *Journal of Social and Personal Relationships* 12, no. 3 (1995): 463-472.

difficult to balance different responsibilities because of my children.”<sup>17</sup> Finally, the *Big Three Perfectionism Scale* measures three facets of perfectionism: self-critical perfectionism, rigid perfectionism, and narcissistic perfectionism.<sup>18</sup> Responses were answered on a Likert scale from 1-5 (*strongly disagree to strongly agree*) and a sample item is, “I judge myself harshly when I don’t do something perfectly.”<sup>19</sup> Self-critical perfectionism refers to negative self-talk and holding oneself to unrealistic standards; rigid perfectionism refers to a tendency to strive for complete perfection and a tendency to be inflexible; and narcissistic perfectionism refers to a view of the self as perfect, along with a strict expectation for others to be perfect as well.<sup>20</sup>

Upon completion of the survey participants were emailed an invitation to participate in an interview. The interview focused on stress and perfectionism and also asked participants to describe their caregiving experiences in more detail. The participants who agreed to interview (n = 23) signed an informed consent document, and we agreed upon a one-hour meeting via video call. Upon completing the interview, participants confirmed their willingness to be included in data analysis and indicated the extent to which their interview data could be used (e.g., if we could quote them directly or if they preferred that we paraphrased). Four participants declined to be interviewed, so only their survey data are included in the analyses.

The interviews were conducted over Zoom, an online video conferencing tool. Interview questions were designed to glean more detail about the participants’ experiences in the Sandwich Generation and to add depth to their survey responses. Participants described their day-to-day caregiving tasks, how they felt about being SGMs, and how caregiving affected different areas of their lives. Participants also answered questions about stressors and coping mechanisms, along with questions about perfectionistic tendencies and expectations they set for themselves. Probes were prepared to go along with each question in case the participant needed clarification, but probes were only used on an as-needed basis. Interviews were semi-structured, so there were prepared questions, but I would also ask follow-up questions based on responses that needed clarification or detail. Answering interview questions was entirely voluntary, and participants were informed that they were free to not answer questions without penalty. All interview questions and probes are included in Appendix D. All participants confirmed whether I could record and transcribe their interviews (n = 21 allowed me to record and transcribe; n = 3 only allowed me to take notes during the interview). All procedures were approved by the Human Subjects Review Committee at Lake Forest College.

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17 Berry and Jones, 463-472.

18 Martin M. Smith and Donald H. Saklofske, “The Big Three Perfectionism Scale: A New Measure of Perfectionism,” *Journal of Psychoeducational Assessment* 34 (2016): 670-687.

19 Smith and Saklofske, 670-687.

20 Smith and Saklofske, 670-687.

## Data Analysis Strategy

The survey data was used to examine Research Question 1 using the International Business Machine Corporation's Statistical Package for Social Sciences, version 26. Specifically, two Multiple Regression analyses were performed to examine the relationship between perfectionism and stress in SGMs. Multiple regression is a statistical technique in which several predictor variables are evaluated for their relation to one outcome variable. In the first regression model, *general stress* was the predicted (i.e., dependent) variable, and gender, age, income, marital status, education, and perfectionism were predictors (i.e., independent variables). In the second regression model, *parental stress* was the predicted variable and gender, age, income, marital status, education, and perfectionism were predictors.

The interview data was used to examine Research Question 2. Interviews were manually transcribed to create readable transcripts, and thematic analysis was conducted to identify major themes of the Sandwich Generation experience. Thematic analysis is a method of organizing data and identifying emerging patterns of meaning across a dataset, and it allows for flexibility in how a researcher chooses to code (i.e., classify) qualitative data.<sup>21</sup> I chose to follow a "bottom up" approach in which the interview data guided my coding decisions (rather than having codes pre-determined).<sup>22</sup> The codes were extracted from the data, and definitions were developed based on the themes that participants discussed. Analysis began in December 2020 and concluded in March 2021.

## Results

### Quantitative Analysis

Results of the first multiple linear regression indicated that there was a collective significant effect between the predictors (gender, age, income, marital status, education, and perfectionism) and the dependent variable, general stress, ( $F(8, 11) = 11.44, p < .001, \text{adjusted } R^2 = .82$ ). The individual predictors were examined further and indicated that education, marital status, and gender predicted general stress. Narcissistic perfectionism negatively predicted general stress (i.e., higher levels of narcissistic perfectionism were related to lower levels of general stress). Narcissistic perfectionism exists when pressure to be perfect is placed upon others and the self is deemed to be perfect.<sup>23</sup> In this type of perfectionism, individuals are more concerned with others' performance than their own and have a very positive self-image.<sup>24</sup>

Results of the second multiple linear regression indicated that there was not a collective significant effect between the predictors (gender, age, income, marital status, education, and perfectionism) and the dependent variable, parental stress, ( $F(8, 11) = 1.87, p = .18, \text{adjusted } R^2 = .25$ ).

<sup>21</sup> Virginia Braun and Victoria Clarke, "Thematic Analysis," *APA Handbook of Research Methods in Psychology 2*, (2012); 57-71.

<sup>22</sup> Braun and Clarke, 57-71.

<sup>23</sup> Smith and Saklofske, 670-687.

<sup>24</sup> Smith and Saklofske, 670-687.

\*See Appendices E and F for multiple regression tables and general descriptive statistics.

### **Thematic Analysis**

Nine major themes of the SG experience were identified. Table 2 shows all themes and associated subthemes.

**Table 2: Themes and Subthemes from Thematic Analysis**

Theme	Sub-theme
Perfectionism	Guilt Rigidity
Non-perfectionism	Fluidity Non-dichotomous view of achievement
Stress	Acknowledgement of stress Sleep Emotion and temper management Lack of time Self-care
Support from other caregivers	High support Lack of support
Conceptualization of caregiving	Honor Duty Burden
Level of need	High Low Financial
Quality of relationships with care recipients	Positive Negative
Overlapping of worlds/multitasking	N/A
Distance from care recipient	N/A

### **Perfectionism**

Perfectionism was expressed through participants' feelings of guilt and their strict rigidity with scheduling. Overall, perfectionism was understood as setting high expectations for oneself, and mood and self-image are largely dependent upon whether those expectations are met.

*Guilt:* Many participants discussed feelings of guilt with regard to their SG role. SGMs felt guilty about not keeping promises or letting care recipients down. One participant described a time when she could not spend enough time with her child because she had to take care of her mother-in-law, “you just feel bad... you kind of have guilt because you feel like... you don’t want to let people down.”

*Rigidity:* A second aspect of perfectionism identified from the interviews was rigidity with planning and scheduling. Some SGMs were very strict with themselves, setting time-bound expectations and plans, and were only satisfied when things went accordingly. These SGMs were resistant to adjustment and were self-critical when they felt like they could not keep up. One participant shared, “I’m a planner, and when things don’t quite work out...I get upset...my stress level [goes] up.”

### **Non-perfectionism**

In contrast to perfectionism, many participants were intentionally non-perfectionist. They were relaxed and accepting of mistakes, and they did not judge themselves by as strict standards as the perfectionists.

*Fluidity:* Whereas SGMs who were highly rigid kept strict schedules and were uncomfortable with readjustment, SGMs who were more fluid were accepting of plans changing and adjusting expectations. One participant explained, “It was more or less focusing on that day...we just played it by ear...so not as structured as maybe some other people.”

*Non-dichotomous View of Achievement:* A major component of non-perfectionism was being accepting of mistakes and allowing for imperfection. Whereas the more perfectionist SGMs judged themselves harshly when goals were not achieved, non-perfectionists did not base their self-evaluation on specific standards, rather, they were satisfied if they put in effort and felt that they did their best. When asked if they had any advice for future SGMs, one participant shared, “Prioritize what really has to be done and don’t beat yourself up for what you can’t get done...you can’t do it all.” These SGMs did not view success as all-or-nothing. Instead, they gave themselves credit for putting forth effort and were tolerant of mishaps.

### **Stress**

Unsurprisingly, stress played a large role in the SG experience. Several sub-themes of stress have been identified upon close inspection of the interviews.

*Explicit Acknowledgement of Stress:* The most apparent indicator of stress was when SGMs acknowledged it directly. One participant, for example, was raising children while her mother struggled with dementia. The participant recalled often feeling fearful and shared, “It was a nightmare, it was just a nightmare...it was a very stressful time. I don’t remember it [in detail]; I feel like I blacked out through it.”

*Sleep:* SGMs mentioned that their sleep was affected by their caregiving role. They were either kept up at night by caregiving activities (e.g., waking up to care for an infant), and/or were affected by the stress of balancing caregiving with daily life and could not enjoy restful sleep. As one participant shared, “It’s exhaustion...



[I was] up all night trying to get this baby to sleep...[and] you just want to sleep.” It is unsurprising that sleep is so connected to how SGMs feel and their stress levels; sleep is a biological imperative for functioning and self-regulation.<sup>25</sup>

*Emotional and Temper Management:* Another component of stress is easily losing one’s temper or overreacting, often due to exhaustion. One participant explained, “Without days off, your tolerance goes... and then that echoes within the family...[if someone made a mess], instead of just picking it up [like I usually would], I would just lose it.” Many participants explained that stress was the reason they had a shorter temper, but the negative impact did not stop there. SGMs who acted out toward their family members described feeling guilty and even more stressed afterward; there seems to be a vicious cycle of stress leading to short temper, and short temper reactions leading to guilt and increased stress.

*Lack of Time:* Many participants felt that they often did not have enough time in their everyday lives to accomplish everything they needed to, leading to feelings of stress. One participant shared, “I feel the most pressure [in] trying to balance spending time with [elder] and spending time with my daughter, there’s not enough time in the day.” Other participants shared that the first elements to be dismissed from their lives were their own interests, desires, and hobbies because they did not have time to themselves. The stress is bi-faceted; there is not enough time to accomplish necessary tasks, and there is no time to unwind from the busyness of the SG lifestyle.

*Self-care:* In attempts to combat or manage stress, many participants discussed making time for self-care activities. Others commented on the lack of time or energy for self-care activities, but voiced interest in them. One participant who engaged in self-care said, “I have to go take a walk; walking is my friend. If time permits, go to the gym, do a little cardio, have some peace somewhere.” Another participant shared the sentiment, “the caregiver themselves needs care.” Engaging in self-care seemed related to lower stress levels, while a notable lack of self-care seemed to exacerbate stress.

### **Support from Other Caretakers**

An important distinction that arose from the interviews was whether the SGMs were solely responsible for caregiving or whether they had help from other caregivers (e.g., spouse, older children, babysitters, etc.). For simplicity, the coding system was dichotomous; if SGMs had at least one other caregiver helping them, it was coded as “strong support,” and if they did not have another caregiver helping them with tasks, it was coded as “no support.” It should be noted that some SGMs had support for some care recipients, but not for others (e.g., spouse helps with childcare, but there are no siblings to help assist elderly parents).

*Strong Support:* SGMs who had at least one other caregiver helping them seemed to experience less stress overall. One participant who had a supportive

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<sup>25</sup> Terrence J. Sejnowski and Alain Destexhe, “Why Do We Sleep?” *Brain Research* 886, no. 1-2 (2000): 208-223.

spouse shared, "I had a partner that I could rely on for help...it made things easier."

*Lack of Support:* Some SGMs acted as the sole support for at least one of their care recipients. Generally, this was a more stressful situation because all caregiving responsibilities fell to a single individual. One participant who acted as a sole caregiver stated, "I am really her only relative that lives within a close enough geographical radius...I know that [her care] is going to fall to me." This situation creates stress because not only does the caregiver inherit more responsibilities, but the caregiver is also acutely aware that if they are unable to provide support, then the care recipient will not have their needs met.

### **Conceptualization of Caregiving**

It was interesting to observe the ways in which participants conceptualized the experience of caregiving. Some felt that it was an honor and a privilege to be able to care for their families, while others felt that it was a duty that need not be questioned. Others felt burdened by the responsibility. It should be noted that some SGMs conceptualized caregiving one way for one care recipient (e.g., caring for my child is an honor) but a different way for another (e.g., taking care of my mom is a burden).

*Honor/Enjoyable:* Some SGMs described caregiving as a privilege and something they enjoyed doing. One participant smiled as she shared, "I feel so blessed as a mom, it's my greatest gift." Another said, "I would go back to it in a second if they [my parents] were back...I would do it all day, every day, for the rest of my life." SGMs who understood their caregiving role as an honor seemed to have an overall more positive outlook on their duties and relationships.

*Duty:* Another common way to describe the SG role was as a duty. Many participants simply accepted that it was their responsibility to take care of their children and elders in their families and did so without question. One participant with this perspective explained, "I had something that I had to do, it was something that I needed to take care of...you just do it because you know it has to be done."

*Burden/Unenjoyable:* A less common but still prevalent way of conceptualizing caregiving was as a burden. Some participants did not want the responsibility of caretaking, but they felt that they had no other choice. One participant who felt this way shared, "I did not want the responsibility at all...so very reluctant on my part, which makes it difficult...I want to put them out of my mind, and I can't."

### **Level of Need**

Unsurprisingly, the level of need that care recipients required influenced the SG experience. For simplicity, I code time and energy needs as "high" or "low." If care needs were solely financial, I coded accordingly. It should be noted that some SGMs had some care recipients who were high-demand, others who were low-demand, and others who only had financial needs (e.g., a very ill parent, a healthy young child, and an independent adult child living out of the house).

*High:* Some SGMs had care recipients who needed more intensive care. These more demanding situations included, but were not limited to, parents with serious health conditions and children with very busy schedules. One participant in such a situation shared, “She [mother] was a diabetic and... had issues walking and [other] difficulties...I would do her shopping [and] do her laundry.” Another participant who had a young child during her time in the Sandwich Generation said, “It is dusk till dawn with her...constant cooking, you know, meal prep...and just caring for my daughter.”

*Low:* Some SGMs had care recipients who required less time and energy from their caregivers. These SGMs were responsible for tasks such as checking in with parents or spending time with children or grandchildren. One participant with adult children explained, “My son and his wife just purchased a new house [and] we’ve spent some time out there painting and doing things...it’s those little things that you offer support for.”

*Financial:* Some SGMs provided financial assistance, including, but not limited to, paying college tuition, or assisting with medical bills or groceries. One participant in this situation said, “We are funding my son in college, and will do [that] for the younger one, she’ll be heading off next year.”

### **Quality of Relationship with Care Recipient**

The quality of SGMs’ relationship with their care recipients colored their SG experience. It should be noted that some SGMs had some care recipients with whom they had a positive relationship and others with whom they had negative relationships (e.g., close to a child, but distant from a parent).

*Positive:* Many SGMs had positive relationships with their care recipients, which seemed to improve the SG experience. One participant reflected, “My in-laws were the greatest people ever...I would do anything just to have 15 minutes again with any of them because I had great relationships with all of them.” Another participant who was particularly close with his child, shared, “My son and I are very close, he’s my little nerd friend...his first thing is he wants to play with me [and] spend time together.”

*Negative:* Some SGMs had strained relationships with their care recipients, which seemed to make their SG experience more challenging. One participant who had a negative relationship with his care recipient shared, “I don’t have a good relationship with my brother [care recipient]. He’s really hard to deal with, we don’t really get along.”

### **Overlapping of Worlds/Multitasking**

Several SGMs described feeling that their roles were overlapping and frequently found themselves multitasking to get everything done. Different aspects of their lives did not stand alone and SGMs would often play multiple roles simultaneously, as illustrated in the examples below. This everywhere-at-once mindset seemed to characterize the experience for many SGMs. One participant shared, “Wednesdays, [my son] has music class...I’ve taken to using that time, I sit in my car [and] do Zoom

calls.” Another participant recalled, “I remember being in the hospital room with my mom, and I was working on [a professional] speech.”

### **Distance from Care Recipient**

Many SGMs described the ways that distance from their care recipients influenced the role they played. Distance had a differential effect depending on the situation. For some families, having the care recipients close by was easier because there was not as much travel time involved. This seemed especially helpful with elderly care recipients, who sometimes doubled as caregivers for young children in the family. In other families, further distance was not problematic. For example, some parents had adult children who lived far from home, but they did not need ongoing and frequent care. Taken together, it seemed that having care recipients closer often made caregiving easier, but in some situations the distance was not a challenge for the type of caregiving SGMs were responsible for. One participant whose elderly mother was both a care recipient and assisted with childcare in the home shared, “I live with my wife, my son, my daughter, and my [elderly] mother... she’s lived with us for the past two or three years, which is very helpful.”

## **Discussion**

The present study examined the relationship between stress and perfectionism and revealed several themes that are relevant to the SG experience. The results of the multiple regression analyses will be discussed first, followed by a discussion of the thematic analysis. I will conclude by considering the limitations of the present study and will suggest directions for future research. All findings should be contextualized by the higher-level events occurring at the time of this study. Data were collected in fall 2020, during the COVID-19 pandemic. This should be considered with each finding, especially along with discussions of stress and overwhelm; it is likely that these feelings were exacerbated because of the pandemic, and perhaps the experiences of future SGMs, post COVID-19, will differ from those found in the present study.

Based on the multiple regression analyses, the relationship between stress and perfectionism appears to be weaker than predicted. In the first model, narcissistic perfectionism emerged as the only significant perfectionism-related predictor of general stress, and the relationship was opposite to what was predicted (higher levels of narcissistic perfectionism were correlated with lower levels of general stress). This finding is likely due to the nature of narcissistic perfectionism, in which individuals are more concerned with others’ performance than their own, while maintaining a very positive view of the self.<sup>26</sup>

The non-significant relationships between self-critical perfectionism and rigid perfectionism with general stress were surprising, but with consideration of the interview findings, it is theorized that some level of perfectionism may not

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26 Smith and Saklofske, 670-687.

be as problematic as predicted. Rather, it seems that those with perfectionistic tendencies are satisfied with their mindset and reach their goals, and those with less perfectionistic tendencies are also satisfied and find success. Therefore, perfectionism itself may not be the issue; individuals need to find a mindset and goal achievement system that works for them.

In the second model, no perfectionism-related predictors significantly predicted parental stress. Overall, this model is theorized not to be predictive because of the specific nature of parental stress. It is possible that aspects of perfectionism are related to general stress, but not specifically related to the challenges of parenting. In other words, a perfectionistic mindset is broad and applies to many facets of one's life; it does not seem to be specific to parenting and caregiving.

Other findings from the multiple regression analyses are worth noting. The negative correlation between being married and stress (i.e., being married was correlated with having lower stress) is likely due to the increased support of having a spouse while caregiving for children and elders (it is also notable that although the second multiple regression model was not significant overall, marital status again emerged as significantly negatively related to parental stress). Results also indicated that women were more stressed, and this is likely due to the generally larger role that women played in active caregiving and to the higher number of women in the sample.

### **Explorative Findings**

Of the themes identified in the interviews, *support from other caretakers, conceptualization of caregiving, quality of relationship with care recipient, and distance from care recipient* seem to play the largest role in the SGMs' experiences.

Support from other caretakers was immensely helpful for SGMs who had partner caregivers (e.g., spouses, siblings) because they were able to tag-team and delegate tasks to each other. Also, they were able to provide each other with emotional support and understanding. An emotionally supportive role was also sometimes served by spouses, friends, and online communities, even if they were not directly involved in assisting with caregiving activities. In contrast, SGMs who were solely responsible for caregiving duties were more stressed and had more pressure to take on responsibilities. For these caregivers, it would be important to identify and utilize sources of support in their communities to lessen their load and allow time to de-stress.

SGM's conceptualizations of caregiving also played an important role in shaping their experience. Those who considered the role an honor and enjoyed caregiving were less stressed and more fulfilled, and those who considered it their duty to provide care were also fulfilled to know that they were doing the "right thing." However, those who expressed feeling burdened by caregiving seemed more worn-down, stressed, and generally unhappy. They discussed what they wished they could be doing instead, and some even expressed some resentment toward other

family members who were not taking such an active role. For these SGMs, it would be important to implement some cognitive strategies to change their mindset about caregiving and to improve their relationships with their care recipients.

The quality of SGM's relationships with their care recipients influenced the experience they had, and this seemed to go hand-in-hand with their conceptualization of caregiving. SGMs who had more positive relationships with their care recipients conceptualized the experience as more positive and seemed to feel fulfilled by it, whereas SGMs who had more negative relationships with their care recipients conceptualized the experience as more negative and seemed to feel burdened by it. This leads to questions about conflict resolution, cooperative problem-solving techniques, and mindset. It seems that if SGMs are able to cultivate positive relationships with their care recipients, their experience in the SG is more fulfilling and positive overall.

Distance from care recipients played an important role in the SG experience for many SGMs. Some participants had to carve out extensive time just for commutes, and this was not only a challenge on a day-to-day basis, but it was also a stressor because SGMs worried about being able to get to their care recipients in an emergency situation. For others, distance did not play as significant of a role, especially if their care recipients were low-demand or only required financial assistance. However, for all SGMs, distance was at least a partial factor in how often they interacted with their care recipients in-person and how easy it was to get together.

Overall, the relationship between stress and perfectionism did not appear to be as strong as predicted. Rather (in line with quantitative findings), the interviews revealed that those who were more perfectionist were comfortable and achieved their goals with this approach, and those who were less perfectionist were comfortable and achieved their goals with that approach. It does seem that having a non-dichotomous view of achievement allowed for fewer feelings of guilt and kinder evaluations of oneself, but this did not appear to have a major influence in the SG experience overall.

### **Limitations and Future Research**

Although it had many strengths, this study had important limitations, the identification of which can inspire future research that expands our knowledge of the SG. A key limitation was that although the number of participants was relatively high for an interview-based explorative study, because of the nature of the participant recruitment technique (convenience and snowball sampling), it lacked in diversity. As aforementioned, my sample was made up of well-educated, middle-to-high-earners, and it is likely that SGMs with a different socioeconomic status (SES) face different stresses and challenges. Another limitation of this study is the possibility of the exclusion of SGMs in certain circumstances. For example, it is unlikely that someone facing a family crisis (e.g., drastic change in elders' health condition) would be available and interested in participating in this study. Therefore, it is likely that this study did not sufficiently explore the SG experience in

times of crisis or challenge because of these SGMs' lack of availability or interest. A more comprehensive understanding of how SGMs handle particularly challenging times would be beneficial.

This study provides many avenues for future research. A diverse sample would allow for a more comprehensive understanding of the SG. A larger range of SES, along with a focus on differences in culture, religion, and attitudes would help to understand the SG overall, and it could help to explain some variability in the SG experience. Further, each theme and subtheme could be explored in greater detail. For example, in my study, participants described the ways that distance influenced the experience they had with caregiving, and rather than just answering questions about help from other caretakers, participants explained the ways they felt supported or isolated. Individual studies about these themes would allow us to understand how they influence the SG experience and to identify the steps that SGMs can take to be more fulfilled during their time in the SG. Notably, some participants pointed out the lack of support in our society, including the inflexibility of many workplaces (e.g., little time off, short maternity leaves) and the limited, often expensive choices for childcare and eldercare. Future research should explore ways to address these problems and support SGMs. Finally, research about how SGMs handle acute challenges could inform how our society supports SGMs and what can be done to ensure the best outcomes for both SGMs and their care recipients. As more research is done about the SG, the gaps in our knowledge about the experience will become apparent, and we will be able to identify solutions that will improve the SG experience as a whole.

The Sandwich Generation is an under-studied population that is becoming more and more prominent in our society as elders are living longer and children and their parents maintain close bonds into adulthood. Stress and perfectionism are both prevalent components of the SG experience, but their relationship is not as strong as had been predicted. Nevertheless, many important themes of the SG experience have been identified, providing numerous avenues for further research. It is my hope that the scientific community continues to learn more about the Sandwich Generation so that we can support them and the essential role they play in our society.