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## **How to Ease the Squeeze for the Sandwich Generation**

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Abstract

This self-help article on the interface between social psychology, geropsychology, clinical psychology, and Christianity is written specifically for the following publication: *Gulfcoast Family Newspaper*. It focuses on women and how they tend to feel the sandwich generation squeeze the most. Discussion revolves around easing the squeeze by taking a look at the adult child's interactions and attachment with her elderly parent, the health and wellbeing of the elderly parent, the elderly parent's beliefs and perceptions concerning herself, and if the adult child is practicing self care and positive coping mechanisms.



## How to Ease the Squeeze

Have you heard the term sandwich generation? If you have teenagers and elderly parents to care for, then you are part of the sandwich generation. The sandwich generation is squeezed from both sides with both children and elderly parents needing support and nurturance (Miller, 1981). The stress is high as time, resources, and energy are spread thin. There seems to be no reprieve. How can the squeeze be eased?



**1. You are not alone.** Know that you do not struggle with the squeeze alone. There are millions of other Americans facing the same dilemma. There are support groups probably even in your own community dealing with this very issue. Why are there more people struggling with this issue than ever before? It may be because the fastest growing segment of the population in the United States are those 85 years old and above. By 2050 it is expected that 5% of the total United States population or 16 million people will form this age group. Further, it is projected that by 2030, one in three Americans will be age 55 or older, and one in five will be at least 65 years old (Spar & Rue, 1997). As people age, rates of health conditions and functional disabilities rise, and they become more dependent on significant others and their children (Seeman, Unger, McAvay, & Mendes de Leon, 1999).

Usually the youngest adult daughter is the primary care provider for an ailing parent. On a national level, 77% of all sandwich generation caregivers are daughters while 23% are sons (Stone, Cafferata, Sangl, 1987). Women tend to provide more hands on caregiving such as shopping, cooking, cleaning, bathing, etc. They spend more quality time with their elderly parents. Men aide their parents by providing finances, home repairs, and transportation (Coward & Dwyer, 1990). There seems to be a relatively greater proportion of caregivers who are women of color. These women feel the pressure of the squeeze more than anyone else, because of their greater responsibility in the extended family at large. In general, members of the sandwich generation experience a great deal of physical, emotional, and financial stress in trying to balance the roles of spouse, parent, employee, and caregiver (Montgomery & Datwyler, 1990).



**2. Better understand your relationship with your elderly parents.** There are three broad types of relationships or attachment styles that adult children have with their elderly parents including: secure, anxious, and avoidant. Individuals with secure attachments to their elderly parents cope more effectively to the stressors of caregiving, and have more to offer to their parents in terms of time, resources, energy, and nurturance (Davenport, 1999). They view their elderly parents in a warm positive light (Mickelson, Kessler, Shaver, 1997). Individuals who are anxiously attached to their elderly parents tend to experience more stress as the role of caregiver becomes more encompassing. These individuals are plagued by fears of disapproval, or abandonment through death by their parents (Davenport, 1999). Their view of their elderly parents is both positive and negative, and somewhat internally conflictual and confusing (Mickelson, et al., 1997). Individuals from the

sandwich generation who will feel the most pressure from the squeeze are those with an avoidant relationship with their parents. They find increased contact with their elderly parents feels intrusive and problematic. Avoidant caregivers believe their parents impinge on their lives. They focus mainly on the negative attributes and interactions with their elderly parents, and do not see the positive impact their parents have on their lives (Davenport, 1999). Avoidant individuals view their elderly parents as cold and rejecting. The majority of adult child caregivers experience a secure attachment with their elderly parent (59%), while 11% are anxious, and 25% are avoidant (Mickelson, et al., 1997).

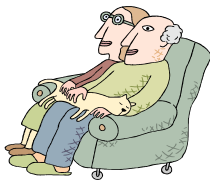
These types of relationships between members of the sandwich generation and their parents do not occur over night. Based on a lifetime of experiences with an elderly parent, one develops a working model of relationships either for the good or for the detriment. Working models are composed of beliefs and expectations about elderly parents and about oneself. Out of these working models come secure, anxious, or avoidant attachments (Bowlby, 1988). These attachment styles are more powerful in one's interaction with elderly parents, than are feelings of duty, obligation, respect, and gratitude (Cicirelli, 1986, 1993). The good news is that attachment styles can be revised, so that interactions with one's parents can be less stressful both for the elderly parents and for the members of the sandwich generation. Community based support groups, individual therapy, and just plain information about attachment styles can all aide in positively revising one's relationship with one's elderly parent (Davenport, 1999)



### 3. Better understand your parents' health. When a person's

elderly parent is suffering from disease, disability or illness, greater strain is put on the caregiver and on the family. What can be done to prevent disability? First of all, a greater understanding

of what contributes to functional disability in one's elderly parents can result in disease and disability postponement. There seems to be evidence that some elderly parents function at lower levels than can be predicted by their underlying physical capacity (Guralnik et al., 1994; Kozarevic & Israel, 1987). An understanding of the psychological factors that contribute to disability over and above physical capacity leads to a greater understanding of the disablement process and will result in more effective prevention and intervention strategies with elderly parents in hopes of enhancing successful aging, functional capacity, and well-being (Seeman, et al, 1999).



#### 4. What is successful aging? Successful aging includes

maximizing and maintaining high levels of cognitive, emotional, and physical functioning, sustained engagement in productive activities, and avoiding disease and disability (Rowe & Kahn, 1997). Overall health reflects dimensions of physical, mental, and social well-being.



#### 5. What leads to poor health and wellbeing in your

**elderly parents?** What causes the elderly to have less functional disability when faced with declining health? The key is self-perception. Self-perception is what an individual believes about herself including: sense of worth, usefulness, sense of control, and sense of purpose and meaning. Self-perceptions, well-being, functional ability, and health are all intricately linked, especially in old age when an elderly parent's health is more fragile and vulnerable to environmental stressors (Mossey, 1995). Researchers have demonstrated that emotional and

health related self-perceptions effect mortality, morbidity, and recovery from illness (Mossey & Shapiro, 1982).

How healthy an elderly individual believes she is has been found to predict mortality over and above the individual's age and actual health status as ascertained by a physician (Singer, Garfinkel, Cohen, & Strole, 1976; Mossey & Shapiro, 1982; Kaplan & Camacho, 1983; Kaplan, Barell, & Lutzky, 1988; Mossey, Knott, & Craik, 1990; Idler, Kasl, & Lemke, 1990; Idler & Kasl, 1991; Pijls, Feskens, & Kromhout, 1993; Schoenfeld, Malmrose, Blazer, Gold, & Seeman, 1994; Sugisawa, Liang, & Liu, 1994). Older individuals who perceive their health as poor or fair are more than twice as likely to die before elderly who perceive their health to be excellent, even when taking into account physician visits and hospitalization (Menec, Chipperfield, & Perry, 1999).



## 6. Understanding self-image and health in your elderly

**parents.** Self-perceptions have a large impact on an elderly parent's health. A positive self-rating is protective of future health status, because positive optimistic emotions are themselves conducive to the overall functioning of the immune system, which protects and promotes physical health. On the other hand negative pessimistic self-ratings indicate emotional distress, and cause stress reactions such as the stimulation of the hypothalamic-pituitary-adrenocortical system, which hinders immune functioning and ultimately leads to deteriorating health (Mossey, 1995).

An elderly parent's self-perceptions directly effect his/her wellbeing, level of engagement in activities, functional ability, and overall health. According to the literature, maintaining high

levels of subjective wellbeing is an aspect of successful aging. Subjective wellbeing is positively evaluating one's life within an emotionally warm intellectual sphere. A component of wellbeing is competence or personal beliefs about one's abilities to master the environment (Pinquart & Sorenson, 2000). Competence can also be referred to as self-efficacy. Self-efficacy influences an elderly parent's activities, the level of effort she puts forth, the amount she persists when faced with obstacles, and the cognitive and emotive patterns experienced while in the presence of an activity. If an elderly parent has low levels of self-efficacy he/she will not take part in activities that were once preferred, put forth less effort, or give up when faced with difficulties. When a parent restricts herself from activities, which have been a source of satisfaction and pleasure, it results in overall feelings of poor wellbeing. As a result of avoiding preferred activities, and a lack of perseverance in activities of daily living, an elderly parent experiences less positive effective performance leading to more self-perceptions of not being able to physically perform activities and to reports of greater functional disability and disease (Seeman, et. al, 1999). Researches tracking elderly individuals' beliefs about themselves and their actual physical disability over many years, have found that strong self-efficacy beliefs predict more capacity in activities of daily living, while weak to fair self-efficacy beliefs result in greater functional disability (Mendes de Leon, Seeman, Baker, Richardson, & Tinetti, 1996). Self-efficacy is predictive of maintaining cognitive functioning in old age as well. If an elderly parent is confident in her cognitive abilities, then she will actually be able to think better (Rowe, et al., 1997). Researchers have found that old elderly parents, those age 85 and above, have higher correlations between self-efficacy and wellbeing than young old individuals, age 70 - 84. It seems that an elderly parent's positive self-evaluations lead to wellbeing which in turn leads to



health and ultimately to longevity (Pinquart, et al., 2000). The longer a healthy elderly parent lives, the less stress a member of the sandwich generation feels.



**7. Interactions with your parents, which hinder their wellbeing, and yours.** If an elderly parent carries a burden self-image, in which he/she perceives self as a burden to others, he/she is likely to suffer from depressive symptoms, have poorer health status, fewer financial resources, less spiritual activity, and negative appraisals of others. When an older person perceives imbalances in relationships with his/her children, such as when this person receives from others more than she gives to others, a threat to her self-efficacy looms in every interaction. Over time the elderly parent views herself as useless, worthless, and a burden to others. Thus, lower self-efficacy leads to a burden self image, low levels of wellbeing, and poor health (Dyeson, 2000). Less positive self-evaluations and dissatisfaction with aging are associated with a higher risk of subsequent disease and death, which negatively impacts the caregiver (Maier & Smith, 1999).



**8. It is not too late to change your interactions with elderly parents.** Can you aide in changing your parent's weak self-efficacy? How can strong self-efficacy be promoted? Lucky for members of the sandwich generation and their elderly parents, in later adulthood there is increased room for new self-definitions, self-perceptions, and new arenas for self-efficacy because of the decrease in professional and family obligations among the elderly. Many challenges elderly individuals face can be positively

reframed, with your help, and viewed as opportunities for reorganization and personal growth. Reorganization of one's self-definition is a major task between ages 60 and 77. There is more time for hobbies, socialization, and personal interests. The majority of mentally and physically healthy parents of this age group and older, positively define themselves within an activity-oriented lifestyle. Hobbies, interests, social participation, daily living routines, self-reflection, and health-related issues need to be encouraged by sandwich generation caregivers (Freund & Smith, 1999).

Elderly parents should be given choices in their daily activities and routines in order to promote self-definition and efficacy. If tangible or symbolic exchanges from elderly individuals to their children are promoted, then personal internal control and self-efficacy can be heightened. Simple exchanges of information, advice, love, and/or money can result in greater self-efficacy, wellbeing, and better health in elderly parents (Dyceson, 2000).

Increased spiritual activity is also associated with self-efficacy, wellbeing, and better health (Dyceson, 2000). Adult child caregivers can promote their parents' spirituality by transporting their parents to religious services, reading scriptures, corporately meditating or praying, etc. Of course these activities need to be chosen by the elderly parent.

Another positive coping mechanism for enhancing self-efficacy in your elderly parent includes utilizing negative age related expectations and/or age-matched cohorts who are not as cognitively, emotionally, or physically healthy to positively compare the elderly parent with. Using downward comparisons for evaluating one's own life situation results in positive self-evaluations, improved competency, wellbeing, and functional capability. When an elderly parent thinks about friends or acquaintances who are not as well as she is, then the parent feels better about herself and views herself more positively (Freund, et al., 1999).

The multifacetedness of self-definition promotes wellbeing in one's elderly parent. Multifacetedness refers to a large number of roles, domains, and aspects that provides many possible alternatives for self-definitions and offers compensations for loss and impairment (Freund, et al., 1999). Promoting an elderly parent's participation in more activities and roles aides in preventing future impairment.

The more an adult child promotes their elderly parent's positive sense of self, the more healthy and less impaired the elderly parent will be, causing the adult child's level of stress to be eased.



## 9. The spiritual foundation of promoting self-efficacy

**in elderly parents.** The idea of self-perceptions predicting wellbeing, functional ability, and health is very Biblical when one thinks of the verse in the book of Proverbs. Proverbs 23:7 states, "For as a man thinketh in his heart, so is he . . ." (King James Version). What one thinks one becomes. What one believes one becomes. If an elderly parent thinks she/he is more disabled than she/he actually is, then eventually the parent's capacities and abilities will match her/his beliefs even unto death. As adult children, we need to promote positive self-perceptions in our elderly parents in order to promote wellbeing, functional ability, health, wholeness, and overall successful aging. Further more, Ephesians 6:2 speaks of the fifth commandment, "Honor your father and mother," which is the first commandment with a promise, "that it may go well with you and that you may enjoy long life on earth" (New International Version). God promises that if you honor your elderly parents then it will go well with you. Do you suppose "it will go well with you" includes easing the squeeze for the sandwich generation?



## 10. Don't forget to take care of yourself. If an individual

sandwiched between caregiving for an elderly parent and her children does not take care of herself, she will come to a point in which she has ran out of energy and resources, and will not be able to function. She will not be useful to anyone, no matter if she has been a perfect spouse, mother, daughter, and employee right up to this point. If she does not take even a few minutes a day for herself, sooner or later she will run out of steam. People are not machines, but even machines need gas, oil, cleaning, and regular checkups in order to run efficiently. You may say to yourself, "That is fine and good, but I don't have time. I can't add another thing to my to-do-list. I'm strapped as it is." If you want to ease the squeeze or lessen the stress then there are two things that need to be done: change the situation, which has been discussed throughout this article, and better adapt to the factors that cannot be changed and/or improved. Adapting includes taking better care of oneself (Davenport, 1999).

Small variations in daily routine, positive self-talk, and getting additional support can all be a great aide in the battle of the squeeze. Additional support could include taking advantage of various resources including: Medicaid, adult day care, and home health care. Everyone has their own preferred ways of coping when faced with stress. Think about ways you have handled stress in the past, and things that you see other members of the sandwich generation doing to more effectively cope. Some people rely on more spiritual coping mechanisms for support and to boost depleted energy reserves such as prayer, meditation, seeking the fellowship of other believers, scriptural reading, confession, etc. Other people are behavioral copers, in which date books, baths, physical exercise, and naps aid in relieving stress. Still other people use relational coping to build up their ego strength such as: joining a community based support group,

participating in individual therapy, talking with friends, spending more quality time with one's spouse, etc. (Davenport, 1999). In fact, the very act of reading this article and others like it is a positive way to cope and take care of yourself.



## Conclusions

Women tend to feel the sandwich generation squeeze the most. This phenomenon will only grow in the years ahead as the elderly population continues to expand. How rewarding or stressful one perceives the squeeze to be largely depends on the adult child's interactions and relationship with her elderly parent, the health and well-being of the elderly parent, the elderly parent's beliefs and perceptions concerning herself, and if the adult child is practicing self care and positive coping mechanisms. Seeking community based support groups, individual therapy, and/or family counseling may be helpful in easing the squeeze (Davenport, 1999).

## References

- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. London: Routledge & Kegan Paul.
- Davenport, D. S. (1999). Dynamics and treatment of middle-generation women: heroines and victims of multigenerational families. In M. Duffy (Ed.), *Handbook of Counseling and Psychotherapy with Older Adults* (pp. 267-280). New York, NY: John Wiley & Sons, Inc.
- Dyeson, T. B. (2000). Burden self-image: A mediating variable of depressive symptoms among chronically ill care recipients. *Journal of Gerontological Social Work, 33*(1), 17-32.
- Cicirelli, V. G. (1986). The relationship of divorced adult children with their elderly parents. *Journal of Divorce, 9*, 39-54.
- Cicirelli, V. G. (1993). Attachment and obligation as daughters' motives for caregiving behavior and subsequent effect on subjective burden. *Psychology and Aging, 8*, 144-155.
- Coward, R. T., & Dwyer, J. W. (1990). The association of gender, sibling network composition, and patterns of parent care by adult children. *Research on Aging, 12*(2).
- Freund, A. M., & Smith, J. (1999). Content and function of the self-definition in old and very old age. *Journal of Gerontology: Psychological Sciences, 54B*(1), P55-P67.
- Guralnik, J. M., Simonsick, E. M., Ferrucci, L., Glynn, R. J., Berkman, L. F., Blazer, D. G., Scherr, P. A., & Wallace, R. B. (1994). A short physical performance battery assessing lower extremity function: Association with self-reported disability and prediction of mortality and nursing home admission. *Journal of Gerontology: Medical Sciences, 49*, M85-M94.
- Idler, E. L., & Kasl, S. (1991). Health perceptions and survival: Do global evaluations of

- health status really predict mortality? *Journal of Gerontology*, 46, S55-S65.
- Idler, E. L., Kasl, S., & Lemke, J. H. (1990). Self-evaluated health and mortality among the elderly in New Haven, Connecticut, and Iowa and Washington Counties, Iowa, 1982-1986. *American Journal of Epidemiology*, 82, 91-103.
- Kaplan, G. A., Barell, V., & Lutzky, A. (1988). Subjective state of health and survival in elderly adults. *Journal of Gerontology and Social Science*, 43, 114-120.
- Kaplan, G. A., & Camacho, T. (1983). Perceived health and mortality: A nine year follow-up of the human population laboratory cohort. *American Journal of Epidemiology*, 117, 292-304.
- Kozarevic, D. J., & Israel, L. (1987). Disabilities and the level of affected activities of daily living. *Revue de Epidemiologie et Sante Publique*, 35, 248-256.
- Maier, H., & Smith, J. (1999). Psychological predictors of mortality in old age. *Journal of Gerontology: Psychological Services*, 54B(1), P44-P54.
- Menec, V. H., Chipperfield, J. G., & Perry, R. P. (1999). Self-perceptions of health: A prospective analysis of mortality, control, and health. *Journal of Gerontology: Psychological Sciences*, 54B(2), P85-P93.
- Mendes de Leon, C. F., Seeman, T. E., Baker, D., Richardson, E. D., & Tinetti, M. E. (1996). Self-efficacy, physical decline, and change in functioning in community-living elders: A prospective study. *Journal of Gerontology: Social Sciences*, 51B, S183-S190.
- Mickelson, K. D., Kessler, R. C., & Shaver, P. R. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology*, 73(5), 1092-1106.
- Miller, D. (1981). The sandwich generation: Adult children of the aging. *Social Work*, 26, 419-423.

Montgomery, R. V., & Datwyler, M. M. (1990). Women and men in the caregiving role.

*Generations: Quarterly Journal of the American Society on Aging, 14(3)*, 34-38.

Mossey, J. M. (1995). Importance of self-perceptions for health status among older persons. In

M. Gatz (Ed.), *Emerging issues in mental health and aging* (pp. 124-162). Washington,

DC: American Psychological Association.

Mossey, J. M., Knott, K. & Craik, R. (1990). The effects of persistent depressive symptoms on

hip fracture recovery. *Journal of Gerontology, 45*, M163-M168.

Mossey, J. M., & Shapiro, E. (1982). Self-rated health: A predictor of mortality among the

elderly. *American Journal of Public Health, 72*, 800-808.

Pijls, L. T. Feskens, E. J. & Kromhout, D. (1993). Self-rated health, mortality, and chronic

diseases in elderly men: The Zutphen study, 1985-1990. *American Journal of*

*Epidemiology, 138*, 840-848.

Pinquart, M. & Sorensen, S. (2000). Influences of socioeconomic status, social network, and

competence on subjective well-being in later life: A meta-analysis. *Psychology and*

*Aging, 15(2)*, 187-224. Retrieved November 5, 2001 from PsyINFO database via Regent

University Access: <http://eres.regent.edu:2160/ovidweb.cgi>.

Rowe, J. W., & Kahn, R. L. (1997). Successful Aging. *The Gerontologist, 37(4)*, 433-440.

Schoenfeld, D. E., Malmrose, L. C., Blazer, D. G., Gold, D. T., & Seeman, T. E. (1994).

Self-rated health and mortality in the high-functioning elderly - A closer look at healthy

individuals: McArthur field study of successful aging. *Journal of Gerontology, 49*,

M109-M115.

Seeman, T. E., Unger, J. B., McAvay, & Mendes de Leon, C. F. (1999). Self-efficacy beliefs



and perceived declines in functional ability: McArthur studies of successful aging.

*Journal of Gerontology: Psychological Sciences*, 54B(4), P214-P222.

Singer, E., Garfinkle, R., Cohen, S. M., & Srole, L. (1976). Mortality and mental health:

Evidence from the midtown Manhattan restudy. *Social Science and Medicine*, 10, 517.

Spar, J. E., & Rue, A. L. (Eds.). (1997). *Concise guide to geriatric psychiatry* (2nd ed.).

Washington, DC: American Psychiatric Press, Inc.

Stone, R., Cafferata, G. L., & Sangl, J. (1987). Caregivers of the frail elderly: A national

profile. *Gerontologist*, 30, 616-626.

Sugisawa, H., Liang, J., & Liu, X. (1994). Social networks, social support, and mortality among

older people in Japan. *Journal of Gerontology*, 49, S3-S13.