

Family Caregivers' Psychosocial Well-being in the Context of the Great Recession

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Abstract

The economic instability of the Great Recession contributed to a rise in multigenerational households as more individuals took on unanticipated care responsibilities for older family members while navigating financial uncertainties. Guided by the life course perspective, this study compared the psychological and social well-being of family caregivers and examined the moderating influences of financial challenges experienced during the Great Recession. Filial and sandwiched caregivers ($N = 138$; $M_{\text{age}} = 52.80$; $SD_{\text{age}} = 11.25$) from the Refresher Cohort of the Midlife in the United States (MIDUS) survey provided information on demographics, caregiving, financial challenges, and well-being. Findings from regression analyses showed that sandwiched caregivers exhibited lower environmental mastery and positive relations with others than filial caregivers ($p = .07$). Moderation analyses showed that sandwiched caregivers with fewer than average financial challenges exhibited lower social actualization than the other family caregivers ($p = .01$). Study findings underscore the need to support family caregivers' psychosocial well-being as they navigate caregiving responsibilities and financial disruptions.

Keywords

filial and sandwiched caregivers, financial challenges, psychological and social well-being

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Introduction

The 2007–2009 Great Recession in the United States impacted the lives and financial stability of many Americans. According to the Pew Research Center (2011), this period of economic instability led to an increase of multigenerational households. In particular, there was a rise in the number of individuals providing care solely to parents or parents-in-law (e.g., filial caregivers) as well as those navigating care responsibilities for two generations (e.g., sandwiched caregivers). With more individuals taking on unanticipated care responsibilities for family members while navigating financial uncertainties and challenges during the Great Recession, there is a need to examine the intersections of family caregiving and recession-related financial challenges on aspects of psychological and social well-being. Informed by the life course perspective (Elder et al., 2003), this study advances the family caregiving literature by comparing the psychological and social well-being of filial and sandwiched caregivers as well as investigating the moderating role of the financial challenges of the Great Recession on caregiver type (filial vs. sandwiched) and psychological and social well-being.

Family Caregivers' Psychological and Social Well-being

As the number of family caregivers in the United States increases, more attention has been directed at the psychological impacts of providing care to family members (Daatland et al., 2010; Marks et al., 2002; Pinquart & Sorensen, 2004; Schulz et al., 2012; Wong & Shobo, 2017). Past studies often have focused on the comparison between family caregivers' and noncaregivers' well-being (Pinquart & Sorensen, 2004; Roth et al., 2015). In general, the findings on the comparisons of family caregivers and noncaregivers have found that family caregivers typically experienced greater levels of stress, burden, and lower levels of positive affect and social connectedness than noncaregivers (Marks et al., 2002; Pinquart & Sorensen, 2007; Roth et al., 2015). However, the literature has been mixed when examining the psychological and social well-being of different types of family caregivers (e.g., filial and sandwiched caregivers; Grossman & Webb, 2016; Rubin & White-Means, 2009).

A growing body of work has been dedicated to examining the differences in psychological well-being across family caregiver type (DePasquale et al., 2016; Hoyert & Seltzer, 1992; Steiner & Fletcher, 2017). However, this body of work mainly focuses on the comparisons between spousal, filial, or parent caregivers, and less work has included sandwiched caregivers (Daatland et al., 2010). It is vital to include sandwiched caregivers in the examination of family caregivers' psychological well-being because individuals navigating dual care responsibilities have been shown to be more vulnerable to experiencing greater psychological distress (DePasquale et al., 2016). By comparing filial and sandwiched caregivers, both of whom share parent care responsibilities, it may be possible to capture the impact of an additional caregiving role (e.g., care to children) on caregivers' psychological well-being. In the examination of filial and sandwiched caregivers' psychological well-being, it is necessary to

consider the multidimensional nature of psychological well-being (Ryff, 2014). The work of Hodgdon and Wong (2021) and Marks et al. (2002) showed that caregiving shapes individuals' autonomy, personal growth, and self-acceptance alongside their positive and negative affects. Thus, multiple domains of psychological well-being should be examined when comparing filial and sandwiched caregivers.

While much of the work on family caregiving has focused on the psychological well-being (e.g., positive and negative affects, depression; Daatland et al., 2010) of caregivers, more work is needed in assessing the impacts of caregiving on social well-being. Whereas psychological well-being often is assessed by aspects of personal growth, affect or depressive symptoms (Daatland et al., 2010; Ryff, 2014), social well-being centers on relationship satisfaction with others and perceptions of oneself in society (Keyes, 1998). Family caregivers' social well-being may be shaped by their family relationships and responsibilities (e.g., care to parents and children). More specifically, caregivers' responsibilities to their care recipients and family members (e.g., children) may limit the time they have to maintain their social networks (Igarashi et al., 2013), which in turn, may negatively impact aspects of social well-being. This limited social engagement, especially those with dual care responsibilities, may negatively impact aspects of caregivers' social well-being, though this comparison has been understudied (Chappell et al., 2015; Hammer & Neal, 2008; Otis-Green & Juarez, 2012; Pinquart & Sorensen, 2004). In the assessment of social well-being, it is important to examine social adjustment, functioning, and contribution considering that filial and sandwiched caregivers navigate their care responsibilities in the context of their relationships with others and their community (Keyes, 1998; Keyes & Shapiro, 2004; Otis-Green & Juarez, 2012). As caregivers navigate the push and pull of care responsibilities, (e.g., rescheduling days around care needs) aspects of their social well-being (e.g., social adjustment, functioning, or contribution) may be negatively impacted. Just as family caregivers are embedded within their social context which may shape their psychological and social well-being, caregivers' lives also are shaped by the historical event they experience (e.g., periods of economic recession). Thus, alongside the comparison of multiple aspects of filial and sandwiched caregivers' psychological and social well-being, it is imperative to examine how financial challenges during the Great Recession may shape aspects of their well-being.

The Great Recession

The 2007–2009 Great Recession marked a period of a general decline in national economies that had lasting financial implications for millions of Americans (Forbes & Krueger, 2019; Schneider, 2017). The high unemployment rate and a destabilized housing market also contributed to changes in other aspects of one's life (Forbes & Krueger, 2019). In particular, more households in the United States experienced shifts in their household composition. According to the Pew Research Center (2011), there were 46.5 million multigenerational households at the beginning of the Great Recession in 2007. By the end of 2009, there were 51.4 million

multigenerational households. The rise in multigenerational households during this period also was due in part to the greater number of older adults turning to their family for care (Feinberg & Spillman, 2019) and the lack of employment opportunities which delayed many emerging adults from being launched from the household (Dickens & Triest, 2012). Thus, by the end of the Great Recession, more individuals found themselves navigating caregiving responsibilities to multiple generations (Feinberg et al., 2011).

Despite the literature on the impacts of the Great Recession on individuals' health and well-being (Burgard & Kalousova, 2015; Forbes & Krueger, 2019), limited attention has been directed at family caregivers in the context of the Great Recession. In their examination of caregivers of children with a disability or mental health condition, Song et al. (2018) reported that caregivers of children with a disability or mental health condition experienced greater financial challenges during the Great Recession than parents of children without a disability or mental health condition, thereby highlighting the additional toll that certain types of caregivers bear during economic uncertainties. Pruncho et al. (2017) also investigated the impacts of the Great Recession on well-being and found that individuals who provided care during this period of economic uncertainty exhibited lower levels of mental health. However, Pruncho et al. (2017) did not further differentiate by caregiver type (e.g., filial, sandwiched), which is an important consideration given that care responsibilities may differ by the caregiver role. Thus, alongside the comparison of multiple aspects of filial and sandwiched caregivers' psychological and social well-being, it is imperative to examine how financial challenges during the Great Recession may moderate the relationship between caregiver type and aspects of their well-being.

Study Aims

The first aim of this study compares aspects of psychological (e.g., Ryff's well-being, positive and negative affect) and social (e.g., social actualization and acceptance of others) well-being between two groups of filial and sandwiched caregivers. Guided by the linked lives tenet of the life course perspective, which posits that the quality of individuals' lives is influenced by the social networks in which they are embedded (Elder et al., 2003), it is predicted that, sandwiched caregivers, as compared to filial caregivers, will exhibit a greater toll on their psychological and social well-being given that they are shouldering multiple caregiving roles and navigating care responsibilities to multiple generations. This hypothesis is in line with past literature that documented sandwiched caregivers exhibited poorer psychological (e.g., lower positive affect and higher negative affect; Daatland et al., 2010) and social well-being (Rubin & White-Means, 2009) than other types of family caregivers (e.g., filial or spousal).

The second aim investigates the moderating role of financial challenges during the Great Recession on the association between caregiver type (filial or sandwiched) and aspects of psychological and social well-being. The time and place tenets of the life

course perspective emphasize the importance of contextual factors, such as historical events, in shaping individuals' trajectories and lives (Elder et al., 2003). Financial challenges during the Great Recession could have further contributed to downturns in caregivers' psychological and social well-being if they navigated these additional financial strains alongside the stressors associated with single and dual care responsibilities. Thus, it is predicted that sandwiched caregivers who experienced greater than average financial challenges would exhibit the lowest levels of psychological and social well-being as compared to filial caregivers who experienced greater than average financial challenges as well as filial and sandwiched caregivers who reported fewer than average financial challenges.

Method

Participants

To assess the study goals, data derived from the Refresher Cohort of the Midlife in the United States (MIDUS) survey. The MIDUS is a population-based survey on the health and well-being of adults in midlife to late adulthood that has collected data approximately every 10 years since the mid-1990s (Radler & Ryff, 2010). The Refresher Cohort of the MIDUS spanned from 2011 to 2014 and aimed to supplement the original MIDUS sample while examining the effects of the Great Recession on the health and well-being of adults in the United States (Radler, 2014). Recruited through random digit dialing, the Refresher Cohort consisted of 3,577 men and women between the ages of 25 and 74 (Radler, 2014). Participants completed telephone and self-administered questionnaires on demographics, caregiving, finances, health, and well-being.

Analytic Sample

The analytic sample was identified using a set of criteria. First, participants were selected if they provided personal care within the past 12 months. Of the 3,577 participants, 441 respondents provided care. Because of this study's focus on filial and sandwiched caregivers, 138 participants who provided care to a parent or parent-in-law were identified. Then, participants were selected if they met the study criteria of filial and sandwiched caregivers (see below for details), resulting in an analytic sample of 73 filial and 65 sandwiched caregivers.

Predictors

Caregiver Type. To assess caregiver type (filial and sandwiched caregivers), a composite variable was created from an item on whether the participants gave care to a parent or parent-in-law and items from the household roster that captured whether the participants reported having a child aged 25 and under living at home. In this study, we conceptualized *filial caregivers* as those who reported caring for a parent or parent-in-law

and had no child living in the household. In contrast, those who provided care to a parent or parent-in-law and reported having a child aged 25 and under living in the household were classified as *sandwiched caregivers*. The decision to utilize aged 25 as the cut off was due in part to the literature (Arnett, 2000; Davis et al., 2018) that showed more young adults (e.g., 18–25 years) in the United States are taking longer to reach the milestones of adulthood (e.g., leaving home, finding work) and continuing to rely on their parents, which means that more family caregivers are finding themselves navigating care responsibilities to parents/parents-in-law while providing some form of support (e.g., emotional, instrumental, or financial) to older children in the household. Thus, caregiver type was a contrast between filial (0) and sandwiched (1) caregivers.

Financial Challenges. Using a list of 20-items, participants reported whether they experienced financial challenges during the Great Recession in the United States. Examples from the list included “Since the recession began in 2008, have you been threatened with foreclosure or eviction?” and “Since the recession began in 2008, have you missed other debt payments, such as car loans or student loans?” Item responses were averaged to yield a mean score ($M = 1.79$; Range: 1.38–1.96), with higher values corresponding to greater financial challenges during the Great Recession.

Outcomes

Psychological well-being. To assess aspects of psychological well-being, Ryff (2014)’s scale of psychological well-being was utilized. The scale consisted of six subscales with seven items in each. Participants rated their responses using the options of 1 (strongly agree) to 7 (strongly disagree). The *autonomy* subscale ($\alpha = 0.74$) measured an individual’s adherence to their own beliefs and included items such as “I tend to be influenced by people with strong opinions” and “I tend to worry about what other people think of me.” The *environmental mastery* subscale ($\alpha = 0.81$) assessed the amount of control that individuals felt they had over their environments and comprised of items like “The demands of everyday life often get me down” and “I often feel overwhelmed by my responsibilities.” The *personal growth* subscale ($\alpha = 0.69$) captured how individuals pursued their own development (e.g., “I am not interested in activities that will expand my horizons”). The *purpose in life* subscale ($\alpha = 0.67$) measured an individual’s sense of direction in life using items such as “I have a sense of direction and purpose in life” and “I sometimes feel as if I’ve done all there is to do in life.” The *positive relations with others* subscale ($\alpha = 0.82$) assessed the quality of individuals’ relationships with others (e.g., “I know that I can trust my friends, and they know they can trust me”). The final subscale, *self-acceptance* ($\alpha = 0.85$), captured respondents’ perception and acceptance of themselves and their limitations. The subscale comprised of items such as “I like most parts of my personality” and “In many ways I feel disappointed about my achievements in life.” Items within each of the subscales were recoded, with higher values corresponding to higher levels of well-being. Additionally, all subscales were averaged to capture an overall psychological well-being score.

Positive and negative affects. To evaluate another aspect of psychological well-being, Mroczek and Kolarz's (1998) scale of positive and negative affects experienced in the past 30 days was used. The dimensions of affect were rated using the response options of 1 (all of the time) to 5 (none of the time). Examples from the six-item *positive affect* dimension ($\alpha = 0.94$) included cheerful, calm, and happy. The six-item dimension of *negative affect* ($\alpha = 0.88$) comprised of examples such as nervous, worthless, and hopeless. Within each dimension, items were reverse coded and averaged, with higher scores representing higher levels of positive or negative affect.

Social Well-being. Four subscales were used to capture aspects of social well-being (Keyes, 1998). Each subscale consisted of three items and was coded 1 (strongly agree) to 7 (strongly disagree). The *social integration* subscale ($\alpha = 0.83$) assessed the respondents' sense of belonging within their community (e.g., "I feel close to other people in my community"). *Acceptance of others* ($\alpha = 0.67$) measured respondents' perceptions of others and their behaviors (e.g., "People who do a favor expect nothing in return"). *Social contribution* ($\alpha = 0.70$) assessed individuals' sense of value to their community (e.g., "I have something valuable to give to the world"). Finally, the *social actualization* subscale ($\alpha = 0.54$) captured participants' perception of society's trajectory (e.g., "Society isn't improving for people like me"). All items were reverse coded prior to summing the items within each subscale.

Control variables. A set of control variables was included in the analyses. Age has been linked to caregivers' psychological well-being such that older caregivers exhibited lower well-being (e.g., greater depression) than younger caregivers (Pinquart & Sorensen, 2004). Additionally, individuals with more years of education have been shown to exhibit higher levels of well-being, specifically higher levels of positive affect and psychological well-being, as measured by Ryff's scale of psychological well-being, when compared to individuals with fewer years of education (Keyes et al., 2002). In this study, caregivers' age in years and the highest level of education (e.g., a high school degree or less, some college, a college degree or higher) was accounted. Caregivers' work status also was included, as prior literature has shown that employment characteristics impact aspects of well-being (DePasquale et al., 2016; Feinberg & Spillman, 2019; Gaugler et al., 2018) due to the need to navigate multiple social roles (e.g., worker, caregiver).

Analytic Plan

Descriptive analyses using chi-square tests and analysis of variance were conducted to examine the demographic differences between filial and sandwiched caregivers. Multiple linear regression models were used to investigate the associations between caregiver type and aspects of psychological and social well-being (e.g., psychological well-being, positive and negative affects, and social well-being). Then, the moderating role of financial challenges on caregiver type and aspects of

Table 1. Demographics of Filial and Sandwiched Caregivers.

	Caregivers	
	Filial (<i>n</i> = 73)	Sandwiched (<i>n</i> = 65)
Age		
<i>M</i>	59.30*	45.60
<i>SD</i>	7.87	10.01
Range	30–75	25–68
Sex, %		
Male	43.80	32.30
Female	56.20	67.70
Race, %		
White	86.30	86.20
Other	13.70	13.80
Marital status, %		
Married	74.00	66.20
Other	26.00	33.80
Education level, %		
High school degree or less	38.40	18.50
Some college	12.30	29.20
College degree or higher	49.30	52.30
Work status, %		
Working	60.30	75.40
Not working	39.70	24.60

Note. **p* < .01.

psychological and social well-being was examined. Simple slopes were tested at below and above the average. To aid in interpretation, the continuous variables (e.g., age in years) in the regression analyses were grand mean centered (Hayes, 2017). In this study, 28% of participants were missing some form of data and list-wise deletion was used to address missing data.

Results

First, descriptive analyses were examined to identify differences in demographic characteristics between filial and sandwiched caregivers (see Table 1). In this analytic sample, most caregivers were White (86.23%), married (70.29%), obtained at least a college degree (50.72%), and employed (67.39%). Filial caregivers were significantly

Table 2. Regression Models of Caregiver Type on Aspects of Psychological Well-being.

Variables	<i>b</i> (<i>SE</i>)	
	Environmental mastery	Positive relations with others
Intercept	37.04(1.82)*	41.44(1.82)*
Caregiver type ^a	-3.96(2.09) [†]	-3.49(1.96) [†]
Age ^b	-0.07(0.10)	-0.07(0.09)
Work status ^c	0.97(1.88)	0.23(1.76)
<i>R</i> ²	0.04	0.03
<i>F</i> for change in <i>R</i> ²	1.34	1.09

Notes. Sample size = 99.

^aCaregiver type: 0 = filial and 1 = sandwiched.

^bAge in years.

^cWork status: 0 = not currently working and 1 = currently working.

* $p < .05$; [†] $t > 0.06$, < 0.08 .

older than sandwiched caregivers; thus, age was controlled in the analyses. Aside from age, no other demographic characteristics (e.g., education, marital status) were significant between the two groups.

In this study, it was predicted that sandwiched caregivers would exhibit lower levels of aspects of psychological (e.g., components of well-being, positive affect) and social well-being (e.g., social actualization) as compared to filial caregivers. Findings from the regression analyses showed a trend toward significance in environmental mastery such that sandwiched caregivers exhibited lower level of environmental mastery than filial caregivers ($b = 37.04$; $SE = 1.82$; $p = .06$; see Table 2). As shown in Table 2, sandwiched caregivers trended toward significance in exhibiting lower levels of positive relations with others ($b = 41.44$; $SE = 1.82$; $p = .07$) when compared to filial caregivers. In contrast to the study hypotheses, caregiver type did not differentiate other aspects of psychological and social well-being.

Next, this study examined the moderating role of financial challenges experienced during the Great Recession on the associations between caregiver type and psychological and social well-being (see Table 3). The simple slopes were assessed at below and above the average. The results from the moderation analysis showed that financial challenges did not moderate the relationship between aspects of psychological well-being, social integration, acceptance of others, or social contribution. However, the moderating role of financial challenges on caregiver type and social actualization was significant. Results showed that sandwiched caregivers who experienced fewer than average financial challenges exhibited lower social actualization than filial caregivers with fewer than average financial challenges (financial challenges estimated at average or lower: $b = 3.81$; $SE = 1.51$; $p = .01$; see Table 3 and Figure 1).

Table 3. Regression Models of Caregiver Type and Financial Challenges on Social Actualization.

Variables	b (SE)	
	Model 1	Model 2
Intercept	12.55 (0.89)**	12.92 (0.88)**
Caregiver type ^a	-1.63 (0.95)	-3.29 (1.14)**
Age ^b	-0.09 (0.05) ^t	-0.09 (0.05) ^t
Work status ^c	-0.54 (0.86)	-0.19 (0.85)
Financial challenges ^d	-0.76 (0.78)	-2.58 (1.04)*
Caregiver Type ^a × Financial Challenges	-	3.81 (1.51)*
R ²	0.05	0.11
F for change in R ²	1.17	2.27 ^t

Notes. Sample size = 99.

^aCaregiver type: 0 = filial and 1 = sandwiched.

^bAge in years.

^cWork status: 0 = not currently working and 1 = currently working.

^dFinancial challenges: 0 = average (1.79) or lower and 1 = greater than average (1.79).

**p < .01; *p < .05; ^tt > 0.06, <0.08.

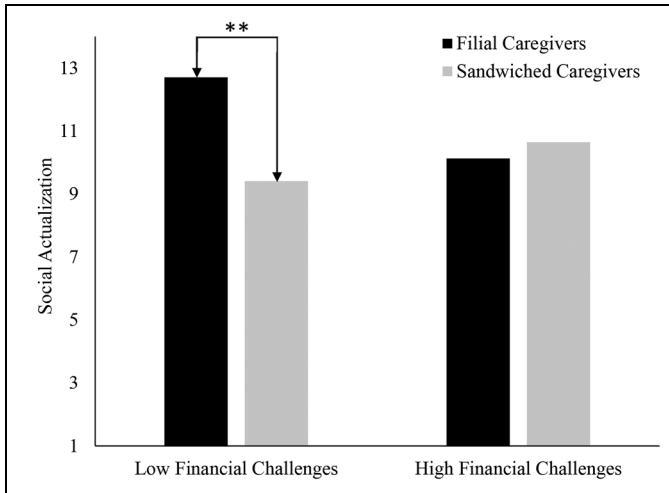


Figure 1. Caregiver type and financial challenges on social actualization.

Discussion

Leveraging a population-based data set, this study extends the family caregiving literature by examining multiple aspects of psychological and social well-being in a sample

of filial and sandwiched caregivers. Guided by the life course perspective (Elder et al., 2003), this study highlights how financial challenges during the Great Recession shaped the relationship between caregiver type (filial or sandwiched caregivers) and aspects of psychological and social well-being. Together, the study findings underscore the need to support the well-being of family caregivers as they navigate caregiving responsibilities during a period of economic uncertainty.

The first goal of this study was to examine how family caregiver type (filial or sandwiched caregivers) impacted aspects of psychological and social well-being. Findings showed that sandwiched caregivers tended to experience lower level of environmental mastery than filial caregivers. This finding could reflect the constricted agency (Elder et al., 2003) that sandwiched caregivers perceived in their environment as a result of being “sandwiched” between two generations of care needs. It is possible that the demands associated with navigating simultaneous care responsibilities for younger and older family members may lead to limited opportunities for employment, leisure, and daily activities (Hammer & Neal, 2008; Ingersoll-Dayton et al., 2001), which subsequently impacts caregivers’ perception of control of the environment in which they are embedded. Although sandwiched caregivers reported lower levels of environmental mastery than filial caregivers, the finding was at a trend level. More research is warranted to further unpack the linkages between caregiving demands and perception of environmental mastery in these two groups of family caregivers. Considering that many family caregivers in midlife work while providing care (Feinberg & Choula, 2012), and past work (Hammer & Neal, 2008) has shown that multiple roles may enhance and diminish sandwiched caregivers’ well-being, it could be beneficial to probe the impact of multiple roles, especially employment, on sandwiched caregivers’ environmental mastery.

The study findings also highlight the need to further examine how sandwiched caregivers’ relationship quality is impacted by the caregiving role. In this study, sandwiched caregivers reported lower levels of positive relations with others as compared to filial caregivers. One plausible explanation for this finding could be that sandwiched caregivers are more likely than filial caregivers to be exposed to more relational stressors as a part of navigating multigenerational caregiving responsibilities (Rubin & White-Means, 2009) which, in turn, may impact the quality of interactions that they have with others. The nature of being sandwiched in two generations’ needs likely can lead to greater opportunities for relational strain as caregiving stressors spill over into caregivers’ social lives (Rubin & White-Means, 2009). Alternatively, having to manage multiple care needs across two generations may reduce the time and energy that sandwiched caregivers have in establishing or maintaining meaningful and trusting relations with others (Steiner & Fletcher, 2017), especially with individuals outside of the household. Thus, findings from this study highlight the value of further examining the facilitators and barriers that sandwiched caregivers face when navigating relationships with others.

This study also assessed other components of psychological and social well-being, and no differences were found between the two groups of family caregivers. An

alternative explanation can be found in other aspects of caregiving (e.g., caregiving intensity) which may further differentiate psychological and social well-being (Pristavec, 2019). Caregivers who were involved in a high level of care (e.g., assisting with many activities of daily living tasks) have been shown to exhibit lower psychological and social well-being (Pristavec, 2019). While this study did not examine care intensity, future studies may contribute to the work on family caregivers' well-being by examining the overlap between caregiver type and care intensity.

Contrary to study predictions, filial and sandwiched caregivers did not differ in levels of social integration, acceptance of others, and social contribution. One possible explanation for the lack of difference in social integration could be linked to the other multiple roles that caregivers may occupy (e.g., worker) which can enhance and limit individuals' well-being (Ahrens & Ryff, 2006). However, more work is needed to shed light on the relationship between multiple social roles and sandwiched and filial caregivers' well-being. In terms of caregivers' acceptance of others (e.g., positive perceptions of others), filial and sandwiched caregivers did not differ. This could be linked, in part, to aspects of caregivers' personality, rather than the type of care they provide. For example, caregivers with agreeable personalities may have more positive perceptions of the people around them (Hill et al., 2012). Finally, this study documented a lack of significant association between caregiver type and contribution to society. Caregivers may perceive they are giving back to society by providing care for a growing number of older and emerging adults which lessens economic strains on the government and medical fields (Feinberg & Spillman, 2019). The lack of findings highlights the overlap and complexity of the caregiving role and caregiver type on filial and sandwiched caregivers' social well-being. Additionally, caregivers' lives are embedded within historical events, like the Great Recession, which may intersect with their caregiving responsibilities to shape multiple aspects of their well-being. Thus, it is necessary to consider that caregivers' psychological and social well-being may be molded by the interaction between their social lives, caregiving responsibilities, and financial challenges (Feinberg & Spillman, 2019).

The results of the study shed light on the differential impacts that financial challenges experienced during the Great Recession had on filial and sandwiched caregivers' well-being. The findings showed that filial caregivers who experienced greater than average financial challenges exhibited lower social actualization than filial caregivers who experienced fewer than average financial challenges. This finding suggests that filial caregivers who experienced greater financial disruptions perceived a halt in society's progress. During economic recessions, filial caregivers in midlife and late adulthood who experience greater financial challenges may exhibit lower levels of social well-being. This result underscores the need to support filial caregivers who face greater financial challenges, as they experience the greatest downturns in their social actualization. However, among sandwiched caregivers, those who experienced fewer than average financial challenges exhibited the lowest levels of social actualization. This finding suggests that, regardless of financial challenges experienced during the Great Recession, sandwiched caregivers perceived that society was not improving

for them. Thus, providing simultaneous care to two generations may be linked to a more negative perception of society. Considering that financial challenges during the Great Recession did not reduce caregivers' social actualization, this finding highlights the vulnerability of sandwiched caregivers to lower levels of social well-being. Additionally, support that goes beyond financial assistance (e.g., flexible respite services, community support groups) may be needed to promote sandwiched caregivers' social actualization.

While this study focused on sandwiched caregivers' psychosocial well-being, there may be variability in their care responsibilities based on differences in the conceptualizations of older and younger generations (e.g., parents with a disability, children under the age of 12 living in the household). Inconsistencies in the conceptualization of sandwiched caregivers have been documented in past literature (DePasquale et al., 2018; Hammer & Neal, 2008; Igarashi et al., 2013). Thus, to compare across studies, a clear conceptualization of sandwiched caregivers is needed. Other considerations also should be taken into account when interpreting the study findings. While the MIDUS does not include a full battery of information assessing the caregiving experience, the Refresher Cohort data provides the opportunity to examine aspects of psychosocial well-being in the unique context of the Great Recession (e.g., exposure to financial strain during). Despite these limitations, the MIDUS provided data that enables the identification of sandwiched and filial caregivers. While other population-based datasets could allow for the assessment of the caregiving experience (e.g., the Health and Retirement Study; Fisher and Ryan, 2018; the Wisconsin Longitudinal Study; Herd et al., 2014; or the National Alliance for Caregiving Data; NAC and AARP, 2020), limited information is provided through which to identify sandwiched caregivers or the impact of financial challenges during the Great Recession on multiple aspects of psychosocial well-being. It would be valuable for future population-based studies to capture sandwiched caregivers' experiences and the socio-historical contexts that shape their lives.

Although this study has limitations there also were several strengths, particularly the strengths of a population-based data set, the MIDUS. When examining family caregivers, those who see caregiving as their duty may not self-identify as caregivers (O'Conner, 2007). By utilizing the MIDUS, it was possible to leverage a sample of individuals providing care, who may not self-identify as caregivers. Additionally, this study was able to examine the overlooked comparison of filial and sandwiched caregivers' well-being within the context of financial challenges during Great Recession due to the timing of the survey.

To mitigate the negative impact of financial challenges on family caregivers' well-being, additional research should focus on promoting filial and sandwiched caregivers' social well-being during times of economic downturn. In this study, the results have different implications for filial and sandwiched caregivers. For filial caregivers, it is vital to consider that greater financial challenges negatively impact their social well-being; thus, greater financial support or low-cost and flexible respite services could help to improve their perceptions of the world in which they reside (Levine et al.,

2010). Regarding sandwiched caregivers, in this study, they felt that society's progress had halted, regardless of the number of financial challenges they faced. For sandwiched caregivers, it may be more necessary to examine options, unrelated to finances, to promote their social well-being. Sandwiched caregivers may benefit from community support groups, held in person or virtually, that allow for flexible schedules (Marziali et al., 2006). As the work of Hammer and Neal (2008) showed, engagement in multiple roles and social connections may support the well-being of sandwiched caregivers in midlife. Thus, these community groups may provide caregivers with social connections and informal support that can reshape their negative perception of society (Fuller-Iglesias, 2015).

Furthermore, as the COVID-19 pandemic unfolds, greater numbers of individuals have taken on family caregiving roles (NAC et al., 2020). These individuals must transition into their caregiving role within the context of a pandemic that has had a negative impact on the financial stability of families in the United States (NAC et al., 2020). Thus, it is critical to support family caregivers as they navigate their care responsibilities, potential stressors resulting from changing work situations (e.g., new work responsibilities, working from home), and unemployment or underemployment.

Conclusion

As numbers of filial and sandwiched caregivers grow in the United States, it is vital to understand how the context of their caregiving roles shapes multiple aspects of their psychological and social well-being. The vulnerability that sandwiched caregivers experienced in areas of psychological and social well-being points drives to a greater need for more research. Importantly, this study documents the differential responsivity of filial and sandwiched caregivers when faced with financial challenges during the Great Recession.

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