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Sandwich Generation Caregivers: Ethical Legacies Throughout Generations

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The University of San Francisco

SANDWICH GENERATION CAREGIVERS:
ETHICAL LEGACIES THROUGHOUT GENERATIONS

A Dissertation Presented
to
The Faculty of the School of Education
Leadership Studies Department
Organization and Leadership Program

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

By
Sharon Z. Marts
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THE UNIVERSITY OF SAN FRANCISCO

Dissertation Abstract

Sandwich Generation Caregivers: Ethical Legacies Throughout Generations

Research Topic

This critical hermeneutic research study explores ethical meanings during a time of dual-generation care and how these interpretations may affect one's view of family life across generations. The research participants in this study were adults situated between young children and dependent elders, who are also termed the "sandwich generation" (Brody 1981; Soldo 1996). By reexamining notions of self and others through narrative, one may see life anew from an ontological perspective not considered beforehand. Through narrative about moments of familial care, new understandings about personal meanings emerge which may or may not have changed over time. From this study's conversations, participants came to see how carrying out an ethical life may be seen as part of a broader family legacy, influenced by their ethnic background, culture, faith tradition, or entirely new personal interpretations.

Theory and Protocol

Critical hermeneutic theory of Paul Ricoeur (1984; 1988; 1992; 2005) formed the basis of the theory applied to this study with emphasis upon areas related to temporality, ethics, and recognition. This field research followed an interpretive anthropological approach outlined by Herda (1999) that includes protocol for the study's data analysis using three theoretical categories used to bring forth findings and implications.

Research Categories

In this study, guiding questions related to three critical hermeneutic categories brought forth data for analysis. The mimesis category fostered remembrances of the family from the past, as well as present actions, and future hopes. The theory area of ethical aim drew data about how one's key ethics may influence actions of care, whether with children or elders. The final category, recognition, created or renewed the caregivers respect for their role, and that of others in society with a similar plight.

Findings

Caregivers recounted stories and were often unaware of the underlying ethics that informed their actions. The telling of their story with distance and proximity of their lived experience enabled the caregivers to reinterpret their own notion of a "good" life. The following findings came forth from participant conversations: (1) Caregiving often means retracing the past in the present; actions of care are part of a larger pattern a family passes on; (2) Caregivers may be able to move from overwhelmed to seeing new capabilities; and (3) Recognition and support for caregivers helps multi-generational families. Moments of dual-generation care may be challenging, yet may also render new interpretations of ethics that offer resilience in difficult times.

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirements for the degree of Doctor of Education. The content and research methodologies presented in this work represent the work of the candidate alone.

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CHAPTER ONE: STATEMENT OF THE ISSUE

Introduction

Families with three or more generations of living relatives have elders and youth who are vastly different in age, and yet those in the middle of the family form the bridge between generations. As members of the same family, they share resemblances and often hold similar beliefs. These beliefs may continue or change as the generations pass on.

Familial connections imply support. Often the oldest members of a multi-generational family rely upon their adult children for care when their health matters worsen. The term given to these family members in the middle of caring for elders and their own children is called the “sandwich generation.” For many caregivers with older and younger dependents, this trying time of dual-generation care may be difficult, yet may also hold the possibility for deepening a caregiver’s individual or familial understandings about care and the underlying ethics that span from elder, down to grandchild or great-grandchild.

A formal description of the sandwich generation caregiver is one who is a parent to a child or children and who cares for an elderly parent or parent. Parker and Patten (2013) of Pew Research, conducted a research study about this demographic, and found that 47% of adults in the age group of forty to fifty have a parent age 65 or older needing care, while they are either raising a young child or financially supporting an older child (the age of 18 or older). An earlier study examining long distance caregivers, indicates that seven in ten million Americans care from far away (Pew 2005). To be in this demographic, those who are considered “sandwiched” between dependent children and frail elders, means to be confronted with hard decisions daily – caught between wanting to help parents and trying to parent one’s own children.

The metaphorical terminology used to describe this type of caregiving as a “sandwich” is fixed in the lexicon. In the United States, literature about the sandwich generation abounds (Brody 1981:472; Soldo 1996:272; Ward and Spitze 1998:646), referencing the “sandwich” as a way to explain the confining familial position of the caregiver in the middle. By contrast, the French describe this demographic of caregivers by a different term, “the pivot generation” (Grundy and Henretta 2006:709) which may render a more capable description of a caregiver as one who is responsively ready to aid where and when needed from any family member, whether older or younger. How a caregiver finds personal meaning in this time of dual-generation care of elders and youth has important implications for remembering the past and acting ethically as a parent in the present, with hopes for the next generation of kin in the future. Also important is the notion of recognition of these caregivers from a personal and societal perspective.

Statement of the Issue

Dual-generation care may be a challenging time for the caregiver who is helping dependent family members. Limited time and shifting priorities may mean that vital personal and familial meanings underlying this care may remain unexplored. This inquiry examines sandwich generation caregivers’ notions of care and how this affects their view of family life in the past, present and future. By using an ethical orientation, interpretations of care may extend beyond how one feels care “ought” to be, based upon one’s past or the influences of a specific tradition in the present, and reach forward to ideas about future generations in the family.

This study looks at ethical meanings of the sandwich generation caregiver using the following theoretical categories framed in terms of three guiding questions for

the critical hermeneutic themes of *Mimesis*, Ethical Aim, and Recognition:

- 1.) Mimesis: What familial memories from the past, today's actions, and hopes for the future inform your understanding of ethics?
- 2.) Ethical Aim: What important ethics have you learned from your family and how do you hope to pass those onto your children?
- 3.) Recognition: How do you, the caregiver, recognize the act of caregiving for parents and children, and how do you feel your role is seen by others in society?

These theoretical categories of mimesis, ethical aim, and recognition offer ways in which to examine how the sandwich generation caregiver might see this difficult time of care with a renewed sense of personal capability, and a focus upon passing on ethical meanings to the next generation. I was personally inspired to conduct this educational research because I am a sandwich generation caregiver, and I recognize how others whom I have met in my study, and in my caregiver support group, might benefit from personal, organizational and societal support to meet their dual-generational families' care needs.

Background and Significance of the Issue

Sandwich generation caregiving takes place when one is raising a child or children, while caring for an elder during a short-term period of time, or over a long period of years. This time of care often poses considerable family strain on caregivers in the middle (Cohen 2002:184). In addition, there is often lacking support which might lessen the burden of this care (Robinson et al 2003:97) causing some to experience feelings of sadness (Butler 2005:48). Many times attitudes about family care are affected by cultural norms (Stone and Clements 2009:194; Nolan 1996:82), or other deeply held family ideas. Yet if one reflects differently upon the importance of this time of family care, new interpretations may emerge.

Taking the time to examine family meanings often involves seeing the past with a renewed thoughtfulness and perspective. Lieberman et al discusses how by looking back at one's life, one may see how there are the presence of "benevolent influences" (2005:506) which descend the generations – from grandparents, to parents to grandchildren; interpretations of these influences and meanings may change over the years. Perhaps for sandwich generation caregivers, family caring may be seen not only for the duties of care given to others, but also as a poignant awareness of the need to inculcate a sense of family ethics to kin, within the presence of others.

Caring for elders who are older and frail, while tending to younger children's needs, influences the whole family system, not just distinct members in need of care. Dr. Ira Byock, states, "When any one person becomes sick, a family inevitably experiences the illness" (2012:111). The effects on the whole family may be more pronounced across generations, such as when an adult child caregiver is in the middle, taking care of both children and elders. By focusing upon what Lieberman et al (2005) describes as "benevolent" family influences, this may help the extended family members cope.

The typical sandwich generation caregiver today is in early mid-life, and is facing many pressures. Parker and Patten (2013) state, "While the share of middle-aged adults living in the so-called sandwich generation has increased only marginally in recent years, the financial burdens associated with caring for multiple generations of family members are mounting." Since many women are having children later than previous generations (Pierret 2006:3), a parent in the 45-55 age demographic may have young, teen or older children, while also having an elder parent in need of care. Furthermore, with census trends indicating that the senior segment of the American population is growing faster

than in any other census (United States Census Bureau 2010), there is the potential for more family's seniors in need of care. Meeting the needs of both children and elders creates not only financial but emotional challenges for many family caregivers.

The dependent care of elders and children may vary by family, yet often involves a significant number of tasks for simultaneous care needs. Russell Ward and Glenna Spitze (1998:650) state, "those who are sandwiched between older and younger family generations may confront heightened burdens and stress." It is possible that with the added care duties required of helping elders and children, comes the need to balance many demands, including working at a job. Margaret Robinson et al (2003:85) argue that the, "stress of this caregiving takes a toll on the ability of individuals to be productive in organizations." Caregivers who work may experience additional stress if their employers are not aware or sensitive to their family's care needs for both elders and children.

This critical hermeneutic research study finds important significance for the field of healthcare and for caregivers and their families, because the interpretive paradigm offers a different lens into elder and child care than the positivistic realm normally associated with medical and psychological research. Nurse educator, Margaret Coberly (2002:16) finds that today's doctors are trained in a way that may not best support elders and their caregiving family members who are struggling. Coberly states, "With its heavy emphasis on technology and cure, the prevailing Western medical paradigm...[has a] preoccupation with speed, youth, beauty and endurance." When caring for an elder with a chronic or declining condition, like sandwich generation caregivers often do, these terms are not appropriate.

This study's critical hermeneutic lens offers an important way to see one's life as a caregiver differently. The interpretive paradigm allows for a participant to explain in their own words how aspects of their caregiving are meaningful to them. Herda (2010:139) writes about the importance of narrative discourse, for persons in all walks of life, because it is in "the telling and re-telling of a story to another [that it] holds the potential for connecting and unifying many actions over time...[consequently] different viewpoints and assessments of the ethical action in question come into view." It is hoped that this study will expand the participants' notion of ethics that come through their own familial narrative and in their everyday actions of care. Perhaps participants may come away with a renewed impetus to better recognize the self, while supporting other members of their family who require care.

Summary

Sandwich generation caregivers often face a strain from tending to the needs of elders and children, and for those who work, from the additional demands of employment. This study's research explores the reality of the sandwich generation caregiver, including moments that are difficult and frustrating, or tender and heartening. By focusing upon ethics, it found that many caregivers were able to see beyond the tasks of the present moment. This change in viewpoint was evident in conversations when the participants discussed how their enduring familial ethics of the past and present are being carried forth through to the next generation, in the same or new ways.

CHAPTER TWO: REVIEW OF LITERATURE

Introduction

This Review of Literature is divided into five thematic areas which illustrate the reality of the sandwich generation caregiver's experience: Family Structure; The Role of the Caregiver; Meeting the Needs of the Sandwich Generation Worker; Meanings During Care; and Critical Hermeneutic Literature. Family Structure explains the phenomena of older and younger family members needing care from the middle generation family member, whether they are a parent or another family elder. The Role of the Caregiver references such areas as time and financial assistance involved with sandwich generation caregiving. Meeting the Needs of the Sandwich Generation Worker examines how a caregiver responds to changing family needs, while holding employment positions.

The final two sections, Meanings During Care and Critical Hermeneutic Literature, take a departure from the other literature focused upon the family or the sandwich generation demographic. In Meanings During Care, the focus shifts to individual, familial and anthropological interpretations of care, with emphasis upon ethical dimensions. In Critical Hermeneutic Literature, the categories that support this inquiry are reviewed: mimesis, ethical aim, and recognition.

Family Structure

Many family structures differ in America. John Kohl (1995:24) states, "the 'traditional' model of the family, in which the male head of household supports a wife and family, is a thing of the past." Rather, some families today are described by Kohl (1995:24) as, "dual career families, [and] single parents." Families within the care structure may be those who are or are not blood relatives, and elders in care are not

always parents. Eric Widmer (2006:981) asserts, “individuals can include as ‘family’ only the most intimate family ties, such as a cohabiting spouse and children, while others can include a wide range of significant others, including in-laws, distant relatives, and even friends.” Another aspect of families is their care structure, which is important in families where some members are relied upon for help more than others, such as in families with aging elders.

Trends in America show the older segment of the population is living longer. Data from the United States Census Bureau shows growth in the elderly segment of the population: “Growth over the decade was even faster for the population 65 years and over, which grew 15.1 percent” (United States Census Bureau 2010). This trend shows that there are a greater number of seniors than in the past, more than in any previous census decade (United States Census Bureau 2010). Many of the growing elderly are cohabitating with their adult children, with key reasons relating to care, or for the management of costs. Pew (2010) found that in 2008, 49 million Americans, or sixteen percent of the total population, lived in multigenerational household (three or more generations), which increased 33% since 1980. This trend shows little sign of slowing.

Whether elders live with their adult children or not, they often need support as their age increases, and require assistance in terms a number of ways. Parker and Patten (2013) find that the pressure of supporting multiple family members can have an impact on a family caregiver’s financial well-being. This strain is more than monetary. Linda Stone and Jennifer Clements (2009:194) stipulate that elder care today is a complex medley of services and needs, which is felt by those who care for elders: “the impact of caregiver burden becomes increasingly relevant as the U.S. population ages and requires

more medical care, therapies, financial services, and emotional support services.” In an extended family circumstance, an adult child of an elder is often the person looked to for support, even if that adult child already has children of his or her own in their care.

The Sandwich Generation

A sandwich generation caregiver is one who is part of an identifiable demographic group based upon the care given to two groups of family members. Grundy and Henretta (2006:708) state that “the ‘Sandwich Generation’ has been conceptualized as those mid-life adults who simultaneously raise dependent children and care for frail elderly parents.” Parker and Patten (2013) of Pew Social and Demographic Trends estimate that 47% of adults fit this into this demographic, and genders are equally split as each are “equally likely to be members of the sandwich generation.” Although Kevin Baker and Noelle Robertson (2008:414) found that males are not commonly researched as often as sandwich generation caregiving women, their study found that men cope with some of the same caregiving struggles issues as women. Although there is a paucity of research about male caregivers in the research base (Baker and Robertson 2008:420), adult child caregivers often face daunting decisions about the care of their elders, and external pressures and family expectations affect the way they respond.

For sandwich generation caregivers, time and financial resources are key areas for caregivers to manage. According to Grundy and Henretta (2006:709), time and finances are in limited supply since they are used toward performing “household and personal tasks...[Furthermore] these resources are finite, and those given to one generation cannot be given to the other or retained.” In a different study by Pierret (2006:9), the actual amount of resources spent was quantified. Pierret (2006:9) reports that in one cohort of

women in the Sandwich Generation that these caregivers spent an average 1,350 hours a year on care for an elder and children. In addition, the financial strain on these women was apparent, with an average of \$10,000 spent per year on care to maintain this simultaneous support (Pierret 2006:8). The lack of resources is not the only pressure faced by sandwich generation caregivers. Often there are cultural expectations associated with extended family care. Parker and Patten (2013) found that Hispanics are more likely than whites or blacks to be in a sandwich generation caring role, with 31% of Hispanic adults fitting this description, as compared with only 24% of whites and 21% of blacks.

Differing Cultures and Religious Views About Care

Some families have familial expectations of caregiving imposed by their culture, which may place limitations on their decisions about care. Stone and Clements (2009:194) indicate that “social/cultural norms in a society can dictate the manner in which families provide for their elder members, and influences the decision-making process related to engaging formal care services.” From one culture to another, and even within religious traditions, the attitude toward care may be seen differently.

Culture

Many cultures foster notions of family care in a way that ensures that family members are supported. In some cultures, family members find elder caregiving to be personally beneficial, while those in other cultures may find it less so, but see it as an obligation. Literature about different culture and views about care abounds. For the purpose of this study, only a small number of cultures are explored as they relate to the cultural backgrounds of the participants, their ideas of identity, or their ideas about being children of immigrants.

In some cultures, there is a distinct sense of a personal reward associated with family care. Karen Fingerman et al (2011:449) studied African American caregivers and finds there is an important “endorsement of cultural beliefs about support of parents, as well as personal rewards in providing support.” Native American traditions also have a reverence of the oldest of their tribe, and thus see caregiving as a way to respect elders (Jervis et al 2010:366). Other cultural traditions see elder caregiving as a family obligation, whether or not they benefit from the care they are giving to elders.

The expectation of elder care by family members has been studied extensively worldwide. In studies in the United States, Israel, and the United Kingdom, elder care expectations often differ between ethnic groups (Burr & Mutchler 1999; Katz 2009; Laidlaw et al 2010; Lee et al 1998). Studies of Asians’ and Pacific Islanders’ (AAPI) elder care show the moral obligation or ‘filial piety’ to care for a parent, even at times keeping the parental diagnosis from them (Ngo-Metzger et al 2008). Moving countries may mean immigrants become acculturated and thus adjust their attitudes, as was found in studies of those emigrating from Mexico (Angel et al 1996) and the Netherlands (de Valk and Schans 2008). In American society, acculturation may mean having to decide to maintain one’s culture from the country of origin, or deviating from those traditional norms of family care towards a different way of meeting family care needs.

Some cultural demographic groups have cultural differences that differ drastically or subtly within subgroups, thereby causing variations in such norms as those relating to care for relatives. Such is the case with the Hispanic culture of the United States and in Spanish-speaking countries where there are different interpretations of care. Losada et al (2006:7) state there are both “similarities and differences between the numerous different

Hispanic subgroups in the process of caregiving.” For example, within the Mexican-American tradition there is an understanding that the care of elders may even supersede one’s own care. Crist et al (2006:120) states, “Members of Mexican American families nurture and protect the family from harm, even to the individual’s detriment.” The notion of following, or choosing not to follow, this norm may stem from religious understandings for those of the Mexican heritage, with negative implications if one does not follow.

Religion is a powerful influence for many in the Mexican culture, and it may affect one’s personal spiritual perspective about care. Researcher Aleman (2000:14) finds that for some Mexicans it is believed that family members’ good deeds in this culture were considered blessed by God, rather than what was considered to be “payment” by the non-Hispanic White interpretation. Religious understandings are often an important part of making sense of caregiving, and much like differences in cultures, faith traditions vary tremendously. Yet for many caregivers, religion offers spiritual comfort in a moment of life when dual-generation care may be stressful.

Religion

A religious faith may provide some caregivers with solace during the difficult time of caregiving an elder while taking care of children. Having a practice of faith may be individual, or linked to a larger community. In times of difficult caregiving, faith may provide a sustaining influence. Stuckey (2003:340) states, “Religious affiliation and observance may...play useful roles by linking individuals facing stressful circumstances to a community of faith.” For a caregiver, spiritual interpretations may play a role in

understanding that which is unexplainable, such as the suffering of an elder, or dealing with an emotional response to stress.

In some instances, religion defines the caregiving in a way that is beneficial. Picot et al (1997:89) states that “religiosity indicators are shown to enhance a caregiver’s perceived rewards.” For those of the Jewish tradition, there is a different emphasis upon the interpretation of the spirit that lives on in subsequent generations Stuckey (2003:347) suggests, "Jewish and non-religious...spoke in terms of an afterlife in generational terms, i.e., your life continues in the lives of your children and grandchildren.” This notion is especially powerful for those in the sandwich generation whose daily care tasks involve interaction with the younger generation and the older, therefore, a time in which a spiritual understanding may be passed from one generation to the next.

The Role of Caregiver

Even though some cultures and religious traditions may approach the notion of giving care to two generations more favorably than others, the sheer number of tasks involved with this care may cause a conflict of roles. Ward and Spitze (1998:663) state, “caregiving can be a difficult role that may interfere with other roles.” For some, the decisions about how to spend time caring for others may lead to mixed emotions about care.

In fulfilling the role to meet familial needs, some sandwich generation caregivers feel stress. Stone and Clements (2009:194) posit, “the psychological and emotional stress this caregiver experiences emanates from numerous sources, but most often it is the felt responsibility for providing all aspects of care required by their aging parent, while attempting to manage their own personal lives, which includes caring for their own

children or grandchildren and spouse.” In some families, the children are older, and require less care. In these instances, it is possible for older children to help with meeting elder care needs (Kunemund 2006:22). Yet if a sandwich generation household does not have older children to help with multiple tasks, it may require finding external sources to meet care needs.

When a caregiver struggles with difficult caregiving, they may feel isolated, for which looking outside of their situation for interaction with others may help them to better handle their difficult situation. Burgio et al (2001:49) states, “It is possible that seeking social support acts as a significant coping response to their sense of captivity and helplessness in dealing with their relatives pain and impending death.” If the sense of isolation is not helped by social relationships, programs intended for caregiver support may be needed. Burgio et al (2001:481-482) further suggests such programs as “personalized counseling, supportive group counseling, providing knowledge about educational programs, [and] specific therapeutic skills training.” Formal support services of this nature may be helpful to struggling caregivers, provided they have time to research them.

Sometimes finding supportive help and services for caregivers can be challenging. Stone and Clements (2009:210) contend, “federal and state aging programs exist, but may be unknown to the inexperienced or overwhelmed caregiver, or may seem inaccessible to exhausted caregivers who do not have the time and energy to invest in navigating bureaucratic systems.” With a caregiver’s time spent meeting a multiplicity of family needs with or without external support, there could be a change in the caregiver’s mental and physical disposition. Stone and Clements (2009:195) indicate, “as more families are

faced with the challenges for providing care to dependent, elder parents...the negative physical and emotional effects identified as caregiver burden can manifest through symptoms of depression or increased health problems in caregivers.” Caregivers with commitments within their households, as well as at a place of work, may find that the effects of meeting complex familial needs takes a toll on their role as employees.

Meeting the Needs of the Sandwich Generation Worker

Adding to stress levels of caring for others in one’s family is the need to hold a job while managing care tasks. Robinson et al (2003:97) states, “caregiving impacts institutions in that increased caregiving responsibilities may contribute to an individual’s inability to meet work expectations and commitments.” This strain appears to affect women more prominently than men. Robinson et al (2003:85) indicate that “women tend to miss more time from work, decrease their work hours, or exit the workforce at a greater rate than caregiving men.” These moments of care may be lengthy or brief, and are referred to as “active” moments of care (Ward and Spitze 1998:650) when they involve taking time away from other commitments. In addition, the need to care for family elders and children may require assistance in the short term or over longer periods of time, both of which can affect a job situation.

Many companies lack formal programs for dual generation care. Kohl surveyed companies and found that very few programs address specific elder and childcare needs. Kohl (1995:24) explains that “firms...[were] not active or creative in developing alternative work opportunities...for families seeking to meet responsibilities for both child care and elder care in our society.” Managing the commitment of caring for family is not only a struggle on the day-to-day level, but may require lengthy time away from

work. If this occurs, many employees are eligible for the federal policy covered under the Family Medical Leave Act. Christopher Ruhm (1997:184) explains that this policy is insufficient for families in need of income and time away, citing, “the enactment of the Family and Medical Leave Act has considerable symbolic importance...regarding the need to balance the competing interests of work and family. However, the actual provisions of the act are modest. The leaves are short and unpaid.” With workplace solutions covering general family circumstances, without dealing with simultaneous elder and childcare matters, many sandwich generation caregivers’ unique problems are not addressed. In this challenging time of balancing family and work priorities, perhaps a shift to family meanings may foster a way to see this moment of care differently.

Meanings During Care

A caregiver who tends to the needs of an elder and children may find that by taking a different view of personal meanings associated with caregiving, it could afford a different perspective. Daly (1987:34) describes caregiving in a philosophic way, "In contemporary terms, it...involves developing a phenomenology of caregiving, a conscious process of filtering the moral meaning of care." If one is able to change their orientation through a process of reexamination of this time of care, it may render a more meaningful vantage point through which to view one’s life. Mary Ann Parris Stephens et al (1988:209) observe “caregivers who coped by redefining an event to derive inspiration or personal growth experienced greater positive affect.” Exploring intergenerational influences through a different lens may allow caregivers to evaluate their familial notions in such a way that they experience new and beneficial understandings, and may even pass them on to the next generation.

Family Meanings

The experience of a sandwich generation caregiver involves many moments of care with an elder or a child, or both in a typical day. These interactions may be characterized as seemingly meaningless or banal, to moments of personal poignancy. If a sandwich generation caregiver takes the time for reflection, they may reflect on their own childhood, and how it relates to them being a parent to children now. These moments may lend themselves to seeing what beneficial traits may be passed on, to the future from the past.

When one becomes a parent, they tend to be in a unique situation to view their past experiences of growing up, and then view that past against their hopeful future for their child or children, from which to derive what they wish to pass on. Alicia Lieberman et al (2005:506) studied intergenerational influences in three generational families, similar to one such situation of a typical sandwich generation household. Lieberman et al (2005:506) found that “benevolent influences” were fond moments a parent remembers from their own parents’ childrearing, even if not all memories were good ones. Perhaps these remembrances of this sort may lead to better parenting intentions toward raising one’s children in the presence of grandparents. Lieberman et al (2005:506) state, “as they enact scenes from their own past, parents unknowingly carry forth...[hopes to the] next generation in the form of benevolent influences.” Examining familial notions of one’s past youth may have the potential to help a sandwich generation caregiver as they raise a child amid their elder’s presence. Perhaps this type of exploration into generational understandings may even serve to change the viewpoint toward important familial

meanings which, if passed on, may have lasting importance in the next generation of family members.

Individual Meanings

By looking at past and present family experiences, it may offer new opportunities for a sandwich generation caregiver to redefine this time of multi-generational care in more beneficial ways, without losing sight of the difficult tasks inherent in the care of others. Daly suggests formal caregivers should be open to important notions of moral meaning during moments of care; his findings are particularly relevant for family caregivers, too. Daly (1987: 36) states “What has meaning, instructs, is a sign... In this connection, the more the professional [and family] caregiver develops realism, the more the person operates on the basis of the moral dimension of caregiving.” By examining meanings during a time of caregiving, one may see renewed or different ethical understandings. The next section illustrates how the field of anthropology, with its views on patterns, myths and meanings, may offer ways to reinforce or reinterpret meanings that could be relevant to a sandwich generation caregiver.

Anthropology and Meanings

Anthropologist Ruth Benedict (1959:1) found that in cultures, people tend to, “belong to a different tradition” and from this derive patterns which distinguish them from one tradition to the next. Patterns take their form as rules, which anthropologist, Claude Levi-Strauss (1995:12) finds analogous to meaning when he elucidates, “to speak of rules and to speak of meaning is to speak of the same thing.” In a family context, patterns and rules are apparent in the form of family myths, which are understood by

family members and imply meaning. Robert Kutter and Sharland Trotter (2002:38)

explain:

In nearly all families, there are family stories or myths that both convey family values and sometimes become straitjackets...within the context of family and They amount to an intergenerational transmission belt of strengths and weaknesses, traits and values. We tell ourselves stories in order to make sense of our lives and selves.

Taking the time to reflect upon beliefs of the past may show how a family's influence can be carried on in the form of present day habits or beliefs that still hold true. Or if one's feelings toward those past familial understandings have changed, then there may be a need for family meanings to undergo a reinterpretation.

For a sandwich generation caregiver who is situated between his or her own parents' patterns and the new family of their own, this may be a time of reinterpretation. Levi-Strauss (1962:33) uses the French term, *bricoleur*, when describing the way in which to reshape meanings, "take to pieces and reconstruct...structural patterns in which they serve alternatively as ends or means." To follow the past or to change to new meanings is the prerogative of a parent seeking to redefine meanings relevant to their life now, and transmittable to the next generation.

Another anthropologist, Margaret Mead, wrote about generational shifts in her book, *Culture and Commitment: A Study of the Generation Gap*. In her book, she discusses a family's life course, and the often-sought desire by the next generation to act differently than parents of the past. Mead (1970:2) explains that "the young are taking on new authority...of the still unknown future." One need not break with past meanings entirely, instead there may be instances for reinterpretation. Mead (1970:6) proposes that, "it is possible for an individual to fail to be as brave or as parental, as industrious or

as generous, as the dictates which his grandparents' hands conveyed to him...he is as much a member of his own culture as others are in their success." Familial meanings may be rooted in past family experiences and beliefs, yet take on a different meaning for the next generation.

In a multi-generational household, a middle generation caregiver may be open to examining family meanings. Sometimes meanings endure from the past; other times they are reinterpreted. Stuckey (2003:344) found in his study of dementia caregivers that similar answers arose among participants when asked about care: "A common theme among informants – regardless of faith – is that life is an ethical and moral journey." The area of critical hermeneutics offers a philosophical theoretical lens through which to examine the notions past and present meanings, as well as personal hopes in terms of ethics and recognition relevant for multigenerational caregivers.

Critical Hermeneutic Literature

Introduction

Three critical hermeneutic theories are helpful when exploring what it is like to be situated between two family's generations, both of which require care. For a sandwich generation caregiver, family meanings may take on new interpretations over time, for which a critical hermeneutic orientation helps examine. First, through Paul Ricoeur's theory of mimesis, one may look to their old and new family patterns and explore memories of the past, present actions, and future possibilities for a life lived ethically. The second hermeneutic area of ethical aim is also from Ricoeur's theory and relates to notions of the self, others and just institutions. Ricoeur's hermeneutic area of recognition, is the third research theory and has important meanings for self-recognition

and mutual recognition. To examine the life of a sandwich generation caregiver, one must view what they have come to their lives with, and involves memories of the past, as well as present actions and hopes ahead of them. All are facets of a person's being.

The idea of "being" is an important part of critical hermeneutic literature, and is ontological in nature. Ricoeur (2004:354) states, "Fundamental ontology proposes...making a question of the meaning of being – the ultimate question." Furthermore, in a study of being, there is an important idea of being open to what unfolds, or what Ricoeur (2004:354) states is "the openness to the totality of what we are." Each of the three theory areas, mimesis, ethical aim, and recognition may have implications for the personal understandings and societal meanings associated with dual-generational caregiving. An extended discussion on these categories will be provided in the dissertation.

Mimesis

Ricoeur's theory of mimesis lends itself to a different temporal viewpoint that may shift the focus for a sandwich generation caregiver away from present struggles. Mimesis is comprised of three parts which relate the past, present and future. Ricoeur (1984:xi) explains his theory as, "a reference back to the familiar pre-understanding we have of the order of action; an entry into the realm of poetic composition; and finally a new configuration by means of this poetic refiguring of the pre-understood order of action." This new rendering of time may become apparent in a multi-generational family, perhaps during an exchange of past stories among grandparents and the adult child caregiver. Stories may take a new turn in the present and perhaps even propose new possibilities for the future.

The presence of different generations together may cause a swell of unexpected memories from different times past. Perhaps an elder may revisit childhood memories while witnessing actions of a grandchild that stir this reminiscence. Ricoeur (2004:96-97) explains this as a time when, “I am carried back to my childhood, with the feeling that those things occurred in another epoch.” Among family members of varying ages, an elder’s memories of the past may intersect with present realities of younger kin, such as the caregiving parent or the grandchild. Ricoeur (2004:97) explains this connection of temporality: “It is to memory that this sense of orientation in the passage of time is linked....from the past to the future...but also from the future toward the past, following the inverse movement of transit from expectation toward memory, across the living present.” This act of looking to the past, the present and the future may foster a reflective capacity allowing for a sandwich generation caregiver to compare the family beliefs of the past with new meanings one may desire to impart to their own children in days ahead.

Ethical Aim

In *Oneself as Another*, Ricoeur’s philosophy explores ethics as they relate to one’s own self and others. This implies intentionality toward an ethical future which is rooted notions of the past, today’s actions and hopes for the future. Ricoeur (1992:173) clarifies: “Once each has posited an end he then examines by what means he will realize it, deliberation concerning the most appropriate means.” One can infer that ethical aim is an orientation, rather than a tangible goal; a direction, rather than an end. With respect to raising children, this aim is rooted in teaching family meanings that are considered worthwhile and important in relating to oneself and others, and the institutions of society. To explain one’s notion of ethics may not be an easy undertaking if asked directly.

However, if a conversation about ethics takes place within the context of family stories, memories and important actions and beliefs, ethical meanings may come forth.

Perhaps during familial interactions, future hopes for the youngest generation may arise, with many plausible potentialities generated in stories created by elders or the children's parents. Often time stories have an ethical dimension to them and thus may be considered part of one's ethical aim in the familial context. Ricoeur (1992:170) explains, "telling a story...is deploying an imaginary space for thought experiments in which moral judgment operates in a hypothetical way." For sandwich generation caregivers, having this ethical orientation toward their children's future may mean proposing present or future plans in a way that is in accord with one's own ethical understanding, even if it differs from meanings associated with their elders.

Sandwich generation caregivers could choose to stay true to their elder's ethics, but this may not hold true for all. In coming to a new understanding of one's own ethical interpretations, there is recognition of what is important now and in the future. In this way, the sandwich generation caregiver accepts prior interpretations of ethics of the past, yet may make new assumptions of what is the best plan for their own children. This notion is similar to what Ricoeur (1992:171) explains to be "the good life" since this theory relates to how one esteems the self and others. As a sandwich generation caregiver carries on daily life in the home, there are ample opportunities to model actions and convey beliefs that reflect a personal understanding of how the self and others are to be treated, and thus develops an individual understanding of a "good" life. The self and the other are not only important facets of ethical aim, but also Ricoeur's theory of recognition.

Recognition

For a sandwich generation caregiver, the act of reflecting upon meaningful ethics of personal importance may be in itself an act of self- recognition. Ricoeur (2005:65) offers: “It is this aspect that gives recognition an emotional dimension.” Perhaps the sandwich generation caregiver may even gain a sense of clarity about what was important to the elders in the past, and how that has changed in the present, thereby offering a recognition of why an understanding has changed through the years. Ricoeur (2005:66) explains: “Time, on which age confers visibility, is revealed to be a double agent, both of lack of recognition and of recognition.” Thus by taking time for reflection, it may lead to moments of unforeseen recognition for the self and the other.

Summary

The critical hermeneutic theory areas of mimesis, ethical aim, and recognition offer a new opportunity to examine life through a different perspective. For a sandwich generation dealing with stressful times, a shift toward reflection and familial ethics may hold hope to reimagine a future that strengthens one’s capacity to care in difficult times. By recalling past years growing up, and then reflecting upon what the caregiver wants for their children’s lives, this time of discernment can offer an ethical focus for raising children as well as proper recognition for the self and the other. Reflecting upon one’s familial patterns from the years spent growing up offers a chance for reinterpretation of ethics for the next generation. In the following portion of this dissertation, a research protocol rooted in critical hermeneutics will show how family meanings may take on importance as a way to redefine the experience of sandwich generation caregiving.

CHAPTER THREE: RESEARCH THEORY AND PROTOCOL

Introduction

This Research Theory and Protocol contains the following areas: Research Protocol; Research Pilot Project; Background of the Researcher; and Dissertation Summary. Research Protocol delves into the details of the study including: Research Categories and Questions; Data Collection; Data Analysis; Entrée to Research Site; and Research Participants. In Background of the Researcher, I discuss my personal and professional interest for having undertaken this research study. Part Three concludes with the Dissertation Summary, summarizing the important insights of the dissertation.

Research Protocol

This research project uses participatory research grounded in the critical hermeneutic tradition. This research inquiry process includes sandwich generation participants of different ethnicities, faith traditions, and cultures who shared their narratives as caregivers to elders, while raising children from birth up to the age of sixteen. Herda (2010:145) states that the use of narrative differs from positivist methods, which are “more time-consuming than using... a Likert scale, but it provides meaningful data that can set the direction for action.” In this study, the participants’ narratives are presented and analyzed in terms of the research categories: mimesis, ethical aim, and recognition. These categories helped the participants to see their lives anew, and their ethical actions within the family, differently.

Research Categories and Questions

The selected Research questions were intended to guide conversation so that there was a focus on the topic at hand. The questions below were developed to guide the

research conversations. Often these questions were asked, though not always directly answered.

Category: Mimesis

- Looking back to your past, describe any recollections you may have of how best to care for family members in their time of need?
- How can you describe your care for your elders and children today?
- In what ways do you pass on to your children what your parents taught you caring for others?

Category: Ethical Aim

- What are your ethical hopes for your children – what kind of people do you hope they become?
- How different are these parental hopes than what you felt your parents wanted for you?

Category: Recognition

- How worthwhile do you think your caregiving is?
- What formal organizations exist that offer support for your complex caring needs to two generations of family?

These guided questions were intended to orient the researcher to stay within the direction of the topic at hand during a conversation. Together, through dialogue on these and other areas, the participant and the researcher hopefully created an understanding of the temporal nature of providing care to two generations, as well as the ethical aim of a parent with hopes for the next generation.

Data Collection

This data collection process for this study was consistent with a participatory field-based approach in the critical hermeneutic tradition (Herda 1999:85). To begin the process of finding participants, I identified personal and professional contacts through such means as support groups, and professional home health providers who may know of a sandwich generation caregiver. These potential participants were contacted using a formal letter of invitation (see Appendix A: Letter of Invitation and Research Questions)

to explain the study and participation details. Prior to the study, three participants agreed to participate (see Appendix B: List of Conversation Participants); others were invited throughout the summer. Once each participant agreed to participate and the date, time and location were agreed upon, I sent a letter of confirmation mailed to the research partner (see Appendix C: Letter of Confirmation). This confirmation letter reiterated the nature of this research process.

When the researcher and participant met and had their discussion using the guiding questions, there was a recording of the conversation using audio and photography from which a transcript was created. Since an accurate transcript became the data for use during the analysis later in the study, the participant was sent a letter of thanks (see Appendix D: Thank You Letter), along with the invitation to review the transcript and make any changes, including additions or deletions. Often times the participants made changes to the transcript, including adding new thoughts or responding to follow up questions I posed by email.

I also maintained a research journal with my recorded observations about the research and data collection process. In particular, I focused upon how the caregiver's body language or intonations gave background not mentioned in the audio recording and I noted in my research journal. Herda (1999:98) describes such a research journal as the "...life-source of the data collection process for in it goes the hopes, fears, questions, ideas, humor, observations, and comments of the researcher." Upon receipt of the final transcript changes, the research process continued to the next phase of research, Data Analysis.

Data Analysis

The Data Analysis for the dissertation involved collecting all pieces of conversations for examination from a critical hermeneutic viewpoint. Prior to the proposal, a pilot study was undertaken so as to explore this research topic with only one participant, while examining critical hermeneutic categories. The appendices show the Pilot Study Data Analysis (See Appendix E) and related Pilot Conversation Transcript (See Appendix F) which are similar to what the dissertation study's research looked like.

To carry out this dissertation study, this research followed these steps below outlined by Herda (1999:98-99):

- The recording and transcribing of the research conversation with participants;
- The development of themes from transcribed quotes which are then classified by relevant research category;
- All themes are examined in relation to the critical hermeneutic theoretical framework, including the possibility of new themes as interpreted from the data;
- The opportunity for further conversations with research participants, when appropriate and available, to analyze and develop the text;
- The discussion of the research issue as it relates to critical hermeneutic theory;
- The unfolding of implications.

Central to the process of critical hermeneutic research is the notion of continuous reinterpretation, not restricted by previous understandings and with new possibilities put forth as meanings arise. Since each conversation text was reexamined numerous times, with elapsed time in between, it allowed for what Ricoeur (1984:72) terms to be distanciation, which he explains as, “an endless spiral that would carry the meditation

past the same point a number of times, but at different altitudes.” This notion of “altitude” provided new understandings of the data.

Entrée to Research Site

There was not a specific research site for this study, however conversations were conducted with participants in a location best suited for them. In some instances, the research site was there home where the caregiver lived with their family, other times it was a senior living facility, and often times a coffee shop was the meeting place. All initial conversations and subsequent transcript verification meetings took place in person and over the phone and were set up to fit the schedule of the caregivers who often worked full-time jobs and dueling time commitments because of their dual generation care.

Research Participants

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) approved my proposal on March 29, 2012. My IRBPHS approval number is 12-043 (See Appendix G: Copy of the IRBPHS Letter). My research study consisted of twelve research participants, of whom nine were women and three men. All are, or were, caregivers to children ages birth to older teens, while taking care of family elders during the same period of time. All participants were either known before the study or were introduced through professional and personal contacts.

The twelve participants in this study represented three to four generations of family members, representing different religions, ethnic backgrounds, and cultural influences. In one participant’s instance, their family ages spanned over eighty years from the youngest grandchild to the oldest great grandparent. The family structures of participants most often included married couples living with their dependent children and

apart from elders, but there were also sandwich generation caregivers with a single parent status, a same-sex marriage, as well as a multi-generational home with grandparents living among their adult child and a grandchild. In addition, there were two participants who had legal guardianship of dependents, one with a biological niece, and one with a non-family member who is disabled and elderly and requires the same type of care that a family member offers.

Marcella Cahill

Marcella Cahill is 47 years old and comes from Marysville, California. She is a married mother of two teen sons, works full time, and shares the care of her British-born mother who has Alzheimer's with her three sisters. Although Marcella describes her mom as a "shell" of her former poised British matriarch persona, she recounts resonant memories and stories of her mom's vibrant past life – whether it was serving in the British Royal Air Force, or raising a family before and after a harrowing divorce. Marcella explains that she has seen her sons come to understand her mother's changes differently over time. Using adjectives to describe her mother as a loving and giving presence, it is evident that Marcella has these same attributes as she and her husband help to raise her sons to be "good citizens and good stewards."

Kate Kosakowski

Kate Kosakowski is 48 years old and a para-professional kindergarten teacher for bi-lingual kids in Fort Collins Colorado. She is a natural at helping others, including her three kids and husband, but in her caregiving role she has overseen the care and end-of-life experiences of a neighbor, distant cousin and cousin's partner, and her own grandmother. She feels strongly about advocating for elders and respecting their wishes.

Although she has only lived in Colorado, Kate brings a worldly perspective that her daughters have continued to maintain in their career choices. Kate's description of what her daughters have taken from their mother and Kate's grandmother is an excellent example of how ethics can be passed on over time in one family.

Prajesh Desai

Prajesh Desai immigrated to the United States in his adult years as a student of Dentistry. Now at age 40 he successfully maintains his own dental practice in California. Prajesh was a devoted son to his father and considers himself lucky to have been able to have been a caregiver years ago after his father's health declined. Prajesh describes how he enjoyed that his father was present to see how his family lessons of sacrifice allowed him to become a successful dentist, father and husband in a happy life. Even though his father's health did not endure, and an unexpected decline caused the need for a move from Prajesh's home to a nursing home, the caregiving experience was a powerful one.

Mario DeAnda

Mario DeAnda is 42 years old and was born in El Paso, Texas to parents who moved to the United States from Mexico. Mario has always worked in the field of education, starting at the University of Notre Dame in minority student recruitment, a job he has left, but he continues recruiting Hispanic high school students elsewhere. A decade ago, he left South Bend for San Francisco where he currently lives with his partner and his newly transplanted eighteen-year-old niece, for whom he is legal guardian. In his parent role, Mario describes how he is helping usher his niece into adulthood where he is sure she will become "an exceptional woman." Mario has just helped his mother move to San Francisco to be near family and has prepared the sale of

his childhood home while he tele-commuted to his California-based job.

Paula Allen

Paula Allen is a married working mother of six children (both biological and stepchildren) who is a caregiver for three elder family members, her mother (long-distance), her mother-in-law and her brother-in-law. Although she now lives in California, she originally came from a large farm in Idaho with thirteen brothers and sisters. When Paula's father wasn't farming, he often wrote articles for the town paper, including ones with an ethical focus. When Paula's father then became ill with a chronic condition, she and other siblings helped her mother who was primary caregiver. The care was overwhelmingly difficult for all, until her father passed on, at which time her mother's health declined.

Jennifer Hodge

As the daughter of an Air Force father who retired in Colorado, Jennifer Hodge is 44 years old and married, with two teenage sons. She is currently caregiving of her aunt and her father, whose needs are very different. Jennifer's mother passed on before she had children, but her father's presence in her youth and adult life has been important in shaping the person she has become, and she is grateful for his role as an active Grandfather, even though her teens often help him now, rather than "Grandpa" helping them. A self-described "take-charge" woman who is capable of multi-tasking motherhood, working, school, and caring for two relatives, Jennifer had a health scare and learned quickly about important boundaries needed to keep her own health in tact.

Sheri Weichers

Sheri Weichers is a married Colorado grandmother who is caring for one

dependent elder (whose husband lives locally) and her three elementary and one toddler aged grandchildren during the days when her daughter teaches at school. As an active woman in her fifties, she exudes a calm nature when describing the care needed for four grandchildren and as well as an elder parent whose health needs are constantly changing. Before taking on caring for others full-time, she worked at two Assisted Living facilities in Colorado Springs where her roles changed from customization of services for elder residents' needs, to overall supervision of the grounds and the staff who maintain it. But the unpaid and more valuable work is clearly where Sheri feels the hard work is needed most. Sheri describes the importance of family connections, and how passing on important values from elders to kids children is "the hardest job there is."

Lisa Low

At age 42, California native Lisa Low is a successful married physician and mother of two children, one of whom was born weeks after the death of her father in Summer 2012. Her background as both a physician and caregiver gave her a depth of understanding about the prognosis of her father when an unclear set of symptoms turned to something worse. Lisa combined to help with her father's care with her mother and sister; even her toddler daughter helped by singing lullabies to her Grandfather as her way of showing care. When Lisa reminisces about important lessons from her childhood, she mentions how she aspires to parenting in the same way that her father taught her, as well as being a doctor and mentor to others in the medical field.

Crystal Ashe

At age 43, Crystal Ashe is balancing multiple roles. She is a married mother of three children (ranging from two to nine years old), works full time, and has her parents

close by where they help each other in times of need. To look at Crystal's family tree one will be amazed at her remarkable ancestry. Her genes are strongly African American and Native American, as well as Scotch and Irish on one side, with a Scandinavian influence from the other side of the family. Crystal makes a point to teach her kids respect for themselves and others who are alike or different. At this point in her life with her family at center stage, Crystal has hopes for herself and others in the sandwich generation, that a more flexible employment policies and elder/childcare venues will be put in place so as to make it possible to care for dual-generation family needs.

Eileen Geier

At the time when Eileen Geier first became a family caregiver, she was a divorced, single mom in her mid-thirties with two young boys helping her mother through recurrent bouts of cancer which finally became terminal. As her sons grew to teenagers, they modeled their mother's care and began to look out for their widowed grandfather, seeing that his advancing age was causing him to need help more often. Then a sudden decline in Eileen's father's health led to an immediate hospitalization and health circumstances that led to his untimely death. Describing this time of being "an orphan", Eileen brought forth renewed intentionality to her parenting and her own life, with her Jewish background and a focus on spirituality grounding helping her through life's challenges. In her most recent caregiving role now in her fifties, Eileen acted as a long distance caregiver for her aunt over several years who passed away in summer 2012. In her aunt's eulogy for the memorial service, Eileen recounted the importance of her aunt's influence to those grieving, "For [my aunt], the journey is continuing, but for us there is loss, grief and pain. Every one of us here has had our life touched – perhaps in

the tiniest way, or perhaps totally transformed – by [her] existence. We would not be here otherwise. Her life mattered.”

Carrie Castillo

Carrie Castillo's family immigrated to California from the Philippines when she was a teenager, yet continues to hold dear what she calls “traditional” values of their family’s native country. In her mid-forties, she is a married mother of two young children and describes her parenting style as purposeful and rooted in the same family values her own parents held dear. Her parents are in their eighties and ailments occur from time to time for which she is called into the service of helping them. She anticipates that when her parents decline with their health as was the case with her grandparents, she and her sister will combine their efforts to have a family care plan, which may include parents moving in with one of the daughters if a home or senior assisted facility is not culturally acceptable to her parents. Carrie has a strong graphics and photography hobby and she has used these talents to create multi-generational family mementos which reflect memories of past times, with words of gratitude to those who came before: “Who I am is from what they have taught me over the years.”

Mike Jenkins

Mike Jenkins is a 54-year-old married contractor who grew up with little exposure to elder care. Yet when his mother-in-law retired from a long career and reluctantly moved in with Mike, his wife and stepchild, theirs became a multi-generational household. Soon Mike and his wife saw health changes in his mother-in-law, and the realities of her neurological illness became more known over time. Mike's wife turned her frustration with finding answers into a reason to start a caregiver support group that

Mike co-led. Despite the support group meetings having formally ended in 2012, both Mike and his wife remain very concerned for those caregivers who are isolated.

Research Pilot Project

My Research Pilot undertaken in Fall, 2011, was titled, “Interpretations of Traditions and Ethics by a sandwich generation caregiver.” The research conversation with a participant named, Dr. Alexius Pujol-Boe was led by guiding questions which were grounded in three critical hermeneutic theories that are similar to those in this dissertation. The first concept seen was that of mimesis and is exemplified in this Pilot by the participant’s reflective process of looking to the past, future and present. The second theoretical concept applicable to her circumstance was that of sedimentation and innovation which provided the lens through which to understand how family traditions changed or stayed the same from her parents’ raising her as a youth, to her present generation as a parent. The final concept illustrated in the data presentation was that of ethical aim. The life stories show how her present actions as a doctor, wife and parent reflect important meanings from her past, with changes where her ethics have changed from her parents.

Implications

In a conversation intended to bring forth temporal shifts like that offered with Ricoeur’s mimesis, a sandwich generation caregiver may explore ethical family meanings in new ways. These meanings may unfold through stories or simply recalling resonant experiences. Also, if there is a focus upon an ethical legacy, a sandwich generation caregiver may find pathways to discuss ethics of the past with their own parent, or perhaps it may create an opportunity to discuss ethics with one’s own child in a way that

wasn't considered beforehand. Perhaps these increased possibilities for expanded inter-generational communication will become a priority for a sandwich generation caregiver who is interested in an ethical legacy. If so, the time when the three generations live together may become a rich embodiment of family togetherness, and not simply the routine collection of tasks involved with dependent care. A shift in focus towards ethics may even lead to beneficial actions toward parenting the next generation.

Reflections of the Researcher

The Research Pilot was mostly consistent with my expectations for the two of three theoretical concepts, namely those of mimesis and ethical aim. At first, the pilot's third theoretical concept of sedimentation and innovation appeared to be too narrow a category within the conversation since the participant's transcript showed only a limited explanation of how she had changed or stayed the same in her ethical understanding from youth to adulthood and now a parent to two children. As a result of this pilot finding, I changed the category from sedimentation and innovation, however, I was able to utilize this as a subcategory within the ethical aim discussion in the dissertation. I also used a third category of recognition as my third theoretical category in the dissertation.

When I conducted my research conversations and began analyzing my conversations, I found that in response to questions about ethical aim, my participants would sometimes give an answer that could be analyzed using sedimentation and innovation. I felt comfortable discussing this as a subset of the ethical aim theory area, as it gave clarity to the ways in which caregivers felt they were enacting what they saw as their own version of a "good" life – by being the same or different from their parents. This discussion is shown at greater length in the Data Analysis (Chapter Five) section.

The final category in my dissertation, that of recognition, proved to be a vitally important theme. Caregivers often fail to recognize the importance of their role, and with workplace and policy initiatives far from their view, do not see that their difficult role of caregiving two sets of differently aged family members *should* be supported by society. Thus self-recognition and mutual recognition appeared to both be lacking among caregivers and society.

As I began review of the three theory areas, mimesis, ethical aim and recognition during my data analysis of the twelve dissertation transcripts, I found that my participants explained their past and present in a way that showed adherence to the past, or a purposeful deviation. Thus the notion of Ricoeur's sedimentation and innovation theory once again arose as a valuable theme that could explain my data for analysis purposes.

Background of the Researcher

Looking to my past, it is not hard to see how my interest in the sandwich generation caregiving topic arose. At a young age I was made aware of life's fragility as I witnessed my parents care for their elders, while taking care of four children. Now as a parent myself, I am in the midst of caregiving responsibilities for my own chronically ill parents while having three young children at home. My research questions about how familial meanings foster strength to cope through difficult times has value for me personally and in a future career that will begin a new chapter after completing my doctorate.

My professional and educational focus before enrolling in University of San Francisco's doctoral program had most always been on training and organizational learning. Although corporate banking, advertising and other for-profit settings paid the

highest salaries, it was not until I had a job at a hospice that I found unexpected career fulfillment in working with patients and their families. This job was difficult, yet was deeply moving and helped me to shift my career direction toward meaningful studies and work. Once when I was seeking a hospice volunteer training topic, I happened upon a book about creating ethical wills that explained how to write about one's own ethics.

Since that time of volunteer training for hospice, I have been able to create workshops for college-aged students and elders about ethics. In some instances with elders who wish to see a reference, I use elements from a book on this topic titled, *The Ethical Will Writing Guide Workbook: Preserving Your Legacy of Values for Your Family and Community*, by Barry Baines (2001). Yet with students and young adults who are in my workshops on ethics, I find the exercise of revisiting their past, present and future, consistent with what my research participants did in this study, is a valuable way to find out which ethics have lasting meaning to these maturing adults looking for an ethical touchstone.

Having a career in the realm of research, non-profit work, or higher education after graduate school is my goal. My doctoral degree training focused in Leadership Studies has given me the skills and confidence to combine my scholarly interests, with my passion for caring for others. I hope that I may bring new ideas to the workplace, poised to help with policy, educational training, professional development workshops or organizational improvements designed to help persons and causes with ethical intentions.

Summary

The research methods outlined in this Chapter provide background as to how this sandwich generation caregiver study was carried out so as to focus upon ethics passed

through the generations. The critical hermeneutic categories of mimesis, ethical aim and recognition offer a lens through which participant conversations are viewed and understood. The conversations are presented thematically in Chapter Four: Data Presentation and analyzed using theory in Chapter Five: Data Analysis. The following chapters showing data, its analysis and implications set the stage for understanding the self as the recognized caregiver, alongside and the mutuality of others within the family, community and society.

CHAPTER FOUR: DATA PRESENTATION

Introduction

The research conversations among the twelve dual-generation caregiving participants revealed similar themes arising from the guiding questions posed. Data from these conversations frame this Chapter's structure and prepare the study for Chapter Five: Data Analysis. The first thematic area, Notions of Care Within a Family Across Generations, explores different interpretations of care and the mimetic shifts in perspective that may happen over time. The second theme is that of ethical aim, or the way a caregiver sees and moves toward the "good" life in home and work life. The sections of Teaching Ethics at Home with Children and Working and Caring for Others speak to ethical aim. The third area of recognition deals with the notion of self and mutual recognition and is discussed at length in Recognition and the Caregiver's Role.

This Chapter shows how the lives of very different participants, who vary in age, ethnic background, marital and economic status, are similar in that they struggle with upholding sandwich generation caregiving responsibilities and maintaining their own lives. In addition to challenges from care to an elder or children, pressures abound from such areas as cultural expectations necessitating living arrangements, or even demanding work hours at a job. Solace is often found in faith, or expressions of love during care.

Participants in this study were overwhelmed with responsibilities for themselves and others. In my research journal I noted that the participants were startlingly similar in one respect – most were frantically busy and unable to pause – hence reflection about their lives was a welcome respite from reality, and therefore, warmly embraced. As each of the research conversations began, often the tension held in shoulders would begin to ease as stories unfolded. In these conversations, there was an ontological focus making

the being of the caregiver central. Those cared for, either elders or children, were important characters in the story, but remained in the periphery.

In this Chapter the caregivers' experiences about managing competing priorities while trying to uphold the kind of life they envisioned for their families, often resulted in emotional and physical strain. In spite of difficulties, each story contains revelations that their role has worth, even if they have not seen it before. In addition, in the data reveals a sense of hope in that the caregiving experience is passing on something ethical, that is seemingly intangible, but highly important to the identity of their families.

Notions of Care Within a Family Across Generations

Most participants had strong family relationships leading into this time of intergenerational care, although there were narratives reflecting personality differences and histories of decades-old family disagreements. What comes through in every conversation is an underlying idea that helping family members is the right thing to do. The experiences of this study's participants offers a lens into ethical meanings during sandwich generation caregiving, whether or not family relations were warm or tense. In Mike Jenkins's family, the experience of caring for an elder made the family draw closer during a time in which an elder and grandchild were cared for in the same home.

Mike's mother-in law moved in with her daughter for financial reasons some years ago. As a contractor by trade in California, Mike designed and built the living quarters for his wife's mother and was committed to making the living arrangement work. However, we was concerned at first about whether there would be tension. Mike explains that his mother-in-law "didn't like me and made sure I understood that in no uncertain terms. But...as it turns out she was here a couple years, we actually got along

pretty well.” Over time, Mike and his wife noticed his mother-in-law having odd symptoms, and soon learned she was suffering from a chronic illness. The disease progression altered her cognitive functions and greatly increased her need for care. Hence the difficult experiences of the past became a memory and the relationship in the present improved. This experience offers an illustration about over time, relationships can shift, just as the memories of the past may shift when recalled at different points in time.

Before Mike’s immersion into elder care with his mother-in-law, he had little exposure to aging grandparents as a child. Mike explains that he saw his grandmother only after she had become frail. Given that he was young at the time of seeing his grandmother in person, he explains he was afraid because “she was laying on the floor...I reached down and I picked her up...It kind of scared me. She looked very, very old.” Mike’s lack of experiences around the elderly until he was an adult, made seeing and helping an elder felt foreign to him. Yet as time passed into his adulthood and his present-day experiences of caregiving, his ideas shifted. Mike said this story from childhood stands out so much to him because it contrasts so much with his older self, who is now helping his wife with her mother’s care. Like Mike, other sandwich generation participants saw how their view of care changed over time, with ideas about care from the past different than their notions of care in the present.

Unlike Mike, Sheri and Kate had grandparents who were ever-present in their lives as youth. When these women were asked about how they remembered elder care in their youth, there was often a nostalgic ease about aging elders living in a multi-generational family setting. Sheri Weichers is a sandwich generation caregiver in a four generation family. She takes care of her mother, while watching her grandchildren on

school days when her daughter works as a teacher in Colorado. Although Sheri had worked in her past, she relishes the role of being an active grandmother. She remembers her own grandmother as a peaceful resident of her home during her youth. Sheri describes having seen her grandmother in her home being able to relax, sit and “know she was getting her needs met.” Sheri’s recollection of the past may not reflect so much tranquility, but also the idea that sitting and doing little besides relaxing was the way in which her parents allowed her grandmother to age gracefully at home. Times like this bring forth a sense of connection among generations.

Another participant Kate Kosakowski is a busy working mother of three in Colorado. Much like Sheri, she remembers her own grandmother fondly. Kate has taken care of three different family elders and also a neighbor who asked for Kate’s help with her request to “die at home.” At the present time, she also acts as a legal guardian for an elderly special needs adult in her community. Family represents to Kate those whom you love, whether or not they are blood related.

Kate’s conversation was replete with anecdotes recounting experiences with family members, some happy and other sad. She states, “I spent a lot of time with my grandparents and from conversations, we just learned about [our family] stories.” One especially hard time for her parents was when an aunt with dementia needed their care. As she tells the story of how her family elders coped in times of struggle, she explains how the adherence to Catholic tenets, and a strong sense of faith was a characteristic of her forbears. When Kate begins to see how her own life fits into this longer chain of family members, she reaffirms that this sense of spiritual strength is her claim, too, even if her interpretation of religion has changed from that of her parents.

Religious and Cultural Understandings of Care

Some participants came to caregiving with ideas they had formed on their own, without family influences, or these ideas may have originated from their cultures, faiths or backgrounds. Participants Paula Allen, Eileen Geier, and Jennifer Hodge mentioned how the idea of care was deeply rooted in their religious faith. Other participants, Prajesh Desai, and Carrie Castillo mentioned cultural norms influencing their decisions about care. Although each of these participants comes from different religious or cultural traditions, there is within all conversations evidence of a common belief that caring for others is part of the way one expresses love.

Paula is a faith-filled woman who was raised Mormon in Idaho, but now lives in California and now practices a non-Mormon, Christian faith. She balances multiple tasks with seeming ease, and carries more responsibilities than any other participants. She has four biological children and two stepchildren and two sets of elders needing care. Yet she embraces family caregiving, despite it being hard; she feels this is rooted in her faith and her family's long held beliefs about helping others who are family or outside of her family. Paula explains that "you take care of the people you love." In Paula's view, the love in the family, and the religious understanding of care, inherently means an obligation to care for each other, especially in a family of many generations.

Eileen, a single-mother from Maryland, who is an accomplished career woman of the Jewish faith, explains how life's passages are typically celebrated among Jews of many generations: "Once upon a time it was most prevalent in the Jewish heritage, celebrations were with three, sometimes four generations – Passover/Seders, Bat/Bar Mitzvahs, weddings, etcetera." The intergenerational aspects of Judaism are important to

Eileen's identity as a caregiver. Participants of other faiths, such as Jennifer, who is Catholic, also identified a religious underpinning to care for others.

Jennifer's family resides in Colorado where she works and, with her husband, is raising two teens while caring for two elders. In her conversation, she speaks to the notion of religion as a personal inspiration for showing the love of others through care. Jennifer discusses how love is the root of her own motivation to help others, and is part of her Catholic religion. She sees caring for others as a "...Teaching tool – both for what I need to learn from it and hopefully what I'm teaching my children from it." Jennifer's words indicate she is learning from the experience of care, while she is also showing her sons how to care. Just as religion offers a way to interpret meaning from family care, so also does culture.

Prajesh is a married dentist who grew up in India who received his education in California and started a family and business here. He recognizes that his children are farther removed from Indian traditions because of living in America, but feels strongly that they should see taking care of elders as "a normal way of life." The cultural expectations implied from India where Prajesh came from are also similar to the Filipino culture, the homeland of Carrie.

For the participant, Carrie, a woman of South Pacific Islander origin, religion and culture are weaved into ideas of care. Carrie immigrated to the state of California from the Philippines as a teen. She describes coming from a religious family in which care is performed in home without question. She explains that, "Your parents took a care of you when you were young and in turn you take care of them." For Carrie, the Filipino culture created a norm that Carrie sees as an expectation she will follow today, even though she

lives in an American city. For some participants, culture and religion did not always create any expectations about care, and some sandwich generation caregivers felt the freedom to create new understandings on their own.

Marcella Cahill is the daughter of a British woman who was an orphan raised in a Catholic convent after World War II, yet married and moved to California with her husband. In Marcella's early adult years, there were no elders to care for while she was growing up and she lacked the model of elder care. Despite having grown up in a convent, her mother was open to many ideas including what religious choice her daughters would one day choose. Marcella's mother's upbringing in an orphanage without elders nearby meant there were no clear familial norms about care required to follow, like Prajesh and Carrie felt obligated to do because of their ethnic heritages.

When Marcella's mother declined, she and her sisters came to their own understanding about how to best care for their mother at the end of life. Without the constraints of family precedents and cultural expectations, Marcella and her sisters made up their minds to keep her mother living in a sister's home. Care is shared among three sisters, and the sisters' children, all of whom rotate duties and support one another. Whether ideas about care involve following ideas of a religion, or keeping in line with a cultural understanding, interpretations of how a family's elder care is enacted may vary based upon the decisions of the adult child acting upon the care decisions.

Crossroads of the Past with the Present

As these sandwich generation caregiving participants grew into adults and had their own families, they often saw the role of care differently. Mike explains about his teen years seeing his frail grandmother after years of separation as being scary, "I was

very tentative, she was old and sick and I didn't understand it." Then time passes from Mike's youth to being a grandfather himself and he comes to see the role of care in a family as related to connection and comfort. Mike describes his multi-generational household this way: "We, collectively, are better for my niece and my granddaughter having gone through that experience [of living with their grandmother]... I didn't have that experience, didn't have that connection. And that is kind of sad. Now it's the comfort." Even though Mike's mother-in-law moved to a higher care setting outside of their home and his granddaughter grew up and moved out, connection still acts as the tie that binds Mike's family members to one another.

In contrast to Mike's experience finding comfort in multi-generational care, Carrie recalled uncomfortable experiences when her grandmother lived with her family during her teen years. Carrie explains that, "it was not always hunky dory." Now that her own elders and in-laws are aging, she has realistic ideas about relatives moving in with her husband and kids in the future, adding that it, "may be very challenging one day." Dual generation care in a family may be hard, yet are compounded when living arrangements are shared. The tasks of family care may be further exacerbated when an elder faces a terminal diagnosis and a multigenerational family must respond rapidly to an elder's needs while caring for children. This was the case for Lisa Low.

During one fateful summer, death and birth intersected when Lisa's father died and only weeks later her second child was born. Lisa is an Emergency Room physician and sandwich generation caregiver in California who witnessed her father's end-of-life experience at a time when she was pregnant with her second child. Before we met in person to have a conversation, she wrote me a letter since to put her thoughts to words. In

it, she said, “I think people feel that I have a lot on my plate caring for my three-year-old, working, being six months pregnant and caring for a dying father.” We later met only weeks after her father’s passing at which time she offered a thanks for her father’s care given to her. She stated, “I am grateful for all he has given me,” and as she looks to the future, she concluded her thought with “I, we, will be ok.” The past and the future seem linked through her words, because care given from her father to Lisa in the past has now paved the way for Lisa to, in turn, care for her children. Lisa told me this story with a hopeful and calm way, likely attributable to her detachment skills from years of clinical work.

Lisa is an experienced doctor and thus had an ability to handle the changes of father’s chronic illness, which quickly transitioned into hospice care. During this time of elder care she worked and endured a difficult pregnancy. In her role as a caregiver, she was able to be assertive about the care for herself as an expectant mother, while overseeing her father’s care in coordination with doctors and paid home health services. Like Lisa and other participants’ stories show, advocating for others is a vital element of the sandwich generation caregiver’s role, and ensures that elders’ dignity and capability is upheld.

Caregiver as Advocate for Elders and Children

Caring for elders and children requires looking out for the best interests of the whole family. With elders who are experiencing ailments related to physical or mental decline, there may be a need to ensure elders have the best quality of life they can, in spite of limitations. With youth, there is inherent in parenting a teaching and modeling of ethical behavior as part of childrearing. Paula knows this first hand from her mother’s

and father's long-distance elder care, care for two in-laws with disabilities living in her home, and from her role as a mother of a child with complex medical needs. All of these peoples' complicated medical experiences taught Paula to question the authority of medical decisions and to advocate for different advice and care plans. Paula explains that "Doctors and nurses don't know everything. I think people get it locked into their heads that they have to obey any doctor that exhibits authority....Be your own advocate." This type of role of advocating for an elder meant questioning physicians who were guiding decisions of care. By forcefully challenging medical assumptions or requesting different treatments that were offered, Paula made what she saw as important decisions to improve her family members' patient care experience and ultimate recoveries.

Ethics to Guide Elder Advocacy

Two participants, Mario and Mike, discussed dealing with caregiving situations that were uncomfortable yet by using their own ethics as a way to guide them, they felt their decisions about care were right. Mario DeAnda is a Mexican American who lives in San Francisco with his partner and his niece, for whom he is a legal guardian. In the research conversation with Mario, he relates to the ethical area of honesty when he recounts his own experience in dealing with his mother's move. As Mario described the difficulty in moving his mother from Texas to San Francisco so as to have her live near him, he revealed he was conflicted emotionally. Yet Mario's choice of words also indicate that he knows his actions are right and must stand by that. Mario states, "...You handle her affairs in a very honest way, again with the integrity and honesty, and you know you can stand on that, you're doing the right thing." Mario found comfort in knowing that he used honest explanations to compel his mother to move, and thus

showed her how her new home in the Bay Area was more safe than living alone in Texas.

Mike recounted a similarly difficult experience in which he and his wife were trying to explain why his mother-in-law's room had child-proofing paraphernalia as a safety measure in her room. He explains, "We put up a gate in the hallway...and then had to explain to her when she had those moments when she was wondering, 'Why am I here, why is this gate here?' [My wife] allowed her mom to participate [in the conversation] from the beginning." Mike's experience showed that when the intentions of care were rooted in something the caregiver felt was ethically sound (like honesty), hard decisions seemed easier to make.

In contrast to Mike's and Mario's experiences, not all sandwich generation households had elders requiring on-going care. These caregivers had elders whose needs were intermittent. For caregiving parents without elders needing their constant attention, ethics still played a role in their day-to-day lives in the actions toward their children. In their role as parents they were teaching an ethical understanding to the next generation, their children.

Teaching Ethics at Home with Children

For caregivers able to focus upon raising children, without urgent care needs for elders, teaching their children ethical behaviors that align with their notion of a "good" life was an underlying part of being a parent. Carrie emphasizes repeatedly how by purposefully instilling ideas about respect (both self-respect and respect for others), she is passing on an important ethic.

[My kids] are still so young and will still learn these things as they grow older. But the main thing is to respect people's ideas, to respect people's background, as they should expect – as they should expect that from people toward themselves...Little by little you pass that on as they grow older.

Carrie explains how these elements of self-respect are applicable to her as well and she can model ethical behaviors toward her kids with intentionality. “I do what I say, and say what I do. And I think integrity is important to us – to me and my husband. We would like to pass that onto the kids.” If time allows, the parent who cares for elder and children can make time to point out how key values, new ones, or those continued from the past. According to Carrie, teaching the right ethics to children is an exposure that can be pointed out with explicit and concrete examples, something that Crystal Ashe finds useful in her parenting as well.

Crystal is a New York mother of three who works and cares for elders. She mentioned she was also very intentional about the way she raises her three kids. Crystal descends from a lineage of African Americans, Native Americans, as well as nationalities of European origin; her husband’s lineage is Scandinavian. Crystal finds that teaching her children about their backgrounds as well as certain lessons of history that relate to their heritage, provides a powerful way for them to learn and feel proud. Crystal explains that “through memorable, unharmful examples, the point is really brought home.” Not only do her children learn about lessons in different times – including struggles showing endurance or major accomplishments of distinct groups of people in history – but this teaching might also allow her children to swell with pride at the idea of their genetic inheritance linked to those same people discussed in a historical context.

Crystal mentioned in our conversation how she has made a point to read her children age-appropriate stories with ethical lessons and to watch with them meaningful educational television programs. For example, she said she discussed Anne Frank’s story, as well as documentaries on Native and African Americans, all the while sharing and

asking her children questions about their feelings about that moment in history, and how those examples relate now. She feels these stories from the past provide powerful examples, and she hopes her children take the lessons and adapt them to their own lives. Crystal explains, “I’m hoping that they kind of ‘get it’ in terms of values and what’s important...I try to instill in my children how important where you come from and to know where your roots are.” Crystal shows how knowing about culture and heritage also acts as way to teach ethics in the home.

Both Crystal and Carrie have elder care commitments that are intermittent and thus allow for more time to inculcate ethical lessons explicitly. Crystal feels balancing in caring for others would be made easier if the right "work-friendly" job became a reality. Carrie is seeking work that allows for the same work/life balance Crystal longs to find. According to Crystal, the ideal is to find “a great family-friendly job...[where one] works the majority of time from home.” Although this ideal isn’t a reality yet for Crystal or Carrie who is seeking a job where employment is during school hours now, the challenge persists to earn income and help family in the right amounts.

Working While Caring for Others

Working and caring for an elder was accomplished differently by five different participants who were breadwinners. Jennifer holds what Carrie and Crystal might deem to be a “family-friendly” job with the ability to work from home. Jennifer states, “I’m fortunate in the job I have...I don’t have an office to go to – I’m the only one in the state so no one looks over my shoulder to see what I’m doing.....so if I take two hours off in the afternoon to take my dad to an appointment, I can do that.” The other participants who worked often had workplace settings in which they were required to go to work in

order to perform their jobs.

For Prajesh, Marcella, and Mike, each had to be at a distinct place of work and did not have work-from-home jobs. Unlike others, Prajesh is self-employed, and in his role as a dentist, he has more flexibility of hours than others did. For this reason, Prajesh mentioned he was able to visit his father in the hospital and skilled nursing home, while meeting his own family commitments and working on the job less than he typically did. As an employer, he was in a position to make his own hours to help with dual-generation care.

For Marcella, elder care was shared among three sisters who have children of different ages. Each holds a traditional job, and yet with careful balance, they rotate the shared care for their mother. Luckily the third generation in Marcella's family has teens and older children, thus the grandchildren are part of the care plan in meeting the needs of the eldest grandmother.

For Mike and his wife who both worked, meeting his mother-in-law's care needs involved a complex variety of in-home and external services. During one time in her care, adult day care services were found near Mike's work, and at night, he and his wife took care of his mother-in-law's needs. Later on, his mother-in-law declined and needed full time care external to the home, in a board and care facility. Regardless of the location of services, whether in home or outside of the home, at different phases of care, Mike and others like him describe how there is a constant struggle to manage the right balance of work and care that one feels good about.

Prajesh seemed to know well about this pressure to work and to meet the difficult needs of his father who was in intensive care and then skilled care settings in a short

period of time. Prajesh describes the inner conflict this way:

[There is a] battle between ...should I just ignore the fact that he is in skilled care environment...or should I be spending more time at work? But I thought then work is something that can always be changed around or work is always there. I am still young and can continue working the rest of my life.

Making time for one-on-one visits with his father was important. Prajesh showed he made hard decisions to spend quality time with his father, rather than work, even if it meant he had to be away from his employment setting.

Marcella is another participant who worked while caring for her mother. She, unlike Prajesh, benefitted from having siblings nearby, all of whom worked while caring for their mother jointly. Their care situation was divided among three adult daughters who managed to effectively meet her mother's needs and earn a living. Marcella states, "[One] sister works three days a week...[and the other sister] and I are working...." She tells me at length how hard this balance is and she is unsure if it can continue. But states, "We did just find adult day care...as a back up plan." Programs like adult day care make balancing work and care more manageable when an elder can't at home alone.

Mike and his wife were successful in finding adult day care services for his mother-in-law when she could not be alone at home. However, this search for the "right" place, that would fit within daytime working hours, proved to be a difficult. The difficulty was not in finding adult day care programs, but rather finding a program that fit with Mike and his wife's work hours. Mike explains:

[When we sought out Adult Day Care] we would say, "Okay when do you open – 6 or 7a.m.?" And they'd say, "No, we open at 10." Oh – and what about closing [and they would respond] "Well you can pick her up by 4pm," and all of the sudden it's becoming a challenge [with our work schedules. As time passes in the search, a program is found]. "It's a Godsend!...a non-profit organization, we don't even live in [that] county...[and we got] a stipend to get her there...only a mile or 2 miles from my job...I can drop her off at 7a.m. and can get her at 6pm.

Mike and his wife found an adult day program after extensive research, but realize from their leading a support group that not all caregivers have the time to commit to looking for such programs. Furthermore, not all counties without programs offer reduced priced programs with hours that meet those of a working professional. The efforts a caregiver undertakes to find the right programs for an elder take time and energy that they might be able to use in other ways, such as quality time spent with their own children. When one is so busy meeting others' needs, there is often little time to recognize and appreciate one's own efforts.

Recognition of the Caregiver's Role

In the conversations with Mario and Kate, it appeared that these participants found a renewed respect for themselves and what they were doing as caregivers. Mario explains, "I haven't had time to stop and really think about it but I realize [during this conversation] that I've learned a lot about myself...[and recognized] I was taking care of family and I was taking care of me and I was giving back." It seems that Mario failed to take the time to reflect upon the actions of care he undertook on behalf of his mother and niece. When he distances himself by means of recollecting the past and adding insights he learns now, he gives credence to the notion of self-care.

As Mario recounted stories of his various family responsibilities, he paused to discuss at length his parental role for his niece for whom he is legal guardian. In the conversation, he recognizes that his role is to inspire his niece, yet also to provide limits. He explains, "I tell [my niece] that I want her to grow up to be an exceptional woman and have a great job and go to school... I'll provide [her] with all the resources to get there, but that's up to [her]." Mario hopes that his words instill his confidence in his niece that

she will have a good future ahead of her, but he also knows that parental lessons given now may not take root until later when she is an adult. Mario's example as a parent is as important a teaching lesson as the words he imparts.

Kate found that modeling care for her own family members may have taught her own kids about caring for others. Kate explains, "I think they [my kids] saw that's just what you do. I'm sure we had to have conversations about what was happening...[but] there was a true understanding and empathy from my daughters." Kate's youngest daughter, a teen, plays on sports leagues with special needs kids and her older sisters have undertaken careers fostering an understanding of nature or helping others (one daughter works at a national park, and another had worked for a civil youth corps).

Kate feels that the actions of care her older children saw growing up translated to their interpretations of care they now take into their career experiences outside of the home. When asked about ethics and how it relates to society, Kate answers in a way that reflects how she sees helping others is a priority, for not only her children but implies others should see this as important, too.

Sharon: So they [your kids] kind of understand what we are discussing as the "ethical aim" as something bigger than the self and helping society?

Kate: All of it was modeled by my husband and I...so much of what we do has carried over. They [my kids] have what I believe to be a global-religious understanding of ethics and priorities. And it doesn't have to do with religion...I think it's our daily lives or role modeling. And they have...a global understanding and caretaking in family and society...I think it's from some of the seeds we planted when they were children.

Kate shows she interprets important ethics differently than that of the dogmatic religion she learned as a child.

For Kate, religious interpretations are, in her mind, broader and have further reaching implications than one specific religion may offer. Mario was more vague about

religion and its importance in his life, stating only how the structure of church on Sunday was no longer a part of his life. He states that for his Mexican, Catholic family “religion had sort of a role in our lives growing up... We used to go to church on Sundays.” Yet once he became an adult, he found that practicing religion as his parents did was not important for him. Mario indicated that, “I’ve actually deviated from religion in last 12 years.” To Kate and Mario, having the choice to make decisions about religion and spiritual beliefs was for them to make, and not something they would carry on simply because the cultural or parental expectations.

The Next Generation and Transfer of Family Care Ideas

When asked about the future, three participants, Mike, Prajesh and Carrie, referred to their hopes for the next generation. Mike explains how his niece likely will not shy away from caregiving in the future because of the exposure she saw with her great-grandmother in Mike’s home: “I don’t think my granddaughter (who is sixteen now) would be...stunned to the point of paralysis by an old person, where I *was*.” Seeing the care of a dependent elder in a family setting, even if the care appears clinical, may make this type of care less daunting. Perhaps it becomes interpreted as an extension of the way members normally care for each other. For Mike and his wife, ideas about family care are free from specific expectations of an inherited culture, which is the case for both Prajesh and Carrie.

Prajesh’s narrative highlights the idea of care for one another in a family and brings to light the notion of reciprocity of care. Prajesh states, “If my parents can do that for me, I think it’s one thing that I should do as well [for them later in life].” These words reflect an expectation common in the Indian culture which implies the duty of family

care. Prajesh embraces this care, however, not because it is what is required culturally, yet for his desire to do what he feels is best and right.

Carrie has cultural constraints within her Filipino culture that influence her ethics about family care. Carrie explains, “I think traditional [Filipino] people...care for [family] on their own or seek help from extended family members. So that is kind of how the family unit helps out.” Carrie expects that her role as a daughter of a family with these traditional values will mean one day she may be called to help with in-home care of her parents. She explains, “That is the culture and [it] will probably end up happening personally. It won’t always be comfortable.” Carrie’s answer implies something that was clear in most participants’ responses –that the act of helping was hard, and not something they would necessarily volunteer to do otherwise. Often the role of caregiver does involve what Carrie calls, “uncomfortable” personal sacrifice. I sensed participants felt awkward revealing their real feelings on this matter as they did not want to appear ungrateful for the sacrifices their parents gave before them. Regardless of their personal feelings about being a caregiver, participants’ narratives show they undertook this role with humility and determination, in spite of the frequent difficulty.

Identifying as a Caregiver

Asking caregivers to explain their role, in terms of tasks performed, seems to come more easily than asking them what it is like to identify as a caregiver themselves. Eileen did not feel the very term “caregiver” applied to her; rather she felt it reserved for those who are paid to care for others. I probed further and asked Eileen about how she feels about recognition for caregivers. In the following exchange, one comes to see

the dichotomy from a lack of association as a caregiver versus one who is hired to care:

Eileen: We don't treat [the caregiving] profession as – with what it deserves.

Sharon: What about a family caregiver who isn't in the *profession* of doing it? But maybe does it out of family obligation or lack of finances for care [thus a paid caregiver can't be hired]...

Eileen: Right, I didn't see myself as a caregiver, did I? ...That's very telling for you.

The flash of insight Eileen had about seeing herself as a caregiver, in spite of not being paid, is indicative of how hard it was for caregivers to self-identify using the right terms.

It was clear that there were mixed emotions about caregiving in general, and this caused difficulty when selecting the right words to describe *themselves* in the straining role of caregivers for their two generations of family. For Mike, the term “saint” came up at support meetings, but yet it was not a descriptor he would use for himself or his wife. Kate, too, found difficulty with the way her own children described her. She explains, “My daughters tell me I'm an angel and they watch this [caregiving] and they know I'm going to heaven and they are proud of me, but I struggle with the idea that I am not a hero.” Terms like “saint”, “angel” and “hero” seemed too lofty of terms for what caregivers saw as banal tasks of caring for one's own relatives, even if the enormity of those tasks was in fact admirable. Kate offers, “I volunteered for this – this wasn't something that was thrown at me so I don't want to be held on a pedestal in that sense.” Kate's words show she finds herself in conflict with the way others see her, but lacks the right way to describe herself using self-recognition. Kate, like all other participants, are hardworking caregivers making family decisions as a matter of course and need, yet many participants were unable in conversation to describe themselves using words that showed they recognized themselves and the efforts they put forth. Perhaps this was indicative of a lack of recognition.

Mike had a similar observation about how people view caregivers laudably. Although Mike used realistic terms to describe how he and his wife care for his mother and granddaughter, he seemed to feel recognized. Yet he cautions, “Believe there is nothing saintly, nothing heroic [about my family’s caregiving]...it is nothing compared to people that are saddled with it who get no recognition.” Caregivers who are overwhelmed and consumed with managing their life may not come to properly recognize their role, and will likely lack external recognition as well. Without seeking support, isolation sets in. Recognition, even in the form of being thanked by family members who cannot or will not help, is one form recognition may take.

Eileen found support was lacking in her role as a caregiver, perhaps because she had members nearby who did not share the care. Yet when they thanked her for the help, she felt the sense of support grow. She explains that it was “only when the [other relatives in the family who saw me caregiving] started to say to me, ‘thank you’ or ‘you’re doing a great job’ did I start to feel support. I have felt very alone.” Feeling alone, as Eileen experienced, is only part of the toll caregiving may take emotionally when one is not recognized personally or by others.

In addition to emotional consequences of caregiving, physical health decline was another prevalent way that caregiving took its toll. For Jennifer who was in the midst of meeting multiple family members’ needs, she avoided or overlooked her own health’s warning signs. Jennifer lacked self-awareness as she balanced an overly full number of responsibilities. She finally met with a doctor about symptoms of ill health and received a medical diagnosis that reflected not only her physical exhaustion, but her repressed,

internalized worry. She explains:

After about 18 months of this [caregiving], I had the largest ulcer that my doctor had ever seen in his 45 years. Because at this time I was in school full time, working full time, taking care of aunt full time and of course my own family. There weren't five of me to go around. And when there were five entities needing you at one time...you not only burn the candle at both ends you also burn a whole in stomach too.

Jennifer's experience shows how self-neglect may occur when one lacks the time to care for their own needs and places others' ahead of their own. Fortunately Jennifer's condition later improved as she made the time to meet her own needs and learned from the experience.

Like Jennifer, many of society's caregivers may remain unaware of the toll that caregiving may exact on their being. If caregivers are without others to prompt them to improve their health, they may remain unseen and their care is at risk for decline with the undue stress of dual generation care continuing. In an article about 'Invisible' caregivers (O'Hara 2001) a geriatric doctor named Cheryl Woodson states, "I see people giving excellent care but at great cost to themselves physically. They are trying to do what it takes three shifts of maybe three people to do in a nursing home." Woodson's example illustrates in how enormous the role of care may be for caregivers. Some care tasks are like those routinely performed by paid staff at a nursing home setting, including lifting heavy elders, making specific meals for an elder's strict dietary requirements, or even helping with bathroom visits.

Of all of the participants in this study, Paula has the most experience with caring for those with physical and mental challenges in her family. Her care spans home, long distance help in family members' homes, and helping when needed in medical settings when there is a hospitalization. Paula recounted particularly hard times when her health

began to fail without her knowing. It began when her father's decline progressed to death, her mother suffered a car accident and later experienced chronic illness, her mother-in-law and brother-in-law with disabilities came to live with her, and her young teen daughter faced a diagnosis with life-long health implications. Finally her health suffered to where it could no longer be ignored. Paula explains,

Shortly after [my daughter's stressful health diagnosis] I was at work and basically collapsed, I was taken to the closest ER...I went back to work three days later and was driving home and felt the same pain coming back. My husband took me to a different ER where I was admitted for two days. I went home and went to bed, woke up the next morning and was hit with the most severe of the headache pain so far. We ended up back in the hospital, this time admitted and kept medicated via IV for six days.

Paula's experience with self-neglect led to suffering herself, and not being able to care for her children or her elders. She has since taken a bigger role in preventing illness and maintaining good boundaries so as to avoid being consumed by caregiving.

Crystal was another participant who came to know the hospital setting well during a specific point in time. At a time when she was still hospitalized after giving birth, she learned both her parents were hospitalized too, causing her emotional strain at an important time of needing to be present for her new baby and two other children. She explains, "You are just nodding in your bed saying "Yes, Yes, Yes" and then going over to the other [parent's] hospital room..." Fortunately her parents' both improved, although one parent remains subject to health declines with his chronic condition. As Crystal tells this story of extreme stress, she looks back and can see her family's ability to endure, and how worthy this is of recognition.

Physical strain is not the only toll on caregivers; self-doubt and emotional struggles were apparent in all conversations. Eileen experienced emotional strain from helping an elder at a critical time when she had young kids. She reveals conflicting

emotions, along side of exhaustion when she explains that “it was just such a painful experience and I was so by myself and I don’t know if I did a good job.” The difficulties of caregiving to two generations are taxing both emotionally and physically, yet these are facets of caregiving that seemed unavoidable to the participants, even when families were able to pay for services, or external caregivers.

One would think those who make more income might fare better than those who are caregiving with less income. However, according to O’Hara (2001), finances are not always enough to make a care situation better. In this article, Dr. Cheryl Woodson, a geriatric physician in Chicago finds that “affluence doesn’t help. Those caregivers are every bit as fried as the ones who don’t have much money.” The physician participant Lisa, who knows well the value of health from her Emergency Room work, knows the value of maintaining one’s health. She explains, “I feel that you can be as rich and famous as possible, but if you don’t have your health, then you have nothing.” Lisa knows the importance of self-care and how one needs to look out for oneself first.

Marcella and her sisters are very sensitive to the toll caregiving takes on health and watch closely to make sure no one is overcome with stress by sharing the role. Marcella explains that, “Caregivers take on so much stress that many times their health diminishes more quickly than the person they are taking care of. So we were wanting to make sure that our sister [with the largest role in her mother’s care] was taken care of also. So once a month she gets a weekend off.” The cooperative aspects of the Cahill sisters’ caregiving seemed to offer what she described as “balance” and reduced strain on each sister. By sharing and looking out for one another, the sisters not only gave one

another respite, but also provided moments of commiseration in which emotions found release.

Much like the Cahill sisters support one another, Mario finds solace in sharing the caregiving with his brother, and being able to express his feelings about caregiving to his partner. He explains, “I definitely need the outlet, I need to be able to express my frustrations when things aren’t going well...in some ways to [my partner], but more so for my brother because he is sharing the responsibility as well.” Whether the sharing among family members is a calm commiseration together or a one-sided venting of emotions, the need to express how one felt about the difficulties of care was important. Simply being heard and understood by another appeared to be of significant help to the caregivers in the conversations, although there were other ways many described they had coped.

Personal Coping

No participant found dual-generation caregiving easy or natural; rather all expressed that these experiences were difficult. Kate, Marcella and Lisa described their coping methods in markedly different terms, but each found that their way of making it through the care seemed to fit with the way of their being as people. Despite differences, these women’s’ coping helped them through the turbulent times of care; later during more peaceful moments, they were able to look back and reflect and learn about their own response in the face of crisis.

For Kate, “denial” was a helpful way of getting through the care of her grandmother, her neighbor, and two other relatives who died after much suffering. However, Kate seems to take things head on. In fact, at the present time, Kate has a

special needs, non-family elder in her care and she describes his deterioration as “a painful psychological journey that is just tragic.” To see Kate’s demeanor as she tells about coping, her version of “denial” is akin to putting one foot in front of the other, as she did for the others in her care in the past.

In terms of coping, Marcella used words that were more hopeful than Kate’s. She states, “I think trying to find humor in this situation helps to cope.” But Marcella admits that giving into the emotions has value as well such as when crying is necessary. She offers that “there’s nothing like a few tears to get through it, too.” The humanity that came forth in the participants as they discussed their fears and sadness was particularly poignant and often gave them pause to find the right words to put meaning into such a distraught time.

Lisa’s conversation took place during a period of bereavement, with sad emotions still fresh and likely unclear. Furthermore Lisa’s professional training as a physician meant she had been trained to detach herself from situations like she found herself in personally. When asked how she coped she began by explaining that her mother had words of advice indicating not to let emotions overcome her. “It was interesting, my mother didn’t want me to ever cry in front of [my dad because she felt]...that’s not going to help him.” Later Lisa decided to find her own way of coping after listening to advice from a family friend, which Lisa paraphrased this way, “We all grieve differently and we all handle things differently.” Finding the best way for a caregiver to cope through a hard time is individual. Using denial, humor, or crying may help a caregiver at one time, and then change at another time. In the support group setting like the one Mike co-led with his wife, humor made the hard discussions easier, and often “broke the ice” at meetings.

Support Groups to Connect with Other Caregivers

The caregiver support group founded by Mike's wife, Karen Jenkins, offered a place to share emotions and experiences. Attending a support group also allowed those attending to break free from the sometimes taxing care of family members. Mike and Karen led the meetings for four years, and had profound, sad and humorous experiences to share, and seem to have maintained their health and well being during this hard time of care.

All participants in this study agreed that attending a support group would be useful, but often were not sure exactly how they could attend, or if the topics discussed would be useful to their situation. In the lengthy excerpt below, Mike, a co-leader of a support group, offers reasons why these groups are necessary, not only for avoiding the isolation of caregivers, but for sharing vital information not gleaned in researching illnesses or even in doctors' visits:

[The caregivers who attended meetings] were completely alone. These people were the wives taking care of their husbands [or adult child caregivers] every day, 24/7 – even the idea of it was overwhelming. . . . I would sit there and look across the table and these seem like very healthy and well adjusted people and they brought a huge amount of information. . . . they have cutting edge research that a lot of doctors won't even acknowledge or recognize. . . . because it's all new. And there are things like medication that if you take the wrong pill you can induce all kinds of harm. So this was important. The support group was important.

Mike's words above reflect his strong belief in the need for support and sharing among caregivers. Sadly eleven of the twelve caregivers in this study could not make time to attend such a support group or felt it would not benefit them, although they all saw these groups as a vital way to help caregivers receive the recognition they deserved. Mike and others felt that sharing among caregivers was a vital way to give and be helped.

Going to a support group appeared to be on the to-do list for Kate. She feels her visit to a support group meeting might also help others because of all of her experiences in navigating the innately complex medical system. Kate explains, “I want to...help other people because I can’t imagine doing this without my knowledge and resources...I’ve just been exposed to enough and so I understand how the system works.” What came forth strongly from most all of the participants was a deep desire to help others in their situations – whether it was making known the benefits of support, discussing advocacy, or dealing with burnout, there was recognition that caregivers were deserving of help.

The Need for Caregiver Recognition

The idea of caregiver recognition came forth as a strong theme in conversations with Carrie, Mike and Sheri. Carrie explains that family caregiving is worthy of recognition, yet society does not give it the proper respect. Carrie explains, “I don’t think the recognition is equal to the type or amount of work that someone puts in.” Crystal, felt similarly about a lack of recognition for caregivers, but also felt hopeful that things are changing when she said, “I don’t think it’s recognized as much as it should be, but I think moving forward, it probably will be because things are changing [due to elders living longer and more people in the caregiving role]...” Ideally caregivers need to be the first to recognize their role, and not be expecting support will come from external sources. Until the plight of overwhelmed family caregivers is more well known in society, this family care may not be considered “work.”

Since Mike had co-led caregiver support group meetings for four years with his wife, he saw a spectrum of caregiving adults who feel either recognized or invisible. He feels the need for more to be done to support caregivers whose burden is sometimes

hidden from view, or the caregiver is not outspoken about gaining help. He states:

there are an awful lot of [caregiving] people out there who are suffering – caregivers who just can't get a break, just can't get head above water and, in turn, the people they are caring for...can even suffer abuse or neglect because maybe the person they are caring for just doesn't have the coping skills or is completely overwhelmed...And how many families don't have a clue? Or are completely overwhelmed, or know about it but just can't cope...and ignore it. I don't know. But I do think there does need to be more education, more public awareness.

Inherent in this excerpt from Mike is that many people in his support group did lack personal recognition about their own situations. Without reaching out for help, coping happens poorly and consequences reach to the person cared for her may suffer neglect, or the caregiver who may experience health problems.

In conversations, recognition for care was often linked to the financial notions of value or worth. Sheri and Carrie felt that having no financial benefit for care might be linked to lack of value care receives in America. Government funding and tax credits are not readily available to help with caregiver burden. Sheri explains, “I guess it goes back to the government as what they will see having value.” Value was often equated to monetary earning – thus no earnings, no worth. Carrie explains,

I think [caregiving] is kind of under-recognized. I think it's such as hard job – care-giving – especially for the elder, whether for children, too...It's not valued as say if you had a big job with nice title, nice pay and wearing suits. It just isn't valued and granted you just don't get paid. You don't get any kind of pay, and you don't get any kind of compensation or any subsidy or help.

It is a familiar notion that the role of helping others in one's own family is vital. Yet the role is often underestimated in terms of personal worth because it is unpaid. Many participants had not examined this idea before our conversation, but inherently knew that the care they provided ensured a sense of safety, and thus was invaluable, and priceless.

Recognition of the Lives of Elders

The descriptions of elders and how they lived their lives in the past was a large component of many participants' narratives. Recognizing the lives of those they cared for as having been well lived, seemed to make the caregiving done in the present valuable and have worth. There was an admiration for elders who had lived long lives with perseverance, even if at the time of caregiving the recipient was physically unwell or mentally feeble.

Paula takes care of two elders in her home, while performing long-distance care of her mother who now has experienced a cognitive decline. She recalls the mother of her youth as an enduring figure. This memory of her mother in her younger years helps Paula now. Paula explains, "I got [strength] before from watching my mom and the person she was." Paula's mother may not have the presence now that she once had, but recognizing her mother's memory provides comfort now and this may act in its own way as a recognition of the life well lived, or perhaps what she would deem, a "good" life.

Summary

The participants in this study explained how their actions and words during care for elders told much about their being as people. Whether the care involved finding services for a physically challenged teen, caring for a demented and fading mother, or upholding the dignity of a dying father, each participant revealed how their ethics as a person came through in their actions, which were modeled in front of children. At times of need, sometimes a caregiver felt recognition simply by knowing they were doing all they could for a family member in their care.

Helping those in need in the family appeared to be a personal expression of a

hope that could be passed on to the next generation. Whether in words or actions, care in its many forms is demonstrable in the homes of participants. These actions formed a kind of legacy that could be seen to be carried on. As Mike anticipates for his niece who witnessed care, she will likely jump to help family if called in the future: “My niece growing up [saw this elder care at her home so]...when it comes time for her – or the situation shows up when she’s married her husband’s mom, dad, brother needs help – there won’t be a hesitation for her... it will be a reflex. It won’t be a question.” Caring for one another in many of these families may be just one facet of their lineage they carry into the next generation of kin.

In the next Chapter, Data Analysis, the participant experiences are analyzed from a theoretical point of view. The first area analyzed relates to mimesis, which explores the memories of the past, present day experiences, and life plans for the future. Within the context of ethical aim, the participants share their thoughts, actions and words which direct their actions toward fulfilling a “good” life in their family. Finally the third notion of recognition is analyzed so as to consider how informal and unpaid care in families is valued. All of these areas, when reviewed using a critical hermeneutic lens, reveal important meanings that are relevant individually and have implications for communities, workplace settings, and institutions helping caregivers and society.

CHAPTER FIVE: DATA ANALYSIS

Introduction

This Chapter examines the research conversations from the sandwich generation caregiving participants and uses three theoretical categories that serve as boundaries for data analysis. The first category is Mimesis and is discussed under the section, Remembering and Acting Across Time. This section examines the memories, actions and hopes of the participants using Ricoeur's mimetic theory relative to past, present and future (Ricoeur 1984). The second category is Ethical Aim and explores the ethical understandings of the participants in terms of self, other and society's institutions, corresponding to Ricoeur's theory of this name (1992). The third section, Recognition, relates to notions of self and mutual recognition referencing *The Course of Recognition* (Ricoeur 2005). This Chapter concludes with a Summary, before moving to Chapter Six, Research Findings and Implications. When the sandwich generation research data is analyzed using Ricoeur's aforementioned theoretical concepts, it uncovers meanings in actions and words that relate to the being of the caregiver.

Mimesis: Remembering and Acting Across Time

When one is asked about care in a family, it often conjures up memories of different moments in time. The critical hermeneutic category of three-fold mimesis is well suited to examine the familial role of memories, present-day actions and future hopes of a sandwich generation caregiver. Ricoeur (1988:183) explains the importance of the familial unit that stretches over time when he explains, "It is always possible to extend recollection through the chain of ancestral memories." Describing one's family across a period of time offers a view of ethics not bound by temporality – the actions of care are continuous, with rising and falling, based upon the needs of family members.

To illustrate the first mimetic area of the past, one need look no further than childhood memories of watching parents as they took care of elders. Ricoeur refers to the Mimesis₁ as the pre-configuration of events. Ricoeur (1984: 59-60) terms this a “pre-narrative...as suggested by our ordinary way of talking about stories that happen to us” without the reflective pause of choosing events and words to give a different view. Participant Mario gave multiple examples of stories as he recalled them happening, then pauses to say, “I haven’t had time to stop and really think about it [caregiving]” as though if asked to tell the same events again, his narrative would change from the memory, to a more thoughtful telling of events with his present-day insights.

An Adult in a Childhood Room: Mimesis₁

When the participants responded to the first question about their childhood memories of caregiving, for some, a flicker would appear in their eyes and it was as though they could see again through their child’s eyes, however, with the passage of time drawing new interpretations of events that color the version of the specific childhood events. Ricoeur (1992:160) explains that, “memory is lost in the hazes of early childhood.” As time passes from youth, old memories may fade, but what does remain forms a continuity with the past. Ricoeur (2004:39) states that memory is “a re-presentation, in the sense of re: turning back, anew.” Recalling their youth from a different vantage point as adults created an ontological shift, and memories seen with new eyes.

All participants in the study were asked to describe the memories from their past, stirring for many what resulted in rich descriptions of their childhood lives. Eileen, a single woman in her fifties, recalls with a nostalgic excitement a simpler time when car

rides and family dinners were memorable: “there were Sunday drives and we would go to dinner.” Another participant had her voice go from calm to giddy when describing visiting her now elderly aunt as a child. Jennifer stated, “I loved getting to see Aunt Joan – getting to go to *Aunt Joanie’s* house. To me, it felt always like a second home.”

Mimesis theory provides a helpful way to see how the participants moved from the present to the past, and the change in understanding as they see how connected they are to relatives who are now frail, but in years prior were strong and inspiring to a child.

Configuring the Present: Mimesis₂

Critical hermeneutic theory explains the way persons narrative telling gives rise to a new understanding. For Mario, a new understanding was clear after he returned to his childhood home in order to sell it so that his mother could live safely near him. In his case, he literally saw his home anew after a long absence. Mario states, “I grew up in El Paso Texas and left when I was 18... [Now] I came back to El Paso after 24 years of being gone.” Mario’s narrative is reminiscent of novel or movie scene in which an adult revisits their childhood room, with new eyes and well-earned wisdom.

Much like Mario’s description of events, other participants allayed events of the past as though they were stories with a plot. After describing their lives as children in homes with recollections of cultural traditions taught, religious worship practiced, or with other meaningful memories, they would shift to another mode rooted in the present day. Ricoeur (1984:54) explains this shift in the narrative telling of events when he says that the creation of a story allows for “...making sense of the past within the context of the present.” In Mario’s narrative, one can see he shifts from Mimesis₁ to Mimesis₂ when he states things as personal reflections and how they changed over time, “I realize that I’ve

learned a lot about myself. And one of the lessons I've taken with me...[was that] I was taking care of me and I was giving back and I came to the realization that I can't do it all...I have my own life.” In conversation Mario shifts from his recollections of himself over twenty years ago, to the present. There is an internal connection between the Mario in the past with allegiance to his parents and their choices, and the man he has become in the present day who must make decisions that affect his well being and those for whom he cares.

Imagining a Future: Mimesis₃

The third element of Mimesis is that of refiguration, or Mimesis₃. It is here that a person who is reviewing their past approaches ideas for different actions in the future. Ricoeur (1984:71) would render this an act of re-reading our experiences as having the “capacity to plot” one’s life like an imagined piece of fiction or poetry. Ricoeur (1988: 159) elaborates on the metaphor of the poetic creation of a life future and its ontological context when he states that he can “ascribe to the poem itself the power of transforming life by means of a kind of short-circuit operating between the ‘seeing-as,’ characteristic...and ‘being-as,’ as its ontological correlate.” To imagine a future differently and then creating the readiness to act upon that future may be important to a caregiver who feels they have little influence in their life’s unfolding due to the number of obligations they have from elders and children.

In light of a sometimes crushing care burdens that affect them physically and emotionally, caregivers with dual-generation responsibilities may benefit from new ways to see themselves. Hooyman (1986:313) states, “Family members struggling with their ambivalence may find it helpful to imagine themselves in the future, looking back on

what they did to assist their relative and...[and how] they felt they acted.” Perhaps by thinking ahead to a proposed way of being, a caregiver may envision themselves attending support group meetings, or delegating help to a paid caregiver, or taking preventative self-care measures. The imaginative license from the third element of Mimesis gives rise to different endings in a story a caregiver may create for themselves, rendering their renewed perspective as more capable than once thought.

The Hermeneutic Circularity of Mimesis

The critical hermeneutic circle of threefold mimesis outlined in *Time and Narrative* (Ricoeur 1984) implies looking at one’s past and then imagining different proposed futures, which may then be refigured into a present-day reality in terms of actions taken. Ricoeur (2005:101) states, “Learning to ‘narrate oneself’ may be the benefit of such critical appropriation.” The act of telling one’s life in the form of a story or narrative allows for an imaginative viewpoint with new endings that may have never been predicted beforehand.

In Eileen’s story, there is a significant change in her perspective as she shifts from past to present and future. In Eileen’s narrative, she is raising two young sons and is also helping her ailing father. Once her father passes on after a sudden death, her perspective shifts. Her words are marked by a focus on acting in the present in a way that reflects her differently understood self in a way that highlights Ricoeur’s “appropriation.” Eileen explains,

For all of the things that happened in my life, I would say that the biggest turning point was when I became an “orphan” when my father died. [Before his death] I was doing things for my mom and raising my kids. That was very, very tough. But when my dad died, I just kind of took time for myself and said, ‘What am I on this planet for and what is my purpose in my life?’...I started to look at things very, very differently.

Eileen's explanation of her looking at her life after her father's death shows an ontological shift in her way of being. She had seen the past in terms of care for others, as a wife, mother and caregiving daughter to her parents. Now she sees a shift toward herself as a focus of the present and a more purposeful future.

Eileen's emphasis upon living with purpose and intention is what many aim for when they speak of living a "good" life. How one carries out what they see as the "good" life is a subject undertaken at length in Ricoeur's (1992:163) *Oneself as Another*, where he discusses how "the narrative function is not without ethical implications." In the sandwich generation caregiver's context, the act of narrating about one's past, current and future hopes for a family life reveal underlying ethics. In the following section, the data analyzed show how caregivers explained their version of ethical aim in their narratives.

The Ethical Aim

By asking the caregivers to answer the guided questions about both parenting and caring for elders, it gave participants an opportunity to show two facets of their lives in narrative. Ricoeur's narrative identity theory is well suited for analysis of a caregiver's being, while conveying the underlying ethical dimensions as well. Ricoeur (1992:166) states, "In narrativizing the aim of the true life, narrative identity gives it the recognizable features of characters loved or respected. Narrative identity makes the two ends of the chain link up with one another: the permanence of character and that of self-constancy." In the stories told by participants, there were elements of individual sameness over time, and also familial consistency. Furthermore participants' stories gave rise to character changes in the form of deeply held intentions and actions that were often in keeping with their own ethical aim, or what they saw as the best way for their family.

As participants explained their family life, they recalled memories of the past, or experiences in the present and their ideas about the future. According to Ricoeur (2005:103), one's life story involves "bringing together life in the form of narrative...and is the keystone of ethics." This follows what Ricoeur (2005:103) describes as making "narrative unity of a life" and fosters different interpretations of one's life that vary based upon the temporality employed such as looking back to the past, staying in the present, or looking forward to the future. Based upon the new story that is told, old actions or events may be seen differently.

One participant, Jennifer Hodge, explained how at one time her caregiving took over her life. After she told her story, she seemed to have had new insights that were instrumental in her taking different actions in the future. Jennifer stated initially, "I take it on all myself. I know – that's my flaw." Then later she states, "I want to use this as a learning experience." By choosing the words "learning experience", she seems to interpret what may now have seen to have been poor choices in her past differently, and she constructs new ways to manage her life that incorporates better self-care in the future.

Self Esteem and the Ethical Aim

Participants' stories about their lives offer clues into their notions of a "good" life. In Jennifer's case, her self-examination led to life changes and show one example of how Ricoeur's theory of Ethical Aim offers a way in which to critique, or learn from, one's prior actions. Ricoeur (1992:180) posits that "being the author of one's own discourse and of one's own acts becomes the conviction of judging well and acting well in a momentary and provisional approximation of living well." In the unfolding of a life story lies key component of Ricoeur's ethical aim, that of self-esteem. Ricoeur (1992:179)

states, “On the ethical plane, self-interpretation becomes self-esteem.” In the narratives of the participants, the ethical nature of the conversation rarely involved the use of the term “ethics,” but rather was referred to as morals, values, or what is “true” or “right” in the caregiver’s interpretation. Although the term “ethics” was often not used, participants understood implicitly that their actions were imbued with ethics without explanation needed.

The participant, Carrie, explains her understanding of her self and her notion of ethics when she states, “You have to be comfortable with yourself and know what you are doing is right.” Carrie hints at a sense of what is right, and with the remainder of her answers, shows how her intentions move in the direction of what she deems to be good for herself, and “hopefully good for everyone.” Carrie’s answers reflect the relatedness of the ethical aim toward the self and how it is a basis for esteem of the other, the next theoretical tenet of ethical aim.

Esteem for Others

Participants had many stories and actions they described in conversation illustrating what they explained was ethical, in terms of actions toward others in the family or outside of the family. This is what Ricoeur (1992:188) terms the “reflexive moment of the aim of the good life” and implies upholding esteem in actions toward one another. This esteem is important in carrying out one’s life hopes. Carrie explains her orientation to help herself and by doing so, helps others: “I guess at this age, my thing is to be able to help others. I have done all the things I wanted to do for myself...there is an aspect of me that always just wants to reach out...I think building those kinds of relationships and helping people out is important to me.” Carrie’s experience of doing the

things she wanted to do for herself reflect self-esteem, when she references “reaching out”, she infers that she offers esteem to others as well.

Finding out what is important and acting on it are part of the striving Ricoeur speaks of when he discusses how to carry out one’s life ethically. Carrie used the term “true” when she described her own actions of finding out what was right for her. Ricoeur (1992:170) explains this type of search for the “right” as a striving toward what one deems to be “an accomplished life.” Simply by giving an explanation of one’s own life calls for one to configure, such as through mimetic reflection, what are meaningful life events that should recur or be changed in the future. In the next section, two participant sandwich generation caregivers, Mario and Lisa, found that reflecting upon ethics in their past was helpful in finding the appropriate course of action when sensitive issues in dealing with parents’ care. Pausing to think about their lives from this perspective helped participants to feel that their ethics led them to the right direction, or aim, for their family.

Part of the ethically aimed life is choosing the right course of action, even if the consequences of the decision for a family member are difficult to accept. Mario faced a decision of having his mother stay in Texas, where she was medically unsafe and unsupervised, or having to move her to California. By relocating near Mario and his brother, Mario tried to convince his mother that she would be in a safe and family oriented setting, and would receive support from family members. Yet his mother saw this move as one in which her desires were thwarted. The decision to have her move was unimaginably difficult for Mario as he took the actions necessary to make the move happen.

Once Mario had time to reflect after the move, he found solace in knowing his

ethics guided his decision. He explained the predicament he faced: “As many times that we have called my mom to tell her that we have to sell the house, that she can’t stay here, she always asks if we can keep the house and if one day she can come back here. I feel bad, but at the end of the day I’m doing the right thing.” Mario then reflected further on his answer and stated, “As long as your intentions are genuine and honest and good, you have that working for you.” Making the decision to move his mother was extremely difficult for Mario, as he knew his mother disagreed. However, he may have seen from a new perspective how he acted in the capacity of a wise family authority figure because of having to decide what was best for the family in this tenuous situation.

Another caregiver, Lisa, faced a similarly daunting situation when her father’s health declined due to cancer. Like Mario, she saw how the sense of parental order reversed. She was taking care of her father who had taken care of her. Lisa described how her father rhetorically asked his daughter, “Who’s the baby now?” as if to show the shift took place when she made the decisions she felt were “right” and “good” as though she were her father’s elder. In these harrowing instances when the health of an elder diminishes, to act ethically may mean that decisions are made by the adult child, and not necessarily the ailing and incapacitated elder.

The need to make the “right” decisions, which are rooted in integrity or the ethical aim, may seem problematic until they are viewed with the benefit of time passed, and wisdom gained. Sometimes a caregiver views their past with new insights and decides to keep or change their life plan. The next subsection, To Stay or Stray: Sedimentation and Innovation, discusses the role of parenting in the same or different ways than one’s elders.

To Stay or Stray: Sedimentation and Innovation

The notion of sedimentation and innovation provides a theoretical way to explain how caregivers stay with ethical ideas from the past or change them. When one carries on a sedimented tradition or idea in a family, or what Ricoeur refers to as a “paradigm,” it means that notion continues in its present form to the next generation. Ricoeur (1984:68) states, “These paradigms have issued from a sedimented history whose genesis has been covered over.” This notion is shown in the example of Mario carrying on the ethics his father taught him: “My father imparted to me about having integrity, having honesty...It was a big part of the way he raised me.” Then Mario shifts from a recollection of his father’s ethical teaching in the past, to a moment in time in the future wherein he teaches the same ethics to his niece. Mario explains, “[Recently] I had to have a conversation with her...[to explain that]...When it comes to developing relationships, whether it be personal relationships, whatever case might be, you’re going to have to be honest with people.” Mario’s discussion about ethics with his niece reflects a sense of what is right that is consistent with what his father taught him, and may or may not be what his niece passes on to her kids.

Caring for elders and children in the way elders had before was an area participants discussed openly. Some felt constraints to the past, others did not. This orientation to stay the same or shift to a different way of care – by either remaining consistent, or by refraining from a family way of care, is best exemplified by Ricoeur’s sedimentation and innovation theory. Ricoeur (1984:208) explains how the narrative telling, or “emplotment” of stories may stay the same or deviate with respect to one’s past: “The emplotment process oscillates between servile conformity with respect to the

narrative tradition and rebellion with respect to any paradigm received from that tradition. Within this continuum lies the entire range of combinations involving sedimentation and invention [also called in reference to this theory, innovation].” Mario’s story of passing on the ethics of honesty and integrity epitomizes the sedimentation theory and alludes to adhering to certain ethics through generations.

Similar to Mario’s, Lisa’s story is one where she strives to follow the guidance of her father. Her description of her youth is replete with stories of her parents and grandparents. Lisa explains, “Those stories influenced me,” and her narrative shows ways in which she believes and lives same shared values of her forebears. Lisa also goes on to recount memorable words from her father that “steered me toward great things.” Even after her father’s death, she invokes him as she tells of his desire for her to keep his presence felt in her life. She interprets this wish and keeps a photo nearby during the birth of her baby so as to “bring him into the room to show him that we were doing the things that he had wanted us to do.” She feels that in her life there is a desire to be “leading our lives in a way that he approved and would like.” Lisa’s desire to follow in her father’s footsteps is like what Ricoeur’s (1984:79) theory might term to be a “received paradigm,” or a sedimented tradition to continue to carry on.

Unlike sedimentation where the traditions tend to follow in the sequence of family, just as they had in the prior generation, innovation offers what Ricoeur sees as an imaginatively new version, or change to the old paradigm. Ricoeur (1984:69) states, “The labor of imagination is not born from nothing It is bound in one way or another to the tradition’s paradigms.” In the instance of a sandwich generation caregiver, it may mean that cultural expectations are changed or not followed closely. It may also mean that strict

religious adherence related to helping others is pursued for reasons other than simply because of a spiritual belief, like doing good is what is necessary to get into heaven.

As elders have children, the younger generation of the family owes no fealty to parents; the rigid following in a parent or grandparent's steps is not a guarantee. As Margaret Mead (1970:6) explains, "it is possible for an individual to fail to be...[different than] the dictates which his grandparents' hands conveyed to him [or her]..." Decisions about parenting the next generation of youth are often the result of evaluating the past and a proposed future and describes what Ricoeur (1984:79) explains as "the interplay...between the received paradigms and the proliferation of divergencies." This is what Ricoeur equates to being the sedimented past, and contrasts it with what could be, or the different and innovative future. The participant Kate provides an illustration of a person who diverged from her parents' past and created a future more in line with her own thinking, rather than carry on a religious understanding which her parents taught her as a youth.

Kate's story is one of a parent unafraid to break with traditions of the past, and find different interpretations of ethics that she passes on to her children. Kate is, in many ways, similar to her parents as a loving and involved parent. Her father is a Catholic Deacon, with a strong religious conviction motivating his ethics and actions. Kate, on the other hand, defines herself not with a religious label like that applied from her religious upbringing, but rather sees for herself a different ethical dimension than her parents. Kate explains, "We don't act kind and do things for others and do unto others...for the sole reason to get to heaven...No, it's because you are part of this world and that's just what we do." Kate later elaborates on her notions of how she lives her life now and how this

influences her parenting, “I don’t participate in organized religion because it is so much bigger than that. I think it’s [our interpretation of actions in] our daily lives...[and involves] a global understanding and caretaking and family and society.” Kate’s quotes reflect an understanding of ethics that lacks a religious reason for the care given to others; rather she has created a new understanding that is wider, but more ambiguous, than the religious teaching she learned from her parents and her church.

Kate and the participants, Crystal and Carrie, discussed how they make ethical lessons known in family life, using behaviors or stories as lessons. Kate points out the importance of modeling behaviors as she explains, “All of it was role modeled by my husband and I.” Thus Kate sees the actions of care for others as a way of teaching. On the other hand, Crystal uses stories and historical lessons for teaching her children about ethics: “I [try] to set it up and give them a quick summary of the plot – I [then say], this is important, think about it ...” Whether a parent selects a method of modeling or teaching from lessons in order to make ethics known to children, both actions require the child to ponder what is learned.

Similar to Crystal, Carrie also uses teaching to imply an explicit teaching involve with inculcating important ethics and meanings: “There’s the continuous coaching of children to learn about these values.” With Carrie’s emphasis upon coaching behaviors for children, she implies a recurrent teaching over time that involves routinely checking to see if her children have understood the ethics imparted. Whether implicit or explicit, these three women’s’ parenting styles are rooted in an outward desire to teach the next generation what the ethics of that family’s understanding is of a “good” life.

Ethics and the Next Generation

The family unit sets the stage for a passage of ideas and traditions. Ricoeur (1984: 111) explains that, “this form of belonging together is a whole...this combination of influences received and influences exercised explains what accounts for a ‘succession of generations.’” This theory suggests how the influences are planted as seeds in children, yet when those children grow they may find they wish to seek out new ways of being and thinking, outside of what was transmitted.

Many participants in the study described habits, influences, and traits from their elders, and often wished certain traits they wanted passed on. For example, Lisa explained that she sung to her daughter as a baby as a way to soothe her. When her daughter witnessed her grandfather dying, she wanted a way to help. Lisa was overcome with bittersweet emotion when she saw how her daughter wanted to comfort her grandfather in the same way she saw her mother do for her. Lisa said, “My daughter...sang to [her grandfather] the lullaby I sing to her at night: ‘Rock-a-bye and good night and roses delight, Rock-a-bye and good night and roses sleep tight’...She was caring for him the only way she knew how.” Lisa was so pleased that her daughter understands how the tradition of care, even in the form of singing a song, has passed to her three-year-old daughter.

Marcella also has children whose actions as teens have shown that they understand the ethics taught in the family setting. Her sons routinely help with their grandmother’s care. Marcella notes that “if you talk to them [my sons], I think you’d hear it, too, that nothing is more important than our family and when family calls, you do.” The ethical lessons may show themselves differently in words or actions from

grandparent to grandchild, nevertheless, they play a vital part of passing on the notion of “good” in a family and figure prominently in becoming the ethical legacy that is subject to change with each generation.

Ethical Aim and Just Institutions

A sense of what is important in terms of ethics reaches beyond the home. Ricoeur (1992:197) states, “wanting to live and act together, that brings the ethical aim to the point of application to its third dimension: *justice*.” Ricoeur (1992:197) explains how his theory of ethical aim extends to just institutions. Institutions have a role in an ethical society and have the striving toward a good that people do for themselves and others.

In the context of institutions, justice refers to the notion of ethical “virtue” with respect to the way organizations act within society. Ethics play an important role in our institutions and in society in general. Dr. Ira Byock (2012:277) states, “In a morally healthy society, people are born into the welcoming arms of the human community and die from the reluctant arms of community. Within this covenantal experience, the well-being of others affects my own quality of life.” Society’s recognition of sandwich generation caregivers reflects not only the notions of care in families, but what society values and holds in esteem.

The experiences of the sandwich generation caregivers in this study are of men and women who help family members, while teaching the youth of their family an underlying ethics. Yet the implication of ethics are not limited to families, but call for a strong need for organizational and societal ethics. Byock (2012:282), states that society needs more than a medical viewpoint, but rather, “A fuller social and communal view of ethics...a complete ethical framework would encompass whether and to what extent

society first must meet the basic human needs that people have as they approach life's end." Caregivers need to be part of the system that helps with the medical problems that affect family members and gives increasing societal recognition to the caregiver.

Consistent with Ricoeur's ethical aim, McKnight (1995:172) expresses that community is necessary to complete the ethical aim necessary in self, others and in just institutions: "It is only in community that we can find care. And if you listen carefully, you can hear the words: 'I care for you, because you are mine, and I am yours.'" McKnight's words imply a personal understanding about care that extends beyond a personal or mutual meaning of recognition, to that encompassing community recognition as well.

Recognition

Caring for an elder child and an elder can take a toll. Sometimes the price exacted from a sandwich generation caregiver is lack of self-care during a difficult time when they fail to recognize their own personal esteem. This is further compounded when others fail to recognize the caregiver's role and thus support is lacking and the strain is exacerbated. Ricoeur's (2005:69) theory of recognition discusses the importance of self-recognition, and how it reaches its fullness when there is mutual recognition. In terms of this study, participants Lisa and Paula explain how they came to see the care of the self as important, and something that must come before care of others.

Self-Recognition

Many participants shared stories of their lives during times of caregiving stress, and how they often struggled to recognize the toll it took on them. Lisa explains that she sometimes has felt, "overextended and pulled as to who needs more attention at that moment...[thus it] makes you feel guilty that you can't do it all. So I think that is when

you need to ask for help and I think you need to be self-aware because of caregiver burnout...And then if you burn out, you're not going to be useful to anyone."

Paula knows this lesson of self-care from experience. She had a time during heavy stress from her daughter's diagnosis in which her own burnout led to a hospitalization and she was not able to help herself or others. She explains that she learned to proactively create a plan to avoid stressors later on. Paula states, "I take each item as it comes, never forgetting to stand up for myself along the way. If I don't say anything, first people won't know, second they will repeat the same action. I always try to be understanding to others and try to teach others to be understanding to me as well." Esteem for the self is a vital part of maintaining a life where the needs of multi-generational family members are met.

The theory of ethical aim supports that one make choices that uphold one's esteem, and often these choices require one to pull back from day-to-day activities and see one's life as what Ricoeur calls a "text" that is open to new interpretations. Ricoeur (1992:179) explains the ways in which critical hermeneutics' circular theory involves a "back-and-forth motion between the idea of the 'good life' and the most important decisions of our existence (career, loves, leisure, etc.). This can be likened to a text in which the whole and the part are understood each in terms of the other." By using the hermeneutic lens to examine one's life, it may show how actions fit into a life plan that includes actions, or even inaction, that affects the self during this time of complex care.

Mutual Recognition

The sandwich generation caregivers expressed many moments of struggle in their efforts to help dependent family members. Yet, like Carrie, most felt that, "[caregiving] is ...under-recognized." Often the act of recognition brings with it acknowledgement and

action, which may bring forth new ways of being. Ricoeur (2005:69) states that people's action, "...leads to the recognition that he or she is in truth a person 'capable' of different accomplishments." For Ricoeur, having a sense of capability is a vital result of one's actions taken, but is also reliant upon others' recognition. Ricoeur (2005:69) posits that "this self-recognition requires, at each step, the help of others, in the absence of that mutual, fully reciprocal recognition that will make each of those involved a 'recognized being'." Recognition for the self is not fully complete without the mutuality of others' recognition, and something that society today does not exhibit with respect to unpaid family caregivers.

The role of the sandwich generation caregivers is often unseen since the caregivers' presence is not out of the ordinary being in a family setting. What others' may not see is how arduous the helping involved in care may be. O'Hara (2001) states:

Because unpaid [family] caregivers- men and women, relatives...of the grievously ill – are not counted in the health care ranks, they might as well be invisible. Their needs are seldom considered...Frequently nobody even bothers to show them how to do the tasks they have taken on out of love and a sense of responsibility – often at a huge cost in terms of time, money (not only in outlay but also in lost wages, pension credits, and career opportunities), their own interests and health.

Perhaps if society is able to see these "invisible" caregivers in terms of the benefits they give society by taking care of their own, a different recognition may be ascribed to these family caregivers.

Awareness is a key part of showing those in society how the sandwich generation caregiver contributes through their valuable role of caring for two generations. Perhaps training and education, government or private services, and workplace policy changes may one day increase the exposure about what these caregivers endure. These matters

will become more important as more elders age, and more people in society experience this predicament. If a caregiver lacks support or the time to find help, perhaps if they evaluate the importance of recognition in their self-assessed capability, they may see their role differently. Taking the time for self-recognition is also a powerful step for a caregiver who is accustomed to putting their own needs behind that of others, and may offer ways to count on others to ease the burden of care.

Summary

The data from participants brought forth important ethical considerations when analyzed against the theory of mimesis, ethical aim and recognition. In terms of the first theory area, mimesis, participants discussed memories of the past, present-day actions, as well as hope for their children's future. Ethics were an underlying part of each participant's notion of care. This was seen from examples given of a child's eyes watching a parent take care of a grandparent, then shifting to experiences wherein an adult child watches a parent die or the suffering of a chronic condition, while taking care of children. In the stories and experiences recounted, there was a drawing forward toward what each participant saw as a "good" life which they expressed through their actions and words in the way they narrated their lives.

The ethical aim theory was a theoretical category in which "good" life plans were analyzed. It was here that the participants elaborated on ways in which they act the same or differently than their own parents did. Habits, culture and religious convictions influence attitudes toward the good life and those actions taken to carry it out. Whether participants chose to continue in the same way as their parents to create a "good" life, or to alter the course and not follow the path from the past, the sandwich generation

caregiving participants were intentional and purposeful with the manner in which they were raising their children, or their family's next generation.

Finally the third notion of recognition was analyzed so as to consider how family members saw their own role as caregivers. Many had minimized their actions or failed to even reflect upon them before the research conversation. Most all recounted that they felt that informal and unpaid care in families, in general, is undervalued and deserves better recognition. The recognition of the self is a necessary first step that must precede the mutual recognition of others and society and its institutions. Those who fail to see how they are important as caregivers may not see how vital their contribution is to society, and may fail to seek help and support.

The next Chapter discusses Research Findings and Implications, and outlines the key findings of this research study. As the findings are examined, insights are drawn from the data and analysis. In addition, the implications related to governmental, medical and non-profit organizations will be outlined, as well as the challenges that may interfere with these ideas coming to fruition. The suggestions made by physicians, social workers, and academics in the implications in the next Chapter offer hope that sandwich generation caregivers are a demographic whose situation is complex, but that self-awareness and medical and societal education of their plight may help to work toward a better future.

CHAPTER SIX: RESEARCH FINDINGS AND IMPLICATIONS

Introduction

The following guiding questions listed below created the context through which the research conversations unfolded. These questions were: What familial memories from the past, today's actions, and hopes for the future inform your understanding of ethics? What important ethics have you learned from your family and how do you hope to pass those onto your children? How do you, the caregiver, recognize the act of caregiving for parents and children, and how do you feel your role is seen by others in society?

The Summary of the Research encapsulates this study's important discoveries that have personal relevance for participants, as well as implications for sandwich generation caregivers in general. The Research Findings section outlines the participants' notions of ethics of the past, present and future and how they may act as a touchstone for a caregiver who recognizes and renews his or her commitment to a "good" life in spite of competing responsibilities. This Chapter concludes with Personal Reflections from the Researcher.

Summary of the Research

This research explores how ethics, passed through the generations in times of care, may give a caregiver a sense of belonging in a wider expanse of familial connections that span generations. The act of caring for dual generations is common to all, yet each has a unique understanding of his own ethical meanings rooted in the past, present and future. For all participants, acting upon and making their ethics explicitly known during elder care and childcare is their way of configuring the "good" life for their family.

Literature on the topic of sandwich generation care emphasizes the strain involving in dual-generation care, yet there may be rewards of care that relate to a person's cultural and or spiritual orientation. When a person is asked to reflect upon familial meanings about care, it may cause a perspective shift that is ethical in nature, and may not be necessarily cultural or religious. When discussing care for family members who are part of an unbroken chain of generations, it may give a person pause to consider how in the past, present and future, a family has met and will continue to meet one another's needs. In this context, only the temporality and the family members doing the caring or being cared for change; the familial storyline shows a continuous ebb and flow as taking care of each other is passed down in a family.

For this study's topic of exploring families and the transmission of ethics, the critical hermeneutic literature of Paul Ricoeur (1984; 1988; 1992; 2005) provides an appropriate research context against which narrative stories, changing times, and ethical understandings shift and change with different family generations. Telling one's story of a family allows for an unfolding of not only events, but also the intentions that pull its caregiving members toward what they deem the best course of actions. Ricoeur (1992: 158) states, "In a deliberately ethical perspective...the idea of gathering together one's life in the form of a narrative is destined to serve as a basis for the aim of a 'good' life, the cornerstone of ethics..." This type of narrative in a conversation shows how a caregiver meets the needs of elders and kin, while also reflecting multifaceted meanings about family patterns that stay the same or change over time, and the ethical actions of care whose importance is buried or celebrated.

Implicit in this study's guiding questions were the theoretical areas of mimesis,

ethical aim and recognition. The research orientation in participatory inquiry fostered what Herda (1999: 85-86) describes as “integrating hermeneutic theory in our orientation toward the research project, in the field work, and in the analysis,” thereby arriving at findings using different methods than those afforded using positivistic means. This study’s conversations were fixed into a text thereby offering rich findings as to the way of being in the role of a caregiving, the mutuality of a family and the societal view of dual-generation care.

Research Findings

The research conversations from the participants were led by the theoretical concepts of mimesis, ethical aim and recognition. In most all cases, the caregivers were overwhelmed by the responsibilities entailed with simultaneous elder and childcare. Yet the act of retelling stories of the past involving family care, along with recounting the present and future hopes for their families, showed a steadfastness of ethical intentions toward their family.

This study’s three key findings are inherent in the research conversations: (1) Caregiving often means retracing the past care actions in the present; these actions are part of a larger pattern a family passes on; (2) Caregivers may be able to go from a place of being overwhelmed to seeing new possibilities; (3) Recognition and support for caregivers help multi-generational families. These participants’ stories and experiences show how, over time, patterns of family care continue, even though the form in which care is acted out may change.

Finding One: Caregiving Often Means Retracing the Past in the Present; These Actions are Part of a Larger Pattern a Family Passes On

Caring for others within the family recurs within each generation. Sometimes that care is that of parents toward children; other times the care is the adult child helping an elder, and he or she may or may not have children. In describing care within their families, the participants used moments from the past, present or the futures, which are core elements of the critical hermeneutic notion of mimesis, that offered a view of both distance in the form of memory, and closeness in time during the present, to make sense of their situation. As the participants narrated their lives in response to being asked about the ethics that underlie their actions, it was often as if they were tracing the steps that had gone before with actions of care. For example, Jennifer, who takes care of two elders while raising teens, remembered her dad's story of how he helped his dad and said, "I hope I'm showing some of that to my kids." Similarly, Sheri explained, "We kind of saw how to do that and not to be afraid." These words showed how some participants saw how they were walking the path of care today, just as their elders did before them.

For some caregivers whose parents were still independent, and thus needed care less in their present stage of life, the focus was on parenting youth. When raising children was the focus, it was often marked by intentionality and purpose inherent in actions and words. Notably through actions and words, ethics were integrally being passed through members of the family, whether unconsciously or revealed after the research conversation allowed for this understanding.

The opportunity to tell one's story afforded a new viewpoint and seemed to have enhanced the participant's orientation toward identifying the ethics the family should teach the next generation. Mario talks of key ethics he was taught when he states, "It was

a big part of the way [my father] raised me...Now [as a legal guardian] I really try to impart it onto my niece.” Whether the ethic was integrity, honesty, the same or different religious convictions, or trying hard in difficult times, the caregivers gave passionate examples of how they strive to make these ethics a part of their family life, finding solace in knowing these ethics will live on.

Finding Two: Caregivers May Be Able to Move From Overwhelmed to Seeing New Capabilities

Sandwich generation caregivers who began the conversation with stories of burden, frustration, and exhaustion, soon found a different perspective as they progressed in telling their stories. Many participants drew strength from describing their hopes for their children. Others took pride in their advocacy for an elder. Overall, the data from conversations shows that caregivers now have given a new meaning to their actions, imbued with an ethical aim, and this was a different way to see themselves as capable.

One caregiver explained how she saw her ancestry in a different way than described by others. This participant, Crystal, described how her genetic ontology, which spans ethnic traditions both in the United States and other countries of origin, is important for her children to understand. Thus, she has made teaching her children about their ancestry and biology an important element of her children’s’ identity. She states, “The family is important, sticking together is important. You have something that links you together...you have common ancestry.” Crystal teaches her children ethics from stories of family experiences, while also reinforcing the need for respect for those of other backgrounds and openness to ideas different from one’s own.

Two caregivers derived resolve from deviating from their parents in terms of living out a religious tradition differently. By finding a different path to take, these

participants found strength in assigning different meanings to spirituality. Kate moves away from her parents' notion of religion because she feels that her changed orientation enlarges her children's' worldview. Mario offers his niece the space she needs to make her own choices about faith. Both participants choose a path different from their parents' and yet feel this is the "right" path for them.

Depending upon the sandwich generation caregiver who is a parent, the choice afforded to them to go in the direction of what they deemed to be good appeared to give them strength. Caregivers who choose from the stories within the family, or outside of the family context, become suitable for learning and teaching youth. These stories and experiences help sandwich generation caregivers evaluate possibilities for their notion of the "good" life for their family, as these words and deeds are then configured into present-day actions.

Finding Three: Recognition And Support for Caregivers Helps Multi-Generational Families

As parents to children who also oversee elder care, sandwich generation caregivers know much about caring for others, often little about helping themselves first. At least two participants learned this lesson from watching their health falter and needing to take prompt action to change things. This finding was consistent with literature citing that caregivers are stressed. Yet when analyzed using the research category of recognition, the neglect caregivers experience is linked with lacking self-esteem. Or put another way, O'Hara (2001) states, "You have to give them [caregivers] permission to take care of themselves." Fortunately, those in this study who suffered from health declines after helping others, were able to learn from mistakes and quickly adapted to a better lifestyle where care for the self was maintained.

Ricoeur's (1992) ethical aim discusses the primacy of self-esteem as a precursor to esteem for others. The participant, Carrie, speaks to the idea of reciprocity in the way her children treat others with respect and receive respect. She hopes her children "should expect that from people, as towards themselves." Reciprocity of care toward the self and other is an important dimension of the theoretical category of recognition.

Since sandwich generation caregivers are often unseen, they are harder to support in American society. Thus a sense of knowing one's worth and meeting one's own needs takes on importance. The multi-generational family unit suffers when the person in need of care has unmet needs, or even if the caregiver is unsupported. Byock (2012:256) explains, "because people are inextricably interconnected, when either the 'patient' or the person giving care is distressed, the other suffers." Fortunately the converse is true, in that support for caregivers may foster benefits for those doing the caring and those receiving the care.

At the present time, Ricoeur's critical hermeneutic notion of Just Institutions may not apply to many like this study's participants who often cannot attend support groups, and lack time to research the very service which may help them in day-to-day tasks of care. Until the self, other and the institutions uphold the notion of recognition on all three levels, the ethical aim cannot be achieved. Ricoeur (1992:201) states that there must be a "tearing down [of] this wall...[to] assure the cohesion between the three components, individual interpersonal, and societal – our concept of the ethical aim." Perhaps through research and awareness services and programs may reach the sandwich generation caregiver who needs help at home, in the workplace, and through policy changes enacted in the community.

Implications for Practice

Data and Analysis from this study revealed there is a need for support to the dual-generational caregiver, starting with personal support and extending to societal support. Part of the problem lies in the idea that this type of family care is linked exclusively with love and thus may not be considered by some to be problematic or warranting consideration as a policy issue. McKnight (1995:35) explains, “Since love is not a political issue, care is not a policy question and service becomes the one business that is an unlimited, unquestionable, and non political ‘good’.” Yet the services of those who are caring for elders are important like taking an elder to a doctor’s appointment, or administering medications. Arno et al (1999) studied family caregivers and found that “if these 25 million caregivers were compensated at the market rate, their services would cost nearly \$200 billion per year...nearly twice the amount that goes toward home-health and nursing home care combined.” The family caregiver has worth that is not recognized, and there is a toll being exacted on those who are caring for family members, even if invisible to most in society.

By expanding the awareness of the role these dual-generation caregivers play in such places as the workplace, as well as in community and governmental services, the support may better help this demographic, and the burden may one day lift. Three areas of improvement may have significant influence in helping caregivers. First, helping caregivers in places they are already visiting in their elder care role, such as medical settings, may offer what is referred to by Byock (2012) as “secondary prevention.” Second, by offering support in a “virtual” way in the home of caregivers through internet-based computer or phone support, rather than having them go to a formal support group

program, caregivers would have needs met without involving travel time or transportation needs. Third, the expansion of existing workplace Employee Assistance Programs that offer working caregivers ways to manage elder care role better, with access to programs that may not have been found without extensive research.

Implication One: Offer Secondary Prevention as a Caregiver Support

The caregivers in this study were much like those in the sandwich generation literature who experienced physically debilitating effects of stress during their dual-generation care role. Part of the stress is mental, from having to be ready for the next stage of an elders' illness. However, there are ways in which to prepare the caregiver by providing them information beforehand. Byock (2012:257) explains that "when caregivers feel prepared, when they know what to do and what to expect, anxiety diminishes." Having physicians work in tandem with caregivers may have another benefit as well, that of helping the caregiver to care for themselves.

Physician Ira Byock explains that this type of caregiver help support by a gerontologist would be called a "secondary" effort. Byock (2012:256) says, "...Secondary preventions rightly extends to preventing crisis and stress-related illnesses among caregivers." In addition, exposure to medical professionals who also care about the health of the caregiver may also be a way to help support the dual-generation family. By having medical professionals who oversee the elders' medical health also ask questions of the caregiver about health and readiness for the next stage, secondary prevention measures may keep the caregiver in a position to stay healthy. O'Hara (2001) states that the American Medical Association has developed a set of materials designed to strengthen the relationship between physician and caregiver and involves having

assessment questionnaires that help the physician determine whether the caregiver is at risk for high stress and health problems linked with their role managing care duties. Perhaps the role of the physician may bring to light possible medical problems while also recognizing the role of the caregiver and emphasizing how vital self-care is in maintaining the healthy family unit.

Implication Two: Expand Community, Government and Workplace Policies to Help Caregivers

One federal program in place since 2000 but little known by many sandwich generation caregivers, is the Older American's Act, which contains the National Family Caregiver Support Program. O'Hara (2001) states that this Act was designed so as to be administered on the state and regional level and aids in providing caregivers with support services and counseling. When asked about policy in this study, caregivers in this study had no knowledge of the Older American's Act legislation by its name, and thus its related services remained largely unknown to them.

Two participants, Marcella and Mike, did know of specific local government-sponsored programs in the form of subsidized adult day programs. However, in spite of the benefit and cost of this government-supported program, the paperwork requirements were tremendous to apply. Marcella found the idea of completing forms for her mother to attend the adult day program to be daunting. She explains, "We did *just* find an adult day care...[but] had to fill out this huge application (I'm not kidding twenty pages – and [had to] get a TB test done *again*).” Marcella and her sisters were reluctant to use the program they found, but felt it was good to have as a “back up plan.” On the other hand, Mike and his wife found a county program for his mother-in-law and described it as a “Godsend” because its hours coincided with his work schedule.

For those caregivers who work, they may be able to take advantage of Employee Assistance Programs (EAP) which are administered through Human Resources departments, and offer child and elder program and offer in-depth research and comparison of services. According to Dembe et al (2008:360), the workplace setting is a place where existing EAP programs already offer a wide range of confidential counseling or referrals that foster “work-life” balance. Having this type of company-sponsored service which handles all types of family care research, may allow a working caregiver to delegate research, leaving them to follow up on questions and make decisions about program needs.

Caregiving for the young and old poses difficulties for workers in that leaving early or late or taking days off are the ways that a caregiver deals with family care needs. According to Dembe (2008), employers are seeing these problems, especially from elder care needs, and it is adversely affecting workers’ responsibilities. Perhaps by using EAP services, employees may find solutions for problems and gain peace of mind as well as help with their dual-generation role. The program may even provide the counseling referrals to simply talk to a supportive person if a support group cannot be accessed.

EAP programs have begun to customize programs designed to help employees deal with elder issues. Dembe et al (2008:360-361) explains that EAP programs first moved in the direction of offering elder care programs in the 1990s, and now offer some programs like short-term emergency care, or even on-site adult day care facilities. However, Dembe’s (2008:375) study found that among the sampling of company human resources programs examined, usage of elder care programs was two percent annually, or very low compared to the likely need from working caregivers. Finding help in terms of

services does help a caregiver, but it does not take the place of support, which is another struggle that caregivers face due to time constraints with balancing multiple roles.

Implication Three: Generate Awareness about Virtual and In-Person Support

The participants in this study found that the idea of attending a support group would be helpful to them in their caregiver role, but the meetings were often difficult to attend. Sometimes their inability to attend a meeting related to having children at home; other times, the amount of responsibilities the caregiver balanced made the idea of leaving home impractical. One caregiver helped as a co-leader and was able to see the number of absences each month, in spite of knowing how urgent the need for caregiver support is, in general. Mike Jenkins contends, “it starts to become clear is that it’s like this every day [for some caregiving people] – 24/7 – even the idea of it was overwhelming...So this was important. The support group was important.” Yet having the time to come to an important meeting was something participants often lacked.

Research is lacking on specific sandwich generation support groups, although there are many informal caregiving support groups linked with different diseases. For a sandwich generation caregiver who may have trouble finding care for an elder and a child, attending a meeting at a facility, particularly after a long day at work, may not be feasible. Consequently, there is a growing need for different ways to reach busy caregivers in order to provide the connection and support they need in times of stress. Byock (2012) oversees a Palliative Medicine Program at Dartmouth-Hitchcock Medical Center where there are phone-based support groups comprised of peers who help one another. For those who live in more remote areas yet need support, (Brown et al 1999) telephone support options may be available in some places for those who cannot attend a

traditional support group. Although little research is available on phone-based programs as an option, much more has been written about internet-based support groups, which are becoming a more prominent way to reach caregivers who may struggle to attend an in-person support group meeting.

One study participant who was involved with a support group himself knew of people who used a virtual community and found it helpful, as had been found in Mike's Lewy Body Caregiver Support Group meeting. Mike explains, "quite a few people said they were doing [online support groups] before...and some of them continued, but most of them were doing it because there wasn't an alternative." In a 2012 study by Pierce et al looking at on-line support for rural caregivers of stroke victims, access to formal caregiver interventions was found to be helpful. Similarly, White and Dorman (2000) performed a study for caregivers for Alzheimer's patients, some of whom felt internet support improved their ability to cope. Although no studies were found that looked at specific support groups for sandwich generation caregivers who deal with two sets of dependents, the on-line format lends itself to caregivers of all types, with or without dependents.

These types of programs exist at the present time, yet the awareness for using them appears to be limited. Perhaps expanded awareness campaigns could make the virtual support group a reality for sandwich generation caregivers in need of a venue to vent frustrations and share ideas on dealing with care issues. This type of support may also offer the caregiver the feeling of solidarity with others in the same position.

Suggestions for Future Research and Proposed Educational Workshop

Two areas of possible future research, especially interpretive participatory research, came to light as a result of this research. The first is preparation for caregiving, and the second is related to inter-family caregiving. Both areas take into consideration the role of the sandwich generation caregiver, yet also consider the role of the family members or possible other external sources for support or care tasks. One proposed idea for an educational workshop is one aimed at preparing a caregiver before elders' health conditions decline.

Preparation for Caregiving

Knowing what the future may hold for a declining family member is something that is impossible to predict. However, some studies show that preparing for future care may help caregivers cope better. Authors Brereton and Nolan, have an aptly titled study, "Preparation for family care-giving – the neglected dimension," in which they imply this topic is not given the emphasis it is due. Perhaps if this type of education is made known to sandwich generation caregivers before illnesses become chronic or terminal, it may help this demographic plan to balance their own family obligations with that of elders. This type of preparation may consequently foster a better sense of recognition and capability, in a time usually marked by challenge and reactivity. It may also be a way to introduce caregivers to support groups at an early stage before they are overwhelmed with physical and especially the financial aspects of care. Efforts to prepare caregivers may also be fruitful to engage multiple family members to become involved in the care.

A preparation for caregiving course that accommodated adult children who are caregivers and siblings, or even extended family members might be a way to find future

study participants. By learning about inter-family caregiving, it would provide insight into how families may share care and ease the burden by helping one another. More literature in this area would be useful to understand the nature of caregiving by multiple family members, and how this may reduce the burden of care, emotional, physical and financial, and rely upon existing familial connections for care.

Proposed Caregiver Workshop

One way in which to use ideas from this study to benefit sandwich generation caregivers may be to offer workshops affiliated with medical organizations or community services already helping elders. A workshop with a focus on the ontological meanings of intergenerational care would offer a different perspective than the programs generally given to caregivers, which tend to focus upon a specific elder disease or problem, and sees the caregiver only as the person as secondary to the sufferer.

Perhaps, if a more ontologically focused workshop were created to involve specifically inter-generational family caregivers in the middle of two generations, there might be ways to see how views of self care which may benefit the whole family. By using activities rooted in critical hermeneutic theory, such as described in this dissertation, workshop participants might begin by participating in small groups and individual activities in which they reflect on care from memories in the past (such as their own parents' care of their elders), current actions as they parent their children and help elders, and hopes for the future.

A workshop of this sort may begin with an activity which is individual, and is designed to allow each participant to tell their story on paper, creating a text to reference in later portions of the workshop. A second activity might follow in which participants

share their stories of care, and how understandings may have changed. Perhaps they would also share experiences of how they are able to alleviate the care burden by using existing services, sharing help with siblings, or hiring paid caregivers. The explanations brought forth through the telling may shift the participants' thinking, and possibly foster new ideas, and perhaps prompt new actions. Herda (2010:129) explains that "the relationships created in this place bring narrative to bear on an ethical plane that includes remembrance, re-telling, and choosing one's actions." Although ethics may not have been at the forefront of the participants mind at the outset of the workshop, many will see a connection of how ethics are often at the root of familial care.

Following a whole-group discussion about ethics and care, there would be a third and final activity in which each participant would write down personal and family hopes, and how they envision carrying out an ethically-oriented life in the midst of a multiplicity of care roles. For example, participants might explore ideas from a family's religious faith, like Eileen discussed were her deeply rooted Jewish customs, or explore new ideas a caregiving parent may wish to explore, such as teaching lessons of one's genealogy like Crystal did.

Perhaps caregivers would also come away from a workshop like this with a renewed commitment to themselves. Realistic changes in their actions could be foreseen in a proposed future. There might be commitments made to find time to attend a support group, or to help an elder write an Ethical Will for family members to see and discuss. The participants may be encouraged as they leave to act with a renewed sense of capacity, with key insights in mind as they move forward in what are often bittersweet family moments of care. Herda (2010:135) explains, "Each person needs to hold to the

belief that he or she can inhabit a proposed world.” Perhaps through a workshop of this type rooted in a critical hermeneutic orientation, a caregiver may recognize their role differently and see with new eyes how by helping family members in need, they are also carrying out their notion of a “good” life.

Personal Reflections of the Researcher

This dissertation examined the time in which three generations interact as they are linked by care, and how the examination of their lived-experience reflected new understandings. New meanings may enhance the caregiver’s sense of capability, as it did for me since my participants’ experiences have been my experiences, too.

At the time of this study’s proposal, my family’s elders suffered a severe health decline. I had been a long-distance caregiver with parents out of state, and after relocating my parents, had become more involved in care that was now close to my home. Being a sandwich generation caregiver heavily involved with elder health needs was overwhelming. In addition I have three children in school, and am working part-time job. This study has made the theory and practice personal and meaningful.

The community of research participants in my study have illuminated my understanding and broadened my sense of the problem facing others in the sandwich generation. I see how practical assistance in the form of training and education may help others in need and feel there must be expanded the research on this topic. I am inspired by Herda’s (1999:89) idea of community:

Although the intentions of both the researcher and the research participant are vitally important in the research act, just as important are three other aspects of the research project: the community developed in working together, the understandings that emerge from our collaborative work, and the idea of a future that we can work toward.

I now see how the future will be in need of those who are versed in the caregiver point of view, and not only those dealing with the illness requiring care. For example, even before starting my dissertation writing, I attended a caregiver conference in July, 2012. The conference sponsors indicated how the role of the family caregiver has been largely unrecognized, a theme that was in my study. I saw by doing this study how the caregiver is deserving of true “care” that is overshadowed by the persons for whom they care. Unfortunately, often the caregivers fail to recognize the importance of caring for themselves before their own health falters, since all of those dependent upon the caregiver may suffer if the caregiver suffers. As Ricoeur’s critical hermeneutic theory showed, recognition must be personal first; only then may mutual recognition follow.

For family caregivers, the care of loved ones is seen as expected and many feel that help *ought* not be needed. Government or community programs that might help a dual-generation caregiver are hard to find or require lengthy paperwork. Support groups are hard to attend when scheduled on school nights after a day working. But for caregivers who are burned out and thus whose self-esteem lacks, mutual support among others in similar positions in their community may help. Yet they must first recognize their need for support and then make time to reach out to others, like Mike and his wife did when they founded and maintained a caregiver support group that sustained them through difficult years of an elder’s decline.

The other critical hermeneutic notions of mimesis and ethical aim, when explained in everyday terms, proved to be powerfully resonant and evoked soulful answers about memories or experiences that ranged from terrifying at seeing a fallen grandmother, to other memories that provided a sense of solace or instilled hope. Each

participant had a closely held sense of the past that came forth in detailed descriptions of moments far behind them chronologically. During the telling, their past stories seemed to mesh with their actions in the present and brought forth a solidarity with the past. Many recognized their role as caregiver as vital, while others, I sensed, were still coming to terms with the words of what it meant to give so much of their lives to the care of others.

All of the participants seemed to feel that whatever effort was given in this care of family was the “right” amount because it was the best they could do at the present time. I had written in my research journal of a quote that related to my own struggle to stay in the present moment and not be overcome. Black (2011:144) states, “...let go of the past, release our worries about a future... In these shared moments [is a]...kind of perfection.” This poignant quote speaks to the type of mimetic culmination of being in the present moment, which for a busy sandwich generation caregiver may sometimes be lost from view.

Teaching others how to shift to an ontological viewpoint is an area that I intend to pursue on my own as I share my study’s findings in conferences and other places where my research applies. I have also developed a workshop drawing upon themes such as those outlined in this study which will be given at a Northern California assisted living facility and offered to elders and their adult children. It is my hope to offer a different perspective about family care that creates a sense of personal capability and family cohesion. Perhaps this will create a lasting legacy of remembered acts of care that family descendants find to be a touchstone of strength when they are caregivers. My own efforts will reach only a small audience; governmental, community, and workplace organizations must strive to act as Ricoeur’s “just institutions” envisioned, so as to make multi-generational family support commonplace and easy to access, instead of rare and labyrinthian.

Perhaps outreach in the workplace (through EAP), as well as in the community, and government spheres may offer programs tailored to caregivers' needs and schedules. This might allow those with elder and child care responsibilities to take advantage of programs services they may not have considered before for themselves or their families. Or perhaps outreach may show the phone numbers and websites for on-line programs or books showing alternative ways to manage a difficult time of care using a different lens that takes into account this unique time in one's life in which three to four family members rely upon one another, and have the occasion to form a bond deeper than before, with a connection that extends from grandparent to grandchild (or even great-grandchild).

In this time of multigenerational care, a shift in perspective may prove helpful to understanding this moment in time differently, and may offer unforeseen ideas about a better future, not marked by frustration from too many tasks needed by too many family members. Rather, by reframing this time differently, a sandwich generation caregiver may construct a new narrative.

This type of ontological shift may offer a dual-generation caregiver a way to see their role as a part of a larger whole. The terms they choose to describe their experiences may, after reflection, show more personal recognition of their caregiving role and its importance in creating a "good" life. Perhaps this will render the overwhelmed caregiver with a sense of renewed capability, with a recognition that what they are doing now to help elders and raise children already has merit. That these times in which elders are helped, while children watch or even help, is passing on an intangible lesson in ethics that many families may not value for its underlying importance. Whether elder care is a

cultural requirement, or it is taken on from a different sense of what is “good” for meeting a family member’s needs, the sandwich generation caregiver appropriates meaning. The interpretations of this time of care are subject to change over time, and vary based upon the family members taking part in helping or simply bearing witness.

Whether notions of ethics are steadfast from those embodied in elders, or are newly identified ethics, they may provide a touchstone of strength. These ethics may, in turn, serve as a legacy to pass to the next generation. Perhaps by living out a moment in time caring for elders and children, a focus upon carrying out an ethical aim might honor the past, present and future of one’s family.

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Appendix A:
Letter of Invitation and Research Questions

Date:

Participant's Name

Participant's Address

Dear (Name of Participant),

I am nearing the end of my class requirements during my journey as a University of San Francisco graduate student. Now I am approaching the dissertation research phase. I've chosen to study the "sandwich generation" phenomena as my subject matter at hand. This term refers to an individual caring for an elder or elders and for their children simultaneously. The research style I use involves having conversations with participants who are part of the sandwich generation demographic and then letting the data from conversations unfold to convey themes, that when analyzed using critical hermeneutic theory, show important implications for persons in the sandwich generation, as well as possible policy opportunities that could improve the way that caregivers are supported.

My research is grounded in interpretive theory and has a participatory orientation. In place of formal interviews or surveys, I engage voluntary participants in conversations using guiding questions directed toward one's life experiences as a sandwich generation caregiver. Upon your approval, the conversations audio and/or video recorded and then transcribed. You may request the recording device be turned off at any time during the conversation. I will send you a copy of the transcript for your review. At that time, you may add, delete, or change any of the transcribed text. Upon receipt of your approval, I will analyze the data. Please note that participation in this research, including all data collected, the names of individuals, and any affiliations, is not confidential. Before participating in the research you will be required to sign a consent form.

I am particularly interested in discussing your understanding of what it means to be in the middle of two generations of family members, elders and children, who require your care. For your convenience, I include a few questions that guide my research conversations:

- 1.) What familial memories from the past, today's actions, and hopes for the future inform your understanding of ethics?
- 2.) What important ethics have you learned from your family and how do you hope to pass those onto your children?

3.) How do you, the caregiver, recognize the act of caregiving for parents and children, and how do you feel others in society see your role?

If you are able to participate in this research, or if you have questions about this study, please feel free to contact me. I can be reached via email or phone.

Sincerely,

Sharon Marts
Research Doctoral Student
University of San Francisco
School of Education
Organization and Leadership Program

Appendix B:
List of Conversation Participants

Name	Location	Background
Paula Allen	Dublin, CA	Paula is white woman from CA who is a married, working mother/step-mother to six children and cares for two infirmed in-laws in her home, as well as her mother via long-distance caregiving.
Crystal Ashe	Massapequa, NY	Crystal is an African American woman from NY who is married with three young children, who helps take care of her elders.
Marcella Cahill	Marysville, CA	Marcella is a white woman from CA who is married and a mother to two teens. She shares in the care for her mother with two sisters.
Carrie Castillo	Dublin, CA	Carrie is a Filipino woman who is a married mother of two children who, at the time of this study, was not currently working. She helps with intermittent care of her elderly parents as needed when health problems arise.
Mario DeAnda	San Francisco, CA	Mario is the son of Mexican immigrants who lived in Texas during Mario's youth. He has since moved to CA. Mario has long been the legal guardian of a niece

Mario DeAnda, <i>continued</i>		since her early teen years. She is now a young adult. He shares care for his elderly mother with his brother in the Bay Area where he lives with his partner.
Dr. Prajesh Desai	Dublin, CA	Prajesh is a married dentist who was born and raised in Indian who now lives in CA. He has two young children. Prajesh had taken care of his father (who moved from India to America at a time of sickness) until his father's death.
Eileen Geier	Silver Spring, MD	Eileen is white Jewish woman from MD who is divorced and a working mother of two adult children. At the time of this study, she had been taking care of her aunt until her recent death. Also when her sons were young, she cared for her mother and father until they passed on.
Jennifer Hodge	Colorado Springs, CO	Jennifer is a white, Catholic, woman who is a married mother with two teen sons living in CO. She takes care of her father and her aunt while working and she recently finished college while managing care responsibilities.

Mike Jenkins	Livermore, CA	Mike is a white male originally from the Midwest but who relocated as a teen to CA. He is a contractor and is married with one teen grandchild and a mother-in-law for whom he helps with care. He also had helped his wife lead a support group meeting for Lewy-Body Dementia caregivers.
Kate Kosakowski	Fort Collins, CO	Kate is a white, married mother of three children (two of whom are of adult age, and one is a teen living at home) living in CO. Kate works and cares for one non-family member for whom she is legal guardian. She has taken care of three family members in the past. In addition, Kate has also cared for a dying neighbor.
Lisa Low	Danville, CA	Lisa is a white Emergency Room physician who is a married mother of two young children. She helped care for her father who was dying at the time she was pregnant with her second child.
Sheri Weichers	Colorado Springs, CO	Sheri is a white woman who is married and takes care of four young grandchildren while her daughter works during the day. She is also a caregiver for her elderly mother.

Appendix C:
Letter of Confirmation

Date

Participant's Name
Address

Dear (Participant Name):

Thank you for agreeing to speak with me about the research I am conducting for my doctoral dissertation. I look forward to hearing your experiences as a sandwich generation caregiver when caring for an elder and children (birth to age 16) at the same time.

This letter confirms our meeting on Day ____, Month ____, Time ____. As discussed, we will meet at Location: ____. Please contact me if you would like to arrange a different time or meeting place.

With your approval, I will be recording our conversation (audio and/or video), transcribing it into a written text, and providing you with a copy of the transcripts for your review. After you have reviewed and reflected upon the transcript, you may add, delete, or change portions of the transcript, as you deem appropriate. The conversations are an important element in my research. Please take notice that all of the data for this research project including your name are not confidential. Additionally, I may use your name in my dissertation and subsequent publications.

I appreciate your contribution to this research and look forward to speaking with you.

Sincerely,

Sharon Marts
Research Doctoral Student
University of San Francisco
School of Education
Organization and Leadership Program

Appendix D:
Thank You Letter

Date

Participant's Name
Address

Dear (Participant Name):

Thank you for meeting with me on DATE____, and for sharing your life experiences and insights about your role as a sandwich generation caregiver for my dissertation study. I value the opportunity to speak with you and thank you for your time.

Enclosed is the typed transcription created from our conversation. Please review it for any changes, deletions or additions you care to make. You can use the enclosed postage paid envelope or return the changes to me in an email. I will contact you in two weeks to see if you have any questions and to discuss any changes you might have made. If no changes are needed, please give me an indication of your approval that the transcript is correct. Note that these data are not confidential.

After I receive your approved transcript, I will use this final version of our conversation for an analysis along with other conversations and sources of data.

Again thank you for participating in my research study. I have enjoyed our conversations and appreciate your perspective. If you have any questions or concerns, please feel free to contact me at your convenience.

Sincerely,

Sharon Marts
Research Doctoral Student
University of San Francisco
School of Education
Organization and Leadership Program

Appendix E:
Pilot Study Data Analysis

Introduction

The data drawn from this research study is based upon three research categories by Ricoeur: mimesis, sedimentation and innovation and ethical aim. As generations descend from one to the next, change occurs in kin, or adult children of elders, who reflect on their past experiences. Then when they themselves become parents, choices are made to act based upon past experiences and future hopes for their children. Ricoeur's threefold Mimetic framework describes this well. Mimesis₁ (M1) allows a parent to look to the past for a reference. Next they can ponder possibilities for their children in the future, which is called, mimesis₃ (M3). Finally they can configure parental decisions in the present for their children based upon choices are made as to how certain or all traditions are passed on, or mimesis₂ (M2). Based upon the way that a middle generation parent interprets traditions or ethics they wish to keep (sedimentation) or change (innovation), they can make a plan to act accordingly as they raise their children in a way that suits their personal and familial identity. Parental decisions for children tend to be rooted in an ethical orientation of the parent, or what Ricoeur calls, ethical aim. In a family context, this can be reflected in the way a parent teaches their young to esteem themselves, esteem others, and approach just institutions in society.

Overview of the Theories in Context

The research conversation with Dr. Lexi Pujol-Boe was led by guiding questions which were grounded in the three aforementioned critical hermeneutic theories. The first concept seen was that of mimesis which occurred during her reflective process of looking to the past, future and present. The second concept applicable to Lexi's circumstance was

that of sedimentation and innovation which provides the lens through which to understand better how Lexi innovates her way of teaching music to children which is different from the manner in which her father taught her. Also, one can see how the ethic of service to others remains sedimented from one generation to the next in her family. The final concept illustrated in the data is that of ethical aim, or, in this context, the teaching to children a personal sense of self-esteem, solicitude toward others in a private or public realm. Lexi's narrative shows how she teaches her children to care for themselves, others and how she hopes they may find work in meaningful work as autonomous adults who will one day contribute beneficially to society.

Mimesis

Living amongst three generations of family members, Lexi, a sandwich generation caregiver, is no stranger to temporal changes. When describing an exchange with her mother, there is a memory brought up casually that shows comfort in her eyes; then her attention shift to her child later on, bringing forth a discussion of what that child wishes to be as an adult in the future, and the skills to get them there. The past, future and present shift in a way that is non-linear, yet makes sense. When people tell stories, also known as narratives, it enables what Ricoeur calls a "concordance" of these different notions of time. Ricoeur (1984:52) explains that "time becomes human to the extent that it is articulated through a narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence." Lexi's conversation is replete with references across generations, ranging from the poetic resonance of a past remembered motherly interaction ("a soft place to fall"), to the future hopes she has for her children, "I want my children...to be independent." Lexi's conversation shows data that fall into the

mimesis framework because it shows the M_1 phase of looking backward to the *past*, followed by the *future* phase of M_3 of looking forward to the future, and finally configuring these in a mediation of the *present*, or M_2 .

Throughout the experience of narrating her personal story, Lexi shows how personal meanings become realized in a way she perhaps had not considered before. This is what Ricoeur (1992:170) terms, “the space of imagination.” She looks to her past in which her father was disengaged from his own father (“He never threw a ball around with his dad” which is a seemingly traditional ‘male’ American ritual between fathers and sons), and sees that her own father was disengaged from her as well (“we were sitting around the house talking about stuff [such as my wedding plans]... He just never chose to engage in that.”). She shows a clear sense of sadness in her past when she quotes him as saying, “wow, I had no idea you did all of these things.” For Lexi, the lack of connection in her home was part of her horizon which would soon be changed when she went away to college.

Growing up, Lexi’s horizon had been limited to a vantage point only known from living with her parents. Then she moved away to college and changed her range of vision through experiences there. When Lexi experienced a job in a laboratory where she was disengaged from the participants of her research job, she experienced a similar lack of connection that was felt at home: “I was in a lab, I hated it. I was out of touch with human contact.” From this she wanted to make a change to her life so as to live in accordance with her expanded horizon. She speaks boldly about her commitment to connection in life: “at the end of the day, or at the end of your life, what will matter is who you have connected with.” This change in horizon caused Lexi to find a career not in

a lab, but working directly with patients. She is also helping teach music in her childrens' schools, and creating a space for intimacy at their home, thereby ensuring connections in life, work and home. One area where Lexi felt a change was needed in a familial tradition was in the area of music.

Sedimentation and Innovation

The critical hermeneutic theory of “sedimentation and innovation” appropriately describes the process Lexi used to change an existing tradition of passing music along to family members, so that it shifted away from rigid training schedule, to a leisure experience where skills were built. She even shows a tolerance for how her son plays in a “screeching” way because she is not concerned with his accuracy, but rather that he is able to enjoy the challenge of music, and to aim toward a higher level of musical skill.

Lexi's experience growing up showed that her father was committed to passing along a musical tradition to his children. She uses these words to describe her father's conviction about musicality passed to kin: “his vision was like the Carter family, three or four generations of family, playing music together.” but expresses that this mandate became almost “abusive.” For Lexi, an innovative change to the tradition of passing music to her children was to make it part of their school learning (where she helped to teach) and to let them practice at home, without the early wake up and after school practices which she resented. Thus, Lexi has arrived at an innovative way to continue the tradition of a musical inheritance, but she also knows her children may not arrive at the skill level that she had under her father's tutelage. She is forthright in that she feels music is not for relating among family, rather it remains outside of the way family's interact: “If they want music to be part of their skillset, I think that's great. But it's not going to

define my relationship with them.” In the area of tradition, Lexi has affirmed music but in an innovative, rather than a sedimented way.

Unlike music, whose tradition was innovated for Lexi, community service was, by contrast, a clearly sedimented tradition. She describes learning from her formerly hippie parents passing on an important notion of social awareness with their example set in social protests: “They were part of the demonstrations in the 60’s and they were very socially aware.” As a sedimented tradition, this was something she continued in high school and college with a commitment to volunteering in service projects and in medical clinics with those who were underprivileged like a homeless shelter. She confirms this sense of sedimentation when she explains, “and this had been such a part of my life – always.” The sedimentation of community service underscores a familial tradition that was passed on from father to daughter, and which she explained in her addendum to her transcript, is something she has seen exhibited in her daughter’s girl scout troop. Lexi explains: “without any prompting from me [Lexi] or another adult, my daughter came up with the suggestion to help at a food pantry/soup kitchen. My daughter’s suggestion was met with unanimous support and the girls proceeded with a meaningful service project.” Lexi’s story shows that the familial importance placed upon service has been demonstrably exhibited by her daughter, a third generation acting in the same traditional way toward helping others. Lexi’s familial examples of service shows what Ricoeur calls an “ethical aim” of a family.

Ethical Aim

Ricoeur’s theory calling for a “good” life is part of the ethical aim and it has a profoundly hopeful message about ways in which parents raise children. In *Oneself as Another*, Ricoeur takes concepts from Aristotle’s *Nichomachian Ethics* and explores what

constitutes “good” for our selves, others including friends and family, and our societal institutions. Namely he explores the concepts which examine: one’s own life at the core of which is self-esteem, friendships or relationships with others, including families, as well as something he terms “just institutions” which offer a way to act as a contributing member in a society.

From the conversation had in October, Lexi’s parenting practices and beliefs are in accord. She illustrates a strong personal self-esteem such as when she states, “anytime you feel like you are losing yourself, losing the person you want to be, it’s never a bad time to say ‘this isn’t what I want’ [and change course].” Her sense of caring and esteem toward others shows in words when she questions, “whose life have you made better by being a good person to them? Doing something unexpected for somebody...changes their life.” And finally, she has the firmly sedimented tradition of her family, that of helping others in which thereby fosters just institutions. The values she hopes to pass from this new interpretation of parental engagement are both implicit and explicit in her conversation, and show an intentionality in the manner in which she is teaching ethics at home from parent to child.

Summary

I learned from Lexi’s conversation is that regardless of whether she has followed a sedimented tradition or changed it so as to fit her personal parenting ethic, it is clear that her parents’ generation shows an appreciation for her choices for her children, even if they didn’t raise Lexi the same way: “I think he [her Dad] appreciates...[and] finds that ... valuable. I think he appreciates that I want my children...to be independent.” One can infer from this family’s story that there is a legacy of care in Lexi’s family, as a tradition of caring is transferred to the next generation.

Appendix F:
Pilot Conversation Transcript

Transcript from Conversation with Dr. Alexius (Lexi) Pujols-Boe, 10/27/11 Danville, CA

Sharon Marts

(Color Coding Themes: Mimesis; Sedimentation and Innovation; Ethical Aim)

SHARON: Alright then, why don't you introduce yourself?

LEXI: I'm Lisa or Lexi Pujol and in some parts of the world, I'm Pujol-Boe. And in some parts, I'm Dr. Pujols. And in some parts, I'm Lexi.

SHARON: Do you have a preference?

LEXI:Lexi

SHARON: Last name?

LEXI: Pujols-Boe

LEXI:[Refers to her new husband] He changed his name too.

SHARON:Oh. I have a cousin who did that, wow, that's really great.

SHARON: So what we're discussing today is what values are important to you. And I ask that you look not only in your own life, but maybe stories from your past and let that be the guide for our discussion today.

LEXI:Ok. I think that one of the most important things in my life and the way that I was raised was the importance of family. And.. I saw my mom, you know, as a very young woman devoting herself to my brother and I. We had a one-income family with 4 people and my dad was a school teacher. So we didn't have a lot of money. We have did have a lot of support from my father's father financially to pay for groceries, he bought us a car, he bought us our first TV, a down payment for the house that I lived in with a tiny little cement floor, single paved (*inaudible*) window, flat roof house. And from that 2 things really struck me. One was my grandfather's commitment to us and my [own] father's commitment to him when he became ill. Also seeing my mom as pretty much the custodial parent when my dad was at work. She was really good about giving (*inaudible*) when we came home from school. But also feeling like I was never going to dependent upon someone else to pay my bills or take care of my children.

SHARON: Wow (both laugh).

LEXI: So my focus from a very young age was getting a very good, solid education and if I wasn't getting from the schools I was in, I was looking to a community college or in high school where I was taking 12 classes instead of 6 classes. Plus I had a job in high school because we had no money and I wanted to do things that kids in high school did (like go to prom) or all that. I didn't want to put that burden on my family - I suppose there is a value in that somewhere (laughs).

LEXI: But at the same time I knew that my parents...although my dad would say, "I want you to go to college" – valued that enough to prepare for me to go.

I don't know how much was an inability financially [to have prepared for me to be able to afford college] or because they really didn't have help from their parents that they assume that I wouldn't need help from mine.. So...[inaudible], I would say, values are education, family, financial independence.

SHARON: Were there things that happened, that were conveyed in an implicit way about values? Let me give you an example...In my family...humility is the governing thing there. If there is something you normally want to boast about, in my family it is just an unwritten rule that you don't do it. It created an unusual burden in my eyes. So I feel awkward when I get an award or someone compliments me. I've even had it on my annual review that I need to get rid of my modesty. So it was kind of an implicit thing in my family that I never noticed but that I saw only looking back. It's an implicit thing...expected behaviors growing up. Something I don't want to pass onto my kids.

LEXI:I don't think there's anything like that. Our currency in our household was...and the way we got approval from my dad in particular was being very good at music.

From the time I was in 1st grade, my brother and I were awakened with some caffeine-infused drink before school and we completed an hour of music practice.

And then after school, we would get our homework done and we would do more music before we could go outside and play with our friends.

So behavior-wise, that was the only thing that was really mandated. It was "you have to do this."

SHARON: Is music part of your life now?

LEXI: Actually it is. surprisingly after all... My daughter playing violin, and I'm helping teach the violin class at the school. My son wants to play with the two of us so he has a little tiny violin that he screeches on, 3 times a week.

SHARON: she's nine and he is, how old?

LEXI: He's five.

SHARON: So do they get up in the wee hours? With caffeine?

LEXI: No.

SHARON: Ok - So that legacy has changed a little bit?

LEXI: I love them for who they are. And they are both very different; they have very different skillsets. If they want music to be part of their skillset, I think that's great. But it's not going to define my relationship with them. My father had a vision that we would relate to each other as adults was through music. It was like he couldn't relate to his own dad that much. Part of the reason was that his own dad was his late 40's when he was born. He never threw a ball around with his dad. So he did that kind of stuff with us, but he switched so much to the music side of that his vision was like the Carter family, three or four generations of family, playing music together, having a bit potluck dinner, and whipping out our instruments...you know.

SHARON: Did he ever share in your vision of success...as a woman who doesn't need, necessarily to be married to be financial successful?

LEXI: I think he appreciates it. I think he finds that that is very valuable. I think he appreciates that I want my children, my daughter to be that independent too. Make their own way...be financially independent. Get an education.

My dad is the only other family member who has gone to college. My mom went one semester. My brother didn't go. So, it was...I was it. And... although my dad is very proud of me, for most of the time when I was getting my education, he wasn't really plugged in to what I was doing. I remember my senior awards assembly, he came into the gym...so you know how you are with parents and next to your classmates. I was called up for all these awards (like I said, I taking 12 classes, I was on student government, on a sports team, yearbook editor, doing a lot community service) and his comment was "Wow, I had no idea you did all of these things."

And when I was getting ready for my first wedding (which was on a shoestring budget)...I was in graduate school, so trying to get married on \$1000 and 200 people, into a Chinese family. I was buying Christmas ornaments since it was a "Christmasy-time" of year, we had been planning years in advance - you know, after Christmas sales. So I brought out all of these things I had collected. I bought out all of these boxes I had collected over all of these years. And again he was just baffled that all of this had been going on for years. And it wasn't like these were conversations we had when he wasn't there. These were conversations when we were sitting around the house talking about stuff when he would come to visit. He just never chose to engage in that.

SHARON: Is it maybe the generation he was from?

LEXI: My dad is only 65 years old, so no. My dad was a hippy. Both were Hippies. They were part of the demonstrations in the 60's and they were very socially aware... and I would say no. I would say he chose to focus to stay so focused upon one thing...and it prevented him from participating in activities in his kids' life.

SHARON: Which you have clearly articulated you are really involved with your kids...

LEXI: Yes.

SHARON: What about your mother's influence? You haven't really mentioned that so much.

LEXI: My mom was the soft place to fall but...the "live in the moment" you know, "appreciate the moment" kind of person – very sensitive. My dad was more, had to be more of the long term thinker. Because of her personality and the preparations for retirement. Just kind of looking at the bigger scope was his job.

So Mom taught us, you know, when you have a moment savor it, enjoy it...and be there for us...and don't just look forward to the next thing.

SHARON: And you find that you have that mentality now...

LEXI: I think so. I think especially with kids. Especially with the fact that my parents from one day to the next can be fine or can be sick. In having that draw on my energy and my time. Especially with my time with my kids and with my parents, I want to make sure that the little things get celebrated.

SHARON: Is there a religious influence...something larger than your family that was kind of a guiding force or a sense of "rightness."

For example, my family was very staunchly Catholic kind of ruled. Like no fish on Friday, or holy days. But when I grew up to be an adult, I look back on the social justice part of Catholicism...this just wasn't something my family embraced but that I want to take into the future with a different sense of conscientiousness with my kids. Do you have anything along that line?

LEXI: At one point she wanted to be a nun and devote her life to Church and God. But gradually moved away from that (probably the 60's had something to do with that). My dad was raised Methodist. So we didn't go to mass, ever, but we would go to 3 holidays a year with Grandpa...to hear the bells. We never really talked about God or religion.

My parents, I'd say more my dad was really into social justice type things: like be a good person, do good things for others, don't always think about yourself. My mom was the same way, too, but I think he was more of the intellectual than my mom. If it felt good or

felt right – that’s mom. My dad was more of the cerebral, existential, contemplating – kind of stuff. My mom doesn’t do that.

And I think that’s why I was really into community service, even high school. In medical school, I was so unhappy studying 16 units (a week, it seemed like – [laughs]), so I saw more of a personal aspect to that. Luckily my school had a lot of opportunities to do clinics. And we were be there with practicing clinics. We’d be at a pediatric clinic or a homeless shelter clinic. And this had been such a part of my life – always.

SHARON: You mentioned you got a master’s degree – was that before you decided to go to medical school?

Lexi: Yes

SHARON: And what was the other direction you were thinking of going?

LEXI: Well, I have a Bachelor’s in Anthropology. And I was an archeologist for a while [laughs]. But I also love medical Anthropology. And I worked as a research scholar [on a Native American project]. So... My master’s was on a specific gene, but it was also kind of a hybrid because I was interested in the cultural aspects... there might have this genetic basis [for obesity in their tribe]. That may have been there for thousands of years, but how has this all the sudden has it become a problem? How did the western influence... how did the gene become so expressed in this environment where there is a huge epidemic of Type 2 Diabetes. Whereas if you look at the Pima Indians in Mexico who are very agricultural and physically active. They don’t have the incidence of diabetes. At least if you shift it 10 years into the future, compared to their southwestern cousins

SHARON: Wow, that’s a big shift from toward medical school to where you are now.

LEXI: I was in a lab, I hated it. I was out of touch with human contact.

SHARON: Was there a qualitative component to this?

LEXI: So I had my research in the lab on the site of the hospital. It wasn’t just a hospital, it was a place for gathering (farmer’s market, music, celebrations). It was a gathering place for not only healing with western medicine, their medicine... but there were cultural gatherings, too. It was no fun to be in a hospital looking at muscle biopsies samples all the time [laughs].

SHARON: So you gave a really great example of a culture you were able to experience peripherally. Did that have an impact on your outlook as far as looking at other interpretation of a future for your children... something non-traditional.

LEXI: My children are half-Chinese. So they have a heavy load of Chinese-American expectations of academic excellence, devotion to the older generations, respect for other generations, and a work ethic... a work ethic that is highly ingrained, highly expected. But there is still a differential in terms of how you appreciate a boy or girl or a man or a woman. I embrace the work ethic of their culture, I embrace the food... I embrace the family values, I embrace, you know, being respectful. But when it comes to my daughter, she's picked up from me that I do not appreciate that she less than better because she is a girl by her grandfather (or the older men in her family). I think her dad is realizing that he needs to make an extra effort when she is in that environment to make sure she feels as equally important and valued and loved as the males in her family.

SHARON: That is an excellent example. Your ex-husband's past is clearly a predominant influence as you raised your children. You decided together the path you were going to be on. You had two cultures merging. Did it cause a lot of discussion?

LEXI: It didn't really because he was one of the youngest of the grandchildren in a very large family. I mentioned there are 200 people on his mother and father's sides collectively and he was one of the past. So by the time he came along there had been so many intermarriages among the *bokgui*, you know the white devils from others [who married in to the family]...his parents were just happy he got married.

SHARON: You'll have to tell me how to spell that word, *bokgui*!

LEXI: I think its b-o-k, and g-u-i. You have to say it when you are making a face like this...And...

SHARON: And this word [you mention], white devils--it means you have married out[side of tradition]? Someone has tempted you away from the culture?

LEXI: Right. Or it could be *bokfan* – which means white person and not necessarily a “devil.” You know that person who asks for a fork and water at the Chinese Restaurant.

SHARON: That would be me. So you mentioned things that you avoid, like the tendency to fall into the trap of letting culture *happen* (like a treatment of a boy or a girl that is different). So are you able to call that out to your in-laws so there is mindfulness that they are actually doing that; so they know there is different treatment.

LEXI: I was pretty clear...that when it came to my daughter, she was the first grandchild of his parents. She had a special status because she was first born. But still there were things she was not allowed to do. Like woodwork (*inaudible*)... Girls don't do that" – I was pretty sensitive about that.

SHARON: But did you have to call it out?

LEXI: *inaudible*...limit her exposure.

SHARON: And as your parents had watched you begin a new life in a marriage this summer, did you have some redirection that you have taken on and shared with them?

LEXI: My second husband is totally open - “this is who I am, love me or let me go...” kind of a guy, or “I see you are different than I am – I’m not going to judge you..” He is really relaxed...with everyone. And I think people have a sense to be relaxed in turn, because the environment he provides is so easy, so accommodating, so especially loving from the get-go. Be who you are, let them see who you are....Don’t try to hurt me or hurt someone I love.

SHARON: It sounds like it’s in alignment with your world view.

LEXI: My new husband and I come from a background where we had to get [to our future lives] on our own, [that] sort of background. So I think there is more of an appreciation of wanting kids to be more independent and start out on their own earlier. Hopefully to foster an independence and that commitment to what they want at an early age. *Inaudible* ...not living at home in college [laughs].

SHARON: Maybe one of the things you really want to impart to your kids is that sense of autonomy.

LEXI: I want them to feel like they are not doing it on their own. That they do need to make it on their own. They will have all of the love and support I can muster. But I can’t do it for them. I want it to be easier than what I had. I was working 3 jobs, living in the bowels of Oakland, and by a park where it was notorious for drug sales. Taking a bus an hour to school. Getting home late and homeless people would follow me home.

SHARON: You grew up in Oakland?

LEXI: No, that’s where I went to college... I went to Cal. I didn’t have any money. I earned what I could make and I made a little bit of scholarship funding that I got from high school, but, you know, it didn’t go that far. When you pay all of your expenses on your own and there is nothing coming except for your \$5 an hour job which you fit in with your classes. I don’t want them to have to deal with that. I want them to live in a safe place, and have a vehicle...maybe in a dorm.

SHARON: There is something decidedly middle-class about your values – is that something that despite whatever income level they achieve, that you hope that they have ...a really grounded sense of working hard.

LEXI: They are grounded...we already have that. So they do work hard. And they know that we all say education is very important. But education is what you make of it. So if

you don't take the opportunity if you don't put your heart and soul into it, you're never going to get out of it all of the things that could be available to you.

My point was just that I would like them to have less of a time dealing with all of the 'mechanical' stuff. When they actually get to college and they can have this autonomy and have this enlightening experience of college...

I felt like I was so worried about paying the bills at times, I felt like I didn't get an opportunity to be free to learn and to be that intellectual.

SHARON: Appreciate the moment like you Mom taught you, right?

LEXI: Yes, "Appreciate the moment!"

SHARON: Do you have any parting words, kind of related to intergenerational areas --for the next generation. What you are passing on to the next generation, through our interpretation of past values, picking up new values, and reinforcing existing ones?

LEXI: I think that besides family, and choosing a path that is going to make you happy – get paid to do what you want. But that anytime you feel like you are losing yourself, losing the person you want to be, it's never a bad time to say "this isn't what I want" – even if it's your marriage, or your job or whatever it is. Because none of that is going to matter at the end of the day, or at the end of your life. What will matter is who you have connected with. Whose life have you made better by being a good person to them. Doing something unexpected for somebody that changes their life or changes their day. BE the person you want to be. And when you are getting derailed, think about who you are and what you want.

SHARON: That's good – Thanks!

ADDITIONS TO TRANSCRIPT AFTER 10/27

#1 Addition:

Lexi also indicated to me that I could include a non-taped mention of how her daughter led a discussion of fellow Girl Scouts on a group project. She said that without any prompting from her or another adult, her daughter came up with the suggestion to help at a food pantry/soup kitchen. Her daughter's suggestion was met with unanimous support and the girls proceeded with a meaningful service project. Lexi indicated this showed that as a parent the community service that is an ethic of importance to her parents and to Lexi, is being passed along her daughter.

**Appendix G:
Copy of IRBPHS Letter**

March 29, 2012

Dear Ms. Marts:

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your application has been approved by the committee (IRBPHS #12-043). Please note the following:

1. Approval expires twelve (12) months from the dated noted above. At that time, if you are still in collecting data from human subjects, you must file a renewal application.
2. Any modifications to the research protocol or changes in instrumentation (including wording of items) must be communicated to the IRBPHS. Re-submission of an application may be required at that time.
3. Any adverse reactions or complications on the part of participants must be reported (in writing) to the IRBPHS within ten (10) working days.

If you have any questions, please contact the IRBPHS at (415) 422-6091.

On behalf of the IRBPHS committee, I wish you much success in your research.

Sincerely,

Terence Patterson, EdD, ABPP
Chair, Institutional Review Board for the Protection of Human Subjects

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