

Becoming Sandwiched in Later Life: Consequences for Individuals' Well-Being and Variation Across Welfare Regimes

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Abstract

Objectives: The experience of being sandwiched between support obligations towards both aging parents and adult offspring is likely to become more common and more relevant. We aim at assessing the effect of demographic and social sandwiching on the psychological health and subjective well-being of individuals experiencing these transitions, and to what extent, these effects vary across welfare regimes.

Methods: Data are from 63,585 individuals aged 50–75 participating in the Survey of Health, Ageing and Retirement in Europe (SHARE). We estimate within- and between-individual effects using hybrid regression models to predict depressive symptoms (EURO-D) and subjective well-being (control, autonomy, self-realization, and pleasure [CASP]).

Results: Among demographically sandwiched women, transitioning into social sandwiching and into supporting only parents was associated with a moderate but statistically significant increase in EURO-D and decline in CASP scores. The same association is not observed for male respondents. The pattern of variation among women living in countries characterized by different welfare regimes suggests that social sandwiching is less detrimental in Nordic regimes than in other welfare contexts.

Discussion: Results from the between-individuals part of the model indicate that there is a selection into social sandwiching of more healthy individuals into support roles. However, the within-individuals part of the model indicates that the transition into social sandwiching has a detrimental effect on women's (but not men's) psychological health and well-being. The explanations for this gendered effect of social sandwiching may be found in the "invisible" support provided by women and the gendered division of specific care tasks.

Keywords: CASP, EURO-D, Psychological health, Sandwich generation, Subjective well-being

With delayed parenthood and increased longevity, middle-aged individuals often find themselves demographically sandwiched between aging parents and adult offspring (Železná, 2018). Estimates suggest that about a third to almost half of individuals over forty or fifty are members of this mature sandwich generation (Friedman et al., 2017; Herlofson & Brandt, 2020). For some, demographic sandwiching transitions into social sandwiching whereby the sandwiched individual simultaneously provides various types of assistance to both parents and adult children (Albertini et al., 2022). Such assistance may include a variety of services, such as house-keeping, looking after grandchildren, personal care, running errands, and dealing with a range of bureaucracies (Silverstein et al., 2020; Turgeman-Lupo et al., 2020; Vlachantoni et al., 2020). Less considered forms of intergenerational assistance include financial support and co-residence with other adult generations. While the prevalence of social sandwiching is

relatively rare (Wiemers & Bianchi, 2015), its incidence over a protracted period of time is far from negligible in the lives of older adults—particularly in light of increased longevity, growing labor market uncertainties faced by young adults and their delayed transition to adulthood, and the continued relevance of grandparents' care for grandchildren as a service that enables dual-earner families.

Although intergenerational support provided by the sandwich generation reflects norms and values of family solidarity (Grundy & Henretta, 2006; Pyke & Bengtson, 1996), its positioning as mid-layer in a multi-generational structure may also be a source of competing demands and potential conflict (Liu et al., 2020; Wiemers & Bianchi, 2015) with deleterious consequences. As noted some decades ago by Linda George, "... our greatest risk is that family members will not place limits on solidarity such that their own well-being can be sustained" (George, 1986, p. 90). To the extent that this

is the case, the demands placed on the socially sandwiched may impair their well-being as they try to navigate between their work, social schedules, financial needs, and the demands placed upon them by older and younger generations. Earlier research on individuals sandwiched between older parents and young children characterized those in this family position, particularly women, as being at a structural disadvantage, leading to increased stress and negative health outcomes (Duxbury & Dole, 2013; Hammer & Neal, 2008). Most attention has focused on the strain connected with providing support to older parents while raising young minor children (Brody, 2003; Häusler et al., 2018; Riley & Bowen, 2005). Less is known about the adverse consequences of occupying support roles to multiple *adult* generations, including assisting adult children by caring for grandchildren, for psychological health and subjective well-being, as well as the role played by the wider societal and cultural context in blunting or exacerbating those adverse consequences.

In this study, we investigated whether and the extent to which demographic and social sandwiching at older ages (i.e., between 50 and 75 years) affect sandwiched individuals' psychological health and subjective well-being (SWB), and whether these associations are different for men and women and vary across different welfare-state regimes within Europe. We do so by examining differences in psychological distress and well-being between sandwiched and non-sandwiched individuals (cross-sectional, between individual components) and changes in psychological distress and well-being within individuals as they move in and out of sandwiching across their later life course (panel, within individuals component).

Mechanisms for Sandwiching and Role Strain

A growing body of research has addressed the consequences of sandwiching for the personal well-being of the sandwiched provider. The theoretical approach of this research primarily relies on role theory and the notion of competing and conflicting demands. Socially sandwiched individuals in midlife and earlier may face role strain in juggling parenting responsibilities with caring for their own parents (Keene & Prokos, 2007; Polenick et al., 2017). Inherent to the notion of role strain is that an individual is squeezed between fulfilling the demands of various roles—parent, offspring, partner, employee, and more—with fixed amounts of material, emotional, physical, and time resources (Evans et al., 2016; Polenick et al., 2017). In addressing the “price” of being sandwiched, Turgeman-Lupo and colleagues (Turgeman-Lupo et al., 2020) turned to the conservation resource theory proposed by Hobfoll (2011), building on the notion that multiple responsibilities may deplete one's resources to the point of negative impact. This view is aligned with Sieber's notion of role overload, which refers to constraints imposed by the time pressures of fulfilling multiple roles (Sieber, 1974).

Time is the most common resource used in caregiving (Cravey & Mitra, 2011; Herlofson & Brandt, 2020; Železná, 2018). Control over time is considered key to reducing the harmful effects of conflicting demands on psychological health and perceived subjective well-being (Halinski et al., 2018; Turgeman-Lupo et al., 2020). Claims on the time of sandwiched middle-aged and older individuals by older parents and offspring not only induce stress with respect to meeting the needs of both generations simultaneously but also strain established work and leisure schedules.

Although care is often the focus of research on sandwiched individuals, other forms of intergenerational assistance such as shared housing and money transfers are also relevant and may cause challenges. Co-residence with older parents or adult offspring may produce benefits for each generation but also may be a source of conflict deriving from an inequitable organization of household responsibilities and competing loyalties to the needs of older and younger generations. Similarly, older parents and (more likely) adult children who require economic support may induce stress in the provider, not only by drawing on their limited resources but, in the case of adult children, by deviating from normative expectations of their being financially independent (Huo et al., 2019; Lowe & Arnet, 2020).

Adverse Outcomes Associated With Social Sandwiching

Attempting to simultaneously meet the support demands of multiple generations has been found to be associated with a decline in psychological health, with several studies reporting greater depressive symptoms among sandwiched informal caregivers (Brenna, 2021; Do et al., 2014). Depression symptoms increased between two-time points among employees involved in multigenerational or parent-only caregiving when compared with non-caregivers and child-only caregivers (Turgeman-Lupo, 2020). Even professional caregivers, who are well experienced and trained in providing care, experience stress when also providing informal care for their own family members (DePasquale et al., 2016).

The intensity of care demands and variation in the mix of types of support required is typically dynamic, ebbing, and flowing with changes in family needs and composition. Informal support giving is rarely a predefined short “shift,” but an ongoing duty or “career” where providers are continuously on call to respond to emerging needs (Steiner & Fletcher, 2017). Even taking on informal work for a short period may create tensions within couples or siblings over the amount and type of support each provides, adding to potential stress (Barker et al., 2017). Lack of economic resources to hire private care services may lead to social withdrawal, which contributes to a decline in well-being (Hammer & Neal, 2008).

Caring for an older parent can be a time-consuming and emotionally demanding activity (Steiner & Fletcher, 2017), imposing stress that is often exacerbated by concern over progressive deterioration in the physical and mental health of an increasingly frail parent (Conway, 2019). These negative effects may be furthered when combined with meeting the needs of adult children for childcare or financial support. Time constraints may explain lower engagement in healthy practices and self-care among sandwiched caregivers (Chassin et al., 2010; Steiner & Fletcher, 2017).

Any discussion of informal support-giving within the family requires close attention to gendered processes. Multigenerational giving is more likely to add to women's existing caregiving tasks than to men's, and female caregivers are likely to compromise their labor market participation (Friedman et al., 2017; Helforson & Brandt, 2020; Vlachantoni et al., 2020). Indeed, studies on sandwiched female caregivers find that caregiving is viewed as being an inevitable or natural part of their gendered familial role. Yet, caregiving by women is often “invisible” work that is

rewarded with little appreciation by partners and other family members, adding to their stress (Remennick, 2001).

Some studies have challenged the conclusion that caregiving in the context of social sandwiching necessarily has negative effects on psychological health and well-being. Robinson and colleagues did not find an association between caregiving role and depression symptoms, poor health, and social isolation (Robinson et al., 2009). The absence of a relationship between social sandwiching and lower levels of well-being has been reported also in studies using panel data, leading some scholars to suggest that “troubles of the sandwich generation may be a myth” (Loomis & Booth, 1995: 146).

However, most findings in this area of research are based on analyses of cross-sectional data and consequently may simply capture the fact that more able individuals self-select into support roles (e.g., Robinson et al., 2009). In addition, most of the literature on the impact of sandwiching focuses on support to older parents and dependent children. Far less attention has been devoted to the mature sandwich generation which would be more likely to provide support to aging parents and adult children and by extension to grandchildren.

Patterns of support provision across generations and their consequences for well-being are shaped not only by individuals’ and families’ resources and needs but also by the institutional-cultural contexts in which they reside. Previous studies have found significant differences in intergenerational transfers among welfare regimes (Albertini & Kohli, 2013). Regimes offering more generous welfare policies alleviate some of the responsibilities placed on family members to provide more intensive support to other generations but allow them opportunities to provide more casual help (Brandt et al., 2009). National welfare policies that include long-term care, generous unemployment compensation, childcare, and pension benefits tend to co-occur and systematically cluster by region. Similarly, family-oriented cultures and values vary across regimes and tend to cluster inversely with the generosity of welfare packages, and follow the sweeping, but parsimonious and productive distinction between a Nordic, Continental, Eastern, and Southern European regime. Studies of social sandwiching have documented the relevance of these macro institutional contexts for intergenerational transfers and their systematic variation across distinctive welfare regimes across Europe (Albertini et al., 2022; Silverstein et al., 2020).

Moreover, the psychological well-being of individuals has been found to vary across welfare regimes. In a recent scoping review, Ribanszki and colleagues (Ribanszki et al., 2022) reported that the literature suggests a positive association between mental well-being and residing in a social democratic welfare regime, but a negative association with residing in a Liberal or Eastern European regime. In the current investigation, we cluster European countries into four welfare/family culture distinctive categories ranging from strong welfare/weak familism to weak welfare/strong familism: Nordic, Continental, Eastern, and Southern European regimes. Combining insights from familial support and welfare state literatures, this study aims first to examine the relationship between transitions in and out of social sandwiching and mental health and subjective well-being; and second, to explore whether and in what way this relationship varies across welfare regimes.

This investigation adds to the existing body of knowledge on sandwiched individuals by taking a dynamic approach

that accounts for the inherently time-dependent nature of sandwiching, as well as structured compositional differences between demographically/socially sandwiched and non-sandwiched individuals. Thus, we leverage the structure of the data to differentiate (1) systematic differences in psychological well-being between respondents occupying different demographic and social sandwiching conditions (i.e., between-individual effects, using the cross-sectional component of the data) from (2) the association between transitions in sandwiching conditions and psychological health and well-being (i.e., within-individual effects, using the panel component of the data). This approach allows us to distinguish processes that positively select individuals into their support roles (including selection based on having better health and well-being), from the effect that change in support roles has on psychological health and well-being.

Method

Sample

The empirical analyses presented subsequently are based on data from the Survey of Health, Ageing and Retirement in Europe (SHARE, www.share-project.org). SHARE is a longitudinal, multidisciplinary, cross-national survey, representative of the noninstitutionalized population aged 50 years and over in several European countries. In particular, we utilized data from the release 8.0.0 of the regular waves of the survey (i.e., excluding retrospective waves): and thus, Wave 1, 2, 4, 5, 6, and 8 (years 2004/2005, 2006/2007, 2011, 2013, 2015, and 2019/2020, respectively).

The analytical sample for the analyses is selected in light of our specific focus on the mature sandwich generation and thus, in line with Albertini and colleagues (Albertini et al., 2022), we include in our sample all individuals aged between 50 and 75 years, both sandwiched and not-sandwiched, who participated in at least two (not necessarily consecutive) regular waves of the SHARE (and who have nonmissing information on the variables utilized in the multivariate regression models). Our analytical sample is thus comprised of 176,521 observations for 63,585 individuals (35,130 women and 28,455 men) from the following countries: Sweden and Denmark (Nordic regime), Austria, Germany, the Netherlands, France, Switzerland, Belgium, Luxembourg (Continental regime), Spain, Italy, Greece, Israel, Portugal (Southern European regime), Poland, Czech Republic, Hungary, Slovenia, Estonia, and Croatia (Eastern Europe regime; see Albertini & Kohli, 2013; Silverstein et al., 2020).

Dependent Variables

We examined two dependent variables to assess the relationship between sandwiching and the psychological health and subjective well-being of older adults. Psychological health is captured by the EURO-D scale as a measure of depression among older adults. The scale was originally developed by deriving common depression symptoms from various instruments assessing late-life depression in various European countries (for details see Prince, 2011; Prince et al., 1999). The scale consists of 12 items. Each of the items receives a score of 1 if the symptom is present, and 0 otherwise, resulting in a scale that ranges from 0 (“not depressed”) to 12 (“very depressed”) (Mehrbordt et al., 2021).

Our second dependent variable captures subjective well-being (SWB) reflecting respondents’ level of happiness and

overall evaluation of their lives. For the present study, we used a measure of SWB that taps four conceptual domains: control, autonomy, self-realization, and pleasure, a scale known by its acronym CASP (Hyde et al., 2015). This additive scale provides a holistic representation of SWB relevant to the study of old age and intergenerational support (e.g., Jivraj et al., 2014). Each conceptual domain of the scale is represented by three items scored from 1 to 4 as follows: 1 (*often*), 2 (*sometimes*), 3 (*rarely*), and 4 (*never*). Total CASP scores range from 12 to 48, with a higher score indicating greater SWB.

EURO-D and CASP scales, while moderately correlated (Poretellano-Ortiz et al., 2018), capture unique aspects of well-being, with the former focused more on mental health and the latter focused more on quality of life.

Independent Variables

We define the demographically sandwiched as those individuals who at a given wave of the survey reported having at least one living adult child and one living biological parent or parent-in-law. We define the socially sandwiched as those demographically sandwiched who simultaneously provide support to both younger and older family generations, by means of time and money transfers—with the former including personal care, help with household tasks, paperwork, and looking after grandchildren—as well as intergenerational co-residence (for a discussion of possible different definitions and their impact on estimates see Albertini et al., 2022). Among those who are demographically sandwiched, we further distinguished between those who provided support only to children, those who only provided support to parents or parents-in-law and finally, those who did not provide support to any of the other two family generations.

A set of time-varying independent variables is introduced in the multivariate regression models to control for other important factors potentially affecting an individual's SWB and the presence of depression symptoms, that is respondent's age, income quintile (year and country-specific, based on the distribution of equivalent household income in the 50–75 years old population). In addition, we include information on two important potential sources of time demands. First, we take into consideration the presence/absence of a partner, who per se may represent a source of support, and whether the respondent provides personal care to a partner living in the same home, who is not self-sufficient. The latter represents an important additional demand for time and care. Second, we introduce a dummy variable that takes the value of 1 if the respondent is still in paid work, and 0 otherwise.

Analytic Strategy

Hybrid linear regression models were adopted to study the association between being demographically and socially sandwiched, and psychological well-being. Hybrid models have the advantage of making it possible to separately estimate (1) within-individuals effects (using the cross-sectional dimension of the data) demonstrating how transitions between different sandwiching statuses are associated with older individuals' well-being across time while accounting for time-constant characteristics, and (2) between-individuals effects (using the panel dimension of the data) reflecting average differences in well-being between respondents who find themselves in different sandwiching statuses.

For each of the two dependent variables, we implemented two regression models. First, we analyzed the bivariate

relationship between sandwiching status and each dependent variable, then we added all control variables. Regression models were estimated independently for male and female respondents, as previous studies have consistently documented that intergenerational exchanges and social sandwiching have significantly different dynamics and effects for men and women.

Since, as argued earlier, institutional-cultural context is likely to influence both overall levels of well-being, as well as patterns of intergenerational support exchange, we also investigated the extent to which sandwiching status and their transitions have different implications for well-being across the four macro-institutional regimes described earlier.

Results

The main characteristics of our sample (observations = 176,521; respondents = 63,585) are shown in Table 1. Most respondents (almost 80%) were not demographically sandwiched at the time of the interview. Only about 6% of observations refer to a condition of social sandwiching. In less than 3% of the cases, respondents report having a co-residing partner who is not self-sufficient in carrying out activities of daily living and to whom the respondent provides personal care. Paid work, on the other hand, represents a frequent source of (additional) time demand for a significant minority of aging Europeans.

We first examine the bivariate relation between individuals' sandwiching status, their SWB, and psychological health. The results shown in Tables 2 and 3 (columns M1) indicate that the transition into being socially sandwiched is associated with a modest, but statistically significant, worsening in the subjective well-being and mental health among

Table 1. Sample Characteristics

Variable	Average	SD	%
CASP	38.03	6.03	
EURO-D	2.22	2.15	
Gender, woman			55.9
Sandwiching status (inclusive version)			
Not demographically sandwiched			79.4
Demo sandwiched and support children only			10.4
Demo sandwiched and support parents only			1.3
Demo and socially sandwiched			6.2
Demo sandwiched and support none			2.8
Age	63.17	6.57	
In paid work			32.4
Partner and support			
No partner			22.1
Has partner, does not provide personal care			75.1
Has partner, provides personal care to them			2.8
Area/regime			
Nordic			12.8
Continental			41.1
Southern			23.2
Eastern			22.9

Table 2. Hybrid Linear Regression Model, Dependent Variable Number of Self-reported Symptoms of Depression (EURO-D 12-Point Scale)

Variables	Women		Men	
	M1	M2	M 1	M2
<i>Within effects</i>				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	-0.0924*** (0.0310)	-0.0777** (0.0311)	0.0189 (0.0326)	0.00451 (0.0328)
Only to children	-0.0956*** (0.0358)	-0.0918** (0.0358)	-0.0318 (0.0359)	-0.0320 (0.0359)
Only to parents	0.0126 (0.0653)	0.0133 (0.0652)	-0.0715 (0.0684)	-0.0884 (0.0683)
To none	-0.187*** (0.0544)	-0.180*** (0.0543)	-0.0683 (0.0503)	-0.0701 (0.0502)
Age		-0.0132*** (0.00189)		0.00293 (0.00190)
Presence of partner and provided personal care to partner (ref. Has partner, but did not provide social support to partner)				
No partner		0.539*** (0.0364)		0.427*** (0.0428)
Has partner and provides personal care to them		0.431*** (0.0415)		0.331*** (0.0447)
In paid work (ref. No)		-0.0392 (0.0245)		-0.0570** (0.0223)
Income quintile		-0.00566 (0.00592)		-0.0129** (0.00575)
<i>Between effects</i>				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.278*** (0.0549)	0.0524 (0.0554)	0.278*** (0.0584)	0.113* (0.0578)
Only to children	0.223*** (0.0722)	0.0784 (0.0705)	0.0478 (0.0717)	-0.00502 (0.0695)
Only to parents	0.0866 (0.143)	0.0271 (0.139)	0.277** (0.137)	-0.0719 (0.133)
To none	0.263** (0.103)	0.0542 (0.100)	0.325*** (0.0938)	0.0950 (0.0912)
Age		-0.0249*** (0.00213)		-0.0394*** (0.00210)
Presence of partner and provided personal care to partner (ref. Has partner, but did not provide social support to partner)				
No partner		0.465*** (0.0237)		0.475*** (0.0269)
Has partner and provides personal care to him		1.346*** (0.0787)		1.263*** (0.0825)
In paid work (ref. No)		-0.729*** (0.0314)		-0.813*** (0.0297)
Income quintile		-0.169*** (0.00908)		-0.134*** (0.00816)
Constant	2.346*** (0.0527)	4.658*** (0.140)	1.564*** (0.0565)	4.809*** (0.145)
Observations	98,742	98,742	77,779	77,779
Respondents	35,130	35,130	28,455	28,455

Notes: Standard errors in parentheses.
****p* < .01. ***p* < .05. **p* < .1.

Table 3. Hybrid Linear Regression Model, Dependent Variable CASP

Variables	Women		Men	
	M1	M2	M1	M2
Within effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.390*** (0.0714)	0.321*** (0.0716)	0.245*** (0.0865)	0.187** (0.0868)
Only to children	0.172** (0.0824)	0.171** (0.0823)	0.131 (0.0952)	0.130 (0.0951)
Only to parents	-0.131 (0.150)	-0.158 (0.150)	-0.114 (0.181)	-0.105 (0.181)
To none	0.271** (0.125)	0.255** (0.125)	0.0478 (0.133)	0.0259 (0.133)
Age		0.0398*** (0.00434)		0.0384*** (0.00503)
Presence of partner and provided personal care to partner (ref. Has partner, but did not provide social support to partner)				
No partner		-0.146* (0.0838)		-0.394*** (0.114)
Has partner & provides personal care to them		-1.051*** (0.0954)		-0.739*** (0.119)
In paid work (ref. No)		-0.0636 (0.0564)		0.209*** (0.0591)
Income quintile		0.137*** (0.0136)		0.127*** (0.0152)
Between effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	-1.785*** (0.159)	-0.693*** (0.157)	-1.815*** (0.190)	-1.005*** (0.186)
Only to children	-1.225*** (0.209)	-0.606*** (0.199)	-0.737*** (0.233)	-0.388* (0.223)
Only to parents	-0.720* (0.412)	-0.493 (0.392)	-1.923*** (0.445)	-0.788* (0.427)
To none	-1.941*** (0.296)	-1.073*** (0.282)	-1.705*** (0.305)	-0.952*** (0.292)
Age		0.0654*** (0.00598)		0.0962*** (0.00672)
Presence of partner and provided personal care to partner (ref. Has partner, but did not provide social support to partner)				
No partner		-1.658*** (0.0672)		-1.169*** (0.0866)
Has partner & provides personal care to him		-3.942*** (0.221)		-3.483*** (0.263)
In paid work (ref. No)		2.741*** (0.0887)		2.595*** (0.0952)
Income quintile		0.826*** (0.0256)		0.879*** (0.0261)
Constant	39.18*** (0.153)	31.44*** (0.393)	39.77*** (0.184)	29.62*** (0.462)
Observations	98,742	98,742	77,779	77,779
Respondents	35,130	35,130	28,455	28,455

Notes: Standard errors in parentheses.

*** $p < .01$. ** $p < .05$. * $p < .1$.

female respondents, with CASP scores decreasing and the number of depression symptoms increasing. This is true when comparing social sandwiching with all other possible transitions, with the only notable exception being the transition to a situation in which the respondent is demographically sandwiched but only provides support to her parents or parents-in-law.

Unlike the results for women, transitions between different sandwiching statuses among men were less clearly associated with changes in subjective well-being and psychological health. Almost all the regression coefficients, despite having the same sign that was observed for women, were smaller and not statistically significant. The only exception to this pattern was the transition to not being demographically sandwiched, which was associated with a statistically significant increase in male respondents' CASP scores.

Finally, it is interesting to note that, both for men and women, most of the between-effects coefficients have an opposite sign than within-effects coefficients. Thus, were we to rely solely on the cross-sectional component of our models we might incorrectly conclude that being socially sandwiched is associated with better mental health and higher subjective well-being.

The results of the full regression model (columns M2) show that within-effects coefficients for transitions between sandwiching statuses are very similar to the ones reported earlier. The sign and statistical significance level of the coefficients are almost unaltered by the introduction of time-varying controlling variables, and their size is only very modestly reduced. In contrast, the between-effects estimated by fitting the full model depict a more articulated picture than the one from the "empty" model. Both for the CASP score and a number of depression symptoms, the introduction of control variables does not affect the sign but reduces the size of the coefficients for the different sandwiching statuses. In the case of depression symptoms, these coefficients are no longer statistically significant, whereas they remain significant when considering CASP scores.

Overall, the results of the analyses suggest that entering a condition of social sandwiching has a (modest) negative effect on well-being among middle-aged and older women. A similar effect was observed among those individuals who transitioned into being demographically sandwiched and providing support only to their parents. Taken together, these two results indicate that it may be the combination of being demographically sandwiched plus providing support to (very) old parents that has a negative effect on a mature individual's well-being. A further important insight emerging from our analyses is that men are not affected by sandwiching transitions in the same way as women. Finally, the comparison of between and within effects suggests that results from some previous studies, using cross-sectional data and reporting a positive or non-negative effect of social sandwiching, may have been driven by compositional effects. In additional sensitivity analyses, we have defined social sandwiching only as time transfers; results remain substantially unaltered vis-à-vis those reported in Tables 2 and 3 (these analyses are available from the authors upon request).

In the next step, we ask if the negative effect of social sandwiching on women's well-being varies across different institutional-cultural contexts. To review, we expect a stronger negative effect in those contexts where: (1) public welfare provision is less generous; (2) public policies aiming at improving

family-work reconciliation are less developed; (3) policies are designed according to a familism-by-default approach; and (4) prevailing social norms stress family's responsibility in providing care and economic support (Saraceno & Keck, 2011; Silverstein et al., 2020). These differences are expected to be anchored at the extremes by Mediterranean countries and Nordic countries, with the strongest negative effect in the former region and the weakest negative effect in the latter region, with the other regions falling in between.

Cross-country patterns emerging from our analyses (see Tables 4 and 5) are less clearcut than what we hypothesized: the transition to social sandwiching (vs. transitioning to "not being demographically sandwiched" and "only giving to children") is associated with an increase in the number of depression symptoms in Continental and Southern Europe. These are contexts in which the degree of (supported- or by default-) familism is higher than in Nordic countries where in general, the welfare system tends to be more generous and prevailing social norms are more individualistic (Saraceno & Keck, 2011). We would have expected to find a similar, if not stronger, association in Eastern Europe. Our results, though, suggest that in this context only the transition into being demographically sandwiched but not giving support to anyone is associated with fewer depression symptoms compared to those transitioning into social sandwiching. Even less clear is the cross-national pattern emerging from the analysis of CASP scores. In this case, we find two regularities: First, moving out of the condition of demographic sandwiching is associated with better SWB in Continental, Southern, and Eastern regime countries. Second, when respondents move to be demographically sandwiching but not providing support to any other family generation, they experience an increase in their CASP scores in Nordic, Continental, and Eastern European societies.

Discussion

This study examined the implications of demographic and social sandwiching for the psychological health and well-being of the middle-aged and older population of Europe. Demographic and social transformations are related to the growing incidence and duration of demographic and social sandwiching episodes among older Europeans (Albertini et al., 2022). With social sandwiching becoming an increasingly common experience, it is important to assess whether this familial situation has consequences for their psychological health and well-being.

Our study introduced several innovations into the discussion of the sandwich generation. First, the age span we consider extends into late adulthood (50–75) and constitutes what we term the mature sandwich generation. Fewer people in this cohort are currently sandwiched as many do not have living parents. However, with increasing longevity, this growing demographic group is more likely to have parents to support while still supporting adult children. Also, the grandparenting role of this demographic group—which represents together with higher parents' longevity as one of the main drivers of their being socially sandwiched—is a key factor in shaping women's participation in the paid labor market. Thus, it is to be expected that, despite its relatively low frequency, the demographic and policy relevance of the phenomenon of mature social sandwiching will be growing. Second, by distinguishing between demographic and social sandwiching we

Table 4. Hybrid Linear Regression Model, Dependent Variable Number of Self-reported Symptoms of Depression (EURO-D), Only Female Respondents, Separate Models by Regime (Unweighted Results)

Variables	Nordic	Continental	Southern	Eastern
Within effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.171*** (0.0652)	-0.0726* (0.0434)	-0.371*** (0.0830)	-0.0276 (0.0695)
Only to children	0.0412 (0.0750)	-0.109** (0.0497)	-0.288*** (0.0938)	-0.00918 (0.0811)
Only to parents	0.178 (0.139)	0.0147 (0.0864)	-0.101 (0.189)	-0.0212 (0.147)
To none	-0.112 (0.124)	-0.123* (0.0725)	-0.218 (0.145)	-0.396*** (0.125)
Between effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.118 (0.122)	-0.0308 (0.0836)	-0.311** (0.128)	0.408*** (0.117)
Only to children	0.0949 (0.164)	0.0718 (0.106)	-0.255 (0.158)	0.312** (0.150)
Only to parents	0.151 (0.356)	-0.0368 (0.199)	-0.360 (0.332)	0.544* (0.290)
To none	-0.131 (0.257)	0.0554 (0.146)	-0.409* (0.224)	0.537** (0.218)
Constant	8.357*** (0.409)	5.487*** (0.218)	2.284*** (0.292)	3.606*** (0.281)
Observations	12,219	39,804	22,835	23,884
Respondents	4,022	13,803	8,697	8,608

Notes: Standard errors in parentheses.

Coefficients for controlling variables are not reported.

*** $p < .01$. ** $p < .05$. * $p < .1$.

demonstrate the importance of separating family structure from family behavior in assessing well-being outcomes. Third, we go beyond the common focus on the effect of direct care provision on subjective well-being and psychological health (Pinquart & Sörensen, 2003) and take a broader view of support by examining the provision of time, financial, housing, and grandparental support. A fourth innovation we introduce is the use of panel data to separate cross-sectional differences and the effect of transitioning into social sandwiching. We show that this strategy is important to appropriately identify the relationship between sandwiching and psychological well-being. Last, we consider the wider social contexts that incorporate public policy and cultural differences and suggest interesting directions for future research that differentiates the impact of these and other macro-level forces.

Our findings indicated that respondents characterized as socially sandwiched reported, on average, fewer depressive symptoms and scored more highly on the CASP index than those not in this family type. However, when the analysis focused on within-individual effects the results revealed negative effects for women. Transitions into the condition of social sandwiching or providing support to parents had detrimental effects on women's SWB and depressive symptoms. Interestingly, similar effects were not found in the case of men.

By distinguishing the dynamic processes from cross-sectional, differences we can provide a nuanced understanding of the relationship between social sandwiching and

psychological well-being. The socially sandwiched appear to be more resilient on average than other demographically sandwiched people, suggesting a systematic selection into social sandwiching. This does not mean, however, that transitioning into social sandwiching does not take a toll on the individual. Especially for women, the added burden associated with the state of being socially sandwiched is detrimental. Although we do not have the data to explore the specific social mechanisms leading to this gendered effect, we propose that it derives from the gendered division of familiar support tasks, with women more likely to engage in the time and emotionally demanding care activities while carrying out additional familial and occupational roles (Luppi & Nazio, 2019; Murphy et al., 1997; Stephens et al., 2001).

With regard to institutional contexts, the patterns emerging from these results suggest that becoming socially sandwiched is less detrimental to the psychological health and well-being of women living in social-democratic regimes. These results align with what has been documented by Ribanszki and colleagues (Ribanszki et al., 2022) about the protective role of a social-democratic type of welfare regime, in terms of individuals' mental health. Some inconsistencies in the between regimes differences emerging from these results, for example, the lower effect observed for women in Eastern European countries, suggest that additional research is needed to uncover the microlevel social mechanisms behind this association. Nevertheless, this investigation provides a first step

Table 5. Hybrid Linear Regression Model, Dependent Variable CASP, Only Female Respondents, Separate Models by Regime

Variables	Nordic	Continental	Southern	Eastern
Within effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.206 (0.134)	0.223** (0.0998)	0.518*** (0.188)	0.455*** (0.168)
Only to children	0.241 (0.155)	0.127 (0.114)	0.279 (0.213)	0.133 (0.196)
Only to parents	0.0865 (0.287)	-0.199 (0.199)	-0.727* (0.428)	0.291 (0.357)
To none	0.433* (0.255)	0.376** (0.167)	-0.301 (0.329)	0.528* (0.302)
Between effects				
Sandwiching status (ref. Socially sandwiched)				
Not demographically sandwiched	0.404 (0.315)	0.0133 (0.226)	-0.958*** (0.308)	-0.676** (0.322)
Only to children	0.652 (0.423)	-0.0867 (0.287)	-0.957** (0.380)	-0.488 (0.413)
Only to parents	0.269 (0.923)	-0.464 (0.539)	-0.538 (0.796)	-1.479* (0.797)
To none	-0.260 (0.661)	-0.338 (0.394)	-0.949* (0.537)	-2.664*** (0.599)
Constant	29.47*** (1.057)	31.12*** (0.588)	36.37*** (0.699)	34.88*** (0.770)
Observations	12,219	39,804	22,835	23,884
Respondents	4,022	13,803	8,697	8,608

Notes: Standard errors in parentheses.
Coefficients for controlling variables are not reported.
*** $p < .01$. ** $p < .05$. * $p < .1$.

in considering intergenerational sandwiching simultaneously from dynamic and macro perspectives.

There are several limitations to this investigation that merit discussion. First, measures of support were broad and did not incorporate intensity and the main reason for giving support, possibly masking the most negative impacts of caregiving. Second, we were not able to examine the differential effects of transitioning in and out of sandwiching. (i.e., asymmetrical within effects). Third, co-residence with other generations may allow support to be received by the sandwiched individual and thus we ignore the mutual benefit that co-residence may provide. Fourth, although our categorization of welfare regimes has been used in various empirical studies, it is very broad and does not differentiate public policy from cultural forces. Furthermore, countries within regions may be heterogeneous, particularly those in Eastern Europe which may defy clear classification. The earlier limitations notwithstanding, we believe that the findings of this research dispel the notion that “the beleaguered sandwich generation is a myth” (Loomis & booth, 1995) and suggest new pathways to a fuller understanding of the lives of the mature sandwich generation.

The significance of our research is underscored by its importance for furthering family, life course, and demographic theory. In terms of family theory, our analysis enhances the classic literature on caregiver stress formulated by Pearlin et al. (1990) which considered the relevance of the wider social contexts in which caregiving takes place. In our analysis, we

examined support provided jointly to several generations, thereby taking a more holistic and systemic perspective than studies of eldercare alone. We also considered multiple countries with different public policies concerning social safety nets and different family cultures, thereby contextualizing microfamily intergenerational transfers within the larger socioenvironmental contexts in which they occur.

Furthermore, studying mature sandwiched individuals who were age 50 and older brings into focus how position in the life course shapes the experience of providing care and support to family members. Life-stage factors uniquely experienced by mature family caregivers, such as compromised physical capabilities and interrupted retirement plans, add to our understanding of the challenges faced by this generation in providing care to oldest-old parents and young grandchildren.

For demographic theory, we know that the phenomenon of mature sandwiching is far more common than our relatively short-term study suggests. The significance of our findings concerning the psychological consequences of being socially sandwiched in middle age and beyond is elevated when one considers the large population at risk of demographic sandwiching. This was the question addressed by Alburez-Gutierrez and colleagues (Alburez-Gutierrez et al., 2021), who used simulation techniques to project the global prevalence of grandsandwiching across various cohorts. The authors found that longevity gains compensated for delayed fertility such

that the lifetime prevalence of “grandsandwiching”—defined as individuals who simultaneously have pre-adult grandchildren and at least one parent less than five years from death—is expected to remain robust in Europe and the United States and decline only modestly from 43.3% to 41.5% from 1970 to 2040, resulting in grandparents spending an average of 3.5 years in that state.

Taken together the findings of our study have relevance to broader public policy debates and theoretical development about the role of the family and the state in serving vulnerable care providers and recipients who are embedded within kinship systems characterized by multiple and reciprocal filial responsibilities.

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Conflict of Interest

None.

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