

Review Article

Do Religious or Non-Religious People Take Better Care of Elderly Parents? - Testimonies From the Sandwich Generation

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Abstract

The term sandwich generation refers to middle-aged adults who have to care for both their elderly family members and their children who still live with them. This overburdened life situation aroused our interest, and we sought to find out what religious and non-religious people think about caring for elderly parents. We carried out a comparative micro-sociological study in which we asked members of the religious and non-religious sandwich generations about their decisions regarding the care of their parents. We were interested in the similarities and differences between the narratives of the two groups.

Overall, we found that there was no significant difference in the willingness to help between the two groups. However, we found important differences in the details. Religious people spoke of helping their elderly parents as more emotionally charged, involving more and longer dilemmas. They were constantly 'self-monitoring' the quality of their helping role, doubting whether they were helping enough? In contrast, non-religious people were more rational about questions about caring for parents. Caregiving tasks were planned in advance. While the thinking of the religious group was more focused on soul-searching about good caregiving, members of the non-religious group were more interested in problem solving. It is important to stress that the difference between the two groups studied was in the attitude towards caring, not in whether one group would or would not take on the responsibility of parenting.

INTRODUCTION

Those interested in social problems can read and hear a lot about the ageing of Western societies, which is a consequence of increased age, decreasing fertility, the prolongation of family formation, etc. If extended life expectancy means healthy life expectancy, it can be a source of joy for society and families. However, there may come a time for all of us when ageing may be associated with weakness or illness. In the latter case, the problems of older people have to be solved by younger people, and the family is seen as an obvious source of help. However, today, compared to earlier times, it is not so clear whose responsibility it is to care for the elderly. Adult children, relatives, the state or an informally paid employee, for example through care migration? [1,2] Indeed, with the spread of nuclear families and the decline of extended families living together, intergenerational solidarity is becoming increasingly difficult to achieve. Nevertheless, research shows that the family is still the institution that takes on the greatest responsibility for the care of older people [3-6].

In Hungary, too, research into the problems associated with an ageing society is becoming an increasingly important area of research. Scientific thinking is drawing attention to new issues such as the possibility of active ageing, the positive and negative aspects of family care, the phenomenon of dementia and its treatment, and more recently the impact of Covid on elderly care [7-12].

However, there is a lack of realistic understanding of the situation of elderly care in their countries. The seriousness of the problem seems to be known only by older people and their families who are directly involved. There does not seem to be enough discussion of the inner workings of the formal (public/church/civil) elderly care network and its dysfunction, or less awareness in Hungary of the informal way in which it is provided [13,14]. We see a strong need to strengthen social self-awareness of eldercare in Hungary.

A 2016 survey shows what type of care Hungarian elderly people would choose if the decision were in their hands alone. According to the survey, 5% of Hungarians aged between 55 and 69 would choose to move in with

their children if they needed care, 30% would accept a nursing home, and 61% said they would prefer to receive care in their own home if they needed it [10]. This data series indicates, on the one hand, the unpopularity of moving in with one's own children and the public's distrust of institutional care for the elderly. On the other hand, it shows that older people would prefer to be cared for in their own homes. Several questions arise from the above data. It would be good to know more about the ways and forms in which older people's wishes for care in their own homes are being met. Who and what are the motivations for families to provide elderly care? How do family members become elderly carers and what are the stages of care? In general, what narratives exist about how the younger generation prepares for eldercare, if at all? In our study, we do not aim to explore all the issues raised here, but we will address the research questions that concern us below.

In the research, we asked the people most affected by the issue, the sandwich generation. The term 'sandwich generation' was first used by elderly care researchers and has since been adopted into the vernacular [15], to refer to middle-aged adults (45-65 years old) who have to care for both their elderly family members and their children who still live with them. Many of this generation (mainly middle-aged people) are still active in the labour market and some of them have already given birth to grandchildren. In the best cases, the parents in need live close to the carers, but this is not the typical situation in the 21st century. It is more common for parents and their adult children to live far apart, which makes it even more difficult to care for ageing parents. These characteristics suggest that members of the sandwich generation find themselves in an overburdened situation when they have multiple responsibilities towards their family members [15-18]. Researchers on this topic have suggested that the relative number of people living in sandwich generation situations is still low today, but is expected to increase due to the social trends indicated above.

In our research, we conducted a comparative micro-sociological study in which we asked members of the religious and non-religious sandwich generations about their decisions regarding parental care. We wanted to probe what narratives represent caring for the elderly in the two groups studied?

Characterisation of the elderly care system in the literature

In Hungary, according to the 1993 Social Act, the basic task of the elderly care system is to create and maintain

social security for the beneficiaries. For a better

understanding of the topic, it is necessary to understand some concepts.

The literature distinguishes between formal and informal care for older carers. Formal care is defined as institutional care (state, municipal) in which the person receiving care receives professional help. Informal care refers to non-professional assistance outside the care system [19]. The latter term, informal care, refers to activities in which persons who are unable to care for themselves are assisted by family members, relatives or acquaintances. A caregiver is defined in the literature as a person who provides care without remuneration to those in need [20].

We have asked above what are the motivations for families to engage in informal care? According to the literature, we can speak of individualistic and collectivistic care strategies [3]. Individualistic care refers to a situation in which the assistance provided within the family is less direct. In this case, the person argues that "I didn't get enough love from my parents" or "we had a distant relationship." The collectivist strategy was explained by interviewees as reciprocity, reciprocal caregiving, where the cared-for person was not infrequently spoken of by caregivers as a "saint" who "gets along with anyone". Among those with this latter view, an increase in positive self-esteem due to caregiving was observed. As described above, it is perceived that the motivation for caregiving may be influenced by the quality of previous family relationships, which may determine the depth and speed of assistance [4].

Authors other than Kohli and Kunemund et al. [21], agree with the above, conceptualising the phenomenon somewhat differently. In their view, care within the family can be unconditional or conditional.

They describe unconditional motivation (aka altruism) in a similar way to Pyke and Bengtson, who stress that adult children want to give back to their parents what they have previously received. Note that this interpretation is consistent with the notion of generativity, which Erikson et al [22] introduced in the 1950s. The principle of generativity states that people in middle age want to give back the love and support they themselves received in childhood. The increasing role of generativity in family caregiving has also been pointed out by Berdes et al [23] and Grossman and Gruenewald et al., [6]. In such cases, the relationship between caregiver and cared-for person may be strengthened, past hurts may be healed and given new meaning, or the caregiver may feel important [16]. Unconditional caring or altruistic behaviour may also be underpinned by an acceptance of helping as a social norm.

The latter implies that individuals do not question the importance of helping because it is a social expectation, and they help because the elderly need it. This perception is fully in line with the third principle of Christian social teaching, subsidiarity, which states that care should be provided where the problem can be solved directly [24].

At the heart of conditional care is the principle of “give if you get”. An example might be the attitude that “if I don’t like the person who needs help, I feel I don’t have to help them”. Or it could include caring in exchange for an expected inheritance (“I will help if I am the heir”), but also the belief that “I don’t need to help if there is public assistance available”. In addition to the dualistic mindset, Kohli et al. identified, based on their research, a third starting strategy, which they called “generational separation”, based on the principle of “everyone for himself”. Generational separation represents the idea that when children are grown up, they should stand on their own two feet, or vice versa, elderly parents should not be supported because they do not need it [4-21].

In addition to research on the motivations of carers, a number of studies have also looked at the consequences of caring, identifying its mainly negative aspects [25]. Research analysing the negative effects shows that the sandwich-generation living situation is associated with stress, sleep disturbance, lifestyle changes, disadvantages in the labour market, and thus with a number of sacrifices [15-17]. A further negative effect can be the deterioration of the cared-for person’s condition, which can increase feelings of physical strain and lead to health deterioration [26].

In mapping the Hungarian situation, the literature reports on the overburdening of social care systems and, at the same time, on the burden on family carers [11]. Research reports problems around caregiving tasks, lack of training of family carers in caregiving tasks, patient rights issues, and the acquisition and use of tools to support their work. This lack of knowledge leads to increased uncertainty and stress on both sides. According to research reports, family caregivers find it difficult to reconcile their work schedules, caregiving time and their own family life [19-27]. We assume that this problem is exacerbated by the sandwich generation living situation, when not only the workplace and caregiving tasks but also the needs of young and adult children still living at home have to be met.

Based on the above, the research points to the difficulties faced by the sandwich generation and the more stressful life situations associated with assistance.

The growing need for time care in Hungary

Before presenting our research, let’s look at what we know about the growing need for elderly care in Hungary. In order to understand the context of informal elderly care in Hungary (in this case, the sandwich generation), it is essential to review some demographic data. Table 1 shows the numbers and percentages of the age group 65+ and 80+ in the total population for the period 1990-2022.

The ageing of society is shown in Table 1. It shows that while the proportion of the population aged 65+ was 13% in 1990, it had reached 20% by 2022 and is projected to reach 29% by 2070. The 80+ age group, i.e. the number and proportion of very old people, is also on a steady upward trend, almost doubling by 2022 compared to 1990. We know that the older generation in Hungary is in poor health [10], so it is not unimportant how they can manage elderly care when needed.

In an ageing society, it makes a difference whether older people in need of care live in a family or alone. *According to the 2016 microcensus data, 31% of the population aged 65 and over lived alone (554,000 people). 11% of women over 65 and 21% of men do not have a living child who could provide care if needed, a proportion that worsens with age.* [13] These data confirm the growing need for elderly care.

Source: a table Monostori-Gresits [10] compiled by the authors based on a study by the authors

Table 2 shows that the perception of elderly care has changed steadily since the early 2000s. While the desire to live with one’s own children is decreasing and at its lowest percentage, and the percentage of respondents who prefer nursing home care has increased, the majority of respondents (60%) still prefer to be cared for in their own home as the best option.

According to the table, 30 percent of those affected would consider moving to a nursing home, according to

Table 1: Breakdown of the elderly population in Hungary between 1990 and 2022 (1 January)

Year	Age group	Main	Distribution within population (%)
1990	65+	1 373 922	13,2
2001	65+	1 544 980	15,1
2011	65+	1 671 135	16,7
2017	65+	1 828 226	18,7
2022	65+	1 990 342	20,5
1990	80+	259 888	2,5
2001	80+	278 082	2,7
2011	80+	405 699	4,1
2017	80+	425 285	4,3
2022	80+	445 348	4,6

Source: Demographic yearbook, 2021 (KSH) Table 1.1.8.

Table 2: How do ageing people in society imagine their care?

Year	Topic	Age group	%
2001	When you are no longer able to live independently, you want help in your own home.	55-69	71
2001	She would move in with her child.	55-69	10
2001	He would go to a nursing home.	55-69	18
2016	You want help in your own home.	55-69	61
2016	She would move in with her child.	55-69	5
2016	He would go to a nursing home.	55-69	30

Source: a table Monostori-Gresits (2018) compiled by the authors based on a study by the authors.

2016 data, compared to 60 percent who would consider home care. The willingness of those in need of care to move home may be affected by the current state of nursing homes. In Hungary, it is well known that few people can afford higher levels of institutional care, while average or below-average state homes face serious problems. For example, in state-run old people's homes, there is a ratio of 13 carers to 1 carer, and the situation is exacerbated by the very low social prestige of the caring profession, which is illustrated by the high number of public sector workers [13-28]. It is also because of the latter circumstances that the situation in Hungary has developed that twice as many people would choose informal care in the home instead of formal care.

Care in the home (which we also call family care) is directly relevant to our research, so it is worth going into more detail about how it is provided. Family care can generally take three forms. Firstly, we can talk about the use of home care subsidised by the state/government, but it has to be said that in Hungary today this form is also in a state of 'care crisis'. The 'crisis' in this case refers to the modest level of care allowance for home care and the narrow range of people eligible for it, the lack of support services for caring families, the lack of coordination between care policy and employment policy, and the complete absence of client protection [29]. Secondly, home care can be provided by informally paid carers when family members are no longer able to take on the daily tasks of caring, 24-hour supervision. This form of care also has a significant financial cost, which reduces the number of people who use it. And thirdly, we can talk about family care, which in this study was examined among the sandwich generation. According to our understanding and the data available to us, this is the most widespread form of care in Hungary today. According to a 2019 figure, the estimated number of family caregivers reaches 400-500 thousand [29-38]. This attitude is supported by the social norm of "it is the children's job to help elderly parents" and by the social teaching of the Church.

METHODS

Our research took place in August 2021, and involved

77 semi-structured interviews with people living in and around a village in Pest County, Hungary. From these interviews, we selected 18 life stories to write this study. In the overall research, interviews were conducted with elderly people (Generation I), with members of the middle generation (Generation II, from which the subjects selected for the analysis were drawn), and with young people (Generation III). For the analysis, interviews were selected where the life situation of the subject corresponded to the concept of the sandwich generation. In particular, we included in the analysis individuals whose parents were in some form of care while their child or children were still living with them. They are also active in the labour market, i.e. they have a job and are working. This brings us to the sandwich generation group of 18 people. In each case, the subjects were asked to classify themselves in terms of religiosity before the interviews, for which we offered the categories of religiosity of Miklós Tomka. Seven life history interviews with subjects who considered themselves religious and 11 with non-religious subjects were included in the analysis. Most of the interviews were face-to-face, but there were also some interviews where the online solution was implemented. The selected life history interviews were analysed by content analysis, by analysing the latent meaning of the text sequences, supplemented by linguistic analysis.

The age of the subjects ranged from 42 to 63 years, and 11 interviews with women and 7 with men were analysed by gender. Before the interviews were conducted, the interviewees were assured of the anonymity of their names and other demographic data (Table 3).

Among the characteristics of the study area, it is

Table 3: Demographic characteristics of the interview subjects analysed

	No	Age	Religious
No 1	Women	45	religious
No 2	Women	46	non-religious
No 3	Men	47	religious
No 4	Women	44	religious
No 5	Women	42	non-religious
No 6	Men	46	non-religious
No 7	Women	50	religious
No 8	Women	54	religious
No 9	Women	63	religious
No 10	Women	62	religious
No 11	Men	58	non-religious
No 12	Women	50	non-religious
No 13	Women	60	non-religious
No 14	Women	44	non-religious
No 15	Men	47	non-religious
No 16	Men	50	non-religious
No 17	Men	60	non-religious
No 18	Men	46	non-religious

important to mention a few more, which can strongly determine the trends seen in the research. For the interviewees presented above, it is important to know that all of them have a high school diploma or higher.

As for the interview technique, it has to be said that we took life stories. This method proved to be particularly fruitful for our research, as talking about childhood brought out the place and role of grandparents in the family, while talking about adult life situations allowed us to learn about the relationship and the relationship with children and young people, as well as the support and assistance given to grandchildren and great-grandchildren.

Within this framework, our analysis answers three research questions.

1. How does the word “helping” appear in the narratives, which is seen as a precursor to caring?
2. What characterises the narrative of the church-religious sandwich generation in relation to helping/caring?
3. What characterises the narrative of the non-religious sandwich generation in relation to helping/caring?

RESULTS

How does the word „helping” appear in the narratives as a precursor to caring?

From the interviews, we extracted the parts about caring between generations (Table 4), and we found that our interviewees did not use the term caring, but rather the concept of helping. Thus, we organised the forms of assistance into a table, which we labelled with the categories used in the literature: emotional, economic, informational and daily help [16,17].

Among the forms of assistance, we would like to draw attention to three aspects. One is that daily activity assistance was the most frequently reported type of assistance, accounting for the vast majority of intergenerational transactions in all age groups and in all directions. This is therefore a point where the presence of the family is a particularly important factor, since the public care system cannot provide an alternative to these daily activities with sufficient frequency and availability. The main reason for this may be that the forms of assistance listed here (e.g. cooking, childcare) are primarily closely linked to the family life context, which requires a high degree of flexibility and adaptability on the part of the person providing the assistance. Another interesting finding is that information assistance only appears in the interviews from the sandwich generation (Generation II, middle-aged) towards their parents. This may be explained by the fact that the current middle generation have already lived a large part of their adult life in the digital world and therefore do not need the help of younger people in this area. Thirdly, another interesting result can be seen in the case of emotional support: members of the sandwich generation perceive and interpret themselves as the ones who only give. Reciprocity does not appear in the narratives on this issue, but the middle generation reports generative behaviour, indicating that the interviewees consciously take this on board.

To sum up, if we want to formulate the meaning of assistance, we can use the observation of language use to distinguish between the words *help*, *care* and *care*. Here, because of the life situation of the group under study, the first terms are generally used, since the parents of the interviewees do not yet need 24-hour care, or their children are “self-reliant”, with whom they live, but they no longer need to be cared for, but supported and helped. It is interesting to note that the interviewees use these words mainly when referring to their parents, but not when

Table 4: Types of assistance between generations

Types	I. → Generation II	II. → Generation I	II. → Generation III	III. → Generation II
Emotional	-	<ul style="list-style-type: none"> • Conversation • caution against emotional distress • time spent together 	<ul style="list-style-type: none"> • hearing, advice • time spent together 	-
Economic	<ul style="list-style-type: none"> • financial assistance for the purchase of housing • contribution to household expenses (in case of cohabitation) 	<ul style="list-style-type: none"> • regular financial support 	<ul style="list-style-type: none"> • meals • housing • regular/casual financial support 	<ul style="list-style-type: none"> • occasional help in a parent's job search
Information	-	<ul style="list-style-type: none"> • use of technical equipment • decision support 	-	-
Daily	<ul style="list-style-type: none"> • cooking • canning • minor works around the house • childcare • transport of children 	<ul style="list-style-type: none"> • cooking • canning • patient care • more physical work • removals • construction • transport to the doctor 	<ul style="list-style-type: none"> • Transport • help in learning • looking after grandchildren 	<ul style="list-style-type: none"> • cooking • housework • gardening

referring to their children. There they tend to see their tasks as part of the normal activity structure and, when they are mentioned, they see them as *a source of pleasure*. And the latent content analysis revealed that helping, regardless of religious affiliation, towards Generation I (the oldest) is a major *source of stress* for the interviewees, as Miller et al. [15], and Williams et al. [17] point out, as they see it primarily as a task and a duty. It is worth underlining that when analysing the types of assistance provided, we did not find any noticeable difference between religious and non-religious interviewees. This means that the two groups of respondents do not differ in what they help with, but in their attitude towards this task. In the following chapters, we will further explore the differences between the two groups.

What characterises the narrative of the church-religious sandwich generation in relation to helping/caring?

As mentioned above, we do not see a difference in the intensity or types of helping activity between religious/non-religious interviewees, but rather in the expression of the emotional dimension of helping/care. To explain this, we used the narratives of seven religious interviewees.

The narrative of the church-religious group was characterised by the use of sacred vocabulary, and often included a narrative of the experience of God and self-definition as part of a religious community. These are exemplified in the following interview fragments. In the first, the sacral idiom is evident:

"...very interesting providence. Very often God has helped us." (No 4, 44 years old, religious observant woman)

Embeddedness in the religious community is indicated by the frequent mention of belonging to a Christian community, especially in situations where its saving nature is referred to:

"And that's why I even circulated a mailing list to pray for me, so that I can do well in this situation." (No 3, 47, religious observant man)

"We're in a big community, which we are, amazing really, and it has a staying power that's just na." (No 4, 44, religious observant woman)

An important finding is that both groups tend to be reluctant to institutionalise sick parents. Where the decision to institutionalise the elderly does occur, we find that the narrator reframes the story in a way that tries to make the decision acceptable to him or herself. For example, in the following interview passage, the narrator

refers to a family member living in the institution as a "dormitory".

"...he had neurological and psychiatric, I don't know what kind of tests, and when we went to pick him up, we talked to the head doctor and he said he had moderate Alzheimer's and he wouldn't even recognize us in a year. So we're looking for a solution or a home, because believe me, everybody swears they don't, but you can't stand it because he wakes up in the middle of the night, sets the house on fire, and then we were completely freaked out... (...) And then about six months later, my sister found him a nursing home to move into. It was such a bad feeling for everyone, not caring what the villagers or the outside world said, but it was a bad feeling for me too. But on the other hand, I noticed then that she didn't need care, she needed company, because she was completely constricted. We used to say she's a college student, because someone always takes her on weekends (...) but she has pocket money." (No 8, 54, observant woman)

The way of speaking in the above quote leads us to the aspect in which we feel the attitude of religious people to the subject is primarily to be grasped. The presentation of the relationship with parents in this group was detailed and empathic. The empathy is reflected in the texts in the way that the interviewees often talk about their parents' feelings, and often explain their own decisions in reflection and adaptation to them.

"I'm 45 now, my mum's 70, we live here together but in separate households, we love each other very, very much and we're really in a love relationship, but look, I could never sit down with my mum and ask her [in a shaky voice], Why did you leave me here for a year, Mum?" [I couldn't bring myself to ask her that question. I couldn't do it. I don't want to ask her.(...) I'm afraid it would open up wounds in her..." (No. 1, 45, religious observant woman)

"I didn't dare do that at the time. And then later, when I would have dared to do it, or I was old enough to sit down with them now and calmly say that I don't think it's right. And they were old at the time and I didn't want to hurt them or embarrass them by lecturing them." (No 8, 54, religious observant woman)

This compassionate way of speaking can be seen in the other quotes, on various topics:

"I have children now, they are - it's a little bit harder, I feel the pain of the mother, what she went through, and you live it more." (No. 4, 44, religious observant woman with an injured brother whose illness and care caused her mother much pain)

"Well, to make it better for them. Yes. Yes, to make them

feel that- now in hindsight it's hard to say whether I felt a lack of it or whether I should have gone. I don't know. I'm sure we knew it was good and important for them, and so we went anyway." (Interviewer #8, 54 year old religious observant woman tells interviewer when asked about the reason or purpose for visiting her elderly grandparents in the past)

"Now he is not so much physically, but we don't want to put him in a home because he likes living here." (No 10, 62, religious observant woman)

Not only was the amount of talk about parents much greater for religious interviewees than for non-religious ones, but the content of the talk was also different. This difference can be captured, on the one hand, in the aforementioned reflection on parents' emotions and, on the other hand, in the constant monitoring of the assistance given to parents. In the case of religious interviewees, this way of thinking can be seen in the constant reflection on the subject's own role as a helper. It is as if, even while speaking, he is trying to convince himself that he is helping his parents enough or well.

"So I think I can see that with my mother, too, that I help her with whatever gadgets she has to use, e-mail or whatever, or bank transfers over the Internet, because she has a hard time using these systems (...) I found that I get nervous very quickly, especially because I can hear the silence and she doesn't say anything about what's going on. So if you're looking at a screen and you're trying to tell me what's going on, obviously you can't tell me the whole thing because there's a lot of things, and if a button appears somewhere, you don't necessarily have to press it, but if you press it, you have to watch how the button behaves and what happens afterwards. So it's very difficult to tell him what to do." (No 3, 47, religious observant man)

"In the very end, in the last two years, we figured out that it was also a bit of a self-independence, that we had to get a little bit of separation. He lived in this room, it didn't matter which room he was in. We had a little house up here above the house, and then we remodeled it, because it was a little guest lounge, I don't know what it was, a baking place, and then we widened that and my husband and I fixed it up, and then he [her father, now deceased] moved out there. (...) He had a hard time going there, but then he was very grateful that he felt that he needed a rest, too, that there was a lot of noise, and he was getting older, but he was a very cheerful and adaptable person, but he also said that he slept better and everything was better, and he could listen to everything. For years I thought I'd put him out, how ungrateful I was, but then it was great, he was so grateful. We did it very

nicely and she really enjoyed it. So it was so good. And it was good." (No. 4, 44, religious observant woman)

"It's a guilty conscience that makes people wonder why we don't do it. Especially when I go to (...) houses, I see that... one family after another, undertakes it. Very demented parents also do it at home. Well look, life will bring it (...) We'll see, I don't know. It's not easy with these. Because in the meantime our religion teaches you to give help to the lost (...) " (No. 4, 44 years old, religious observant woman)

"It's a great sadness that we can't help him in that way. In concrete terms, I felt that if I took her fate very much to heart, I would not work, because it would not bring us down financially, because I earn very little in the first place, and we do not live on that, but on my husband's salary, but I feel that it would completely upset the peace of mind of our family. And it's very bad to say this, but it's definitely a kind of selfishness, but I don't know how much I would help it." (No 8, 54, religious observant woman)

"Well, it's hard, it's hard because I'm angry with her, but it's just a feeling, or how should I say, I'm not really angry with her, I just... But a lot of times I have to restrain myself from being angry with her because she's like that [see: her mother's dementia] (...) So there are people who can do it with such great, great love, and I don't feel that about myself now. I think it will be bad for me in hindsight." (No 10, 62, religious observant woman)

From the details of the quotes, it is apparent that the quantity or quality of the help given seems to be considered insufficient by the narrator, which may lead to a sense of remorse or self-reproach, whether spoken or unspoken. One can assume that the tension between the ideal and the real situation is behind the phenomenon, the self-reproach for striving for perfection and the lack of it. In our view, this kind of experience of the helping/care-giving role is characteristic of religious subjects.

What characterises the narrative of the non-religious sandwich generation in relation to helping/caring?

The 11 non-religious interviewees have a different speech/behaviour pattern in common. Compared to the religious interviewees, we find that there is significantly less talk about parents and their relationship with them than about their own narrow family life (this difference is also worth noting because we have produced life stories, so it is up to the interviewee to decide who and what they talk more or less about).

In these interviews, not only is there less talk about parents than in the case of religious subjects, but the

stories are told in a distinctly different way. Conciseness, objectivity and practicality are the adjectives that best describe what we see in these texts:

"Well, the relationship with them [his father-in-law] was broken (...) Well, you get used to it. So there's nothing to regret now. That's how it turned out." (No. 2, 46, non-religious woman)

"And my mum had a stroke a few years ago. So basically we're really at the point where, as soon as we came out of that period of not sleeping with all the little kids, they came in and they're kind of draining that energy that's been released, and that's led to them moving in here near us." (No. 5, 42, non-religious woman)

"I told you he has cancer, or had cancer, whatever you want to call it. But he has undergone several operations and has had after-effects ever since. He needs constant care, but for the time being he can manage on his own, so he has to use these medical devices. She has also just had another operation two years ago, which is a complication of her cancer" (No 5, 42, non-religious woman)

These texts are not characterised by the presentation of parents' feelings and the monitoring of their own role. We find that non-religious interviewees report other types of family stressors, mainly related to extra burdens, issues of autonomy and specific crisis situations (e.g. insecurity due to serious illness):

"But basically the mental burden is on me. But that's what I tell them, that it would be nice if I could assign a task to someone else without having to deal with it myself (...)" (No. 5, 42-year-old non-religious woman reports that the overload in the nuclear family is a major stress factor for her)

"I think of banal things. A family event, a birthday, whatever, we'd get together in a place and our kids were sleeping and my mother-in-law would come over and say, why don't we come over, we've got the whole party waiting for us. And we said that it was because they hadn't woken up yet, as soon as they were upstairs we'd be ready and we'd go over, and then it became a circus, that everyone had to adapt to us, and it was the same with my mother, my mother too, that she said why don't you put the children to bed. Mama, we just got home, we'll be right there. They should have been asleep a long time ago. So, little things like that. It's just that when it happens every day, it has a different weight." (No. 12, 50, non-religious woman)

"He was under stress, so he was there. There were a lot of situations, but basically because of illness, where you don't know what's going to happen. But not in any other way. So

on normal days there was no stress in it." (No. 12, 50, non-religious woman)

Finally, one more peculiarity should be highlighted from these interviews: non-religious people seem to perceive the "process" of helping parents more. As a consequence, they report a more proactive attitude: they show a more proactive planning for the future, a much more definite vision of what they are going to do than their religious counterparts. In them, we see basically rational decisions when they talk about their vision for helping and caring. Depending on their relationship with their parents, this can mean rejection as well as care.

"I wouldn't move in with them, I wouldn't move in with them and I won't. That's for sure, because we have recently decided that they will move near us, so they will move from P. to the village, but not to our house, and not to the house next door." (No. 5, 42, non-religious woman)

"I'll take them in if I have to. I'm not going to put them in any nursing homes or old people's homes. It's the same with D's father. So absolutely. They changed my diapers, they raised me, they taught me how to walk. I think that in life, it happens once in a while if you're unlucky. If we're lucky, they go out alive, but if we're not, if they need help, they'll get all the support they need. Then we will adapt everything so that it works perfectly." (No 6, 46, non-religious man)

"(...) there came a moment when Dad was so tired he couldn't carry him to the shower, and that's when I got up and moved them both in. And then we sorted out daddy here, I took him down to the shower, mummy washed him, then I brought him up and got him dressed, because he couldn't cope, he couldn't cope on his own. (...) My mother-in-law and my father-in-law (...) now that they can't look after themselves any more, we'll have to bring him here. (...) That's the way he lives now. I don't have one. For example, I wouldn't think of putting them in a nursing home, as so many people do. So. [pause] Let's say my mother-in-law's are difficult because they live in B. to this day, and they're so big-headed. So there I'll just grab them, put them in the car and bring them, because otherwise. So you, so that we discuss it and you agree to it, it won't be like that, but it will have to be." (No 11, 58, non-religious man)

DISCUSSION

In our study we wanted to answer three questions by examining narratives about the helping role of people in sandwich generation situations

In our first research question, we sought to find out what the interviewees mean and what they use the term "helping" for in their narratives. In the interviews we

analysed, the most common theme was not long-term care, but help with daily activities. Therefore, the meaning of the word “helping” was examined. In this respect, no differences were found between the narratives of religious and non-religious subjects. It can be concluded and understood that those who help their elders within the family support them in similar activities.

The second and third questions are closely related - they are about what characterises the assistance of the two groups - and are therefore treated together in the summary. In this respect, one important difference between the narratives of religious and non-religious interviewees was noted. The former talk more about their relationship with the older generation, with a greater emphasis on empathising with them, saturated with dilemmas. In the stories of non-religious interviewees, on the other hand, there is less space for this. They talked more about helping their children. In this sense, it seems that the perfect helping of parents appears more as a central theme in the religious interviewees than in the non-religious ones, where in turn caring for parents seems to be more elaborated.

On the whole, we see that the religious communities and groups that hosted our religious interviewees appear as a support in their narratives, and the sacral vocabulary and the memory of God-experiences are also regular in their way of speaking. However, they experience the issue of helping their elderly parents as more emotionally demanding, causing more and longer dilemmas. They are constantly self-monitoring the quality of their helping role. The members of this group seem to be constantly reflecting on the present, on their present situations, and to hold themselves accountable for the validity of their values. They are concerned about the tension between their values and reality. At the same time, we see that reflection on the present and evaluation of the situations they are experiencing play a much greater role than the development of a care plan for the future, which is more important for the non-religious.

It is important to emphasise that the difference in the helping role of the two groups we studied is not that one group is more likely to help their parents or neglect them. Rather, what we found was that the problem of the older generation seemed to be dealt with more emotionally by the religious group. And they are more self-critical in their perception of their own helping role. The non-religious group tries to be rational and pragmatic in preparing to help parents. We heard more from them about the decisions and little about the dilemmas.

In the narratives of both groups, religious and non-

religious, there is a negative attitude, also known as “remorse”, surrounding the abandonment of parental care, essentially institutionalisation. Neither group wants to institutionalise their parents, but if they do, they can only tolerate the conditions in which they are institutionalised in an embellished way. An important finding of our research is that it is not really a question of who is and who is not in solidarity with members of the older generation. Rather, it is a question of who can decide what and how much they can give back to their parents.

Due to the characteristics of our sample, the situations where the most burdensome caregiving task is already present have been excluded. It would of course be very important to carry out this study on a sample where we see examples of this, but this will be the task of a future study.

ANNEX

Coping strategies of the sandwich generation interview draft

Childhood:

1. Where were you born, when?
2. What kind of relationship did your family have with grandparents and relatives when you were a child? What was the relationship with grandparents in your family? How often do you remember your parents and grandparents or you and your grandparents meeting? For what reason(s) did you usually meet? (This could be financial or other assistance.) To what extent was the contact reciprocal? (One-sided if only the grandparents helped, mutual if their lives intersected in some way.)
3. How would you describe the relationship between parents and grandparents?
4. What was your relationship with your grandparents like? What were the financial circumstances of your grandparents? Turning to your relationship with your parents, what were your financial circumstances? How did this compare with the people around you at the time?

The relationship between generations I and II goes back to when the interviewee was young:

1. What was your relationship with your parents like? What was your relationship with your siblings, if any?

2. How much did you rely on your parents for the important things in your life when you didn't have a family of your own? Can you give some examples?

Questions about the respondent's own family life, his/her relationship with his/her children:

1. When and under what circumstances did you become independent? What did independence mean to you? How did you achieve it?
2. Where and under what working conditions do you live and work? To what extent does this work place a strain on your life and energy?
3. How do you assess your own financial circumstances?
4. About your own children: how many children do you have, in what circumstances and where were they born? What has been the most important thing for you/yourself in raising your children? What were your plans for your children? How did you manage to achieve them? When the children were young, what was your relationship with the grandparents (your parents) like?
5. What are your current responsibilities with your own children? How have these responsibilities evolved?
6. If you had to put it, what was the most difficult period in your upbringing? Why?
7. Who has been helpful to you in raising your child(ren)? Where did you get your examples, role models, goals?
8. Who could you count on most when you needed help?
9. What type of help did you need?

Generation II and issues related to the workplace:

1. Where are you currently working? What is your job title?
2. What kind of workload does your job represent for you?
3. How can you manage your time between the tasks you have to do? How would you rate your current time?
4. What is the biggest challenge?
5. What can you do and what can't you do? What is

something that you would consider particularly important but don't have the time to do?

The relationship between Generation I and II today:

1. How old and how active are your parents? (working, not working, but active social life, lonely, can't rely on anyone but family members, who within the family?)
2. How far apart do you live? Generation I, II, III. Where do you live and how did this happen?
3. What kind of help do the grandparents' generation in your family need? Who and what kind of help do they get? How did this form of help evolve?
4. How would you describe the financial situation of grandparents? When was it satisfactory, when was it not complained about and when did it start to deteriorate?
5. What are the needs of grandparents and how do they arise? Which of these do you (the respondent) consider legitimate and which do not? Which needs can you help grandparents to meet? What can and what cannot you do? How do you experience all this?
6. How would you describe your relationship with your parents at the moment? What do you attribute this to? How does this affect your support towards your parents? What does it mean that you help your parents? How can you manage helping your parents? (How long, how many hours a week, how many hours a day, how regularly do you help your parents?) What does this help mean in concrete terms? How did this situation develop? What other options have you considered? What does all this mean to you?
7. In what form, in what way do you keep in touch with the 1st generation (grandparents) how often do you meet, talk in any way?
8. What do you think Generation I needs in your family? And who and how can give it to them?
9. What is difficult for you, as a second generation person, in the mind of your first generation family member? What can you do about this difficulty?
10. What do you see as exemplary in the thinking of your first generation family member?
11. What have you, or your children or grandchildren, learned from the life of Generation I?

12. On a scale of 1 to 10, how would you rate your own relationship with Generations I and III?
13. When did you realise that your parents would need your help? How did you prepare for this?
14. What does caring for your parents mean in your life (How do you care for your parents? What does it mean to you?)
15. How has caring for your parents affected your family life, and how has it affected your life? What impact has this had on you in terms of money, free time, stress?
16. What implications does this have for your work? On your relationship with your children, your spouse?
17. Who can you share the caring responsibilities with?
18. What help would you need to think the care is appropriate?
19. What help can you imagine from the municipality, the state, NGOs to ensure that your care is adequate?

The relationship between the second generation and the grandchildren and their responsibilities:

1. Do you have grandchildren? How many, where do they live?
2. What is the relationship between you and your grandchildren?
3. If you have a role, how did it evolve?
4. How do you approach these tasks?
5. How regular/frequent is such a task?
6. What do you do to help your children? Why is this necessary? Who came up with the "idea" of doing this (your child needs it, wants to help...) How common is this kind of task? How do you feel about being involved in your child's life in this way?
7. When it comes to the coexistence of several generations, we need to know to what extent it is forced/voluntary. Why did it come to this in the first place? What is behind it?
8. If I asked you to consider all the free time you have in a week (i.e. time not spent at work/professionally) as 100 per cent, what percentage do you think you spend helping your parents, and what percentage helping your children (grandchildren)?

9. What do you think would be the ideal division of labour in supporting family members? What would you change in this area?

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