Reconceptualizing the “Sandwich Generation”: Perceived Caring Identities and Family Vacations

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Abstract

This paper will present an instrumental case study of the perceived care experience before and after cross-continental travel from perspectives of the adult child and parent within a tri-generation relationship. In the context of this sandwich generation, it is important to understand: (1) how each party understands their caring roles and (2) how this may provide insight into strategies for supporting a positive and meaningful family travel experience. Findings indicate that although caring roles seem to remain a consistent part of individuals’ identity, perceptions of caring roles and how they affect leisure and travel behaviour may exist in a state of flux while travelling. The role of external family support seemed to be key in mediating the shifting of how caring roles are perceived while on vacation. We also reflect on how the cultural context of the setting may contribute to these understandings.

Keywords: Sandwich generation, caring roles, family vacationing, family support
Introduction

Vacationing offers an opportunity for family to act out roles through intensified interaction between family members who are traveling together (Mayo & Jarvis, 1981). We explore traditional understandings of uni-directional caring and reflect on the construction of caring roles under the circumstances of traveling as a family unit. Tri-generational caring identities shape the way individuals perceive their roles in the caring relationship. Subsequently, how carers perceive themselves (as individuals and as part of a collective) are constructed and reconstructed during the travel experience. Understanding how generational differences in the dynamics of caring roles factor into the family experience may be valuable for describing personal challenges and successes involved in a meaningful journey. In addition, Hilbrecht, Shaw, Delamere, and Havitz (2008) call for a greater attention to lived experience in this context; we attempt to advance this approach through a thematic narrative analysis of participants’ accounts.

Literature Review

The Sandwich Generation and Caring Identities

Most care partners are challenged with multiple caring responsibilities. However, evidenced by the literature, individuals who assist with household responsibilities (both physical and financial) of supporting children (or child) and parent(s) can experience compounded demands for support (Chisholm, 1999; Riley & Bowen, 2005; White-Means & Rubin, 2008). The experience of the individual providing support for both children (18 years of age or younger) and aging parents (65 years of age or older) is a topic explored in the health and leisure literature. The term ‘sandwich generation’ is coined in the health literature to describe this caring relationship between a child, the child’s parent (an adult child), and the parent’s parent (an older adult). Individuals of the “sandwich generation” tend to be in the group of persons 40 to 65 years of age (Chisholm, 1999, p. 178). The term ‘sandwich’ stems from the adult child being situated between their child and their parent, dividing the time spent for care. There are hierarchical assumptions made by the term ‘sandwich generation’ like directionality of ‘burden’ and ‘care’. More specifically, directionality of care refers to the provision of care by a family member or paid worker to attend to the needs of an individual ‘requiring’ support.

In another example, the term “middle-generation households” was coined to encompass an expanded definition: families with at least one aging parent and children of any age (White-Means & Rubin, 2008). Parents and children, even “adult” children (i.e. 18 years or older), may make competing demands on time and money (White-Means & Rubin, 2008). For example, McGarry and Schoeni (1995) note that parents provide more financial support to their adult children than they do their aging parents. This reflection on adult child caring reflects the trends that are observed in the changing nature of family environments: people are living longer, marriages are delayed, students reside at home during post-secondary schooling, and the increased numbers of adult children are returning home after a divorce (Lingren & Decker, 1996).
In this description of a multi-generational travel experience, tri-generation will be used to indicate the span of relationships occurring across three, familial generations. Additionally, we reconsider the term ‘caregivers’, which indicates a unidirectional flow of care (Genoe, 2010). To reflect a more dynamic caring situation, this paper will refer to persons involved in the tri-generation experience as care partners or partners in care. The terms care partners or “partners in care” is rooted in an authentic partnership approach (Dupuis et al., 2010). Authentic partnerships build on the relationship-centred approach to care, which places value on relationships between an individual and supportive partners (Dupuis et al., 2010). Relationship-centred approach stems from person-centred approach to care. Rather than the individual as being central in all care relationships, the relationship-centred approach values each person’s experience in the care context as important. It views all partners as possessing knowledge required to support the individual through joint decision-making and interdependent relationships. Like person-centred care, the relationship-centred care approach values personhood while acknowledging, integrating and valuing the views and opinions of other members within the caring environment (Nolan, Davies, Brown, Keady, & Nolan, 2004). In an authentic partnership approach, the experiences of the care partners in these relationships must be equally valued and recognized for meaningful partnerships to occur (Dupuis et al., 2010).

We draw on the concepts of positionality and structural embeddedness in supporting the description of perceived care experiences by the participating family. These ideas are related in that they touch on how we come to understand social constructions, but it is our personal variations of these shared understandings that are a result of how we are positioned or situated in the world. Positionality stresses that we may view the world in a particular way, and our realities are influenced by “age, class background, gender, education, and even our own experiences of aging” (Jaffe & Miller, 1994, p. 53). In short, we must be conscious of shared and different realities lived by researchers and participants. Structural embeddedness refers to the greater social and physical environment that can limit or enable experiences (Dupuis et al., 2010). Jaffe and Miller (1994) comment, “[the] structures have a permanence and reality that shape the creation of cultural and personal meanings” (p. 54). Construction of meaning and identity formation plays an important role in shaping these realities.

The notion of the sandwich generation is a Western concept. As such, most of the intergenerational literature on care partner identities is situated in Western settings. The degree of involvement by middle-generation care partners was found to be heavily dependent on the context of the care relationship (Pett, Caserta, Hutton, & Lund, 1988). However, Jones (1995) reports the lack of literature focusing on culturally diverse families. Given, Collins, and Given (1988) found that care partners experience role conflicts and are more likely to experience role entrenchment and isolation. This may be due to the emphasis on independence verses interdependence in families, in relationships with aging parents. Both Western and Eastern societies place a level of importance on independence of family units with responsibilities associated with caring roles shifting to children cohorts. We contrast the emphasis of independence within family units in traditional Western families with an Eastern perspective on caring by a middle-generation Filipino woman involved in caring for her children and her older adult parent. We investigate the direction of the shift of care by presenting a case of care roles in the context of a cross-cultural vacation.
Aging and Leisure

As evidenced by Bloom and Canning (2006), life expectancy on a global scale has increased from 47 years in 1950-1955 to 65 years in 2000-2005. This rise in life expectancy is projected to continue into 2050 with a global average life expectancy of 75 years of age. Age disparities do and will continue to exist between more developed and less developed countries (Bloom & Canning, 2006). As the age of mortality continues to increase, the world will see a tremendous swell in the global population of older adults (65 years of age or older). More notably, Bloom and Canning (2006) report that a swift and exponential rise in individuals over 80 years of age within the next 20 to 25 years will be observed.

In Canada, this age group continues to grow as we move towards a critical period of aging in the baby-boomer cohort. This statistic is easily exemplified by the rising ‘bulge’ in Canada’s age profile with the number of individuals born between 1946 and 1965 (the “baby-boomers”) projected to be at 6.7 million by 2021 and 9.2 million in 2041 (Government of Canada, 2002). The first group of baby boomers entered the age of retirement in 2011 (Genoe & Singleton, 2009). Regardless of birthplace, the number of tri-generational caring relationships is likely to increase with these changes in the population age profile.

Leisure engagement is linked to supporting many dimensions of well-being across the lifespan (Dupuis & Alzheimer, 2008; Mannell, 2007). Leisure in the form of family vacationing can contribute to these multiple arenas of well-being while creating unique opportunities for familial relationship building and meaningful experiences in a novel setting. The next section will explore family dynamics between members spanning all ages while on vacation.

Leisure Travel and Family

Tourism industry research suggests that many North American tourists feel that family travel contributes positively to family well-being and relationship health (for example, Lehto, Choi, Lin, & MacDermid, 2009). Indeed, shared leisure experiences within family groups were found to be important to family members (Gram, 2005). The same authors note that the study of the family as a unit of travel consumption is lacking in the tourism literature and that further development of such a construct may shed light on linkages between family leisure travel and family well-being (see also Commuri & Gentry, 2000). Zabriskie and McCormick (2001) describe their core and balance model as family leisure involvement to positively contribute to family functioning. Family leisure involvement within this model is distinguished as core - being “accessible, common, and low cost” (Smith, Freeman, & Zabriskie, 2004, p. 81), and balance - which can be described as novel and less frequent, such as family vacations. We place the concept of leisure travel in the context of tri-generational family groups to understand how relationship dynamics and the conceptualization of caring roles relate to family travel. Leisure travel is regarded to be a multi-phase experience, consisting basically of planning, travel, and recollection stages (Lehto et al., 2009; Mayo & Jarvis, 1981). The recollection phase of a leisure travel experience may serve to strengthen or maintain changes in family bonding and role relationships through shared memorable experiences (Gram, 2005).

In terms of family tourism research, motivation and decision-making processes have received attention. For example, Decrop (2005) notes that the dynamics of shifting roles within groups
can complicate decision making while on vacation. Satisfaction and experiential factors have also been explored; authors such as Gram (2005) have attempted to tease out what precisely contributes to positive family experiences while on vacation using qualitative methods. Marketing research has also focused on the family as a unit in a travel context (Commuri & Gentry, 2000, for example), echoing the call to recognize the family as a unit. Relationship dynamics of families on vacation have been the topic of independent study as well; Lehto, et al. (2009) found that family travel affected both cohesion (i.e. emotional bonds between family members) and adaptability (i.e. role relationships between family members).

With respect to the tourism literature overall, there has been little attention paid to cross-generational family vacations from the perspectives of members who are part of the tri-generation. As Carr (2011) notes, the idea of engaging in leisure and tourism with immediate family is a predominantly Western concept, and extended family often plays a significant role in other areas of the world. We believe there is much to be learned by exploring travel experiences using methods that acknowledge participants’ lived experience, as suggested by Hilbrecht et al., (2008). Culturally grounding this research (as suggested by Carr, 2011), will help to address the lack of non-Western perspectives in the literature surrounding family holiday travel and leisure.

**Methodology & Methods**

An instrumental case study was selected as the basic design for this exploratory research, as the case in and of itself is of secondary interest; rather we seek to explore the dynamics of caring identities in the context of a tri-generational South-Asian family on vacation. The case of this family provides us with supporting information and context for our interpretation, as suggested by Stake (2005).

Data in this case was collected as semi-structured interviews involving stories of the participant’s family vacation; as a result we chose to look to narrative methodologies in aiding with our interpretation and understandings. A narrative lens was selected because of the ontological emphasis on the construction, interpretation, and reconstruction of reality through narratives or stories (Sparkes & Smith, 2008). Through narratives, it is possible to construct meaning and reflect on past events and experiences. As participants engage in dialogue with the researcher, they reconstruct the meanings that the stories they share hold for them. Indeed, another important aspect of narrative methodology is the view that narratives hold an epistemic status (Daly, 2007), by which we come to understand the worlds and the cultures around us. This orientation is congruent with the purposes of this research: to further explore how perceptions of caring roles change and flux while on vacation in the context of tri-generational family structures (i.e. a sandwich generation family).

Specifically, a list of guiding questions was used in interview sessions with the adult child and adult child’s parent to discuss the perceptions and dynamics of caring roles in the family structure while at home and away on vacation. Positive and negative highlights of the family vacation were also explored to gain insight into factors that mediate family members’ understandings of caring roles and how these understandings change while engaged in family tourism. Interviews were transcribed and checked by both researchers for accuracy and consistency.
We followed a version of Creswell’s (2007) data analysis spiral in conjunction with what Riessman (2004) calls thematic narrative analysis. In this sense, analysis followed stages of data organization, reading, describing, classifying, and interpreting themes from vacation stories, and connecting themes in this case with findings of surrounding literature – though the process was indeed more cyclical than linear. As suggested by Riessman’s (2004) description of thematic analysis, we focused on the content of our participants’ stories to create groupings of themes from the data. Discussion and reflection of the Filipino and Filipino-Canadian culture regarding caring and family travels with participants and between authors unfolded to situate the authors’ understanding of the care experience in a visiting/family travel context.

The subjective nature of sharing stories may rouse issues of participants’ expression of their authentic self, however Hookway (2008) reminds us that the same subjectivity is key to reflexively examining events in a way that holds meaning for participants. We explored common themes that participants noted as important in their narratives of caring at home and while on vacation. With subjectivity in mind, personal reflection will be used as a means for bridging participant reflections with emerging themes to provide richer understandings.

We note that discussing members of the family involved in this case may become confusing. Instead of terms like adult child, adult child’s parent, and older adult, we refer to the adult child in this case as Tim, his mother as Mary, and Mary’s mother (Tim’s grandmother), as Lola. We feel that using these pseudonyms not only will assist in readability, but also humanize the way we write about our research participants. The participants were recruited through purposeful snowball sampling through personal networks using the following criteria for each family member: were over 18 years of age, had children (over 18 years of age) or have themselves, traveled with parent(s) and grandparents and traveled to Asia, Africa or Latin America for their family vacation. One family responded who met the criteria listed. This family was comprised of a grandmother, mother, and son responded. Included in their travel and care experiences were relatives -- three siblings of the son, the adult childrens' father, and sisters of the mother. The study received ethical clearance from the Office of Research Ethics at the University of Waterloo.

**Findings**

**Family Background**

To provide background for our understanding of caring roles and context for the family vacation, we asked Tim and Mary to describe their family. Tim and Mary described the family similarly, first talking about the immediate family then going on to describe extended family. In both descriptions, the immediate family consisted of Mary, her husband, and four children (including Tim). Mary’s children were described to be 30, 27, 23 and 18 years of age, all living at home, and independent in terms of day-to-day activities. In both descriptions, the immediate family consisted of Mary, her husband, and four children (including Tim). Mary’s children were described to be 30, 27, 23 and 18 years of age, all living at home, and independent in terms of day-to-day activities. Both Tim and Mary described the surviving extended family to include Lola, in-laws, cousins, and siblings. Also, Mary shared that her father, brother and one of her three sisters passed away. Lola is 87 years of age, is described to be in relatively good health, and does not require the support of others to complete most day-to-day activities. Mary’s two surviving sisters, Annabelle and Natasha permanently live in Illinois.
and Connecticut, respectively, in the United States. Mary lives with her husband and their four children in Ontario, Canada.

Lola, Mary, Mary’s spouse, Annabelle, Natasha, Tim and his three siblings were born in the Philippines. All members of Mary’s immediate family have since moved to the United States or Canada. Mary and her siblings share responsibilities for the care of their mother, Lola. Lola varies the duration of her stay with each of her daughters; however, a majority of her time is spent with Natasha in Connecticut. She most recently lived with Mary and the family, in 2010 staying for six months. Lola enjoys travelling to visit family in the Philippines, but more recently she has needed a family member to accompany her to support visiting her extended family in Asia.

**Description of Trip**

In this case, the context of travel was for the dual purposes of attending a family reunion and enjoying some pleasure travel. The family reunion took place in Pampanga, located in the Central Luzon region of the Philippines. The family unit traveling together consisted of Mary and her spouse, as well as three of their four children. When the family arrived in Pampanga, they stayed at Mary’s family home with aunts, uncles, cousins, nieces and nephews. Indeed, we noted the emphasis on connecting with extended family as a prominent theme.

Mary’s 87 year-old mother, Lola, completes the tri-generational group, and arrived in the Philippines shortly after Mary and her family. During the three weeks of their scheduled trip, the family (i.e., immediate family, Tim’s siblings, parents, and Lola) spent time with extended family at the reunion in Pampanga at Mary’s family home. They also travelled in a smaller family unit (Mary her spouse, and her children), during which Lola stayed with extended family at the family home. While traveling as a small group, the family engaged in vacation leisure behaviours typical of warm, sunny, ocean locations including island-hopping and riding all-terrain vehicles to the foothills of an active volcano; activities that would have presented challenges to group participation if Lola had been present. An extended family member living in the Philippines would want to accompany her should she have wanted to accompany her visiting family.

At the end of the three weeks stay, Lola became too ill to travel and was hospitalized. In light of this, Mary resumed her role as primary care partner and the rest of her immediate family returned home without her, as she stayed to care for her mother. After staying at the hospital and the family home in the Philippines for a total of two months, Mary and her mother (recovered) returned to North America. Because of her health issues, however, Lola was unavailable to engage in an interview for the purposes of this research.
Perceived Care Identities
Prior to travel.

Tim has identified with minimal involvement in the caring roles of his mother, Mary, and grandmother, Lola. In our interview, he reflects on Lola being well and able to care for herself for a majority of her stay. Tim reflects:

Before the vacation, I wouldn’t say I had to be a care giver, [like playing] a major part as a care giver…when she was staying here I would just help her. She wants me to grab something from her room [laughs] or she wants me to, y’know, like if she’s just wondering about something, that’s the extent of my care giving is not that – I’d say it’s not that far…Just very minimal, like, simple things.

Tim also comments on Lola actively helping with cooking and cleaning around the house during her time in Ontario. He recalls assisting her with small chores around the house while living with Tim and his family.

Mary identified herself as a “caregiver”, providing for both her children at home and for her mother (sometimes at a distance). At home, Mary takes care of home up-keep and contributes to financial care responsibilities related to her children. When asked about caring roles she feels she is involved in, she reflects:

Well, foremost of course, my kids, right? Although they’re all grown up now – so not care physically, like bathing them! [Laughs] Most of them, I mean, like, all my kids are dependent y’know – independent, I mean…umm financially not so much, ahh because Tim and Carissa are almost on their own, and Martina is going to university but also has a part-time [job]. Most of the financial support that I’m giving is on my youngest daughter.

When asked about caring in relation to her mother, Lola, Mary reflects a time her mother lived with her:

[Laughs] Yeah, although sometimes – there wasn’t much really, like physical care, or even financial care because she can take care of herself, but I guess the care that I’m giving is just like making sure she’s always healthy, making sure she doesn’t get sick, and those kinds of things […]she can move around and she can eat by herself – she even cooks!

Tim and Mary quite admire Lola’s independence; however, they do recognize the importance of her living with family as opposed to living on her own. Mary’s financial support extends to her children, most notably her youngest daughter. Family responsibilities, including financial responsibilities are shared between herself and her husband for her immediate family. Mary identified her siblings as part of her family involved in the care experience prior to travel. Most notably, Mary’s sisters living in the United States share caring roles with Mary in supporting their mother and their mother reciprocates in her support of the family through day-to-day activities like cooking. In Tim and Mary’s experience, sharing is understood to be a part of family life and dependent on each family member regardless of distance.
While on vacation.

Tim talks about his experiences with caring for his grandmother while on vacation. He is asked whether the minimal care he provided her while at home was in any way different. Tim comments on his perceived change in care responsibilities while on vacation:

Umm, some of my aunts who were there…and you know, my mom was there as well…yeah, and maybe some of my older cousins…I would say less [responsibility] actually…relatively less, just because when we were there we were travelling a lot, but because of her age she couldn’t really come with us, right?”

Mary comments on her care relationship with Lola while on vacation, specifically about changes in the level of responsibility for her care:

Not really because I had my sister in laws with them, and we still have our house care, so not…not really like a hundred percent…when we were there, because we were often on the tour, it was more the kids.

Mary goes on to describe the highlights of her vacation, “I think the highlight of that is because we were the whole family. Y’know, like four kids were there and y’know – and also my sister was with us, with the husband, and the daughter.”

Tim comments on the family reunion and travel experiences as being the highlight of his family vacation:

The first thing is definitely the family reunion, just seeing other – seeing other family that I haven’t seen in a while. Even meeting new family members that I’ve never met before. That’s kind of cool. For sure that’s the number one thing that I can think of that was positive from that trip. Umm, secondly would be definitely just the traveling to, y’know, different places, like first time in Boracay…umm…we went to the Mayon volcano, which is a very popular place...

Tim and Mary recollected the same ‘negative’ experience while on vacation. Mary reflects,

So I had to stay behind, cancel my, y’know my flight, and so we had to bring her to the emergency [room]– to the hospital – and we thought it was just for a week or so, but it took me a month, around five weeks I stayed there. So I had to call – I had to contact my office and make arrangements, and I had to go back because I had to take care of work. But then I was just here for two weeks and then I had to leave again because my other sister that was staying in the Philippines has to go home, so somebody has to… Take over. It’s just like, because we don’t have, like, my sister’s not there, we don’t have anybody. Right? So I had to go out [back to Canada], and go back [to the Philippines]– I was there for almost two months. At a distance without the kids – like y’know it’s quite a little bit difficult, right? Yes, very stressful, really very stressful, and thinking I was just alone – cause I don’t have my sister, I don’t have anybody, I was just there, I was just all alone by myself. Taking care of – y’know… Not only the emotional, but of course the physical, and of course the
financial too. Because my mom didn’t have any insurance in the Philippines so we had to take care of all the finances and that’s really very stressful.

When Tim was asked to comment on Lola being sick, he reflects:

It’s not like I’m the one paying for the bills – the hospital bills for her. So I guess other than being a moral support to my grandma, but she’s got so many other family members that were there anyway that she got that already right? So – I don’t know actually – I probably wouldn’t have done anything different.

**Upon return.**

When asked to reflect on caring roles after vacationing together as a family Tim reported that his perceptions of his involvement in care responsibilities did not change over the course of the pre-vacation to present time. Mary shares,

It’s still the same - it’s just that now I’ve got a little of relief of taking care of the mom because she’s down in the States, and my sister’s the one taking over – taking care. Yes, it’s almost the same [as before the vacation].

**Discussion**

**Cultural Norms of Care**

We found that norms of the Filipino culture provided background for understanding family members’ conception of family roles. The matriarchal, family-centred Filipino culture provided structure for the family to shape their expectations of the vacation experience. This particular culture and case inherently included a network of family of support for both visiting and local family members.

In the existing literature on Asian and Eastern culture caring roles, it was found that a majority of families assumed in-home care for their parents into late life and for children simultaneously (Jones, 1995). In our case study findings, we found that interdependence between family members (particularly female family members) within the same generation (i.e. siblings, in-laws, and cousins close in age to the middle-generation care partner) help support these caring relationships. Jones also found that respect and honour were prominent themes in conveying how individuals in the middle-generation related to their older adult parents; reporting comments like, “let them go first,” and “never let them feel lonely or left behind,” by her participants indicated that these attitudes guided their approach to care (1995). The network of familial ties in this case study and the literature is a reflection of the norms and approach to care in Eastern culture and more generally, Asian cultures. The nature of these family ties is described further in the next section.

**Family Support**

A recurring emergent theme in this study was how integral family support was for supporting the family’s travel experience. Local family members enabled visiting family members to engage in
a variety of leisure experiences (i.e. island hopping, riding ATVs, sight seeing, etc.) that would otherwise be more challenging or impractical.

The decision not to include Lola on certain excursions while on vacation was a result of consideration for Lola’s capabilities, energy levels, and interests, in addition to the interests of Mary and her children. This reflects Mary’s need and desire to spend time with her own children, and engage in her own and their interests, while other family members assumed care responsibilities for Lola. One reported source of stress is due to care partners negotiating position in incorporating multilayered care experiences from two cultures: “…conflict between the caregivers and their siblings and between the parents and the caregivers and also stress related to conflict between traditional cultural expectations and what the caregiver could reasonably provide” (Jones, 1995, p. 392). One Filipino American care partner who had both parents living with her said, "Their expectations reflect the lifestyle in the Philippines…That's where the gap comes in" (Jones, 1995, p. 392). Other sources of stress include care responsibilities, traditional cultural expectations, and issues of control.

In a study of 10 Filipino care partners, Jones (1995) reports that navigating through expectations of caring roles in Western and Eastern understandings of care contributes to stress of the care partner. This stress may be experienced from aging parent(s) on a care partner, from other family members on a care partner, and Western societal constructs of care. For example, Jones found that of the Filipino care partners she interviewed, “[f]ew were using any community services, because they were either unavailable or inappropriate for the parent's needs or cultural orientation” (Jones, 1995, p. 393). It is evident that Filipinos heavily rely on their familial ties as support networks. However, much of the care responsibilities and degree of Mary’s involvement seem dependent on whether this form of support is readily available and culturally appropriate.

We note that when there was an absence of available care partners, the perceived experience of caring changed. For example, when her support network was not available, Mary found herself to feel “alone” in managing multiple care responsibilities like supporting her mother’s emotional, physical, and financial needs. Thus, perceived care identities as a care partner and the extent of involvement in the caring relationship is heavily mediated by the presence or absence of other family care partners. In reconceptualizing the sandwich generation in this cultural context, we acknowledge these contributions made by other members of the family outside of the linear adult child, adult child’s parent, and grandparent relationship.

**Vacation Context***

This case is particular in the sense that the purpose of travel was for connecting with extended family. The availability of family support was no doubt much greater in this situation than other family vacation contexts (i.e. staying at a resort). We believe it stands to reason that the presence of such a support network enabled the primary care partner (Mary, in this case) to allow functional components of their caring role to shift to other family members. This is consistent with Lehto et al.’s (2009) findings that interacting in new and changing environments does indeed affect family relationships, roles, and communication. In the present research, we argue that the presence of extended family (especially in light of Filipino culture) acts as a key mediator in allowing caring roles to shift between family members of similar age categories or
familial role. In any case, the purpose of the trip is likely to influence family dynamics in any vacation situation.

**Conclusion**

Due to the nature of this case study, findings are not intended to apply to all trans-generational, trans-continental, cross-cultural family travel experiences. We do hope, however, that this study will provide insight on the importance of family support networks in Filipino culture in sharing care responsibilities for local and visiting families. In this case study, we found that having strong, supportive familial bonds:

- assisted in family cohesion through providing opportunities for leisure experience;
- supported travel opportunities for all members of the multi-generational family;
- allow care responsibilities to shift along the generational spectrum (i.e., Mary’s sisters, cousins, and in-laws of similar age);
- helped family members from all generations feel supported and part of a group; and
- shaped perceived caring roles in relation to other familial partners in care.

We feel that supportive family environments and strong familial ties assist in positive care and travel experiences. Regardless of being away or at home, the adult parent mainly experiences the role of carer, however, care responsibilities can be shared among middle-age relatives. We appreciate that care roles are gendered and thus, it was important to consider and include subjective experiences of women integral to the care experience and the ways in which caregiving influences women's perceptions and engagement in leisure pursuits (Gahagan, Loppie, Rehman, MacLellan, & Side, 2007). Furthermore, we recognize "women are motivated to assume the caregiver role because of feelings of love and family ties, a need to help others, and a sense of obligation and duty" (Strang, 2001, p. 79). During family vacationing, it was important for visiting family to be able to shift care responsibilities to host family members for Mary and her children to pursue leisure activities together. This shift from visiting family to host family was to enable leisure activity pursuit while on vacation. Open communication regarding caring responsibilities and leisure choices among family members may further facilitate positive and meaningful family travel experiences among both visiting and host care partners. In shaping our understanding of a multigenerational travel experience using reflexive methodology, we learned that the social, cultural, and relational environments play an integral role for the recreation of positive and negative care experiences on vacation.

This understanding of Eastern care roles, particularly in Filipino culture, acknowledges a family network support as multilayered and complex, which cannot be reduced to the traditional conceptualization of a sandwich generation in this setting. Thus, we expand our understandings to reflect that of a family system of care support to highlight not only the ‘middle’ care partner within this cultural context, but all those that fall along the generational plane and beyond. The input of family leisure experiences has been shown to strengthen family relationships. Family relationships, found to be especially important within a Filipino cultural setting, in turn
contribute to positive caring experiences and in cyclical fashion can further the family leisure involvement.

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