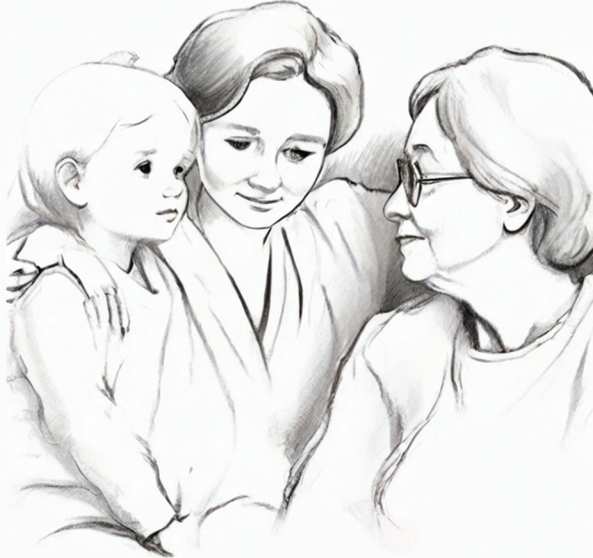




Ege University Publications
Faculty of Literature Publication No: 223

INTERGENERATIONAL AMBIVALENCE AMONG SANDWICH GENERATION WOMEN

Assoc. Prof. Dr. Pelin ÖNDER EROL
Assoc. Prof. Dr. Burcu ÖZDEMİR OCAKLI
Prof. Dr. Hande ŞAHİN
Assist. Prof. Dr. Banu SARIBAY
Begüm DEMİRKOL ÖZSU
Zeynep Gizem ESKİCİ



İzmir, 2023

Ege University Publications
Faculty of Letters Publication No: 223

INTERGENERATIONAL AMBIVALENCE AMONG SANDWICH GENERATION WOMEN

Assoc. Prof. Dr. Pelin ÖNDER EROL
Assoc. Prof. Dr. Burcu ÖZDEMİR OCAKLI
Prof. Dr. Hande ŞAHİN
Assist. Prof. Dr. Öğr. Üyesi Banu SARIBAY
Begüm DEMİRKOL ÖZSU
Zeynep Gizem ESKİCİ

Izmir, 2023

INTERGENERATIONAL AMBIVALENCE AMONG SANDWICH GENERATION WOMEN

E-ISBN: 978-605-338-437-3

It was published by the decision of the board of Directors of Ege University
dated 26.12.2023 and numbered 25/21-22

Science, language and all kinds of liabilities of the work belong to its
author/editor.

© 2023 by Ege University. All rights for this book reserved. No part of this book
may be reproduced, stored in a retrieved system, or transmitted, in any form
or by any means, electronic, mechanical, photocopying, recording or
otherwise, without the prior permission of the copyright owner.

Ministry of Culture and Tourism Certificate No:: 52149

Ege University Press

Ege Üniversitesi Basım ve Yayınevi

Bornova -İzmir

Tel: 0 232 342 12 52

E-mail: basimveyayinevisbm@mail.ege.edu.tr

Book cover is AI Generated by Alperen Zor.

Link

<https://basimveyayinevi.ege.edu.tr>

December, 2023



This work is licensed under a Creative Commons Attribution 4.0
International license (CC BY-NC-ND). Under this license, the text can
be shared with the condition of citation. However, it cannot be
copied, distributed, modified or used for commercial purposes.

Foreword

While intergenerational relations become increasingly important with aging of the population, a wide range of forms, from solidarity to conflict, stand out in the establishment of this relationship. Generations that are stuck between the demands of both their older parents and their children/grandchildren are described as the "sandwich generation" in the Western literature. In this study, the prevalence of intergenerational ambivalence experienced in situations where both solidarity is transferred through care and support between generations and the conflict that arises due to this transfer exists among sandwich generation women who provide care to family members from both generations is researched. Our research, which focuses on revealing whether a category such as the sandwich generation within Generation X exists in Turkey as it does in the West, through the Izmir case, aims to reveal the level of ambivalence and the way how it is experienced by the women of so-called sandwich generation. Within the scope of the research, which is based on a mixed research design structured interviews were conducted with 420 women living in Izmir, aged between 42 and 62 as of 2023, and in-depth interviews were also conducted with 20 women of sandwich generation. From this point of view, it is clearly seen that concepts such as "intergenerational ambivalence" and "sandwich generation", which found their place in the literature written in Western societies that have already experienced the demographic transition, need to be discussed in the Turkish sociology literature. As a matter of fact, this necessity for a research was realized and was turned out to be a project by the research team. Ultimately, it was deemed appropriate to be supported by the Scientific and Technological Research Council of Turkey (TÜBİTAK) as a 1002-A project entitled "Analysis of Experiences and Levels of Ambivalence among Sandwich Generation Women in a Changing Demographic Structure: Izmir Case", the project number of which is 222K043. This assistant reference book is presented to the reader as a revised version of the final report of this project.

On behalf of all co-authors, I would like to express my gratitude to TÜBİTAK for their financial and scientific support. I would also like to thank the Publications Commission of Ege University, which found our book appropriate to publish, and Ege University Rectorate, Administrative and Financial Affairs Department, Printing and Publishing Branch Directorate, which undertook the printing. In addition, I would like to thank all the participants, one by one, who devoted their valuable time to us, voluntarily participated in our research and

provided data. We respectfully hope that our research will be useful to all researchers interested in the subject in terms of its scientific results.

Assoc. Prof. Dr. Pelin ÖNDER EROL

İzmir, 2023

Contents

Foreword	iii
Contents	v
List of Tables	vi
List of Figures.....	ix
INTRODUCTION	10
1. CONCEPTUAL AND THEORETICAL FRAMEWORK.....	17
2. LITERATURE REVIEW	21
3. METHOD AND MATERIALS OF THE RESEARCH	24
3.1 Research Objectives and Goals	24
3.2 Population of the Research	25
3.3 Quantitative Aspect of the Research.....	26
3.3.1 Hypotheses	26
3.3.2 Sample Size and Sampling Design for Quantitative Data Collection	27
3.3.3 Data Collection Tool and Procedure for Quantitative Data	29
3.4 Qualitative Phase of the Study	38
3.4.1 Qualitative Research Sample.....	38
3.4.2 Qualitative Data Collection Tool and Procedure	41
4. FINDINGS.....	43
4.1. Demographic Profile of Sandwich Generation Women	44
4.2. A Closer Look at the Sandwich Generation Women	52
4.2.1 The Relationship between Generation X and the Sandwich Generation: Concurrent Caregivers	56
4.2.2 Ambivalent (Dilemmatic) Situations.....	57
4.2.3 The effect of Age on Ambivalence	59
4.2.4 The effect of Marital Status on Ambivalence	61
4.2.4 The effect of Marital Status on Ambivalence	62
4.2.5 The Effect of Having Cohabiting Child on Ambivalence	65
4.2.6 The Impact of Having a Dependent Older Parent on Ambivalence	67
4.2.7 The Impact of Having Grandchild on Ambivalence	71
4.2.8 The Impact of Educational Level on Ambivalence.....	72
4.2.9 The Impact of Employment Status on Ambivalence	75
4.2.10 The Effect of Subjective Health Status on Ambivalence	80
4.2.11 The Effect of Caregiving Duration on Ambivalence.....	81
4.2.12 The Effect of Supportive Assistance in the Care Role on Ambivalence..	85
4.3 Coping Strategies and Expectations of Sandwich Generation Women in Dealing with Ambivalence	90
CONCLUSION	99
REFERENCES.....	106

List of Tables

Table 1. Districts by strata	28
Table 2. Population and sample distribution by strata (Main and pilot studies)	29
Table 3. Results of the factor analysis of the scale for determining ambivalence levels.....	33
Table 4. Summary of the multiple linear regression model.....	36
Table 5. Results of variance analysis for the multiple linear regression model	36
Table 6. Coefficients of the multiple linear regression model	37
Table 7. Demographic data of the qualitative research sample	40
Table 8. Table of themes	42
Table 9. Birthplace of sandwich generation women.....	44
Table 10. Age distribution of sandwich generation women	44
Table 11. Education level of sandwich generation women.....	44
Table 12. Marital status of sandwich generation women.....	44
Table 13. Household sizes of sandwich generation women	45
Table 14. Childbearing status/number of children of sandwich generation women.....	45
Table 15. Grandchild status of sandwich generation women.....	45
Table 16. The living arrangement of the mothers of sandwich generation women.....	46
Table 17. Living Arrangements of the fathers of sandwich generation women	46
Table 18. Living Arrangements of the mothers-in-law of sandwich generation women.....	47
Table 19. Living Arrangements of the fathers-in-law of sandwich generation women.....	48
Table 20. Working status of sandwich generation women.....	48
Table 21. Subjective health status of sandwich generation women.....	48
Table 22. Income levels of sandwich generation women	49
Table 23. Frequency of caregiving to their children and older parents by sandwich generation women	49
Table 24. Frequency of practical support ⁴ provided by sandwich generation women to their children and older parents	49
Table 25. Frequency of financial support provided by sandwich generation women to their children and older parents	50
Table 26. Frequency of psychological support provided by sandwich generation women to their children and older parents	50
Table 27. Average care / support provided to children and older parents by sandwich generation women	50

Table 28. Duration of care/support provided by sandwich generation women	51
Table 29. Individuals who assist sandwich generation women in providing support	51
Table 30. Mann-Whitney test result showing whether the levels of ambivalence among sandwich generation women differ compared to other women's levels of ambivalence.....	58
Table 31. Kruskal-Wallis test result showing whether the levels of ambivalence among sandwich generation women differ according to their ages	60
Table 32. Correlation analysis aimed at determining the relationship between age and level of ambivalence	60
Table 33. Mann Whitney test result showing whether the levels of ambivalence among sandwich generation women differ according to their marital status .	61
Table 34. Mann-Whitney test result showing whether the levels of ambivalence among sandwich generation women differ according to their marital status.....	62
Table 35. Average level of ambivalence according to marital status.....	62
Table 36. Mann Whitney Test result showing whether the levels of ambivalence among sandwich generation women differ according to the situation of having cohabiting child	66
Table 37. The Kruskal Wallis test results show whether the levels of ambivalence in sandwich generation women differ based on having a dependent older parent.	68
Table 38. Results of the pairwise comparison Post-Hoc test conducted after the Kruskal Wallis Test to determine if there is a difference in the levels of ambivalence among sandwich generation women based on having a dependent older parent.	68
Table 39. Average level of ambivalence according to having a dependent older parent.	69
Table 40. Mann-Whitney test results indicating whether ambivalence levels of sandwich generation women vary according to having grandchild.....	71
Table 41. Kruskal-Wallis test results indicating whether ambivalence levels of sandwich generation women vary according to educational level.....	73
Table 42. Results of Tukey post-hoc pairwise comparisons test conducted to determine whether ambivalence levels of sandwich generation women vary according to educational level after the Kruskal-Wallis test.....	73
Table 43. Mean Ambivalence Levels of Sandwich Generation Women According to Educational Attainment	74

Table 44. Kruskal-Wallis test results indicating whether ambivalence levels of women fitting the sandwich generation description vary according to employment status.....	75
Table 45. Results of Tukey post-hoc pairwise comparisons test conducted to determine whether ambivalence levels of women fitting the sandwich generation description vary according to employment status after the Kruskal-Wallis test.	75
Table 46. Ambivalence levels of sandwich generation women according to employment status.....	76
Table 47. The result of the Kruskal-Wallis test showing whether the ambivalence levels of women fitting the description of the sandwich generation differ based on subjective health status.....	80
Table 48. Post-Hoc pairwise comparisons to determine whether there is a difference in ambivalence levels of women fitting the description of the sandwich generation based on subjective health status after the Kruskal Wallis test.....	80
Table 49. Ambivalence levels of women fitting the description of the sandwich generation based on subjective health status	81
Table 50. Kruskal-Wallis test results indicating whether ambivalence levels of sandwich generation women differ based on the duration of care provided ..	82
Table 51. Post-Hoc pairwise comparison test results following the Kruskal-Wallis test to determine whether ambivalence levels of sandwich generation women differ based on the duration of care provided.....	82
Table 52. Ambivalence levels of sandwich generation women based on the duration of care provided.....	82
Table 53. Post-Hoc pairwise comparison test results following the Kruskal-Wallis test to determine whether ambivalence levels of sandwich generation women differ based on the presence of someone assisting them in the care role.....	85
Table 54. Ambivalence level averages of sandwich generation women based on the status of receiving assistance.....	86
Table 55. Hypotheses tested within the scope of the research	89

List of Figures

Figure 1. Patterns for coping with intergenerational ambivalence (Lüscher, 2002).....	20
Figure 2. Sample size determination formula (Yazıcıoğlu and Erdoğan, 2007). 27	
Figure 3. Slope graph of the factor eigenvalue of the scale for determining ambivalence levels	32
Figure 4. Word cloud related to the ambivalence situation of sandwich generation women in the qualitative sample	54
Figure 5. Emotional states expressed by sandwich generation women in the qualitative sample	55
Figure 6. Conflicting and supportive elements in the family structure of sandwich generation women in qualitative sampling.....	86
Figure 7. Coping practices of sandwich generation women with ambivalence in qualitative sampling	91
Figure 8. Expectations of women in the sandwich generation in a qualitative exploration	97

INTRODUCTION

Demographic transition, or rather, the radical change of demographic structure, represents one of the pivotal turning points in human history. Vago states that dynamics that lead to changes in demographic structure, such as population growth, population ageing and migration, will inevitably lead to changes in society (Vago, 1989). In parallel to this, Giddens (2005: 3-7) underlines that the current overpopulation is one of the three turning points, such as the French and Industrial Revolutions, which "completely eradicated all forms of social organization that human beings have experienced for thousands of years in history".

Another view that sees this transformation as a turning point belongs to Landry (1934), who uses the term "demographic revolution" to describe the changes in the populations of nations. Following the World War II, the expression "demographic transition" gained prominence in discussing demographic transformation. Demographic transition theory is a theory that claims the worldwide transition from high fertility and high mortality to low fertility and low mortality is a universal transition, and therefore all populations are expected to experience this transition at some point. Broadly speaking, the transition from high birth and death rates to low birth and death rates can also be regarded as the shift from pre-industrial to industrial societies (Thompson, 1929; Rowland, 1946). This demographic transition is typically delineated into three key stages.

In the initial stage, both fertility and mortality rates are high. In the second stage, mortality has declined, but fertility remains relatively high, leading to a rapid increase in population during this period. One of the contributing factors to this phenomenon is the onset of advances in health and technology. The transition towards industrialization in society commences during this stage. In the final stage, both mortality and fertility rates decrease. This results in a process known as demographic aging. Demographic aging brings forth numerous significant societal and economic changes. Some of the most important consequences of demographic aging for the family are the presence of at least one older person in almost every family and the fact that different generations are living together for the first time in history.

Every society experiences the demographic transition process in a unique manner, and this process cannot be analyzed separately from a society's cultural, social, and historical characteristics. For instance, when

compared to other European countries, Turkey is undergoing this process at a faster yet delayed pace. In Turkey, the transition from a young population structure to an older one is occurring alongside declining fertility and mortality rates. As Pruchno (2017) has noted, Turkey, which continues to grow economically and is classified among the world's fragile five, has become one of the fastest-aging countries globally. Particularly when evaluating the past 25 years, the remarkable speed of demographic transformation in Turkey is quite noteworthy (Arun, 2018). Consequently, the coexistence of different generations is a prominent change in Turkish society. This intergenerational coexistence brings about significant functions such as cultural transmission, education, and socialization, while also transforming family relationships and the social positions of generations within families (Özmete, 2017; Kurtkapan, 2019).

Although the topic of generations has garnered academic interest in recent years, sociological studies on this subject are remarkably scarce. The subject is primarily addressed within the domains of advertising, marketing, business, management, and public administration. However, the concept of generations is inherently sociological because it points to a meaningful segment of society. The Mannheimian perspective on generations not only defines a generation as individuals born within specific years but also views it as a social phenomenon in which a shared social position is embedded. According to Mannheim (1952), a generation is a "specific kind of location identity that embraces relevant 'age groups' involved in a historical social process." In other words, the generation is formed by the coexistence of the biologically defined birth cohort and the identity it possesses. Alwin and McCammon (2007) distinguish between familial and historical generations. Indeed, Generation X, composed of those born between 1961 and 1981, is a typical example of the second category. Similarly, other generations known as the Silent Generation, Baby Boomers, Generation Y, and Generation Z also exemplify this category in a similar manner.

The Generation X, in many aspects, occupies a unique social position, a result of a series of demographic and social changes. This generation emerged as a consequence of various shifts in society. They find themselves in an era where their older parents have high life expectations, and at the same time, they have adult children who, for various reasons, expect support and care. It is observed that their children, although they may be adults, sometimes delay their marriages and continue to live within the nuclear family. This period also

corresponds to a time when adult children, whether they have their own children or not, make various demands on their parents (e.g., care for grandchildren, picking them up from school, providing meals, financial and emotional support, etc.).

The responsibility felt by adult children, whether they have their own children or not, to provide care for their parents (filial piety) places a dual burden, especially on the women of this generation. Increased life expectancy at birth, declining fertility leading to smaller families, and the rise of "beanpole families," characterized by vertical family structures, mean that there are fewer adult children available to provide care and support to older people. On one hand, this responsibility is shared with fewer siblings or not shared at all due to the absence of siblings, and on the other hand, the extended period of emerging adulthood leads to adult children needing their parents' financial and emotional support for many years, making expectations from this generation even more significant.

These expectations bring about both intergenerational support and intergenerational conflict. At times, individuals in this generation experience a sense of being trapped, leading to ambivalent experiences that encompass both support and conflict. In summary, the obligation of filial piety aligns with intergenerational support, which can be seen as a source of ambivalence (Guo et al., 2020). For this reason, the term "sandwich generation" is used as a metaphor to describe the Generation X, referring to their situation of being caught in between the expectations and demands of two generations (Parker and Patten, 2013).

The term "sandwich generation" is essentially a metaphor, referring to a category of individuals who, based on their age, find themselves in the position of providing support and care to both their older parents and their children. As such, the sandwich generation is not a static category but rather a dynamic one that is likely to be attributed to new generations over time. For example, the literature before the 2000s mainly identified the baby boomer generation as the sandwich generation (Chisholm, 1999; Spillman and Pezzin, 2000). However, in contemporary literature, it is observed that the Generation X has taken on this role (MacDonald, 2021; Sridhar and Phadtare, 2022). Similarly, while the Generation X is currently referred to as the sandwich generation, the aging Generation X is likely to complete its life cycle, suggesting that the incoming Generation Y may assume the sandwich generation role. Indeed, DeRigne and Ferrante (2012) mention that any generation taking on this responsibility can be called the sandwich generation.

The term "sandwich generation," which has been included in the Oxford, Cambridge, and Merriam-Webster dictionaries, was first used by Dorothy Miller in 1981. According to Miller (1981), this generation has care and support responsibilities both for their children and for their aging family members. In the present context, the Generation X, faced with these conditions, is expected to fulfill many roles and responsibilities by providing care to both their parents and their children, sometimes while working in a full or part time job. Since the inception of the term "sandwich generation," it has evolved in conjunction with demographic changes. The aging of society, declining mortality, and advancements in healthcare have resulted in multiple generations living together, increasing the number of family members to whom the sandwich generation must provide care. The concurrent provision of care and support by adult children to their parents and children exemplifies a multi-generational pattern of intergenerational transfer.

Burke (2017) listed the factors contributing to the emergence and size of the sandwich generation as follows:

- Continuing to live with parents for adult children who are pursuing higher education, seeking employment, or working in low-paying jobs.
- Aging population.
- Increased need for healthcare services as a result.
- Rise in informal care.
- Decrease in informal care resources due to smaller family sizes and family members moving to different cities or countries.
- Increased burdens on caregivers.
- Growing trend of both women and men bringing more work home.
- Excessive workload and increased stress among middle-aged women and men.

In the literature, it is observed that women are more likely to take on caregiving responsibilities compared to men, and this can be explained by gender-based division of labor (Tighe et al., 2016; Brandt et al., 2009; Dwyer and Cowards, 1991; Eggebeen and Hogan, 1990; Finch, 1989). Although studies on male caregivers have increased (Lopez-Anuarbe and Kohli, 2019; Mott, Schmidt, and MacWilliams, 2019), research conducted in Turkey indicates that caregivers for older parents are predominantly women (Mottram and Hortaçsu, 2005; Özdemir Ocaklı, 2017; Öztop and Telsiz, 2001). This situation leads to women being

caught between the responsibilities of two generations, known as the sandwich generation. According to the BMFSFJ (2020) report, the unequal distribution of time spent on unpaid care, that is, gender-based care discrimination, emerges as a reality experienced by women of all ages and in every care responsibility undertaken. Therefore, this distinction can be observed among parents, among grandparents, or among those providing care to their parents.

Women provide both younger and older generations care and support they need. This intensifies women's workload and causes intergenerational transfers to be carried out by them. Although women are more likely to receive transfers of financial and practical assistance in old age, the time and care that women in their middle ages provide to children and older parents are beyond reciprocity. Raising children requires a lot of time and energy, and when combined with household chores and practical assistance and care provided to older people, the intensity of labor becomes evident. Adult women of the sandwich generation are often torn between their two roles. Even if filial obligations are normatively based on consent between the two parties, adult children experience indecision between the roles of parent (mother) and child, regardless of their education level (Özdemir Ocaklı, 2017). This indecision sometimes leads to ambivalence. This kind of informal transfer of care and support between generations, which sometimes causes sandwich-generation women to experience ambivalence, has become necessary and common due to a number of social and demographic conditions.

The process of structural differentiation causes the family to change in terms of structure, function, and dynamics. In parallel, this rapid differentiation process that Turkey has experienced, especially since the 1950s, has had significant effects on the family in Turkey. Although the nuclear family, which withdraws into its own shell, especially in cities, functions as a confederation of nuclear families, today's conditions have forced the family to rely on its own resources in performing some functions such as caregiving. Three basic institutions play a role in meeting the needs of the individual; family, market, and state. In societies such as Turkey, where the individual's care and similar needs are met within the family rather than the market and the state, the functions of the family cannot be transferred to bureaucratic organizations and the family becomes an important intermediary between the individual and society. As Aybars, Beşpınar, and Kalaycıoğlu (2018) mentioned, Turkey's socio-

political and cultural infrastructure still points to the family as the primary caregiver, and this responsibility is identified with women. When all these elements are evaluated together, the function played by the sandwich generation in Turkey, especially the one played by the women of this generation, is extremely important. Determining this function and the roles of women of sandwich generation is among the issues that need to be studied scientifically today. It is particularly necessary when many generations come together for the first time, although it sometimes occurs in conditions of intergenerational solidarity, sometimes intergenerational ambivalence, and sometimes intergenerational conflict.

The concept of filial piety means that older parents have a hierarchically higher status than their children, and care, obedience, respect, pleasing, and financial support are accepted as a whole in East Asian cultures (Cheung, Kwan, and Ng, 2006). Although the concept was introduced in relation to East Asian societies, Kağıtçıbaşı (1986) states that, despite the fact that it has many different aspects, the sense of responsibility of adult children towards their parents is one of the few common features of cultures marked by patriarchal ideology, including Turkish culture. Especially when compared to Western cultures, Turkish culture is a culture that has internalized the idea that adult children are primarily responsible for the care of their older parents as an integral part of its tradition. However, the increasing older population in Turkey has also greatly affected the dependency of the older people (Engin, 2022). Especially, the placement of older parents in nursing homes that provide institutional care can be challenging enough to cause the adult child to develop some strategies to cope with this internalized social norm (Önder Erol and Gün, 2018). For this reason, although the sandwich generation definition is a concept of Western origin, it is seen as a concrete reality in the demographic change process that Turkey is going through. However, the concept also has the potential to include some characteristics specific to Turkish culture. In Turkey, where we have established that the culture of collectivism and familism is even stronger than the culture of individualism (Önder Erol and Altınoluk-Düztaş, 2016), the issue may be seen as much more important and worth examining than in the West. In addition, it is thought that the way the issue is handled in the West will be quite different from that in Turkey, and a more original approach is required to be developed. Because the studies conducted on the so called "sandwich generation" in Western literature naturally focus on the familial and demographic dynamics of the West. One of the aims of this

study is to make such an altruistic generation that already exists in Turkey visible, to show ambivalent experiences of women of this generation and to develop some suggestions to alleviate this ambivalence. In other words, in this study it is aimed to understand the dimensions of the support/care roles of Generation X women towards both older and younger generations. The size of those constituting the sandwich generation, their experiences, and levels of ambivalence in assuming these roles have been analyzed. The strategies employed to cope with this ambivalent situation, expectations related to the issue, and recommendations regarding the matter have been identified and developed.

1. CONCEPTUAL AND THEORETICAL FRAMEWORK

Intergenerational relationships reflect a series of connections related to individual, familial, and societal characteristics. Within the scope of intergenerational relationship studies, the nature and context of the relationship are the primary focal points. While micro-level research focuses on the diversity of family responsibilities, caregiving relationships, and generational differences (Birditt et al., 2009; Rahman, 1999; Walker, 1996), macro-level research is directed towards cultural and demographic changes and their relationship with economic and social policies. Individuals at the micro-level, who have the opportunity to construct and reconstruct their own realities, are constantly influenced by the social context in their surroundings (Clarke, 2003). Therefore, the cultural and social context plays a significant role in shaping, developing, and sustaining intergenerational relationships (Szydlik, 2008).

Despite the development of numerous theories to understand intergenerational relationships, the most entrenched and frequently used theories in research are the "intergenerational conflict," "intergenerational solidarity," and "intergenerational ambivalence" theories (Vlajić, 2021). Among these, the oldest is the "intergenerational conflict" theory. Intergenerational conflict, defined as tension, disagreement, and discord among generations, can be measured by the expression of negative emotions towards one another, the frequency of arguments, and the imbalance in support exchanges (ToNoawa, Darling, and ToNoawa, 2021; Vlajić, 2021). Conflict in family relationships is also observed in works such as those by Engels (1884/1972), where gender conflict takes center stage. Conflict theory argues that conflict is a natural part of family relationships as long as there exists interaction. The tendency for conflict to carry a negative connotation has led theorists to emphasize the positive and cooperative aspects of the relationship.

In response to the intergenerational conflict theory, the intergenerational solidarity model was introduced by Bengtson and Schrader (1982) and further developed by McChesney and others (1988). The most widely used intergenerational solidarity approach defines six domains of solidarity in intergenerational relationships, as outlined in Bengtson and Roberts' (1991) work. For a long time, solidarity theories were used to study intergenerational relationships; however, they were heavily criticized for neglecting the conflicting aspects of intrafamily interactions (Marshall et al., 1993; Clarke et al., 1999). Particularly,

Connidis and McMullin (2002) criticized the model for focusing solely on the positive aspects of intergenerational relationships and not considering conflict as an inherent part of them. In response to this criticism, the "intergenerational ambivalence" theory, which we have also adopted as the theoretical framework in our study, was introduced. Intergenerational ambivalence has become one of the most commonly used theoretical approaches when studying intergenerational relationships today, especially in the caregiving context (Hua, Brown, and Bulanda, 2021; Liu, 2021; Lo and Lindsay, 2022; Zhang and Silverstein, 2021).

When examining the word "ambivalence" in its literal sense, it signifies the coexistence of conflicting emotions, such as love and hatred. In Turkish, it is also referred to as "ikilem." This concept is utilized in various social science fields, including psychology and sociology. The concept of sociological ambivalence was initially introduced by Merton and Barber in 1963 and later by Coser in 1966. The primary focus of sociological ambivalence is irreconcilable expectations regarding attitudes, beliefs, and behaviors. It is exemplified through the social role of a doctor, requiring both compassion and professionalism while maintaining some distance from the patient.

In sociological ambivalence literature, two main theoretical orientations are generally observed. The first, incorporated into post-modern theory, suggests that contemporary societies are more prone to generate indecision due to increased conflict between individual autonomy and community demands. People desire freedom in their actions while expecting support from institutions. The second approach to sociological ambivalence is found within feminist literature. According to this theory, a woman's domestic role in the family creates a mixture of emotions, including love and compassion on one hand, and resentment and fatigue on the other. As a result, as mentioned by Rabelo and Neri (2014), women are more likely to report conflict, stress, and indecision because they have a more emotional relationship with their parents, particularly their mothers.

The adaptation of ambivalence theory to intergenerational relationships occurred in the 1990s. Intergenerational relationships have always been characterized by multifaceted exchanges and transfers, which have been explained through solidarity, conflict, and ambivalence theories in turn. In the broadest sense, solidarity theories focus on the positive aspects of relationships based on mutual support, while conflict theories concentrate on the negative aspects of relationships,

emphasizing the conflicting interests of different generations. On the other hand, ambivalence theories combine both perspectives and argue that intergenerational relationships consist of both positive and negative aspects (Lüscher and Pillemer, 1998; Connidis and McMullin, 2002). This theory underscores the coexistence of harmonious and conflicting dimensions in intergenerational relationships, ultimately suggesting that both adult children and older parents experience ambivalence.

Intergenerational ambivalence arises when individuals attempt to assert agency while negotiating family relationships within the context of social-structural arrangements (Connidis and McMullin, 2002). Connidis and McMullin (2002) apply a lifelong approach to intergenerational ambivalence theory, arguing that the strategies developed to cope with ambivalence represent an ongoing process that can result in changing intergenerational relationships characterized by solidarity, conflict, and ambivalence, influenced by evolving social conditions and circumstances. Consequently, intergenerational ambivalence is primarily observed during status transition processes such as marriage, employment, and parenting. Furthermore, they suggest that due to the potential for reducing intergenerational ambivalence through appropriate policy formulation, the subject has significant implications for social policy (Connidis and McMullin, 2002).

Ambivalence is evident in two dimensions: firstly, it is a societal-level dilemma arising from conflicting social norms, status, and roles. Secondly, it is an individual-level dilemma stemming from emotional, cognitive, and motivational conflicts and contradictions. After defining the two dimensions of ambivalence, Lüscher (2002) assigns new labels to these contradictions. At the personal level, intergenerational relationships are described as convergence or distancing depending on the level of emotional closeness. At the institutional level, following the same family or institutional heritage is labeled as reproduction, and the effort to break free from these values is defined as innovation. As depicted in Figure 1, the operationalization of the term ambivalence presents four different patterns for coping with intergenerational ambivalence.

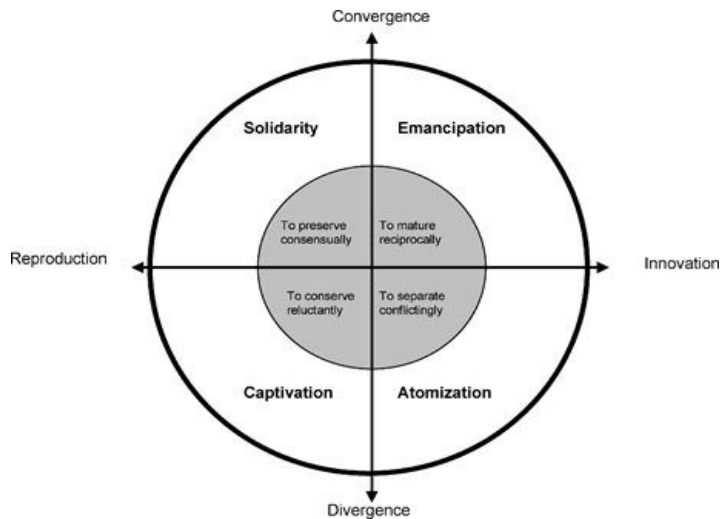


Figure 1. Patterns for coping with intergenerational ambivalence (Lüscher, 2002)

The first of these strategies is defined as solidarity, where values and traditions are preserved within a framework of compromise. The second is emancipation, where mutual interdependence continues alongside individual development. The third is atomization, where conflicting separations occur between generations. Finally, when family traditions, especially one-sided demands from older generations, lead to their reproduction, it results in captivation. The approach of intergenerational ambivalence and the coping patterns were proposed with the motivation to understand relationships between older parents and adult children. This is because relationships between older adults and their adult children can involve significant emotional complexities, and the quality of these relationships is often linked to their physical and mental well-being (Humboldt, 2021).

2. LITERATURE REVIEW

Many studies have investigated the impact of intergenerational ambivalence on various aspects of individuals' lives. One important impact reveals itself on emotional well-being. Research shows that experiencing conflicting emotions in relationships with adult children or parents can increase psychological problems, depressive symptoms, and lower life satisfaction (Li and Zhang, 2023; Sutor, Gilligan, and Pillemer, 2011; Tighe, Birditt, and Antonucci, 2016). The presence of conflicting emotions such as love and anger can create a feeling of emotional tension and uncertainty, which can negatively affect the mental health of both adult children and older parents (Hua, Brown and Bulanda, 2021; Kiecolt, Blieszner, and Savla, 2011; Zhang and Silverstein, 2021).

Intergenerational ambivalence also affects the quality of family relationships. Studies have found that conflicting relationships between parents and adult children are associated with higher levels of conflict and tense interactions (Hong et al., 2021; Yan, Huang, and Li, 2023). Conflicts and mixed emotions in these relationships can cause communication difficulties and hinder effective problem-solving processes. In addition, ambivalence, characterized by such contradictions, can lead to a lack of emotional intimacy and a decrease in relationship satisfaction.

Another area affected by intergenerational ambivalence is care dynamics. Conflict in the parent-child relationship can create difficulties in providing and receiving care. For instance, when faced with the responsibility of caring for a parent, adult children may experience conflicting feelings. Similarly, parents may have mixed feelings about accepting support or trusting their adult children. These dynamics can increase caregiver burden and strain and affect the well-being of both parties (Liu, 2021; Lopes, Pontes, and Bastos, 2022; Pine and Steffen, 2019).

In addition to individual and relational consequences, intergenerational ambivalence also has effects on intergenerational exchanges and transfers of solidarity and support. Contradictory relationships often exhibit a reciprocity pattern. In other words, there are both positive and negative exchanges between generations. Research shows that conflict can lead to reduced instrumental and affectional support exchanges between parents and their adult children (Kalmijn, 2020; Lo and Lindsay, 2022). The presence of conflicting emotions can

limit the desire or ability to provide help or support when needed and affect the level of solidarity between generations.

In conclusion, current literature shows that intergenerational ambivalence has significant effects on emotional well-being, relationship quality, care dynamics, and intergenerational support exchanges. These effects highlight the complex nature of family relationships and highlight the need for further research and development of interventions on understanding and addressing intergenerational ambivalence. With a better understanding of these dynamics, practitioners, and policymakers can develop strategies to promote positive intergenerational relationships and improve the well-being of individuals and families. To develop these policies, it is necessary to analyze the current situation and conduct research at both local and national levels. In this context, the findings of this research on sandwich generation, which has a high potential to experience intergenerational ambivalence, are important in terms of both descriptive results and various socio-economic variables.

Age is among the demographic factors shown to have an impact on intergenerational ambivalence in the literature. Studies show that older adults experience higher levels of conflicting emotions, especially in parents' relationships with their adult children. This is due to differences in values, expectations, and role transitions between generations. As parents get older, they may seek support and assistance from their adult children, which can lead to increased interdependence and potential conflict and contradiction (Guo et al., 2020; Torabian et al., 2022).

Gender is another important socio-demographic factor influencing intergenerational ambivalence. Research shows that there are gender differences in the experience and expression of ambivalence (Pei and Cong, 2019; Stepniak et al., 2021; Zhang and Silverstein, 2021). Daughters generally report higher levels of conflicting emotions in their relationships with their parents than sons do. This is due to social expectations about caregiving and emotional closeness. Daughters may be under pressure to provide more care and emotional support, which can lead to conflicting feelings between responsibility and hardship.

Marital status and family structure also affect intergenerational ambivalence. Those who are married or in stable relationships may experience different levels of ambivalence compared to single or divorced individuals (Pei and Cong, 2019; Stepniak et al., 2021). For example, conflict in parent-child relationships may decrease because married people rely more on spousal support. Additionally, the presence of

siblings and extended family members may influence conflict dynamics by providing additional support or sources of conflict for intergenerational relationships.

Cultural origin also shapes intergenerational ambivalence experiences (Gurko, 2020; Pillemer, Sutor, and Baltar, 2019; Stepniak et al., 2021). Cultural values and norms such as filial piety, interdependence, and responsibility can affect the emergence of ambivalence. For example, in familial cultures that emphasize strong intergenerational ties, conflict may occur, but in cultures that prioritize independence and autonomy, this situation can be managed in different ways.

Socio-economic factors, such as income and education also affect intergenerational ambivalence (Guo et al., 2020; Özdemir Ocaklı, 2017; Pei and Cong, 2019). Research shows that socio-economic differences between parents and adult children can lead to increased ambivalence. Factors, such as differences in financial resources, educational level, and professional status lead to balances of power and conflicting expectations, thus increasing conflict in relationships.

The effects of socio-demographic factors on intergenerational ambivalence are complex and interconnected. The interactions between these factors and their effects on conflict may vary depending on cultural contexts, historical periods, and individual circumstances.

As a result, socio-demographic factors such as age, gender, marital status, family structure, cultural origin, and socio-economic status may have significant effects on intergenerational ambivalence. Revealing the interactions between these factors and their impact on ambivalence can help us better understand the complexity of intergenerational relationships. As demonstrated in the literature review, it was seen that there is a need for more research in this field in Turkey and the world, such as our research, which aims to reveal the interaction and relationship between socio-demographic factors and intergenerational ambivalence more comprehensively.

3. METHOD AND MATERIALS OF THE RESEARCH

This research aims to examine the subject from multiple dimensions by employing both qualitative and quantitative methods simultaneously, in other words, using a mixed-method approach. Qualitative research focuses on the micro-level of the topic, aiming for an in-depth "understanding," while quantitative research allows for an analysis of the topic on a macro-level, emphasizing "explanation." This study is designed as a mixed-method approach, incorporating both methods. The mixed-method approach in this research will enable the exploration of different research questions and contribute to data triangulation (Bryman, 2006; Creswell and Tashakkori, 2007). Studies adopting the mixed-method approach often employ various strategies for integrating and analyzing qualitative and quantitative methods together. These strategies include merging qualitative and quantitative data, connecting them to build upon each other, and embedding one within the other to support the analysis (Creswell, 2007). Consequently, the qualitative and quantitative data obtained in this research have been merged for combined analysis.

In order to conduct the field research, Ethical Approval has been obtained from Ege University Social and Humanities Research and Publication Ethics Committee, as documented by the decision dated 28.12.2022 and numbered 13/04 Meeting and Decision, Protocol Number 1735.

3.1 Research Objectives and Goals

In this research, a mixed-method approach that combines the strengths of both quantitative and qualitative research methods has been employed. The quantitative part aims to analyze the ambivalence levels of sandwich generation women, while the qualitative part aims to uncover how sandwich generation women experience ambivalence.

In more detail, the research seeks to answer the following research question: "Are the Generation X women (those born between 1961-1981) who are predominantly defined as sandwich generation due to concurrently providing care/support to their parents and children in the changing demographic structure, and do they experience ambivalence at a higher level, and do the ambivalence levels of women identified as the sandwich generation vary according to various variables?"

In the scope of this research, the following objectives are targeted:

- I. Determining whether the Generation X women in İzmir provide care/support to their parents and children, in other words, establishing whether they qualify as the sandwich generation or not.
- II. Creating an original and locally relevant scientific understanding and literature related to the "sandwich generation" in Turkey, where the family is an important institution for meeting individuals' needs and family values hold significance.
- III. Investigating whether Generation X women who fit the definition of the sandwich generation (providing care/support to both parents and children) experience ambivalence due to these characteristics, determining the level of ambivalence if they do, identifying the differences in ambivalence levels between women who are part of the sandwich generation and those who are not, and exploring the reasons behind these differences.
- IV. Establishing the relationship between the ambivalence levels of these women and demographic variables such as age, education level, marital status, etc.
- V. Facilitating the expression of issues, if any, faced by sandwich generation women, determining the strategies they employ to cope with these issues, and understanding their expectations. Based on these findings, generating recommendations for solutions related to the subject is also a goal of this research.

3.2 Population of the Research

The population of this research consists of women between the ages of 42-62, who belong to Generation X and reside in İzmir, which is the third-largest city in Turkey, as of the year 2023. The reasons for selecting İzmir as the population are listed below:

- I. As indicated in the literature, major cities where various responsibilities converge are the places where institutional ambivalence is most intense. In this context, İzmir is a city that reflects heterogeneity to a significant extent.

- II. İzmir exhibits unique patterns in terms of family and household compositions and relationships among cities in Turkey (see Önder Erol and Altinoluk-Düztaş, 2019).
- III. In line with the principle of convenience, the researchers, except for one, are affiliated with different universities in İzmir.

The determination of the population size follows the process outlined below: Since the most recent data from TÜİK on age and gender distribution by provinces is from the year 2021, the size of the Generation X women is assumed to consist of those born between 1961 and 1981, as included in the 2021 data. According to the Address-Based Population Registration System by TÜİK (2021) [<https://data.tuik.gov.tr/Bulten/Index?p=45500>], the number of women living in İzmir and born between 1961 and 1981, in other words, the size of the population, is 669,535.

3.3 Quantitative Aspect of the Research

3.3.1 Hypotheses

The necessary hypotheses prepared for the analysis of the quantitative data of the research with the research question, "Are the Generation X women (born between 1961-1981) who are predominantly defined as the sandwich generation due to concurrently providing care/support to their parents and children in the changing demographic structure, and do they experience ambivalence at a higher level, and do the ambivalence levels of women identified as the sandwich generation vary according to various variables?" are as follows:

H1: Women who make up the Generation X provide concurrent care to both parents and children, which qualifies them as the sandwich generation.

H2: Women who fit the description of the sandwich generation have higher levels of ambivalence compared to others.

H3: Ambivalence levels of women who fit the description of the sandwich generation differ by age.

H4: Ambivalence levels of women who fit the description of the sandwich generation differ by marital status.

H5: Ambivalence levels of women who fit the description of the sandwich generation differ by cohabitation with children.

H6: Ambivalence levels of women who fit the description of the sandwich generation differ by the caregiving status of elderly parents.

H7: Ambivalence levels of women who fit the description of the sandwich generation differ by grandparenting status.

H8: Ambivalence levels of women who fit the description of the sandwich generation differ by educational status.

H9: Ambivalence levels of women who fit the description of the sandwich generation differ by employment status.

H10: Ambivalence levels of women who fit the description of the sandwich generation differ by subjective health status.

H11: Ambivalence levels of women who fit the description of the sandwich generation differ by the duration of care they provide.

H12: Ambivalence levels of women who fit the description of the sandwich generation differ by the presence of someone assisting in the caregiving role.

Therefore, each hypothesis will be addressed under a separate subheading in the findings section, where quantitative and qualitative data will be analyzed and discussed together.

3.3.2 Sample Size and Sampling Design for Quantitative Data Collection

Due to the large size of the research population, a sampling approach was employed, and for its determination, the technique of sampling from a population with large numbers was used. The formula for this is shown in Figure 2. The sample size that can represent the population of 669,535 individuals was determined using the following formula.

$$n = \frac{Nt^2pq}{d^2(N-1) + t^2pq}$$

Figure 2. Sample size determination formula (Yazıcıoğlu and Erdoğan, 2007)

According to this formula, N represents the population size, n represents the sample size, t is the theoretical value found in the t-table at a specific level of significance, p is the probability of the event being

studied, q is the probability of the event not occurring, and d represents the sampling error accepted based on the frequency of the event.

For our sample of $N=669,535$, and considering a 95% confidence interval, $d=0.05$, and $t=1.96$ according to the t -table, were used. Assuming an equal probability of each hypothesis under all conditions in the research, both p and q were set to 0.5 in the formula. As a result, the sample size was calculated as 384. Although this number is sufficient for representativeness, it was increased to 420 to account for the possibility of some interview forms not working and to increase the sample power within the budget's constraints. Ultimately, the sample size was increased to 420. In addition, as part of the pilot study for the quantitative aspect, structured interviews were conducted with 50 participants.

To maximize the representation of the 420-person sample within Izmir, structured interviews were conducted in different regions of Izmir. These regions were considered as strata, and strata were determined based on the nature of our study, which could be related to socio-economic development. According to the Research on Socio-Economic Development Ranking of Izmir's Districts prepared by the Republic of Türkiye Ministry of Industry and Technology's Development Agencies General Directorate (SEGE, 2022), Izmir's districts are divided into 5 different tiers. There are a total of 6 districts in the 3rd, 4th, and 5th tiers. Therefore, these 3 tiers, covering 6 districts, have been considered as a single stratum (Stratum 3) in our research. The list of Izmir districts included in the strata according to SEGE (2022) is shown in Table 1.

Table 1. Districts by strata

Stratum 1	Stratum 2		Stratum 3
Konak	Bayraklı	Foça	Bergama
Bornova	Menderes	Torbalı	Ödemiş
Balçova	Buca	Seferihisar	Kınık
Karşıyaka	Aliağa	Selçuk	Bayındır
Çiğli	Karabağlar	Dikili	Beydağ
Gaziemir	Menemen	Karaburun	Kiraz
Çeşme	Kemalpaşa	Tire	
Güzelbahçe			
Urla			
Narlıdere			

The total population in these strata and the number of participants distributed in the main and pilot samples are presented in Table 2.

Table 2. Population and sample distribution by strata (Main and pilot studies)

	Population of Generation X Women¹	Main Sample	Pilot Sample
Stratum 1	274455	179	21
Stratum 2	319524	208	25
Stratum 3	51050	33	4
Total	645029	420	50

3.3.3 Data Collection Tool and Procedure for Quantitative Data

The quantitative data collection tool is a structured interview that was prepared by the research team themselves. The process followed in preparing the structured interview forms is as follows. Firstly, in the qualitative pilot study conducted between February 1 and March 1, 2023, in-depth interviews were conducted with 5 individuals. Based on the data obtained from these interviews, the initial version of the structured interview forms was prepared for use in the quantitative pilot study.

In the quantitative pilot study, structured interviews were conducted with a total of 50 participants. The pilot study was conducted with 50 women participating in the research. First, reliability analyses were applied to the scales used in the research. As a result of the analysis conducted for the first scale (questions 15 and 18), Cronbach's Alpha coefficient was found to be 0.841. In the reliability analysis conducted for

¹While calculating the total population of each stratum, it was necessary to rely on the population of women aged 40-59. Due to the fact that TURKSTAT ADNKS (2021) data is organized by 5-year age groups instead of single ages, the data for the closest age groups, i.e., 40-44, 45-49, 50-54, 55-59, were used.

the second scale (questions 21-39), the Cronbach's Alpha coefficient was found to be 0.917. Based on the alpha coefficient for both scales, it was determined that the scales used are highly reliable.

The Kolmogorov-Smirnov test, conducted to check whether the data was normally distributed, revealed ($p < 0.05$) that the data did not follow a normal distribution. Accordingly, non-parametric tests were used in the process of testing the hypotheses. Quantitative data were collected through face-to-face interviews conducted by a research company between March 1 and May 1, 2023. The structured interview form consists of three sections: demographic questions (questions 1-14), descriptive questions (questions 15-20), and Likert-type statements (questions 21-39) assessing participants' thoughts and attitudes on the subject. Responses to the Likert-type statements were rated as "strongly disagree," "disagree," "neutral," "agree," and "strongly agree."

The data obtained from the quantitative field research were analyzed using IBM SPSS 25.0 software. The statistical techniques used in the research are listed as follows:

- Frequency distribution method for demographic characteristics,
- Test of normality to determine whether parametric or non-parametric tests will be used in the research,
- Reliability analysis of the scale used in the research,
- Factor analysis to determine the validity (factor structures) of the scale used in the research and the internal consistency of the factors,
- Analysis of tests (t-test, One Way ANOVA, Kolmogorov-Smirnov, Mann-Whitney U, or Kruskal-Wallis tests) to examine differences in factors obtained from factor analysis based on whether they show normal distribution.

In addition, reliability and factor analyses were performed. First, factor analysis was applied to the scale consisting of 19 attitude statements to identify the factors influencing the ambivalence levels of sandwich generation women. Reliability analyses of the factors resulting from factor analysis were then conducted, and statistical variables consisting of the averages of each factor group were calculated. The reliability analysis was initially applied to the scale designed to determine ambivalence levels.

The Cronbach's alpha reliability coefficient for the 19 statements in the scale was found to be 0.82. The results indicate that the scale is highly reliable. According to Özdamar (2013), a scale with this coefficient can be confidently used in population surveys and the formation of scientific judgments. A Kaiser-Meyer-Olkin test was also conducted for sample adequacy, and the result of 0.779 (>0.50) indicated that the sample was sufficient. The Bartlett's Sphericity test, which shows whether there is a high correlation between variables, was also found to be significant with $p=0.000$ (<0.05). As a result of these tests, it was concluded that the data were suitable for factor analysis, and factor analysis could be applied to the scale.

In the factor analysis, the first step was to examine the commonalities, and it was observed that one variable had a value lower than 0.45, so this variable was removed from the analysis. In factor analysis, high factor loadings are desired. High factor loadings for items indicate a strong relationship between the items and the same construct. Although in the literature, factor loading values above 0.50 are considered appropriate for each item, it is also stated that a value of 0.45 is sufficient. Therefore, the item (variable) with a factor loading value below 0.45 was removed from the analysis. This variable is the statement 'Providing support makes me feel both positive and negative emotions at the same time.' Subsequently, factor analysis was reapplied to the variables. The analysis revealed that five factors explained 60.38% of the total variance and effectively represented the ambivalence levels of sandwich generation women. In the literature, a level of 40% to 60% is considered sufficient for social research (Karagöz, 2021).

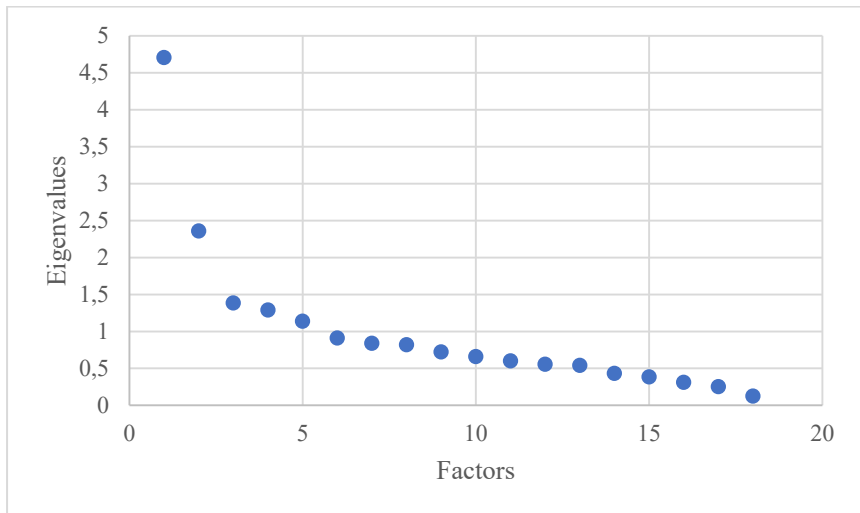


Figure 3. Slope graph of the factor eigenvalue of the scale for determining ambivalence levels

The factor analysis line chart provided in Figure 3 was considered for determining the factors. When examining the graph, the number of points up to the point where the slope starts to disappear represents the number of factors. In other words, factors with eigenvalues greater than 1 can be considered as the new variables of the study. As a result of the factor analysis, a 5-factor structure with 18 questions as presented in Table 3 was obtained. The factors were grouped based on the variables they contained, and the factors were, respectively: Challenges in maintaining individual identity (Factor 1), Exhausting nature of providing support (Factor 2), Difficulties related to work life/functionality (Factor 3), Feeling trapped between social roles (Factor 4), and Dedication (Factor 5). The eigenvalues of the factors were found to be 3.092, 2.336, 2.170, 1.782, and 1.448, respectively. The first factor explains 17% of the total variance, the second factor 13%, and the third factor 12%, while all five factors together account for 60.38% of the total variance.

According to Table 3, the first factor is formed by the combination of 4 variables, and this factor explains 17.18% of the total variance. The key role in the ambivalence experienced by women fitting the "sandwich generation" description is the difficulties in maintaining individual identity.

Table 3. Results of the factor analysis of the scale for determining ambivalence levels

	Expressions	Loadings	Eigen values	Variance (%)	Mean	S.D.
Factor 1: Difficulties in Maintaining Individual Identity	I have difficulty in maintaining my social life or continuing to meet with my friends while performing these tasks.	0,849	3,092	17,18	3,09	0,65
	While performing these tasks, I have to give up my hobbies and the time I allocate for myself.	0,825				
	I sometimes neglect my self-care (such as going to the hairdresser, maintaining a healthy diet, exercising, sleeping, etc.) while fulfilling these duties.	0,76				
	I struggle to maintain a balance between family and personal life.	0,547				
Factor 2: Exhaustion of Providing Support	I sometimes face financial difficulties when providing support to my children or elderly family members.	0,741	2,336	12,98	2,72	0,58
	I feel angry toward the person I'm providing support to (mother/child/grandchild, etc.).	0,643				
	I sometimes struggle psychologically when providing support to my children or elderly family members.	0,598				
	If someone else (from the family or paid) could handle these tasks, I could delegate my responsibilities.	0,542				

	I sometimes find myself physically challenged when providing support to my children or the elderly.	0,438				
	I feel compelled to provide support due to societal expectations.	0,424				
Factor 3: Difficulties Related to Work Life/ Functionality	I struggle to stay motivated with my job when providing support to my children or the elderly.	0,927	2,170	12,057	2,92	0,89
	I sometimes experience stress at work while providing support to my children or the elderly.	0,905				
	I feel a sense of usefulness due to providing support.	0,505				
Factor 4: Being Trapped between Social Roles	At times, I find myself caught between two generations in my roles with my elderly family members and children/grandchildren.	0,724	1,782	9,899	2,95	0,88
	I feel trapped between my supportive role and my other familial roles.	0,689				
	I have moments of stress in my marriage while providing support to my children or the elderly.	0,649				
Factor 5: Dedication	I feel at peace within because of the support I provide to my children/elderly.	0,699	1,488	8,267	4,52	0,34
	I love the person I'm supporting (mother/child/grandchild, etc.) very much.	0,635				
Explained total variance		60,383				

The factor load values of the items in this factor of the scale range from 0.849 to 0.547. When examining the structure of the factor, it is seen that this factor is related to women's struggles to maintain their ongoing social lives and preserve their current and familiar routines. For example, variables such as "I have trouble maintaining my social life while performing these tasks" (0.849), "I give up my hobbies and the time I allocate to myself while performing these tasks" (0.825), and "I neglect my self-care while performing these tasks" (0.760) have significant determinants. The factor loads of these variables are quite high.

The second factor is related to the **exhaustion of providing support**. This factor refers to the negative effects that women experience due to providing support to both their children and the elderly. The second factor explains 13% of the total variance. The factor load values of the variables in this factor range from 0.741 to 0.424. Key determinants in this factor are variables such as "I have financial difficulties while providing support to my children or the elderly" (0.741), "I feel angry towards the person I am supporting" (0.643), and "I experience psychological difficulties while providing support to my children or the elderly" (0.598).

The third factor, which is related to **difficulties in work life/functionality**, consists of 3 variables and explains 12% of the total variance. The third factor has key determinants, "I have trouble motivating myself at work while providing support to my children or the elderly" (0.927) and "I experience stress at work while providing support to my children or the elderly" (0.905). When examining the structure of the factor, it is seen that this factor is related to the difficulties in the work life of sandwich generation women due to the support they provide.

In this context, focusing on work-life balance and addressing the problems of this group is particularly relevant. Multiple linear regression analysis has been applied to better understand the effects of various variables on work-life balance. In multiple linear regression analysis, the dependent variable is work-life balance, and the independent variables include various variables such as age, educational level, having grandchildren, employment status, subjective health status, income level, and the presence of someone who provides assistance. According to the analysis, the following findings were obtained.

Table 4. Summary of the multiple linear regression model

Model Summary^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
	,782 ^a	0,612	0,604	0,56449	1,786
a. Predictors: the presence of a supporter, self-rated health status, being a grandparent, income level, age, education level, employment status					
b. Dependent Variable: work life balance					

When Table 4 is examined, a positive and significant relationship between the dependent variable and the independent variables is observed ($R=0.782$). According to the determination coefficient value R^2 in the regression model, 61.2% of the variability in work-life balance is explained by the independent variables (age, education level, being a grandparent, employment status, self-rated health status, income level, and the presence of a supporter). By looking at the Durbin-Watson statistic (1.786), it can be seen that there is no autocorrelation among error terms.

Table 5. Results of variance analysis for the multiple linear regression model

ANOVA^a						
Model	Sum of Squares	df	Mean Square	F	Sig.	
Regression	163,006	7	23,287	73,078	,000b	
Residual	103,244	324	0,319			
Total	266,250	331				
a. Dependent Variable: work life balance						
b. Predictors: (Constant), the presence of a supporter, self-rated health status, being a grandparent, income level, age, education level, employment status						

When examining the variance analysis table provided above, it can be observed that the model is statistically significant ($\text{sig} = 0.000 < \alpha = 0.05$).

Table 6. Coefficients of the multiple linear regression model

Coefficients ^a								
Model	Unstandardized Coefficients		Standard ized Coefficients	t	Sig.	Collinearity Statistics		
	B	Std. Error	Beta			Tolerance	VIF	
Constant	1,859	0,329		5,649	0,000			
Age	0,092	0,040	0,107	2,317	0,021	0,560	1,784	
Education Level	0,034	0,033	0,045	1,016	0,310	0,597	1,675	
Being a Grandparent	-0,266	0,082	-0,138	-3,261	0,001	0,666	1,502	
Employment Status	0,736	0,053	0,649	13,780	0,000	0,540	1,853	
Self-rated Health Status	-0,123	0,064	-0,075	-1,931	0,054	0,801	1,248	
Income Level	0,087	0,066	0,054	1,306	0,193	0,706	1,416	
The Presence of a Supporter	0,210	0,098	0,076	2,154	0,032	0,952	1,051	
a. Dependent Variable: work life balance								

According to Table 6, there is a statistically significant relationship between work-life balance and variables such as age, being a grandparent, employment status, and the presence of someone who provides assistance ($p < 0.05$). However, there is no statistically significant relationship ($p > 0.05$) between work-life balance and the other three variables, namely education level, self-perceived health status, and income level.

The fourth factor consists of 3 variables and explains 9.9% of the total variance. This fourth factor is related to the experiences of sandwich generation women feeling caught between different societal roles. The primary determinant variable for this factor is "feeling caught between two generations in my roles concerning my elderly family members and children or grandchildren" (,724). On the other hand, the fifth factor,

comprised of 2 variables, explains 8% of the total variance. It is associated with the dedication of sandwich generation women. The fundamental determinant variable for this factor is "I feel content inside due to the support I provide to my children/elderly family members" (,699).

3.4 Qualitative Phase of the Study

This research has been designed to analyze the ambivalence experiences and levels of women belonging to the Generation X, commonly known as the "sandwich generation," in Izmir. In this design, qualitative research has been planned to provide depth to the quantitative data, and in-depth interviews have been chosen as the data collection method. "The in-depth interview technique used in qualitative research is a data collection tool that allows us to delve into the essence of many phenomena, processes, and relationships in the social world, understanding their details, rather than just their appearances" (Kümbetoğlu, 2012). In-depth interviews were conducted by researchers with a total of 20 participants. Interviews took place until the point of theoretical saturation was reached. The theoretical saturation point is when responses from participants start repeating, and it is understood that no additional data can be obtained (Glaser and Strauss, 1967).

The data obtained from in-depth interviews were organized, stored, and schematized using the MAXQDA qualitative research software program.

A phenomenological approach, which is a guiding approach in analyzing individuals' lived experiences, was relied upon as a framework for understanding the experiences of sandwich generation women. In empirical research, the phenomenological approach involves turning to the experience itself to obtain comprehensive descriptions that form the basis of reflective structural analysis, capable of depicting the essence of the experience (Moustakas, 1994). In this context, the qualitative research was designed to obtain and encapsulate the narratives of women who have experienced being squeezed between two generations, to understand the strategies they employ. The analysis of the data was enriched by directly incorporating participants' narratives as quotations.

3.4.1 Qualitative Research Sample

In the qualitative research phase, interviews were conducted with women from the Generation X (those born between 1961-1981), specifically those who possessed the characteristic of being part of the sandwich generation. In other words, they were concurrently providing care and support to both their parents and their own children. To demonstrate the heterogeneity of the experiences and narratives of these sandwich generation women, purposive sampling techniques, specifically maximum diversity sampling, were employed. This type of sampling, which does not claim generalizability but rather serves a specific purpose, emerges when individuals or groups are intentionally included in the research (Onwuegbuzie, et al., 2007). Thus, in the qualitative research, factors such as employment status, household composition, socioeconomic status (SES) categories, and similar variables were considered when selecting participants. The way these women experienced being part of the sandwich generation, the strategies they employed to cope with the challenges that came with it, and any demands they may have had can only be explored through in-depth interviews. The profile of the qualitative research sample and Table 7, which illustrates the application of the maximum diversity principle as mentioned above, are provided below.

Table 7. Demographic data of the qualitative research sample

Participant	Age	Occupation	Marital Status	Education Level	# of Children	# of Grand children	# of Living Parents	Migration History	Same Household Children	Dependent Parents	Subjective Health Status
P1	46	Cleaner in an institution	Married	High School	2	0	3	Migrated from Eskişehir due to marriage.	Yes	Yes	Good
P2	50	Teacher	Married	Bachelor's degree	2	0	1	Migrated from Kırşehir to Izmir in 1982.	Yes	Yes	Good
P3	50	Housewife	Married	Primary School	2	2	2	Migrated from Siirt. They've been in Izmir for 40 years.	Yes	Yes	Good
P4	58	Housewife	Married	Dropped out in the 4th grade	3	7	1	In Izmir since 1978. Migrated from Çorum.	No	Yes	Good
P5	40	House cleaning worker	Married	Middle school	2	0	4	Migrated from Tokat. They've been in Izmir for 20 years.	Yes	Yes	Good
P6	45	Civil servant	Married	Bachelor's degree	2	0	1	From Izmir originally	Yes	No	Good
P7	48	Tailor	Married	High School	3	0	2	Born in Diyarbakır. Moved from Eskişehir to Izmir due to her father's profession.	Yes	Yes	Good
P8	44	Housewife	Married	High School	1	0	2	Migrated from Moscow. Living in Izmir for 21 years.	Yes	Yes	Good
P9	48	Specialist Doctor	Married	Ph.D.	2	0	3	Migrated from Samsun 28 years ago.	Yes	No	Good
P10	52	Housewife	Married	Primary School	1	1	3	Migrated from Denizli to Izmir 40 years ago.	No	No	Good
P11	58	Retired	Married	High School	2	0	3	From Izmir originally	Yes	Yes	Good
P12	45	University professor	Married	Ph.D.	1	0	4	From Izmir originally	Yes	No	Good
P13	48	Specialist Doctor	Divorced	Ph.D.	2	0	2	From Izmir originally	Yes	No	Good
P14	42	Specialist Doctor	Married	Ph.D.	2	0	3	Moved to Izmir for work 7 years ago.	Yes	Yes	Good
P15	45	Food engineer	Married	Ph.D.	1	0	4	Migrated from Bulgaria to Turkey in 1989.	Yes	No	Good
P16	45	Cleaner in an institution	Married	Bachelor's degree	2	0	3	From Izmir originally	Yes	No	Good
P17	48	Housewife	Married	High School	2	0	2	From Izmir originally	Yes	Yes	Good
P18	47	Building security guard	Married	High School	1	0	2	From Izmir originally	Yes	Yes	Good
P19	46	Lawyer	Married	Bachelor's degree	2	0	3	From Izmir originally	Yes	No	Good
P20	42	Insurance agent	Married	Bachelor's degree	2	0	3	8 years ago due to her husband's job.	Yes	No	Moderate

3.4.2 Qualitative Data Collection Tool and Procedure

In the qualitative data collection process, in-depth interviews were conducted and recorded with the consent of the participants. Subsequently, these recordings were transcribed. Data from one participant who did not consent to audio recording were based on the interviewer's notes. In-depth interviews are a flexible research technique where the number, order, and even the content of questions can vary within the context of the interaction created during the interview.

Notes were taken by the researchers regarding the environment where the in-depth interviews took place and any non-verbal data. These notes were recorded for use as complementary data in the analysis of the in-depth interviews, given that they are considered data from a social science perspective.

The analysis of all transcribed and noted texts was conducted using the MAXQDA software program. In coding the qualitative data in MAXQDA, the categories created in the analysis of the quantitative data were used as a basis. The fundamental basis for these categories is the hypotheses of the research.

When establishing or coding a section among the data obtained from in-depth interviews, the researcher attempts to find a concept that best reflects the meaning in that section. These concepts can be modified as necessary. What is essential is that the chosen concept effectively conveys the meaning or event in that section (Yıldırım and Şimşek, 2000).

According to Strauss and Corbin (1990 as cited in Yıldırım and Şimşek, 2000), there are three types of coding:

“a) Coding based on predetermined concepts: In cases where the research is built on a theory or conceptual framework, a code list can be generated before collecting data. This code list may consist of themes and concepts that could be subsumed under those themes. This makes coding of the collected data easier because there is already a structure in place for data analysis.

b) Coding based on selected concepts from the data: This coding is applicable in research without a specific theoretical foundation. Since there is no guiding conceptual framework for the analysis of the collected data, the researcher generates this coding by subjecting the collected data to an inductive analysis. The researcher reads the data individually, identifies

important areas within the research scope, and based on this, creates specific codes or directly generates a code list from the data.

c) Coding within a general framework: This type of coding can be defined as a combination of coding based on predetermined concepts and coding based on selected concepts from the data. A general conceptual framework is established before data analysis, and new codes are added to the list in addition to the predetermined ones. This code list guides content analysis, while a deductive understanding of the data examination results in the emergence of new data that is added to the previously established code list or old codes are modified according to new codes. In this coding, general categories or themes are predetermined, and more detailed codes under these themes emerge through the examination of the data."

According to Strauss and Corbin's classification, the thematic coding method used in the research is based on predetermined concepts.

Table 8. Table of themes

Concurrent caregiving	Being a grandparent
Ambivalent emotions	The influence of education level
The influence of age	The influence of employment status
The influence of marital status	The influence of subjective health status
Having a child living in the same household	Duration of caregiving
Having a dependent older person	Presence of helpers in caregiving

The main themes under which both quantitative and qualitative findings will be analyzed were predetermined, and these themes are presented to the reader in Table 8.

4. FINDINGS

In the introduction to the findings section, the demographic profile of the sample is presented. Following this, a section has been dedicated to testing a total of 12 hypotheses, within each of which the findings obtained from quantitative analyses are presented first, followed by the findings obtained from the relevant qualitative analyses. The final section only includes findings on the ambivalence coping strategies and expectations of sandwich generation women collected through qualitative methods.

As mentioned above, the sample of the study consists of women living in İzmir who were born between the years 1961 and 1981. However, since the hypotheses that test differentiation according to various variables cover the sandwich generation women, this section includes the profile of participants who are part of the sample and who also provide care to their parent and child/grandchild with varying frequency (rarely, occasionally, often, always). Providing care to a grandchild as a way of supporting one's child is also seen as another form of supporting children. The number of participants meeting these criteria was 332. The method used to determine this number is to take the intersection set of those who expressed in the structured interview form, question 15, that they provide care to both older people and children rarely, occasionally, often, or always. "Caregiving," one of the four pillars of intergenerational transfers, has been determined as the primary criterion in this selection. This is because the remaining pillars; "financial support," "practical support," and "psychological support," are clearly not felt as much as the ambivalence that caregiving can affect an individual.

Again, in line with the hypotheses formulated at the beginning of the research, in-depth interview questions have been prepared, sub-themes have been organized for the findings as shown in Table 10, sub-themes have been created in the MAXQDA program, and the outputs obtained have been evaluated within this framework. During the pilot study of the research, it was observed that participants struggled to fully understand and use the concept of ambivalence during in-depth interviews. Therefore, throughout the in-depth interviews, the word "sandwiched" has been used due to the connection between feeling "stuck" between two generations and consequently experiencing ambivalence towards any generation, and the analyses have been conducted accordingly.

The distribution of sandwich generation women according to various demographic variables is presented between Table 9 and Table 29.

4.1. Demographic Profile of Sandwich Generation Women

Table 9. Birthplace of sandwich generation women

Birthplace	n	Percentage(%)
İzmir	181	54,5
Outside of İzmir	151	45,5
Total	332	100

It is observed that more than half (54.5%) of the sandwich generation women participating in the study were born in İzmir.

Table 10. Age distribution of sandwich generation women

Age Range	n	Percentage (%)
42- 46 years	197	59,3
47- 51 years	60	18,1
52- 56 years	38	11,5
57-61 years	37	11,1
Total	332	100

Table 10 indicates that more than half (59%) of the sandwich generation women participating in the study are in the 42-46 age range.

Table 11. Education level of sandwich generation women

Education Level	n	Percentage(%)
Illiterate	0	0
Literate but no diploma	0	0
Primary school graduate	19	5,7
Middle school graduate	25	7,5
High school graduate	118	35,5
Associate degree	42	12,7
Bachelor's and postgraduate degree	128	38,6
Total	332	100

As seen in Table 11, the educational level of sandwich generation women is concentrated at high school graduates and above.

Table 12. Marital status of sandwich generation women

Marital Status	n	Percentage (%)
Married	256	77,1
Single (Never married, divorced, widowed)	76	22,9
Total	332	100,0

As can be seen in Table 12, the vast majority (77%) of the sandwich generation women participating in the study are married.

Table 13. Household sizes of sandwich generation women

Household Size	n	Percentage (%)
1	8	2,4
2	79	23,8
3	157	47,3
4	76	22,9
5	10	3,0
8	2	0,6
Total	332	100,0

Looking at Table 13, it can be seen that approximately 47% of the sandwich generation women participating in the study live in households of 3 people, 24% in households of 2 people, and 23% in households of 4 people.

Table 14. Childbearing status/number of children of sandwich generation women

Childbearing Status	n	Percentage (%)
Yes	332	100,0
No	0	0
Total	332	100,0
Number of Children		
1	124	37,3
2	154	46,4
3	42	12,7
4	8	2,4
5 or more	4	1,2
Total	332	100,0

One of the criteria for fitting the sandwich generation description is currently providing care for a child; therefore, the entire group of 332 sandwich generation women (100%) have at least one child (see Table 14). According to Table 14, when looking at the number of children of the sandwich generation women participating in the study, it is seen that the highest percentages have two children (46.4%) and one child (37.3%).

Table 15. Grandchild status of sandwich generation women

Having a grandchild	n	Percentage (%)
Yes	78	23,5

No	254	76,5
Total	332	100,0
Number of Grandchildren		
0	254	76,5
1	26	7,8
2	28	8,5
3	20	6,0
4	4	1,2
Total	332	100,0

It is observed that 77% of the sandwich generation women participating in the study do not have grandchildren, but 23% do have grandchildren. When looking at the number of grandchildren, it is evident from Table 15 that the sandwich generation women most commonly have one or two grandchildren.

Table 16. The living arrangement of the mothers of sandwich generation women

Living Arrangement	n	Percentage (%)
Deceased	61	18,4
Same House	23	6,9
Same Apartment Building	4	1,2
Same Neighborhood	25	7,5
Same Province	178	53,6
Different City	33	10,0
Abroad	8	2,4
Total	332	100

It can be seen that the vast majority of sandwich generation women (69%) live close to their mothers. 54% of these women live in the same province as their mothers, 7% in the same house, 8% in the same neighborhood, and 1% in the same apartment building. According to Table 16, it is also seen that 12% of these women live far from their mothers.

Table 17. Living Arrangements of the fathers of sandwich generation women

LivingArrangement	n	Percentage (%)
Deceased	101	30,4
Same House	2	0,6

Same Apartment Building	4	1,2
Same Neighborhood	26	7,8
Same Province	166	50,0
Different City	31	9,4
Abroad	2	0,6
Total	332	100

As seen in Table 17, the majority of sandwich generation women (60%) live at close distances to their fathers. Half of the women participating in the study (50%) live in the same province as their fathers, 8% in the same neighborhood, and 1% in the same house or apartment building. It is observed that 10% of sandwich generation women live at a distance from their fathers (outside the city or abroad).

Table 18. Living Arrangements of the mothers-in-law of sandwich generation women

Living Arrangement	n	Percentage (%)
Deceased	46	13,9
Same House	0	0
Same Apartman Building	6	1,8
Same Neighborhood	14	4,2
Same Province	117	35,2
Different City	83	25,0
Abroad	0	0
No Mother-in-law (N/A) ²	66	19,9
Total	332	100

41% of the sandwich generation women participating in the study live close to their mothers-in-law. Looking at the distribution of their living areas, 35% of these women live in the same province as their mothers-in-law, 4% in the same neighborhood, and 2% in the same apartment building. As seen in Table 18, it is understood that 25% of the women live far from their mothers-in-law in different cities.

²No-Mother-in Law cases are those who described themselves such, are actually those who have never married, have divorced or have widowed.

Table 19. Living Arrangements of the fathers-in-law of sandwich generation women

LivingArrangement	n	Percentage (%)
Deceased	72	21,7
Same House	0	0
Same Apartman Building	4	1,2
Same Neighborhood	10	3,8
Same Province	105	31,6
Different City	75	22,6
Abroad	0	0
No Father-in-law (N/A) ³	66	19,9
Total	332	100

It is observed that 37% of sandwich generation women live at close distances to their fathers-in-law. Looking at the distribution of their living areas, 32% of these women live in the same province as their fathers-in-law, 4% in the same neighborhood, and 1% in the same apartment building. According to Table 19, it is understood that 23% of these women live far from their fathers-in-law, outside the city.

Table 20. Working status of sandwich generation women

Working status	n	Percentage(%)
Full-time	234	70,5
Part-time	36	10,8
Not working	62	18,7
Total	332	100

81.3% of sandwich generation women in the sample are employed. Looking at Table 20, 70.5% of these women are working in full-time jobs, and 10.8% are in part-time jobs.

Table 21. Subjective health status of sandwich generation women

Health Status	n	Percentage (%)
Healthy	154	46,4

³ No-Father-in Law cases are those who described themselves such, are actually those who have never married, have divorced or have widowed.

Partly Healthy	170	51,2
Unhealthy	8	2,4
Total	332	100

Table 21 shows that sandwich generation women generally (97%) consider themselves to be healthy. In this assessment, 46% of sandwich generation women consider themselves healthy, while 51% consider themselves partly healthy. Those who consider themselves unhealthy account for 2.4%.

Table 22. Income levels of sandwich generation women

Income Level	n	Percentage (%)
Very Sufficient	2	0,6
Sufficient	82	24,7
Partly Sufficient	220	66,3
Insufficient	28	8,4
Total	332	100

Only 25.3% of sandwich generation women state that their income level is sufficient, whereas a large majority indicate that their income status is partly sufficient (66.3%) and insufficient (8.4%) (see Table 22).

Table 23. Frequency of caregiving to their children and older parents by sandwich generation women

	Children		Older Parents	
	n	Percentage (%)	n	Percentage (%)
Never	0	0	0	0
Rarely	26	7,8	199	59,9
Occasionally	40	12,0	93	28,0
Often	91	27,4	25	7,5
Always	175	52,7	15	4,5
Total	332	100	332	100

Table 24. Frequency of practical support⁴ provided by sandwich generation women to their children and older parents

	Children		Older parents	
	n	Percentage (%)	n	Percentage (%)
Never	16	4,8	14	4,2

⁴Cooking, cleaning, shopping, paying bills, taking to the hospital and obtaining medicine, etc.

Rarely	21	6,4	171	51,5
Occasionally	36	10,8	109	32,8
Often	90	27,1	20	6,1
Always	169	50,9	18	5,4
Total	332	100	332	100

Table 25. Frequency of financial support provided by sandwich generation women to their children and older parents

	Children		Older parents	
	n	Percentage (%)	n	Percentage (%)
Never	8	2,4	74	22,3
Rarely	32	9,6	189	56,9
Occasionally	30	9,1	49	14,8
Often	93	28,0	10	3,0
Always	169	50,9	10	3,0
Total	332	100	332	100

Table 26. Frequency of psychological support provided by sandwich generation women to their children and older parents

	Children		Older parents	
	n	Percentage (%)	n	Percentage (%)
Never	159	47,9	279	84,1
Rarely	96	28,9	23	6,9
Occasionally	41	12,4	6	1,8
Often	10	3,0	8	2,4
Always	26	7,8	16	4,8
Total	332	100	332	100

Tables 23, 24, 25, and 26 show that sandwich generation women provide all four forms of care/support more frequently to their children. Similarly, Table 27 reveals that the average care/support provided by sandwich generation women to their children is higher than that provided to their older parents.

Table 27. Average care / support provided to children and older parents by sandwich generation women

	Children			Older Parents		
	n	Average	Std. Dev.	n	Average	Std. Dev.
Care	332	4,25	0,949	332	2,57	0,818
Practicalsupport	332	4,13	1,136	332	2,57	0,882
Financial support	332	4,15	1,087	332	2,08	0,871

Psychological support	332	1,94	1,195	332	1,37	0,998
-----------------------	-----	------	-------	-----	------	-------

Table 28. Duration of care/support provided by sandwich generation women

Duration	n	Percentage (%)
Less than 1 year	10	3,01
1 - 5 years	46	13,9
More than 5 years	276	83,1
Total	332	100

When looking at the duration of care/support provided by sandwich generation women, it can be seen that the vast majority (83%) have been providing care/support for more than 5 years (see Table 28).

Table 29. Individuals who assist sandwich generation women in providing support

Is there someone who helps with the support provided?	
Children	24
Caregiver (professional helper)	67
Sibling	181
Spouse	240
No one	40

In response to the question "**Is there someone who helps you with the support you provide?**" (structured interview form, question number 20), multiple options could be marked, hence the evaluation can only be made based on numbers. Looking at Table 29, it is seen that the sandwich generation women participating in the study receive the most support from their spouse, followed by siblings, caregivers, and their children, while 40 women receive no support from anyone.

In this section, we present a descriptive portrait of sandwich generation women and then relational analyses to test the hypotheses follow immediately. Before conducting statistical analyses, a Kolmogorov-Smirnov test was performed to determine if the data had a normal distribution. According to the test results, it was revealed that the data related to levels of ambivalence did not show a normal distribution ($p=0.000<0.05$). Therefore, for statistical analyses of variables that consist of two sub-categories, such as being suitable-

unsuitable for the sandwich generation description, marital status, and grandparenthood, the non-parametric Mann-Whitney test was used; for statistical analyses of variables with more than two sub-categories, such as age, education, and duration of care, the Kruskal-Wallis test was applied.

4.2. A Closer Look at the Sandwich Generation Women

In our study, sandwich generation women refer to those born within Generation X (between 1961-1981) who are also providing care concurrently for both an older parent and a child/grandchild. Focusing on the ambivalence experienced due to their circumstances, a descriptive snapshot of these women was shared under the heading 4.1. Demographic Profile of Sandwich Generation Women.

Firstly, a finding from our quantitative research shows that among the 332-woman sandwich generation sample group the average level of ambivalence is 2.9417 out of 5 (std. deviation: 0.460056).

Qualitative findings also indicate that a majority of the women interviewed in-depth have experienced ambivalence. The individual and demographic characteristics of the participating women have been determinants in the variation of their experiences of ambivalence. For some women, this situation is manifested physically, for others psychologically, and for some, it is a combination of both. From this perspective, the significance of enriching the study with qualitative data becomes evident. This is because each woman participating in the study has narrated her own experience of ambivalence through her daily life practices. These narratives have allowed for a deeper understanding of the subject. The complementary nature of qualitative and quantitative data obtained in the research underscores the importance of using mixed methods, especially in the field of sociology today. One of the most meaningful findings of the research - as seen in much more detail during the interviews - is that the experience of ambivalence is extremely common among women who are forced to fulfill different roles and responsibilities in their daily lives. The fact that women in Turkey are primarily held responsible for the execution of meaningful roles in family role-sharing (Adak, 2003) can be considered an important factor for feeling this way. It was observed that 15 out of 20 women expressed their thoughts with the phrase "I feel stuck" during in-depth interviews. When ambivalence is scientifically accepted as a status of being in-between, a state of being stuck, the participants' widespread definition

of their experiences of ambivalence through this concept is a finding of great significance for the research.

The narratives of the participants asked about the ambivalence experiences caused by feeling stuck and how it made them feel, also attest to this:

"I often say: 'Just a second, let me help Nehir⁵' or I tell Nehir 'Wait a second. I am very stuck. I don't know where to go' because sometimes she leaks urine, so I prioritize the older and the sick. 'My daughter, please be patient a little longer'" (P8, 44 years old, Housewife, High school graduate, 1 child, 0 grandchildren, 2 living parents)

"I mean, I feel a bit stuck on the side related to the child. The child is kind of... There's not much issue with my mother, no problem there. But I feel stuck regarding the child." (P5, 40 years old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents)

"A lot. I just did a new reckoning of this. I have many roles: the role of being a good child. Being a good spouse, a good mother. I never consider the daughter-in-law part; I don't care about that at all. It doesn't matter to me whether they accept me as a daughter-in-law or not. Because I don't see a reward for being good, I don't try to be good for them. But I often feel stuck between being a good child and being a good spouse. I don't feel stuck at all about being a good mother, that comes naturally to me. But trying to be a good child while neglecting my spouse, or making my spouse happy while neglecting my family really upsets and stresses me. I feel like I'm squeezing myself without realizing it." (P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents)

Participants forming the qualitative sample were asked to express in words what they most intensely felt about the ambivalence situation, and a word cloud was created from the most frequently repeated answers (see Figure 4). Sandwich generation women have expressed their feelings, the role conflicts they experience, and the pressure they feel using extremely similar words

⁵Names have been changed for anonymity.

regarding home, motherhood, and working life. The repetition of certain words, even by women with different socioeconomic statuses, supports the existence of the problems they experience while trying to fulfill the responsibilities of all these roles and the state of ambivalence. Women in various different circumstances, whether working or not working, economically sufficient or insufficient, receiving care services or not, have chosen similar words to express their subjective experiences.

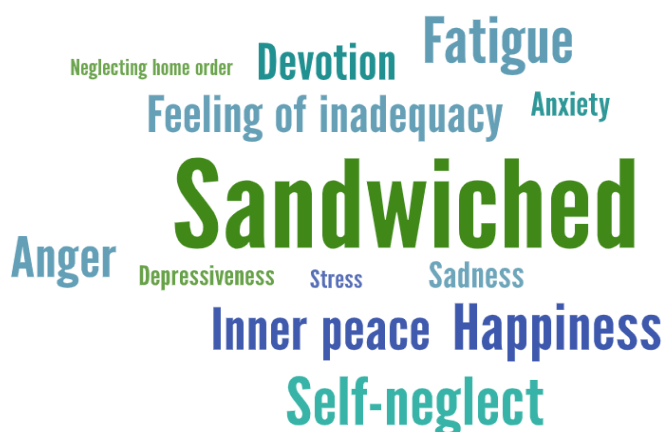


Figure 4. Word cloud related to the ambivalence situation of sandwich generation women in the qualitative sample

The physical exhaustion felt by women may be due to physical reasons as well as psychological bases such as feelings of inadequacy, sandwiched, moral unrest, anger, and anxiety. This situation can cause women to feel stressed and think that they are neglecting themselves. However, during the interviews, women who have experienced exactly what the concept implies stated that, they feel physically and mentally tired on one hand, but on the other hand, they feel happy, peaceful, and morally relieved in return for the care they provide to their children and parents. This is extremely meaningful for the research study. It strongly supports one of the research's fundamental assumptions, which is the women's feeling of being caught in the middle and swinging between two emotions. Women often feel tired due to their responsibilities related to children, yet this situation makes them happy. Particularly, being a mother is seen as a primary area of responsibility for the participants, and tasks related to this area must be properly fulfilled for many of them. On the other hand, even if women feel tired due to the responsibilities, they feel obliged to fulfill in what they consider the most important area of their

lives, they mostly prefer to refer to fatigue and happiness together when it comes to their children. A similar situation is observed in parental care. Participants have used tiredness and inner peace together for the parents they feel responsible for their care. Similarly, they experience happiness when they fulfill their responsibilities towards their parents. However, there is a subtle distinction here. The point that causes happiness in parent care is having inner peace. Despite physical and mental exhaustion, the fulfillment of their duties towards their parents makes them feel happy. It was the most frequently observed data about the ambivalent experiences of sandwich generation women during the field research. In many interviews, women have described this dilemma through various examples and emotions.

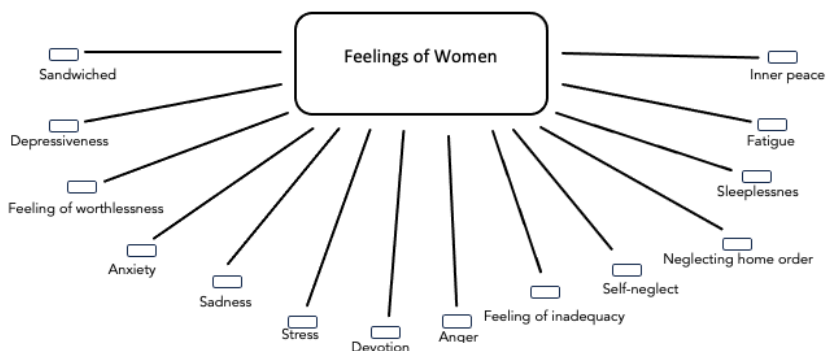


Figure 5. Emotional states expressed by sandwich generation women in the qualitative sample

Although they may choose different words, women who have been socialized from childhood to become good mothers, good wives, and good daughters, regardless of their socioeconomic status (SES), see themselves as the primary person responsible for care/support services in all these areas. This situation is expressed in a variety of rhetoric but within a common logical framework in participants' interviews. Being a mother, a wife, or a daughter; these are fundamental roles learned even during early childhood, adolescence, and adulthood through role modeling related to womanhood, and women are primarily responsible for fulfilling the responsibilities associated with these roles. For women who have been socialized in this direction for many years, inability to fulfill these roles creates unease. Traditionally, the gender-based division of labor holds women responsible for the care of family members in the private

sphere. The words of a participant who expressed that she carries the weight of responsibility for caring for an older parent because her other sibling is male and does not contribute as much is an example of this situation:

“My older brother, yes, he's married but has no children. His empathy is also a bit weak in this matter. And because he's a male child, true. However, I know for sure that he would never refuse me whenever I ask for something. He has given me that confidence.” (P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents)

After looking at sandwich generation women from a general perspective, the sections where each hypothesis is tested are given below. In the analysis of which words participants chose to express their emotions, it is seen that negative emotions are much more dominant. The negative ones are sometimes explained by physical states like fatigue, sleeplessness, neglecting home order, and sometimes by psychological states like sadness, anxiety, feelings of worthlessness, and depressiveness. 'Sandwiched' is the most frequently repeated term.

4.2.1 The Relationship between Generation X and the Sandwich Generation: Concurrent Caregivers

In the field study, which reached a total of 420 women of Generation X, the number of those concurrently providing care for both an older parent and a child was identified as 332. In other words, the majority (79%) of Generation X women, as expected, are individuals who constitute the sandwich generation.

H1: Women who make up Generation X are providing concurrent care to both parents and children, as required by the sandwich generation characterization.

To test this hypothesis, a single-sample proportion test has been applied. The critical test value was accepted as 0.5 to denote a majority.

$$\begin{aligned}
 H_0: p &= 0,5 \\
 H_1: p &> 0,5 \\
 n = 420, \hat{p} &= \frac{332}{420} = 0,79
 \end{aligned}$$

$$z_h = \frac{\hat{p} - p}{\sqrt{\frac{\hat{p}(1-\hat{p})}{n}}} = \frac{0,79 - 0,50}{\sqrt{\frac{0,79 \cdot 0,21}{420}}} = 14,59$$

Even when a very small margin of error $\alpha = 0.001$ is taken, the table value $z_t = 3.09$ is obtained. In this case, since $z_h=14,59 > z_t=3,09$, the null hypothesis H_0 is rejected; the alternative hypothesis H_1 is accepted. Thus, the formulated hypothesis **“H1: Women who make up Generation X are providing concurrent care to both parents and children, as required by the sandwich generation characterization”** has been accepted.

Z_h = Test statistic

Z_t = Table value

It is noteworthy that women who provide care to both their older parent and child at different frequencies (rarely/sometimes/often/always), in other words, sandwich generation women, constitute the majority of Generation X (79%). Furthermore, when practical, financial, and psychological supports are queried in questions 16-17 and 18 respectively; it has been observed that 410 out of 420 women of Generation X provide at least one of these care/support services to their older parent or child, even at the lowest level. Although we cannot categorize these care/support providing women as the sandwich generation, this finding is extremely meaningful as it demonstrates how common (98%) the practice of providing care and support to the older and younger generations is within this cohort.

While 98% of the participants provide care for both their older parents and children, in-depth interviews indicate that the types of care/support provided by sandwich generation women to their older parents and children vary. In this context, the support provided to children and older parents is differentiated. Meeting the basic needs of children (hygiene, food, etc.), psychological support, helping children socialize (taking them to the park, cinema, theater, birthday parties), and helping with homework are among the most frequently support provided to young children. For married and older children, types of support include grandchild care and financial support (for rent, etc.). Particularly for mothers who work, grandchild care is quite common for various reasons. Some participants stated they provide care for their grandchildren to reduce childcare costs, while others do so in order to ensure that they are in a safe environment.

4.2.2 Ambivalent (Dilemmatic) Situations

From the assumption that being caught between two generations further fuels the level of ambivalence and makes this experience even more difficult, the H2 hypothesis has been formulated:

H2: The levels of ambivalence among women who fit the sandwich generation characterization are higher than others.

In the study, the levels of ambivalence among women who fit the sandwich generation characterization (n=332) within Generation X (n=420) have been compared with those who do not fit the sandwich generation characterization (n=88). The non-parametric Mann-Whitney test was employed for the comparison. According to the test results, it has not been confirmed that the level of ambivalence among women who fit the sandwich generation characterization is higher than that of women who do not ($p=0.375>0.05$). Therefore, the formulated hypothesis "**H2: The levels of ambivalence among women who fit the sandwich generation characterization are higher than others**" has been rejected.

Table 30. Mann-Whitney test result showing whether the levels of ambivalence among sandwich generation women differ compared to other women's levels of ambivalence

Test Statistics ^a	
	Score
Mann-Whitney U	13710,500
Z	-0,887
Asymp. Sig. (2-tailed) (p)	0,375
a. Grouping Variable: ambivalence	

As mentioned in the previous subsection (see 4.2.1.), providing care or support is an extremely common pattern among Generation X women. In this context, even though only women who provide care to 'both sides' are included in the sandwich generation, it should be considered that women who at least provide support to the older parent or children may also experience ambivalence. Indeed, the lack of a statistically significant difference in the level of ambivalence between the two groups points to this situation. Out of the entire cohort of 420 Generation X women, only 10 have stated that they do not provide any form of care/support to either their older parents or children. In summary, Generation X women are at a key point in terms of intergenerational transfers, even if they do not fit the characterization of the sandwich generation.

The ambivalence experienced by women as daughters and mothers has become much more visible in the responses to different questions in in-depth interviews. Particularly in families where sibling relationships and spousal support are weak, women feel this pressure much more intensely. It is observed that women who are the oldest child or the only daughter of the family have much greater responsibilities. In this case, not only the traditional family structure prevalent in Turkey but also the gender roles shaped by this structure emerge as determinants.

The following quote, illustrating the pressure and stress felt as a result of the responsibilities imposed on an individual for being both a mother and a daughter in our society where familism is a dominant value, is meaningful in this respect:

"I don't want anything to happen to my children or for them to lack anything. I try to do everything completely. This creates pressure and stress on me. Actually, if I let go a little more if I left the children on their own a bit, maybe they would relax. I would relax too. Being a mother creates a lot of stress. And being a daughter too." (P2, 50 years old, Teacher, Bachelor's degree, 2 children 0 grandchildren, 1 living parent)

In summary, while no significant difference in the level of ambivalence has been detected between sandwich generation women and other women within Generation X, it is thought that this may likely be due to the prevalence of the pattern of providing care/support in the context of intergenerational transfers among other women as well.

4.2.3 The effect of Age on Ambivalence

Considering a period covering 20 years, it has been assumed that the ambivalence experienced by the generation born between 1961 and 1981 could vary within itself according to age, and hence H3 was formulated:

H3: The levels of ambivalence among women who fit the sandwich generation characterization differ according to age.

To determine whether the age variable creates a difference in the levels of ambivalence among women who fit the sandwich generation characterization, the Kruskal-Wallis test has been applied. According to the test results, there is no significant difference in the levels of ambivalence among the age groups of women who fit the sandwich generation characterization

($p=0.236>0.05$). Therefore, the formulated hypothesis "**H3: The levels of ambivalence among women who fit the sandwich generation characterization differ according to age**" has been rejected. The result of the analysis is presented in Table 31.

Table 31. Kruskal-Wallis test result showing whether the levels of ambivalence among sandwich generation women differ according to their ages

Test Statistics ^{a,b}	
	Score
Kruskal-Wallis H	4,252
df	3
Asymp. Sig. (p)	0,236
a. Kruskal Wallis Test	
b. Grouping Variable: Age	

To determine whether there is a significant relationship between age and level of ambivalence, considered as two continuous variables, a correlation analysis has been conducted. The Kendall's tau-b test (non-parametric) was used for the analysis.

Table 32. Correlation analysis aimed at determining the relationship between age and level of ambivalence

Correlations				
			Age	Amb
Kendall's tau_b	Age	Correlation Coefficient	1,000	,079*
		Sig. (2-tailed)		0,042
		n	332	332
	Ambivalence Score (Amb)	Correlation Coefficient	,079*	1,000
		Sig. (2-tailed)	0,042	
		n	332	332
		* Correlation is significant at the 0.05 level (2-tailed).		

The correlation analysis has determined that there is no statistically significant relationship between the two variables ($r=0.079$). The correlation coefficient (r) can take values between -1 and +1. A coefficient value close to zero means that there is no observable relationship between the two variables.

In other words, the levels of the ambivalence of sandwich generation women are not affected positively or negatively depending on age.

Similarly, qualitative findings do not show a significant effect of the age variable on the ambivalent experiences of sandwich generation women. Due to the narrow age range of the participants (20 years) and the relatively homogeneous nature of the group in terms of age, no significant differentiation in ambivalence status has been observed with respect to age. Likewise, there has been no encounter with situations where women's narratives of ambivalence emphasize their age or refer to it. However, the expression of feeling stuck by women of different ages within the sample group indicates that ambivalence is a phenomenon that many women experience regardless of age, albeit in various forms.

4.2.4 The effect of Marital Status on Ambivalence

It has been hypothesized that the ambivalence experienced by sandwich generation women may differ according to their marital status, leading to the formulation of H4:

H4: The levels of ambivalence among women who fit the sandwich generation characterization differ according to marital status.

To test whether the ambivalence levels of sandwich generation women participating in the research vary according to marital status, the non-parametric Mann-Whitney test has been applied. According to the test results, there is a significant difference in the levels of ambivalence among women who fit the sandwich generation characterization according to their marital status ($p=0.018<0.05$). Thus, the formulated hypothesis "**H4: The levels of ambivalence among women who fit the sandwich generation characterization differ according to marital status.**" has been accepted.

Table 33. Mann Whitney test result showing whether the levels of ambivalence among sandwich generation women differ according to their marital status

Test Statistics^a	
	Score
Mann-Whitney U	7990,000
Z	-2,368
Asymp. Sig. (2-tailed) (p)	0,018
a. Grouping Variable: Marital Status	

4.2.4 The effect of Marital Status on Ambivalence

It has been hypothesized that the ambivalence experienced by sandwich generation women could differ according to their marital status, and thus H4 was formulated:

H4: The levels of ambivalence among women who fit the sandwich generation characterization differ according to marital status.

To test whether the level of ambivalence of sandwich generation women participating in the study varies according to marital status, the non-parametric Mann-Whitney test was used. According to the test results, there is a significant difference in the levels of ambivalence among women who fit the sandwich generation characterization according to their marital status ($p=0.018<0.05$). Consequently, the formulated hypothesis "**H4: The levels of ambivalence among women who fit the sandwich generation characterization differ according to marital status.**" has been accepted.

Table 34. Mann-Whitney test result showing whether the levels of ambivalence among sandwich generation women differ according to their marital status

Test Statistics ^a	
	Score
Mann-Whitney U	7990,000
Z	-2,368
Asymp. Sig. (2-tailed) (p)	0,018
a. GroupingVariable: MaritalStatus	

Descriptive statistics have been provided to see from which condition the difference originates. According to Table 35, the average level of ambivalence of singles (never married, divorced, and widowed) is higher than that of their married counterparts.

Table 35. Average level of ambivalence according to marital status

Marital status	n	Average	Standard Deviation
Married	256	2,9040	0,413
Single	76	3,0686	0,579

In-depth interviews shed light on why level of ambivalence indicated by quantitative data differs significantly according to marital status and why those who are married have lower average level of ambivalence. It has been observed that women who have the opportunity to receive support from their

spouses in terms of child and parent care, experience a reduction in their responsibilities and workload:

"My husband has been working from home for four years due to the pandemic. The company thankfully provided this opportunity. And of course, because I work here, I'm quite at ease about the children because at least their father is at home. He takes them to school and picks them up. My husband interacts more with the children. Look, I'm leaving here, and honestly, I don't have as much time to spend with the children." **(P1, 46 years old, Cleaner in an institution, High school graduate, 2 children, 0 grandchildren, 3 living parents)**

"My husband is more understanding than me. Sometimes I can't handle my father's care, dealing with my father, I mean, there are times when I can't bear it. I have times of rebellion, but he is calmer, more serene. He calms me down by saying we should do it, 'He's our elder, our ancestor, one day when we lose him, you'll regret it, and there's no making up for that.'" **(P2, 50 years old, Teacher, Bachelor's degree, 2 children 0 grandchildren, 1 living parent)**

"It really lightens my burden (...) As I said, my husband is a great supporter in this regard. At night, for example, my mother has been here for a week, he sits up until suhoor, and after suhoor, I sit up." **(P4, 58 years old, Housewife, Left school after 4th grade, 3 children, 7 grandchildren, 1 living parent)**

"Either my husband or I get up to provide support at night so that they can finish their work more quickly. This way, our work gets done faster. We show support to each other with everyone's help." **(P8, 44 years old, Housewife, High school graduate, 1 child, 0 grandchildren, 2 living parents)**

"For example, we get my mother-in-law up in the morning, have breakfast. My husband changes her diaper; we change her clothes together. Generally, look, if she's sweaty, we wipe her body. Thank God she has no bedsores. Because we turn her from side to side like this. (...) At home, when I and my husband are going to fix her bed, my mother-in-law doesn't stay in the room. She always wants a wide space, so we dedicated the

living room to her. One couch is for my husband, the other for her. When we do her diaper or other services, we take her to another couch with my husband. He holds her from the lap, and I hold from the feet." **(P11, 58 years old, Retired, High school graduate, 3 children, 7 grandchildren, 1 living parent)**

"My husband is a great support to me in this matter; I can say he's my biggest supporter. For him, and for me. We really support each other. We share roles, just as we share life. No one imposes burdens that the other can't carry; we live this life by sharing it. For instance, if his mother needs to be taken care of and he has work to do, I do it, I don't say 'Your mother doesn't concern me.' He does the same. The same for the children. In taking and bringing the children somewhere. Sometimes I go shopping for my parents, and I don't have the strength left for myself; I can't go. I tell him I won't be able to go to the market; I can't do it. He says it's not a problem, he'll do it. We solve many things by supporting each other with a division of labor; it's not a problem at all. Where he can't reach, I'm there; always." **(P19, 46 years old, Lawyer, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents)**

"My husband definitely relieves the load on me because it's just the two of us living here now. Since there are none of our elders around, we need each other more. And we have a helper at home, who looks after our baby. The helper supports us with the baby's care, but of course, as the child's parents, our responsibilities are much greater. And here's how my husband's support helps me, for example, he completely takes care of our eldest daughter's studies. I am more focused on the baby. He takes care of her sports, her lessons. Then, regarding the chores of our house, we do it together, jointly. Our helper also supports us. Generally, I and the caregiver, but also the father, after coming home from work in the evening, for example, every night the father puts them to sleep. They sleep with the father, and I can rest during that time. My husband is always supportive regarding home matters." **(P20, 42 years old, Insurer, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents)**

It is understood that supports such as taking turns getting up for the care of children and bedridden older people in the family, taking children out, helping with household chores, etc., reduce the physical and psychological pressure felt by women. In particular, the need for physical strength to take care of older parents makes this situation mandatory. Divorced participants have stated that they used to be caught in between their spouses and their families and that being divorced has not increased the burden on them, but rather has decreased it.

Based on the narratives, it is seen that among the sandwich generation women, those who are married have lower levels of ambivalence due to the support they receive from their spouses. Undoubtedly, what determines this situation is the spouse's view of gender roles. It can be said that more egalitarian and collaborative spouses are more supportive in this regard. Similarly, faith can also be determinant in this matter. In families who believe that caring for older people is a virtue and neglect or abuse of older people is a sin, responsibilities are observed to be shared to some extent. Another determinant is the spouses having similar illnesses and care needs similar to those of older people in the family do. This situation also strengthens empathy within the family and facilitates the sharing of roles.

4.2.5 The Effect of Having Cohabiting Child on Ambivalence

Based on the assumption that sandwich generation women who have at least one child living together in the same house will show a difference in the level of ambivalence due to the possibility of higher care/support demands, H5 was formulated:

H5: The levels of ambivalence among women who fit the sandwich generation characterization differ according to the situation of having cohabiting child.

The Mann-Whitney test was applied to determine whether the levels of ambivalence among women who fit the sandwich generation characterization differ according to the situation of having cohabiting child. According to the results of the analysis, no significant difference was found in the levels of ambivalence among women who fit the sandwich generation characterization according to the situation of having cohabiting child ($p=0.061>0.05$). Therefore, the formulated hypothesis "**H5: The levels of ambivalence among women who fit the sandwich generation characterization differ according to the situation of having cohabiting child.**" has been rejected.

Table 36. Mann Whitney Test result showing whether the levels of ambivalence among sandwich generation women differ according to the situation of having cohabiting child

Test Statistics ^a	
	Score
Mann-Whitney U	10218,500
Z	-1,875
Asymp. Sig. (2-tailed)	0,061
a. GroupingVariable: Having/not having a cohabitingchild	

Qualitative research findings also indicate that different variables such as the number of children women have, the age of the children, care dependency, and whether they have grandchildren are determinants in the experience of ambivalence. Particularly, women with young children are shown to provide basic care needs such as nutrition and hygiene, educational support such as help with lessons and homework, and socialization support such as taking children to sports and social activities. While this can lead to physical problems such as fatigue and sleeplessness in women, it can also cause psychological problems such as feelings of inadequacy, self-neglect, and anger. Quotations from our research, where we focused on the care/support experiences provided to the children by participants living with their children, are included below:

*"If there is an exam the next day, I always do a final review with him. I try to give him confidence. I pack his bag; I deliberately pack it. To check inside. As if I'm helping him. During the bag packing time, I give him extra playtime, thinking in my mind. He likes that. I listen to him a lot. When he comes home from school, I want him to unwind, to tell what happened at school. We cook together, he loves that. I talk to him while cooking. Yes, as a mother, I do everything."***(P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents)**

"No, I haven't always been peaceful and calm, honestly. There are moments when I can't be. There are moments when I react very calmly, but there are also times when I give a strong reaction. I feel tired, maybe it's age-related. A younger mother might react less calmly, while I might react more strongly. Because I feel tired. There is a sense of fatigue in me.

Sometimes we can have more severe reactions between us. Especially with my older daughter. Not with the younger one, she is very gentle by nature. She says, 'Okay, mom.' and accepts it."
(P2, 50 years old, Teacher, Bachelor's degree, 2 children, 0 grandchildren, 1 living parent)

As understood from the narratives, the care or support provided by sandwich generation women to cohabiting children is felt as a natural consequence of the family's natural life cycle. A similar natural perception is observed in the care of grandchildren. Women consider taking care of their grandchildren upon request as a natural part of the life cycle. Sometimes women are caught between the care of their own parents and grandchildren. Especially considering the subjective health conditions of middle-aged and older women, even though this situation may be difficult, it is not considered a complaint-worthy issue by women. They see the care services requested by their children for their own children as a natural demand; they provide this support to the extent that their work, health, and other subjective situations allow. This can be interpreted as an indication that the relationship between children and parents in Turkey continues even after children leave home or get married.

4.2.6 The Impact of Having a Dependent Older Parent on Ambivalence

A hypothesis H6 has been formulated with the assumption that among sandwich generation women, having at least one dependent older parent could raise the level of ambivalence. It should be noted that providing care all the time (continuously) to an older parent is considered a primary indicator of dependency. It has been evaluated that the frequency of care given to a dependent older parent could likely affect the experience of ambivalence, and accordingly, hypothesis H6 has been formulated.

H6: The level of ambivalence in women who fit the sandwich generation description differs depending on whether they have a dependent older parent.

To determine if the levels of ambivalence in women who fit the sandwich generation description differ based on having a dependent older parent, the Kruskal Wallis test was applied. According to the analysis results, there is a significant difference in the levels of ambivalence among sandwich generation

women depending on whether they have a dependent older parent ($p=0.000<0.05$). Therefore, the hypothesis "**H6: The level of ambivalence in women who fit the sandwich generation description differs depending on whether they have a dependent older parent**" has been accepted.

Table 37. The Kruskal Wallis test results show whether the levels of ambivalence in sandwich generation women differ based on having a dependent older parent.

Test Statistics^{a,b}	
	Score
Kruskal-Wallis H	35,621
df	3
Asymp. Sig. (p)	0,000
a. Kruskal Wallis Test	
b. Grouping Variable: Having/not having dependent older parent	

To determine between which groups the difference exists, a pairwise comparison Post-Hoc Tukey test was conducted. The result of the test is given in the Table 38 below.

Table 38. Results of the pairwise comparison Post-Hoc test conducted after the Kruskal Wallis Test to determine if there is a difference in the levels of ambivalence among sandwich generation women based on having a dependent older parent.

Sample-1 and Sample-2	Test Statistic	Adj.Sig. (p)
Occasional care giver - Rarely care giver	25,095	0,223
Occasional care giver - Frequently care giver	-57,518	0,046
Occasional care giver - Always care giver	-152,391	0,000
Rarely care giver - Frequently care giver	-32,423	0,666
Rarely care giver - Always care giver	-127,297	0,000
Frequently care giver - Always care giver	-94,873	0,015

Table 38 shows significant differences between groups of individuals who provide care occasionally-frequently ($p=0.046<0.05$), occasionally-always ($p=0.000<0.05$), rarely-always ($p=0.000<0.05$), and frequently-always ($p=0.015<0.05$) to dependent older parents. No significant differences are observed between other groups ($p>0.05$). It is evident that women who always provide care to dependent older parents have an ambivalence level that is significantly different from the women in all the other groups. Table 39 also

indicates that the ambivalence level of these women is notably higher compared to other groups. This finding is compatible with qualitative research findings. In interviews, participants responsible for caring for their older parents have reported experiencing physical and psychological issues. However, they also reported feeling a sense of peace due to fulfilling their duties. This state of being caught between the two is the fundamental factor shaping women's experience of ambivalence.

Table 39. Average level of ambivalence according to having a dependent older parent.

Level of Ambivalence			
Having a Dependent Older Parent	Average	n	Std. deviation
Rarely	2,92	199	0,38618
Occasionally	2,80	93	0,36341
Frequently	3,05	25	0,38133
Always	3,92	15	0,77426

The challenges of aging, accompanied by physiological declines and diseases that necessitate care, bring both physical and psychological difficulties for the adult child responsible for the older adult. The following narratives shed some light, albeit slightly, on this difficulty. Particularly, the lack of adequate support from other family members, or having young children or grandchildren for whom they are responsible, increases the burden on women in this regard:

"It's a difficult process. Caring for the elderly is hard. And when the elderly get sick, caring for sick elderly is twice as hard. But after all, they are our elders, and it's necessary. We've been trying to do everything without neglect. We are still trying, and after doing it, I feel a tremendous sense of moral relief. (...) But when I can't go, something inside gnaws at me. It feels like I've left something undone as if I haven't fulfilled my responsibility."
(P2, 50 years old, Teacher, Bachelor's degree, 2 children, 0 grandchildren, 1 living parent)

"We lay a blanket in the car. We bring them up with a blanket, we carry them with a blanket. They don't go with a hug, they let themselves go because they are paralyzed on one side. We carry them with a blanket. In the village, people help, here neighbors thankfully help. At home, my spouse and I straighten

the bed together, my mother-in-law doesn't stay in the room. She always wants a spacious place, so we have dedicated the living room to her. (...) We feed her soup, just soup. In the evening we lift her, she always wants tea, she loves tea. "Didn't you make tea, tea?" Well, we make the dinner and so on. Then around 2.30-3... She used to scream and stay up until the morning. She doesn't sleep, she's afraid of dying. What are we going to do there? I'm afraid, lay me down, lift me up. Since she doesn't sleep, she doesn't lie down for long and doesn't sit for long. So, my spouse stays up more at night. I hear it, but I sleep in the bedroom because the day is long. The housework looks to me during the day. At least now my spouse sleeps during the day. We manage like this." (P11, 58 years old, Retired, High school graduate, 2 children, 0 grandchildren, 3 living parents)

Participants were also asked what kind of support they provided to their living parents, even if they were not in need of care. It was found that women provided practical support, which includes care support as well as financial support, psychological support, cleaning their living space, fulfilling shopping needs, making doctor appointments, and taking them to the doctor. The fact that women provide support such as cleaning and care (washing, etc.) to their parents, even if they are the parents of their spouse, is one of the most meaningful findings of the study in terms of the role distribution based on gender:

"Right now, I'm giving support like this... Thankfully they don't need it but every weekend when they stay in the village, I dedicate one day. I leave my work. I don't do anything, my chores. I take my children; we do the shopping for whatever they need. Even if they don't need anything, you can see what they need when you look in the closet. We complete them and try to be there with them." (P1, 46 years old, Cleaner in an institution, High school graduate, 2 children, 0 grandchildren, 3 living parents)

"But I get along well with my mother-in-law, thank God. I think I was psychologically supportive as well. When it comes to cleaning, yes, she is not a person who wants much, we try to help. But we cannot help financially at all. But morally, for example, let's say the house will be renovated..." (P5, 40 years

old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents)

"I support my own mother. Sometimes I act as her driver when she goes to the doctor. But since she can drive herself, she doesn't always have to ask for support." **(P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents)**

"Now, we can't help financially, but when it comes to transportation and health problems, sometimes they actually do their own shopping. That's how I support shopping and market shopping. Psychologically, sometimes I support them, sometimes they support me." **(P13, 48 years old, Specialist doctor, PhD graduate, 2 children, 0 grandchildren, 2 living parents)**

4.2.7 The Impact of Having Grandchild on Ambivalence

Due to the self-sacrifice required in providing care and support for children, similar to having an older person in need of care, it was expected that being the grandmother of at least one grandchild would create a difference in ambivalence levels among sandwich generation women. Hence, H7 was formulated:

H7: Ambivalence levels of women fitting the sandwich generation description vary depending on having grandchild

To determine whether the ambivalence levels of women fitting the sandwich generation description vary according to having grandchild, the Mann-Whitney test was applied. According to the test results, there was no significant difference in ambivalence levels based on the status of being a grandmother among women fitting the sandwich generation description ($p=0.311>0.05$).

Table 40. Mann-Whitney test results indicating whether ambivalence levels of sandwich generation women vary according to having grandchild

Test Statistic^a	
	Score
Mann-Whitney U	9010,500
Z	-1,013

Asymp. Sig. (2-tailed) (p)	0,311
a. Grouping Variable: Having/ Not having grandchild	

In line with this, the hypothesis **"H7: Ambivalence levels of women fitting the sandwich generation description vary depending on having grandchild"** was rejected.

Qualitative research has shown that women with grandchildren provide support to their own children through caring for their grandchildren. However, the lack of a significant difference in ambivalence levels among these women indicates that taking care of grandchildren does not create additional ambivalence among sandwich generation women. Women can provide continuous or part-time support in terms of grandchild care. Part-time support may include taking care of the child during the day or on weekends, spending time together, providing short-term care, or picking up the child from school. Participants have also mentioned continuously caring for their grandchildren due to the high costs of daycare or lack of trust in caregivers, as their adult children work.

Among the participants, those experiencing the most intense physical and psychological pressure are those who find themselves taking care of their own parents while also being responsible for their grandchildren. Balancing the needs of their children, parents, and spouses, and the sensitivity to fulfilling these needs, shape women's experience of ambivalence. Below are expressions from a participant who discusses her support for her grandchildren, among other types of support:

"I provide material support. For example, when guests are coming, I prepare the meals. Sometimes, I have to take care of my grandchild. We are always together anyway." (P10, 52 years old, Housewife, Primary school graduate, 1 child, 1 grandchild, 3 living parents).

4.2.8 The Impact of Educational Level on Ambivalence

Given that higher educational attainment enhances an individual's ability to overcome challenges, positively influences socioeconomic status-related variables such as income, and allows for the development of more sophisticated coping strategies, the hypothesis H8 was formulated based on the idea that the educational level might influence the ambivalence levels experienced by sandwich generation women:

H8: Ambivalence levels of women fitting the sandwich generation description vary depending on educational level.

A Kruskal-Wallis test was conducted to compare the ambivalence levels based on the educational levels of women fitting the sandwich generation description. According to the test results, there was a significant difference in ambivalence levels based on the educational levels ($p=0.003<0.05$). In this regard, the hypothesis **"H8: Ambivalence levels of women fitting the sandwich generation description vary depending on educational level"** was accepted.

Table 41. Kruskal-Wallis test results indicating whether ambivalence levels of sandwich generation women vary according to educational level.

Test Statistic ^{a,b}	
	Score
Kruskal-Wallis H	15,985
df	4
Asymp. Sig. (p)	0,003
a. Kruskal Wallis Test	
b. Grouping Variable: Education level	

Post-hoc pairwise comparisons were conducted using the Tukey test to determine which groups exhibit differences in ambivalence levels based on educational attainment, following the Kruskal-Wallis test. The results of the Tukey test are presented in Table 42 below.

Table 42. Results of Tukey post-hoc pairwise comparisons test conducted to determine whether ambivalence levels of sandwich generation women vary according to educational level after the Kruskal-Wallis test.

Comparison Groups	Test Statistic	Adj.Sig. (p)
High School Graduate - Bachelor's Degree	-9.279	1.000
High School Graduate - Associate Degree	-31.103	0.710
High School Graduate - Middle School Graduate	47.187	0.254
High School Graduate - Elementary School Graduate	79.706	0.008
Bachelor's Degree - Associate Degree	21.824	1.000
Bachelor's Degree - Middle School Graduate	37.908	0.706

Bachelor's Degree - Elementary School Graduate	70.427	0.028
Associate Degree - Middle School Graduate	16.084	1.000
Associate Degree - Elementary School Graduate	48.603	0.667
Middle School Graduate - Elementary School Graduate	32.519	1.000

The Tukey test results indicate that there is a significant difference in ambivalence levels based on educational attainment between high school graduates and elementary school graduates ($p=0.008<0.05$) and between university graduates and elementary school graduates ($p=0.028<0.05$). No significant differences were observed among other groups ($p>0.05$). As evident, particularly as the educational level increases, a significant difference in ambivalence levels becomes apparent.

Table 43. Mean Ambivalence Levels of Sandwich Generation Women According to Educational Attainment

Ambivalence Level			
Education Level	Mean	N	Std. Dev.
Elementary School Graduate	3.21	19	0.45678
Middle School Graduate	3.12	25	0.51658
High School Graduate	2.90	118	0.51540
Associate Degree Graduate	2.99	42	0.42592
Bachelor's Degree Graduate	2.89	128	0.38513

As seen in Table 43, those with the highest level of ambivalence (3.21/5) are sandwich generation women with the lowest educational level, namely elementary school graduates. In in-depth interviews, no participant was found to relate being caught between two generations, providing support/care to both, and expressing their ambivalence levels to their own educational level. However, considering the relationship between female employment rates and educational levels in the world and in Turkey, it can be argued that education has a stimulating effect on female employment. The ability of women to work increases access to services, thus expanding supportive mechanisms. One observed situation in in-depth interviews is that women with relatively higher education levels and employed women are more advantageous than other women in receiving household services or care support.

4.2.9 The Impact of Employment Status on Ambivalence

The woman's engagement in paid employment, traditionally associated with affective roles such as providing care/support to family members, leads to efforts in establishing a affective-instrumental role balance. As a result, these women may experience a deeper sense of being trapped between roles. Therefore, based on the idea that the employment status of sandwich generation women might influence the ambivalence levels they experience, hypothesis H9 was formulated:

H9: Ambivalence levels of women fitting the sandwich generation description vary depending on employment status.

To understand whether the employment status creates a difference in ambivalence levels, the Kruskal-Wallis test was applied. According to the analysis, there is a significant difference in ambivalence levels based on the employment status of women fitting the sandwich generation description ($p=0.000<0.05$). In this regard, the hypothesis **"H9: Ambivalence levels of women fitting the sandwich generation description vary depending on employment status"** was accepted.

Table 44. Kruskal-Wallis test results indicating whether ambivalence levels of women fitting the sandwich generation description vary according to employment status

Test Statistic ^{a,b}	
	Score
Kruskal-Wallis H	43,652
df	2
Asymp. Sig.(p)	0,000
a. Kruskal Wallis Test	
b. Grouping Variable: Employment status	

The Tukey test was conducted to determine which groups exhibit differences in ambivalence levels based on employment status, following the Kruskal-Wallis test. The results of the Tukey test are presented in Table 45.

Table 45. Results of Tukey post-hoc pairwise comparisons test conducted to determine whether ambivalence levels of women fitting the sandwich

generation description vary according to employment status after the Kruskal-Wallis test.

Example-1 and Example-2	Test Statistic	Adj.Sig. (p)
Full-time - Part-time	-49.299	0.012
Full-time - Not Working	-86.916	0.000
Part-time - Not Working	-37.616	0.183

From Table 45, it can be observed that there is a significant difference between **full-time and part-time** ($p=0.012<0.05$) and **full-time and non-working** ($p=0.000<0.05$) groups based on employment status. However, no significant differences were observed among other groups ($p>0.05$). Notably, the significant differences found are between full-time working women and other women.

Table 46. Ambivalence levels of sandwich generation women according to employment status

Employment Status	Ambivalence Level		
	Mean	N	Std. Deviation
Full-time	2.83	234	0.35391
Part-time	3.08	36	0.54805
Not Working	3.29	62	0.55543

Of the women in the qualitative sample group, 15 are employed, 3 are non-working, and 2 are retired. Thirteen of the employed participants have reported experiencing ambivalence. Two out of the three non-working women have mentioned not feeling trapped in between their responsibilities.

In Turkey, the rates of women graduating from higher education after the 1990s are steadily increasing. Undoubtedly, this situation brings along a qualified workforce and, albeit below the averages of the West, relatively increases the female employment rate in Turkey. However, the increase in female employment also brings about certain challenges. On one hand, women are working, and on the other hand, they continue their traditional roles within the family. This poses a dilemma of how the long-standing primary responsibilities they have been associated with in the household can now be fulfilled. Even policies such as extended maternity leave and paternity leave in recent years do not seem to be sufficient in supporting women in this regard.

Women who have the privilege of receiving family and in-home care support are not exempt from all responsibilities in these areas. Life for working women is divided into two main areas: home and work. While women have managed to exit the private sphere, they find themselves burdened with the responsibilities of the public sphere. The persistence of the traditional family structure and gender roles forms the basis on which the ambivalence experience, takes shape. Women want to fulfill the responsibilities of both areas, and the desire to fulfill these responsibilities "properly" shapes women's experience of ambivalence:

"For example, I am actually working part-time now because of the baby, but I can't handle my work in half a day. So what do I do? I have to open a part-time work slot in the afternoon, but, for example, I fall behind in the care of the child or vice versa. For example, I actually need to open it that day, but I can't open my business because of the child. This time, I'm stressed at work because there is an expectation at work, whether I want it or not. Well, when I can't meet that, there is a problem there. It becomes a problem because my peace is disturbed. Because the employer and my manager are wondering why it's not finished, why it hasn't been done. In the end, you work half a day, it seems like you don't have much work, but actually I don't have a job to finish in half a day. I'm doing a full day's work in half a day, but actually I need to do double the work." (P20, 42 years old, Insurance agent, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents).

Starting from the assumption that the working conditions of women may bring additional responsibilities and could be decisive in the ambivalent experience, both working and non-working women were asked to express their feelings about feeling trapped.

When asked to describe their ambivalent experiences, working women most frequently use words reflecting negative feelings such as "feeling trapped, fatigue, self-neglect, inadequacy, anger, sacrifice, and stress." However, a term used intensively that refers to positive emotions is "happiness and inner peace." The ambivalence experienced by working women in their work life and personal lives is reflected in their choice of words. On one hand, they feel physically and emotionally tired, while on the other hand, they feel happy and morally peaceful because they fulfill their responsibilities as mothers, partners, and caretakers.

"I am happy to be able to give to my mother, father, and mother-in-law, I had a daughter to give. I think it's a beautiful thing (...) There is a moral inadequacy. For example, I couldn't take care of my mother-in-law here. But she got upset with me... For example, when we met the other day, she said, 'You took care of your mother, but you didn't look at me.' But personally, who should I satisfy? Should I come home, should I work? There are children, our elders, with eating and drinking? I mean, I had a little trouble with that. But we do what we can, and we also expect a bit of understanding, you know, in this matter. But during the time I worked, there was more isolation, for example. My mother-in-law used to come to me for two or three days, now she started coming once a month. Unfortunately, because I can't find time." (P5, 40 years old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents).

The forms and times of support that working women provide to their children can vary. Socializing and being able to engage in activities together may be reserved for the weekends:

"For example, I took my daughter, the baby, to a park, or since we're always at home during the week, we go out on the weekends. Her happiness in that park makes us happy. Or, for example, the older one wants to do something for her, like saying, 'Shall we do this?' We are happy from her happiness. After all, she's a child, her happiness is enough for us. Of course, as I said, there are periods of tiredness, unhappiness, as I said, we just channel it to the children, but just talking. After that, the child's happiness, laughter, makes you forget." (P20, 42 years old, Insurance agent, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents).

"Child is always sacrifice. Always asking, and I am always trying to catch up. (...) I get angry sometimes. My daughter is entering pre-adolescence a bit, I guess. She opposes a lot, becomes rebellious, doesn't listen to me much. A bit like the internet thing, addicted. Well, I don't want it too much, but..." (P6, 45 years old, Civil servant, Bachelor's degree, 2 children, 0 grandchildren, 1 living parent).

"In the situation of not being able to keep up or not being able to meet their demands, inadequacy, unhappiness. Sometimes when you think maybe it shouldn't be this much, maybe irritability. It varies depending on the situation. (...) We have a time problem because we work full-time on weekdays and don't have any breaks or days off. Other than that, the children go to school full time, but when extra things come up, when I'm physically and mentally exhausted working at the hospital, maybe I might not come home ready enough most of the time. Because I don't allocate time for myself, there are occasional bouts of burnout. When that happens, of course, the restlessness affects the children as well." **(P14, 42 years old, Specialist doctor, PhD graduate, 2 children, 0 grandchildren, 3 living parents).**

Women, when describing their experiences of ambivalence, mentioned that their feelings of anger and irritability are often caused by physical and mental fatigue, difficulties in work life, being caught between family and work life, potential conflicts while providing care, and the perception of not adequately meeting the needs of children and parents. Another point they emphasized is that they feel sadness and guilt due to experiencing these negative emotions. Women feel trapped in their fundamental roles, and this situation sometimes leads to feelings of anger and frustration, creating a cyclical pattern that ends with guilt. One of the most significant findings obtained during the interviews regarding women's experiences of ambivalence is this situation:

"Sometimes I can't help getting angry. Yesterday, I read an article, and I was very ashamed of myself afterward. 'Don't make me angry' is a very wrong sentence, blaming the child for not being able to control one's own anger. I read that this is wrong and it's true. Yes, sometimes I say, 'Don't touch my nerves.' Maybe this is the biggest mistake I make. When talking to her, sometimes, if I have received bad news about my job or profession at that moment, my energy towards her can be at its worst due to the stress I am in." **(P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents).**

Even if they feel physically or mentally tired, fulfilling the maternal duties towards children leads to positive emotions such as peace and happiness in

women. On the contrary, as deduced from the above narrative, it can lead to feelings of guilt and unhappiness.

4.2.10 The Effect of Subjective Health Status on Ambivalence

The women's own health conditions can act as facilitators or inhibitors in the context of providing care and support to others. However, as this being a social science study, subjective health status questioning was used instead of objective health status. Starting from the possibility of the relationship between subjective health status and ambivalence levels, Hypothesis 10 (H10) was formulated:

H10: Women fitting the description of the sandwich generation will show differences in ambivalence levels based on subjective health status.

To understand whether subjective health status creates a difference in ambivalence levels, the Kruskal-Wallis test was applied. According to the analysis, women fitting the description of the sandwich generation show a significant difference in ambivalence levels based on subjective health status ($p=0.004<0.05$). In this regard, the hypothesis "**H10: Women fitting the description of the sandwich generation will show differences in ambivalence levels based on subjective health status**" is accepted.

Table 47. The result of the Kruskal-Wallis test showing whether the ambivalence levels of women fitting the description of the sandwich generation differ based on subjective health status

Test Statistics ^{a,b}	
	Score
Kruskal-Wallis H	8,416
df	1
Asymp. Sig. (p)	0,004
a. Kruskal Wallis Test	
b. Grouping Variable: Subjective Health Status	

Table 48. Post-Hoc pairwise comparisons to determine whether there is a difference in ambivalence levels of women fitting the description of the sandwich generation based on subjective health status after the Kruskal Wallis test

Example-1 and Example -2	Test Statistic	Adj.Sig. (p)
Healthy - Partially Healthy	-30,067	0,014
Healthy - Unhealthy	-162,243	0,000

Partially Healthy - Unhealthy	-132,176	0,000
-------------------------------	----------	-------

According to the Tukey test results, there is a significant difference between all groups ($p < 0.05$).

Table 49. Ambivalence levels of women fitting the description of the sandwich generation based on subjective health status

Ambivalence Level			
Subjective Health Status	Mean	n	Std. Deviation
Healthy	2.8848	154	0.52251
Partially Healthy	2.9616	170	0.37866
Unhealthy	3.6118	8	0.08410

Table 49 reveals that the sandwich generation women who perceive themselves subjectively as unhealthy experience a higher level of ambivalence (3.6/5). It is an expected outcome that the unfavorable health status leads women to feel more ambivalence. In the qualitative research, participants were also asked to assess their subjective health conditions. In response, none of the 20 participants described themselves as unhealthy. Those with chronic illnesses (thyroid, diabetes, etc., metabolic diseases) mentioned being able to manage them effectively.

4.2.11 The Effect of Caregiving Duration on Ambivalence

Building on the assumption that the duration of care provided by sandwich generation women to family members from other generations may influence the level of ambivalence they experience, Hypothesis H11 was formulated:

H11: The ambivalence levels of women fitting the description of the sandwich generation differ based on the duration of care they provide.

To understand whether the duration of care provided creates a difference in ambivalence levels, a Kruskal-Wallis test was conducted. According to the test results, there is a significant difference in ambivalence levels based on the duration of care provided by women fitting the description of the sandwich generation ($p = 0.005 < 0.05$). Thus, the hypothesis "**H11: The ambivalence levels of women fitting the description of the sandwich generation differ based on the duration of care they provide**" is accepted.

Table 50. Kruskal-Wallis test results indicating whether ambivalence levels of sandwich generation women differ based on the duration of care provided

Test Statistics^{a,b}	
	Score
Kruskal-Wallis H	10,799
df	2
Asymp. Sig. (p)	0,005
a. Kruskal Wallis Test	
b. Grouping Variable: Support/care duration	

To determine which groups exhibit this difference, a pairwise comparison Tukey test was conducted.

Table 51. Post-Hoc pairwise comparison test results following the Kruskal-Wallis test to determine whether ambivalence levels of sandwich generation women differ based on the duration of care provided

Sample-1 and Sample-2	Test Statistics	Adj.Sig.(p)
1 - 5 years; less than 1 year	37,693	0,780
1 - 5 years; more than 5 years	-50,111	0,003
Less than 1 year; more than 5 years	-12,417	1,000

Table 51 indicates a significant difference in ambivalence levels between groups providing care for **1-5 years and 5 years or more** ($p=0.003<0.05$) based on the duration of care. However, no significant difference is observed among other groups ($p>0.05$).

Table 52. Ambivalence levels of sandwich generation women based on the duration of care provided.

Ambivalence Level			
Duration of caregiving	Mean	n	Std. Deviation
Less than 1 year	3,4632	10	1,33306
1-5 years	2,7460	46	0,40908
More than 5 years	2,9554	276	0,39152

The finding suggests that sandwich generation women experience higher ambivalence levels, especially when providing care for a short duration (less than 1 year) or a long duration (more than 5 years). The highest ambivalence average is observed among women providing care for less than 1 year (see

Table 52). This may indicate a possibility of not yet adapting to caregiving for those providing care for a short time and fatigue resulting from caregiving for over 5 years. 20 participants frequently mentioned neglecting their own subjective care and health, facing difficulties in seeking medical help for existing chronic illnesses, and being unable to engage in physical therapy or exercise. Therefore, "postponing" their health needs is among the most common strategies employed by the participants. For women, the basic needs and responsibilities related to their families take precedence.

In-depth interviews have revealed another crucial point, particularly concerning care provided to older parents. Especially during unusual circumstances such as illness, surgery, or natural disasters, caregiving and support types not previously provided become apparent and are specific to these periods. Support types, such as living together, bringing them to their own home, cleaning the house, and preparing meals, increase during these times. Activities like shopping for older people/parents, cleaning their house, scheduling doctor appointments, ensuring access to health services, and providing psychological support through phone calls or visits are regularly performed and are among the consistent and continuous support types.

"I lived together during that period. They stayed with us for about a month after the earthquake, although it didn't last one and a half months before they moved to Adana." (P14, 42 years old, Specialist doctor, PhD graduate, 2 children, 0 grandchildren, 3 living parents).

"We provide support in many areas. My father is nearing 80, has health problems, receives chemotherapy, and due to both his advancing age and chemotherapy, we handle all his grocery shopping and food purchases. (...) Yes, we experienced it recently. In fact, he had COVID very recently. After COVID, he had pneumonia. During this period, first home care, upon the doctor's recommendation. Then hospital care, and finally, he came to stay with us. He stayed with me first, then with my other sibling, and then with my other sibling. We managed to restore his health." (P2, 50 years old, Teacher, Bachelor's degree, 2 children, 0 grandchildren, 1 living parent).

"This year, they stayed inactive for 2-3 months, but normally my mother could only stay idle for 15-20 days, at most a month. (...) Due to problems with my mother's knees and my father having

heart surgery this year, my mother couldn't provide much support for household chores. Thus, both for the purpose of resting and not burning fuel in our house, they both stayed inactive for 2-2.5 months." **(P5, 40 years old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents).**

"My mother recently had bypass surgery. It happened 6 years ago, excuse me. A year ago, she had a stroke. During that time, she needed us. We are 5 siblings. The whole team, including the children, took care of my mother together. Some incidents happened at the end. When she got fed up, we hired a caregiver for my mother. She is a bit aggressive. Within 3 months, she ruined five caregivers. Now, physical therapy has helped, and she can walk without a cane." **(P7, 48 years old, Tailor, High school graduate, 3 children, 0 grandchildren, 2 living parents).**

One crucial point determining the types of support provided to older parents by participants and the continuity of support is the spatial proximity and living arrangements such as living together or alone due to the loss/divorce of parents' spouses. Living together (co-residence) ensures uninterrupted and versatile support for older parents. On the other hand, the loss of spouses by older parents increases their dependency on care, sometimes leading them to stay with adult children. In cases where older parents are living in another city the support provided is inevitably limited. The narratives of two participants whose older parents live outside the city highlight this situation. Providing care support to parents living outside the city can be extremely challenging, especially for working participants. This situation causes moral discomfort, particularly for women. The feeling of being trapped is even more pronounced for women who feel they cannot fulfill their responsibilities in this regard:

"I'm leaving. My parents are separated now. I took care of my father for a few years; I washed his clothes, cleaned his house, and provided support. My father is remarried now, thank God. I have no financial or emotional responsibility anymore." **(P17, 48 years old, Housewife, High school graduate, 2 children, 0 grandchildren, 2 living parents).**

"We provide support whenever there is a need; we pay for both my own mother's and my mother-in-law's electricity, water, and

bills. Thankfully, they don't currently have care needs. But my mother was recently hospitalized for a long time; I stayed there the whole time, never left her side." (P10, 52 years old, Housewife, Primary school graduate, 1 child, 1 grandchild, 3 living parents).

4.2.12 The Effect of Supportive Assistance in the Care Role on Ambivalence

It has been considered whether the presence or absence of someone assisting sandwich generation women in their caregiving roles could have an impact on the level of ambivalence they experience. Accordingly, Hypothesis H12 was formulated:

H12: The ambivalence levels of women fitting the description of the sandwich generation differ based on the presence of someone assisting them in the care role.

To understand whether the presence of someone assisting in the care role creates a difference in ambivalence levels, a Mann-Whitney test was conducted. The test results indicate a significant difference in ambivalence levels based on the presence of someone assisting in the care role for women fitting the description of the sandwich generation ($p=0.003<0.05$). Thus, the hypothesis "**H12: The ambivalence levels of women fitting the description of the sandwich generation differ based on the presence of someone assisting them in the care role**" is accepted.

Table 53. Post-Hoc pairwise comparison test results following the Kruskal-Wallis test to determine whether ambivalence levels of sandwich generation women differ based on the presence of someone assisting them in the care role

Test Statistics^a	
	Score
Mann-Whitney U	4134,000
Z	-3,000
Asymp. Sig. (2-tailed)	0,003
a. Grouping Variable: Assistance status	

Descriptive statistics are provided to identify the nature of the difference.

Table 54. Ambivalence level averages of sandwich generation women based on the status of receiving assistance.

Assistance Status	n	Average	Std. Deviation
Receiving assistance	292	2,9018	0,413
Not receiving assistance	40	3,2329	0,655

It is observed that the levels of ambivalence experienced by sandwich generation women providing care are lower when they receive assistance (see Table 54). This finding is further supported by the findings of the qualitative research. Particularly, women who receive support from other family members such as siblings, spouses, or who have the opportunity to seek professional assistance tend to have lower levels of ambivalence. Participants describe this as sharing the burden. Based on the findings obtained in the qualitative research, it can be suggested that sandwich generation women can be divided into two categories in terms of family structure. These two categories are named as "conflict-based" and "supportive" family structures (see Figure 6). The main basis for this categorization is the presence of support or conflict perceived by sandwich generation women when there is an older parent in need of care/support. Possible partners for support include the spouse, siblings, children, caregivers, and the older individual, while potential sources of conflict include the spouse, siblings, children, and the older individual (see Figure 7). Particularly, having a supportive family has been shown to increase the chances of sandwich generation women receiving assistance, thus alleviating the responsibilities they are obligated to fulfill.

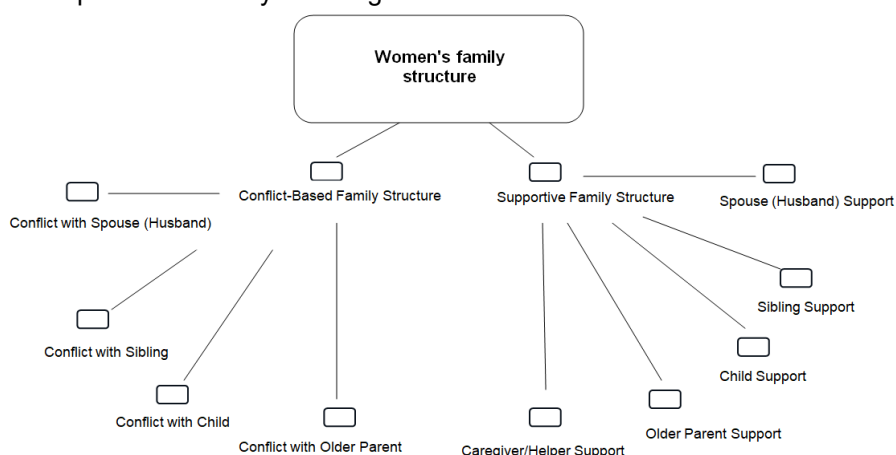


Figure 6. Conflicting and supportive elements in the family structure of sandwich generation women in qualitative sampling

Determinants such as the number of siblings, spousal support, strong family bonds, the number of children, and the age at which children can meet their own needs have been identified as key factors in providing support to other generations. All of these contribute to alleviating the burden on women. Particularly in unexpected situations such as illness or surgery, participants mentioned receiving support from spouses or siblings. When it comes to caring for older parents, they manage the situation by taking turns staying in the hospital with siblings or sharing responsibilities with their parents. Especially during such periods, women mentioned leaving household management and children to their spouses while they took care of their own parents.

Receiving support from their spouses in such responsibilities helps alleviate the pressure on sandwich generation women. Although all these forms of support have a reducing effect on the level of ambivalence in women, the primary responsibility they feel for these caregiving/supporting roles prevents them from avoiding the experience of ambivalence.

Sandwich generation women who receive support from siblings and spouses continue to experience ambivalence. Particularly, the verbal expressions of participants who receive sibling support in the care of older parents elucidate this assumption:

"My siblings are in Izmir. We take turns. For his treatment, we take him to hospital treatments in turns (...) It makes things both easier and sometimes more difficult. So, you experience both, especially in your relationships with your siblings. In the care process, there can be comparisons like 'I did more, I sacrificed more of my life. You didn't do that much.' (...) I do what I need to do. I feel at ease with my conscience. I don't question what other people are doing or what my siblings are doing. But, of course, others can do that. 'I sacrificed more, I took care more.' It's like they try to measure it as if there is a scale. Then there is tension among siblings. That's the negative side, but by talking, explaining, in the end, the sibling understands somehow. When they support each other as a support, everything becomes easier. Now, my mother, unfortunately, had many problems. When my father got sick again, the same things happened for the second time. Probably, we all learned a little from the mistakes we made in the past. Now, it doesn't come up so much. We are trying to overcome this process by sharing among

ourselves." (P2, 50 years old, Teacher, Bachelor's Degree, 2 children, 0 grandchildren, 1 living parent).

"I have 4 siblings, 3 brothers and 1 daughter. My youngest brother and I are in Izmir together. Our brother in Ankara, during holidays or deaths, goes. They help as much as they can, but we want it like this; we go on vacation in the summer, and they come in the winter. If they are well and support, my mother and father are more comfortable, and we are happier." (P5, 40 years old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents).

In the following excerpts, shared experiences of four sandwich generation women who receive help from their spouses, neighbors, fathers-in-law, and professional caregivers reveal the difficulty experienced primarily by the party taking on the responsibility, even when assistance is sought:

"My mother went through such a process. Intensive chemotherapy. Then hospitalization. We took turns caring for her day and night during the palliative processes. My daughters were younger in those days. Thanks to my neighbors, they were all very good, may God bless them, really. Their support psychologically comforted me and I believed they were safe. I knew, when I turned my back and went to the hospital, the children were at home. Various problems could occur. Thank God for my neighbors' support in those times when the children were not good at cooking, eating. Then my husband, he undertook the roles I had to take on, he was also cooking. He brought the children to school and took them back. With his support, we overcame that process. Without people's support, everything would have been more difficult." (P2, 50 years old, Teacher, Bachelor's Degree, 2 children, 0 grandchildren, 1 living parent).

"Generally, everything is in my hands because now I take care of both my father-in-law and my mother-in-law. My father-in-law looks after my mother-in-law when I go out. (...) So, I try to finish my work more practically and quickly, trying to return home. But it's a must to satisfy both sides. Because my daughter also needs it, and a little change would be good." (P8, 44 years old,

Housewife, High school graduate, 1 child, 0 grandchildren, 2 living parents).

"We hired a female assistant. Consequently, at least the meals, snacks, nutrition, and subsequent personal care—primarily rested on the assistant's responsibilities. Generally, I was in a moderator position." **(P11, 58 years old, Retired, High School graduate, 2 children, 0 grandchildren, 3 living parents).**

"Meaning, there was always a caregiver for the child because I was working. Currently, we don't need one, so we don't have one. I had a household assistant who came six days a week. When I became a retiree, she also stopped coming. Right now, I am alone. I don't have an assistant at the moment. My mother has a daily help, and my husband has a driver. My father also uses the same driver. Yes, we do have helpers, actually, we are not alone." **(P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents).**

In summary, among the sandwich generation women, the ambivalence levels of women receiving support (having someone to support/stand by) were found to be significantly different from others, and when looking at the averages, it was determined that the ambivalence levels of these women were lower.

Table 55 shows the acceptance/rejection statuses of the 12 hypotheses tested within the scope of the research. Accordingly, 8 hypotheses were accepted, while 4 hypotheses were rejected.

Table 55. Hypotheses tested within the scope of the research

Proposed Hypotheses	Acceptance or Rejection Status
Hypothesis 1: Women forming Generation X provide simultaneous care to both parents and children, necessitating the characterization of the sandwich generation.	Accepted
Hypothesis 2: Women fitting the description of the sandwich generation have higher levels of ambivalence compared to others.	Rejected
Hypothesis 3: Ambivalence levels of women fitting the description of the sandwich generation vary by age.	Rejected

Hypothesis 4: Ambivalence levels of women fitting the description of the sandwich generation vary by marital status.	Accepted
Hypothesis 5: Ambivalence levels of women fitting the description of the sandwich generation vary by the cohabitation status with children.	Rejected
Hypothesis 6: Ambivalence levels of women fitting the description of the sandwich generation vary by the possession of dependent older parents.	Accepted
Hypothesis 7: Ambivalence levels of women fitting the description of the sandwich generation vary by the possession of grandchildren.	Rejected
Hypothesis 8: Ambivalence levels of women fitting the description of the sandwich generation vary by educational attainment.	Accepted
Hypothesis 9: Ambivalence levels of women fitting the description of the sandwich generation vary by employment status.	Accepted
Hypothesis 10: Ambivalence levels of women fitting the description of the sandwich generation vary by subjective health status.	Accepted
Hypothesis 11: Ambivalence levels of women fitting the description of the sandwich generation vary by the duration of care provided.	Accepted
Hypothesis 12: Ambivalence levels of women fitting the description of the sandwich generation vary by the presence of someone assisting in the caregiving role.	Accepted

4.3 Coping Strategies and Expectations of Sandwich Generation Women in Dealing with Ambivalence

This section examines the coping strategies and expectations of sandwich generation women in dealing with ambivalence, and all the findings shared in this section are derived from qualitative data. Indeed, from a sociological perspective, it is believed that the identification of coping strategies and expectations can only be accurately gathered through in-depth interviews.

The most frequently received response to the question of what kind of strategies sandwich generation women develop to cope with ambivalence is to relax in the evenings by completing family and work-related responsibilities. Going to bed early and getting enough sleep can be more than a basic need for women; it is often considered a luxury. Physically resting is seen as a way to both physically and psychologically relax, preparing for a recharge for the next day.

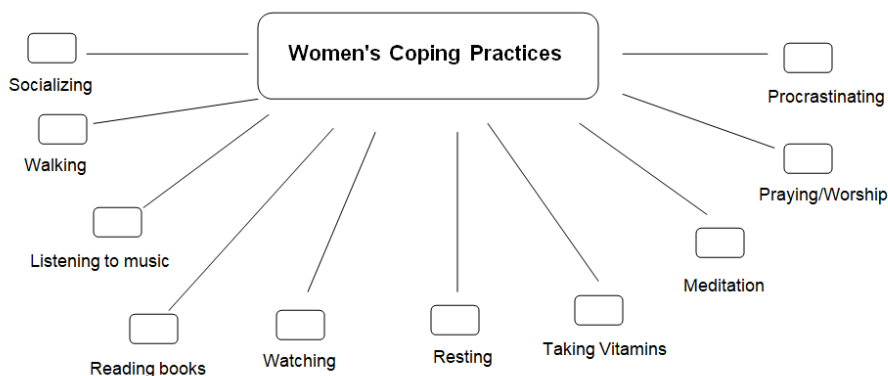


Figure 7. Coping practices of sandwich generation women with ambivalence in qualitative sampling

Some participants perceive taking vitamin supplements and maintaining a regular diet as a method to gather physical strength. Activities such as reading books or watching TV series after other family members have gone to sleep are also among the methods women resort to. Socializing with others seems to be an important means of relaxation for women (see Figure 7).

Another significant strategy frequently employed by women to cope with ambivalence is "postponing" or "delaying." Women prefer to establish a hierarchy of needs, prioritizing responsibilities related to children, parents, and their professions while postponing or delaying their own needs. A similar hierarchy is observed in the support provided to children and parents. Responsibilities related to personal space are often seen as more important and prioritized than work, especially for women. Practices that women most frequently postpone or never engage in are related to their individual needs. Transferring the time allocated for sports or personal care to support services or work-related responsibilities is a strategy commonly used by women. Although women acknowledge during interviews that postponing or not engaging in individual practices is wrong, it is observed as an internalized or accepted area

of compromise. Even if they do not really want to engage in self-care activities, the pressure felt by women increases due to the postponement or non-performance of the activity in favor of other priorities. During interviews, many women expressed that this dual situation causes anger in them, while some women mentioned accepting this situation because they could not find an alternative solution.

"My hair is turning white, but I can postpone going to the hairdresser. I remember, when I was young, I would never allow this. Yes, I mean, I postpone the time. It's okay if I don't go this week." (...) "From me. Yes, I postpone it, but the child's ballet on the weekend is never postponed, for example. But my hair appointment is postponed." (...) "No, no. I need to see a dermatologist for months, but I can't go. I couldn't get an appointment because there's no time." (P12, 45 years old, University Professor, PhD graduate, 1 child, 0 grandchildren, 4 living parents)

"Initially, the priority is, you know, the household expenses. For us, once we've covered the household expenses, then it's the children's expenses. Their wants, expenses, especially their special needs. If there's any time left after that, we generally prioritize ourselves. But since they are younger, we give priority to them. Of course, it's things like going out, dressing nicely, going somewhere, like going for a walk. Currently, I don't have those opportunities." (P5, 40 years old, House cleaning worker, Middle School graduate, 2 children, 0 grandchildren, 4 living parents).

"Uh, I mean, I don't have any health problems, and even if I did, I could solve them within the hospital environment. But if I didn't work at the hospital, I probably would have postponed that too. I would have postponed it. About personal care, like going to the hairdresser, I usually postpone it. I add a few more weeks beyond what should be, I postpone it beyond the time I want. How do I solve it? Usually, I don't solve it; we just turn off the lights. (Laughs.) Actually, it would be better if I could take some time for myself, relax with something different, and then come home, but..." (P14, 42 years old, Specialist doctor, PhD graduate, 2 children, 0 grandchildren, 3 living parents).

"After a certain age, children can go to sports, hobbies, and activities, but unfortunately, there is learned helplessness among our women, all of us included. What is learned helplessness? Well, 'I need to go home as soon as possible. I have to somehow cook at home. I have to take care of the children. But where are you for yourself? You are missing, but this is completely wrong cognitive thinking. I mean, no one is stopping you; let's say your mother-in-law is at home, you can have her meal. Then you can go for a walk. You can sign up for sports, go and come back. (...) If your father-in-law is the one staying with you, and if he has a non-interfering character, then it's not a problem. Again, I say; the real problem lies in compromises. In not setting boundaries from the beginning. I mean, the pressure is brought upon oneself by the person.'" (P8, 44 years old, Housewife, High School graduate, 1 child, 0 grandchildren, 2 living parents).

Participants who indicated that they could allocate time for themselves mentioned that their children growing up or their spouses being more helpful in sharing roles were determining factors in this regard. As children reach an age where they can meet their basic needs, women can increase the time they can allocate to themselves compared to the past.

"I also take time for myself. In the past, when the children were younger, it was more difficult. There was a time when my parents didn't need me. There was a need for the children at that time, but now the children don't really have many needs, we take care of the elders, but I prioritize myself, honestly. I don't postpone meeting any of my needs." (P3, 50 years old, Housewife, Primary School graduate, 2 children, 2 grandchildren, 2 living parents).

"In the past, I used to feel cramped, but because the children have grown up, as I said, the tempo between work and children was very tiring. Because, as I said, there was much more need to deal with the children. Now, we still deal with them, but it's different now. I used to be tense and sad a lot. I couldn't sleep at night; I breastfed my two sons until the age of two. Wake up 7-8 times a night, breastfeed the babies. Then lay them down, go to work early in the morning. Come back in the evening, the same routine again. The children don't stop, one doesn't stop, the other

doesn't stop. It was a tiring pace. But now it has lightened." (P14, 42 years old, Specialist doctor, PhD graduate, 2 children, 0 grandchildren, 3 living parents).

One of the words participants most often referred to positively regarding their ambivalence experience is "inner peace." Participants, especially those considered to have strong religious beliefs, perceive the duty to their parents as a religious duty. Similarly, having strong religious beliefs for women can sometimes be a survival strategy. "Being grateful, resorting to God" is seen as a strategy women use to cope with the physical and mental fatigue they feel:

"I can't really say that I have much love for my mother. I did it only to earn the pleasure of Allah. In the Quran, it says, 'You shall not even say 'uff' to them.' So, without saying 'uff,' I did the care that I could inside me. Bottom cleaning, top cleaning, we got support from the municipality, but in terms of body cleanliness, we tried to do it ourselves as much as possible. I was very scared at first, no lies. But when my mother returned to normal, I saw that she became her old self again, and I no longer had any love. I looked at it completely out of necessity. There is no connection with love. I have to do it because she is my mother. Even though my children didn't want it. They saw what I did, they didn't want it. At first, fear, then for the pleasure of Allah." (P7, 48 years old, Tailor, High School graduate, 3 children, 0 grandchildren, 2 living parents).

"Having a clear conscience is a very beautiful thing. You know, physical fatigue passes in every way. (...) We somehow manage, yes, we manage it with gratitude, not with anger." (P1, 46 years old, Cleaner in an institution, High School graduate, 2 children, 0 grandchildren, 3 living parents).

"That can be a strength too. It could be the power that my Lord has given. That's why it doesn't happen. I become happy; I become happy when I put cream on my face. But I'm not unhappy when I don't put it on. I say, 'It will happen someday, for sure.'" (P4, 58 years old, Housewife, Left school at 4th grade, 3 children, 7 grandchildren, 1 living parent).

Among the participants, clearing the conscience is often used in conjunction with the word peace. Women who perceive being a mother, a

daughter, and a wife as both a societal role and an area of responsibility seem to internalize the fulfillment of all responsibilities. In connection with this situation, the successful fulfillment of all responsibilities related to these roles leads women to feel at peace. Meeting the fundamental roles, they see as their own and the basic responsibilities associated with these roles also leads women to feel as happy as they do at peace. The participants attribute clearing their conscience and maintaining inner peace to the successful fulfillment of these roles:

"I become happy. (...) I think about my old age." **(P3, 50 years old, Housewife, Primary School graduate, 2 children, 2 grandchildren, 2 living parents).**

"I thought about myself for the future, for example. I said, 'What can I experience if I reach this age? What could happen?' I mean, at least I take care of my mother; I can help her. But, let's say, if I am in a situation, I mean, it could be something other than this, maybe another illness. I think, 'What if I fall into this situation?' If a caretaker could be found, if there is help. For example, my daughter, they work. Okay, they come, but I think it probably wouldn't be as much as taking care of my mother. I think if many things happen, I can find someone if there is an opportunity. I think a little support, a little from the children, my husband, it goes like that." **(P16, 45 years old, Cleaner in an institution, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents).**

For the women who participated in the qualitative research, being happy is primarily defined as being a mother and daughter rather than an individual situation. The fulfillment of basic duties in all these areas, making parents and children happy, meeting their basic needs, is the reason women can be happy for themselves as well. The perception that these are not fulfilled enough can be determinative in the women's experience of ambivalence. Similarly, seeing the people they consider responsible for themselves being unhappy, being unable to fulfill their basic needs enough, can also lead to the development of ambivalent feelings in women.

Another determining factor in the participants' experience of ambivalence is their perception of the responsibility they feel towards their parents as reciprocal, and their sense of gratitude. For women participants who received support from their parents in terms of caregiving and financial assistance,

providing care and/or support to their own parents now is seen as a debt of gratitude. They relate this situation to their own children and perceive the intergenerational transfer in a cyclical manner. They believe that if they do not provide this support to their own parents, they will not receive similar support from their children in the future:

"It's a beautiful thing to be able to provide them with effort now, just as they gave us effort in their time. It can be summarized as being able to repay their rights, you know. But if we couldn't repay, if we couldn't do it, if we had become dependent, then our humiliation would have been even greater. (...) Yes, both that and I am happy, that I have a daughter to be able to give to my mother, to my father, to my mother-in-law; I think it's a beautiful thing." (P5, 40 years old, House cleaning worker, Middle School graduate, 2 children, 0 grandchildren, 4 living parents).

"I think I have a duty, our generation is like that anyway. I think it's my duty because I love all of them very much. They took care of my child; when I needed them, they supported me. When they need me, I also support them. I don't have any problem with that. It's already my responsibility. Because I see this as a duty." (P15, 45 years old, Food engineer, PhD. graduate, 1 child, 0 grandchildren, 4 living parents).

"I told him, 'Don't worry.' Really, now my father understands our existence better, takes care more. I took care of him. Now he takes care of us." (P16, 45 years old, Cleaner in an institution, Bachelor's degree, 2 children, 0 grandchildren, 3 living parents).

"When I approach them, I approach with empathy. I will come to their age, their situation. I also have two children. (...) I do my best for my children to encounter better things." (P1, 46 years old, Cleaner in an institution, High School graduate, 2 children, 0 grandchildren, 3 living parents).

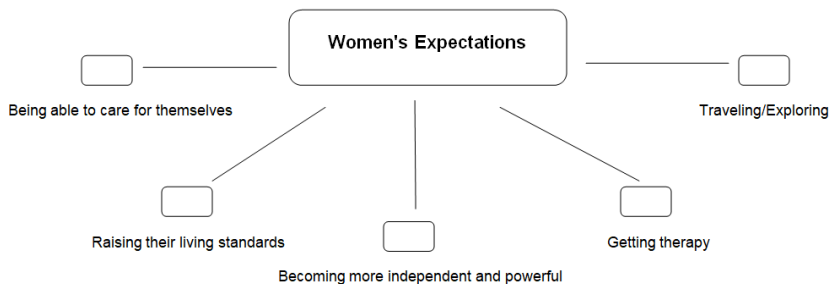


Figure 8. Expectations of women in the sandwich generation in a qualitative exploration

The expectations of women in the sandwich generation regarding life and the future, potentially linked to their ambivalence situations, have been thoroughly examined through in-depth interviews, as depicted in Figure 8. It is anticipated that inquiries specifically addressing strategies and expectations will be functional in developing recommendations on the subject.

The assumption is made that expectations may be correlated with solutions to the psychological and physical burdens experienced by women of sandwich generation. The qualitative nature of participants' responses supports these assumptions. Women's expectations predominantly revolve around aspects they find challenging to fulfill, such as self-care, the ability to travel, improving living standards, achieving greater independence, and receiving therapy (see Figure 8).

Women's expectations vary based on their employment status, with the recurring response for employed women being the ability to "take care of oneself." This frequent response can be associated with the pressure created by responsibilities in both personal and professional lives. The finding that the most common strategy for coping with ambivalence in the previous question is to postpone individual needs further supports this conclusion. Among women in the sandwich generation, those who explicitly mention experiencing ambivalence most commonly express expectations related to self-care and raising their living standards. This suggests that these women may not be sufficiently satisfied with their current situations. Inability to engage in sports, and unmet health and personal care needs are among the issues participants emphasize.

One of the most significant expectations for women is related to the future of their children. Despite facing various challenges, the hope for their children's success and happiness is perceived as a reward:

"Of course, even if something happens, if they always want something, I would always support them. It's not a thing. Knowing that they are happy, knowing that they are learning something about life. Knowing that they are moving forward with firm steps makes me happier than my own self-care, much more than my basic needs. Thinking that they can stand firm gives me much more happiness." **(P5, 40 years old, House cleaning worker, Middle school graduate, 2 children, 0 grandchildren, 4 living parents).**

In conclusion, findings from the field research based on both quantitative and qualitative methods indicate that the majority of women constituting Generation X provide simultaneous care to both parents and children, thus fitting the definition of the sandwich generation women among all women in Izmir. However, the likelihood of providing care/support to other generations as well may be the reason for no significant difference in ambivalence levels between women in the sandwich generation and other women. When examining demographic variables, marital status, having olderdependent parents, educational status, employment status, subjective health status, and the duration of caregiving provided show variations in ambivalence levels between groups. However, no significant differences were found between groups in terms of other demographic variables subject to hypotheses.

CONCLUSION

Following the fourth chapter, where hypotheses were tested and transformed into findings with the inclusion of qualitative data, this fifth section discusses the findings from a sociological perspective. The results, derived through both the statistical analysis of quantitative data and the phenomenological interpretation of narratives related to lived experiences from qualitative data, are discussed in terms of their interrelationships and with reference to the existing literature.

Regarding the quantitative part, the original scale developed by the research team can be introduced into the literature as a tool for measuring the level of ambivalence among sandwich generation women. The analyses have indeed confirmed that the scale is highly reliable.

Factor analysis performed on the scale has identified 5 primary factors as the fundamental determinants of the level of ambivalence among sandwich generation women: challenges in maintaining individual identity, exhaustive nature of providing support, difficulties related to work-life/functionality, feeling trapped between social roles, and dedication. While the first four factors indicate the challenges/problems/negative circumstances experienced by women, the last factor, "dedication", suggests a sense of contentment among women despite being sandwiched between two generations. When evaluated in the context of our society, this factor seems culturally specific, differing from others. The strength of kinship idioms, as expressed by Duben (2012), remains a significant determinant in Turkey. Furthermore, the dominant social expectation directed at adult children, particularly in terms of parental care and support at older ages (Önder Erol and Gün, 2018), should also be considered in interpreting this finding.

In this study, 12 hypotheses were tested in total and discussed in relation to qualitative findings. In addition, strategies and expectations for coping with ambivalence among sandwich generation women have been elucidated. The first hypothesis attempted to resolve whether the "sandwich generation", encountered in Western literature, also exists in Turkey among women of Generation X. They who provide care to both the younger and older generations, albeit at varying frequencies, have been recognized as the sandwich generation. In this context, it has been observed that the majority (79%) of women born between 1961 and 1981, who constitute Generation X, are sandwich generation women. This finding can be considered significant in

terms of conceptualizing the "sandwich generation" within the Turkish sociological literature, which has been overlooked to this date. This research is expected to pave the way for many more studies on the sandwich generation by demonstrating it in Turkey. No significant difference was found in the level of ambivalence between sandwich generation women and the women of Generation X who do not qualify as the sandwich generation (21%). This suggests that all women in this age group (between 42-62 years old as of 2023) experience a similar degree of ambivalence, even if they provide support to only one generation and at a minimal frequency.

Ambivalence, resulting from intergenerational transfers, signifies the individual's harboring of mixed/ambivalent feelings due to the presence of both solidarity and conflict. In this study, ambivalence is fundamentally considered as a condition to be included in the study. Efforts have been made to ascertain the forms and levels at which this condition is experienced. The rarity of references to the concept of intergenerational ambivalence in Turkish family sociology literature illustrates a gap in the literature on intergenerational relationships within the family context. With the changing demographic structure in Turkey, an increasing number of families will have vertically expanded generations, and these generations will coexist concurrently for longer periods. Thus, concepts currently scarcely mentioned in the domestic literature, such as "sandwich generation" and "intergenerational ambivalence," are expected to find a broader space in the related field in the near future.

Whether there is a significant difference in the levels of ambivalence among sandwich generation women according to demographic variables or not was among the questions this research sought to answer. Among the demographic variables considered; marital status, ownership of care-dependent older parents, education level, employment status, subjective health condition, and the duration of care provided were seen to create a significant difference in the level of ambivalence; whereas age, having children living together, and grandparenthood did not create a significant difference in the level of ambivalence. The levels of ambivalence experienced in the divisions brought about by variables that create a statistically significant difference are discussed below.

As claimed by Pei and Cong (2019) and Stepniak et al. (2021), it has been demonstrated in our study that married individuals experience different levels of ambivalence compared to those of other marital statuses. The finding that married individuals have a lower level of ambivalence (see Table 34) gains

significant meaning when read in conjunction with the finding that spouses are the most helpful in providing care/support to sandwich generation women (see Table 29). The fact that spouses are most frequently identified as the primary support in care by sandwich generation women explains why married women experience lower levels of ambivalence.

In our study, which addresses intergenerational ambivalence at an individual level, we have examined the impact of the care and support a sandwich generation woman provides to her older parent, child, and/or grandchild on their experiences of ambivalence. The transfers of care/support to these different family members have been analyzed separately. The findings indicate that the data concerning these three different family members are more meaningful when considered and discussed collectively. The presence of a care-dependent older parent and the frequency of care transferred to them causes sandwich generation women to experience significantly more ambivalence. In contrast, the level of ambivalence among these women with children or grandchildren living in the same household did not differ from other women. This suggests that providing care/support to younger family members does not lead to ambivalent feelings in women; however, the presence of a care-dependent older parent changes and increases this level. Providing care to younger generations is a highly functional practice for the continuity of societies and hence is a universal norm. This is safeguarded by the traditional role of care assigned to women in both individualistic cultures of the West and familial/communal cultures, and it is internalized by the entire society. On the other hand, as argued by the exchange theory in sociology of ageing, transfers towards older people weaken the interaction with the adult child as the resources that older people can bring into the exchange relationship (financial resources, practical support, knowledge, etc.) become limited. For instance, in agricultural societies, older people's status is elevated due to their knowledge and experience related to agricultural production and ownership of the means of production as financial resources. However, as the mode of production shifts from agriculture to industry, these resources have lost their significance. It leads to a change in the exchange relationship in modern societies, where resources are more likely transferred from the adult child to the older parent. In this context, the statement by Quadagno (1999) that "recent studies confirm the usefulness of exchange theory in explaining social support and intergenerational transfers" aligns with the exchange theory, partially

illuminating why transfers to the older and the young lead to differences in experiences of ambivalence.

The educational status has been observed to create a difference in the levels of ambivalence experienced by women of different educational backgrounds (see Table 42), particularly that women with only primary school education experience significantly higher levels of ambivalence compared to women of other educational levels (see Table 43). The fact that sandwich generation women with the lowest level of education, those with only primary school education, experience the highest level of ambivalence suggests that education equips individuals with the right strategies for coping with problems and managing them, and those with lower levels of education have less of this competence. Another possible explanation is that education has a strong correlation with other variables that determine socio-economic status, which in turn may have been associated with the experience of ambivalence.

As evidenced in Table 46, full-time workers experience a lower level of ambivalence compared to those employed in other forms. Although qualitative findings occasionally suggest that full-time employment can create role conflict with other life aspects, it is implied that the time spent at work directly limiting the ability to provide care/support also curtails the level of ambivalence felt due to caregiving.

When evaluating their health condition subjectively; sandwich generation women who perceive themselves as unhealthy demonstrate significantly higher levels of ambivalence compared to those considering themselves healthy or somewhat healthy. This observation can be interpreted as being suitably healthy is a prerequisite for women to fulfill the sandwich generation role, or in other words, to provide care/support to both generations; if they are unhealthy, they are inherently incapable of providing such care/support.

It should be considered that the ambivalence level for sandwich generation women providing care to both the older and younger generations is higher in scenarios where this care has been for less than a year or more than five years, compared to those providing care for one to five years. This suggests that those providing care for less than a year have not fully adjusted to this role, and those who have been providing care for over five years may have developed ambivalent feelings over the years due to prolonged exertion.

The presence of support in the caregiving role significantly differentiates the level of ambivalence experienced by sandwich generation women. The

existence of someone to assist in caregiving reduces the level of ambivalence (see Table 54); it is observed that such assistance usually comes from family members like spouses and siblings, and less frequently from professional helpers (see Table 29); this aligns with the dominance of familial culture in Turkey. Even when assistance is available, sandwich generation women still feel a sense of responsibility for caregiving and feel obliged to meet this expectation.

Among the strategies sandwich generation women employ to cope with ambivalence are practices such as postponing, resting, and socializing. Postponement indicates a tendency to defer one's needs to a later time, often sacrificing one's own priorities. It has been found that women, physically tired and sleep-deprived due to the burden of care, tend to view rest as a coping strategy. Moreover, women confined to the private sphere in fulfilling their familial roles are seen to employ strategies such as engaging with others and maintaining a presence in the social world to cope with ambivalence. When asked about their expectations, these women express desires to remain independent, improve their living standards, and receive therapy. The yearning of women, who struggle to maintain their independence between the care and support demands of two generations, to act independently is significant. Additionally, the aspiration to receive therapy as an expectation exposes the plight/ambivalence experienced by sandwich generation women.

In this field research conducted through a mixed-method approach, quantitative data from 420 individuals collected through a structured interview form and qualitative data obtained from in-depth interviews with 20 individuals were combined to reach final findings. The interviewees were selected from three different layers representing various socio-economic status (SES) groups in İzmir. Women aged between 42 and 62 as of 2023 (born between 1961 and 1981), who belong to Generation X, were included in the study. Given that Generation X members, in their capacity as both caregivers to older people and support providers to their children and, consequently, grandchildren, play a role in both the older and younger generations, they have become the target group of the research. The current demographic shift characterized by declining fertility rates and increased life expectancy, leading to an aging population, results in multiple generations coexisting simultaneously. In countries like Turkey, where family values remain significant, providing support and caregiving to family members is a common practice. Therefore, in Turkey, where both demographic transition is almost complete, and a family-oriented

culture still persists, recognizing and categorizing women, especially those associated with affective roles is sociologically significant. Based on the findings of our research, the developed conclusions and recommendations are summarized below.

Firstly, as demonstrated in the current literature, the sandwich generation is predominantly composed of members of Generation X. Indeed, in our research, it was observed that 79% of Generation X women fit the description of the sandwich generation. In other words, it is highly likely to find individuals within Generation X who play the role of both caregivers to the older people and support providers to the younger generation, forming the sandwich generation. The lack of significant differentiation in ambivalence levels between women in Generation X who fit the sandwich generation description and those who do not, suggests that caregiving and support practices are ingrained within societal norms and the prevalent family/community culture. While the transfers may be directed towards a single generation, it can still lead to ambivalence. Therefore, the absence of a meaningful difference in ambivalence levels between the two groups likely stems from the dominant family-oriented norm in Turkish society, as discussed above.

Among the sandwich generation women with an average ambivalence level of 2.9 out of 5, the highest ambivalence levels were observed in those who were single, had dependent older family members (especially those providing care most frequently), had lower educational levels (especially those with only primary education), were unemployed, evaluated their subjective health status as unhealthy, and had been providing care for less than a year or more than five years, with no assistance in their caregiving/support role. Strategies employed by sandwich generation women to cope with ambivalence include postponing, socializing, walking, listening to music, reading books, watching movies/TV shows, praying, affirmations, taking vitamin supplements, and resting. Expectations among these women include self-care, improving living standards, becoming more independent and empowered, seeking therapy, and traveling/exploring.

Given the increasing aging population in Turkey, it is evident that intergenerational relationships will become even more crucial. Based on the findings of the research, it is clear that there is a need for numerous additional studies on this subject. In this context, it should be noted that groups with the potential to experience intergenerational ambivalence need to be analysed by more diverse variables. When developing social policies aimed at resolving

issues arising from intergenerational relationships, these multifaceted studies should not be overlooked. As care burden becomes a more significant issue with modernization, the necessity for family policies addressing care as a collective societal responsibility, rather than an individual one covered by the state and market, may arise in our society. In line with the structural differentiation process, where some functions of the family are taken over by bureaucratic institutions, institutional solutions can be provided for the problems emerging in the caregiving functions of the family. In this context, it should be clearly stated that it is imperative to have widespread, high-quality, and accessible institutions that support families in terms of intergenerational transfers related to care, practical, financial, and psychological support.

REFERENCES

- Adak, N. 2003, "Yaşlıların Gayri Resmi Bakıcıları: Kadınlar", *Aile ve Toplum*, 2(6), 81-90.
- Alwin, D. F., McCammon, R. J. 2007. "RethinkingGenerations", *Research in Human Development*, 4(3-4), 219-237, DOI: 10.1080/15427600701663072
- Arun, Ö. 2018. "Türkiye'de Yaşlanma Çalışmaları: Dün, Bugün, Yarın", *Akdeniz İnsani Bilimler Dergisi*, 8(2), 41-61
- Aybars, A. İ., Beşpınar, F. U., Kalaycıoğlu, H. S. 2018. "Familialization of CareArrangements in Turkey: QuestioningtheSocialInclusion of theinvisible", *ResearchandPolicy on Turkey*, 3(2):115–137. DOI:10.1080/23760818.2018.1517447
- Bengtson, V. L., Roberts, R. E. 1991. "Intergenerationalsolidarity in agingfamilies: An example of formaltheoryconstruction", *Journal of MarriageandtheFamily*, 53, 856-870.
- Bengtson, V.L., Schrader, S.S. 1982. "Parent-Child Relations", *Handbook of Research Instruments in SocialGerontology*. (2), Sayfa: 115-185. Minneapolis: University of Minnesota Press. Editörler: Mangen, D., Peterson, W.
- Birditt, K.S., Miller, L.M., Fingerman, K.L. ve Lefkowitz, E.S. 2009. "Tensions in theparentandadultchildrelationship: Links tosolidarityandambivalence", *PsycholAging*. 24(2), 287-295. DOI:10.1037/a0015196
- BMFSFJ. 2020. "Familytoday", *Data, Facts, Trends – Family Report 2020*, Berlin, Germany.
- Brandt, M., Haberkern, K., Szdlık, M. 2009. "Intergenerationalhelpandcare in Europe", *EuropeanSociologicalReview*, 25, 585-601.
- Bryman, A. 2006. "Integratingquantitativeandqualitativeresearch: How is it done?", *QualitativeResearch*, 6, 97-113.
- Burke, R. J. 2017. "Thesandwichgeneration: individual, family, organizationalandsocietalchallengesandopportunities" *Thesandwichgeneration*, 3-39.
- Cheung, C.-K., Kwan, A.Y.-H., Ng, S.H. 2006. "Impacts of filialpiety on preferenceforkinshipversuspubliccare", *Journal of CommunityPsychology*, 34(5), 617-34, DOI: 10.1002/jcop.20118.
- ChisholmJune F. 1999. "TheSandwichGeneration", *Journal of SocialDistressandtheHomeless*, 8(3), 177-191, DOI: 10.1023/A:1021368826791
- Clarke, A. 2003. "Situationalanalyses: groundedtheorymappingafterthepostmodernturn", *SymbolicInteraction*, 26(4), 553-576.
- Clarke, E., Preston M, Raksin J, Bengtson VL. 1999. "Types of conflictandtensionsbetweenolder parentsandadultchildren", *TheGerontologist*, 39, 261–270.
- Connidis, I. A., McMullin, J. A. 2002. "SociologicalAmbivalenceandFamilyTies: A Critical Perspective", *Journal of MarriageandFamily*, 64, 558-567.
- Coser, R. L. 1966. "Role distance, SociologicalAmbivalence, andTransitionalStatusSystems", *AmericanJournal of Sociology*, (72), 173-187.

- Creswell, J. W., Miller, D. L. 2000. "Determining Validity in Qualitative Inquiry", *Theory Into Practice*, 39(3), 124-130.
- Creswell, J., Tashakkori, A. 2007. "Editorial: Differing Perspectives on Mixed Methods Research", *Journal of Mixed Methods Research*, 1(4), 303-308.
- Creswell, J.W. 2007. *Qualitative Inquiry Research Design: Choosing Among Five Approaches* (2nd ed.), Sage, Thousand Oaks, CA.
- DeRigne, L., Ferrante, S. 2012. "The Sandwich Generation: A Review of the Literature", *Florida Public Health Review*, 9, 95-104.
- Duben, A. (2012), Kent, Aile, Tarih. İstanbul: İletişim Yayınları
- Dwyer, J., Coward, R. T. 1991. "A Multivariate Comparison of the Involvement of Adult Sons Versus Daughters in the Care of Impaired Parents", *Journal of Gerontology: Social Sciences*, 46(5), 259-69.
- Eggebeen, D., Hogan, D. 1990. "Giving Between Generations in American Families", *Human Nature*, 1(3), 211-32.
- Engels, F. 1884/1972. *The origin of the family, private property and the state*. New York, NY: Pathfinder Press.
- Engin, M. 2022. "Türkiye'de Aile Yapısının Dönüşümü: Sorunlar ve Beklentiler", *Uluslararası Sosyal Hizmet Araştırmaları Dergisi*. 2(1), 123-136.
- Finch, J. 1989. *Family Obligations and Social Change*, Cambridge: Polity Press.
- Giddens, A. 2005. *Sosyal Teorinin Temel Problemleri (Central Problems in Social Theory/Action)* (Trans. by Ü. Tatlıcan), İstanbul: Paradigma Yayıncılık.
- Glaser, B.G., Strauss, A.L. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*, New Brunswick and London: Aldine Transaction.
- Guo, Q., Gao, X., Sun, F., & Feng, N. 2020. "Filial piety and intergenerational ambivalence among mother-adult child dyads in rural China", *Ageing & Society*, 40(12), 2695-2710.
- Gurko, T. A. 2020. "The Concept of Ambivalence in the Study of Family Relations", *Sotsiologicheskie issledovaniya*, (2), 63-73.
- Hong, P., Cui, M., Ledermann, T., Love, H. 2021. "Parent-child relationships satisfaction and psychological distress of parents and emerging adult children", *Journal of Child and Family Studies*, 30, 921-931.
- Hua, C. L., Brown, J. S., Bulanda, J. R. 2021. "Intergenerational ambivalence and loneliness in later life", *Journal of Marriage and Family*, 83(1), 75-85.
- Kağıtçıbaşı, Ç. 1986. "Status of Women in Turkey: Cross-Cultural Perspectives", *International Journal of Middle East Studies*, 18, 485-499.
- Kalmijn, M. 2020. "Guilt in adult mother-child relationships: Connection to intergenerational ambivalence and support", *The Journals of Gerontology: Series B*, 75(4), 879-888.

- Karagöz, Y. 2021. SPSS AMOS META Uygulamalı Nitel-Nicel-Karma Bilimsel Araştırma Yöntemleri ve Yayın Etiği, Ankara: Nobel Akademik Yayıncılık.
- Kiecolt, K. J., Blieszner, R., Savla, J. 2011. "Long-term influences of intergenerational ambivalence on midlife parents' psychological well-being", *Journal of Marriage and Family*, 73(2), 369-382.
- Kurtkapan, H. 2019. "Türkiye'de Demografik Dönüşümün Sosyal Yansımaları ve Yaşlılık", *Sosyal Güvence*, 0(15), 27-46.
- Kümbetoğlu, B. 2012. *Sosyolojide ve Antropolojide Niteliksel Yöntem ve Araştırma*, İstanbul: Bağlam Yayıncılık.
- Landry, A. 1934. *La Révolution Démographique Études et Essais sur les Problèmes de la Population*, Paris: Librairie du Recueil Sirey.
- Li, T., Zhang, Y. 2023. "Intergenerational Relationships Across Multiple Children and Older parents' Depressive Symptoms in China—A Resource Contingency Perspective", *The Journals of Gerontology: Series B*, 78(5), 925-937.
- Liu, J. 2021. Aging and intergenerational ambivalence in China: an urban–rural comparison / Sayfa 151-168. *Aging families in Chinese society*. Editör: Silverstein, M.
- Lo, S. K. W., Lindsay, J. 2022. "My children," my grandchildren': Navigating intergenerational ambivalence in grandparent child care arrangements in Hong Kong", *Family Relations*, 71(4), 1834-1851.
- Lopes, L., Pontes, V. V., Bastos, A. C. 2022. "Care practices between generations: Ambivalence and meaning-making process", *Integrative Psychological and Behavioral Science*, 1-17.
- Lüscher, K. 2002. "Intergenerational Ambivalence: Further Steps in Theory and Research", *Journal of Marriage and Family*, 64, 585-593.
- Lüscher, K., Pillemer, K. 1998. "Intergenerational Ambivalence: A New Approach to the Study of Parent-Child Relations in Later Life", *Journal of Marriage and the Family*, 60 (2), 413-425.
- Mannheim, K. 1952. "The Problem of Generations". Karl Mannheim: *Essays* / Sayfa 276-322. Editör: Kecskemeti, P., Routledge
- Marshall, V. W., Matthews, S. H., Rosenthal, C. J. 1993. "Elusiveness of family life: A challenge for the sociology of aging". *Annual review of gerontology and geriatrics*, 13, 39-39. Editör: George L.
- McChesney, K. Y., Bengtson, V. L., Mangen, D. J. I. Bengtson, V. L. 1988. "Solidarity, integration, and cohesion in families: Concepts and theories". *Measurement of intergenerational relations*. Sage focused edition, 92, 15-30. Thousand Oaks, CA, US: Sage Publications, Inc. Editörler: Landry Jr., Pierre, H., USA: Sage Publications, Inc.
- Merriam, S. B. 2018. *Nitel Araştırma: Desen ve Uygulama için Bir Rehber*, Ankara: Nobel Akademik Yayıncılık.
- Merton, R. K., Barber, E. 1963. "Sociological Ambivalence", *Sociological Theory: Values and Sociocultural Change: Essays in Honor of Pitirim A. Sorokin*. Editör: Tiryakian, E.A., New York: Free Press.

- Miller, D. A. 1981. "The 'Sandwich' Generation: Adult Children of the Aging", *Social Work*, 26(5), 419-423, DOI: [10.1093/sw/26.5.419](https://doi.org/10.1093/sw/26.5.419)
- Mott, J., Schmidt, B., MacWilliams, B. 2019. "Male Caregivers: Shifting Roles Among Family Caregivers", *Clinical Journal of Oncology Nursing*, 23(1).
- Mottram, S.A., Hortaçsu, N. 2005. "The effects of social change on relationships between older mothers and daughters in Turkey: A qualitative study", *Ageing and Society*, 25, 675-691.
- Moustakas, C. 1994. *Phenomenological Research Methods*, Sage: Thousand Oaks, CA.
- Onwuegbuzie, A.J., Leech, N.L. 2007. "A Call for Qualitative Power Analyses", *Quality and Quantity*, 41(1), 105-121.
- Önder Erol, P. & Altınoluk Düztaş, D. (2016). "Reconciling Familism and Individualism in a Changing Society: A Study on Turkish University Students". *Bolu Abant İzzet Baysal Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 16 (4) , 159-178 . DOI: 10.11616/basbed.vi.455413
- Önder Erol, P., Altınoluk Düztaş, D. 2019. İzmir'de Aile ve Doğurganlık, Ege Ün. Yayınevi: İzmir
- Önder Erol, P., Gün, E. 2018. "Being an Adult Child of An Elderly Person Living in A Nursing Home: a Phenomenological Approach to the Turkish Case", *Quality in Ageing and Older Adults*, 19(2), 117-125, DOI: 10.1108/ QAOA-10-2017-0040.
- Özdamar, K. 2013, *Paket Programlar ile İstatistiksel Veri Analizi*, Eskişehir: Nisan Kitabevi.
- Özdemir Ocaklı, B. 2017. *Education and Filial Norms: Adult Daughters and Older Mothers in Turkey*. *Journal of International Social Research*, 10(54), 594-603.
- Özdemir Ocaklı, B. 2017. *Intergenerational Relationships Between Adult Children and Older parents in Turkey*, "Doktora" tezi. University of Oxford, Yurt Dışı Enstitü, Sosyoloji Anabilim Dalı, Oxford.
- Özmete, E. 2017. *Türkiye'de Kuşaklararası Dayanışmanın Değerlendirilmesi Projesi: Bilgi Notu*. Ankara: Ankara Üniversitesi Basımevi.
- Öztop, H., Telsiz, M. 2001. "Elder Parents' Relationship with their Adult Children and their Expectations: A Comparative Study of Generations", *H.U. Domestic Economy Y.O.*, 7(7), 57-62.
- Parker, K., Patten, E. 2013. "Middle-Aged Adults 'Sandwiched' between Aging Parents and Kids", *The Sandwich Generation Rising Financial Burdens for Middle-Aged Americans*. <http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/> Son erişim tarihi: 24.07.2023
- Pei, Y., Cong, Z. 2019. "Intergenerational ambivalence among Mexican American families", *Journal of Family Studies*, 25(3), 305-318.
- Pillemer, K., J. Jill S., Andrés L. B. 2019. "Ambivalence, families and care", *International Journal of Care and Caring* 3(1), 9-22.
- Pine, J., Steffen, A. M. 2019. "Intergenerational ambivalence and dyadic strain: understanding stress in family care partners of older adults" *Clinical Gerontologist*, 42(1), 90-100.

- Pruchno, R. 2017. International Aging: Spotlighting the Spotlights. *The Gerontologist*. 57(3): 392-395.
- Quadagno, J. 1999. *Aging and the Life Course*, Mc-Graw-Hill College: USA
- Rabelo, D.F., Neri, A.L. 2014. The emotional complexity of intergenerational relationships and older adults' mental health. *Pensando Famílias*, 18(1): 138-153.
- Rahman, N. 1999. Understanding conflict: Perception of female caregivers. *Australasian Journal on Ageing*, 18(3), 140-144. <https://doi.org/10.1111/j.1741-6612.1999.tb00115.x>
- Rowland, D. T. 1946. *Demographic Methods and Concepts*, Oxford: Oxford University Press.
- SEGE. 2022. T.C. Sanayi ve Teknoloji Bakanlığı, Kalkınma Ajansları Genel Müd. <https://www.sanayi.gov.tr/merkez-birimi/b94224510b7b/sege>, Son erişim tarihi: 24.07.2023
- Spillman, B.C., Pezzin, L.E. 2000. "Potential and Active Caregivers: Changing Networks and the "Sandwich Generation". *The Milbank Quarterly*, 78(3), 347-374.
- Sridhar S., Phadtar, P. 2022. "Behavioral shift of generation X towards OTT during COVID'19 in India", *Cardiometry*, 22, 176-184.
- Stepniak, C., Suitor, J. J., Gilligan, M. 2021. "Mothers' functional limitations and relationship quality with adult children: Exploring the moderating roles of race and gender", *Research on Aging*, 44(5-6), 414-425.
- Suitor, J. J., Gilligan, M., Pillemer, K. 2011. "Conceptualizing and measuring intergenerational ambivalence in later life", *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 66(6), 769-781.
- Szydluk, M. 2008. "Intergenerational solidarity and conflict", *Journal of Comparative Family Studies*, 39, 97-114.
- Thompson, W. 1929. "Population", *American Journal of Sociology*, 34(6), 959-975.
- Tighe, L. A., Birditt, K. S., Antonucci, T. C. 2016. "Intergenerational ambivalence in adolescence and early adulthood: Implications for depressive symptoms over time", *Developmental Psychology*, 52(5), 824.
- Torabian, M., Zanjari, N., Fadayevaran, R., Froughan, M., & Harouni, G. G. 2022. "The intergenerational relationship patterns between aging parents and their adult children", *Journal of Family Medicine and Primary Care*, 11(9), 5464.
- Toyokawa, N., Darling, N., Toyokawa, T. 2021. "Adult Children's Monitoring, Knowledge, and Intergenerational Ambivalence", *Innovation in Aging*, 5(1), 786.
- TÜİK. 2020. Adrese Dayalı Nüfus Kayıt Sistemi. <https://data.tuik.gov.tr/Bulten/Index?p=Adrese-Dayali-Nufus-Kayit-Sistemi-Sonuclari-2020-3721>, Son erişim tarihi: 24.07.2023
- Vago, S. 1989. *Social Change* (2. Basım), New Jersey: Prentice Hall.
- Vlajić, M. 2021. "Dominant theoretical approaches to the study of intergenerational family relations", *Sociologija*, 63(4), 708-727.

- Walker, A. 1996. "Intergenerational relations and the provision of welfare", *The new generational contract*. Editör: Walker, A., London: UCL.
- Yan, W., Huang, C., Li, C. 2023. "Family and Relationship Quality among Young Adults with Different Sexual Orientations in Urban China: The Mediating Effects of Life Satisfaction and Self-Esteem", *The Journal of Sex Research*, 60(5), 689-703.
- Yazıcıoğlu, Y., Erdoğan, S. 2007. *SPSS Uygulamalı Bilimsel Araştırma Yöntemleri*, Ankara: Detay Yayıncılık.
- Yıldırım, A., Şimşek, H. 2000. *Sosyal Bilimlerde Nitel Araştırma Yöntemleri*, Ankara: Seçkin Yayıncılık.
- Zhang, X., Silverstein, M. 2021. "Intergenerational Ambivalence, Loneliness, and Well-Being Among Older Adults in the United States", *Innovation in Aging*, 5(1), 548-549.

AUTHORS

ASSOC. PROF. PELİN ÖNDER EROL, PhD



She was born in İzmir in 1981. She received her undergraduate degree from Middle East Technical University, Department of Sociology in 2004. In 2011, she received her doctorate degree from Ege University Institute of Social Sciences with her thesis entitled "Demographic Aging from Sociological Perspective: Agency of Elderly from Social, Economic and Political Aspects". She has been to Oxford University with YÖK Scholarship to carry out some of her studies during her doctorate. She has been working at Ege University, Faculty of Letters, Department of Sociology since 2005. Dr. Önder Erol's areas of expertise include sociology of aging, family sociology and social demography. She has many publications and projects. She has fluent English and basic German and French. She is married and the mother of a daughter.

ASSOC. PROF. BURCU ÖZDEMİR OCAKLI, PhD



Dr. Özdemir Ocaklı received her undergraduate degree from Bilkent University, Department of Political Science and Public Administration. She received her master's degree in Comparative Social Policy from Oxford University, and completed her doctoral studies at the Department of Sociology at Oxford University. In her thesis, Dr. Özdemir Ocaklı focused on intergenerational relationships between elderly parents and their adult children in Turkey. She completed her second master's degree at Ankara University, Department of Social Work, where she currently works, with a thesis on elderly convicts. Her research interests include aging and old age, old age policies, intergenerational relations and gerontological social work. Dr. Özdemir Ocaklı, who has many articles, book chapters and papers at national and international levels, has also served as an executive, researcher and consultant in many national and international projects. She is married and the mother of two children.

PROF. HANDE ŞAHİN, PhD



She was born in Istanbul in 1981. She completed her undergraduate education at Ankara University, Faculty of Languages, History and Geography, Department of Sociology in 2003. Between 2005 and 2006, she enrolled master's degree at Pamukkale University Institute of Social Sciences, Sociology Programme. She received her MA degree with the thesis titled "The Effects of Neo Liberal Policies Implemented in Turkey between 1980 and 2000 on the Working Class". Between 2004 and 2008, she enrolled her second master's degree at the Middle East Technical University Social Sciences Institute, Sociology Programme, with her thesis titled "A Sociological Analysis of Female Criminals in the Denizli Open Prison". In 2007, she completed her doctorate at Ankara University Social Sciences Institute, Sociology Programme, with her thesis titled "Resistance and Survival Strategies of Workers in the Globalization Process: The Example of Denizli Textile Workers". Her main areas of interest are social stratification and classes, Turkey's social structure, sociology of work, industrial relations, economic crises, neo-liberal policies, daily life strategies of different segments, workers' and union movements. She is married and the mother of two children.

ASSISTANT PROF. BANU SARIBAY, PhD



Banu Saribay is an assistant professor at the Department of Aviation Management of Turkish Aeronautical Association University. In 2015, she received her PhD degree in Business Administration at Celal Bayar University with her thesis entitled "The Analyse of Relationship Between Organizational Silence and Cultural Values: A Survey of Public Institutions". Her specialty fields are organizational behaviour, strategic management, aeronautical human factors and organizational theory. Her major research interests are organizational culture, organizational silence, sustainability, remote and hybrid working.

RES. ASS. BEGÜM DEMİRKOL ÖZSU



She was graduated from Izmir University of Economics, Department of Sociology in 2018 and received her second bachelor's degree from the Psychology department of the same university with a double major program in 2019. While she continued her academic journey as a Research Assistant at Ege University Department of Sociology in 2021, she completed her master's degree in Sociology from Middle East Technical University in 2022 with her thesis titled "Women's experiences of aging: Social participation of grandmothers providing daycare". In the same year, she started her doctoral studies in the Sociology program of Ege University. She continues her work on women, family, aging, and care.

ZEYNEP GİZEM ESKİCİ



She has received her BA degree from Ege University Department of Sociology. While receiving her undergraduate education, she also completed the Department of Social Services at Anadolu University. After completing her degree in Sociology, she enrolled in Sociology Master's program at Ege University and received her Master's degree in 2023. During her education, she has co-authored some academic publications.



ISBN 978-605-338-437-3



9 786053 384373 >