



Research Article

Making visible the invisible: using photovoice to explore the experiences of female multigenerational caring

Dr Caroline Moore*
The Open University, UK

Dr Verina Waights
The Open University, UK

Dr Caroline Holland
The Open University, UK

* cm718@medschl.cam.ac.uk

Visual Methodologies is online at:
<http://journals.sfu.ca/vm/index.php/vm/index>

Abstract

Caregiving research appears to focus primarily on family caregivers of either older relatives, or of children and young people, in isolation to other caring roles. This paper reports on the use of photovoice in a study which explores the experiences of women caring for both older and younger relatives (multigenerational caregivers). Twenty multigenerational caregivers were recruited to take part in the study and photograph images they felt represented their everyday caring experiences (*photovoice*) which were discussed during in-depth interviews. Data collection followed the principles of constructivist grounded theory (Glaser and Strauss, 1967; Charmaz, 2006) and data analysis drew on grounded theory but used a modified form of analysis (Strauss and Corbin, 1998; Mills et al., 2006) in which the literature and photographs played a more prominent role. The *photovoice* method enabled the participants to identify situations, places and objects which they felt were significant to them and enriched the quality of their descriptions of every day caring experiences. Caregivers have often been referred to as being *invisible* due to their work being unrecognised and unacknowledged. By using the *photovoice* method *invisible* aspects of caregiving were made *visible*. The findings from the study reflect the interconnectedness of family life and have indicated that the exchange of support between the different generations is very strong. *Maintaining Caregiver Equilibrium* emerged as the core category and is crucial for multigenerational caregivers to function satisfactorily in their roles as caregivers, mothers, daughters, wives, partners, grandmothers and employees. Multigenerational caregivers are a valuable resource to British society and the needs of this type of caregiver may be different to the needs of those caregivers who are only caring for one generation. Health and social care professionals should recognise this and initiate support accordingly.

Keywords: Multigenerational Caregivers, Informal care, Grounded Theory, Photovoice, Intergenerational Family Relationships

论摘要

论文摘要

让不可见的成为可见

利用影像发声研究女性多代看护人的工作体验

有关看护者的研究大多要么聚焦在只照顾年长者的看护人，要么聚焦在只照顾年幼者的看护人。这篇论文针对同时照料年长及年幼家庭成员的女性看护人（多代看护人），利用影像发声对其工作体验进行研究。二十位看护人受邀参与此项研究。在接受了相关培训后，她们拍摄了一些能反映日常看护体验的照片（影像发声），并在随后的深入访谈中对这些照片进行了讨论。资料收集遵从了构成主义的基本原则。资料分析则运用了着重于文献及照片的改良过的扎根理论。影像发声法帮助参与者对看护地点、情境、对象等重要因素进行有效识别，并且丰富她们对日常看护体验的描述。鉴于其工作通常没有被认知及认可，看护人经常扮演不可见的角色。影像发声法的运用，使看护工作中那些不可见的部分成为可见。这项研究的结果反映出家庭生活中的多重复杂关系，并指出代际互助的重要性。多代看护人扮演着看护者、母亲、女儿、妻子、伴侣、祖母和受雇者等多重角色，保持角色平衡对于圆满完成看护工作来说至关重要。

多代看护人对英国社会很有价值。这类看护者的需求与单代看护者的需求有所不同，卫生及社会保障界应该对此有所认识，并对其提供相应的支持与协助。

关键词：多代看护人，非正规看护，扎根理论，影像发声，代际家庭关系

The position of being 'in the middle' of a family generational lineage is commonly known as the *sandwich generation* (Chisholm, 1999) or *pivot generation* (Mooney et al., 2002) where the middle generation has caring responsibilities for both older and younger family members. Whilst that terminology may have reflected the dominant form of family structure in the United Kingdom over two decades ago, it does not accurately reflect the range of family structures today due to changing demographic trends. This changing demography includes an increasing life expectancy, a decrease in fertility rates and an increase in divorce, which is resulting in an emergence of 'new' intergenerational family structures. These include single parent headed families, remarriages and blended families, married couples living apart and never married co-habiting couples with children. More women are in paid employment and there is an increase in the number of young adults who live with their parents (O.N.S., 2008). These changes mean that more women are simultaneously occupying multiple demanding roles which may include those of wife, partner, mother, grandmother, employee and caregiver. The challenging demands of these roles may not only affect women's lifestyles, personal time, career development and financial stability, but may also impact on their health.

Background

As a result of changing demographic trends in the United Kingdom a greater number of middle aged adults, especially women, are faced with the challenging demands of caring for ageing relatives and balancing this with the needs of their children.

The combination of increased longevity, an increase in the numbers of mid-life women, rising female labour force participation, decreasing fertility rates and the rise in female retirement age have therefore increased the complexity of women's social and economic roles. These developments also

raise concerns about the future provision of informal care for older people from their adult children: it has been estimated that around 250,000 vulnerable pensioners in England may be left without family care by 2041 (Pickard, 2008).

Research on caregiving

In the past, families did provide care to their older relatives, although since most people did not live to old age and the period of decline and ill health at the end of life was typically brief (Szinovacz and Davey, 2008), elder care was rarely required for long. Before the 1960s research focused on older people and their needs, but from then on the experiences of informal carers were increasingly investigated following a realisation that caring affected the caregivers themselves (Brody, 2004). Since then a large body of literature on informal caring has developed, particularly since the late 1970s, which is characterised by the emphasis on informal care as women's work (Graham, 1983) and where care provision is viewed as primarily either a public responsibility or a family one (Twigg and Atkin, 1994).

Most of the early research focusing on the 'sandwich generation' is North American, highlighting the negative aspects of caring (Brody, 1985). Indeed the challenges that arise from caring for children and older relatives simultaneously can have a tremendous impact on the health of mid-life individuals. Several North American studies have explored the relationship between multiple role responsibilities and stress and have found that individuals who occupy multiple roles, including caring, experience more stress than those individuals who have just one role whether or not it carries caring responsibilities (Fernandez, 1990; Fredriksen-Goldsen and Scharlach, 2001).

The main conceptual framework that has guided carer research is a stress and coping model (Biegel and Schulz, 1999). Knussen et al. (2008) developed a coping subscale of 'maintaining the balance' derived from the Carers' Assessment of Management

Index (Nolan, 1996) and found that those caregivers who maintained a balance experienced a decrease in distress. This was achieved typically by caregivers taking breaks from caring in the form of respite care for their older relatives. However, for those individuals who are caring for both children and older relatives simultaneously respite care for the older relative may not achieve the same result because of continuing demands from their children.

The majority of studies in the caregiving literature that address the coping strategies used by carers use quantitative measures of coping (Carver et al., 1989). Qualitative studies of coping and caring are more scarce, and there is an important gap in knowledge about the coping strategies and characteristics of female multigenerational caregivers, and how different caregiving roles impact the health of individuals in this situation. Previous research appears to focus primarily on the care of older relatives in isolation to other roles. British studies which address the caring experiences and coping mechanisms of female multigenerational caregivers, particularly looking across this range of experience, are limited. Since most of these British studies use secondary survey methods where individual experiences are unaccounted for, qualitative research is needed to further understand and explore the meanings female multigenerational caregivers ascribe to their situation, and how they cope.

Research aim and design

The aim of the study discussed here was to explore the subjective experiences and coping strategies of female multigenerational caregivers. An interpretive approach was chosen to explore the participants' experiences and a constructivist grounded approach (Charmaz, 2006) was used as this is underpinned by methodological assumptions from 21st century *constructivism* which focus on meanings, actions and processes in the studied social context. The *photovoice* method

was selected as it contributes to this constructivist approach by providing opportunities for critical and analytical thinking about each woman's process of developing and constructing meaning through experiences (Hergenrather and Rhodes, 2008).

Photovoice

Whereas in the past visual methods tended to play a minor role in social research, they are becoming more common, partly because the technology is now relatively inexpensive and using visual methods can be less time consuming than some other methods. For example, digital camera images can be printed almost immediately via a computer. Photographs can be used as a means of empowering participants to create narratives about the events and routines that make up day-to-day existence. The use of photographs to provoke discussion, known as photo elicitation, is based on the idea of using a photograph within a research interview (Harper, 2002). Photo elicitation methods have been used in various disciplines including social work and nursing for over two decades (Hagedorn, 1990; Hagedorn, 1996; Riley and Manias, 2004; Guillemin and Drew, 2010; Pain, 2012).

Photovoice (Wang & Burris, 1994; Wang & Burris, 1997) was the photo elicitation method used in this study, with photographs captured by the participants themselves. Participants were loaned digital cameras and asked to photograph situations and objects that represented their notions of daily life, which could include mundane or notable events, recognising that daily experiences are multi-dimensional. As well as giving the participants a different way of thinking about their situation, the *photovoice* method allowed the participants some control over the discussions that would take place about the photographs they had chosen as meaningful representations of their world. Female multigenerational caregivers may have limited time to give to research and other methods such as diary keeping were likely to be more time consuming than *photovoice*. In addition, *photovoice* could be used as part of a multi-methods

triangulation, enhancing the rigour and trustworthiness of the research. It has been argued that methodological triangulation combining the use of two or more research methods in a single study can be beneficial for gaining a deeper and a more complex understanding of social processes such as those intrinsic to multigenerational caring (Boyd 2001). Therefore the use of *photovoice* was an inexpensive approach, able to enhance the more traditional forms of data collection used in the study whilst providing an innovative way to promote discussion during the research interviews.

Setting and sample

The study was conducted in a large East Anglian county during 2010. The sample was initially recruited via Children's Centres, Adult Day Care Centres, Parenting Websites and Community Cafes, and included participants from a range of caregiving situations. Further sampling, determined by emerging concepts, was carried out to ensure representation of different multigenerational caregiving situations which included the following:

- A grandparent caring for a grandchild/grandchildren and an older relative.
- A parent caring for a pre-school child or a school age child at home and an older relative.
- A young adult carer living with dependent older relatives and caring for younger dependent siblings.

Participants

Twenty multigenerational caregivers participated in this study. They came from the diverse caring backgrounds described above and did not fall into one specific category. The participants were all female, ranging from 17 to over 65 years of age. They all provided care to more than one generation and some were part of four- and five- generation families, providing care to three or four of these generations. At the time of recruitment five of the

participants lived with the older relatives for whom they provided care. Seventeen of the participants' older relatives lived locally i.e. less than 15 miles away. Fourteen of the participants lived with their younger relatives and eight participants had younger adult children or grandchildren who lived locally. All the participants provided care for more than 20 hours per week for their older care recipients with ten participants classifying themselves as providing care on a full-time basis.

The backgrounds and the circumstances in which the participants became multigenerational caregivers were different and varied. Sixteen participants lived with their husbands or partners and four participants were single parents. Two participants were also providing care for their husbands as well as their older and younger relatives.

The participants' older relatives were living with a range of conditions including Alzheimer's disease, Coronary Heart Disease, Stroke, Parkinson's disease, and Cancer. Six participants cared for their children or other younger relatives who were affected by health and learning disability conditions. These included: Sickle Cell Disease, Hydrocephalus, Down's syndrome, Myalgic Encephalitis, Cerebral Palsy and Dyslexia. Three participants worked full-time and ten worked part-time. Seven participants considered themselves as working in the home and four participants worked voluntarily. The participants in work had a wide range of occupations including: hairdresser, coffee shop assistant, office administrator, retail manager, teacher, and radio engineer. Three participants worked part time as care assistants. Fifteen of the participants preferred to be interviewed within their own homes. Five participants were interviewed elsewhere: in community centres, a community cafe, a supermarket café, and place of work.

Data collection and analysis

Data was collected by demographic questionnaires and two in-depth tape-recorded semi-structured interviews with participants. The first interview was used to explore the caregiving histories of the participants and to obtain their reflections about how they coped with their care-giving situations. Digital cameras were loaned to the participants who were asked to photograph their day-to-day caregiving experiences during the following three week period. On completion the memory card from the digital camera was returned to the researcher. Each of the participant's photographs were printed out onto A4 paper and one set returned to them to keep. In this way, the participants were producing photographs for both themselves and the researcher, which has been shown to empower participants and to help redress possible power imbalance between participants and researchers (Pain, 2012). The second interview was conducted mainly based upon a discussion about these photographs, which were used as prompts to invoke comments and memory. The hope was that asking participants to discuss the content of each photograph and what it meant to them might sharpen their memories and elicit longer and more comprehensive interviews (Collier, 1967). To facilitate critical thinking, reflection and empowerment prompts were used, such as "what is happening in this photograph?" and "why did you select this photograph?" Probes such as, "tell me more about (objects/subjects within photograph) this picture?" and "can you explain that further?" were used to explore topics in depth. Both sets of interviews were transcribed and entered into NVivo software for coding and analysis. While a total of 332 photographs were produced which had the potential to generate a large amount of data, participants were asked to select up to 10 of their chosen photographs for discussion and this allowed the second interview to focus on key concerns.

As with the data collection, data analysis also drew on grounded theory but used a modified form of analysis in which the

literature played a much more prominent role (Mills et al., 2006). Data analysis was aided through the use of NVivo software.

Ethical considerations

Approval to conduct the study was obtained from the Human Participants and Materials Ethics Committee at The Open University during October 2009 and both the Data Protection Act (1998) and the ethical guidelines of the British Sociological Association (2002) were adhered to. A specific challenge of using *photovoice* was the legal, ethical and moral uncertainty which takes various forms when using visual methods (Wang, 2001). For example, ensuring confidentiality and anonymity can be highly problematic in visual research, particularly if some photos are required at a later stage for publication purposes. To ensure anonymity, photographs of objects or photographs where faces of people were not visible were used where possible. Another ethical consideration here was that as the participants were multigenerational caregivers, children would be involved, therefore parental consent needed to be obtained from participants who photographed their children. In these ways every effort was made to ensure that the identity of individuals in the photographs was protected. A reproduction rights form was given to each participant which outlined three permission options:

- permission for the photographs to be published. If any of the images were of people, consent was also required from the subject(s). If any of the images were of children under sixteen years old, consent needed to be obtained from their parent/guardian.
- permission for some, but not all, of the photographs to be used.
- preference that the photographs would not be used for publication.

The participants' names were anonymised and all research details including participant information, interview data, transcripts, photographs, field notes, memos and data analysis remained confidential, accessible only by the researchers.

Results

The *photovoice* method benefited the research by broadening the scope of data access, and therefore opened up the complexities of the phenomenon being researched (Guillemin and Drew, 2010). For example, the method led to longer second interviews and topics were explored in the second interviews which weren't touched upon in the first interviews. These topics included some caregiving activities which the participants found to be challenging and stressful. In this way, invisible aspects of multigenerational caring were made visible. When the participants selected their photographs they appeared to relive some of their experiences during their discussions. Therefore the use of the photographs in the second interviews promoted reflections that words alone cannot (Clark-Ibanez, 2007).

Five overlapping categories of multigenerational caring emerged from the data and pointed to an explanatory framework for multigenerational caring. These were: *multigenerational caring processes*, *multigenerational caring challenges and stress*, *multigenerational coping strategies*, *multigenerational caregiver health outcomes* and *importance of intergenerational relationships*. *Maintaining caregiver equilibrium* emerged as the core category. The following sections explore each of the categories in more detail.

Multigenerational caring processes

The concept of *multigenerational caring processes* illustrates the complexities of multigenerational caring and the differences between caring for only one generation and being a multigenerational carer. The majority of carer research appears to position the process of caring as linear or stage-based. For

example, caring for an older relative may end when the older relative either dies or is admitted to hospital or a care home. In contrast a multigenerational caregiver may well continue to provide care for other generations when an older relative dies. Findings from this study suggest that multigenerational caring is not linear but is a dynamic, cyclical process where stages of caring may be re-visited during the length of time spent caring. This may be a result of the changing demands of caring for both younger and older generations at the same time. For example, the amount of childcare given to younger generations may affect the amount of care given to the older generation at any particular time. A child's age and development and the demands that they create may mean that the duration and quality of care provided to the older generation will alter as the child becomes more independent and may need less physical care but more of their carer's time, for example so they take part in their own activities. Karima acknowledged that whilst she currently put the needs of her parents-in-law before her young children, there would be a time in the future when she would give more care to her children than to her older relatives (photograph 1).

"...I think kids are young and we can play that trick and juggle a bit towards mum and dad. When they are, now I can see they are growing up and in the coming years I won't be able to do that, because they know, oh listen, we come first only. It will definitely change."

Karima

(mother of two children and daughter-in-law carer)

Multigenerational caring stress

Certain caring situations appeared to manifest stress in the participants more than others and a number of sources of stress were identified. The caregivers experienced multiple demands on their time, and felt themselves to be very short of free time particularly time for relaxation – this was a constant challenge. Other common stressors identified were those associated with



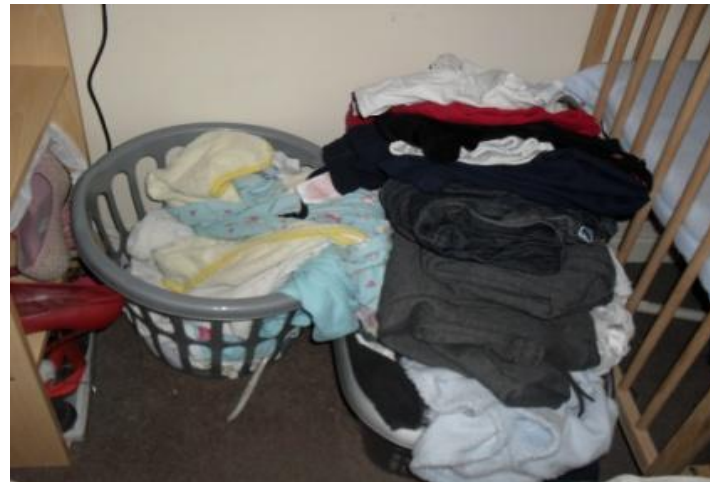
Photograph 1. Combining care



Photograph 2. Bathroom with bathing aids



Photograph 3. Telephone enables care recipient to be a 24 hour presence'



Photograph 4. The never-ending cycle of 'doing laundry'

balancing work and family responsibilities. Challenging caring tasks ranged from visible practical tasks such as helping with personal care and taking their relatives to medical appointments, to invisible caring tasks such as providing regular emotional telephone support to both generations. Tasks such as assistance with Activities of Daily Living (Katz, 1983) were experienced as stressful by participants due to their physical nature (photograph 2).

"Mum can't get dressed and sometimes she can't get up to the stairs so we've got a stair lift now so she can get up to the stairs but then it's actually getting out of the bath which is the problem and stuff like that, it's a bit stressful you know."

*Indira
(18 year old carer to mother and younger siblings)*

Some participants were challenged by the need to provide emotional support to their older relatives, photographing their telephones to indicate the importance they placed on communicating with their relatives (photograph 3).

"...although I'm not actually physically caring for her she's a 24 hour presence and at one point we were feeling, my husband and I were feeling so besieged we just wanted to run away and he spoke to her and said, "Please do not phone us on a Friday night...there is no need for you to phone on Friday night." We were both exhausted we hadn't seen each other for a week."

*Mary
(mother of an adult child with a disability and carer to mother-in-law)*

The above quote illustrates not only how Mary felt overwhelmed by her caregiving role but also how she did not see herself as a visible carer despite providing physical support to her mother-in-law every week end and during the week when required. Cavaye (2006) describes this kind of care where the family caregiver is

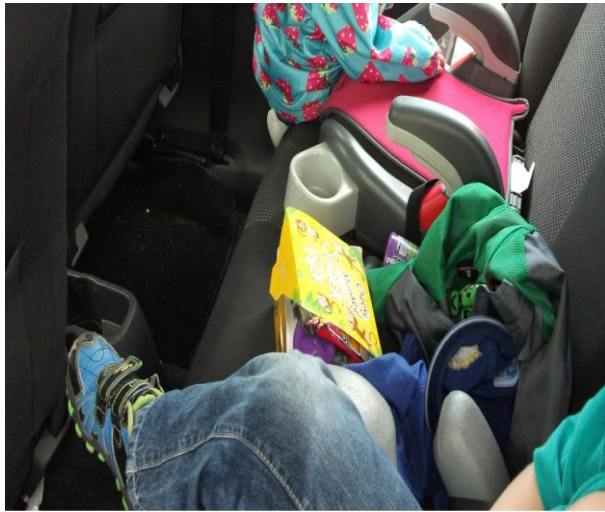
unsupported by and hidden from the gaze of service providers as *hidden*.

The daily grind of household chores seemed to be a persistent theme for many of the participants. Most of the participants photographed images representing the domestic chores which were part of their everyday caring experiences. These photographs represented experiences of cleaning the home, doing laundry and meal preparation. One participant photographed her laundry basket complete with dirty clothes and a pile of clean folded clothes next to it to illustrate the never-ending cycle of 'doing laundry' and an ever-present reminder of care-giving (photograph 4). Stress arising from children's needs or behaviours was experienced by several participants who photographed specific situations. One participant showed her car, which her grandchildren had made untidy, on a day she was looking after them (photograph 5).

"That one I just look and I thought, "Why do you have to make nanny's car especially like this (points to messy car) because that adds to your such a bloody mess?" to add to my problems (laughs).

*Dorothy
(grandmother carer to two young grandchildren and full-time carer to mother)*

Some participants were not only challenged by the lack of available resources but they also found that some resources were actually a source of stress in themselves. These included resources provided by health and social care services to assist caregivers within their home. Equipment and aids are meant to make life easier for the carer, but in some cases they generated stress in the participants' lives: for example, some caregivers found large and bulky equipment like stairlifts and stair rails to be intrusive and unwanted additions to their home. One participant's mother needed daily oxygen via a cylinder, and this



Photograph 5. Grandchildren and untidy car



Photograph 7. 'I don't have enough time to do everything'



Photograph 6. Intrusive oxygen cylinder



Photograph 8. Running on empty

was photographed to express its presence as an intrusive addition to their living environment (photograph 6).

“Wish it was more acceptable so that it didn’t look so disgusting.”

*Dorothy
(talking about her mother’s oxygen cylinder)*

The notion of time appeared to dominate the lives of all the participants. Not surprisingly *lack of time* was a consistent source of stress. Several participants photographed clocks to illustrate how their lives revolve around time, and in particular they talked about not having enough time in their days to perform caring tasks and household chores (Photograph 7).

“And then this time, so then ten past eight represents the time my stress of the day starts because that is the time I am looking at the clock, so we need to leave at half past eight, and it is this sort of time I am saying ‘Hurry up Mark, put your shoes on quickly, cream your face, get your school bags, where is your packed lunchbox?’ and that is where it all starts, I always feel that ten past eight is when the stress of my day starts.”

*Charmaine
(mother of a child with a life limiting condition and carer to parents)*

Wendy discussed how challenging she found not having adequate financial resources for petrol in her car to enable her to take her elderly grandmother for various medical appointments. She had photographed the petrol gauge in her car to show that on this occasion the tank was a quarter filled, whereas usually it runs on almost empty (photograph 8).

“Erm, my petrol displayer on my car. Erm, I took that because it’s quite rare for me to have petrol in my car and especially now the prices are going up. I’m getting more fussier with my nan,

like when she wants taking places. I’m saying if you need me to take you there I need petrol money. I can’t fund it.”

*Wendy
(mother of a toddler child and carer of grandmother)*

Multigenerational coping strategies

The participants in the study identified several specific coping strategies which they used to cope with their multiple caring roles. Some participants received support from statutory organisations such as Social Services departments and Primary Care Trusts in the form of Day Care Centres and Children’s Centres. Direct help and assistance was also received in the form of respite care from voluntary organisations such as, Mencap, the Stroke Association, Carers UK and Homestart (photograph 9).

Financial assistance was also identified: for example Indira, a young carer, found parking the car a distance away from shops stressful as her mother would become tired if she had to walk even short distances. Indira photographed the Disability Parking Badge that she had received and explained how it helped her to cope (photograph 10).



Photograph 9. Beneficial community transport



Photograph 10. Importance of a parking permit



Photograph 12. Planning Summer holiday childcare cover



Photograph 11. Importance of multigenerational planning



Photograph 13. Work places

"We never thought we would actually get a disabled badge so we can park at places now. We have only just got it and it's really, really good as it helps us out. Like basically like you can actually go to somewhere, disabled parking and stuff, close by for my mum to go to the shop or something like that. So it's helpful for her and it's helpful for me too so that she doesn't get tired"

Indira

Planning care was an important coping strategy used by the participants as it helped them to prioritise care between the different generations. Several participants photographed their diaries and planners to illustrate how important forward planning is when caring for more than one generation (photograph 11).

"That's the couple of my 'do do' pads which I find absolutely invaluable, it has a column for each member of the family, very convenient, it's got five columns which is just right because it's me, my husband, two children and my mum so we all have a column and I write everything in for everyday for each of us."

Diane

(mother of two teenage girls and carer for mother)

Sally photographed the schedule she had written to organise childcare cover for her grandchildren during the school holidays (photograph 12).

"Now that's a copy of trying to sort out the summer holiday child cover. I thought it's the only way you can explain it by taking a photo of it. Pink is when you've got to find cover for her, blue is when I'm doing it, green is when you've sorted it...This is my daughter's children for the Summer holidays."

Sally

(mother and grandmother carer and provides care for both her own mother and grandmother)

Several participants photographed their work places to discuss how important working was in helping them to cope. Work enabled them to escape their caregiving roles for short periods, and gave them an identity other than carer (photograph 13).

"I think I'm not looking at the clock the whole time. It's different; you're not having to rush out in the car the whole time, so I am more relaxed at work. It's a form of escape, definitely,

Carmella

(mother of two teenage children and carer to parents and parents-in-law)

Some participants felt that their religious faith helped them to cope with their caregiving responsibilities, in particular towards their older relatives, and to make sense of their caregiving stressful situations. One participant photographed her Bible to illustrate how it helped her to cope with her multiple caring roles (photograph 14).

"That is that corner, my bible and my glasses. That is quite an important thing in my life, so I am going to take it, you know... have got to put it down to my prayers, I really have, because I am not really that patient person, I really do think that I have got God in my life because it is so hard to do everything."

Suzi

(mother of two adult children living at home, grandmother carer and full-time carer to mother-in-law)

In various ways participants used relaxation as a strategy to forget about and escape from their caring responsibilities. One participant, who had experienced stress because of being unable to relax, described how strategies to promote relaxation were now her main coping mechanisms. All her photographs were images of objects that helped her to relax, such as candles,



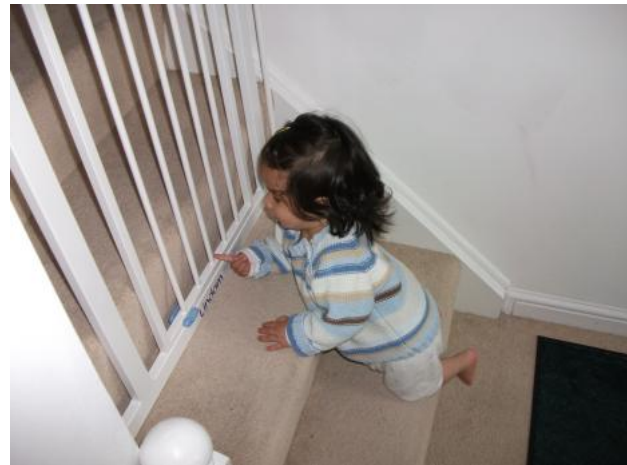
Photograph 14. Reading the Bible and praying are coping strategies



Photograph 16. Time out from care-giving



Photograph 15. Listening to music aids relaxation



Photograph 17. Joy derived from children

‘perfume, her bed, magazines and a cup of hot chocolate (photograph 15).

‘Right, this is my favourite CD, Lionel Richie and I just find it just makes me feel better, if I feel cross or anxious or upset I just find that listening to this particular CD, it is very soothing and it just makes me feel better.’

Amy

(mother, grandmother carer and carer for her father)

Another participant used the above scenic photograph to explain how creating some time for relaxation helped her to cope (photograph 16.)

‘The reason I took that is because I was out and about and I just wanted a bit of peace and a time to myself, and a time of thought, and I find that the river is so peaceful, that I can go and sit there and just in a world of my own really.’

Paula

(mother of a child with a life-limiting condition and full-time carer to her mother)

Mothers of young children and grandmother caregivers talked about the joy and happiness that they experienced from caring for their younger relatives, and many of their photographs featured the children. Grandmother caregivers explained that they found looking after young children physically demanding, but they wouldn’t change their situation as they enjoyed spending time with their grandchildren. One participant described how the enjoyment of being close to her two toddlers and seeing them reach their developmental milestones helped her cope with her caring responsibilities for her mother, which she didn’t enjoy at all (photograph 17).

‘Yes because they are very close with me, very very close with me and see them growing day by day. Yes it’s lovely. I’m sorry I just have to say I don’t enjoy much taking care of my mother-in-law.’

Chow Chi

(mother of two toddlers and full-time carer to mother-in-law)



Photograph 18. Pain relief



Photograph 19. ‘My lovely running shoes’

Multigenerational carer health outcomes

Participants identified that caregiving had an impact on both their physical and psychological health. In addition to stress mentioned previously, other participants reported ill health. One participant photographed the medication she was currently taking to relieve back pain (photograph 18).

"...and I have a lot of lower back pain anyway because when Mark was a lot younger I used to lift him and carry him all the time when he was in crisis, and also I fell off a horse one time, migraines my third picture.. My third picture is a picture of my pain killers for my headaches, my back pain and also I am having to take them for my ribs..."

Charmaine

The health behaviour of the participants varied from those who made a conscious effort to eat healthily and to exercise regularly to those who had no time to take care of their own health and didn't seek medical advice when necessary. One participant photographed her running shoes and talked about how exercise helped her with the stress of multigenerational caring (photograph 19).

"And there's my lovely running shoes...It's the only reason I run apart from trying to keep at some decent kind of weight level. But yeah, because I often don't want to go out because I'm tired or I'm not feeling well but actually I need to go out so ...I mean I think as much as any, you know, when you're feeling really low and you exercise it just makes you feel in a better place as well doesn't it..."

Katherine

(mother of 3 young children and carer for her mother)

Importance of intergenerational relationships

Many participants discussed the satisfaction and happiness that they received from social interaction with their children,

grandchildren and older relatives. Family gatherings such as birthday parties particularly featured as being significant and important experiences in the lives of multigenerational caregivers. Sally, a participant who was part of a five generational family, described the 100th birthday of her grandmother as an important experience and photographed family members and objects at her grandmother's 100th birthday party to illustrate the significance of this event in her life (photograph 20).



Photograph 20. Celebrating grandma's 100th birthday

"...That, I'd just thought I would take a picture of all her cards. Because it was so hectic on the day, she didn't even get to open them and see half of them. So I brought them all home and I thought I'll take a picture of them and in the week after her birthday and I took them all down and we went through them..."

Sally

However, family relationships were complicated, and further strained by conflict at times. Participants described the situations between themselves and their cared for relatives as well as with other family members as being fraught at times. Nevertheless

the participants continued with care-giving. Izuhara (2010) argues that conflict is a normative aspect of intergenerational relationships, where it is likely to influence the perception of the relationship and the willingness of family members to assist each other.

The findings from this study reflect the interconnectedness of family life and indicate that the exchange of support between the different generations as very strong. The findings also revealed that at times boundaries between caring and family life are blurred. In sum, multigenerational family relationships are complex and appear to be further complicated by caring.

Maintaining multigenerational carer equilibrium

Maintaining multigenerational carer equilibrium is the core category emerging from this study, describing the relationships between the above categories. Maintaining carer equilibrium is crucial for multigenerational caregivers to function well in their roles as caregivers, mothers, daughters, wives, partners, grandmothers and employees.

Discussion

This study's innovative use of *photovoice* added to the caregiving literature by allowing a deeper exploration of everyday experiences, revealing those matters of most concern and personal influence to multigenerational caregivers. The richness of this data may have been influenced by the thought and reflection required by the participants to plan and photograph the objects and situations (Guillemin and Drew, 2010) or by the photographs themselves, which in the second interviews prompted recall of the participants' thoughts and feelings at the time the photographs were taken (Pain, 2012).

It was not surprising that the participants in this study appraised their own multigenerational caring experiences as stressful, and these findings are consistent with other studies (Fernandez,

1990; Neal et al. 1993; Rubin et al. 2009) which found that providing care to both children and ageing parents caused high levels of stress among sandwich generation caregivers. The types of stress identified by all the participants were both objective and subjective, with time management dominating all the participants' lives. It was also unsurprising to find that role overload and conflicting role demands were magnified in these caregivers' lives given the overlap of caring roles and other roles. By their nature, multigenerational caring roles are cyclical and complex in terms of the type and amount of care provision: thus the multigenerational carer feels torn between generations in allocating time. Although stress and caregiver burden were found to be issues of the overall caring experience, they were not found to be dominating factors within the caregivers' lives. This finding is consistent with other research: Nolan et al. (2003) highlighted the multi-dimensional nature of caring and found many caregivers considered caring to be a positive experience.

Implications

This study did not use instruments to measure stress: its strength was in determining sources of multigenerational carer stress from the carer's own viewpoint via a subjective interpretation of events, rather than the objective characteristics of them. As part of this they photographed objects, subjects and situations to help them describe the coping strategies and mechanisms which they used as multigenerational caregivers. In this way, not only were sources of stress and coping strategies identified but a snapshot of the dynamic and diverse nature of multigenerational caring was captured. Hence *photovoice* was a main strength of the study, here combined with other data production within a modified grounded theory approach. In exploring the day-to-day lived experiences of multigenerational caregivers the study has contributed to knowledge by determining some of their self-identified needs. In particular, the *photovoice* method enabled the multigenerational caregivers to identify and describe certain meaningful situations in their daily lives which may not have

been elicited by other methods. For example, some participants were surprised at what the photographs revealed to themselves about their situations, such as the stress of the never-ending cycle of household chores.

Limitations

One of the challenges of using *photovoice* in this study was the need to reduce the number of photographs selected by some of the participants to use as discussion prompts during the second interviews. For example, one participant took over 50 photographs of her two children as well as photographs of objects and situations associated with her experiences of multigenerational caring. Selection from within these large numbers of photographs was achieved by participants sorting and categorising the photos and selecting from within groups.

Conclusion

As global populations age, there will be an increasing need for family carers to bridge the projected care cap as it is clear this demand cannot be addressed by professional caregivers alone (Pickard, 2008). Although the expertise of family carers regarding their own needs and those of their care recipients has been acknowledged in the UK recently (Department of Health, 2008; 2012), family carers have previously been called *invisible carers* or a *silent army*. Using *photovoice* in this study has revealed for the first time the complex and demanding lives of multigenerational caregivers. Such caregivers are a valuable resource to British society and likely to become more numerous in future. Working in partnership with caregivers has become a key goal of policy and practice in the UK (Department of Health 2008; 2010), but this requires health and social care professionals such as District Nurses and Social Workers to recognise that the needs of multigenerational caregivers may be different from the needs of carers who are only caring for one generation, and to initiate support accordingly. Health and social care professionals are also in a position, when undertaking family

assessments, to consider more fully the roles and influences of multigenerational caregivers, including grandmothers, on a child's development, and how this might be supported more fully.

Acknowledgements

The authors would like to thank the research participants for contributing to this study.

References

- Biegel, D. E. and Schulz, R. (1999). Caregiving and carer interventions in aging and mental illness. *Family Relations*, 48, 345-354.
- Boyd, C. O. (2001). Combining qualitative and quantitative approaches. In: Munhall PL (Ed) *Nursing Research: A Qualitative Perspective*, Third edition, Jones and Bartlett, Sudbury MA.
- Brody, E. (1985). Parent care as normative family stress. *The Gerontologist*, 25(1), 19-29.
- Brody, E. M. (2004). *Women in the Middle, Their Parent Care Years*. Second edition. Springer, New York.
- Carver, C. S. Scheier, M. F. and Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Cavaye, J. (2006). *Hidden Carers*. Policy and Practice in Health and Social Care, 3. Edinburgh: Dunedin Academic Press.
- Charmaz, K. (2006). *Constructing Grounded Theory- A Practical Guide Through Qualitative Analysis*, Sage Publications Ltd., London.
- Chisholm, J. F. (1999). The Sandwich Generation. *Journal of Social Distress and the Homeless*, 8, 177-180.
- Clark-Ibanez, M. (2007). Inner-city children in sharper focus: Sociology of childhood and photo elicitation interviews. *Visual research methods: Image, society and representation*. London. Sage.

- Collier, J. J. (1967). *Visual Anthropology: Photography as a research method*. New York, Holt, Reinhart & Winston.
- Department of Health. (2008). *Caring about carers: a national strategy for carers*, Crown, London.
- Department of Health. (2012). *Draft Care and Support Bill*, Crown, London.
- Fernandez, J. P. (1990). *The Politics and Reality of Family Care in Corporate America*. Lexington.
- Fredriksen-Goldsen, K. I. and Scharlach, A. E. (2001). *Families and Work: New Directions in the Twenty First Century*. Oxford University Press, Oxford.
- Graham, H. (1983). *A labour of love: Women, Work and Caring*. Routledge. London
- Glaser, B. G., and Strauss, A. L. (1967). *The Discovery of Grounded Theory*, Aldine, Chicago.
- Guillemin, M. S. and Drew, S. (2010). Questions of process in participant-generated visual methodologies. *Visual Studies*, 25(2).
- Hagedorn, M. (1990). Using photography with families of chronically ill children. In M. Leininger and J. Watson (Eds.), *The caring imperative in education*, pp. 227-234, New York National League for Nursing.
- Hagedorn, M. I. E. (1996). Photography: an aesthetic technique for nursing inquiry. *Issues in Mental Health Nursing*, 17, 517-27.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, 17(1):13-26.
- Hergenrather, K. C., and Rhodes, S. D. (2008). Community based participatory research: applications for health and disability. In: Kroll T, ed. *Disability and Health*. Hauppauge, NY: Nova Science Publishers Inc; pp. 59-87.
- Izuhara, M. (2010). *Ageing and Intergenerational Relations. Family reciprocity from a global perspective*. The Policy Press, Bristol.
- Katz, S. (1983). Assessing self-maintenance: Activities of daily living, mobility, and instrumental activities of daily living. *Journal of the American Geriatrics Society*, 31, 721-727.
- Knussen, C., Tolson, D., Brogan, C.A., Swan, I.R., Stott, D.J. and Sullivan, S. (2008). Family carers of older relatives: Ways of coping and change in distress. *Psychology, Health & Medicine*, 13, 274-290.
- Mills, J., Bonner, A., and Francis, K. (2006). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5(1) 1-10 .
- Mooney, A., Stratham, J., and Simon, S., (2002). *The Pivot Generation: Informal care and work after fifty*, Joseph Rowntree Foundation, 2002
- Neal, M. B., Chapman, N. J., Ingersoll-Dayton, B. and Emlen, A. C. (1993). *Balancing Work and Caregiving for Children, Adults, and Elders*. Sage, Newbury Park, CA.
- Nolan, M. R., Grant, G., and Keady, J. (1996). *Understanding family care: A multidimensional model of caring and coping*. Milton Keynes: Open University Press
- Nolan, M., Keady, J., Grant, G. and Lundh, U. (2003) 'Introduction: Why another book on family care?' In Nolan, M., Lundh, U., Grant, G. and Keady, J. (eds), *Partnerships Family Care: Understanding the Caregiving Career*, Maidenhead, Open University Press, pp. 1-12.
- Nolan, M., Lundh, U, Grant, G. and Keady, J. (2003). *Partnerships in Family Care: understanding the caregiving giver*, Open University Press, Maidenhead.
- Office for National Statistics, (2008). *Social Trends*, Winter 2008. Office for National Statistics, Newport, Wales.
- Pain, H. (2012). A Literature Review to Evaluate the Choice and Use of Visual Methods. *International Journal of Qualitative Methods*, 11 (4): 303-319.

- Pickard, L. (2008). Informal Care for Older People Provided by Their Adult Children: Projections of Supply and Demand to 2041 in England, *Report to the Strategy Unit (Cabinet Office) and the Department of Health, Social Services Research Unit, University of Kent, Canterbury, Kent.*
- Riley, R. G. and Manias, E. (2004). The uses of photography in clinical nursing practice and research: a literature review. *Journal of Advanced Nursing*, 48(4): 397–405.
- Rubin, R.R., and White-Means, S. I. (2009). Informal Caregiving: Dilemmas of Sandwiched Carers. *Journal of Family and Economic Issues*, 30: 252-267.
- Strauss, A. and Corbin, J. (1998). *Basics of Qualitative Research*. Sage. London.
- Szinovacz, M. E. and Davey, A. (2008). *Caregiving Contexts, Cultural, Familial and Societal Implications*, Springer, New York.
- Twigg, J. and Atkin, K. (1994). *Carers perceived. Policy and practice in informal care*, Buckingham, Open University Press.
- Wang, C. C. and Burris, M. A. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly*, 21, 171-186.
- Wang, C. C. and Burris, M. A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education and Behavior*, 24: 369-387.