Too Many Roles, Too Little Room to Breathe: Midlife East Asian Women, Caregiving, and Community Psychology

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Abstract

Midlife women in East Asian contexts increasingly occupy a “sandwich generation” position, balancing paid employment, intensive childrearing, and care for aging parents while remaining accountable to gendered expectations of being a “good” daughter, wife, and mother. Guided by a community psychology lens, this paper presents an interdisciplinary narrative review of how structural conditions and cultural gender norms converge to shape caregiver burden and the invisibility of distress in this population. Drawing primarily on scholarship from Chinese and Korean contexts, while also using Asian diasporic caregiving research and comparative familism scholarship where they clarify related mechanisms, this review argues that midlife women’s strain is not simply an individual time-management problem but a socially produced condition. Comparative work on familism, including Latino familism scholarship, is used as a conceptual lens to clarify how family obligation can provide meaning and social connection while also intensifying self-sacrifice, under-reporting of distress, and delayed help-seeking. The review also examines the limits of transferring Euro-American caregiver interventions into East Asian cultural contexts without adaptation to local family dynamics, moral norms, and community infrastructures. Overall, the review suggests that caregiver support should be culturally legible, relationally usable, and structurally responsive, rather than placing more demands on individual women to manage burdens produced by families, labor markets, and welfare systems.

Keywords: Sandwich generation; East Asian women; Confucian familism; caregiving; community psychology; caregiver burden

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Introduction

Consider a typical midlife woman in an East Asian city. At this stage of life, multiple pressures often converge: aging parents, adolescent children, full-time work, household

management, and the expectation that she will continue to hold family life together. Her partner may be present but not fully available as a source of care because gendered divisions of labor often leave women with primary responsibility for coordinating everyday family maintenance even when both partners are employed full-time. This pattern also resonates with the concept of the "second shift," in which women's entry into paid work does not eliminate their primary responsibility for unpaid domestic and caregiving labor, but instead often layers one set of demands onto another (Croft et al., 2014). What makes this position especially difficult is not only cumulative overload, but the sense that there is no safe space to fall apart. Many of the tasks she performs, including coordinating appointments, monitoring care, managing family conflict, sending money, and sustaining everyday order, are rarely recognized as labor. Instead, they are normalized as routine family work that women are expected to complete.

This social reality is often captured by the term sandwich generation, which refers to adults who are simultaneously supporting aging parents and younger dependents in the context of population aging and changing family structures (Rabi & Mansor, 2024). Yet this position is not simply demographic. Across many settings, women shoulder more unpaid care work than men even when they are also employed full-time, and in East Asian and Asian diasporic contexts these demands are further intensified by rapid population aging, uneven welfare provision, rising living costs, and persistent gender inequality in labor markets (Cook & Dong, 2011; Fang & Chan, 2024; Rabi & Mansor, 2024). Women face the brunt of sandwich-generation consequences because caregiving expectations are attached not only to family membership, but also to gendered ideas of proper womanhood, marital responsibility, and filial virtue. This means that care labor is often treated as women's natural duty rather than as work that should be shared, compensated, or institutionally supported. In Confucian-influenced settings, expectations of filial responsibility, family harmony, and gendered virtue can make caregiving feel morally non-negotiable, especially for women. As a result, the burden is not only materially heavy but also culturally normalized.

This paper argues that the strain carried by midlife East Asian women is best understood not as a problem of individual weakness or poor time management, but as the product of converging structural and cultural forces. This synthesis builds on prior scholarship showing that women's caregiving strain is shaped by labor-market inequality, welfare retrenchment, and culturally normative family obligation, while extending that literature by bringing these strands together specifically in relation to midlife East Asian sandwich-generation women. Structural factors such as fertility-policy shifts, gendered hiring and promotion discrimination, motherhood penalties, pension insecurities, and limited long-term care provision disproportionately affect women, leading to increased financial risk and unpaid labor (Cook & Dong, 2011; Fang & Chan, 2024; Rabi & Mansor, 2024). Culturally, Confucian familism, filial piety, and gendered norms of respectability intensify expectations of endurance, emotional restraint, and family harmony while discouraging visible distress (Li, 2026; Wang et al., 2023). When these pressures converge, overload becomes both materially severe and socially normalized. Distress is therefore often under-reported, delayed in help-seeking, or internalized as personal inadequacy rather than

recognized as a predictable outcome of gendered structural strain.

Using a community psychology approach, this paper aims to review the literature on the cultural expectations surrounding caregiving for midlife East Asian women, with a focus on women in Chinese and Korean contexts. It also draws selectively on Asian diasporic caregiving research and comparative familism scholarship when those literatures clarify broader mechanisms of role strain, self-sacrifice, distress invisibility, and intervention fit. This comparative use does not assume that East Asian women in East Asia and East Asian women in diaspora experience caregiving in identical ways. In East Asian contexts, caregiving obligations are often shaped more directly by local welfare systems, labor markets, and family structures. In diasporic contexts, similar cultural norms may persist, but they are also reshaped by migration, racialization, language access, healthcare systems, and different forms of community infrastructure. The shared analytic focus, therefore, is not a single uniform "East Asian culture," but the way gendered family obligation interacts with institutions to shape how women carry, interpret, and disclose caregiving strain.

Section 2 first examines Confucian familism, filial piety, and gendered norms of respectability, showing how they contribute to self-sacrifice, self-silencing, and the moral normalization of care. Section 3 then examines structural conditions, focusing on fertility-policy dynamics, labor-market discrimination, and welfare limitations that shift care responsibilities onto families. Section 4 reviews mental and physical health consequences, including role stress, symptom burden, and the under-reporting of distress. Section 5 considers the promise and limits of community-based and peer-led interventions, with particular attention to cultural fit and the risk of individualizing structurally produced burdens. Section 6 concludes with implications for community psychology, research gaps, and future directions.

2. Cultural Context: Confucian Gender Norms, Familism, and Self-Silencing

2.1 Confucian Familism, Filial Piety, and the "Good Daughter-in-Law" Ideal

In many Confucian-influenced contexts, intergenerational support is framed less as a negotiable arrangement and more as a moral obligation (Li, 2026). In this review, Confucian familism, also referred to as Confucian familialism in some scholarship, refers to a family-centered moral framework in which individual behavior is evaluated through duties to parents, elders, spouses, children, and the wider family unit. Filial piety refers more specifically to the expectation that adult children should respect, support, and care for parents and elders. Together, familism and filial piety give caregiving a clear ethical meaning: being a "good" family member is demonstrated through meeting relatives' needs, sustaining harmony, and placing collective stability above personal preference (Li, 2026; Wang et al., 2023).

This moral framing is not gender neutral. Li argues that Confucian ideology contains "prevalent gender discriminatory perspectives and discourse," which shapes how moral virtue is assigned and evaluated (Li, 2026, p. 84). Confucian-inflected prescriptions about proper womanhood further define respectable femininity through obedience and domestic labor. For example, Li summarizes the "Three Obediences" as an obedience sequence in which a woman should "obey her father before she

marries, obey her husband after she has married, and obey her son after her husband's death" (Li, 2026, pp. 93–94).

She also describes the "Three Obediences and Four Virtues" as moral standards that historically "bound and oppressed women," disciplining women's behavior under a patriarchal gaze (Li, 2026, pp. 93–94). For midlife caregiving, the implication is practical: when women's respectability is tied to obedience, self-restraint, and domestic competence, the home becomes a primary site where femininity is evaluated. Within patrilineal family logics, these pressures can intensify for daughters-in-law because caregiving for parents-in-law can function as evidence of loyalty and marital virtue rather than as a shared responsibility that can be freely negotiated. In such contexts, conflict-avoidance and face-management become part of caregiving labor itself: setting boundaries, refusing additional duties, or seeking outside services may be interpreted as disrespectful, unfilial, or as disrupting family harmony (Li, 2026).

Li also notes that gendered "female virtue" discourses can reappear in updated forms when the boundary between resisting such practices and endorsing "traditional culture" becomes blurred (Li, 2026, p. 93). In other words, the "good daughter-in-law" ideal is not sustained only through explicit teaching; it is reinforced through everyday norms about what a respectable woman should do, especially when family care demands escalate in midlife.

2.2 Familism, Self-Sacrifice, and Parallels With Latino Families

A cultural-model perspective suggests that familism norms can become everyday guidelines for what caregivers perceive as the "right" way to act, making endurance and self-restraint feel morally meaningful rather than merely burdensome. In the Latino familism literature, attitudinal familism is often conceptualized across three dimensions: supportive familism, which refers to perceived closeness and support; obligatory familism, which refers to beliefs about family responsibility to provide support; and referent familism, which refers to behavioral alignment with family values and expectations (Marsiglia et al., 2009; Sabogal et al., 1987; Valdivieso-Mora et al., 2016). This framing is useful because it clarifies why familism can be psychologically double-edged. It can provide meaning, belonging, and perceived support, but it can also elevate perceived obligation and increase the costs of boundary-setting, making self-sacrifice more likely when demands accumulate.

A similar duality appears in East Asian caregiving research. In their systematic review and meta-analysis of East Asian dementia caregivers, Wang et al. (2023) argue that culture shapes not only caregiving values but also behavioral, cognitive, and affective processes, including illness perception, stress appraisal, coping strategies, and the use of informal and formal support. They identify filial piety, or the moral expectation that adult children should respect, support, and care for parents, as a central feature of East Asian caregiving culture. Rooted in Confucian traditions, filial piety is closely tied to ideals of family harmony and intergenerational obligation (Wang et al., 2023). At the same time, the review makes clear that such values are not uniformly protective. Cultural commitments may strengthen motivation to provide care and deepen the meaning attached to caregiving, but they may also increase obligation, constrain support-seeking, and negatively affect caregivers' health. In this sense, East Asian

familism resembles Latino familism in its double potential, although its caregiving meanings are more explicitly tied to filial duty and harmony maintenance.

This interpretation also fits role-quality evidence from the Study of Women's Health Across the Nation (SWAN), a multiethnic community-based study of midlife women in the United States (Lanza di Scalea et al., 2012). In SWAN, Hispanic and Chinese women with high stress across roles showed lower odds of low social functioning than Caucasian women (Lanza di Scalea et al., 2012, p. 486). The authors discuss familism as a cultural resource relevant to both Hispanic and Chinese communities, emphasizing attachment and reciprocity as potential supports for functioning under role strain (Lanza di Scalea et al., 2012, p. 487). This pattern suggests a shared resilience pathway in which family-centered meaning and reciprocity may help preserve functioning under strain.

At the same time, the protective side of familism should not be confused with reduced burden. Evidence from Asian American caregiving research underscores the importance of role quality rather than role count. Jones et al. (2001) show that among Asian American women caregivers, support that helps women "decrease role stress" and "increase role satisfaction" may be more useful than reducing "the number of roles or the extent of involvement" (p. 143). Taken together, these studies support the central claim of this section: familism can offer meaning and support, yet when it is fused with gendered role expectations, it can also normalize self-sacrifice and make overload harder to name.

2.3 Gendered Shame, Respectability, and Emotional Regulation

Modern East Asian women are often expected to sustain competence in both public and private spheres, yet the terms of "success" remain gendered. Tabusa's metaphor of "Side A" and "Side B" captures this division: Side A refers to careers, politics, and economic participation, whereas Side B refers to caregiving, domestic labor, and embodied dependency (Uno & Tabusa, 2021). In practice, women are expected to move between both sides without being relieved of primary responsibility for family care. For midlife women, this arrangement becomes especially demanding because paid work often coincides with peak responsibility for both childrearing and elder care, turning role conflict into a chronic structural condition rather than a temporary scheduling problem.

A key cultural mechanism that stabilizes this unequal arrangement is emotional governance through shame. Li (2026) argues that Confucian moral cultivation has historically relied on shame as a mode of regulation, linking moral worth to self-correction and the internal management of emotion (p. 94). In contemporary settings, this logic can persist even when explicit "virtue" teachings are no longer formally endorsed. Li illustrates how seemingly minor practices, such as hair length or "slutty" red nail polish, become reputational tests that invite moral labeling (p. 94). The analytic value of this example is not the rule itself, but its psychological consequence: repeated exposure to narrow standards trains self-monitoring, discourages open disagreement, and raises the interpersonal cost of being perceived as inappropriate.

This emotional logic maps directly onto caregiving. In Holroyd's interviews with elderly Chinese wives, some participants explained caregiving with a simple role-based justification, "It's my role as a wife" (Holroyd, 2005, p. 444),

suggesting that obligation may become so deeply internalized that it is difficult to articulate as a choice or a burden. When caregiving is tied to respectability and role identity, distress becomes easier to interpret as personal failure than as a signal of overload. Emotional restraint, then, is not merely an individual coping style. It is a culturally reinforced strategy for remaining legible as a "good" woman under conditions of structural strain. Section 3 turns to the structural conditions that make this culturally normalized care burden materially difficult to sustain.

3. Structural Context: Policies, Labor Markets, and the Sandwich Generation

3.1 The Sandwich Generation as a Structural Rather Than Purely Demographic Condition

The rise of the sandwich generation is often described as a demographic development associated with population aging, longer life expectancy, and changing family structures, but it is more accurately understood as a structural condition shaped by how care, risk, and responsibility are socially organized (Pope et al., 2012; Rabi & Mansor, 2024). As more older adults live longer with chronic illness or disability, care responsibilities increasingly fall on adult children, many of whom are themselves in midlife and still supporting younger generations in some form. Family caregiving research further suggests that entry into caregiving is rarely a matter of pure individual choice. Rather, caregiving roles often emerge from preexisting family relationships, normative expectations, and the assumption that caring for aging parents is a legitimate or even expected task of adult life, especially for women (Pope et al., 2012).

What makes the sandwich-generation position analytically important, however, is that it is not distributed evenly across social settings. Policy-oriented work by Rabi and Mansor (2024) is useful here because it clarifies a broader structural mechanism: when pension systems, healthcare support, and long-term care provision are limited, families become the default site of risk absorption. In their analysis of Malaysia, sandwich-generation pressures intensify as fertility declines, longevity increases, and old-age dependency rises, while gaps in social protection leave many older adults reliant on their children for financial and practical support. They also note that middle-aged adults may be supporting not only young children but also financially dependent grown children, further expanding the scope of intergenerational responsibility (Rabi & Mansor, 2024). Although this is not an East Asian case, the mechanism is directly relevant to the present review because it shows how sandwich-generation burden is shaped not only by demographic aging, but by the extent to which welfare systems externalize care and financial risk to households.

In this sense, becoming "sandwiched" is not simply a private family circumstance. It reflects how care responsibilities are redistributed under specific policy, labor-market, and welfare arrangements, and within families these responsibilities often become gendered in practice. This structural perspective is essential for the present review because it shifts the question away from why some women "take on too much" and toward how societies organize care in ways that make overload more likely for midlife women in particular.

3.2 Fertility Policies and the Motherhood Penalty in China

In China, fertility policy and women's employment outcomes are closely intertwined rather than analytically separate. Although motherhood penalties are not unique to China, they take on a distinctive form in the Chinese context because changing fertility policies interact with already gendered labor-market expectations. As Fang and Chan (2024) argue, women's employment discrimination in China cannot be understood only as a general labor-market issue; it must also be examined in relation to fertility policy shifts and the expectations they create around childbirth and caregiving. This is especially relevant in the transition from the one-child to the two-child and now three-child policy era, where pronatalist goals may intensify employers' perceptions of women as "higher-risk" workers due to anticipated maternity leave, childrearing responsibilities, and longer-term caregiving interruptions.

The literature reviewed by Fang and Chan (2024) suggests that the motherhood penalty in China operates through several measurable pathways. Across studies, having more children is associated with lower labor-force participation, reduced working hours or labor-market attachment, and lower earnings for women. In other words, "labor supply" here refers not only to whether women remain employed, but also to the extent of their labor-market participation, including time worked and continuity of employment. Fang and Chan summarize evidence showing that each additional child is associated with an approximately 7% reduction in women's wages, with larger penalties as the number of children increases. They also review findings suggesting that higher fertility can push women into lower-quality employment, including informal work with lower pay and fewer training opportunities, reduce migrant women's labor-force participation, and intensify earnings penalties under the universal two-child policy. Taken together, this literature indicates that childbearing in contemporary China continues to impose substantial economic penalties on women while leaving men's earnings comparatively less affected (Fang & Chan, 2024).

Importantly, the issue is not only childbearing itself or only policy, but the interaction between them. Fertility-policy expansion raises the social expectation that women should have more children, while labor-market institutions continue to treat women's reproductive and caregiving roles as private risks to be absorbed individually or within families. Cook and Dong's (2011) analysis helps clarify why this matters: under market reforms, enterprises became less willing to absorb caregiving costs, while childcare support, paid leave protections, and welfare guarantees were weakened or unevenly distributed. As a result, reproductive and care-related risks were increasingly shifted back to households, where women became the default absorbers of those costs (Cook & Dong, 2011). For midlife women, this creates a cumulative burden: many carry the long-term effects of earlier motherhood penalties while also facing rising elder-care responsibilities and growing employment insecurity later in life. In this sense, fertility policy functions not only as demographic policy but also as a gendered labor-market mechanism.

3.3 Paid Work vs. Unpaid Care: Harsh Choices Under Limited Welfare

Women's employment trajectories are shaped not only by fertility policies, but also by whether unpaid care is institutionally supported and redistributed. In reform-era China, discourses

that encourage women's economic participation have not been matched by an equivalent redistribution of family care responsibilities or by sufficiently robust public support for social reproduction (Cook & Dong, 2011). As a result, many women face "harsh choices" in which maintaining paid work must be negotiated alongside childcare, elder care, and household or marital obligations. These trade-offs may appear personal, but they are structurally produced.

Cook and Dong (2011) show that these pressures intensified under market reform through the substantial retrenchment of childcare support. As enterprises faced stronger profit pressures, most urban employers stopped providing subsidized childcare, and public provision also contracted. They report that a 2006 enterprise survey found that enterprises still running kindergartens accounted for less than 20% of SOEs and only 5.7% of all enterprises in the sample (p. 953). Publicly funded childcare also declined sharply as many facilities were closed or converted into fee-based services. Between 1997 and 2006, the number of publicly funded kindergartens fell substantially while private kindergartens expanded, raising concerns about declining availability, affordability, and quality (Cook & Dong, 2011, p. 953). When reliable childcare is inaccessible or unaffordable, women are more likely to move toward irregular hours, self-employment, temporary work, or other less protected arrangements that can be adjusted around family care.

This is why "flexible work" often becomes a necessity-driven accommodation rather than a genuinely self-directed choice. Flexibility may appear empowering on the surface, but under limited welfare conditions it often reflects the absence of affordable childcare, eldercare, or other forms of institutional support. Women are not necessarily choosing flexibility because it offers better work-life balance; they may be pushed into it because other employment options are incompatible with uncompensated care demands. These arrangements can carry long-run penalties, including lower pay, weaker employment protections, interrupted career progression, and reduced access to benefits tied to formal employment (Cook & Dong, 2011). In this sense, limited welfare does not remove care burdens; it reallocates them.

Contemporary policy developments suggest some expansion of family support, but they also show that care remains only partially institutionalized. In January 2026, national reporting described a new round of applications for the nationwide childcare subsidy program, which offers a tax-free annual subsidy of 3,600 yuan for each child under age three and had already reached more than 24 million beneficiaries (Xinhua, 2026). This represents an expansion of direct childcare subsidies and family-support measures, but it does not fully resolve the underlying care-work conflict. Although such policies may ease some financial pressure, they still leave households responsible for managing the daily labor of care. For women, especially those already balancing paid work and intergenerational responsibilities, the result is that employment choices remain constrained by care obligations rather than freely chosen on equal terms.

3.4 Employment Discrimination, Decent Work, and Midlife Precarity

Employment discrimination in China is best understood as a cumulative process rather than a single hiring event. Gender bias can shape who is recruited, who is promoted, who receives training, and who gains access to the more stable

pathways of career development that lead to secure work and long-term earnings growth (Fang & Chan, 2024). In other words, discrimination does not only operate at the point of entry; it also affects the opportunities that determine whether women can move into better-paid, better-protected, and more sustainable forms of employment over time.

This cumulative process matters because it helps explain why midlife women often face labor-market precarity even when they remain highly active in both paid work and family care. Fang and Chan (2024) review evidence suggesting that women experience disadvantages not only in hiring but also in later stages of employment, including promotion and access to skill-building opportunities. They also cite experimental and audit-style findings showing that women applicants are less likely than men to be invited for on-site interviews under otherwise comparable conditions, indicating that gender bias can shape labor-market trajectories from the earliest stages of recruitment (see Fang & Chan, 2024). Once these disadvantages interact with earlier motherhood-related interruptions, they can accumulate across the life course and reduce women's ability to secure stable, higher-protection work later on.

For midlife women, these processes are especially consequential because this is precisely the period when elder-care demands intensify rather than recede. Employment precarity therefore cannot be understood only as an issue of individual qualifications or effort. It is shaped by institutional sorting processes that channel women into lower-pay, lower-protection, and lower-mobility employment pathways while continuing to rely on them as default providers of unpaid care. The result is a strenuous position in which women may remain employed, yet do so under conditions of greater instability, weaker protections, and fewer realistic options for redistribution of care.

Taken together, Section 3 has shown that sandwich-generation burden is not simply the result of private family choices. It is structured by demographic change, fertility-policy dynamics, labor-market discrimination, and welfare arrangements that shift care, cost, and risk onto households, and within households disproportionately onto women. These structural pressures define the material conditions under which midlife East Asian women attempt to meet cultural expectations of being a "good daughter," "good mother," and "good wife." Section 4 turns to how this cultural-structural combination becomes visible in mental health, physical health, and social functioning.

4. Health Consequences and the Invisibility of Distress

4.1 Role Stress, Role Rewards, and Mental Health (SWAN)

Using data from the Study of Women's Health Across the Nation (SWAN), Lanza di Scalea et al. (2012) show that midlife mental health is strongly associated with the quality of women's role experience across multiple domains. In this multiethnic, community-based U.S. study of midlife women, higher average role stress across roles was associated with more depressive symptoms, more anxiety symptoms, and lower social functioning, whereas higher average role reward showed the opposite pattern (Lanza di Scalea et al., 2012, Table 2). This overall pattern supports a key claim of the present review: midlife roles are not uniformly harmful or uniformly protective. Rather, the same family and work roles can be experienced as both

meaningful and stressful, and it is the balance between strain and reward that matters for mental health.

Significantly, the buffering effect of role reward was selective rather than general. In SWAN, reward helped attenuate the negative effects of stress primarily for social functioning, but not as consistently for depressive or anxiety symptoms (Lanza di Scalea et al., 2012, Table 2). This distinction is especially useful for the present review because it helps explain how distress can remain partly invisible. Women may continue to function across work and family roles, and may even appear socially competent, while still carrying elevated internal distress. In other words, functioning can be preserved without full psychological relief.

Within-role findings also suggest that caregiving carries a distinct risk profile. Caregiver stress was associated with poorer outcomes, including higher depressive symptoms and lower social functioning, whereas caregiver reward was not significantly protective (Lanza di Scalea et al., 2012, Table 2). This indicates that chronic care demands can translate into measurable distress even when caregiving remains meaningful or socially valued.

SWAN also helps explain why role quality may be especially salient for East Asian midlife women by showing that role occupancy patterns vary by race and ethnicity. Chinese women had the highest proportion currently employed for pay, and Japanese women had the highest proportion married or in a committed relationship, while the caregiver role was also not uncommon among Chinese women (Lanza di Scalea et al., 2012, p. 486). These distributions suggest that distress risk for East Asian women cannot be inferred from "having fewer roles." Instead, many are positioned in role ecologies that combine high labor-force participation with substantial family obligations. This pattern is consistent with the "double-demand" argument developed in Section 2: women may be expected to participate in paid work while still remaining primary managers of family care. Under these conditions, women can remain outwardly functional while accumulating substantial internal distress and long-term health risk.

4.2 Symptom Burden, Physical Health, and Quality of Life in Midlife Caregiving

Chronic caregiving in midlife is not only time-intensive; it can also become a direct source of physical and psychological symptom burden. Wang et al. (2023) note that family caregivers of people with dementia are "at risk of physical and mental health problems," and that most patients with dementia are cared for at home by informal caregivers, usually family members, who often provide years of extensive care while lacking professional knowledge and care-related training (p. 1). They further summarize prior work suggesting that informal caregivers of older adults with dementia may face greater challenges and experience higher levels of burden and depression than caregivers of older adults without dementia (Wang et al., 2023, p. 2). This point is important because it frames caregiving not merely as a family role, but as a sustained health exposure. When caregiving is prolonged, the cumulative demands of supervision, emotional labor, and practical daily care can generate measurable strain even when caregiving remains meaningful or culturally valued.

Evidence from Asian American women caregivers also shows that the health costs of caregiving cannot be reduced to how many roles a woman holds. In Jones et al.'s (2001) study of

Chinese and Filipino American women caring for aging parents while also being wives, mothers, and employees, total role involvement was not correlated with overall health, current health, or psychological well-being in the combined sample (p. 139). By contrast, total role integration was positively associated with all three perceived health measures, whereas total role stress was negatively associated with overall and current health (Jones et al., 2001, p. 139). This distinction matters because it suggests that symptom burden in midlife is shaped less by role count alone than by whether multiple roles are experienced as integrated and manageable or as chronically stressful and conflicting. Consistent with this interpretation, Jones et al. conclude that support aimed at helping Asian American women caregivers "decrease role stress" and "increase role satisfaction" may be more useful than reducing "the number of roles or the extent of involvement" (p. 143).

These caregiving-related health strains unfold within a distinct physiological stage of life, which may further amplify symptom burden and quality-of-life decline. Jaisamrarn et al. (2025) emphasize that, for women in early midlife, the interplay between chronological aging and ovarian aging can substantially affect health and quality of life. They argue that hormonal fluctuations, subclinical inflammation, and micronutrient deficiencies should be understood together, because dysfunction across these domains contributes to menopausal symptoms, metabolic syndrome, impaired mobility, and neurocognitive change. They further note that vasomotor symptoms affect 34.5% to 61.0% of women in Asia and can persist for a median of 10.2 years, while also contributing to sleep difficulty, anxiety, and depression. These findings matter because role strain is occurring among midlife women at the same time that fatigue, sleep disruption, mood symptoms, and reduced physical resilience are already becoming more likely. This helps explain why symptom burden and quality-of-life decline can accumulate even when women continue to meet everyday family and work obligations, making distress easier to normalize than to recognize as a health problem.

4.3 Why Distress Remains Invisible: Under-Reporting and Moralization of Suffering

Building on the cultural dynamics outlined in Section 2 and the structural conditions outlined in Section 3, distress remains invisible because endurance itself is moralized. In Confucian-inflected gender discourse, respectable femininity is tied to obedience, self-restraint, and women's virtue, so complaint can be read less as a sign of overload than as a failure of proper womanhood (Li, 2026). Within this framework, the "good daughter" or "good daughter-in-law" is expected to preserve harmony, absorb strain, and continue functioning even when caregiving demands become untenable (Wang et al., 2023). The result is not only heavy burden, but a cultural tendency to treat suffering as something to contain rather than publicly name.

Wang et al. (2023) help clarify why this distress so often remains under-reported. Their review suggests that filial norms shape not only caregiving obligation but also which responses to strain feel morally permissible. Under filial pressure, some caregivers avoid external help, delay institutional placement, or fear criticism from the extended family because such actions may be seen as non-filial or as disrupting family harmony (Wang et al., 2023). At the micro-level, self-silencing often takes the form of not burdening others and withholding needs. In her

study of middle-aged Korean women managing chronic illness alongside family responsibilities, Park (2007) describes how women may "isolate themselves and aspects of their disease from friends and family" (p. 4). Holroyd's interviews with elderly Chinese wives provide a parallel caregiving-specific illustration of reputational constraint: one wife explained that she could not leave because "Otherwise people (relatives and friends) will talk behind your back" (Holroyd, 2005, p. 444). In other words, silence is not only individual coping; it is also a socially enforced boundary around what can be expressed.

Park's (2007) qualitative findings make this invisibility especially concrete. Middle-aged Korean women described feeling ashamed to talk about emotional or physical difficulties, not wanting to burden others, and sometimes believing that "hiding their difficulties from others was the virtue" (p. 99). Distress, then, is not absent; it is privatized, minimized, and morally absorbed. This also helps explain why conventional clinical or individual-level interventions may have limited effects: when silence itself is culturally rewarded, simply offering support does not ensure that women can comfortably disclose need or use that support. This invisibility matters not only descriptively but interventionally. If distress is under-reported because silence, endurance, and self-suppression are culturally rewarded, then support models that rely primarily on individuals alone may miss the problem at its point of production. Section 5 therefore turns to a central implication of this review: caregiver interventions cannot be evaluated only by whether support exists, but by whether they are culturally legible, relationally usable, and structurally responsive to the conditions that produce burden in the first place.

5. Community-Based and Peer-Led Interventions: Promise and Limits

5.1 Existing Models: Psychoeducation and Group- or Peer-Based Support

Existing caregiver interventions have often aimed to reduce burden through psychoeducation and group- or peer-based support. Psychoeducational models are built on a relatively straightforward premise: caregivers may cope more effectively when they better understand the illness, treatment process, coping techniques, and available resources (Chan et al., 2009). Psychoeducation can take multiple forms, including family psychoeducation, family therapy, professionally led education programs, and family-led support groups. Across formats, the core assumption is similar: knowledge, skills, and clearer guidance may improve caregivers' confidence and help them manage strain more effectively.

Group- and peer-based models place greater emphasis on shared experience. Rather than relying only on professional instruction, these approaches assume that caregivers benefit from structured opportunities to discuss distress with others who understand the role, exchange practical strategies, and receive emotional and social validation (Swarbrick et al., 2025). A recent systematic review and meta-analysis found that peer support interventions for family caregivers of persons with dementia were associated with short-term improvements in perceived social support, health-related quality of life, and distress related to behavioral symptoms, although benefits were not sustained at follow-up (Xue et al., 2026). Taken together, these intervention models assume that distress can be named in interpersonal settings, that supportive others can help caregivers reinterpret

and manage burden, and that combining information with relational support may improve well-being. These assumptions are useful, but they require careful evaluation in East Asian contexts where disclosure, family obligation, and the meaning of "help" may be shaped by different cultural and structural conditions (Chan et al., 2009; Schwiebert & Myers, 1994; Xue et al., 2026).

5.2 Fit and Misfit for East Asian Midlife Women

Existing models generally assume that participants will benefit from naming burden, discussing emotional difficulties, and learning from others in shared settings (Schwiebert & Myers, 1994; Xue et al., 2026). Yet for women whose distress is shaped by moral expectations of endurance, restraint, and family responsibility, disclosure may be morally shameful (Park, 2007; Wang et al., 2023). When suffering is more likely to be hidden than publicly voiced, participation in support-oriented spaces may remain guarded, partial, or emotionally shallow rather than fully engaged (Park, 2007). The mere availability of support groups, then, does not necessarily guarantee strong uptake or sustained participation.

A second challenge concerns practical fit. Psychoeducation and peer support may offer useful knowledge, validation, and connection (Chan et al., 2009; Xue et al., 2026), but they also require time, scheduling, transportation, and emotional effort. For midlife women already balancing paid work, elder care, domestic labor, and family coordination, intervention participation may become an additional demand rather than a source of relief (Cook & Dong, 2011). As Cook and Dong (2011) argue, care responsibilities have increasingly been shifted back to the household under reform conditions, leaving many women to absorb the costs of care through lost income, longer work hours, and reduced time for rest or personal development. In this sense, a model can be clinically sensible while remaining difficult to use in everyday life.

A third challenge is relational fit. Existing models often focus on the individual participant, but the burdens examined in this review are embedded in family obligation, reputation, and gendered expectations of care (Holroyd, 2005; Wang et al., 2023). Whether a woman can attend a group, seek outside help, or act on psychoeducational guidance may depend not only on her own willingness, but also on whether spouses, parents, or parents-in-law view such participation as legitimate, necessary, or disruptive to family responsibility (Holroyd, 2005; Wang et al., 2023). Wang et al. (2023) likewise suggest that under filial pressure, outside help may be delayed or avoided because it can be perceived as disruptive to family harmony or as non-filial. Under these conditions, interventions risk individualizing structural problems by treating distress as something women should better express and manage, even when that distress is continuously reproduced by unequal care arrangements and culturally sanctioned expectations of self-sacrifice (Cook & Dong, 2011; Wang et al., 2023).

5.3 From Imported Models to Culturally Grounded Questions

The limitations outlined above do not mean that psychoeducation, support groups, or peer support should be dismissed. A more useful next step is to ask what support would look like if it began from local family norms, moral expectations, and care infrastructures rather than assuming that imported models can simply be transferred

unchanged. If caregiving strain is organized through family obligation rather than individual choice alone, then the family or household, not only the woman herself, may need to become a unit of intervention and support (Holroyd, 2005; Wang et al., 2023). If burden is also sustained by the unequal distribution of paid and unpaid labor, then community-based support may need to do more than provide emotional validation. It may also need to connect women to practical resources, service navigation, and forms of material relief that actually reduce care load rather than simply helping them endure it (Cook & Dong, 2011).

This is where culturally grounded design questions become especially important. For example, peer support may be more usable if it is framed not only as a space to "share feelings," but also as a setting for mutual aid, practical problem-solving, and resource linkage. In practice, this could mean peer groups that include guidance on navigating eldercare services, legal or benefits information, or connections to trusted community organizations, rather than relying only on verbal emotional disclosure. Depending on context, support may also be more culturally legible when delivered through existing community infrastructures, such as temples, neighborhood associations, senior activity centers, or other trusted local organizations, rather than only through formal mental health settings.

Rather than presenting a single solution, this review uses the limits of imported models to generate a set of culturally grounded questions. What would caregiver support look like if it began from East Asian family ideologies and community structures rather than from assumptions of individual disclosure and self-management? How might peer-led or community-based interventions be redesigned so that they offer not only emotional support, but also practical relief and a redistribution of care responsibility? The issue, then, is not simply how to adapt Euro-American interventions at the surface level, but whether the unit of intervention, the site of support, and even the meaning of "help" itself need to be reconsidered.

6. Implications for Community Psychology and Future Directions

6.1 Implications for Community Psychology Theory

This review contributes to community psychology theory by identifying midlife East Asian sandwich-generation women as a critical population located at the intersection of gender, age, culture, and caregiving roles. Their distress is not adequately explained by models that treat caregiver burden as either a private family matter or an individual coping problem. Instead, the literature reviewed here suggests that burden is produced through the interaction of filial obligation, gendered moral expectations, and the unequal organization of paid and unpaid care (Cook & Dong, 2011; Holroyd, 2005; Wang et al., 2023). From a community psychology perspective, this means that caregiver distress should be understood not only as a clinical concern, but also as a community and policy issue. It is shaped by family norms, labor arrangements, service infrastructures, and the availability or absence of social supports that make care more or less sustainable in everyday life (Cook & Dong, 2011; Wang et al., 2023).

This review also suggests that community psychology should push beyond a narrow emphasis on individual empowerment when addressing women's caregiving strain.

Empowerment remains important, but it is not sufficient if women are still left to absorb structurally produced overload on their own. A more adequate community psychology approach would link empowerment to redistribution: redistribution of care labor within families, redistribution of practical support through community systems, and broader advocacy around childcare, eldercare, pensions, and long-term care provision (Cook & Dong, 2011; Holroyd, 2005). In this sense, the present review argues that community psychology should not ask only how women can cope better, but also how communities, institutions, and policies can be reorganized so that coping is not the only option left.

6.2 Research Gaps and Future Directions

Several limitations in the current evidence base suggest important directions for future community psychology research. Existing reviews have examined adjacent areas, such as East Asian dementia caregiving (Wang et al., 2023), peer-support interventions for dementia caregivers (Xue et al., 2026), and familism in relation to Latino mental health outcomes (Valdivieso-Mora et al., 2016). However, to my knowledge, no review has brought these literatures together to examine midlife East Asian sandwich-generation women through a community psychology lens that integrates cultural expectations, structural conditions, and intervention fit. First, the literature reviewed here remains methodologically uneven. Wang et al. (2023) identified a relatively small body of East Asian caregiving studies that included both qualitative and quantitative work, indicating that evidence in this area is still fragmented. Chan et al. (2009) also noted that their psychoeducation study relied on self-reported measures, and Xue et al. (2026) found that peer-support interventions showed some short-term benefits but no sustained effects at follow-up. Together, these studies suggest the need for more longitudinal and mixed-method research that can clarify how caregiver burden, distress invisibility, and support use unfold over time (Chan et al., 2009; Wang et al., 2023; Xue et al., 2026).

Second, intervention evidence remains mismatched with the specific population at the center of this review. Existing studies address adjacent groups—for example, midlife caregivers caring for aging parents, Chinese family caregivers in illness-specific contexts, or dementia family caregivers but relatively little work is designed specifically for midlife East Asian sandwich-generation women (Chan et al., 2009; Schwiebert & Myers, 1994; Xue et al., 2026). Future research should therefore prioritize culturally grounded intervention development rather than relying only on imported models or adjacent populations. Participatory and co-designed approaches with midlife caregivers would be especially valuable because qualitative work has already shown that burden, legitimacy, and help-seeking are deeply shaped by women's own lived experience of obligation, shame, and role conflict (Holroyd, 2005; Jones et al., 2001; Park, 2007).

Third, future work should move beyond content alone and pay closer attention to implementation. For East Asian women, a promising direction may lie not only in what support is offered, but in whether it is adapted to local settings, whether communities and organizations are ready to sustain it, whether it can actually reach women with limited time and emotional bandwidth, and whether broader policy and funding conditions make participation feasible (Wandersman et al., 2008; Wandersman, Chien, & Katz, 2012).

Comparative studies across East Asian societies and Asian diasporic communities may also help clarify which barriers are shaped more strongly by cultural norms, which by welfare and labor systems, and which by both (Jones et al., 2001; Wang et al., 2023).

6.3 Conclusion

In summary, the present review suggests that caregiver distress among midlife East Asian women should not be understood as a problem of individual weakness or poor coping alone. Rather, sandwich-generation burden is produced through the convergence of gendered moral expectations, family obligation, labor-market inequality, and uneven systems of care. A critical next step is to examine what kinds of support can be made genuinely fit into East Asian cultural contexts and diasporic settings where cultural norms, migration histories, and service systems may interact differently. Future work should pay closer attention to the mechanisms and implementation conditions that shape intervention success, including help-seeking stigma, adaptation to local settings, participant reach, and community readiness. Recognizing this is a necessary first step toward building communities in which care is distributed more fairly and midlife women are not expected to absorb the costs of care all alone.

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