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Early Bloomers in Intergenerational Family Solidarity: An Exploratory Study on the Phenomenon of Young Carers in Spain

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Abstract

Inherently, parents take care of their children until they become independent adults; similarly, children care for their progenitors in their old age. However, this socially normal order may be reversed when progenitors experience a chronic disease while their children are still young. This paper analyses the lived experiences of young caregivers (YCs) and how a family member's illness affects them. The present study employs the intergenerational family solidarity (IFS) theory and draws on qualitative data gathered from in-depth, semi-structured interviews with YCs living in Spain (N = 8). The article reveals that the illness of a family member strengthens IFS and family unity, involves a learning process, causes psychological distress, and creates a need for emotional support. Additionally, the study identifies some minor differences based on the gender of YCs. The paper's main contributions are twofold. Firstly, it contributes to the international literature on YCs using the theoretical perspective elaborated by Bengtson and Roberts in 1991, which is commonly applied to the relationship between adult children and elderly parents or grandparents and grandchildren. Secondly, the article provides new empirical considerations for the investigation and social recognition of YCs, particularly in Spain, where the family serves as a strong cornerstone of social protection, literature on this phenomenon is scarce, and social awareness is limited.

Keywords: young carer; qualitative methods; intergenerational family solidarity; Spain

Resumen. *Precocidad en la solidaridad familiar intergeneracional: un estudio exploratorio sobre el fenómeno de los jóvenes cuidadores en España*

Habitualmente, los progenitores cuidan de sus hijos hasta que estos se convierten en adultos independientes, y, de manera similar, los hijos cuidan de sus progenitores en su vejez. Sin embargo, este orden socialmente aceptado puede invertirse cuando los progenitores padecen una enfermedad crónica mientras sus hijos aún son jóvenes. Este artículo analiza las experiencias vividas por jóvenes cuidadores y cómo les afecta la enfermedad de un miembro de la familia. Para ello se emplea la teoría de la solidaridad familiar intergeneracional (SFI) y se utilizan datos cualitativos obtenidos mediante entrevistas en profundidad semiestructuradas con jóvenes cuidadores residentes en España (N = 8).

El artículo revela que la enfermedad de un miembro de la familia refuerza la solidaridad familiar intergeneracional y la unidad familiar, implica un proceso de aprendizaje, provoca angustia psicológica y crea una necesidad de apoyo emocional. Además, el estudio identifica algunas diferencias menores en función del sexo de los jóvenes cuidadores.

Las principales aportaciones de este artículo son dos. En primer lugar, contribuye a la literatura internacional sobre los jóvenes cuidadores utilizando la perspectiva teórica elaborada por Bengtson y Roberts en 1991, que se aplica comúnmente a la relación entre hijos adultos y padres ancianos o entre abuelos y nietos. En segundo lugar, el artículo aporta nuevas consideraciones empíricas para la investigación y el reconocimiento social de los jóvenes cuidadores, particularmente en España, donde la familia constituye un pilar fundamental de la protección social, la literatura sobre este fenómeno es escasa y la concienciación social es limitada.

Palabras clave: joven cuidador; métodos cualitativos; solidaridad familiar intergeneracional; España

Summary

1. Introduction

The illness of a close family member is an excruciating circumstance that changes family life. For the majority of severe chronic diseases, professional and socio-institutional help is limited, so families need to rearrange their functioning and routines. In normal circumstances, parents care for their children until they are grown-up, independent adults, while children care for their progenitors in old age. While this may apply to many societies, the natural cycle can be disrupted when parents suffer a chronic disease while their children are still young. In such cases, children often must take care of other family members, typically a parent but sometimes another relative.

The literature has coined the term young carers (YCs) to describe this role, that is, people under the age of 25 who provide considerable and unpaid care to family members who have a disability, suffer chronic illness, a mental health problem, or another condition requiring care. They take on responsibilities usually be associated with adults (Areguy et al., 2019; Dondanville et al., 2019; Hamilton and Cass, 2017; Eurocarers; 2019). Despite increased policy recognition, service support and a growing body of research on the lives of YCs, most studies have been conducted in English-speaking or Central European countries, such as the United Kingdom, the United States, Canada, Australia, South Africa, Germany, Switzerland, and the Netherlands (Kavanaugh et al., 2021; Leu et al., 2018; Stamatopoulos, 2018; Van der Werf et al., 2019). Furthermore, most studies focus on families with a lower socio-economic status where YCs are more vulnerable due to the lack of economic resources to manage the situation, higher unemployment and school dropout rates, and poor well-being (see, e.g., Chan, 2012; Kavanaugh et al., 2016; Majeed et al., 2018). In this paper, we explore the lived experiences of YCs in Spain, where research on this phenomenon is scarce and social awareness remains limited. We contribute to the ongoing investigation and social recognition of these young people, with a special focus on YCs from middle-class backgrounds, most of whom are university students without financial difficulties in outsourcing certain domestic and instrumental support tasks.

To examine this issue, this paper draws on the perspective of intergenerational family solidarity (IFS). Traditionally, intergenerational family relationships have been viewed through three main lenses: solidarity, conflict, and ambivalence. Although IFS appears particularly relevant to the study of YCs—especially in our case where interviewees have not reported experiences of conflict or severe ambivalence but rather feelings of regret over their family situations—scholars have not addressed the YC phenomenon through these perspectives. Hence, the main questions addressed in the study are: Although IFS theory has normally been applied to bonds between adult children and elder parents or grandparents and their grandchildren; can we extend such considerations to the relationships between younger children and ill parents? How do YCs live and perceive their caregiving experiences with their care-dependent family members? Are there any gender-based differences in these lived experiences?

The study begins with a theoretical background section that reviews the international literature on YCs—a topic not extensively studied in Spain—and the literature on IFS, organised by the type of intergenerational relationship under study. This is followed by an outline of the methodology and a presentation of the findings. The results in relation to the theoretical framework and previous studies, as well as the study's limitations, are discussed in the conclusions.

2. Theoretical background

The theoretical underpinning of this article is primarily anchored in two key concepts: firstly, the notion of YC, and secondly, the concept of IFS. In this research we establish an interaction between the two concepts by investigating whether YCs are experiencing the same dimensions of solidarity proposed by Bengston and Roberts (1991) and traditionally observed in relationships between adult children and elderly parents or between grandparents and grandchildren.

2.1. Young caregivers

The caring role of YCs is related to various tasks such as medication administration (Nickels et al., 2018), personal care and household and financial management (Kallander et al., 2018). These tasks may vary depending on the illness and may lead to different outcomes in the caring experience (Kallander et al., 2018; Kallander, Weimand, Ruud, et al., 2018). According to Smyth et al. (2011) the role of YCs remains obscure due to social norms (i.e. young people are expected to be care-recipients and not carers, whereas adults are providers of care). To identify and support YCs is an arduous task (Justin et al., 2021), and the absence of self-identification as carers might lead them to not ask for help, especially within a formal community-base and professional support services (Addo et al., 2021; Smyth et al., 2011).

Over the last decade, there has been a proliferation of investigations on YCs to make this collective visible and raise awareness in the society (Metzing et al., 2020; Stamatopoulos, 2015). Previous studies have focused on analysing policy and service frameworks to point out future directions and improvements (Areguy et al., 2019; Leu et al., 2021; Moore and McArthur, 2007; Stamatopoulos, 2016), although scholars have also looked into the daily lives of YCs. Indeed, previous research has analysed the relationships established between the care receiver and the carers. As Aeyelts et al. (2016) have shown, the emotional support established goes beyond the usual parent–children relationship. Scholars have identified several reasons behind the caring role. Primarily, it is the stated lack of available assistance, which leads to the practical need for giving support. Subsequently, among other reasons the unwillingness to pursue institutionalisation is another motivation (Dellmann-Jenkins and Brittain, 2003; Dellmann-Jenkins et al., 2000; Hamill, 2012). The ties and affection for the ill person are also important: YCs perceive caring as a way to return the care that they received in the past (Fruhauf et al., 2006). In fact, YCs establish a stronger connection with the care recipient, thus contributing to their happiness (Addo et al., 2021; Cass et al., 2009; Moore and McArthur, 2007; Wayman et al., 2016). Most YCs therefore value and perceive their role positively (Boyle, 2020; Fruhauf et al., 2006; Heyman, 2018).

A large body of research has focused on the effects of being a YC. It has been argued that there is a positive side to caring during youth (Rose and Cohen, 2010). Previous studies have pointed out that YCs gain self-esteem, which helps them prepare for the challenges of adulthood, and they are more mature and independent (Addo et al., 2021; Rose and Cohen, 2010). Indeed, previous studies have identified a greater overall benefit from being a YC compared to their non-carer peers (Wepf et al., 2021). There appears to be a shared understanding that the experience of caring influences YCs' identity and their perception of the caring role, which conditions their life course (Hamilton and Cass, 2017; Roling et al., 2020; Rose and Cohen, 2010). As Blake-Holmes (2020) argued, the transition to adulthood requires managing multiple transitions (e.g. sense of identity and personal agency), but this is even more complex in the case of YCs. In a similar vein, McDougall et al. (2018) showed that YCs may encounter tension in this transition (i.e. when seeking employment, leaving home, or starting tertiary education). Being a YC involves navigating multiple challenges, and the literature has also recognised the negative aspects of this role.

Previous studies have shown that YCs find it difficult to balance their caring responsibilities with other aspects of their lives, especially schoolwork and social life (Rose and Cohen, 2010). The lack of time for educational activities can lead to problems at school (Kavanaugh, 2014), including compromising grades and reducing attendance (Eley, 2004; Rose and Cohen, 2010). Their caregiving responsibilities also affect their friendships and make socialisation more difficult (Addo et al., 2021). Additionally, YCs are reported to experience higher unemployment rates compared to youth without caregiving roles (Cass et al., 2009). According to De Roos et al. (2017), YCs are more pessimistic about their well-being and mental health than non-carers. Although YCs may develop strategies to cope with their caring responsibilities—such as building meaningful friendships, engaging in leisure activities, and finding distractions (Matzka and Nagl-Cupal, 2020)—some studies highlight the need for appropriate support (i.e. instrumental, emotional) and the benefits that it can bring to the lives of YCs and their families (Kavanaugh et al., 2015; Phelps, 2021).

Our analysis of the lived experiences of YCs in Spain builds on and extends existing research on how they navigate and manage their caring roles. Additionally, we aim to explore the forms of solidarity reflected in their actions and justifications.

2.2. Intergenerational family solidarity

In contemporary society, intergenerational relationships within families exhibit a remarkable longevity, surpassing that of any previous era. While this prolonged coexistence between parents and children offers opportunities, it also introduces potential challenges to relationship dynamics. Certain features of industrialised societies, such as increased mobility, higher employment rates among women (including mothers), and rising divorce rates, have led to increasingly diverse family structures, posing challenges to the unity and coherence of the family unit (Steinbach, 2008). Intergenerational relationships today are increasingly intricate and complex, as noted by Amato and Booth (1997) and Szinovacz (1998), but they have also become more significant due to these changes and their consequences (Bengtson, 2001). Moreover, the growing phenomenon of childlessness, if not reversed, poses a threat to the very foundation of intergenerational familial solidarity.

Scholars exploring this topic currently rely on two primary theoretical frameworks: the theory of IFS (Bengtson and Roberts, 1991) and the theory of intergenerational ambivalence (Lüscher and Pillemer, 1998; see also Pillemer and Lüscher, 2004) or a combination of the two (Hogerbrugge and Komter 2012). Historically viewed as competing perspectives, these models are now considered complementary frameworks (Bengtson et al., 2002).

The IFS model, proposed by Bengtson and Roberts in 1991 and revised in 2000, conceptualises IFS as a multidimensional nexus of social exchange relationships built on six dimensions of solidarity: structural, associational, affectual, consensual, functional, and normative. Associational solidarity refers to the frequency of social contact and shared activities between family members. Affectual solidarity can manifest itself in feelings of emotional closeness, affirmation, and intimacy between family members. Consensual solidarity refers to different levels of actual or perceived agreement in opinions, values, and lifestyles. Functional solidarity involves exchanges of practical and financial assistance and support between family members. Normative solidarity refers to the strength of obligation felt towards other family members. Finally structural solidarity refers to the number, type, health, and geographic proximity of family members.

These types of solidarity are present at different intensities in countries with different types of welfare states and family cultures. For instance, the OASIS study (Lowenstein and Daatland, 2006) selected five countries (Norway, England, Germany, Spain, and Israel), each of which represented a different welfare regime (institutional, conservative, and residual) and family culture (family oriented and individualistic). This selection allowed them to demonstrate variations in the different types of IFS in the five countries. Spain and Israel, for instance, had a high degree of filial obligation. Spain was the most family-oriented country, with frequent contacts, close affectual relations, and a high level of normative solidarity between adult children and parents over the age of 75.

The IFS model has been applied to grandparent-grandchildren and adult child-elder parent relationships. As regards the former (grandchildren and grandparents), Giarrusso et al. (2001) explored gender and ethnicity differences in the “intergenerational stake phenomenon”. Another application of the model found explicitly nonreligious socialisation by both parents and grandparents as a driving factor behind the growing secularisation of American society, what is commonly referred to as the “Nones phenomenon” (see Bengtson et al., 2018). A review of articles published between 1991 and 2020 on grandparent-grandchild relationships revealed a significant increase in research on grandparenting based on the IFS framework over the last 30 years. The review affirmed that the IFS model provides a comprehensive approach to studying grandparenting across the lifespan in various cultures (Duflos and Giraudeau, 2021). Additionally, the study identified cross-cultural differences in the prevalence of different types of intergenerational solidarity. Affectual solidarity was found to be the most studied dimension of intergenerational solidarity in North America, Europe, and Israel, while normative solidarity was more common in studies on Asia. In Australia, only one study investigated aspects of affectual and functional solidarity.

Regarding the second type of bond between adult children and elderly parents, which is the most studied and particularly relevant for our purposes, Hwang et al. (2021) reported a positive relationship between affectual and normative solidarity, where emotional closeness reinforces caregiving norms and vice versa. Moreover, normative solidarity is positively associated with functional solidarity, indicating that stronger family norms lead to increased support exchanges. Additionally, Hwang et al. (2023) proposed that solidarity among siblings fosters a strong sense of family unity. On the other hand, White (1994) argued that growing up in a divorced single-parent family is associated with lower levels of solidarity between parents and children. Furthermore, family size appears to positively influence the size of the family of procreation, with individuals from larger families being more likely to have larger families themselves. This effect is particularly pronounced among first-borns and those satisfied with their parental family, underscoring the impact of family size on familial satisfaction and subsequent family dynamics (Johnson and Stokes, 2011). Regarding associational and consensual solidarity, regular interaction with parents during emerging adulthood plays a crucial role in fostering IFS as individual transition from early to middle adulthood, irrespective of the gender of both parents and children (Hwang, 2023). Several studies on IFS have conducted comparative analyses across countries and between immigrant populations and natives (see, e.g., Cooney and Dykstra, 2011; Gedvilaite-Kordusiene, 2015; Schans and Komter, 2010; Lowenstein and Daatland, 2006). Finally, as concerns gender, evidence suggests a greater predisposition among women to engage in caregiving tasks (Starrels et al., 1995), as well as the prevalence of women as care recipients (Levine et al., 2005; Dellmann-Jenkins et al., 2000).

In the Spanish context, some studies that have employed the IFS model to varying degrees are worth mentioning. Sarasa and Billingsley (2008) examined the factors that determine personal care provided by adult children to their parents, highlighting how disparities in access to formal services affect IFS. Meil (2011) argued that socio-economic changes have reshaped, but not weakened, family solidarity, with greater support observed for adult children. Additionally, López et al. (2015) developed a composite index to quantify IFS, while Cavallotti and Marcaletti (2018) identified a relationship between functional solidarity and family social capital. Moreover, Caïs and Folguera (2013) explored the sustainability of the familistic model in Spain, noting that changes in family structure and female labour participation are challenging this model. Finally, Jiménez-Roger and Sánchez (2023) studied intergenerational solidarity both within and outside the family, noting that factors like age, distance, and gender influence patterns of contact and support.

Previous research on IFS has explored various contexts and relationships, particularly between grandparents and grandchildren and between adult children and elderly parents, highlighting the different dimensions of solidarity. The existing evidence suggests that IFS tends to manifest more fully in adulthood. Although many studies focus on primary caregivers, IFS theory encompasses the broader dynamics of the entire family unit (Bengston and Roberts, 1991). This raises the question: can the illness of a parent trigger the emergence of this virtue at an earlier age?

3. Methods

This study used qualitative data gathered from in depth semi-structured interviews with YCs living in Spain. A total of 8 participants aged 13–24 years, with an informal, unpaid role caring for their mothers, were interviewed. As shown in Table 1, most YCs are university students, and they have been taking care of their mothers since they were minors. Although the sample included mothers with different degrees of dependence and severity of illnesses, the majority have a degenerative illness or a permanent condition. Participants were recruited to ensure a gender balance and from a range of family systems, thus capturing a variety of living experiences for YCs. Initially, they were recruited through letters to associations (e.g. for ALS, multiple sclerosis, or chronic fatigue patients). Subsequently, a snowball sampling technique was used, that is, at the end of the interviews, we asked YCs to provide contacts of other YCs. This procedure led to three siblings agreeing to be interviewed. Their interviews were included in the analysis because, despite having an older caregiving sibling, they met all the criteria for YCs (see below). Two boys were interviewed but excluded from the analysis since they care for siblings. This aligns with the study's objective of evaluating whether IFS theory applies to YCs, as it focuses on vertical family relationships. This exclusion of these two participants does not affect the validity of the research, as informational saturation was reached with the remaining eight interviews, given the sample's limited cultural and socioeconomic diversity.

Participants were screened via email or telephone to ensure they met the inclusion criteria: under 25 years of age and providing unpaid care for an ill,

Table 1. Profile of study participants (N = 10)

Pseudonym	Age	Gender	Number of family members	Position among siblings	Current employment/ education status	Participant cared for	Illness
Clara	18	Female	4	Oldest	University student	Mother	65% disability with various illnesses: obsessive compulsive disorder (OCD), depression, fibromyalgia, eating disorder, borderline personality disorder
David	19	Male	4	1st (brother of Alicia)	University student	Mother	Osteoarthritis and patellar instability
Enrique	19	Male	9	2nd youngest (brother of Manuel)	University student	Mother	Amyotrophic lateral sclerosis
Manuel	21	Male	9	3rd youngest (brother of Enrique)	University student	Mother	Amyotrophic lateral sclerosis
Lucía	19	Female	8	youngest	University student	Mother	Amyotrophic lateral sclerosis
Alicia	16	Female	4	2nd (sister of David)	High School	Mother	Osteoarthritis and patellar instability
Julia	24	Female	8	3rd youngest	University student	Mother	Amyotrophic lateral sclerosis
Helena	22	Female	3	only child	University students	Mother	Brain aneurysm

Source: own source

elderly, frail, disabled, or mentally ill relative. In addition, for minors to qualify as YCs, a parent must confirm that the child is assisting the ill relative with one or more tasks from a predefined list.[1] Participation in the study was completely voluntary, and participants were provided with an informative note on the study and its purpose. Written consent to participate was obtained from all participants. For participants under the age of 18, consent was obtained from one of the two parents. Interviews were held either face to face (5) or online (3) and digitally recorded. Pseudonyms are used to guarantee the anonymity of participants.

The semi-structured interviews contained open-ended questions related to the YCs' experiences of caring, including, among others, how they began their caring role, their feelings, their personal and family lives since the illness, and the positive and negative effects of the caregiving experience. The questions were inspired by the seminal studies of Saul Becker and his research group on YCs in Nottinghamshire (UK) (see, e.g., Aldridge and Becker, 1993) and the IFS model of Bengston and Roberts (1991). Although the main aim of the questions was to guide the interviews, participants were engaged and encouraged to fully explain their lived experience openly by providing and emphasising their own discourse and history.

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1. Housework or meal preparation; dressing or feeding; taking medication or talking to doctors and nurses; keeping the person company; providing emotional support; shopping; paperwork, bills or arranging outside services, getting around the house, getting around the community, bathing or using the toilet. Adapted from *Young Caregivers in the U.S.* (2005); a report published by the National Alliance for Caregiving and the United Hospital Fund.

Table 2. Themes and Sub-themes Emerging from the Data

IFS and Family Unity	All aspects of IFS Unity (team spirit…)
Learning Soft Skills and Emotional Intelligence	Balancing caring responsibilities and personal life Social responsibility and soft skills From anger and sadness to normalisation From no preparation on caring to a normal routine
Need for Personal Support and Help	Importance of finding and receiving support

Source: own source

Interviews were transcribed and imported into ATLAS.ti 9 software to organise and code the data. All textual material was analysed by thematic analysis (TA) (see, e.g., Braun and Clarke, 2006; Clarke et al., 2015; Peterson, 2017). In this study, TA was understood and used as an empirical method to analyse the shared meanings and experiences of being a YC (see Braun and Clarke, 2012). The themes therefore capture central ideas about the lives of YCs, which is the main goal of the paper, and they denote recurrent ideas within the interviews (Braun and Clarke, 2006). The TA methodological approximation in this study was thus inductively conducted or data driven, and the process of coding the data through different themes did not try to fit any pre-existing coding frame but rather allowed the themes to emerge from the interviewees' discourses and responses. After an initial screening and coding of the data, all the codes with a common meaning were clustered together to compose themes (Guest et al., 2012). Finally, we extracted quotations that best explained the substance of each theme and named the themes (Gill et al., 2008). To ensure the credibility of the findings, cross-coding and team discussions were used (Bradbury-Jones, 2007) and the illustration of different extracts from a variety of participants was used to avoid overrepresentation (Anderson, 2010).

4. Findings

In this empirical section, we analyse how YCs report their lived experiences of caring for a family member. A careful analysis of the data identifies three main themes with sub themes that are recurrently mentioned by all the YCs when describing their life experiences (see Table 2). The severe illness of a family member highlights the presence of IFS and strengthens family unity. In addition, caring for a family member involved a learning process that enhanced soft skills and emotional intelligence. Finally, YCs also reported the psychological toll of caregiving and expressed a need for support.

4.1. IFS and family unity

When describing their life experiences, the participants expressed deep, unconditional affection for their ill mothers and their goodwill in assisting them.

Although most YCs reported some instrumental support (e.g. housekeeping tasks), they emphasised the importance of not resorting to external help for the daily personal needs of the care-dependent. In other words, they believed that the emotional and personal support must remain within the family. YCs taking care of a parent acknowledged the caregiving role their parents played when they (the YCs) were younger, and thus were happy to care for the parent in return. This reciprocal dynamic, shaped by the historical and family context, reflects an acquired reciprocity and filial responsibility. This is evident in the following quote:

> I take care of my mother, first of all because she is my mother. Indeed, it is my mother who… It will sound a bit harsh, but she's the one who gave birth to me, and the one who has taken care of me since I was little, and especially because my father travelled a lot, and it was my mother who was always at home. We went to school together, and she made efforts that required little sleep or whatever for us. Well, we also do it for her: now it's our turn. And I think she deserves it. (Enrique)

Indeed, the reason all YCs care for their ill mothers is the unconditional love they have for them. They are fully aware of the illness, and their motivation comes from a desire to alleviate the pain and make the life of the care-dependent family member easier, as reflected below:

> The reason I take care of her is because she is my mother and I love her, and I know that, surely, at the rate that the disease is going, possibly in a year or half a year or so I won't be able to see her again – and it is something that no one wants to lose: their mother. We would all like her to be eternal, always there to help us. And then also because I've been injured many times in my leg, so I couldn't move, and I was lying at home with crutches. I know what it's like to be in bed without being able to do anything, to be lying down. It's not the same – far from it, I could move and talk – but I more or less understand the frustration she must have. And so I want to help her –and so that she doesn't feel alone, and that she continues fighting as she does. And that sometimes it is her who helps us more than we help her. (Manuel).

> Because she is incapable of doing it alone and needs help. Out of love, because I love her very much, because I don't want to see her suffer. I experience a very strong feeling of helplessness when she is in pain. I want to do everything possible so that she doesn't suffer (Alicia).

The passage illustrates the interplay between affective and normative solidarity in YCs. The motivation for caregiving appears to stem from a combination of love, justice, and honour for parents, and love and interdependence as a moral concept. This understanding of interdependence fosters the development of IFS as both a moral and social attitude, as well as a virtue.

A significant outcome of solidarity is the unity it brings to the family, a sentiment shared by the YCs interviewed. While the illness of a family member undoubtedly causes turmoil and makes it harder for the family to engage in activities together, all the participants described how the illness has, in fact, brought the family closer. As a result, the family has become better at discerning superficial things from the most important ones:

> It is a very complicated question… Sometimes I stop and think what would have happened to our family if my mother had never been diagnosed with ALS, and I think we would have done more excursions, she would have accompanied me to more places, we could have gone shopping together, travelled more with the whole family, etc. But the truth is that I can't complain, we have taken an occasional trip together with my mother's condition, and it was great! And as for family unity... I think that few families have the unity that ours has, for sure. I think that my mother and her illness have made us all come together more, and with more strength, affection and love. We know we all have each other. We always tell my mother that she is the glue of the family! (Julia)

In all the cases studied, the interaction is daily. YCs dedicate a significant amount of time each day to care for the ill family member, except for the time spent at school or university, showing a strong associational solidarity. In addition, the majority of YCs assit their parents with all types of personal daily routines, including dressing, feeding, grooming, managing medication, and taking care of other household tasks such as shopping and cooking. Thus, the functional solidarity of YCs is expressed through a wide range of services and begins at a very early age. However, other forms of solidarity also emerge from the data, such as consensual solidarity. The following quote illustrates an example of this:

> The values she instilled in me. At first you do it because you are little and it's the right thing to do, then she taught me what love is, what loyalty is, what it is to be there for someone unconditionally, what it is to sacrifice yourself (…) But she and my father are the ones who have made me who I am. It's something you don't think about, you do it. I don't think it's anything rational, it's all emotional, it's all out of love, you don't look for a reward, you don't look for anything external, and the only thing you look for is the satisfaction of her being well. The only thing you are looking for in the end is to see someone you love, who is having a bad time, to try to make sure they don't have such a bad time. (David).

The above example illustrates that the primary source of YCs' motivation and strength to provide care stems from the values instilled in them by their parents, which have since evolved into shared values.

The concept of structural solidarity refers to aspects related to the number, type, health, and geographic proximity of family members. The participants in this study (see Methods) came from families ranging in size from 3 to 9 individuals. In all families, the mother is the ill member, and most of the members belong to the middle class and live together. In the two large families, all cohabiting siblings contribute to caregiving tasks, coordinated by either the ill mother or the eldest sibling. We have observed a form of "primogeniture in caregiving”, where the eldest child assumes greater responsibility. As the next sibling reaches a certain level of capability, the eldest gradually delegates some tasks to them and when the eldest child marries, the responsibility shifts to the second-born. Naturally, the firstborn carries the heaviest caregiving burden. Fathers do not play a significant role in caregiving. In our study, two are divorced and have no contact with their ex-wives, while the others are the main breadwinners and work extensively, although they do provide moral support. Two of the larger families have external help for the house cleaning.

4.2. Learning soft skills and emotional intelligence

For the YCs, the caring duties create a sense of responsibility and the ability to coordinate with other family members, as well as balancing personal life with family life. Participants showed a better sense of time management in navigating their responsibilities as students and caregivers, as well as their personal and leisure time. Although they tended to prioritise the care-dependent, they were aware that they needed to carve out a future for themselves and that the illness of a family member could not constrain them:

> Due to my mother’s situation, the illness and the operation, I had to take a role at home that I had never had and I had to improvise as I went along. I did it as best as I could – there is no manual that tells you how to do things. Sure, I made mistakes, but that’s what life is about – learning. I have to try to find a balance between spending time with my mother and not being psychologically exploited and find time to study too. It’s not easy; you have to see how things go. (David)

> I would not stop taking care of my mother. Let’s see, as long as I’m close to her I’m going to take care of her and help her with whatever she needs. (Julia)

The participants also highlighted the learning experiences that arose from their family member’s illness and how these experiences contributed to their personal growth. Such challenging family circumstances taught them important and positive soft skills such as empathy, sensitivity, and patience. For YCs, their family circumstances and caregiving tasks have positively shaped their character, fostering greater maturity and social responsibility than other people of their age. The following two extracts illustrate this:

> I think I have improved as a person for sure. In addition to learning many new things about caring for others, I can recognise new emotions and new feelings. It has made me a much more empathetic person. It is easier for me to understand others. (Julia)

> Because, since you were little, you see the world differently, and you also see the needs of others: for example, now if I go to a place I always look to see, ‘there is an elevator, there is a ramp’. (Lucia)

The participants describe an emotional transition in response to their close family member's illness. Initially, the illness disrupts their lives, evoking feelings of anger, sadness, and fear until finally normalising and accepting the situation.

> Losing my mother… that was the main fear. But then at the end, well, you have to make the most of the time you have and that's it. And at the end, well, like everyone else, one ends up leaving and there are no problems. At that moment it will be hard, but then that's it, nothing happens. (Enrique)

Something similar occurred with their caregiving responsibilities. At first, these responsibilities arose suddenly, without preparation or warning. During this transitional period, YCs begin to question their situation. Over time, however, they view their caring responsibilities as a normal routine and recognise the rewarding nature of their task:

> I think it seemed normal to me because, because we were also brothers, there were quite a few of us, and we all treated him normally, because it became normal. But then it is true that at certain times you think about it and it's like, why me, you know? Why do I have to do it, you know? And then you feel good, because it's actually like a good thing that you're doing. I mean, I wish she wasn't ill, because life would be easier, but at least it's something good that I'm doing, and it's something rewarding. (Lucía)

While all the participants embraced their circumstances and demonstrated a strong sense of responsibility, they also acknowledged how exhausting and emotionally challenging the situation could be at times, as reflected in the above quotations.

4.3. Need for personal support and help

Although YCs demonstrate kindness through their actions and caregiving duties, they also express the importance of receiving support, particularly having people and safe spaces to express their emotions. They take pride in caring for and supporting a family member in their day-to-day needs, which they do with pleasure. However, the YCs also acknowledge that caregiving can be an arduous task and that they need support and help to recharge. They deeply appreciate small gestures of kindness, as well as the time and space for meaningful conversations with their loved ones.

> That is why I think a carer needs someone: they know how to take care of the ill person, but I think that someone must also take care of the carer. Because if not, you end up with a burnout, you end up getting tired, you let everything go to hell and say, 'Hey, that's it, it's over'. So, I believe that the patient is important – but so is the carer. That there is a person next to him or her supporting him or her or saying, 'you rest and I'll help you do this task that you

> have to do outside the home', for example. I believe that these things help a lot – to be more relaxed, calmer and able to do things better. (Enrique)

The extract above illustrates the importance of having supportive people, such as family and friends with whom caregivers cannot only disconnect for a while, but talk to and express their feelings. To continue providing care, caregivers also need to be cared for.

4.4. Differences in results based on respondents' age and gender

The study involved five girls and three boys of different ages. The analysis reveals that age-related caregiving tasks become more demanding with increasing caregiver age. The respondents explained that they were "trained" progressively by their parents. There were only a few gender-based variations in the dimensions of solidarity among participants. In families with more than one child caregiver, specialisation in care was absent, as caregivers preferred a rotational approach. However, there was an exception when it came to helping an ill mother with showering and using the toilet. In this case, modesty played a role, and male children, if there was a sister in the family, would delegate the task to her. If there was no sister, they would perform the task themselves in a very discreet and respectful manner. Daughters were more involved in personal aspects of care like waxing, painting nails, or doing makeup for their mothers compared to sons, who did not provide this kind of care. Furthermore, regarding the source of emotional support, girls tended to prefer family members or close friends, while boys sought support from non-family figures such as teachers, tutors, priests, or girlfriends.

It is important to note that there were no cases of ill male parents in the sample, which limits the ability to fully examine potential variations in care relationships based on the gender of those, involved. Nevertheless, this study highlights the importance of considering the gender and age of caregivers as well as of ill relatives and the type of family bond when examining caregiving outcomes.

5. Conclusion

The aim of this study was twofold. First, to analyse the lived experience of YCs, while also considering possible differences based on their gender, age, and family size. Second, to assess the applicability of the six-dimensional framework of IFS (Bengston and Roberts, 1991), this has traditionally been observed in relationships between adult children and elderly parents or between grandparents and grandchildren. The study was conducted in Spain, where the phenomenon of YCs lacks social recognition and has not yet garnered the attention of academics.

Overall, the research findings reveal how YCs feel and live their experience of being YCs. This is in line with prior research that highlights positive and negative effects of being a caregiver during youth (for positive effects, see Rose and Cohen, 2010; Hamilton and Cass, 2017; Addo et al., 2021; Wepf et al., 2021; for negative effects, see Eley, 2004; Kavanaugh, 2014; McDougall et al. 2018; Matzka and Nagl-Cupal, 2020; Phelps, 2021). Our analysis confirms that these two types of effects coexist, that is, even if the YCs interviewed emphasised the positive aspects of this role, they also reflected on the developmental implications of experiencing the illness of a family member and the associated responsibilities. Caring for a family member provided the participants with important soft skills for their development as adults, including social responsibility, empathy, sensitivity, and solidarity. The ability to prioritise and manage different tasks was also a positive aspect of their development. Hence, our case study—which was mostly based on the interviews of YCs studying at university—illustrates the added value that these young people bring to their backgrounds. Rather than viewing caring tasks as an obstacle to their lives, the responsibility they carry entails a certain level of maturity that may prove beneficial to them in their future. While a family member's illness can strengthen family ties and lead to effective team working managing caregiving tasks, YCs also need an outlet for their emotions and energies. Our findings suggest that, in order to succeed in their role, YCs need not only their own personal time and space, but also someone they can talk to. Therefore, we highlight the importance of providing YCs emotional support.

As discussed in the findings section, we observed little difference in caregiving between female and male YCs. Boys tended to feel shy about assisting their mothers with showering or going to the toilet, while girls included some beauty treatments such as combing, manicures, and hair removal in their caregiving duties. Boys preferred to receive emotional support from figures outside the family, whereas girls preferred support from family members or those close to the family. While there remains insufficient evidence to draw definite conclusions regarding gender differences in caregiving, the literature on IFS suggests that women may be more predisposed to engage in caregiving tasks (Starrels et al., 1995).

As regards the second objective of this paper, we can confirm that the findings from the analysis align with the six-dimensional IFS paradigm proposed by Bengston and Roberts (1991). However, several key findings in certain dimensions merit further discussion. In terms of structural solidarity, four issues merit attention. Firstly, the sample includes both small and large families, allowing us to identify some differences due to family size. Caring for an ill parent, regardless of family size, presents unique challenges and impacts the caregivers' physical, emotional, and social well-being. The analysis revealed that having the opportunity to confide in an older sibling helps to reduce stress, while sharing caregiving duties through rotating shifts enables caregivers to maintain a social life. Furthermore, solidarity among siblings fosters a strong sense of family unity, which is consistent with the existing literature (Hank and Steinbach, 2018). Finally, only YCs from small families expressed concerns about the insufficient support currently available for dependent family members and stressed the need for financial assistance for YCs. Generally, being a YC in a large family appears to be less challenging than being a YC in a small family. Secondly, the sample included two YCs with divorced parents. During the interviews, both spoke with a sense of detachment, as if reporting information that was not personally relevant to them and expressed frustration over the lack of support from their healthy parents and extended families. This aligns with previous literature, which suggests that growing up in a divorced single-parent family is associated with lower levels of solidarity between parents and children (White, 1994). Thirdly, regarding caregiving responsibilities, the eldest child seems to bear the greatest burden. Lastly, in our sample, the ill family member is the mother, which is consistent with previous literature highlighting the prevalence of women as care recipients (Levine et al., 2005; Dellmann-Jenkins, et al., 2000).

Regarding the motivation to provide care, we observed an interplay between affectual solidarity and normative solidarity in the sample, which is in line with previous studies on IFS that has reported a positive relationship where emotional closeness reinforces caregiving norms, and vice versa (Hwang, et al., 2021; Lee, 1994).

The first outcome of this interplay is functional solidarity. Some of the YCs interviewed can be considered prime examples of this, as they not only fulfil their caregiving duties but also actively seek to deepen their knowledge of their mother's illness. For example, they have learned nursing practices to provide more effective care and, on many occasions, pursued doctors and nurses in hospital corridors seeking further explanations. This has allowed them to become almost professional in their caregiving.

Regarding consensual solidarity, the discourses of the YCs reflect a high level of shared values between children and parents. They care for their mothers with unconditional love, largely due to the example set by the parents, particularly the mother. Although all YCs in the sample experienced varying degrees of mild ambivalence at times, this did not hinder their ability to care for their ill mothers or to fulfil other household responsibilities. Moreover, the sample embodies the geographical and cultural patterns of Spanish IFS between adult children and older parents as identified by Lowenstein and Daatland, (2006). All the YCs interviewed regarded reciprocity as a natural part of family relationships. This perception of reciprocity as inherent to family bonds may explain its invisibility and could be a contributing factor to its neglect in a country like Spain, where family solidarity is often taken for granted.

In our study we examine the YC phenomenon through the IFS framework, offering a unique perspective on the topic. Additionally, we present compelling findings and insights into the feelings and experiences of YCs in Spain. However, it is important to acknowledge the limitations of our research. Conducting research with YCs in Spain poses several challenges, as many YCs may not be fully aware of their unique role and contributions, often rendering them invisible. Moreover, due to this lack of social recognition, they are overlooked census. The limited collaboration by social and health care personnel further complicates the process of identifying these caregivers. For our study, we were only able to obtain the collaboration of the patient associations to which the ill mother belonged. As a result, a significant constraint was the relatively small and specific sample, which primarily consisted of university students from middle-class families. Future studies should aim to gather larger and more diverse samples to gain a comprehensive understanding of this phenomenon. Our research focused only on the impact of a family member's illness on YCs, but it would be of interest to know the ill person's experience as well. By amplifying the voice of both YCs and those dependent on care, we can better understand their relationship and how it contributes to the well-being of the family as a whole. Additionally, while we utilised only the IFS framework, other theories, such as the Mauss' theory (2002) of gift or various caregiving theories, could also inform qualitative studies on YCs.

In conclusion, this study illustrates the importance of intergenerational family solidarity. The dimensions of normative, associational, affectual, consensual, functional, and structural solidarity are clearly present in the relationships between Spanish YCs and care-dependent family members. According to the YCs, certain forms of help, particularly personal care and emotional support, should not be externalised. Therefore, society, along with social and community services, must ensure that these families have the necessary resources to continue performing their often hidden yet valuable and irreplaceable caregiving tasks for care-dependent family members.

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