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Caregiving Under Social Expectations: An Analysis of Social Media Comments

Márton Bagyura

Department of Communication and Media Studies, Faculty of Humanities and Social Sciences, University of Pécs, Pécs, Hungary; HUN-REN Centre for Social Sciences, Budapest, Hungary or tap here to enter text.

bagyura.marton@pte.hu

Abstract Informal caregiving plays a central role in elder care, particularly in Hungary, where emotional bonds, cultural expectations, and religious norms strongly influence caregiving practices. This study aims to explore the motivations behind informal caregiving in Hungary, with a focus on emotional, social, cultural, and religious dimensions. A qualitative content analysis was conducted on publicly available Facebook comments related to elder care in Hungary. The analysis aimed to identify recurring themes and patterns in caregivers' expressions of motivation and experience. The study revealed a complex interplay of intrinsic motivations—such as love, personal fulfillment, and moral obligation—and extrinsic pressures, including societal expectations, perceived duty, and religious obligations. Caregivers often cited deep emotional attachment and a strong sense of filial responsibility. However, these motivations were frequently accompanied by reports of emotional, physical, and financial strain. Cultural ideals like “caring with joy” and reliance on religious faith served as both sources of strength and added pressure, often discouraging the pursuit of external assistance. The findings highlight the dual nature of caregiving motivations in Hungary, where intrinsic rewards coexist with significant burdens exacerbated by cultural and religious expectations. To prevent caregiver burnout and improve support, policies must be culturally sensitive and recognize both the value and the challenges of informal caregiving. This study contributes to international caregiving literature by underscoring the role of cultural context in shaping caregiving experiences.

Keywords ageing, informal caregiving, caregiver motivation, social and cultural norms

1. Introduction

Informal caregiving plays a vital role in eldercare, with families globally taking on the majority of responsibilities for older adults. As societies age and life expectancy rises, the demand for long-term care increases faster than formal care systems can accommodate [1]. This has led governments to restructure health and social care systems, expecting families to absorb more caregiving duties [2]. While this shift aims to reduce state expenditure and reinforce caregiving norms, it has made families increasingly central to eldercare across both Western and non-Western societies [3].

Caregiving motivations are complex, with early research focusing on negative aspects like strain and stress, framed by stress-coping theories [4-5]. These models highlighted the physical and mental toll of caregiving, including increased mortality risk. Caregivers often face role conflict, social isolation, and personal sacrifice, contributing to the concept of caregiver

burden, as they balance caregiving with other responsibilities like employment and parenting [6].

Recent research has recognized that caregiving can have positive aspects, alongside its burdens. Many caregivers experience personal satisfaction, meaning, and emotional rewards, often referred to as uplifts or caregiving gains. These include a sense of purpose, strengthened relationships, and feelings of growth and increased patience [7]. Intrinsic motivations like love, affection, and reciprocity are central to caregiving roles [8]. Studies show that caregiving driven by love, respect, or filial duty can help buffer stress and contribute to caregivers' overall well-being [9].

Extrinsic motivations, like social and cultural pressures, significantly influence caregiving. In collectivist cultures, caregiving is viewed as an obligatory duty, and those who don't fulfill it may face guilt or stigma [10]. Even in individualistic societies, caregivers often feel pressure from family or community expectations. Gender norms also complicate caregiving roles, with women, especially wives and daughters, shouldering most responsibilities. This gender imbalance leads to higher stress and burden among female caregivers, who balance caregiving with other domestic and work duties [11].

Cultural and religious values also shape caregiving motivations. In societies with strong filial piety traditions, such as many Asian cultures, caregiving is framed as a moral duty and a means of repaying parents for their upbringing [12]. This sense of obligation is often reinforced by religious beliefs, with many caregivers viewing their responsibilities as a spiritual calling [13]. While these motivations can provide strength and resilience, they can also place pressure on caregivers, preventing them from seeking respite or external support due to fear of judgment [14].

In summary, informal caregiving is shaped by a dynamic interplay of intrinsic motivations, such as love and emotional fulfillment, and extrinsic motivations, including social norms and cultural expectations. These motivations interact in complex ways to influence caregivers' experiences, and the balance between them can determine whether caregiving is viewed as a fulfilling choice or an unavoidable burden [15]. Understanding the motivations behind caregiving requires consideration of personal relationships, cultural context, and gender dynamics [16]. These nuanced experiences highlight the need for more tailored support systems to address the diverse needs of caregivers [17].

Much research on caregiving motivation has relied on interviews, surveys, or focus groups, which may encourage socially desirable responses, leading caregivers to underreport feelings of burden or guilt [1]. In contrast, online discussions offer more candid insights, with caregivers increasingly turning to social media platforms like Facebook to share struggles and provide mutual support [18]. Analyzing these organic conversations provides authentic data on caregivers' motivations, frustrations, and needs [19]. Social media also transcends geographic boundaries, allowing for comparisons across cultures [14]. This study focuses on Hungary, where family-based care is a strong cultural expectation, yet economic and social changes challenge its feasibility [3].

Building on the gaps identified in the literature, this paper explores the motivations underlying the choice to undertake caregiving responsibilities and the lived experiences associated with this role, using Hungary as a case study. Through the analysis of caregivers' own words in a public social media forum, the study aims to uncover how emotional, cultural, and spiritual dimensions influence their sense of duty and willingness to care [16].

The research questions guiding this study are:

1. What are the primary motivations driving informal caregivers in the post-socialist, illiberal country?
2. How do social, cultural, and religious factors shape caregiving motivations and experiences?

2. Methods

2.1. Data Source and Sample

To capture caregiver perspectives, we conducted a qualitative content analysis of Facebook comments related to caregiving for elderly family members. The data were collected from comments on a public Facebook post and its comment thread, made between July 5, 2022, and August 31, 2022. The post itself was an invitation to participate in a survey about family caregivers' experiences related to caregiving, which sparked an organic conversation among users.

All comments responding to this post were considered for analysis. 872 comments were collected, consisting of 434 original top-level comments and 438 replies to those. These comments came from a mix of self-identified caregivers, former caregivers, and other individuals voicing their opinions on caregiving. The large number of comments and reactions (likes) also provided an indication of which sentiments resonated most with the readers, information we leveraged in our analysis.

2.2. Analytic Approach

I employed a thematic content analysis, an approach well-suited for identifying patterns in textual data. The analysis was primarily inductive, allowing themes to emerge from the data. ATLAS.ti software was used to facilitate data management and coding.

As part of the procedure, all comments were compiled and read in their entirety to achieve immersion in the data. Initial notes were made regarding recurring ideas or striking statements. I then conducted a line-by-line open coding of approximately 100 randomly selected comments to develop a preliminary codebook. Codes reflected content such as “love for parent,” “sense of duty,” “physical exhaustion,” “religious reference,”. This initial coding suggested several specific themes. Then, I applied and refined these codes across the full dataset of comments. As new themes or subthemes became apparent, codes were added or adjusted iteratively.

After coding was completed, related codes were grouped into broader thematic categories. Through this process, four major themes emerged: 1) positive motivations and rewards of caregiving, 2) negative experiences and burdens, 3) social expectations and obligations, and 4) religious or spiritual influences. Within these, we also noted finer subthemes.

Additionally, I conducted a supplementary analysis of engagement metrics: I identified comments that received more than 200 likes (or other reaction emoticons) from readers. There were several such comments that clearly resonated with many Facebook users. I treated these highly liked comments as exemplars of widely shared sentiments. Analyzing this subset allowed us to see which perspectives on caregiving garnered the most public support or agreement in this community, adding another layer to my interpretation.

2.3. Data Validity and Trustworthiness

I took two steps to ensure the trustworthiness of our qualitative findings. First, I maintained an audit trail in ATLAS.ti, documenting code decisions and theme development. Second, I contextualized my results by relating them to established concepts in caregiving research (as

presented in the Introduction). This integration with prior knowledge helped validate that our themes were not idiosyncratic to this dataset alone but echoed broader patterns (while still highlighting unique cultural nuances of Hungary). By combining an innovative data source with rigorous qualitative methods, my study aims to provide an authentic and richly nuanced understanding of caregiving under social expectations.

2.4. Ethical Considerations

We adhered to ethical guidelines for research using online content. Only publicly available comments (visible without joining a private group or sending a friend request) were included, in line with ethical norms that treat such data as existing in the public domain. All comments were fully anonymized for analysis and reporting. We did not record any personal identifiers such as names or profile information. Quotes presented in the results are paraphrased where necessary to further protect privacy while retaining the original meaning. Additionally, given the sensitivity around personal stories, we ensured that no specific individual could be recognized from the information in this paper. The study focused on aggregate themes and common experiences rather than any single person's narrative.

3. Results

3.1. Caregiving Motivations and Perceptions

The analysis of Facebook comments revealed diverse motivations for caregiving, including intrinsic positive motivations, social expectations, and religious beliefs, often intertwined. Caregivers also shared various negative experiences associated with their roles. Thematic categories and their subcomponents are summarized in Figure 1, with detailed descriptions and examples from the comments provided below.

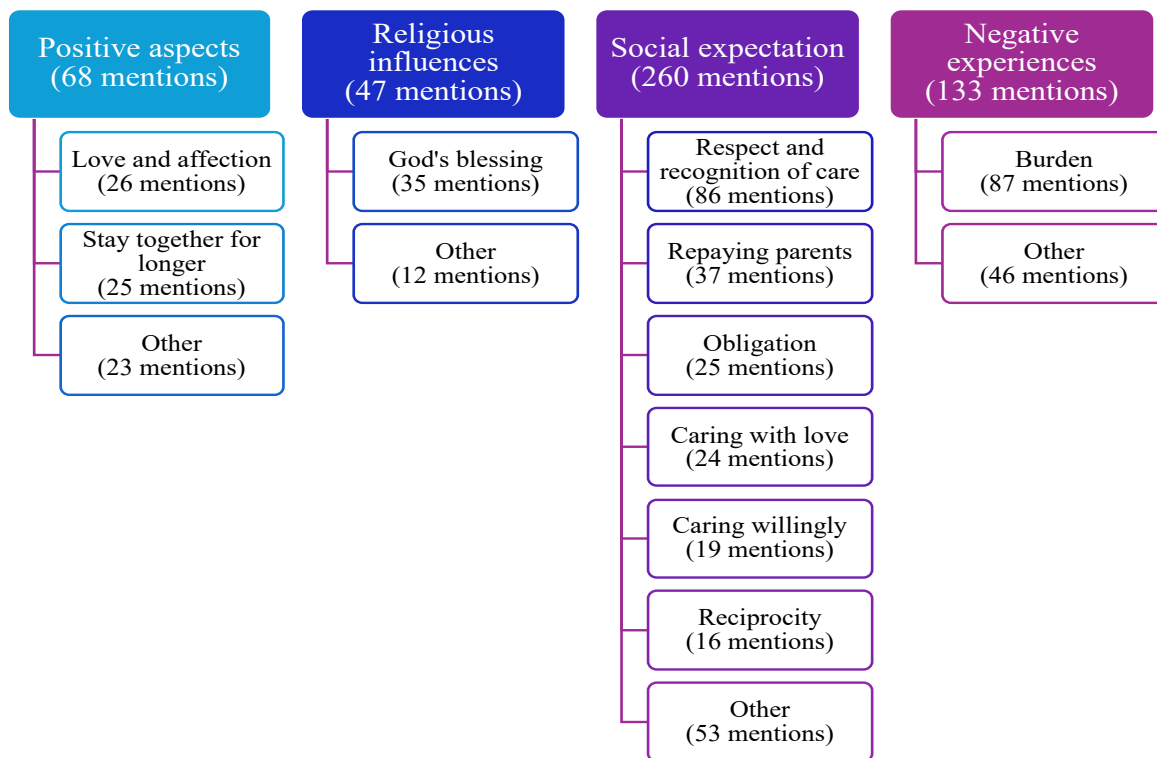


Figure 1. Caregiving motivations and perceptions

3.1.1. Positive Motivations – Love, Reciprocity, and Personal Fulfillment

A prominent motivator for caregivers was the love and emotional connection they feel for elderly family members. Many caregivers viewed their role as a natural expression of love, with one commenter stating, “she raised us with love and integrity, and now it’s my turn to give back.” The sense of reciprocity was common, with caregivers feeling morally compelled to care for parents in return for their childhood care. Familial love and attachment were central, with caregivers emphasizing the importance of cherishing time spent together. Several also mentioned intrinsic rewards, such as personal growth, with one noting, “it made me stronger as a person.”

3.1.2. Religious and Spiritual Influences

A significant number of comments framed caregiving as a spiritual duty. Caregivers expressed that their strength came "from God" and viewed their role as a divine calling, obeying Biblical commandments to honor parents and care for others. One commenter stated, “May God bless your hands – it means everything,” highlighting how gratitude from elders reinforced their belief in caregiving as blessed work. Others saw caregiving as a path to earn God's favor, with one saying, “God called me to do this, and that calling gives me the right attitude to continue no matter what.” Religious comments often received support, suggesting widespread resonance with faith-based motivations. However, caregivers held themselves to high standards, emphasizing qualities like patience and kindness, as seen in a highly liked comment that praised those who care “with a pure heart and not for money.” While this idealizes caregiving as sacred,

it also reinforces expectations that caregivers shouldn't complain or seek material rewards. This tension was evident in religious comments, which often praised caregivers but did not address the need for help or respite, implying that faith alone should suffice.

3.1.3. Social Expectations and Obligation

The most prevalent theme in about 260 out of 872 comments was the role of societal and familial expectations in caregiving. The largest subtheme, Duty and Avoiding Social Judgment, revealed that many caregivers felt there was “no choice – you must care for your parents.” This reflects deeply ingrained societal norms, with one commenter stating, “not caring for an elderly parent is just not an option.” Fear of stigma was a strong motivator, as caregivers worried about being seen as ungrateful or heartless. Conversely, caregiving could also garner respect, with some commenters acknowledging that while respect shouldn't be the only motive, “it feels good when others acknowledge the sacrifices you make.” Another subtheme, Reciprocity and Obligation to Elders, highlighted a sense of duty to repay parents for their care. Many echoed, “we owe it” to parents, reinforcing the idea of familial reciprocity. Some extended this idea beyond the family, suggesting societal or karmic reciprocity: “everything comes full circle – we too will be old one day.”

Within the theme of social expectations, gender roles were sometimes explicitly mentioned. A few comments under an “other” subgroup noted that caregiving is often viewed as a “woman's duty.” One commenter remarked, “it's always the daughters or daughters-in-law who are expected to do the heavy lifting.” This suggests awareness of the unequal caregiving burden placed on women, which aligns with research showing that female caregivers experience more intense caregiving and stress.

A nuanced expectation within social norms was joyful or willing caregiving. About 19 commenters argued that it's not enough to simply fulfill the duty; caregivers should do so willingly and with a positive attitude. As one put it, “the obligation extends to ensuring that caregiving does not feel like an obligation.” This reflects a cultural ideal where caregiving driven by love should be indistinguishable from duty. However, this can invalidate caregivers' struggles – admitting caregiving feels burdensome may be seen as failing to meet the ideal of joyful sacrifice. One commenter critiqued this, highlighting how unrealistic it is to expect constant cheerfulness. The prevalence of this notion shows many caregivers internalize the pressure to present an unwavering dedication, masking their difficulties.

3.1.4. Negative Experiences and Challenges

Commenters were candid about the challenges and negative impacts of caregiving, with physical and mental exhaustion being the most frequent difficulty. One caregiver confessed, “I barely made it through, it was so hard, I have my own health issues now.” Burnout was common, with feelings of being “drained,” “trapped,” or “at the end of my rope.” Specific stressors included managing medications, handling difficult behaviors, and navigating bureaucratic hurdles. Relational strains also emerged, such as conflicts over unequal caregiving contributions. Many caregivers lamented the lack of formal support, with limited eldercare options in Hungary. One commenter expressed, “We do it 24 hours straight, taking turns... May God bless everyone who does this job,” highlighting the laborious nature of caregiving, sustained by personal devotion rather than external support.

Emotional distress was another frequent challenge, with caregivers expressing feelings of isolation, sadness, and resentment. Some bravely admitted to anger or bitterness, not directed

at their loved ones but at the situation itself. They mourned the loss of their own freedom and life trajectory, often feeling guilty for these emotions. One commenter expressed, “It’s not easy, we all age and things change... but some people don’t understand what it takes until they’ve done it,” reflecting frustration with those who judge caregivers without experiencing it themselves.

3.2. *Insights from Highly Endorsed Comments*

To further illuminate which viewpoints resonated most in the community, we examined the comments that received the highest number of “likes” (positive reactions) from other users. These popular comments serve as a barometer of public sentiment around caregiving. We found that the top-liked comments tended to emphasize particular values: respect for caregivers, moral duty, love, and spiritual fulfillment.

One of the most-liked comments (765 likes) was an outpouring of admiration: “My utmost respect goes to those who care for the elderly! I’ve had my share of it, unfortunately, and I barely made it through. Congratulations to those even caring for someone who isn’t family!”. This comment struck a chord likely because it voiced what many feel – that caregivers deserve immense respect, and that caregiving is extremely tough. The mention of caring for non-family (perhaps neighbors or as a job) and still being dedicated drew special praise, highlighting society’s esteem for altruistic caregiving beyond obligatory ties.

Another highly endorsed comment (562 likes) delivered a reciprocal argument: “Some say it’s hard with the elderly, but has anyone thought about how it wasn’t easy for those elderly people to raise their children either? ... We owe it to our parents and the elderly because we wouldn’t be who we are without them.” The strong agreement with this comment confirms that the reciprocity and filial obligation narrative is widely accepted. It frames caregiving as the rightful return for parents’ past sacrifices. The communal response suggests that many share this sentiment that caring for aging parents is a non-negotiable debt of gratitude.

A third comment (446 likes) combined personal testimony with moral declaration: the commenter, caring for a 94-year-old mother, vowed never to “put her in a home” and described caregiving as “my turn to give back all the good she gave me! May God allow me to take care of her for a long time!”. This post encapsulated love, duty, and religious hope in one narrative, which likely explains its popularity – it aligns with the ideal of caregiving as loving devotion sustained by faith. It’s noteworthy that the community heavily endorsed a statement explicitly rejecting institutional care, reinforcing the norm that keeping elders at home (within the family) is the admired course of action.

Other top comments (in the 300-400 likes range) echoed similar themes: praising those who treat the elderly with kindness and patience, reminding readers that “we too will get old someday”, or invoking blessings on those who care with a “pure heart”. Comments that explicitly brought in religious elements (e.g., “May God bless those who care for their loved ones”) also garnered strong support. This pattern indicates that in the public eye, intrinsic motives and moral framing of caregiving are highly valued. People rally around messages that reinforce caregiving as a noble, virtuous act – almost a sacred responsibility – and show less engagement with comments that might express negativity or call for external help (indeed, none of the top-liked comments were complaints or requests for support; they were all appreciative or affirmative in tone).

4. Discussion

This study aimed to explore the motivations behind informal caregiving in Hungary, focusing on the influence of social expectations, cultural norms, and religious beliefs. By analyzing social media comments, insights were gained into caregivers' expressions of love, obligation, faith, and frustration. The findings contribute to existing caregiving literature, revealing both universal patterns and unique aspects of the Hungarian context, while also addressing implications for caregiver support and suggesting directions for future research.

4.1. Primary Motivations of Informal Caregivers (RQ1)

This study addresses the first research question: What are the primary motivations driving informal caregivers in the post-socialist, illiberal Hungary? The analysis reveals that caregivers in Hungary are motivated by a combination of intrinsic factors, such as emotional attachment, love, empathy, and personal fulfillment, alongside extrinsic motivations like social or familial duty, moral obligation, and the desire to avoid guilt or stigma. This finding is consistent with international research on caregiving motivations, which recognizes caregiving as a multidimensional role driven by various, often interrelated, factors [1].

Emotional attachment and love were identified as foundational intrinsic motivators. Caregivers often described their caregiving role as an extension of their familial relationships, emphasizing the deep emotional bond they shared with their family members. This emotional connection was seen as the primary reason for providing care. Prior research suggests that when caregivers are motivated by love or a personal connection, they tend to experience better psychological outcomes and greater satisfaction with caregiving [9]. In this study, caregivers motivated by love and emotional attachment described their caregiving experience positively, often expressing that the time spent with their loved ones was meaningful despite the challenges.

Reciprocity, or the desire to "give back" to those who have cared for the caregiver, also emerged as a prominent motivator. This sense of filial reciprocity was frequently mentioned, with caregivers feeling a moral obligation to care for their parents as a form of repayment. Filial reciprocity is a common theme across many cultures, especially in societies with strong filial piety norms [10]. In Hungary, this notion coexisted with emotional attachment, making caregiving feel both rewarding and, at times, burdensome. While reciprocity can be a positive motivator, caregivers sometimes expressed that they felt coerced into caregiving due to a moral debt, which connects to the extrinsic side of caregiving motivation [12].

Extrinsic motivations, particularly social expectations and duty played a dominant role in the motivations of Hungarian caregivers. The study found that caregiving is culturally constructed as a normative role in Hungary, where caregivers often feel compelled to care for family members due to social and familial obligations. This finding strongly supports the idea that caregiving in Hungary, as in many other societies, is viewed as a moral duty, deeply embedded in cultural norms [3]. This sense of duty was reinforced by religious and cultural values, such as Catholic teachings about honoring parents, which further emphasize caregiving as an obligation rather than a personal choice [13]. For many caregivers, the feeling of duty was so deeply ingrained that it overshadowed any personal desires or needs they might have had, making caregiving seem like an inevitable and non-negotiable responsibility.

One of the most significant extrinsic motivators was the fear of stigma and the need to secure social approval. Many caregivers expressed concerns about societal judgment, stating that they feared being labeled as unfilial or neglectful if they did not fulfill their caregiving duties. This fear of social criticism played a powerful role in shaping caregiving behavior, leading caregivers to continue their caregiving roles even when it caused personal hardship. This

phenomenon is consistent with the concept of "social anchoring," where caregivers internalize community standards and feel compelled to meet them, even at the expense of their own well-being [14]. Research has shown that caregivers who are driven primarily by external pressures, without accompanying intrinsic fulfillment, are more likely to experience stress, resentment, and burnout (Cahill, 1999).

Another notable aspect of caregiving motivation in Hungary was the cultural expectation that caregivers should care willingly and present their caregiving role in a positive light. This expectation, although not as widely documented in Western literature, reflects broader cultural ideals about caregiving. The pressure to appear cheerful and tireless, even when facing exhaustion or emotional strain, can discourage caregivers from acknowledging burnout or seeking help. This performative aspect of caregiving reflects the internalization of societal ideals, where caregivers feel that they must conform to the role of the "ideal" caregiver, even if this compromises their mental health and well-being [15].

In conclusion, the primary motivations of Hungarian caregivers align with global caregiving patterns, including love, duty, reciprocity, guilt, and faith. However, the intensity of social expectation in Hungary stands out, suggesting that caregiving is strongly influenced by cultural norms and religious values. The deep sense of familial responsibility, reinforced by societal pressure and limited formal care options, shapes caregivers' experiences [1]. This study underscores the need for policies that not only acknowledge the intrinsic motivations of caregivers but also address the extrinsic pressures they face, helping to balance their emotional fulfillment with the heavy burdens of caregiving [17].

4.2. Influence of Social, Cultural, and Religious Factors (RQ2)

The second research question asked: How do social, cultural, and religious factors shape caregiving motivations and experiences? Our results, combined with prior studies, indicate that these factors are profoundly influential, effectively setting the "terms" under which caregiving is undertaken.

The study highlighted the pervasive role of social expectation in caregiving in Hungary, where caregiving is not seen as a personal choice but rather as a social role governed by cultural norms. Caregivers follow a "cultural caregiving script," which prescribes caring for elders as a proper and honorable behavior, aligning with Zarzycki et al.'s concept of cultural self-identity in caregiving [13]. In Hungary, there is a long-standing expectation that children will care for their aging parents at home, deeply rooted in familial collectivism. This expectation is a legacy of the socialist era, where families often had no choice but to rely on each other for support. Although formal systems have evolved, many still feel that family care is the only acceptable option [3].

This expectation manifests in caregivers' reluctance to seek external help, as they may fear judgment. For example, seeking care outside the family may be perceived as failing in their duty. This reluctance to access formal support services, such as nursing homes or respite care, reflects the broader cultural stigma against outside assistance [17]. This phenomenon is observed in other cultures as well, such as in Israel, where strong family norms lead to lower utilization of formal services [12]. The fear of judgment and social disapproval can lead to caregivers shouldering more of the burden than is sustainable, which is a concern noted in international literature advocating for cultural changes in caregiver support [14]. Normalizing the use of respite care is essential to ensure caregivers do not feel ashamed to seek help.

Cultural context also shapes gender dynamics in caregiving. The study found that women were particularly expected to fill caregiving roles, with many comments suggesting that two-thirds of caregivers in the data were women, often daughters or wives. This aligns with demographic data and previous studies that have shown that caregiving is often considered "women's work" in cultures with strong familial norms [11]. As a result, women caregivers experience additional pressure to take on caregiving duties, even when they have other obligations, such as employment. In contrast, male caregivers are often praised for their involvement in caregiving, with one comment drawing astonished commendations for a man caring for his mother. This reflects cultural gender norms: men are often seen as performing an exceptional, heroic act when providing care, while women are expected to care without recognition. This gendered dynamic may lead to female caregivers feeling more obligated and less acknowledged, which can contribute to burnout, as they are expected to fulfill caregiving duties without complaint [19].

Religion also plays a significant role in shaping caregiving motivations. Many caregivers in the study explicitly framed their caregiving role as a spiritual duty, believing that caring for the elderly is mandated by their faith. In Hungary, where many people identify with Christian denominations, religious teachings about honoring parents and loving one's neighbor provide a moral foundation for caregiving [12]. Caregivers often invoked God's blessing and strength, suggesting that their faith helps them endure the challenges of caregiving. This aligns with studies in other religious communities, such as in the U.S. Bible Belt, where caregivers often report higher resilience due to their faith [15]. Religion can provide emotional sustenance, support, and a sense of purpose, helping caregivers frame their experiences in a larger spiritual context.

However, religious beliefs can also intensify the sense of duty. For some caregivers, the belief that they are accountable to God for how they care for their elders can place greater pressure on them. This sense of divine responsibility may discourage caregivers from seeking respite care, as it may feel like failing in their spiritual duty. Comments from caregivers often suggested that not caring for their relatives would be morally or spiritually unacceptable, reinforcing the internalization of caregiving as a sacred obligation. While faith can provide strength, it can also deepen the burden, making it harder for caregivers to acknowledge their own needs for support [16].

The findings in this study are consistent with international research that emphasizes the importance of cultural norms in shaping caregiving experiences. For example, Zarzycki et al.'s research on cultural self-identity in caregiving aligns with the findings in this study, where caregivers' identities were closely tied to cultural values about family and duty [13]. Similarly, cross-country comparisons show that in countries with strong family care norms, caregivers tend to provide more hours of care. This study contributes to the broader understanding of caregiving as deeply embedded in cultural expectations and social structures [3].

While many of the themes in the study align with international findings, there are some nuances specific to Hungary or similar cultural contexts. One notable aspect is the emphasis on caregiving as a duty that should be performed willingly. This expectation is particularly strong in Hungary, where there is a cultural emphasis on resilience and stoicism, possibly due to historical hardships. This contrasts with Western cultures, where caregivers may feel more comfortable expressing stress and seeking help. Additionally, the tension between traditional caregiving expectations and modern challenges, such as smaller families and the migration of younger generations, is a significant aspect of the Hungarian caregiving context [15]. Some

caregivers expressed frustration with younger generations who have moved abroad or rely on formal care services, highlighting the generational divide in caregiving expectations.

4.3. *Strengths and Limitations*

This study's strengths lie in its unique data source and cultural-contextual approach, utilizing real-world social media comments to capture candid caregiver expressions often missing from traditional research. However, limitations include: (1) The sample is not representative of all Hungarian caregivers, as Facebook commenters may differ from non-participants, introducing self-selection bias. (2) Public comments lack detailed demographic information, limiting insight into the diversity of caregiver experiences. (3) Social desirability may still influence responses, potentially underreporting negative feelings or more “deviant” experiences. (4) The findings may not be applicable to countries with different cultural norms or support systems.

5. **Conclusion**

Informal caregiving in Hungary is shaped by deep affection, moral duty, and cultural expectations. This study, through an analysis of social media comments, highlights how Hungarian caregivers balance their motivations—rooted in love, obligation, and spiritual devotion—and cope with the significant burdens caregiving entails. Caregivers’ narratives reflect the universal truth that caregiving is rarely a purely voluntary or forced role but a complex blend of both, shaped by upbringing, community, and faith. In Hungary, caregivers often embrace their role as a family responsibility with a sense of pride and inevitability, seeing it as their duty to care for loved ones. While this sense of duty fosters resilience, it can also lead to stress and self-sacrifice when support is inadequate.

Our findings suggest that caregiver support must respect their devotion while preventing it from becoming detrimental. Caregivers should not be forced to choose between caring for loved ones and maintaining their well-being. Policies should aim to create an environment where accepting help and taking breaks are seen as compatible with being a loving caregiver. This could include expanding respite care, offering counseling, and promoting public discussions on the importance of caregiver self-care. Faith and family networks can be mobilized to provide culturally relevant support, such as volunteer caregiving rotations.

Though rooted in Hungary, these insights resonate globally, as millions of family caregivers worldwide face similar challenges. Informal caregivers, essential to long-term care systems, are often at risk of burnout without adequate support. As populations age, societies must ensure sustainable caregiving by providing acknowledgment, understanding, and practical support.

The expectations that drive caregivers can also increase their burdens. Addressing this paradox is vital to improving caregivers' well-being. By listening to their voices, policymakers, healthcare providers, and communities can better meet caregivers' needs, ensuring they can continue their vital work without sacrificing their health.

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