

Caregiving and Culture

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(Abstract) The sociocultural stress and coping model (SSCM) emphasizes the importance of cultural beliefs in the process of caregiving. The revised SSCM highlights a common core model can be seen across cultures and posits that specific cultural variables possess multidimensional characteristics. Research indicates that the culture-specific measures of familism, social support and stress-related growth may serve as good examples to apply the revised SSCM to Korean, Korean-American and African-American caregivers. Other culture-specific measures applying to other ethnic groups should continue to be sought out.

[Key words: caregiving, culture, familism, stress]

This manuscript was based on the first author's presented paper at the 4th International Symposium for Aging which was held at November 12, 2010 in the KimDaeJung Convention Center, Gwangju, Korea. All correspondence to Dr. T. J. McCallum, Department of Psychology, Case Western Reserve University, Cleveland, Ohio 44106-7123, USA, and his e-mail address is tjm16@case.edu.

Introduction

Due to the emerging reality that caring for a demented person can span decades, the process of caregiving has become an example of the effects of chronic stress unfolding over time. In the U.S., studies documenting the effects of caregiving on self-reported emotional distress have focused primarily on Euro-American caregivers. However, as this literature begins to expand and evolve to include other ethnic groups around the world, caregiving studies examining the role of culture are becoming more prevalent. The increased focus on cultural issues has resulted in the creation and development of models intended to uncover and describe the role of culture in the caregiving process.

The sociocultural stress and coping model or SSCM (Aranda & Knight, 1997; Knight, Silverstein, McCallum, & Fox, 2000) emphasizes the importance of cultural beliefs, particularly as related to caregiving outcomes. The SSCM also suggests that culture influences the caregiving role at multiple points throughout the caregiving experience. The revised SSCM (Knight & Sayegh, 2010, cf. Figure 1) advocates that while a common core model can be seen across cultures, specific cultural variables possess multidimensional characteristics and impact the stress process less directly than originally thought. In this paper the impact of the culture-specific measures of familism, social support and stress-related growth are discussed as they apply to Korean, Korean American, and African American caregivers.

Familism

Familism is one of the most commonly studied “cultural variables” in research examining the beliefs and values of caregivers.

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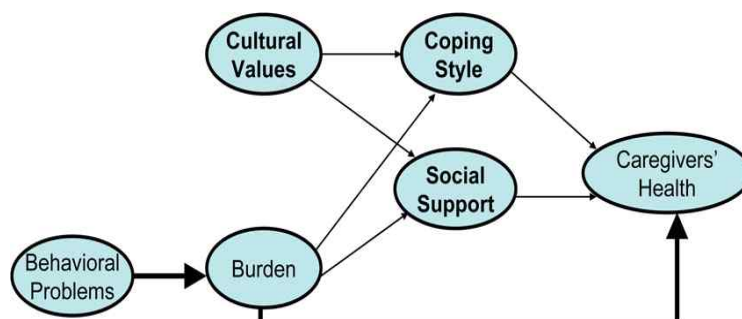


Figure 1. The revised sociocultural stress and coping model for caregivers (Knight & Sayegh, 2010)

Considered as a cultural value, Familism measures attempt to quantify an individual's identification and solidarity with family members, as well as feelings of reciprocity and attachment (Knight & Sayegh, 2010). To date, several different ethnic groups of caregivers have been assessed with Familism measures. Higher levels of Familism were believed to be associated with a devaluation of personal independence and individualism, but perhaps more importantly with less caregiving burden. Korean caregivers, as well as Korean American caregivers generally score higher than other ethnic groups on these measures (Knight, Robinson, Flynn-Longmire, Chun, Nakao, & Kim, 2002), while African American caregivers rank higher than Euro Americans but below Korean and Korean American caregivers on Familism.

However, the prevailing belief that higher levels of Familism would result in lower overall caregiving burden has not held true up to this point. Among the Korean, Korean American, and African American caregiving populations, evidence has yet to be found

linking Familism directly with burden or mental health outcomes (Chun, Knight, & Youn, 2007; Kim, Knight, & Flynn-Longmire, 2007; Youn, Knight, Jeong, & Benton, 1999). Further research by Kim et al. (2007) and others indicates that breaking down Familism into sub-components of family obligation and family solidarity may lead to more definitive findings in this area.

Social Support

Social support, commonly defined as those interpersonal transactions involving aid, affect, or affirmation has been extensively examined in the context of caregiving over the last two decades. According to the original SSCM, culture may be associated with differences in the size, composition, and the quality of social support available to various groups, thus influencing the process of stress proliferation among caregivers (Aranda & Knight, 1997). Similarly to Familism, caregiving and stress theories suggested that the size and the quality of the social support network should impact burden and mental health. The results of studies in this area are mixed, however, with those reporting larger networks or higher quality support not always indicating lower burden and better mental health (Connell & Gibson, 1997).

Interestingly, while overall rates of social support have been studied frequently in the caregiving literature (Dilworth-Anderson, Williams, & Gibson, 2002; Janevic & Connell, 2001) the distinction between perceived positive and negative support has received less attention. Perception of support is particularly important in light of research suggesting that negative support is predictive of both positive and negative affect when examined longitudinally (Newsom, Nishishiba, Morgan, & Rook 2003). Thus, it is possible that the impact of social support may lie more in the perceptions

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of support more than in other aspects of support. Furthermore, there appears to be a conceptual overlap between beliefs about positive and negative support and the Familism-based idea of family solidarity and obligation. Korean, Korean American, and African American caregivers would be excellent populations to apply solidarity, obligation, positive and negative support measures.

Stress-Related Growth

The concept of stress-related growth grew out of the desire of psychological researchers to understand the mechanisms that underlie the ability of some individuals to thrive following or during traumatic events, when others tolerate objectively similar events poorly (Park & Fenster, 2004). Individuals who are resilient in this way are said to experience stress-related growth. The stress-related growth paradigm encompasses belief systems and social support systems. Stress-related growth also has been associated with positive health outcomes.

In terms of culture, it has been suggested that resilience among African American caregivers is due to higher rates of positive reappraisal and religious coping, prior experience with caregiving and/or adversity, and cultural support for caregiving (Dilworth-Anderson et al., 2002). Moreover, longitudinal studies have found African American caregivers to be much more likely to maintain positive affect and life satisfaction in the caregiving role, while Euro-American caregivers tend to show declining life satisfaction during the caregiving process (Haley, Gitlin, Wisniewski, Mahoney, Coon, & Winter, 2004).

Stress-related growth can also be developed through improved social bonds, particularly when the stress is salient to the entire family or community. In the U.S., the historical struggle of African

Americans against racism and consequent poverty creates such a bond. In east Asian cultures, the overriding value system derived from Confucian tradition emphasizes respect for elders, familial piety, and mutual support. This may manifest similarly to the strong social bonds among African Americans that underly stress related growth.

Discussion

As highlighted by the original and revised SSCM, cultural factors and beliefs, specifically Familism, social support, and Stress-Related Growth impact the stress process among caregivers. While it does not appear that these cultural variables directly impact burden and mental health outcomes, they do differentiate certain caregiving groups from other ethnic groups and appear to impact the stress process in other ways. Korean, Korean American, and African American caregivers are similar in that they report higher levels of Familism than other groups, and also in the perception of social support. Future culture and caregiving research should continue to delineate unique cultural variables associated with various cultural groups and further uncover which aspects of the caregiving process are most affected by these variables.

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(논문접수일: 2010년 9월 30일)

(수정논문접수일: 2010년 11월 11일)

(논문게재승인일: 2010년 11월 23일)