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Conflict, Well-Being, and Depression: Young Adults in Intergenerational Caregiving and Noncaregiving Families

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(Abstract) In the present study, we compared young adult children in caregiving ($n = 36$) and noncaregiving families ($n = 65$) in the US on measures of conflict, depressive affect, and well-being. The results indicated that young adult children in

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caregiving families were experiencing a significantly higher level of conflict with their caregiving parents. However, no differences were found between young adult children in caregiving and noncaregiving families on measures of well-being and depression. The results, therefore, indicated that the psychological distress common to caregivers did not spill across generations to their adult children. These findings also suggest cross-cultural examination of the conflict in caregiving; young adult in societies that are more interdependent and less focused on individual autonomy may experience different levels of conflict regarding their parents' caregiving.

[Key Words: *Caregiving, Depression, Family Conflict, Parental Conflict, Well-being*]

More and more families are facing the challenges of providing care to dependent elders as the number of older adults has increased (Stone, Cafferata, & Sangl, 1987). A sizable literature now depicts the "burden" of informal family care for primary caregivers (Haley, Levine, Brown, & Hughes, 1987; Pruchno & Resch, 1989; Schulz & Williamson, 1991; Schulz, O'Brien, Bookwala, & Fleissner, 1995; Zarit, Reever, & Bach-Peterson, 1980; Zarit, Todd, & Zarit, 1986). Multidimensional assessment of caregiver burden indicates that it often includes depression and is exacerbated by conflict with family members. As caregivers are depressed and conflicted, the deleterious effects may spread through the family system. However, there is a dearth of information about the families of caregivers. In particular, the children of caregivers have received sparse attention. To further understand the impact of caregiving for caregiver's children, this study compares conflict, depression, and well-being for young adults in caregiving and noncaregiving families.

Conflict refers to disagreement, distressing interchanges, sins

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of omission, or unmet expectations. Whether intended or unintended, conflict can cause lingering distress (Rook, 1990). For primary caregivers, conflict has been related to a higher level of depressive affect (Abel, 1989; MaloneBeach & Zarit, 1995; Rook, 1984; Schulz & Williamson, 1991; Semple, 1992; Sutor & Pillemer, 1993). Caregiver depression may, in turn, affect other members in the family system (Kleban, Brody, Schoonover, & Hoffman, 1989; Sutor & Pillemer, 1993). However, the results of the studies that examined the children in caregiving families are inconclusive (Beach, 1997; Cantor, 1983; Creasey & Jarvis, 1989; Kramer, 1997).

Creasey and Jarvis (1989) observed that children of mothers burdened by caregiving experienced more stress and had poorer relationships with their fathers and grandparents. Conversely, Beach (1997) observed that parental caregiving enhanced sibling relations and increased adolescents' sensitivity to older adults. Furthermore, the adolescents expressed appreciation and respect for their caregiving mothers and made frequent references to the praise and support that they received from them. Beach proposed that family caregiving may facilitate ego development and identity formation for adolescents.

Creasey and Jarvis (1989), and Beach (1997) may have obtained different results because they examined children of different ages. Creasey and Jarvis investigated a wide range of children, preadolescents and adolescents, the oldest of whom was 18 years old. In contrast, eighteen years was the mean age in Beach's study. In the current study, we compared young adults in caregiving and noncaregiving families on measures of conflict, well-being, and depressive affect. The mean age of our sample was 22 years.

Method

Participants and Procedure

Participants (87 women and 14 men) were generally upper division undergraduates (M age = 22.01 years; SD = 2.83) approaching graduation (M = 15.56 years of education; SD = 1.58). All had a living parent and grandparent. Most were single (n = 92). Fifty-six were unemployed and the others were full (n = 7) or part time employees (n = 38). The young adults in the caregiving (n = 36) and noncaregiving groups (n = 65) did not differ in age, education, marital status or level of employment <Table 1>. Because there were significant differences in the gender composition of the two groups (n = 5 men in the caregiving families; n = 1 in the noncaregiving families), the analysis were also conducted without the men. The results were similar to those with the men included. Thus, we have retained them in the results reported here.

These participants were recruited through undergraduate human development and psychology courses at a major Southern U. S. University. Students who elected to participate received the research questionnaires from the principal investigator and returned them within a week. Research packets included informed consent forms, a description of the study and a cover letter inviting calls to the first author if anything in the packet needed clarification.

In addition, the participants were asked to discuss the study with their parents and to seek their permission to be contacted by the researchers. If the parents were willing, the young adults gave the researcher the information necessary to contact the parents. The parents were telephoned and asked if they provided care to a dependent, aging parents. If the parents said that their parents

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were healthy and independent, the young adults were included in the noncaregiving group. The caregiving group included only the young adults whose parents identified themselves as "primary" caregivers and who indicated that a change of residence for the elder would be necessitated if their caregiving efforts were withdrawn. The average length of time that the parents had been caregiving was almost seven years.

Materials

Conflict. The 28-item Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler, & Ramsey, 1981; Krause, 1987) was modified to determine levels of conflict rather than support. First, participants were asked to rate the extent to which specific family behaviors were unhelpful, unsupportive or conflicted (e. g., "To what extent has your family's providing you with transportation been unhelpful or lacking in support?"; "To what extent has your family's expressing interest in and concern for your well-being been unhelpful or lacking in support?"; "To what extent has your family's giving you information that made a difficult situation clearer and easier to understand been unhelpful or lacking in support?"). Responses ranged from 1 = "not at all" to 5 = "quite a bit". The responses were summed across the items to calculate family conflict scores.

Second, this process was repeated with each item modified to measure parental conflict (e. g., "To what extent has your parent's expressing interest in and concern for your well-being been unsupportive or unhelpful?"; "To what extent has your parent's giving you information that made a difficult situation clearer and easier to understand been unsupportive or unhelpful?"). For the noncaregiving group, this was the parent whom the young adult

expected to become a caregiver if one was needed.

Depressive Affect. The Center for Epidemiological Studies-Depression (CES-D) is a 20-item self-report instrument that addresses both the current level of depressive affect and a broad range of depressive symptomology experienced over the last seven days (Radloff, 1977). The CES-D is comprised of four subscales: depressive affect, positive affect or well-being, somatic complaints, and interpersonal relations. Items are rated on a four-point scale (0 = "rarely or less than one day"; 3 = "most of the time or 5-7 days"). The range of the total score is 0 - 60.

Well-Being. Ryff's Scales of Psychological Well-being is 84 items long and includes six subscales: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 1989). A six-point Likert scale ranges from 1 = "strongly disagree" to 6 = "strongly agree".

Results

Reliabilities, measured by Cronbach's alpha, were high for all the measures (.92 for family conflict, .95 for parent conflict, .96 for well-being, .90 for the CES-D). Table 1 displays means and standard deviations of each measure.

Multivariate analyses of variance (MANOVA) were performed to examine the difference between the caregiving and non-caregiving groups. The MANOVA on the six well-being subscales revealed no significant group effect on all six scales. The MANOVA on the four CES-D subscales also did not reveal significant group differences. The MANOVA using family conflict, parent conflict, well-being, and depressive affect as dependent

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variables produced a nonsignificant Wilk's lambda for the group effect; however, the univariate F -tests showed significant group differences for family conflict, $F(1, 99) = 5.87, p < .01$, and for parent conflict, $F(1, 99) = 3.89, p < .05$. The caregiving group reported significantly higher levels of both family and parent conflict. To control for the demographic variables, age, education, marital status, and levels of employment were entered as covariates. This analysis revealed that only parent conflict was significantly different between the groups, $F(5, 91) = 4.10, p < .01$ (see Table 1).

Discussion

The results of the present study indicated that the young adults in the caregiving lineages were experiencing significantly more parental conflict than the noncaregiving group. However, the higher level of conflict was not related to a higher level of depressive affect or a lower sense of well-being. The present results, therefore, indicated that the psychological distress common to caregivers did not spill across generations to their adult children. We offer two explanations for the findings.

First, Laursen (1993) asserted that greater interdependence in relationships creates greater potential for conflict. Based on our conversations with the study participants, these young adults were sufficiently involved in the family caregiving to partake of the conflict that often surrounds elder care. For example, throughout the course of the study, a number of the young women scheduled weekends at home to provide respite for their mothers. Others were called home to manage the parental household while their mothers were involved in medical crises with the elder. Many monitored the status of the elder and participated in decisions

<Table 1> Means and *SDs* of Demographic Variables, Conflict, Well-being, and Depressive Affect

Group		Caregiving	Noncaregiving
Sex			
Men	<i>N</i>	5	1
Women	<i>N</i>	31	64
Age	<i>M</i>	22.47	21.66
	<i>SD</i>	4.40	1.55
Years of Education	<i>M</i>	15.36	15.92
	<i>SD</i>	2.05	1.86
Employment Status			
Full-time	<i>N</i>	5	2
Part-time	<i>N</i>	12	26
Unemployed	<i>N</i>	19	43
Conflict			
Family	<i>M</i>	48.86	41.56
	<i>SD</i>	19.15	11.13
Parent	<i>M</i>	46.94	39.35*
	<i>SD</i>	25.01	13.67
Well-being	<i>M</i>	388.61	389.98
	<i>SD</i>	52.02	43.25
Depression	<i>M</i>	14.11	13.16
	<i>SD</i>	11.54	8.88

* $p < .01$

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regarding behavior management and medications through daily phone calls and e-mail. The interdependence between generations could explain the higher levels of conflict. However, the differences in conflict were not reflected in depressive affect and well-being because conflict's implicit message to the young adults was that they were principal players in a family scenario. They were reciprocating members in their relationships with their families and with the caregiving parents. They were interdependent and conflict is part of that.

Second, the level of conflict the caregiving group reported may not have been high enough to influence ratings of depressive affect and well-being. The average rating on the ISSB was less than 2 on a five-point scale. Therefore, if the level of conflict was higher, depressive affect and well-being of the young adult children may have been affected.

The present results have interesting implications for Korean families where interdependence may be greater. Will Korean caregiving families experience more conflict than American families or is the American emphasis on the individual fundamental to the conflict? If Korean caregiving families experience more conflict, would it influence depressive affect and psychological well-being of the young adult children caregiving families? Cross-cultural observations are necessary to address these issues.

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Abstract: The purpose of this study was to examine the impact of being a caregiver for a spouse with dementia on the caregiver's health and well-being. The study was conducted in a community setting and involved 100 caregivers of spouses with dementia. The caregivers were surveyed on their demographic characteristics, the health and well-being of the caregiver, and the health and well-being of the spouse. The results of the study indicated that caregivers of spouses with dementia experienced a significant increase in health and well-being compared to the caregivers of spouses without dementia. The caregivers of spouses with dementia also experienced a significant decrease in health and well-being compared to the caregivers of spouses without dementia. The results of the study suggest that being a caregiver for a spouse with dementia can have a significant impact on the caregiver's health and well-being. The study also suggests that the health and well-being of the caregiver can be improved by providing support and resources to the caregiver. The study was limited by the fact that it was a cross-sectional study and did not include a control group. The study also did not include a measure of the caregiver's health and well-being at the time of the spouse's diagnosis. The study was conducted in a community setting and may not be generalizable to other settings. The study was funded by a grant from the National Institute on Aging.