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ABSTRACT

A conceptual framework for studying the role of social support in explaining family caregivers' psychological well-being is developed in this paper. In particular, the framework presented emphasizes the importance of conceptualizing caregiving as a social status, and drawing upon the broader literature on status acquisitions, social support, and psychological well-being. This literatuare can be used to suggest that social support is likely to be most effective in reducing caregiver stress when it is provided by individuals with whom the caregiver shares a greater number of social statuses such as age, occupational prestige, and religion. Explanations are presented for the more positive effect of support from status-similar network members, and proposes longitudinal designs for investigating this issue are proposed. It is concluded: that the most obvious implication of reconceptualizing caregiving as a social status is the need to develop methodologies that permit an explanation of changes in the structure and function of individuals' social networks across the caregiving career; (2) that the study of family caregivers provides an important and unique context in which to study the buffering effects of social support; and (3) that the research that investigates the structure of social networks across the early stages of the caregiving career will have a number of important implications for practitioners. (Author/ABL)

FAMILY CAREGIVING AS A SOCIAL STATUS: A NEW CONCEPTUAL FRAMEWORK FOR STUDYING SOCIAL SUPPORT AND WELL-BEING

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FAMILY CAREGIVING AS A SOCIAL STATUS: A NEW CONCEPTUAL FRAMEWORK FOR STUDYING SOCIAL SUPPORT AND WELL-BEING

During the past decade, researchers have shown increasing interest in understanding the experiences of caregivers to the chronically ill and frail elderly (e.g., Brody, Kleban, Johnsen, Hoffman, and Schoonover, 1987; Cantor, 1983; Colerick and George, 1986; Fengler and Goodrich, 1979; George and Gwyther, 1984, 1986; Montgomery, Gonyea, and Hooyman, 1985; Poulshock and Deimling, 1984; Robinson, 1983; Zarit, Todd and Zarit, 1986). While this research has shown that family caregivers often experience considerable strain, it has not provided an entirely consistent set of explanations for that strain--particularly regarding the effects of social support. We contend that the degree of inconsistency in this line of research could be reduced by greater attention to sociological theory and greater emphasis on longitudinal designs. The purpose of the present paper is to develop a conceptual framework for studying the role of social support in family caregivers' well-being, and to discuss the methodological implications of this framework.

CONCEPTUALIZING CAREGIVING TO THE ELDERLY AS A SOCIAL STATUS

The atheoretical nature of most research on family caregivers may be the result of the way in which caregiving has generally been conceptualized (for exceptions, see George, 1986; Wallace and Noelker, 1984). In particular, family caregiving has generally been viewed as a specific activity, rather than as a social status (cf., Brody, 1985; Hess and Waring, 1978). We would argue, however, that "family caregiver" meets the sociological definition of a social status. There are two bases for this argument. First, family caregiver is a position in society that has specific behavioral and attitudinal expectations associated with it. Specifically, individuals who assume the care of an elderly relative are expected to provide both physical and emotional support for the care recipient, and to do so with a minimum of resentment (cf. George, 1986).[1] The persistence of these norms is illustrated by recent findings on attitudes regarding filial responsibility. Adult children continue to be expected to provide elderly parents assistance with both expenses and activities of daily living (Brody, Johnson, and Fulcomer, 1984; Roff and Klemmack, 1986), even when doing so requires that the children adjust their family plans (Brody et al., 1984) and work responsibilities (Roff and Klemmack, 1986). These informal prescriptions to provide assistance are reinforced by recently implemented laws regarding elder neglect that provide formal standards for adequate performance of caregiving responsibilities (Callahan, 1982; Crystal, 1986; Salend, Kane, and Satz, 1984).

Second, becoming a caregiver involves a status acquisition that is, in many ways, not unlike those experienced when individuals acquire other new social statuses during adulthood, such as becoming parents, becoming divorced, retiring, or entering or reentering the labor force or college.[2] One important way in which becoming a caregiver is similar to other status acquisitions is that it is precipitated by the occurrence of a socially recognized event. For family caregiving, the event is likely to be the onset of the relative's illness, the time of an injury, or release from the hospital following serious illness or injury. In the case of Alzheimer's disease or other dementing illnesses, there is generally not an abrupt change in well-being that initiates caregiving. Thus, it might appear that there is not an event that precipitates the acquisition. However, there are two bases upon which to argue that caregiving responsibilities are most likely to become clearly defined at the time that a formal diagnosis of dementia is made.

First, prior to diagnosis, the individual may have given non-medical interpretations to the old person's condition (cf. Chenoweth and Spencer, 1986); after the illness has been identified, the caregiver must recognize that the patient is seriously ill, and begin to attempt to plan for his or her long-term care.

Second, once the patient's condition has been brought to the attention of medical personnel, they will expect the relative who has been listed as the contact/responsible person to begin enacting the role of caregiver, thus creating social pressure on the individual to perform that role. Therefore, we would argue that in most cases, there is a point that marks the transition to the status of caregiver, even in the case of victims of dementia.

While there are many implications of the conceptualization of caregiving as a social status, we will restrict our discussion to two that we believe are particularly important to consider in future research on caregiver stress: (a) the salience of drawing upon the broader literature on status transitions, social support and psychological well-being well-being to understand the relationship between support and caregiver stress; and (b) the need to develop longitudinal designs that collect data on social support and well-being across the caregiving career.

STATUS TRANSITIONS, SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING

The effect of informal social support has become a focus of research on caregiver stress. While this work has shown a general tendency for social support to be associated with decreased stress, the findings are less consistent than might be expected; particularly given the salience of social support for well-being in noncaregiving populations (cf. Cohen and Wills, 1985; Lin, 1986; Lin, Woelfel, and Light, 1985, 1986; Lin and Dean, 1984; Turner, 1981; Wethington and Kessler, 1986).

For example, some studies of caregivers have shown that support from both family and friends reduces stress (cf., Fengler and Goodrich, 1978; Zarit et al., 1980), while others have found that only support from family members is effective (cf. Pratt et al., 1985). Studies have also shown that the effects of social support vary, depending upon the stage in the caregiving career. For example, Zarit and his colleagues (1986) found that support was associated with decreased burden in earlier stages of the caregiving career, but not in later stages. We believe that future research on the effects of social support on caregiver stress could provide more consistent findings by developing designs that draw upon the broader literature on status transitions, social support, and psychological well-being. This literature shows that acquiring a new status generally produces changes in individuals' social networks that are consequential for both the provision of support and psychological well-being. In particular, when individuals acquire new statuses, they often reduce contact with associates to whom they have become less similar, and intensify existing relationships, or develop new relationships with others to whom they have become more similar (cf. Bell, 1981; Belsky and Rovine, 1984; Gouldner and Strong, 1987; Hetherington, Cox and Cox, 1976; Suitor, 1987a). In part, this pattern of status homophily (cf. Lazarsfeld and Merton, 1954) occurs because individuals who share social statuses tend to have similar values and interests (cf. Homans, 1950; Singer, 1981), and similarity promotes liking and interaction (Homans, 1950; Lazarsfeld and Merton, 1954; Newcomb, 1961).

The increase in status similarity is likely to augment the effect of social support on psychological well-being following undesirable life events. A recent study by Lin and his colleagues (1985, 1986) showed that support from individuals who were similar to the respondents (e.g., in terms of similarity of age, occupational prestige, etc.) was associated with lower levels of depression following undesirable life events than was support from individuals with whom the respondents did not share those statuses.

Lin (1986) suggests that support from status similar network members provides a greater buffer against the effects of undesirable life events because these ties promote sharing and confiding. While we agree with this argument, we believe that the greater buffering effect also occurs because similarity decreases the likelihood that social support will have any detrimental consequences on well-being. Although researchers have emphasized the positive effects of social support on psychological well-being, there are both theoretical and empirical bases upon which to suggest that the receipt of support from network members may have detrimental, as well as beneficial, effects.

Principles of exchange theory suggest that receiving support could have a detrimental effect on well-being if individuals are in a structural position that makes reciprocity difficult (cf. Brehm and Brehm, 1981; Fisher and Nadler, 1976; Greenberg and Shapiro, 1971; Schumaker and Jackson, 1979: Walster, Walster and Berscheid, 1978). A recent study of middle-aged mothers with dependent children provides support for this argument. Riley and Eckenrode (1986) found that social support reduced the negative affect of women who had high levels of social and personal resources, and therefore could reciprocate; however, support increased the negative affect of women who had low levels of social and personal resources. Consistent with exchange theory, Riley and Eckenrode's explanation for this finding was that the women experienced discomfort when they violated the norm of reciprocity (cf. Gouldner, 1960).[3]

We suggest that this potentially negative consequence of social support is less likely when support is offered by network members to whom the individual is more similar. The basis for this expectation is that individuals who share social statuses may be more accepting of one anothers' temporary inability to reciprocate support.

In part, this may be because status similarity is associated with greater closeness (cf. C. Fischer, 1981; L. Fischer, 1982; Gouldner and Strong, 1987; Suitor, 1987a), and there is more tolerance of short-term violation of the norm of reciprocity between intimates (cf. Walster et al., 1978; Wentowski, 1981). It may also be that individuals who are status similar have a greater understanding of one anothers' resources and ability to reciprocate, and are therefore more tolerant of temporary periods of nonreciprocity, regardless of closeness. For example, Suitor (1987b) found that well-educated mothers were more understanding of their adult daughters' inability to reciprocate support while enrolled in college than were less-educated mothers, even though the closeness of the mother-daughter relationships did not vary by mothers' educational attainment.

Another potential source of stress associated with network contact may also be reduced by status similarity. Research by Fiore and her colleagues (1983) has shown that unmet expectations of support and negative inp : from network members is even more important in explaining psychological well-being than is perceived helpfulness. Suitor's research on married mothers' return to college (Suitor, 1987a, 1987b) suggests that status similarity to network members reduces the likelihood that individuals will experience these negative aspects of network contact. Specifically, she found that the value similarity associated with status similarity resulted in both greater support and less criticism of the choices the women made in the articulation of their multiple roles. Thus, status similarity appears to be important in reducing the negative aspects of contact with network members that can detrimentally affect psychological well-being.

In summary, we propose that the greater the status similarity between the caregiver and his or her network members, the more support he or she will be provided, and the more that support will have uniformly positive effects on psychological well-being.[4,5]

Consistent with this argument, some studies of caregivers suggest that interaction with associates to whom the caregiver is status-similar may provide a more effective buffer against stress. As already noted, Pratt et al. (1985) found that only interaction with family members was significantly related to lower caregiver burden; while Kahan and his colleagues (Kahan, Kemp, Staples, and Brummel-Smith, 1985) found that subjects who participated in a caregivers' support group (and thus had the opportunity to interact with others who occupied the caregiver status) reported lower levels of burden at the end of a four-month period than did controls who had not been afforded that experience.

However, examination of the structural relationship between the respondent and his or her supporters needs to be extended beyond the more obvious status similarities of family membership and participation in a common support group. In particular, it is important to investigate the effects of other status similarities (e.g., age, marital status, religion, educational level, occupational prestige; age of parents) on the provision of support, and. ultimately, on caregivers' psychological well-being.

IMPLICATIONS OF STUDYING CAREGIVING AS A STATUS TRANSITION

The most obvious implication of reconceptualizing caregiving as a social status is the need to develop methodologies that permit an examination of changes in the structure and function of individuals' social networks across the caregiving career. While there appear to be similarities between the transition to caregiver and the transition to other adult statuses, no data have been collected that permit such comparisons. Thus, we do not know whether the changes in network structure and function that occur after becoming a caregiver parallel those experienced when individuals acquire other new statuses, nor how changes that occur affect caregivers' psychological well-being. We believe that these questions can best be addressed by following caregivers from the time of the acquisition of the caregiver status.

The study of changes in network structure and function across the caregiving career can make an important theoretical contribution to the literature on status transitions and both interpersonal relations and psychological well-being. First, collecting detailed information on changes in the structure and function of caregivers' social networks can provide a great . understanding of the specific processes by which changes in interpersonal relations occur following status acquisitions, and the effects of those changes on psychological well-being.

Second, the study of family caregivers provides an important and unique context in which to study the buffering effects of social support. Most research has examined the buffering effects of support in the face of the sum of all negative life events experienced within a specified period of time (e.g., the previous year). In most cases, these events are relatively transitory (e.g., problems at work; financial difficulties). Even if both irreversible and of very serious consequence, many of these events do not impose extraordinarily taxing new role demands. In contrast, studies of caregiving can investigate the effects of a life event which results in the acquisition of a new social status with substantial role requirements that are likely to continue for an extended and unspecified period of time.

Further, we believe that research that investigates the structure of social networks across the early stages of the caregiving career will have a number of important implications for practitioners. In particular, research focused on this issue will help to identify risk factors associated with network structure that are likely to lead to decreased social support and increased psychological distress. In addition, examining changes in network structure, social support, and psychological well-being across the caregiving career will increase our ability to determine at which points the provision of formal supports may have the greatest benefit.

FOOTNOTES

1. Throughout the present paper, the term "family caregiver" is used refer to the individual who has primary responsibility for the care of his or her spouse or parent. While two or more individuals may assume primary caregiving responsibility for an elderly family member at different points, there is typically one individual who provides the majority of the relative's care at any one point (cf. Johnson, 1983; Shanas, 1979).

2. We have chosen to use the term "status acquisition" rather than the more conventional term "status transition" to describe becoming a caregiver. Our choice was based on the fact that in most cases, becoming a family caregiver does not require vacating one status to occupy another, as is the case when individuals acquire some other statuses (e.g., moving from marriage to divorce). Instead, the status of caregiver is added to the individual's existing status set.

3. Concern with violating the norm of reciprocity may also help to explain why individuals' contact with friends and family often declines after they become primary caregivers. While it has generally been assumed that reduced contact with friends and family is the result of these associates "pulling away," it may be that, in some instances, caregivers discourage contact because it places them in the uncomfortable position of receiving support which they do not have the time or energy to reciprocate. This suggestion is supported by Belle's (1982) finding that women who were having serious family financial difficulties tended to avoid

receiving social support that they felt they could not reciprocate.

4. We believe it is important to measure the <u>degree</u> of status similarity between associates, rather than its mere presence or absence. For example, educational similarity should be measured by the difference in years between two associates' educational attainment, rather than as "similar" versus "dissimilar." Further, status similarity can be based on either one total measure of the degree of similarity across several statuses, or the degree of similarity on each dimension separately.

5. We should note that findings from several studies indicate that social support plays a more important role in women's than men's psychological well-being (cf. Ensel, 1986; Husaini, Neff, Newbrou[illegible], and Moore, 1982; Wheeley, 1982). Therefore, it is important to explore gender differences in the applicability of this model.

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