

Applying Stress-Related Growth Concepts to the Caregiving Process among African Americans

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Abstract

Most caregiving research has focused on negative outcomes among Euro-Americans. This paper discusses the role of positive growth due to stress in the African American caregiving experience. The factors that may contribute to stress-related growth among African American caregivers are explored, including cultural values and beliefs, appraisal, religious coping, positive reappraisal, and unique patterns of social support. It is posited that the historical struggles African Americans have faced as a group serve as a means of inoculation from stress and a pathway to stress-related growth. The importance of focusing on positive aspects of caregiving among African Americans is emphasized.

Introduction

Because caring for a person with dementia can span decades, the process of caregiving is an example of the effects of chronic stress on mental and physical health outcomes. Studies documenting the impact of caregiving on self-reported emotional distress, as well as the growing number of studies examining the physical health of caregivers, have focused primarily on Euro-American caregivers. However, studies examining the roles of ethnicity and culture are becoming more prevalent. This increased focus on cultural issues has resulted in the creation of a more representative picture of the stress and coping process among several ethnic groups, including African Americans. Compared to other groups, African American caregivers practice more religious coping, hold more positive beliefs

about caregiving and report less distress and more rewards (Haley et al., 2004; Sorensen & Pinquart, 2005). While these results shed light on stress and coping processes among African American caregivers, the literature still fails to adequately explain the broader mechanisms or temporal processes that underlie these findings.

The concept of stress-related growth provides a useful lens for thinking about mechanisms that underlie current research findings on caregiver stress and coping. The idea of stress-related growth grew out of the desire to understand how some individuals thrive following traumatic events and others poorly tolerate objectively similar events. Individuals who are resilient in this way are said to experience stress-related growth, a paradigm which encompasses coping styles, belief systems, and social support systems. Experiencing growth in the face of stress also appears to be associated with positive health outcomes. The purpose of this paper is to discuss African American caregivers' comparative success in the caregiving role as viewed through the lens of the stress-related growth paradigm. The ways of coping and cultural beliefs that may contribute to stress-related growth among African American caregivers are explored.

Caregiving among African Americans

Caregiving can be defined as when a member of an older adult's support network provides instrumental or emotional assistance in coping with a disease process, such as hypertension or dementia (Keating, Otfinowski, Wenger, Fast, & Derksen, 2003). Numerous differences between African American caregivers and other ethnic groups of caregivers are consistently found in research. African American caregivers are less likely to be spouses and more likely to be extended family members or "fictive kin," defined as individuals who are not blood relations but are given the status and responsibilities of relatives (Dilworth-Anderson, Williams, & Gibson, 2002; Knight & McCallum, 1998). African American caregivers tend to emphasize utilizing more religious coping and positive reappraisal as well. Social support satisfaction and network configuration also commonly differ in this subpopulation from other ethnic and racial

groups, although the research in this area is equivocal. Despite these apparent differences, Dilworth and her colleagues use the term “cultural nuances” to reflect the reality of great commonality across ethnic groups in norms, beliefs, and practices related to caregiving (Dilworth-Anderson, Brummett, Goodwin, Williams, Williams, & Siegler, 2005). Culture in this context refers to shared beliefs and behaviors which can be situational, contested, diverse, and subject to temporal change (Hinton, Fox, & Levkoff, 1999). It is important to note that the cultural nuances that differentiate African American caregivers from other ethnic and racial groups tend to be slight differences when caregiving is viewed more broadly (Dilworth-Anderson et al., 2002).

Coping Among African American Caregivers

The ability to experience positive affect while simultaneously dealing with a chronic stressor is believed to be a vital element in effective coping (Folkman & Tedlie, 2000). Further, the coexistence of positive and negative affect under stressful conditions may be the result of meaning-making through positive reappraisal and religious coping. Studies conducted in this area indicate that African American caregivers more commonly embrace a unique combination of coping methods in order to manage the stress inherent in the caregiving role (Dilworth-Anderson et al., 2002). It appears that religious coping and, to a lesser extent, positive reappraisal are culturally-driven behaviors which serve to lessen both the psychological and physiological impact of caregiving among African Americans. These unique styles of coping may also assist African Americans in viewing stressful situations in constructive ways; larger cultural beliefs may also play a role in this process.

Existing research suggests that older African Americans employ coping strategies distinct from those of other ethnic groups. The most well-established difference is in the use of religious coping. Picot, Strother, and Humphrey (1995) found significant differences in the relationship between caregiver ethnicity and the perceived rewards attained from prayer. This is not surprising in light of findings

indicating higher levels of religiosity among African Americans, females and older adults (Chatters, Levin, & Taylor, 1992). More specifically, Picot et al. found that African American caregivers were more apt to pray and derive comfort from their faith, and that this strategy resulted in less stress than when Euro-Americans employed the same strategy. Similarly, Krause (1993) found that older African Americans use religious involvement to offset the deleterious effects of stressful circumstances.

Religious coping can also serve to redefine stressful situations (Skaff, Pearlin, & Mullan, 1996). Such cognitive redefinition, or positive reappraisal, is the act of reframing a potentially stressful event in a more positive light. In a study examining coping via religion with African American caregivers, Knight and McCallum (1998) found that African American caregivers used positive reappraisal significantly more often than their Euro-American counterparts. Additionally, positive reappraisal appeared to be an effective coping style for African American caregivers but not for Euro-American caregivers. In fact, results indicated that positive reappraisal was positively correlated with heart rate reactivity only among Euro-Americans, suggesting increased levels of stress among these individuals.

Although research in this area has mixed results depending upon the populations sampled, it nevertheless provides some evidence of the relationship between ethnicity, coping style and health outcomes (James, 1994). In effect, coping style may moderate the relationship between perceived stress and health outcomes in a unique, culture-bound manner.

Cultural Beliefs

The struggle to survive against difficult odds shapes much of African American cultural history. Emphasis on overcoming obstacles has permeated African American culture due to events such as the institution of slavery, Reconstruction and the creation of Jim Crow laws, the lynching epidemic in the early 1900s, and

the Civil Rights Movement (Dilworth-Anderson, 1992). Some of the values developed as a result of this historical onslaught have been termed the “survival arsenal” (Dilworth-Anderson, 1993). In fact, the theme of survival through perseverance is central to the worldviews of African Americans. The concept of John Henryism developed by Sherman James is a prime example. John Henryism is defined as a strong behavioral tendency to cope with psychosocial stress in an active and effortful manner. According to James, high-effort coping responses may be maladaptive in people with limited access to both psychosocial and socioeconomic resources (James, Neenan, Strogatz, Browning, & Garrett, 1992). The story of John Henry reflects the cultural ethos of triumph over adversity through endurance and sheer strength of will. Most notably, the triumph is short-lived, and the ultimate cost is paid in the end (Bennett et al., 2004). In the process, however, success is achieved against nearly impossible odds. This describes how many African American caregivers experience the caregiving process. While caring for more severely demented individuals with less money, less education and fewer resources than caregivers of other ethnic groups, African American caregivers show more resilience and fewer negative mental health effects than all other ethnic groups (McCallum, Longmire-Flynn, & Knight, in press). Cultural beliefs about caregiving echo the larger beliefs supporting the ethos of perseverance through adversity. Dilworth-Anderson, Goodwin, and Williams (2004) found cultural justification for caregiving to be stronger among African Americans as compared to whites. This ability of African Americans to thrive under stressful circumstances is rooted in cultural beliefs passed down through generations. The belief in supporting family and friends through difficult times underlies this larger cultural view.

Social Support

Social support, defined as those interpersonal transactions involving aid, affect or affirmation (Israel & Antonucci, 1987), has been extensively examined over the last two decades in the context of caregiving. Despite evidence that African American caregiver networks draw on a broader segment of biological and fictive kin

than Euro-American caregiving networks (Burton, Kasper, Shore, Cagney, La Veist, Cubbin, & German, 1995; Gibson, 1982), African American caregiver networks have not been shown to be significantly larger than those of Euro-American caregivers (Burton et al., 1995; Haley et al., 1995).

Permeating African American social support networks is what Barresi and Menon (1990) term “traditional caregiving ideology,” which posits that African Americans are socialized with attitudes that encourage providing respect and assistance to elderly family members. Lawton, Rajagopal, Brody, and Kleban (1992) describe the traditional caregiving ideology as continuing a family tradition of mutual concern. In a study of elderly, inner-city African Americans and Euro-Americans selected from medical clinics, Johnson and Barer (1990) found that African Americans had a more active social support network. This comparatively more active network of support results from mechanisms within African American families which serve to expand network membership in two distinct ways: The mobilization of relatives on the periphery of the kinship network (cousins, nieces, and nephews), and the extension of the kinship network through the creation of “fictive kin.”

Contradictory results concerning overall familial support emerge from this literature. Silverstein and Waite’s (1993) study exemplifies these results. These authors found some aspects of familial support to be similar between African American and whites, and other aspects to differ. More specifically, they concluded that stage of life interacted with ethnicity to explain informal social support patterns. Another pair of studies indicate that African American caregivers report receiving more informal support from relatives than do Euro-American caregivers (Cox, 1996; Wood & Parham, 1990). One study reported the opposite (Hinrichsen & Ramirez, 1992), while a fourth study found no difference in the reliance on familial support (Haley et al., 1996). One reason for these conflicting findings may be in the way social support is measured, such as the quantity or quality of social support available.

Though earlier research suggests otherwise, more recent work indicates that older African Americans possess smaller social networks than do older Euro-Americans (Skarupski et al., 2005). However, African American elders tend to have higher frequency of contact and more family members in their social networks (Ajrouch, Antonucci, & Janevic, 2001). More frequent face-to-face contact has also been reported among African American elders, which is partly due to higher rates of intergenerational living and geographical proximity (Cantor, Brennan, & Sainz, 1994).

While overall quantity of social support has been studied frequently in the caregiving literature (Dilworth-Anderson et al., 2002; Janevic & Connell, 2001), the distinction between perceived positive and negative support, or quality of support, has received less attention. It is clear, however, that the perception of quality of support is particularly important for mental health outcomes. Findings from a recent longitudinal study suggest that negative support is predictive of both positive and negative affect (Newsom, Nishishiba, Morgan, & Rook, 2003). According to the sociocultural stress and coping model, culture may be associated with differences in the quality of social support available to various groups, as well as the size and composition of social support networks. This may, in turn, influence mental health outcomes of caregivers (Aranda & Knight, 1997). For example, African American caregivers may rely more on the social support of family and friends, partly due to the higher prevalence of intergenerational living.

In summary, there are contradictory findings regarding the influence of culture on social support. However, research indicates that African American caregivers tend to have more contact with their social support network members than do their Euro-American counterparts. Furthermore, both the quantity and quality of social support likely influence mental health outcomes.

Stress-Related Growth

The concept of stress-related growth can be used to explain the resilience and maintenance of mental health among African American caregivers, and it is hypothesized to occur in three ways. First, stress-related growth can result from a change in an individual's worldview following a stressful event (Tedeschi & Calhoun, 1996). From this perspective, the individual's view of the world breaks down. The individual subsequently reconstructs his or her worldview to incorporate the knowledge gained from experiencing the stressor.

Second, Park and Fenster (2004) hypothesized that stress-related growth can be achieved through cognitive processing or making meaning. Positive growth has been found to occur among individuals who have undergone some acute trauma (e.g., McIntosh, Silver, & Wortman, 1993; Park & Blumberg, 2002). This process of working through a stressful experience via repeated cognitive exposures to the event is thought to be automatic (Lepore, Ragan, & Jones, 2000). Instead of reconstructing an entire worldview, the individual revises his or her existing schema to include information about the stressful experience. This may be the mechanism through which stress-related growth is most likely to occur in a chronically stressful situation such as caregiving. Because chronic stress occurs over longer time frames, the individual may not experience a complete and sudden worldview deconstruction, but instead gradually integrate new information into a pre-existing model of the world.

Third, Park and Fenster (2004) hypothesized that individuals achieve stress-related growth through conscious coping processes. This broad category is based upon the Transactional Model of coping put forth by Lazarus and Folkman (1984). Coping processes include religious participation (Tedeschi & Calhoun, 1996), personal resources, cognitive appraisals, and other coping methods (Park & Fenster, 2004). Such coping processes may moderate the stressful experience and, thus, potentially the individual's health outcomes.

The utilization of religious coping as a resource is an example of the coping process acting as a moderator variable between stress and health outcomes. For example, religious coping is commonly used by African Americans to redefine stressful situations (Knight & McCallum, 1998), and evidence points to a relationship between this particular coping process and mental health (Skaff, Pearlin, & Mullan 1996).

Aldwin (1994) introduces a similar and partially overlapping host of mechanisms by which growth can occur following a stressful event. The inoculation effect is a mechanism by which an individual's previous experience with a stressor decreases his or her sensitivity to a present stressor. Through an increase in the individual's coping repertoire, the individual is prepared by his or her past to manage the present. Through an increase in mastery, a stressful experience in the past can lead to an increase in positive personal traits (e.g., self-confidence or internal locus of control). Stated differently, those who have survived stressful experiences may make interpersonal changes that increase their overall resilience and ability to cope. Also, surviving stressful experiences may change an individual's life perspective and lead to a reorganization of the individual's values. For example, individuals often report decreased materialism and increased family or spiritual interests following a near-death experience (Ring, 1980). Aldwin (1994) proposed that the decreased stress often seen in later life is due to utilizing a lifetime of stressful events to gauge the importance of the current stressful event. Aldwin's theory may be extended to include the idea that Americans of African descent commonly battle many simultaneous stressors (Bennett et al. 2004; James, 1994), so the impact of added stress may be diminished. Finally, an individual may exhibit growth through improved social bonds. This idea is especially salient for stress experienced by an entire community. During stressful experiences, community members may show increased solidarity (Aldwin, 1994).

Stress-related growth may differ based upon whether the impetus is acute or chronic. Whereas acute stress centers on a

relatively short-term stressor, such as the death of a family member, chronic stress refers to an ongoing stressful occurrence in an individual's life such as caregiving. An acute stressor tends to cause a sudden drastic change in an individual's life, whereas a chronic stressor has a greater possibility of being gradually degenerative (Park & Fenster, 2004). Thus, stress-related growth may unfold more slowly in an individual facing a chronic stressor, whereas an acute stressor is more likely to produce post-traumatic growth (Tedeschi & Calhoun, 2004). Due to the proven relationship between chronic stress and various negative physical and mental health outcomes such as diurnal cortisol response and depressive symptomatology (Bookwalla, Yee, & Shultz., 2000), chronic stress is a valuable topic of study due to its potential impact on the life of the caregiver, the quality of care provided, and on the healthcare system.

In summary, stress-related growth is hypothesized to occur in three ways: the breakdown of an existing worldview, automatic cognitive processing, and active coping (Park & Fenster, 2004). Moreover, Aldwin (1994) posited that past stressful experiences prepare individuals to deal with present stressors by increasing mastery and therefore stress-related growth. Finally, the extent to which stress-related growth is experienced depends on whether an acute or chronic stressor is present.

Stress-Related Growth among African American Caregivers

Some evidence suggests that African American caregivers are more adept at deriving meaning from the caregiving situation than those from other ethnic groups, which is one of the pathways to stress-related growth (Farran, Miller, Kaufman, Donner, & Fogg, 1999; Picot, Strother, & Humphrey, 1995). In fact, the process of working through stressful experiences and finding meaning is ongoing for many African Americans. Religious coping is a prime example of the process of making meaning out of a given set of circumstances. Positive reappraisal, or the ability to see things in the most positive light, may work similarly in promoting growth among African Americans. A qualitative study on the relationship between

religious coping and meaning-making among African American women revealed several themes relevant to this idea (Mattis, 2002). Findings suggested that religious coping assists African American women in: 1) accepting the reality of the situation; 2) confronting and transcending limitations; and 3) achieving growth.

A second pathway leading to growth under stressful circumstances involves appraising situations as less threatening. To reiterate a finding in caregiving literature, African American caregivers routinely appraise caregiving as less stressful than caregivers from other ethnic groups (Haley, et al., 2004). Previous experience with a stressor can lead to growth by desensitizing individuals to present stressors. Many African Americans witness family caregiving in some form before they become caregivers themselves. Past experience may lead such individuals to desensitization and improved coping when placed in a similar (caregiving) situation. In addition, mastery may be increased by previous caregiving-related experiences (McCallum et al., in press).

Another way stress-related growth can be developed is through improved social bonds, particularly when the stress is salient to the entire community. The historical struggle of African Americans against racism and consequent poverty creates such a bond. This may also partially explain the crucial role played by African American churches in helping members deal with stressful events effecting individuals and the community.

One aspect of stress-related growth may not fit as neatly into the African American caregiving experience, and that is the idea of worldview change as a means to achieve growth. Though there is little research in this area, there is no evidence of worldview change being a crucial part of the stress and coping process among African Americans. A stronger possibility is that African Americans constantly maintain an expectation of change such that shifts in worldview are more subtle and constant as opposed to jarring and abrupt (Aldwin, 1994).

Summary and Conclusion

There are a number of parallels between the tenets of stress-related growth and the African American caregiving experience, indicating that this is a valuable topic of study. The struggles inherent in caregiving among African Americans provide fertile ground for the development of inoculation effects, which can in turn lead to lowered sensitivity to caregiving stress, higher levels of mastery, and the development of stress-related growth. Further, finding strength in adversity and exhibiting growth through social bonds are hallmarks of both the African American caregiving experience and stress-related growth. Finally, just as John Henryism exemplifies the African American ethos of triumph over seemingly insurmountable odds, the concept of stress-related growth serves to unify a broader collection of coping styles, cultural beliefs, and social support structures and interactions that underlie the caregiving process among African Americans. For these reasons, stress-related growth appears to be particularly critical and conducive to study among African American caregivers. The principles of stress-related growth may be a particularly salient and neglected facet of the African American caregiving experience. Research focusing on growth in this population can aid in developing services for caregivers regarding not only how to cope with stressors but also how to promote deriving positive meaning from the experiences.

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