

## **Family and Church Support Among African American Family Caregivers of Frail Elders**

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Due to the growing numbers of physically and/or mentally frail African American elders, members of African American families will increasingly be called upon to provide informal care. In spite of the growing numbers of frail black elders, gerontological study of African American caregivers has not received systematic attention (Butler, 1989; Manuel, 1988). In fact, black caregivers have been largely understudied (McGadney et al., 1987; McGadney, 1992a). For example, only 22 (7%) of the 326 spouse caregivers in a current federally-funded multi-wave survey of 555 caregivers of spouses and parents with Alzheimer's disease are black (Pearlin et al., 1990). And only, 167 (13%) of the 1,924 caregivers of impaired elders were black in the well publicized Informal Caregivers Survey, a component of the 1982 National Long-Term Care Survey (NLTCS). Furthermore, most of the researchers who have analyzed this data have focused their attention on middle class white caregivers and ranked all minorities under the category of "Other" (see Stone et al., 1987).

Generally, what we do know about black caregivers has been gleaned primarily from ethnographic studies of black elders. For example, findings from these studies indicate that: (1) filial responsibility of caregivers ensures that more black elders than whites will be cared for at home by families; and (2) higher levels of informal social supports are given to family members of black elders (Aschenbrenner, 1973; Gibson, 1982; Martin & Martin, 1985; Mutran, 1985; Stack, 1974; Watson, 1982). However, there is a growing cadre of researchers conducting studies on black caregivers of elders which will lead to comprehensive data and knowledge.

A profile of African Americans caregivers of frail elders can be formulated from mostly small, nonrepresentative samples (Haley et al., 1987a, 1987b; McGadney, 1992a; Segall & Wykle, 1988-89; Washington, 1990). Primarily, black caregivers are female (adult daughter or sister), 61 years of age, single (widowed, divorced, or never married), economically poor, and in fair to poor health. This profile is fairly consistent with estimates from a national study of caregivers (Stone et al., 1987). However, differences in marital status, poverty, and health do exist. Results from studies on black caregivers indicated that they were less likely to be spouses of the care recipients and more likely to be adult children or relatives (e.g. daughters and sisters) (Lawton et al., 1990; McGadney, 1992a). In the national study (NLTCS), blacks are more likely to be poor than whites, and more blacks (45%) than whites (36%) reported that their health was worse since they began caregiving. This finding is consistent with others reporting that poor persons, often minorities, do not have the economic resources to participate in preventative health care and are thus at risk of declining health when impacted negatively by the burden of caregiving (McGadney, 1992a; Petchers & Milligan, 1988; Watson, 1988).

In recent years there is a growing recognition that most elders with cognitive and/or self-care deficits receive informal home-based long-term care from family members (Horowitz, 1985b; U.S. Bureau of the Census, 1987). Due primarily to the informal care and financial assistance that is provided by families, most elders avoid institutionalization (American Association of Retired Persons and The Travelers Foundation, 1988). This is particularly true for blacks because most use formal service as a last resort (Taylor, 1985; Taylor et al., 1988). Specifically, black caregivers are drawing informal support from

their families and/or church members.

Given this background, the purpose of this article is to provide a review of research on informal social supports that African American family caregivers of frail elders often use to minimize their burden and elder institutionalization. A better understanding of informal social supports utilized by black caregivers can assist policymakers, program developers, and formal service providers to enhance and strengthen the family as an effective caregiving unit.

### **Informal Social Support**

The literature suggests that African Americans are more likely to keep their elderly relatives at home longer than whites (Wykle, 1992). Furthermore, research by Morycz et al. (1987) and Neighbors (1984) indicate blacks are more likely than other groups to rely on family and other informal services (i.e., church) in times of personal or family crises. As Wykle (1992) states, "It has been well established that the level of illness and degree of functional impairment predict the amount of service that the care recipient receives (Coulton & Frost, 1982; McAuley & Arling, 1984; Noelker & Poulshock, 1982; Wan, 1982, p.8). Thus, in an effort to assess the degree to which supports mediate the ability of caregivers to cope with the strain of providing informal care, researchers are examining the extent to which blacks use informal family and church resources."

### **Family Support**

Family members provide 80 to 90% of all care to elders with mental and/or physical disabilities (AARP and The Travelers Foundation, 1988). Informal caregiving is promoted within the African American extended family system because it is often highly integrated and is an important resource for survival and social mobility for its members (McAdoo, 1978; McGadney et al., 1987; Scanzoni, 1977; Stack, 1974). Studies of black families suggest that their kin ties as indicated by joint residency, visiting, and the exchange of mutual aid among kin, are stronger than they are for whites (Hays & Mindel, 1973). For example, in a study comparing the support networks of inner-city elderly blacks (N=129) and whites (N=52) selected from hospital medical clinics, Johnson and Barer (1990) found that blacks have more active support networks with family and friends than whites; and more blacks than whites have their emotional needs met by children, relatives, and friends (all potential caregivers). In fact, blacks of all ages are more likely than whites to live in an extended family household (Allen, 1979; Angel & Tienda, 1982; Hofferth, 1984). Thus extended family support becomes crucial to both caregivers and elders, because many of them may not have sufficient financial resources to cope with the provision of informal long-term care (Markides & Mindel, 1987; McGadney, 1992a).

An empirical examination of 61 black family caregivers indicated that they are more likely than whites (N=54) to perceive that receiving instrumental support and emotional support (financial assistance, advice, praise or criticism, and help with problems) from family members are important when providing care to an ill elder (McGadney, 1992a). In this study, most of the white caregivers with high incomes were more likely to report that receiving recreational support from family members is important. In identifying significant persons in their network who might provide them with support, black caregivers were significantly more likely to list siblings (in addition to children and friends) in comparison to whites who were twice as likely to list children. Also, Wood and Parham (1990) found that black caregivers had available and utilized a significantly broader range of informal social supports than did whites. These included family, friends,

and members of the clergy, who were actively involved in providing instrumental support to the caregiver (e.g., assistance in providing physical care for the patient, financial assistance, assistance with running errands for the caregiver). These findings support studies which indicate that blacks have a more extended range of relationships and a broader based caregiving network (Bould et al., 1989; Macken, 1986; Richardson, 1990). Research on families in general indicates that both the family and church have played a vital role in the survival and advancement of blacks (Delany, Delany, & Hearth, 1993; Black Enterprise, 1993; for case studies see McGadney, et al., 1987). The church has been a vital force in offering support to caregivers. However, few empirical studies exist that examines the relationship of the church and African American caregivers of frail elders.

### **Church Support**

The informal support and assistance offered by African-American churches is often second only to the support provided by the actual family (Gibson & Jackson, 1987 Taylor & Chatters 1986; Walls & Zarit, 1991). Historical and present day evidence suggests that dating back to slavery, the black church has been a major institution within black communities, spurring social, political and economic self-help among its congregates and extending out into the community (see Black Enterprise, 1993; Cantor & Mayer, 1978; Carter, 1982; Dancy, 1977; Lincoln, 1974; Lincoln & Mamiya, 1990; see McGadney et al., 1987). Haizlep (1994) articulates it best by stating "the church was where as a people we nurtured our survival and organized our resistance, where we developed and then articulated group consciousness (pg. 151). "Oftentimes, elderly blacks rely on assistance from black churches before using services from other formal organizations (Cantor & Mayer, 1978; Dancy, 1977; McGadney et al., 1987; Netting et al., 1988; Taylor, 1985). Research on the role of black churches as a source of informal support for blacks has been sparse (Walls & Zarit, 1991). Generally, what is known about black caregivers and church supports has been gleaned from studies on black elders (Taylor & Chatters, 1986a, 1986b; Walls & Zarit, 1991). For example, in a recent study on the type of support black churches and families provide to elderly blacks (N = 98), Walls and Zarit (1991) found that perception of support from the church—more than the spiritual aspects of religion or involvement in organized religious activities—was associated with well-being. Taylor and Chatters (1986a, 1986b) found in a national sample of black elders (N=581) examining sociodemographic predictors of church-based informal support, that those with adult children (possibly their caregiver) obtained more support from church members. The most prevalent type of assistance was help during illness, followed by spiritual support, advice and encouragement, and lastly instrumental aid (e.g., financial help). Taylor and Chatters (1986a) also found that church attendance and church membership were significant predictors of the frequency and amount of social support provided by church members. Findings from several recent caregiving studies relative to the nature of church support are significant and worth noting.

With regard to church-based illness-related support, there are several caregiving studies of African Americans which provide additional incite into the role of the church (McGadney, 1992a; Smith et al., 1991; Watson et al., 1978). In one study of caregivers, blacks (N = 61) were more likely than whites (N = 54) to perceive that receiving home-based services from the church as important when providing care to an ill elder (McGadney, 1992a). Also, they were significantly more likely to be very satisfied with the church-based supports they received (prayer from the pastor, communion, aid given as

needed, visits, visits and prayer). A profile of these caregivers indicated that blacks were more likely to be Baptist and whites generally practiced the Catholic faith. There were no significant differences in years of church membership or weekly attendance.

Watson, Knox, and Thorne (1978) found a wide range of caregiving duties taken on by black churches when illness affected older members. For example, churches used money collected from their members as the primary form of aid offered to the infirm elder.

Church members made friendly visits to the home of the frail elder and gave aid relative to need. The church usually organized and took part in visiting the home, praying for the ill elder, giving communion, and visitation by the pastor (Watson, 1982). Conway (1985) also found that black ministers were more likely than whites to provide support in illness-related situations. These forms of instrumental supports and assistance of church members may allow some of these elders to remain at home despite illness and frailty (Richardson, 1978) while bolstering the caregivers' feelings of self-esteem and of personal control (Krause & Tran, 1989).

Although, it is quite evident from the studies mentioned, informal support from the church is significant among African American caregivers, as elders become more impaired, there is an increasing relationship between the use of informal and formal services. For instance, in a New York state-wide study of 1,542 randomly selected black elders, Smith et al. (1991) found a strong association between church involvement and service utilization (congregate meals, recreation, retirement preparation, housekeeping, and information and referral). The total number of services used by those with knowledge of and participation in church sponsored activities was significantly greater than the number of services used by those without such knowledge and participation. Smith et al. (1991) indicate that although the church plays an important role in the well-being of the black elderly population by providing social support, this does not mean that the church can replace some of the formal services that are essential in assisting the black elderly to meet their needs. Researchers found that the existence of an informal support system does not eliminate the need for formal services, rather they found that both complement each other (Holmes et al., 1989; Wykle, 1993).

### **Summary of Literature Review**

The literature offers empirical contributions which substantiate the notion that the African American family system appears to be especially well suited for examining social supports which may positively or negatively influence caregiver burden and elder institutionalization. Further longitudinal research is needed to examine the impact of elder functional impairment and quality and nature of social supports (family, friends and neighbors, church, and formal services) and their relationship in predicting psychological distress and well-being among black caregivers in a cultural context. The culture and kinship patterns of the black family provide strong support for families caring for their impaired elderly (Chatters et al., 1985, 1986; Delany et al., 1993; Jackson, 1970, 1972; Shimkin et al., 1978; Stack, 1974; Willie, 1974). Exploration of caregiving patterns in the black family can be particularly important to policy makers, service providers, practitioners, gerontologists, and families of all ethnic varieties. Perhaps strategies can be developed to ensure a joint partnership between informal and formal caregivers to reduce the difficulty of caregiving and premature institutionalization. Generally, the literature that is cited points out the strengths and resources of black families. However, much diversity lies within black families and it should be examined. Investigators should not overlook the fact that for a variety of reasons, some blacks cannot avail themselves of

informal family and/or church support and/or formal support. Therefore, appropriate specific ethnic/cultural interventions should be developed to enhance the quality of life for both elders and their informal caregivers.

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