
CONTRIBUTING FACTORS TO AFRICAN AMERICAN WOMEN CAREGIVERS' MENTAL WELL-BEING

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Introduction

Informal or family caregiving to an older person refers to unpaid help that is typically received from a family member or friend. A majority (77 percent) of informal caregivers of persons aged 50 or older are women, with more than 2 million Black, non-Hispanic telephone households having a caregiver (National Alliance for Caregiving & American Association of Retired Persons, 1997). Both literature on the general population of African Americans and African American caregivers suggest there are multiple factors contributing to the mental well-being of African American women caregivers of older persons. This article examines some of those factors including social demographic, environmental, role transitions, multiple roles and situational appraisal, and social support factors. After addressing the literature on these factors, the authors conclude with recommendations for future research. The literature on caregiver well-being is growing, and this growth includes literature bearing on African American women caregivers. This article contributes to knowledge through a synthesis and critique of this broad body of literature.

Empirical Literature: Factors Contributing to Mental Well-being

The mental well-being of African Americans includes their life stressors, poor psychological functioning, and mental illness (Poussaint, 1990). It also includes their individual high self-esteem and a strong sense of self-efficacy (Franklin & Jackson, 1990) – factors that may mitigate conditions of African Americans' poor mental well-being and promote positive mental well-being.

With regard to caregiving and the mental well-being of African American women caregivers of elders, literature reports that women caregivers of elders are stressed, and long-term caregiving stress may be harmful to their mental health (Gallo, 1990; Walker, Pratt & Eddy, 1995; Whitlatch & Noelker, 1996). Despite reports of rewards in caregiving (Kramer, 1997) there is compelling evidence of high rates of depression, stress, frustration, helplessness (Gallagher, Rose, Rivera, Lovett & Thompson, 1989; Poulshock & Deimling, 1984), distress, and hassles (Kinney, Stephens, Franks & Norris, 1995) among caregivers. Black-White comparative studies of predomi-

nately female samples report Black caregivers as less stressed, strained, and depressed (Haley, Roth, Coleton, Ford, West, Collins & Isobe, 1996; Hinrichsen & Ramirez, 1992; Lawton, Rajagopal, Brody & Kleban, 1992; Miller, Campbell, Farran, Kaufman & Davis, 1995; Morycz, Malloy, Bozich & Martz, 1987; Mui, 1992). Higher levels of religious and psychological coping may explain African American women caregivers' lower stress relative to White caregivers (Haley, Picot, Debanne, Namazi & Wykle, 1997). Despite reports of strong coping in the caregiving role by African American women, one should be mindful of consistent reports indicating that women of different ethnic backgrounds experience stress and strain in caregiving (Kahana, Kahana, Johnson, Hammond & Kercher, 1994; Whitlatch & Noelker, 1996).

Social Demographic and Environmental Factors

Age and marriage are complex issues to be considered in any examination of African American women caregivers' mental well-being. Age, for example, has been documented as an influential factor in African American women's mental well-being. Younger women, including caregivers, report higher levels of depression than do older women (Barbee, 1992; Caldwell, 1996; Young & Kahana, 1995). Being married has been linked to a higher quality of well-being. The National Advisory Mental Health Council (National Institutes of Health, 1995), for example, reports that married people demonstrate better mental health than single, widowed, or separated persons. Marriage may have the effect of creating emotional and financial security which, in turn, may positively affect mental health. Fewer African American women are marrying than in prior generations (Tucker & Mitchell-Kernan, 1996), and one wonders whether or not younger cohorts of unmarried African American women caregivers in old age will be susceptible to future risk of poor mental well-being.

Environmental factors relating to poor mental well-being of African American women caregivers may include stressors such as racism and discrimination (Dressler, 1991). Neither the issue of racism and discrimination as life stressors nor their effects on mental well-being is adequately examined in caregiving literature on African American women; neither have researchers given adequate attention to the rural factor and African American caregivers. While rural and urban African American women share such conditions as poverty, multiple roles, and poor physical health, rural sociological studies suggest that these conditions are more often extreme in rural areas (McLaughlin & Sachs, 1988; Slesinger & Cautley, 1988; Snipp, 1996; Summer, 1991). These women also have the shared experience of racial, social, and political inequality. But rural and urban contexts may differentiate caregiving experiences and well-being of African American women, as Collins (1996) has implied in a critique on their heterogeneity.

Literature documents that economic distress, when accompanied by a lack of access

to services, may be linked to high levels of depression for rural residents (Hoyt, O'Donnell & Mack, 1995). The mental well-being of African American women caregivers residing in rural areas is likely to be affected by the same poor conditions as those of elders residing in rural areas. Prior research documents differences in social, economic, and health status between older Black and White rural residents. Specifically, Black elders residing in rural areas are disproportionately impoverished, unmarried, less educated, less likely to own a home, and more likely to experience higher levels of chronic illness and functional disability than White elders (U.S. Department of Health and Human Services, 1991). Although a study by Kivett (1985) reported no rural-urban differences in elders' physical and mental health, it found that rural residents had less income, less education, lower levels of unemployment, and were less likely to be married than urban residents.

Wagenfeld (1990), in a decade review on mental health in rural areas, found conflicting reports about the prevalence of depression in rural versus urban areas. Studies conflicted on whether or not depression was higher in rural rather than urban areas. Despite these disparate findings, adverse economic conditions and greater service system barriers that occur in rural communities for both caregiver and elder may provide unique challenges to rural female caregivers' mental health. Rural areas have fewer services and a more unequal distribution of service providers (Coward & Cutler, 1989; Krout, 1986). Rural areas, for example, have fewer physicians, nurses, social service agencies, community mental health centers, and other providers of formal care (Van Nostrand, 1993).

Scholars claim that social relationships may be stronger, more homogeneous, smaller, denser, and more personal for rural residents than urban residents (Beggs, Haynes & Hurlbert, 1996; Bell, 1992; Falk, 1996), though to date there is little information on the nature of such relationships for rural African American women caregivers. Some literature also suggests that compared to urban residents, rural residents may experience higher levels of mental well-being due to relatively higher social well-being. For example, Tolson and Wilson (cited in Brody et al., 1994) assert that rural African American families have more egalitarian gender roles, extended ties to kin networks, and orientation towards informal versus formal help systems than urban African American families.

A caveat is noted for these assertions: in both rural and urban settings, African American women assume the chief role for domestic tasks (Tolson & Wilson, 1990, cited in Brody et al., 1994). To reiterate an aforementioned point, rural caregivers live in communities where there are fewer formal resources, including mental health services (Coward & Cutler, 1989; Krout, 1986). Lacking access to formal services in rural areas, rural African American women caregivers may have potentially greater role responsibility, role juggling, and role overload – factors that may have negative

consequences for mental well-being.

African American women's relatively low socioeconomic status may be another contributing factor to their poor mental health. The National Institute of Mental Health in its research agenda for women has highlighted women's relatively low socioeconomic status as a critical risk factor for stress. Additionally, stress is a known risk factor for poor mental health among women (Belle, 1990; McBride, 1990; Russo, 1990). Poverty and unemployment have been linked to depression in studies of rural and urban African American women (Barbee, 1992; Brown & Gary, 1988; Hauenstein & Boyd, 1994). Older African American women have longer work histories; yet older African American women – especially unmarried ones – are disproportionately poorer than their White or Hispanic counterparts (Ozawa, 1995). Employed African American women often work in low-level, high stress, and low-wage jobs (Belle, 1990; Brown & Gary, 1988), workplace factors influencing women's mental health. Dominelli (1997), citing Bruegal, notes that Black and White women both occupy a low status in the workplace compared to men. But the segmentation of the labor market into a hierarchy based on gender and racial stratification has placed a disproportionate number of African American women into the lowest occupational ranks of the workplace.

In summary, multiple social demographic and environmental factors may contribute to the mental well-being of African American women caregivers. These factors include age, marital status, living in a rural area, and socioeconomic status of caregivers. This list does not exhaust the number of factors contributing to the mental well-being of African American women caregivers. Thus, other factors may arise with further exploration of literature bearing on the topic of these caregivers' well-being.

Social Support

The household composition of many African American families is multigenerational, and research indicates multigenerational households are a critical resource for both elders and caregivers (Himes, Hogan & Eggenbeen, 1996; Taylor, Chatters, Tucker & Lewis, 1990). Caregivers and elders rely heavily upon extended kin living within and outside multigenerational households for social resources like mutual aid and assistance during crises (Dilworth-Anderson & Anderson, 1994; Mindel, Wright & Starett, 1986; Taylor et al., 1990). Despite prior work that underscores the benefits of multigenerational households in providing resources for African Americans, particularly elders, research is inadequate in addressing the benefits and risks of living in multigenerational households as it affects African American women caregivers' mental health.

Findings from a national Black survey document both benefits and costs of extended

kin networks to African Americans (Chatters, Taylor & Jackson, 1986; Neighbors, 1997). While it is reasonable to assume that such findings apply to caregivers, researchers have yet to adequately investigate the rewards of caregiving among African American women. A caregiver with strong extended kin network ties and high mental health needs may not use formal services because she may feel more comfortable accessing kin support (Dilworth-Anderson, 1998). A depressed caregiver's failure to access mental health services may be a potential cost to her mental well-being.

Role Transitions and Multiple Roles

Caregiving is clearly one of the most gendered roles (Walker, Pratt & Eddy, 1995) with women more likely than men to give care. Research has established women's multiple social roles as a risk factor for poor well-being, including poor mental health (Belle, 1990; McBride, 1990; Robison, Moen & Dempster-McClain, 1995). Most women, including African American women, experience multiple caregiving roles and role transitions over their life course as parents, paid workers, and grandparents. The multiple social roles and role transitions of women may be a rewarding experience or may develop into a life crisis. As Russo (1990) notes for parenthood, it can be a mixed blessing for women, both gratifying and stressful, with multiple roles and role juggling as a likely source for much of women's stress. Correspondingly, caregiving to an elder can be both a rewarding and challenging experience for women. When caregiving is challenging, it may have adverse effects on the well-being of caregivers, particularly their mental well-being.

One important reason why women caregivers may be vulnerable to poor mental health is their participation in multiple roles. For example, women are more likely than men to be involved in intergenerational family caregiving roles like caring for disabled children and dependent grandchildren (Burton, 1996; Fuller-Thompson, Minkler & Driver, 1997; Hunter, 1997; Pruchno, Patrick & Burant, 1996). African American women who experience multiple family caregiving roles may find their mental well-being challenged, as a disproportionate number of these women are alone in rearing children, have multigenerational caregiving responsibilities, and also have paid work roles (Burton, 1996; Krieger, Rowley, Herman, Avery & Phillips, 1993; Barbee, 1992).

African American women's mental health is also likely to be influenced by such prior life course transitions as the timing and duration of caregiving roles. Such transitions, as reported by scholars of a life course framework, can be especially challenging when role timing and duration are not synchronized with other social role transitions (Burton, 1996; Moen, Robison & Dempster-McClain, 1995; Moen, Robison & Fields, 1994). Additionally, African American women's role interdependence (i.e., the extent to which roles and role transitions are linked over their life course and

consequences of linkages in terms of stress) could also affect their mental health. In sum, multiple caregiving role experiences may extract high personal costs in terms of poor mental health for African American women caregivers. Although African American women may show resiliency through their ability to adapt and adjust to multiple caregiving roles, these women's resiliency may not necessarily mean they have transcended the costs of caregiving stressors and multiple roles.

Appraisal and Coping

According to stress and coping theory (Moos & Schaefer, 1993; Pearlin, Mullan, Semple & Skaff, 1990), the extent to which caregivers can appraise their caregiving may decrease or increase mental well-being. Literature documents that positive caregiving appraisal and religious coping may ameliorate the negative impact of stress on African Americans' mental health (Gibson, 1982; Haley et al., 1996; Krause, 1992; Miller et al., 1995; Picot et al., 1997; Rosen, 1982), including the impact of caregiving stress on women (Haley et al., 1996; Picot et al., 1997). In conclusion, African American women who experience caregiving stress may demonstrate resiliency in the role of caregiving to an elderly person. The extent to which African American women caregivers demonstrate resiliency is influenced by their ability to appraise stressful situations and draw upon both tangible (e.g., extended kin) and intangible (e.g., psychological and religious) coping resources.

Conclusion and Summary

Using a broad literature base, this synthesis and critique suggest there are multiple contributing factors that may challenge or adversely affect African American women caregivers' mental well-being. In summary, these factors include social demographic and environmental factors. They also include social support, social roles, and appraisal and coping factors. One recommendation for research is to investigate more how these factors impact the mental well-being of African American women caregivers within their own racial and gender group. To date, most studies of African American women caregivers use a between-race approach. African American women share the common experience of race and gender but they may differ across class and location of residence in terms of their caregiving experiences. Thus, a second research recommendation calls for greater inclusion of the rural factor. Including this factor is essential to gaining a fuller understanding of multiple factors that affect the mental well-being of African American women caregivers.

Additionally, African American women have a long tradition of caring for other people, in both unpaid and paid situations, before caring for themselves. Scholars caution that this caregiving tradition may exact a toll on the mental and physical well-being of African American women (Krieger et al., 1993). Therefore, future re-

searchers should take into account the caregiving tradition and beliefs about it when considering African American women caregivers' mental well-being.

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