

Race, Finding Meaning, and Caregiver Distress

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This study investigated the relationship between race, finding meaning (as a positive psychological resource variable), and the outcomes of caregiver depression and global role strain among 77 African American and 138 White spouse caregivers of persons with dementia. Finding provisional meaning had a direct negative relationship with depression and global role strain. Although African American caregivers were less likely to report depression and role strain, there was no interaction by race in the process influencing caregiver distress.

How is it that spouse caregivers of persons with dementia do so well under difficult circumstances? Although the major emphasis of the current body of caregiver research has both focused on and verified caregiver burden and decline in mental and physical health, clinicians and researchers alike have noted positive examples of caregiver

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strength. However, minimal attention has been given to identifying and operationalizing positive psychological resources and determining whether they influence spouse caregiver distress. Likewise, little is known about what effect race has on these psychological resource and caregiver distress variables.

Positive Psychological Resource Variables

Positive psychological resource variables have included such constructs as uplifts (Kinney & Stephens, 1989), traditional caregiving ideology (Lawton, Moss, Kleban, Glicksman, & Rovine, 1991), caregiving rewards (Stewart, Archbold, Lee, & Galyen, 1991), positive feelings toward caregiving (Yamanda & Dunkle, 1991), personal gain and management of meaning (Pearlin, Mullan, Semple, & Skaff, 1990), and finding meaning through caregiving (Farran, Keane-Hagerty, Salloway, Kupferer, & Wilken, 1991).

Finding meaning, as a construct, is rooted in the existential concept of persons' ability to find meaning through suffering and rests on four assumptions (Frankl, 1963, 1978): (a) Humans have the capacity to make choices in how they see or respond to a difficult situation such as caregiving; (b) individuals' personal and philosophical values shape their response to caregiving; (c) persons have responsibility for taking right action and conduct—assuming responsibility for another means doing what is right and good, or doing what the situation demands, regardless of what one prefers on an individual level; and (d) humans have the capacity to find provisional and ultimate meaning. *Provisional meaning* refers to the day-to-day events that provide caregivers a sense of purpose. *Ultimate meaning* refers to caregivers' sense that there is some philosophical or spiritual power available to them that provides greater purpose in this current situation (Farran et al., 1991; Frankl, 1963, 1978; Pearlin et al., 1990).

Finding Meaning and the Stress/Coping Framework

The stress/coping framework, which most commonly has guided this field of research, suggests that background variables, stressors,

and resources determine how caregivers respond to stress (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989; Pearlin et al., 1990). Stress theorists typically distinguish two ways in which resource variables may influence stress outcomes: main effect and interaction or "stress moderating" models (Landerman, George, Campbell, & Blazer, 1989; Miller, Campbell, Farran, Kaufman, & Davis, 1995).

Pearlin et al. (1990) and Lawton et al. (1989, 1991) provide the most comprehensive conceptual models of caregiver distress that include positive psychological resource variables, similar to finding meaning. Pearlin and colleagues (1990) suggest that the positive psychological resource—management of meaning—is one type of coping strategy, which consists of a reduction of expectations, use of positive comparisons, and search for a larger source of the illness. Finding meaning and management of meaning are similar conceptually in that they both suggest that caregivers may search for an understanding of their family member's illness from a larger perspective. The major difference between management of meaning and finding meaning is that management of meaning is primarily a cognitive process; that is, decreasing expectations and using positive comparisons (Pearlin et al., 1990). Finding meaning, on the other hand, is not only cognitively oriented but is also transformative in nature. Persons create meaning by transforming how they think and feel about a situation (Reker, 1991), hence creating something new.

Lawton et al. (1989) suggest that traditional caregiver ideology is a positive type of cognitive reappraisal that is based on family tradition, religious principles, a desire to serve as a model for one's children, and an opportunity to repay the impaired person for what she has done in the past. Finding meaning and traditional caregiver ideology are quite similar conceptually in that they both acknowledge the importance of values, as expressed through family traditions and religious principles, and choices and responsibility. The major difference between these two constructs is that finding meaning addresses, in more detail, how persons make day-to-day sense (provisional meaning) out of difficult situations.

The Pearlin et al. (1990) and Lawton et al. (1989) models suggest that finding meaning might function somewhat differently within the stress process. The Pearlin et al. model suggests that management of

meaning or finding meaning, as a coping strategy, should have a mediating effect on caregiver outcomes. The two-factor model proposed by Lawton et al. suggests that positive resources, such as traditional caregiver ideology and finding meaning as a type of caregiver reappraisal, focus less on the role of resources and more on differentiating, which variables predict positive and negative affective outcomes.

Race, Positive Psychological Resources, and Caregiver Distress

Despite more than a decade of research concerning persons who provide care to their impaired family members, studies only recently have examined whether differences exist between Black and White caregivers. Findings have been surprising and counterintuitive, noting that Black caregivers report lower levels of perceived burden and less depression (Hinrichsen & Ramirez, 1992; Lawton, Rajagopal, Brody, & Kleban, 1992; Mui, 1992). It has been speculated that these findings might be associated with the Black elderly's ability to be more flexible and their tendency to use multiple sources of support (Gibson, 1982); their better coping mechanisms under adverse circumstances, due to historical backgrounds of discrimination and deprivation (McCaslin & Calvert, 1975); and their generally lower financial status, which makes them less likely to drop from middle class as a result of expenses associated with caring for a family member with dementia (Hartung, 1993, p. S33).

More recently, Lawton and colleagues (1992) examined traditional caregiving ideology—the positive construct—in Black and White caregivers of persons with dementia and its effect on the caregiver outcomes. Blacks reported more favorable mean levels of mastery, traditional caregiver ideology, satisfaction, and burden and intrusion, but neither age, gender, nor socioeconomic status accounted for this more favorable caregiving situation. When caregiving ideology was examined for its effect on outcomes such as caregiver positive affect and depression, there were no significant relationships, and the model as a whole was quite similar for Black and White caregivers.

Hypotheses

Three hypotheses were tested in this study:

Hypothesis 1: Spouse caregivers with higher levels of finding meaning will have less depression and role strain, regardless of level of stressor (main effects model).

Hypothesis 2: The effect of caregiver stressors on depression and role strain will vary by level of caregiver finding meaning (two-way interaction model).

Hypothesis 3: African American and White spouse caregivers will differ in the relationships between stressors and finding meaning on distress. Specifically, the relationship between stressors and distress will not be affected by level of finding meaning for Whites but will vary by level of finding meaning for Blacks. Black's expression of provisional meaning will be higher because of their closer social ties (Jayakody, 1993) and the process of turning inward to develop indigenous resources as an alternate means of dealing with difficult external situations (Smith & Thornton, 1993). Likewise, their expression of ultimate meaning will be higher because of stronger religious/spiritual structures and values (Taylor, 1993).

Method

SAMPLE

In-home structured interviews were conducted with interviewer and caregiver matched by race. Caregiver selection criteria included English-speaking spouse caregivers of persons more than 60 years of age with a diagnosis of some type of dementia and coresidence with the impaired family member. To ensure orthogonality of race and gender and maintain reasonable cell sizes, our sampling ratio was approximately 1.75 to 1 for gender and race. The final sample was composed of 22 African American males, 55 African American females, 56 White males, and 82 White females ($N = 215$). This sample may be less representative of Black caregivers as compared to Whites because of lower marital rates among African Americans. As noted in other caregiver studies, this sample does not represent an easily definable universe (Lawton et al., 1992).

MEASURES

Variables included background, key stressors, resource, and distress outcome. Preliminary regression analyses were used to eliminate variables that were not significant predictors of depression or role strain. Income was retained in our trimmed model to confirm that any race effects found were not confounded by differences in socioeconomic status.

Background variables. Background variables included race/ethnicity (1 = *African American*, 0 = *White*), gender (1 = *female*), income, age, and education. Income was coded in 16 categories (1 = *less than \$3,000* to 16 = *\$50,000 or more*). The mean and median annual income for this sample was within the \$20,000 to \$24,000 range (Miller et al., 1995).

Stressor variables. Spouse personal activities of daily living (PADL) were measured with 7 items that focused on mobility, eating, dressing, grooming, bed mobility, bathing, and toileting. Scores were coded 0 or 1 (range 0-7, $M = 3.67$, $SD = 2.8$) and had an internal consistency reliability of .95 (Lawton, 1971).

Caregiver behavior problem distress was examined with a 28-item measure that examined frequency of behavior occurrence and caregivers' reactions to disruptive behaviors (Niederehe & Fruge, 1984). Frequency of behavior occurrence (1 = *never* to 5 = *every day*) was multiplied by caregiver distress with each behavior (0 = *none* to 3 = *a lot*) to derive a summary cross-product score. Scores ranged from 0 to 271 ($M = 70.9$, $SD = 57.4$). Internal consistency reliability was .89.

Caregiver task distress was measured with a 12-item measure that examined caregiver effort (1 = *a little or none* to 5 = *a great deal*). Care tasks included personal, instrumental, and care management activities. Scores ranged from 12 to 60 ($M = 21.4$, $SD = 9.9$). Cronbach's alpha reliability with this sample was .89.

Caregiver physical health was measured with a 1-item self-report rating scale. The measure focused on caregivers' perception of their health (1 = *poor* to 4 = *excellent*) ($M = 2.8$, $SD = 0.9$). Interitem Cronbach's alpha reliability was .87.

Positive psychological resource variable. The provisional and ultimate meaning subscales of the finding meaning through caregiving measure were used. Participants used a 5-point Likert-type scale to indicate to what extent they agreed or disagreed with statements (1 = *strongly disagree* to 5 = *strongly agree*). In a pilot study ($N = 46$), the measure had good psychometric properties (Cronbach's $\alpha = .91$; 1-month test retest reliability, $r = .95$; construct validity, $r = -.34$ to $.81$, $p = .01$). Psychometric properties with this larger sample were consistent with those found earlier (Cronbach's $\alpha = .91$; construct validity, $r = -.53$ to $.92$; $p = .01$). Internal consistency reliabilities for the entire measure were also consistent for Whites (.91) and Blacks (.88) (range 76-198; $M = 144.35$, $SD = 19.07$) (Farran, Miller, Kaufman, Donner, & Fogg, 1996).

The 19-item provisional meaning subscale focuses on caregivers being able to enjoy what they still have in terms of a relationship with their spouse, family or friends; appreciating positive things or blessings they receive; making choices to be a strong person or a fighter or to accept their situation; and experiencing a sense of purpose or having grown through this experience (range 45-95; $M = 75.85$; $SD = 8.88$). The 5-item ultimate meaning subscale focuses on identification with a spiritual or religious belief system (range 5-25; $M = 19.36$; $SD = 4.22$). Cronbach's alpha reliabilities for these subscales were .88 and .91, respectively.

Distress outcome variables. The Center for Epidemiologic Studies-Depression Scale (CES-D) was used as a general measure of distressed mood. This 20-item self-report measure has a range of 0 to 60, with scores of 16 or above considered at risk for developing clinical depression (Radloff, 1977). The mean with this sample was 12.7 ($SD = 9.9$). Cronbach's alpha reliability was .90. Persons scoring 16 or higher may be considered at risk for developing clinical depression. Thirty-seven percent of this sample met this criterion.

The 3-item Global Role Strain Scale is a summary measure of emotional distress specific to caregiving stress and strain associated with caregiver reactions to confinement, general difficulty, and overall stress felt because of obligations of caregiving (Archbold, Stewart, Greenlick, & Horwath, 1990). The mean score was 8.24 ($SD = 2.6$, range 3-12) and the Cronbach's alpha was .79.

Results

BACKGROUND CHARACTERISTICS, DIFFERENCES BY RACE, AND CORRELATION COEFFICIENTS

Sample background characteristics were similar to those reported in other spouse caregiver studies (Stone, Cafferata, & Sangl, 1987) (Table 1). Average caregiver age was 71.7 years, whereas average spouse age was 74.7 years. Average caregiver education was 13.1 years, whereas average spouse education was slightly lower (12.8 years). Caregivers had been married an average of 43.6 years and had an average number of 2.7 children. There was little difference in mean number of years caregiving by race. African American caregivers were almost 3 years younger than White spouse caregivers and had been married 7 years less, on the average. Race differences were also noted with income and religion. Blacks reported lower income levels and more likely were Protestants (Miller et al., 1995).

Race differences and similarities for each stressor resource and outcome variable are also summarized in Table 1. With stressor variables, Whites reported higher levels of distress with behavior problems and physical health, significantly lower levels of both provisional and ultimate meaning, and significantly higher levels of both depression and global role strain, with an especially large difference for depression (6.1 units).

As noted in Table 2, strong correlations were found between the subjective stressor variables (behavior problem distress and task distress) and the outcome variables (CES-D and global role strain). Strong correlations between the subjective stressor variables and outcome variables are supported by the stress process interpretation of relationships between subjective assessments of caregiver stressors and mental health outcomes (Miller et al., 1995).

PREDICTORS OF DEPRESSION

To test the three hypotheses, a series of hierarchical regression analyses were examined. Model A was run first and included just the demographic and stressor variables. Model B (Hypothesis 1) followed with the addition of the provisional and ultimate finding meaning

Table 1
Description of Spouses and Caregivers and Differences by Race

Variable	Total		African American		White	
	M	SD	M	SD	M	SD
Background						
Age						
Caregiver*	71.67	8.54	69.9	9.88	72.7	7.55
Spouse	74.71	6.78	75.2	7.36	74.4	6.44
Education						
Caregiver	13.1	3.15	11.8	3.03	13.9	2.98
Spouse	12.8	3.64	11.1	3.65	13.7	3.29
Years married*	43.6	13.52	39.1	16.32	46.0	11.00
Income*	12.2	2.7	11.0	2.6	12.8	2.5
Stressors						
Spouse PADL	3.7	2.8	4.1	2.3	3.4	2.7
Caregiver						
Behavior problem distress*	70.9	57.4	60.1	56.4	76.9	57.3
Task distress	21.4	9.9	21.6	11.7	21.3	8.7
Physical health*	2.8	0.9	2.5	0.9	2.9	0.9
Resource						
Provisional meaning**	75.9	8.9	78.2	7.5	74.6	9.3
Ultimate meaning***	19.4	4.2	21.5	2.4	18.2	4.5
Outcomes						
Depression***	12.7	9.9	8.8	7.8	14.9	10.4
Global role strain*	16.3	4.5	15.5	4.6	16.8	4.4

Note. PADL = personal activities of daily living.

*Significant t value < .05. **Significant t value < .01. ***Significant t value < .001.

subscales. To test Hypothesis 2, we first performed a global test of interaction, comparing the difference in R^2 . Finding meaning subscales were dichotomized at the median and multiplied by each stressor; that is, caregiver physical health, behavior problem upset, task distress, and spouse PADL. Whereas tests involving dichotomies are less powerful than product terms of interval variables (Cohen & Wills, 1985), we chose to use them because we wanted to minimize the effect of outliers in our small sample and because interactions involving dichotomies can be clearly graphed. If the global interactive effect was significant, significant interaction terms were entered separately to the prior model. The final step tested whether there were race differences with each of the stressor and resource variables in the process of explaining depression (Miller et al., 1995).

Table 2
Correlation Matrix of Study Variables

	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12
V1 CES-D	1.00											
V2 Global role strain	.62**	1.00										
V3 Race (Black)	-.30**	-.14	1.00									
V4 Income	-.03	-.06	-.34**	1.00								
V5 Gender (female)	.03	.14	.12	-.24**	1.00							
V6 Caregiver physical health	-.30**	-.17	-.21**	.29**	-.00	1.00						
V7 Behavior problem distress	.46**	.56**	-.14	.07	.05	-.12	1.00					
V8 Task distress	.54**	.60**	.01	-.08	.19**	-.23**	.53**	1.00				
V9 Spouse PADL	.15	.11	.13	-.16	-.15	-.12	.03	.09	1.00			
V10 Loss/powerlessness	.61**	.70**	-.22**	-.03	.04	-.05	.44**	.42**	.22**	1.00		
V11 Provisional meaning	-.37**	-.39**	.20**	-.09	-.05	.06	-.28**	-.20**	.14	-.35**	1.00	
V12 Ultimate meaning	-.28**	-.14	.38**	-.29**	.10	-.05	-.16	-.03	.14	-.23**	.58**	1.00

Note. CES-D = Center for Epidemiologic Studies-Depression Scale; PADL = personal activities of daily living.

** $p = .01$.

Table 3 (Model A) summarizes the regression models of depression. Predictors in order of importance, in addition to race, were task distress and caregiver physical health. Higher levels of depression were associated with being White, poorer caregiver physical health, greater behavior problem distress, greater task distress, and higher levels of spouse PADL impairments. Gender and income were not significant. Notably, the difference between African Americans and Whites increased to 7.32 units, holding other variables constant.

The introduction of main effects for provisional and ultimate meaning in Model B significantly increased the explained variance from 47% to 51%, supporting Hypothesis 1 (main effects model). Predictors in order of importance, in addition to race, once again were task distress and caregiver physical health. Concerning finding meaning as a resource, only the provisional meaning subscale was significant, regardless of order of entry of provisional and ultimate meaning. Persons who reported higher levels of provisional meaning reported lower levels of depression. The introduction of finding meaning as a psychological resource variable did not appreciably diminish the unstandardized coefficients of race or the stressors in Model B. Thus, they could not be said to explain the effect of race or stressors on depression. Rather, provisional meaning constituted an independent contribution to lower levels of depression.

The next regression equation (Model C, Hypothesis 2) examined two-way relationships between provisional and ultimate meaning and each of the stressor variables. The final regression equation (Model D, Hypothesis 3) examined the effect of race on the stressor variables and finding meaning (data available on request). The global test of relationships was not significant for either of these models. We thus conclude that there were no race differences in the process by which caregiver stressors and finding meaning, as a positive psychological resource, influence depression. Rather, higher levels of provisional meaning appear to be independently associated with lower levels of depression.

PREDICTORS OF ROLE STRAIN

In Table 4, Model A presents the contribution of caregiver stressor variables to caregiver global role strain. Predictors in order of impor-

Table 3
Finding Meaning as a Moderator in Predicting Depression in Black and White Caregivers

	Model A			Model B ^a		
	b	SE	β	b	SE	β
Race	-7.32***	1.13	-.35	-6.22***	1.12	-.30
Gender	-.17	1.11	-.01	-.20	1.07	-.01
Income	-.19	.21	-.05	-.27	.21	-.07
Caregiver physical health	-2.65***	.61	-.24	-2.45***	.59	-.22
Behavior problem distress	.03**	.01	.19	.02*	.01	.14
Task distress	.38***	.06	.39	.36***	.06	.37
Spouse PADL	.43*	.19	.12	.54**	.18	.15
Provisional meaning				-.18**	.07	-.16
Ultimate meaning				-.23	.15	-.09
Adjusted R^2	.47			.51		
Significant F change	.0000			.001		

Note. b = unstandardized coefficient; PADL = personal activities of daily living.

a. Hypothesis 1.

* p = .05. ** p = .01. *** p = .000.

tance, in addition to race, were problem behaviors and task distress. Higher levels of caregiver global role strain were associated with being White, higher behavior problem distress, and task distress. African Americans reported 1.1 lower units of role strain than Whites, on the average, holding other variables constant.

Introduction of provisional and ultimate meaning subscales in Model B significantly increased the variance explained from 44% to 47% (Hypothesis 1). Predictors in order of importance, in addition to race, were problem behaviors, task distress, and PADL needs. Provisional meaning was the only significant psychological resource. As hypothesized, higher levels of provisional meaning were associated with lower levels of caregiver global role strain.

The next regression equation (Model C, Hypothesis 2) examined two-way relationships between provisional and ultimate meaning and each of the stressor variables on global role strain. The final regression equation (Model D, Hypothesis 3) examined the effect of race, the stressor variables, and finding meaning on global role strain. The global test of interaction for both of these models was not significant (data available on request). We thus conclude that there were no race differences in the process by which caregiver stressors and finding

Table 4
Finding Meaning as a Moderator in Predicting Role Strain in Black and White Caregivers

	<i>Model A</i>			<i>Model B^a</i>		
	b	SE	β	b	SE	β
Race	-1.13***	.30	-.21	-1.03***	.30	-.19
Gender	.13	.30	.02	.08	.29	.01
Income	-.04	.06	-.04	.04	.06	-.04
Caregiver physical health	-.12	.16	-.04	-.07	.16	-.02
Behavior problem distress	.02***	.002	.35	.01***	.00	.31
Task distress	.09***	.02	.33	.08***	.02	.30
PADL	.15**	.05	.16	.17***	.05	.19
Provisional meaning				-.07***	.02	-.24
Ultimate meaning				.04	.04	.06
Adjusted R^2	.44			.47		
Significant F change	.0000			.0005		

Note. b = unstandardized coefficient; PADL = personal activities of daily living.

a. Hypothesis 1.

* p = .05. ** p = .01. *** p = .000.

meaning, as a positive psychological resource, influence global role strain. Rather, higher levels of provisional meaning appear to be independently associated with lower levels of global role strain.

Discussion

In summary, the best predictors of caregiver depression included being White and having poorer caregiver physical health, greater behavior problem distress, greater task distress, and higher levels of spouse PADL impairments. Higher levels of provisional meaning had an independent effect on lower levels of depression, but the effects of finding meaning were similar for African American and White caregivers. The best predictors of caregiver role strain were identical to those for depression (being White and having greater behavior problem distress, greater task distress, and higher levels of spouse PADL impairments) with one exception: Caregiver physical health had no direct effect on caregiver role strain. In the same fashion, higher levels of provisional meaning had an independent effect on lower levels of role strain, but the effects of finding meaning were similar for African American and White caregivers.

The main contribution of this study is that it joins a currently developing body of research that examines positive aspects of caregiving (Kinney & Stephens, 1989; Lawton et al., 1989; Lawton et al., 1991; Pearlin et al., 1990; Stewart et al., 1991), as well as examining whether there are differences between African American and White caregivers (Fredman, Daly, & Lazur, 1995; Haley et al., 1995; Lawton et al., 1992).

Findings raise a number of conceptual questions concerning finding meaning. First, does finding meaning function as a method of cognitive appraisal/reappraisal (as suggested by Lawton et al., 1989) or does it function as a coping strategy (as suggested by Pearlin et al., 1990)? As a method of appraisal, finding provisional meaning may enable caregivers to cognitively appraise the pain and/or distress associated with caregiving and at the same time reappraise the experience by seeking out experiences that assist in making sense out of and dealing positively with the experience (Frankl, 1963, 1978; Lazarus & Folkman, 1984). Existing theory and research suggest that this cognitive appraisal/reappraisal is based on caregivers' values, a freedom of choice, and the assumption of moral responsibility for their impaired family member and consequences of their actions (Farran, 1997; Lawton et al., 1989; Yalom, 1980).

As a method of coping, finding provisional meaning has similarities to both problem-focused and relationship-focused coping strategies. The major contribution that the finding meaning construct makes to the growing body of caregiver literature is that it attempts to tap what existentialists refer to as a transformative or transcendent process (Frankl, 1963; Reker, 1991). When persons deal with difficult life experiences, they are called on to use new methods of thinking and responding to life challenges.

If finding meaning functions as a coping strategy, it is interesting that provisional meaning was a better predictor of depression and global role strain than ultimate meaning. Several possible interpretations can be made. One is that the ultimate meaning subscale reflects a Judeo-Christian perspective and may not be representative of broader philosophical values. Another is that ultimate meaning may function more broadly in shaping caregiver values and cognitive appraisal/reappraisal, as suggested by Lawton et al. (1989). Provisional meaning, on the other hand, may act more as a type of coping

strategy, with a more immediate and direct effect on caregiver distress. These cross-sectional data only permit us to speculate these relationships, however.

Findings from this study support those previously noted, namely that African American caregivers report lower levels of emotional distress (Fredman et al., 1995; Haley et al., 1995; Hinrichsen & Ramirez, 1992; Lawton et al., 1992; Mui, 1992). Contrary to our findings of no multivariate differences in predictors of distress between Black and White caregivers, Fredman and colleagues (1995) reported differences between Black and White caregivers in caregiving activities as predictors of distress.

The mean differences in finding meaning, reported by Black and White caregivers, were similar to Lawton et al.'s (1992) findings concerning traditional caregiver ideology. Namely, that Black caregivers appraised their caregiving situation more favorably than White caregivers and also reported lower levels of psychological distress outcomes. The more favorable response to caregiving by Black caregivers, in spite of lower levels of physical health, refutes other caregiver research that suggests a close relationship between diminished physical health and depression (Pruchno, Kleban, Michaels, & Dempsey, 1990). Although these cross-sectional data do not help to explain these differences, we might speculate that Black caregivers have culturally learned to adapt to or survive difficult situations by making positive appraisals (Chatters, 1993) or that they may not have the "luxury" of being depressed or distressed by their external circumstances (Dilworth-Anderson & Anderson, 1994).

We cannot be certain that providing care to a person with dementia is actually less stressful for Black than White caregivers, as our selected measures and small biased sample may not adequately reflect culturally unique aspects of the Black experience. Black researchers also assert that race can interact with methodology, affecting both results and conclusions (Jackson, 1989). Thus, even though Black caregivers were interviewed by Black research assistants, they may have identified the study as a "White study" because of its institutional affiliation and may have wanted to be seen in as favorable light as possible.

This study examined a small group of caregivers in one geographical area. The majority of these caregivers were recruited from health

services facilities, suggesting that as service users, they may be different from nonusers. The newly developed finding meaning measure, although possessing good psychometric properties, needs to be tested with larger groups of Black and White caregivers in both urban and rural settings.

Findings suggest that more work is needed, not only in the identification and operationalization of positive aspects of caregiving, but in determining their effect on the caregiving process and outcomes over time. Whereas the majority of dementia caregiver research in recent years has been quantitative in nature, it may be necessary to replicate early qualitative studies with multiculturally diverse caregiver samples or to add qualitative methods to our existing quantitative measures as one means of increasing our understanding of the caregiving experience within a larger sociocultural environment. Future research should examine whether finding meaning has a greater effect on positive caregiver outcomes such as satisfaction, as proposed by Lawton et al. (1991), than on negative outcomes. The construct finding meaning also needs to be compared with other similar constructs such as religiosity and coping strategies. Longitudinal and prospective studies are needed to determine whether the transformative process, espoused by existentialists, actually occurs over time or whether persons possess innate characteristics making some more suitable caregivers and less likely to become distressed under any difficult circumstances. Future research should also examine whether interventions might be directed toward increasing caregivers' level of provisional meaning, thereby decreasing their depression and feelings of global role strain.

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