

Multiple Social Roles and Role Transference: Lessons Learned from a Chinese American Family Caregiver

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According to the [International Alliance of Carer Organizations \(2018\)](#), as the older adult population has increased, unpaid and family caregiving has become more common across all racial and ethnic groups in the United States and globally. Chinese American family caregivers who are influenced by the value of a familial piety might have a more complex experience on family caregiving ([Cheng, Lam, Kwok, Ng, & Fung, 2013](#); [Chien, Chan, & Morrissey, 2007](#); [Tang, 2011](#); [Wang, Shyu, Chen, & Yang, 2011](#)). The call for social workers' using culturally sensitive approaches to better assist Chinese American family caregivers has been long-standing ([Chan & Chui, 2011](#); [Lai, 2010](#)). In my previous study, the culturally sensitive life story approach was examined and found effective in reducing Chinese American caregivers' stress ([Lun, 2019](#)). During the research study, I collaborated with an elder Chinese American family caregiver using an interview process to help her narrate and construct meaning of her caregiving life story. Her life story provides insights on social role change and adaption. These insights help social workers obtain an in-depth understanding on the complexity of family caregiving.

CASE PRESENTATION

Mrs. C at the time was a 70-year-old Chinese woman who emigrated from mainland China 20 years ago. When she recalled how she became her husband's caregiver, she mentioned at least one or more social roles and role transitions in her life story including family caregiver, local club volunteer, and broader civil engagement.

Family Caregiver to Young Family Members

Before her retirement, Mrs. C worked in a China-town sweatshop until the 9/11/2001 terrorist attack. After this time, Mrs. C did not feel emotionally strong enough to go near the attack site, but saw the needs of her daughter's family. She then retired and relocated to take care of her grandchildren who resided in a suburban area. Mrs. C took care of her grandchildren until they were old enough to attend primary school. She thought that taking care of her grandchildren was a natural and esteemed role for a grandmother, and she did not encounter any struggles or discomforts in performing this role. She also considered that taking care of them in her daughter's house helped her relationship with her daughter, previously they had lived far away and only saw each other during holidays.

Volunteer in Old Age

When the grandchildren started attending grade school, Mrs. C ended her primary role of caregiving for her grandchildren. She then had the opportunity to become a volunteer for the next 10 years in a local senior center near her apartment. Mrs. C placed a lot of value and esteem on volunteering, because she appreciated the sense of empowerment in her interactions with other members daily. She had a daily routine that she could follow, increasing her sense of emotional stability, and she felt that this made days go by easily and with a sense of purpose. Every night she would set her alarm clock so that she could wake up and report on time to the senior center for her important role. She made

friends with the other members, and they as well as staff respected her and the service she provided.

Spousal Caregiving

Mrs. C ended her volunteer role at that senior center because her husband, Mr. C, had been diagnosed with Ménière's disease, which caused him to experience severe nausea and imbalance. Both of them were concerned about his risk of falling because of the disease. In addition to this illness, Mr. C was getting older (80+ years old) and also had joint and leg pain. Because of her husband's request and her concern for his fall risk, Mrs. C stopped volunteering and stayed home to keep her husband company. She thought that taking care of her husband was a natural and meaningful role, which she expected to fulfill ever since they exchanged marriage vows as a young couple. She did not perceive family caregiving as a burden, and she addressed this a couple of times: "It's very natural and, of course, I will take care of him." Although she indicated that her caring for her husband was not a sacrifice, she did greatly miss her volunteer involvement at the senior center as she had been able to build friendships leading to greater satisfaction in being a volunteer.

Adjustment to Role Change

Taking up the role of family caregiver has required Mrs. C to adjust her schedule and mind-set. Now that, as a retired married couple, they have more time together, there is a new adjustment. She notices the differences in their personalities, and she thinks their views on issues are very different. She feels that there is a communication problem in their marriage. Mrs. C has noted that numerous times Mr. C has expressed his political opinions and ignored her opinions. "I want to be heard too!" Mrs. C said. She felt that she was being ignored and would walk away from her husband because of this. She felt that they argued a lot and that Mr. C was not listening to her. She wanted Mr. C to listen to her more and try to see things from her point of view.

This experience led Mrs. C to think that she should start to have more conversations with her husband, and even has entertained the mind-set of "dating" and getting to know her husband all over again as they both have had some changes in their lives since they first married and were a younger couple raising children. At a certain level, she is optimistic about strengthening the re-

lationship with her husband. She stated, "Now we have more time together, we spend time with each other more . . . just like we are back in the time when we were dating."

Continuous Searching for Additional Role

In the past Mrs. C has been involved in church activities such as fellowship, visitation of sick parishioners, and teaching children in summer programs. She would like to learn more about the Bible but does not know where she can go to do this. Now that she has more unstructured time in her life, she would like to find ways that she can spend her time meaningfully while still taking care of her husband. She is considering joining a Bible study class in the near future, if she can find an accessible one. She would like to maintain her leisure life with learning and doing various arts and crafts through classes offered at a public library.

IMPLICATION FOR PRACTICE AND RESEARCH

Mrs. C's life story provides valuable insights to health and social workers who want to better assist family caregivers. Many times one social role tends to dominate a family caregiver's life for a certain period of time until there is a pivotal moment, often a crisis, and the need to transition to a different primary role. In Mrs. C's later life, these primary role transitions included being an employee until 9/11, then a caregiver of her grandchildren until they became older, then a volunteer at a senior center until her husband's health issues worsened, then a caregiver to her husband.

The transitioning of social roles and challenges in later life requires a lot of resilience including the skills of adjustment and adaption, which can be augmented and supported by trained staff. Mrs. C needed to adjust her routine as well as beliefs and thoughts about her life purpose as a part of each role transition. Even with healthy aging, it is normal for a person to adjust one's pace of life, whether temporarily or permanently, as they adapt to aging and role changes in one's life and the lives of others. Health and social service providers will need to keep in mind the needs of aging caregivers across their life course, as well as their shift in social roles and the stress that such changes can entail. Emerging role theory will provide professionals with a frame of reference as they assess older adults, expanding help to older adults who are adapting to changing social roles as a continuation of

contributing to their family members and community in later life. At the same time, through provision of counseling and training, older adults will be empowered as they learn the skills of recognizing and clarifying the meaning of various roles in their lives and ways to transition to new roles effectively.

Another insight obtained from the narrative is the interconnectedness of life purpose and life in community. Older adults need to sense that they are supported and connected to others and be informed about resources for support to continue their productive roles with family and society. Mrs. C views her primary role, both in quantity and importance, throughout her older life course as family caregiver, although this has shifted to different family members. She is committed to assisting her husband as her primary productive activity in her older years, but acknowledges the amount and duration will need to be adapted as she ages. However, this alone does not meet all her needs for deeper meaning and sense of purpose in her later years, which could lead to caregiver burnout and depression. She expresses willingness to explore and expand her roles to infuse her life with more meaning and vitality, including other social engagement activities.

All too often, caregivers believe that doing less with others will give them more energy to sustain their primary familial caregiving role, when in fact this could lead to less energy and enjoyment in later life, suffocating one's life with limited meaning and purpose. Mrs. C has a deeply held belief that in addition to her earthly roles, she has a role with God. Because of her Christian faith, she would like to fulfill her role to God by being more involved in religious activities, but she has had no access to other opportunities besides her affiliated church, which is limited. Social service agencies, community organizations, and religious groups need to gather community resources that could plug older adults into opportunities for role engagements that will infuse their lives with deep meaning and vitality in line with their specific values and beliefs. In the case of Mrs. C, helping her engage in religious involvement and volunteer opportunities outside of her home will help connect her to God and a larger sense of purpose.

Promoting productive roles for older adults through community engagement opportunities is important for our society to address (Sherraden,

Morrow-Howell, Hinterlong, & Rozario, 2001). Traditionally, there has been consistent funding to social programs, such as senior centers, but the development of family caregiving programs is a first step to address the needs of family caregivers as they age and go through periods they cannot engage in traditional senior services. Providing self-care training as well as creative social supports and programs—for example, peer telecommunication support and mobility assistance, for continued societal and caregiving engagement—will increase the capacity of caregiver wellness. As suggested by Sherraden et al. (2001), social policy should increase the institutional capacity to support family caregiving, whereas information should be made available to families to increase knowledge and incentives provided for caregiving engagement, with the goal to sustain involvement in the caregiving role. Through these intrinsic and extrinsic supports, older adult caregivers will not only have significant productive engagement in their lives, but also be able to continue envisioning and fulfilling their meaning in life. **HSW**

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