

CULTURAL FOUNDINGS IN THE RESHAPED EXPERIENCES OF LATINO FAMILIAL
CAREGIVERS: A NORMATIVE FAMILISMO APPROACH

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Abstract

Cultural Groundings in the Reshaped Experiences of Latino Familial Caregivers: a Normative
Familismo Approach

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The current study builds understanding of the impact that normative familismo (Zinn, 1982) has on the emotional wellbeing of Latino caregivers who provide care to dependent adult loved ones. Utilizing a qualitative methodology with an exploratory approach, the researcher obtained the narratives of 7 (2=male, 5=female) Latino identifying full-time familial caregivers. Participant narratives resulted in numerous themes that highlight the influence of normative familismo in creating strategies that serve as psychosocial buffers for caregivers themselves. Participants identified familismo values that can serve to further inform understanding of how caregivers perceive their role. However, the study resulted in creating a unique understanding of how values are taught through a social learning theory, grounded in cultural practice and behavior. The learning process in combination with the values themselves, resulted in active use of reshaping. Reshaping occurred when participants' perception of their role was consistently impacted by

positive reframing strategies. Reshaping and the process of its learning and use, serve as a mitigator of psychosocial stressors within Latino caregivers. Identifying the learning and use of reshaping, opens a connection with cognitive behavioral therapy frameworks, due to its largely reframing nature. The narratives within this study creates an opportunity to explore the potential to modify widely used interventions, improving their relevance and effectiveness in culturally responsive ways for Latino familial caregivers.

Keywords: Latino, caregiving, coping, reshaping, CBT, familismo

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Section One: Introduction

Purpose

The purpose of the current study investigated the impacts that normative familismo has on the emotional health of Latino familial caregivers. Familismo, as a value, has the potential to become a basis for the development of a framework that builds on the strengths of the Latino community and encourages a culturally responsive approach to care that is already being provided. The objective of this study was to connect familismo to its potential as an emotional protective factor for caregivers, thereby allowing for healthier outcomes for both themselves and their loved ones. By interviewing Latino familial caregivers about their perspectives towards familismo and their caregiving experience, their ideals will highlight the drive that supports them in continuing to care for their loved one and themselves.

Problem

In 2017, the inequities of health and quality care impacting the Hispanic population showed the highest uninsured rates compared to their white counterparts and other communities of color (Barnett & Vornovitsky, 2016). Additionally, non-U. S citizens demonstrated the highest uninsured rates in the U.S., with 25% identifying as being of Mexican origin (Barnett & Vornovitsky, 2016). As the Latino population in the U.S. continues to increase, soon to surpass its already high proportions, discrepancies in health access and support have caused not only poor health quality (Lucas, Freeman, & Adams, 2016) but also a high amount of familial caregivers to aid their loved ones. Care receivers make up almost 5 million Latinos (U.S. Census Bureau, 2017). It is a large population issue that not only affects current U.S. health outcomes,

but also those that will arise as the average life expectancy of the Latino population continues to surpass those of white and Black individuals(National Center for Health Statistics, 2018).

The lack of resources and accessibility impacting Latin American communities provoked self and community-developed coping and support networks that are not empirically researched throughout formal fields of care. Latin American communities hold a lack of institutional trust overall as many have seen ancestors, current family, and themselves be betrayed or hold negative experiences with healthcare systems (Schwei, Kadunc, Nguyen, & Jacobs, 2014). The institutional distrust created a self-reliant and intrinsic value effect, where culture, spirituality, and values such as familismo provide a source of hopefulness and motivation. However, the lack of cultural responsiveness on behalf of the healthcare field, continues to promote poor health as professional care seeking behaviors are low in comparison to other ethnic groups (Schwei et al, 2014). For this purpose, the field has a responsibility and obligation to begin creating a trustworthy relationship with the U.S. Latino community, consisting of research-informed practice and interventions, made for the benefit of Latino communities specifically.

Family caregivers are the essence of a movement that seeks to build trusting and supportive relationships with the community. As current decision makers for their loved one, it is important to reach out in a way that is developed and continuously evolved to parallel the necessities, desires, and objectives of the community.

Section Two: Literature Review

Throughout the literature, the experience of caregivers is present and introduced to strengthen understanding. The research in response towards caregiver stress emerges throughout various fields to provide information that can address this challenge. However, presenting the unique experiences of Latino caregivers brings forth the opportunity to illustrate narratives that

are not typically given the space to be shared. The factors that impact Latino caregivers are essential to building interventions and supportive frameworks that are in line with values and issues present in this community, specifically. Familismo provides a lens and defines those values that are a foundation for analyzing the identities of Latinos. The field continues to explore the impacts that identification with familismo can have on people, including research focusing on caregiving. However, the literature defining the relationship and processes of how familismo creates a psychosocial benefit remains limited. By using familismo as a basis for interpreting experiences, the stories obtained from Latino caregivers can create a better understanding of how culture and caregiving connect.

Informal Caregiving and Caregiver Stress

The health and social work field follows the arising stress and psychosocial challenges that informal caregivers encounter (Ejem et al., 2015; Li et al., 2011; Llanque, et al., 2014). The National Center on Caregiving (2014) defines an informal family caregiver or care partner as a “relative, partner, friend, or neighbor” who shares a significant relationship with the care recipient and provides day to day assistance through aging, chronically ill, or disabled circumstances. This role demands a transition and adjustment to a new identity as a care partner that can cause several mental health impacts as family members adjust to the role. Care partners often cite the emotional toll of this process, specifically referring to the emotions that accompany it, as “the burden,” (Berger et al., 2019; Kim et al., 2012) referring to the responsibility, decrease in social engagement, or loss of identity.

Research has been able to both identify differences and similarities within the role through various illnesses and relationship lenses of the caregiver, all of which discuss what this burden looks like in their own lives. For example, a research study by Kim and colleagues

(2012), further explored predictors of the caregiver burden. Utilizing a cross-sectional correlational design, the study used data from an informal caregiving survey and found that more impairments of activities of daily living (ADLs) the care receiver had, led to higher appraisals of stress in the care partner. More specifically, the study argues that the recipients' illness-related factors, number of hours fulfilling the caregiving role, and whether the care recipient lived with the individual, were predictors of caregiver stress (Kim et al., 2012). This finding describes the factors that can create a stressful environment for a care partner, an understanding that has become essential to creating mitigating support networks within services.

Acknowledgment of the impacts of caregiver stress, prompts extensive research that seeks to understand its presentation in individuals who need additional support. More profound results demonstrate the various dimensions of caregiver emotional stress. Frustration, depression, and fatigue are commonly cited when caregivers explain their perceptions of the rooted issue (Berger et al., 2019). These concerns are present as an inability to partake in social relationships and activities, overall impacting their sense of self-engagement (Berger et al., 2019). It becomes a sentiment some caregivers feel they have lost. Thereby, it was inferred that activities of pleasure or leisure promote healthy caregiving identity roles.

In review, explanations of caregiver stress can be multidimensional in its causes. Supported arguments centralize the loss of identity of the caregiver and how that is demonstrated in their day to day interactions with their loved one, others, and themselves. As information describing the roots of caregiving stress evolves, identifying coping processes becomes essential in response.

Mitigating Caregiver Stress

Informal caregiving emotional support is often complex due to the diverse causes that are described by those in need of supportive emotional services. Thereby, research focusing on coping and promoting its understanding is crucial. Incorporating findings into frameworks through multiple perspectives can meet the multifaceted needs of caregivers in various backgrounds.

Challenging the notion that one framework is effective universally is key to improving emotional wellbeing in caregivers. A limited amount of literature focuses on the formation of practices for improved cognitive-emotional coping (Zwar et al., 2018), therefore the continuous study of these processes in different contexts is needed to mirror the diversity of caregivers. Cognitive-emotional practice is a successful approach that is common in many supportive emotional spaces for caregivers. Studies describing cognitive coping strategies find that participants exhibit positive impacts on their mental health (Leipold et al., 2008). Growing the body of research for coping can identify avenues for the support of the caregiver, and thereby, the care recipient.

Understanding the relationship between the caregiving role and its ability to promote healthy emotional growth is essential. As seen in caregivers who provide support to individuals with dementia, the connection between these two variables points out the impacts of a positive and reciprocal relationship (Leipold et al., 2008). Leipold, and colleagues (2008), sought to find the impact that caregiving factors have on the cognitive maturity of the caregiver. Cognitive maturity was defined as personal growth being an indicator of psychological well-being that includes continuous self-growth and therefore a sense of fulfillment (Leipold et al., 2008). One of the most important aspects of this study was the focus on personally developed cognitive

growth, as results demonstrated that a longer duration within the role of the caregiver resulted in deeper insights into the self (Leipold et al., 2008).

The main argument of the study is not the negative or positive effects but illustrating the existence of an influence between caregiving and a healthy self-perception of growth. By creating beneficial justifications, meanings, and motivations, the growth that an individual can experience within the caregiver role supports the argument that it develops into a protective factor.

Further attempts to gain an understanding of this relationship has prompted questions that seek to investigate connections that can steer cognitive growth positively. Utilizing the concept of social self-management, researchers obtained an assessment measuring and deciphering the needs of caregivers who were spouses (Berger et al., 2019). Promoting the caregiver's quality of life through continuous engagement in social activities created a sense of balance between their independent identity along with their role as a care partner (Berger et al., 2019). Self-management strategies produced an enhanced perception of independence outside of their role as a caregiver.

Studies that seek to address the needs of caregivers have given information that shapes social support networks and their resources. Focusing on cognitive strategies and growth, has created an outlet for researchers to create connections between the needs of caregivers and strategies to support them. There is support for the beneficial relationship that can come from being a caregiver. Strategies concentrated on preserving the identities outside of a being a caregiver to promote emotional wellbeing. However, limitations remain when attempting to generalize the results of potential solutions to Latinos who may not see the paralleling issues as their own.

Latino Caregiver Experience

Introducing the experiences of Latino caregivers is important because it captures the community outside of the white majority, but also, it is an opportunity to highlight a heterogeneous group that consists of various perspectives. Latino caregivers who provide care for family members with chronic illness or depression have unique themes in their own lived experiences, contrasting those of white-identifying caregivers (Corvin et al, 2017). Studies compare the expectations and responses to their role as individuals adjust to their identities as caregivers. Similar to white caregivers, Latinos more commonly cite increased financial insecurity, challenges in balancing roles and demands, and emotional distress (Corvin et al, 2017). However, the contrast that is most imperative is exemplified when caregivers are prompted to elaborate on the cause of their “emotional distress and demands.” Participants frequently denied the idea that demand of caring for an individual was a negative aspect of their experience (Corvin et al, 2017). Instead, their stress was attributed to the lack of external support and understanding that made their positions more demanding and harder to balance. Frustration was expressed towards events and institutions rather than internalized as an issue of themselves or their loved one (Corvin et al, 2017).

Struggles that are identified by Latino caregivers are unique to the perception that they bring to their role. While broad challenges are similarly described across caregivers of various backgrounds, the difference is found in how Latino caregivers are emotionally impacted by these barriers. Utilizing financial insecurity and grief for loss of autonomy of their loved one as an example of Latino-specific stressors, the distinctive perception in comparison to majority population studies is shown.

Unique Challenges within Latino Caregiving Experience

Financial Insecurity

Financial insecurity (Corvin et al, 2017) is a challenge often described by Latino caregivers. Financial strain manifests from a lack of resources that are meant to aid in managing illness, coping, and caregiving. Many informal caregivers and their loved ones do not have insurance or access to quality medical care (Corvin et al., 2017). The acute impact that lack of access has on the care receiver is also supplemented by the stress that the caregiver experiences in feeling responsible.

Caregivers struggle with maintaining occupations and commonly experience being laid off or fired due to the time they dedicate to their loved one and their health (Corvin et al, 2017). They cite a “domino effect” describing how financial difficulties impact health-seeking behaviors, effecting health care decision-making. Specifically, this concern is multifaceted stemming is from a difficulty in navigating health systems and its demands as they experience under-resourced healthcare access and management (Corvin et al, 2017).

Financial insecurity is a common cause for emotional distress in Latino caregivers. The inconsistency in quality medical care and day-to-day assurance of access creates stressful emotions within their role (Corvin et al, 2017). The distress that caregivers experience is rooted in observing the unequal treatment of their loved one. Financial insecurity illustrates a larger theme of psychosocial stressors that are out of the control of the caregiver.

Grief for Loss of Autonomy

The loss of a person’s independence, personality, and previous characteristics makes up the grief that caregivers experience. As loved ones begin to change with the progression of their illness or lose the ability to engage in their passions and interests, caregivers take on the stress of feeling unable to do more (Corvin et al, 2017). Within Latinos, the loss of autonomy is difficult

as significant roles are essential (Marsiglia et al., 2009) to the structure of the family dynamic. The importance of family can serve as a protective value but also be a risk factor for psychosocial stress.

As Latino caregivers emphasize the importance of family roles, the loss of a loved one's place in the family accompanies it as well. The paradox of this caregiving challenge in Latinos demonstrates the specific issues that may arise within the population.

Mitigating Stress within Latino Caregivers

Personal Engagement / Self-Management

Coping through personal engagement is often utilized when individuals do not have access to a supportive community or family, due to geographic, political, or economic barriers (Aranda & Knight, 1997). Mendez and colleagues' (2016) findings revealed more self-engaged forms of support that can be done in individual settings with Latinos. With a focus on Mexican female caregivers, coping presented as internal disengagement or a "quieting of the mind" where individuals practice a form of meditation in the hopes of calming themselves. The ability to self-regulate emotions and knowing when to utilize coping abilities, is shown to derive from an intrinsic motivation that many Latino caregivers seek to fulfill (Mendez et al., 2016).

Forms of personal engagement in coping is more often used by caregivers who are impacted by external factors such as an inability to leave the home or lack of access to support groups and services. Personal engagement through emotion coping in Latinos can inform frameworks to meet individual needs of patients. The strategies that are identified by caregivers are specific forms of how coping processes reveal themselves. Knowing what supports strategies demonstrates how foundations of belief systems serve as protective factors. Religion is an

appropriate example of how belief systems can create coping processes that Latinos can gain meaning and strength from.

Religion. To address issues of accessibility and trust building between the community and the health field, it is critical to build on the strengths that the community already has (Koerner, Shirai, & Pedroza, 2013; Corvin et al, 2017). Research has started to focus on pre-existing Latino values, such as religious faith, and its impact on caregivers as a way to attach language and context to perceptions and experiences (Gonyea, Lopez, Copeland, 2014; Koerner et al, 2013). Practitioners are thereby able to have a more accurate interpretations of the unique Latino caregiver experience and provide a framework that makes abstract emotions and experiences more accurately interpreted and responded to.

Religion in the context of caregiving support is a narrative that emphasizes the direct thinking process in choosing to meet familial responsibilities. Religious values serve as examples of commonly used self-sufficient approaches (Koerner et al, 2013) rather than group-oriented support. These values are also effective within the reality of family geographic separation. Faith-based values for motivation and coping exhibit a caregiver's ability to utilize a cognitive perspective that is guided by a religious approach and guide.

Studies centralizing religion come from supported arguments detailing the extensive benefits it has to the mental health of Mexican American caregivers. Researcher supports the associative relationship between religion and life satisfaction, positive affect, and epidemiological protective effects (Levin et al., 1996). However, the consistent beneficial impact that religion has over time, can be utilized as a protective factor for diverse generations and circumstances. Although specific to Mexican caregivers, similar outcomes have been found in diverse Latino groups (Levin et al., 1996).

Highlighting the benefits of integrating religion in caregivers' lives and decisions, it demonstrates the way beliefs provide the caregiver with feelings of strength, guidance, and outlets to express frustrations resolutely (Koerner et al., 2013), making it essential to developing formal ways of attaching social support services to a value that is already prevalent in the lives of caregivers.

Religion presents approaches in coping with caregiver stress, making culturally responsive support achievable. Direct approaches consisting of involvement in the church community or indirect approaches such as engaging with religious themes in prayer, illustrate examples of how religion can be used in group or individual settings, allowing it to manifest in support for caregivers (Sun & Hodge, 2014). Religion provides a foundation for creating models and interventions out of abstract values that caregivers may already possess. However, limitations non-spiritual individuals, homebound care receivers, or lack of active religious community are gaps (Sun & Hodge, 2014) that need to be addressed

In continuing to understand coping processes and the belief systems that guide them, the use of familismo serves to address the capacities where religion may not be able to be utilized.

Familismo

Familismo is extensively supported as a multidimensional concept (Zinn, 1982) with emotional and structural advantages to the family and individual. At its basis, familismo expands beyond the concept of the nuclear family and incorporates a reality of the intrinsic strength and impact that a perception of a characteristically ingrained value can hold. In review, familismo includes essential belief in attachment and intrinsic obligation to the wellbeing of family and is accompanied by feelings of reciprocation (Zinn, 1982). Through this perspective, familismo provides benefits to the structure of Latino families and includes an emotional benefit to the

individuals within it. A value that is naturally instilled in an individual's culture, upbringing, and tendencies make it an optimal value to investigate its impact on those who carry this belief.

The fulfillment of familismo can be defined by four conceptual components consisting of demographic, structural, normative, and behavioral (Arce, 1978). The multidimensional components were first presented at the 1978 National Coalition of Hispanic Health and Human Services Organizations Conference and has since been the foundation of asserting the complexity familismo.

Demographic and structural components of familismo utilize an approach that emphasizes the active shaping of the family dynamic and proximal family cohesion and extended kin networks (Zinn, 1982). The nature of families' geographic separation across borders and acculturation, create significant barriers in the fulfillment of these specific notions of familismo (Marsiglia et al., 2009). Behavioral familismo (Zinn, 1982) illustrates the reciprocal exchange and form of mutual aid among family members. Its emphasis on direct contact among kin is essential to the narrative of a behavioral familismo approach.

Finally, normative familismo (Zinn, 1982) highlights internal attitudes and values that reflect family as a priority. With this basis, individuals fluctuate their identification to familismo as it is in response to their own family life upbringing and identity.

This form of familismo supports an analysis of the attitudinal perspective of individuals, as well as how it manifest and grows with the surrounding social environment. Like religion, familismo functions as a guide to practicing emotional coping and building a foundation for improved supportive frameworks.

Defining Normative Familismo within the Present Study

In the current study, normative familismo will be utilized to identify and interpret the values described by caregivers. Beliefs such as, perceived expectations of family role and the perception of family as a priority (Davila et al., 2011), exhibits how normative familismo presents an emphasis in preserving their family life and expectations within it. Utilizing a normative approach to familismo, the independent process of growth and self-managed coping has the capacity to come to light.

Normative Familismo within the Caregiving Experience

Analyzing the application of familismo through different lenses can help to create a mind map of how it impacts perception. In a study focusing on familismo through a kinscript lens, similar understanding of familismo's mitigating potential within Mexican caregivers is highlighted (Mendez-Luck et al., 2016). A kinscript approach was used to create flexibility within the role of self-subjugation, as it is often used to define how family members are "recruited" to engage in family labor while centralizing culturally constructed conditions and unique shared beliefs (Mendez-Luck et al., 2016). Mendez-Luck and colleagues found three primary themes, however "Inconsistent Family Involvement" and "Subjugation of Self," begins to point to a more common self-sufficient role that builds an argument for further research and understanding of how it is created, sustained, and modified.

Utilizing familismo as a guide to interpreting the experiences of Latino caregivers is a relationship that studies continue to explore. Familismo's multidimensional concept should result in various research that seek to parallel its depth. As researchers begin to address the connection between the caregiver, their role, and its impacts on those who hold beliefs within it, providers will be able utilize it as a complex tool for a multifaceted Latino population.

Research investigating familismo as a basis for family roles and expectations, invoke decreased perceived caregiver stress. Latino caregivers of loved ones with Alzheimer's disease have illustrated variability in how familismo can act as a mitigator, have no effect, or exacerbate caregiver stress (Gelman, 2014). Gelman (2014) was able to indicate the existence of familismo's influence on the perceived experiences of caregivers however, positive, or negative attributes were unable to be distinguished across groups. The meaning and activation of familismo is linked to prompting beneficial shifts in health behaviors to benefit the individual and the family as well (Davila et al., 2011). The focus on collectivist virtues can help in creating interventions that revolve around how an individual can benefit emotionally from caring for their loved ones and their own experience as caregivers.

Research on normative familismo and its impact on the perceived caregiving experience and foundation for coping is limited. Findings have started to introduce the emotional benefits of familismo, however, due to the differing dimensions of the concept, analysis of its use through its different lenses is needed. Concluding the benefits of familismo is not enough, it is also crucial to understand how familismo's foundation emerges into a coping process that can be used to Latino caregivers.

The Present Study

Utilizing community strengths to shape frameworks is essential to creating relationships with Latino caregivers that are culturally responsive and addresses the most pressing needs of the population. Normative familismo presents as a self-sustaining belief within Latino caregivers prompts further investigation of how this relationship translates into coping frameworks. The current research seeks to develop the understanding of how familismo continues to arise intrinsically and what Latinos perceive to be its roots. This will bring forth the value of a

characteristic that is self-sustaining and adaptable to dynamics across the role and contributing to an evolving understanding of how caregivers regulate and cope with psychosocial stress.

Section Three: Method

Study Design

The current study seeks to explore the Latino caregiver experience within the lens of normative familismo. With a descriptive qualitative design, the narratives of Latino caregivers will be utilized to increase the understanding of the relationship and experiences of coping within their roles. The nature of the present study prioritizes the emerging participant insights that can aid in creating connections and an analysis of how familismo is utilized. Therefore, participant responses will drive the direction of analysis and interpretation. Discussion of participant narratives will reflect the specific themes, emerging interpretations, and their connections to broader supporting theories.

Procedures

Sampling and Participants

A purposive sampling approach was utilized to recruit seven (two male, five female) Latino identifying full-time familial caregivers within California and Washington state. Participants' ages ranged from 28-80 ($M=52$). Participants' preferred interview languages consisted of Spanish (2), English (4), or a combination of both (1).

Recruitment and Criteria

The present study received approval from the University of Washington Institutional Review Board. Recruitment efforts were fulfilled through partnerships with medical offices, caregiver support groups, community centers, social media platforms, and churches within the

Latino community. Flyers and email announcements were utilized with information regarding participant eligibility criteria and contact information for the researcher.

It was ensured that the following criteria was met for participants: (a) the primary caregiver for the dependent family member (b) provide at least 10 hours/week of assistance (e.g., dressing, showering, feeding, helping with mobility) (c) dependent was living in their own home or with their caregiver (d) not receiving more than 10 hours/week of professional care (e) be of Latino descent (f) and at least 18 years old. Participants were informed of the objective and voluntary nature of the study. They were given a full understanding of the study, its materials, and its purpose. Participants were reminded of their right to refrain from participating at any time. Participants were able to complete the interview through phone or in-person communication, thereby, verbal consent for participation and data collection through voice recording was obtained as appropriate to their preferred method of communication. their ability to ask questions or refrain from answering. Participation as fulfilled through phone and in-person communication. Caregivers were notified of the opportunity to participate in a \$50 raffle to a grocery store of their choice.

Materials

Caregiving Experience Interviews. The semi-structured interview allows for the caregiver's own perception of their role within the family, its dynamics, and its impact on themselves to be expanded without restriction. Interview questions referred to values in childhood, their perception of the role's impact on the self, and how they manage stressful events. Interviews were conducted in the preferred language of the participant, thereby a bilingual interview guide was utilized. The purpose of this guide sought to produce cues for understanding the roots of the caregiving experience and coping. Its semi-structured nature

allowed for both participants and researchers to inquire further about topics that were of interest. The complete interview guide can be found in Appendix A.

This approach has been effective in prior studies with Latino familial caregivers. Open-ended questions about religion and spirituality to a sample of informal family caregivers of Mexican descent intended to explore the relationship between religion and coping with caregiver stress (Koerner et al., 2013). Utilizing semi-structured open-ended questions prompted caregivers to express their thoughts and provide examples without the limitations of forced choice survey items.

Questionnaire Priming for Familismo Reflections. Participants were given the Attitudinal Familism Scale (Steidel & Contreras, 2003) (Appendix B) to prompt reflection of the values that they resonated with. Priming in research has been most effective in improving self-reported data, especially in topics that may be sensitive (Rasinski et al., 2005). Objectives of the current research indicated a need for personal reflection about potential stressful moments in their lives, therefore using this strategy helps to provoke understanding of their experience while also instilling a strength-based cultural approach to their perspective.

Participants were instructed on the nature of the Attitudinal Familism Scale. The survey is a 10-point scale, indicating “1-strongly disagree” to “10-strongly agree.” Steidel and Contreras (2003) incorporated prompts that highlight components of interconnectedness, support, honor, and subjugation of self within the family. This scale is based on principles rooted in the analysis of familismo through an attitudinal lens (Zinn, 1982), which includes statements such as, “The family should control the behavior of children under the age of 18” or “A person should rely on his or her family if the need arises.” The survey included demographic data such as: age, sex, and

ethnicity. The results of the scale were not included in the results, as its sole purpose was to prime participants in reflecting on their values.

Analysis Plan

All the taped interviews were transcribed, and coded through Dedoose, a qualitative analysis platform. A thematic analysis was used to identify and define common and significant insights (Clarke & Braun, 2017). The analysis was approached with the intention to examine the experiences of caregivers and their perceptions. Initial themes and their supporting excerpts were used to demonstrate common or significant concepts and how they present. approached with intention to examine caregivers' perceptions towards their experience, the impact of the role on their identity, and the coping strategies that have been effective.

Section Four: Results

Emerging themes presented throughout the interviews of Latino familial caregivers led to five main components encompassing both perceptions and experiences of this role. For a more detailed illustration of the present themes see Table 1. These components present as:

Caregiving Experience

The theme identified as "Caregiving Experience" consisted of 4 attributed aspects of the Latino caregiver role and its impact on the self, others, and their loved one. This theme gathered narratives that focused on participants' approach to caring for their loved one. Their perception towards the experience captured their overall reflection on being a caregiver and what it entails for them. Lastly, the impact that caregiving has on the identities and overall self presents in the last sub-theme.

"Just the way people are, the way you can care for people. We talk to him and he understands us, and we talk back, but he doesn't talk. We already know what to expect from him, so for me it

has taught me the power of actions. Especially when taking care of people. You care about more than caring for people but also the way you treat people.”

-Participation G

Coping

The “Coping” theme focuses on cognitive and emotion strategies identified by caregivers for adjusting to the circumstances and stressful events of the caregiving role. These strategies are a combination of reshaping as an approach to their experience, with references to externalization, decentralization, and pursuing resolutions as specific strategies that were used by caregivers. This theme also includes self-sufficiency and self-regulation to demonstrate independence in practicing these coping skills.

“Anything wrong, it would fall on me. Being a caregiver made me realize that there are other things involved and other things are happening that is not just about me... I think that it has changed the way I see stress. I am a lot calmer and it comes from understanding that things are out of your control. You understand better what people are going through. I think it’s important that what I do doesn’t tell me what to do next, it just helps me understand how I feel.”

– Participant B

Values

Themes within “Values” defined those attributed by caregivers. Reflection of values ranged from those instilled in childhood, how they were learned specifically through a cultural foundation, or impacted by the caregiver role. Values of hard work, family unity, respect, cohesion, unconditional support, and ultimately the importance of cultural identities were described.

“There was a lot of independence and love within the family...respect, you know, the basics. Unity within our group, making sure we respect each other. It wasn't anything out of the norm, we just knew. Our priority was our family. The sense of loyalty that we have towards each other. The fact that we were given the opportunity to be here and be raised here and have the opportunity to create a future, appreciate those abilities...depending on each other.”

– Participant H

Relationship with Loved One

In the theme presenting as “Relationship with Loved One,” participants discussed how the dynamics between them and their loved one have changed. While some caregivers explain a strengthening experience in between the two, others explain a sense of role reversal.

“Ella es mi compañera. No es pensar o decir por egoísta, pero ella está conmigo. Ella es mi compañera incondicional yo le platicó y ella me entiende y cuando ella me mira triste o cuando yo lloro ella me pregunta cómo estoy. Tenemos una conexión muy especial.”

-Participant A

Care Decisions

In “Care Decisions,” participants demonstrate their opinion towards assisted living and in-home care of their loved one. The perspectives included a distinguished characteristic within the person who will be caring for the recipient, with many explaining it as “heart.” Lastly, Latino caregiver participants indicated that they were driven by the desire to preserve the recipient's role within the family and maintain autonomy for as long as possible.

“Es difícil, es un trabajo que no tiene día ni noche. Pero no les entiendo a las personas que dejan a sus papás ahí en hospitales u organizaciones. No los entiendo. Los separan de su comunidad y de su familia completamente.”

– *Participant A*

Section Five: Discussion

Normative Familismo Values

Participants reported culturally grounded values that were instilled throughout their childhood and have since gotten stronger as they have become caregivers. Normative familismo presents throughout the theme of “Values” and within sub-themes that indicate the frame through which these are learned. Most participants described family loyalty and unity as one of their principles. The themes obtained a paralleling understanding to that of normative familismo. In review, familismo within the normative dimension describes the responsibility to the family in the form of decision making, prioritizing, and defining the self in honor of the collective interest of the complete family (Zinn, 1982).

The utilization of familismo within caregiving is strongly supported to be most effective when beliefs are based on intrinsic foundational values in comparison to family solidarity. The sociocultural stress and coping model (Knight & Sayegh, 2010) highlights the translation of values into strategies for coping with psychosocial stressors as a caregiver. Familismo not only guides coping, but its instilment can also be a beneficial contributor to the reshaping approach Latino caregivers presented. The implementation of familismo values in childhood is unique and creates notions of self-sufficiency within the participant group, prompting further mediation of caregiver stress through consistent utilization and reshaping. This begins to highlight the potential implications for supporting caregivers in establishing adaptive and efficient use of coping with psychosocial stress.

Acquisition of Familismo-based Values

Participants using familismo as a basis for their values describe the unique instilment within their childhood. Learning the values paralleled an independent process that can be promoted and utilized whenever potentially stressful events may occur throughout their experiences. The social learning around the acquisition of values within participants experiences is based on an expectation that they hold themselves to, promoting self-sufficiency. This is based on accountability within siblings, pointing to the instilment of these values outside of the normal parenting role, as well as direct observation of their elder family roles and how those are approached and carried out. For example, a participant explains, “There were never really values, we knew how we were supposed to act. It wasn’t something that was told to us.” Many times, participants pointed to the way that values were never passed on verbally or directly, instead a sense of expectation was used to describe this learning.

The form in which individuals absorb familismo values are similar to notions of social learning theory. Social learning theory is known as the way principles are learned within a social context or behavioral setting. Researchers discuss the way social learning theory instills values and behavior through vicarious learning (McCullough Chavis, 2011), a method that is similar to the way that participants indicate “expectations.” Social learning theory through a cultural lens discusses culturally bounded practices, where “practice related mental states” (Fuller & García Coll, 2010) are preemptively instilled which help to maintain motivation and engagement from a child’s early years to adulthood. Parallel to learning and maintaining motivation, a participant reflects on their upbringing, “Creo que aprendí a sufrir y a seguir adelante. No nos puede dar la mano, tenemos que buscar.” Through social learning, caregivers continuously utilize these same practices of learning and meaning making throughout their coping processes.

The way someone learns and perceives values as expectations are well connected to how reshaping in their role occurs. This brings about a strong foundation and process for reshaping approaches and its strategies. Coping strategies impact their role perception as one of distinction, as it is established through a social learning theory in childhood and is the initial framework for a mindset that creates a psychosocial buffer to challenges that arise.

Cognitive and Emotion-Based Coping Strategies

In discussion of their experience as informal caregivers, participants report engaging with emotion-based coping more frequently than adjustment through task-focused coping. Emotion coping within the experience of participants' roles in caregiving is central to the processing and perception of how it impacts the self. The coping style that participants practice allows caregivers to reshape their experience of caregiving through a continuous process of positive reframing. Emotional coping is supported and identified among diverse caregivers who utilize it as a basis for approaching the emotional stress impacting their wellbeing while keeping within the scope of their role (Lau & Cheng, 2017; Rocha & Pacheco, 2013). Contrasting previous understandings suggesting that task-focused coping was preferred among caregivers (Wilks et al., 2011), the current study presents an additional perspective that illustrates emotionally focused support in the mitigation of psychosocial stress among Latino caregivers.

Additionally, studies with Latino populations have demonstrated the impact that emotion-based coping has in results of lower appraisals of stress and a greater perceived benefit of caregiving in comparison to their white counterparts (Coon et al., 2004), showing the consistency with the current study's findings. Participants' narratives were parallel with these notions, for example perceiving their experiences as a honor or a benefit, a participant describes, "Por cuidar a mi hija, siempre ha pensado que era una bendición que yo misma la cuidaba."

Highlighting the potential psychosocial benefits of emotion-based coping in Latinos, a study by Gallagher-Thompson and colleagues (2008), sought to further understand whether positive reshaping is acquired with an intervention or potentially learned preemptively. Gallagher-Thompson and colleagues (2008) utilized a group therapy-based structure called Coping with Caregiving (CWC), that provided psychosocial education about the mental health impacts of caregiving, as well as CBT skills such as, changing unhelpful thoughts, increasing communication, and problem-solving in accessing resources. CWC was used with a group of women of Latin American descent to further explore the benefits to this population. The study demonstrated a reduction in life and caregiver-specific stress (Gallagher-Thompson et al., 2008). Findings of this intervention indicated the potential of CBT-based supportive frameworks for Latino familial caregivers. However, they did not indicate the learning process of these values and how they lead to coping.

The present study provides findings that may begin to address this limitation. Analysis present relationships that show cognitive reappraisal may be established through the instilment of familismo values, how they are learned, and how they are fulfilled through their caregiving role. This would indicate that Latino-identified caregivers would already possess strategies for reshaping their perceptions, and instead benefit from further support and expansion in deciphering effective ways of acknowledging and practicing these reshaping strategies. Thereby, in adding to the foundation of CWC, one would indicate that reshaping can also have been established prior to connection with supportive services.

Emotion-based Coping through Reshaping

Participants' perception of their role is constantly immersed in an active shift of what may present as a stressful circumstance, context, or situation. Engagement in this process closely

aligns with notions of reframing, a strategy utilized within Cognitive Behavioral Therapy (CBT), where an individual is encouraged to change or challenge the perception of an event (Gallagher-Thompson et al., 2008).

Further analysis of participants' narratives closely identified not only a reframing of situations but presented a broader, complete reshaping of their caregiving role, impacting beliefs of the self and thereby promoting adaptive adjustment. The process of reshaping within the narrative of participating Latino caregivers is not only a process of understanding singular concerns, but rather an overall approach to life made stronger by their caregiving role. In this study, reshaping is seen as the orienting approach to life and their identity, driving their decisions and perception.

Using reframing as a basis to understand the broader potential of reshaping of the caregiver role and experience, the benefits and impacts are highlighted in studies within different populations. With research supporting the association between positive reframing and mediated depressive symptoms (Lambert et al., 2012) and promoting resilience (Piercy, 2007a), the current study highlights the potential for a similar effect. The relationship between mitigating stress and reshaping is utilized as a preemptive psychosocial stress buffer for the caregiver.

The results of this study argue that reshaping be a process through which meaning can come from. Further understanding can be obtained in the same way that religion, as discussed prior, can provide guidance to making meaning and promoting beneficial strategies that can aid in acceptance of the current circumstance. This approach works similarly in that it creates positive self-talk and a sense of "hope" that allows participants to be present one day at a time, but also look forward to the next day in the same way (Johns et al., 2009). In perceptions based solely on religion, this can present as faith, whereas in the reshaping, this presents as culturally

centered familismo values. This feeling of hope is demonstrated in the following, “I don’t think there’s a process. I’ve learned to take it day by day because otherwise it might become overwhelming.” This caregiver describes a reality where stress is inevitable, but the crucial understanding comes from her form of acceptance and continuing to approach the next day with the reshaped experience.

To further understand the reshaping approach to coping, discussing how it may present itself is essential to not only understanding this theme further, but may potentially aid in its identification among individuals who utilize it.

Reshaping Strategies: Externalization and Decentralization. The reshaping approach presents itself through the use of externalization and decentralization. Within engagement in decentralization, participants often use their loved one as a beacon for further emotional grounding. This seems to promote continuous engagement with their loved one, maintaining a strong relationship. Decentralization for the benefit of a loved one can be exemplified through a participant's perspective, “I saw what she was going through, and I knew she was dying. I did not let it bug me. I didn’t want her to see me stressed out.” The narrative illustrates how it is not a process of avoidant coping, but rather a paradigm shift to a more positive reframing for the benefit of the family member. In this study, decentralization strategies are used to shift the focus from an individualistic perceived stress, to a collective benefit. This reshaping is similar to studies indicating the benefits of family cohesion outside of limitations of geography, validating the intrinsic value of family. Normative familismo guides decision-making, with the needs of family being the priority of the caregiver. Thereby, highlighting the relationship between decentralization of the self and the decision-making process, supports previous studies that are associated with a lowered presence of mood disorders and anxiety (Guo et al., 2015).

In conjunction, externalization aids in grounding the caregiver within their locus of control. Externalization has been found to be beneficial to populations who are commonly impacted by systems and environmental factors that often remain unchanged, such as racism, sexism, etc (Brittian et al., 2013; Bynum & Brody, 2005; Sanchez et al., 2013). Externalization allows an individual to separate their own personal attributes from a challenge, as a way to deter from harmful self-blame or further internalization of stress. Previous research demonstrates the use of externalization, specifically in a study of adaptive coping strategies in patients with chronic pain (Büssing et al., 2010). Participants indicated “trust in divine help” to adjust with the progression of their illness and the psychosocial stressors that arose. The use of an external locus of control allows for an understanding that life happens to a person, but not due to a person. As it is applied to caregivers’ perceptions, this external locus of control promotes aversive events as moments that are not done to them, but rather a part of being a caregiver. The use of externalization can be seen in paralleling discussions such as, “I think that it has changed the way I see stress. I am a lot calmer and it comes from understanding that things are out of your control. You understand better what people are going through. There are more to things than we think.” This example not only shows the use of externalization, but also points to a crucial part of the reshaping process.

The reshaping approach is not a complete dismissal of stressful circumstances, but rather an intentional shift in the way it emotionally impacts the caregiver. It is rooted in constantly pursuing meaning which helps to critically analyze the limitations to what can be done to resolve an issue. This helps to mediate caregiver stress, as Latino caregivers are aware of their capacity to change tangible aspects of their loved one’s care or accept what is out of their control.

Reshaping Perception of Caregiving Role as a Distinction

The concept of a role of distinction further supports the notion and potential of familismo and reshaping as a buffer to psychosocial stress. The reshaped experiences have an identified impact on how participants see their own characteristics within the role. Specifically, an attribute of distinction, or most referred to by participants as “heart,” demonstrates not only how caregivers view themselves, but also an emotionally beneficial identification with this trait as well. Throughout participant interviews, it was understood that those who have “heart” are the ones who commit and fulfill the expectations of the role. One participant explained, “Yeah that sense of value, it made it an automatic thing. It wasn’t something you had to second guess. Not everyone has the heart to do it.” It is perceived as an act and role that can enable them to fulfill the values that were set in their childhood bound to cultural transitions and expectations.

The effects of this understanding make their caregiver identity salient. Studies have shown that strong identification with their role, especially as it is framed as a role of high regard, can provide stronger commitments to caring for their loved one and confronting aversive events (Piercy, 2007b). Throughout the narratives from participants, the standard for their role has been emphasized through the learning of their values. Learning about the importance of this role supports the perception that being a caregiver is an honor.

Pursuing and Reaching Resolve

Further expanding on the experience of incorporating these coping processes, ultimately, caregivers can maintain a realistic overview of their complex experience and at the time reach acceptance through the use of the aforementioned strategies. This theme serves to preserve the perspective that psychosocial stressors continue to impact Latino caregivers. These stressors are identified and acknowledged by participants, it is their approach to their meaning and their ability to change their situation that is highlighted throughout the study. Participating caregivers

ensured that reflection for their motivation to provide care was at the center throughout their circumstances, influenced again by social learning theory.

Participants describe their experiences as being part of their “destino” or “fate,” there continued to be an acceptance and motivation to provide care, with one participant describing, “Es como cuando compras un vestido, es tu vestido, y lo arreglas como tu lo quieres. Así es la vida.” Pursuing efforts to continue making meaning of their role and experience points to the regularity of these coping strategies.

The meaning making model (Park, 2012), a framework by Crystal Park parallels the structural understanding of reshaping and its application to not only their caregiving experience but also further use of it in life. The meaning-making model is understood as a perception of both situational and global stressors. Focusing on global meaning, the concept includes a person’s beliefs and their sense of purpose to interpret their experience and thereby identity. The meaning-making model is useful in understanding how the use of reshaping as coping can translate to benefitting their mental health. In a similar comparison, this meaning-making framework has been analyzed through a religion-based approach. Religion was central to the meaning systems of undergraduate students who have experienced bereavement, an event capable of causing significant discrepancy in their understanding of themselves and the world (Park, 2005). In this study, religion served as a basis for global meaning and adaptively contributed to reframing one’s loss and identifying areas of personal growth. Reshaping, in comparison, can function within the same scope with Latino caregivers, their own perception of their role and impacts personal growth as well. This global belief system grounded in culture and normative familismo prompts participants to see their caregiving role as an opportunity of growth only for those who have the honor to have it.

The use of reshaping, including the way in which it is learned, creates a strength-based perspective of the self. The relationship between cultural values, their learning, and the coping approaches that emerge create a preemptively established sense of self that acts as a mitigator for stressful circumstances and a buffer to prevent internalization of negative attributes (Figure 1).

Limitations

The present study contains limitations that were acknowledged in its interpretation and analysis. Financial constraints created barriers to accessing an already limited participant population. Further financial support could address appropriately compensating, full-time Latino caregivers for their time and thereby, potentially extending interview lengths. However, as the Latino informal caregiver presents as a scarcely highlighted population in research, the narratives that were obtained provide important information that can contribute to further understanding of their experience.

Generalizability to the larger population is limited, however, due to the heterogeneity of the Latino population, the patterns that arose throughout the experiences of participants identifies one of many perceptions that are held within this diverse group.

Implications

The current study presents Latino caregivers' upbringings rooted in normative familismo and taught through the social learning theory. The connections made through the participant narratives may inform further understandings of how the caregiver role is perceived, as research continues to offer more complexity within the heterogeneity of the Latino identity and its strengths. Social workers may utilize the analysis of participant narratives in order to better comprehend the roots of decision-making, coping with caregiver stress, and challenging aversive events.

The reshaping that participants engage with has a strong parallel to CBT frameworks. Implementing the basis of value acquisition to caregiving supportive services, such as that of CWC, one may be able to target key strategies and reflections that can prove to be effective for Latino caregivers. The concepts that arose in this study, demonstrate the intrinsic and culturally rooted protective factors that have supported the mental health of caregivers with positive reshaping and a healthy understanding of the scope of their role.

Future research would be able to further understand the makings of this relationship and alternative ways of approaching coping that can be utilized for Latino caregivers. Holding the identity of a caregiver as a role of distinction builds a self-concept and perspective that serves as a buffer and mitigator for psychosocial stress, demonstrating the potential in utilizing normative familismo and reshaping approaches to build and modify frameworks. Continuing to explore the relationship between reshaping and established therapy frameworks, can begin to create culturally responsive practice.

Conclusion

Latino caregivers possess an upbringing that ultimately leads to an adaptive coping framework rooted in cultural values. More interestingly, the method of learning such values creates empowerment in the self and a vision of life that serves in supporting the mental health of the participating caregivers. Learning the values brings forth prioritizing collective interests and fulfilling these through learned behaviors that are being aligned with the benefit of the care recipient. However, the understandings of this study are built on cultural importance and how every concept, value, and strategy is seen as credible when it is rooted in their Latino identity.

The narratives of participating caregivers highlight a unique understanding of what coping looks like. Often, simplifying concepts such as “resilience” are utilized to encapsulate the

entirety of the coping strategies of Latino caregivers. Instead, this research points to the complex nature and nurture of coping processes, from its beginnings to its presentations.

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Appendix A: Qualitative Open-Ended Interview Guide (English/Spanish)

Values of familismo: Familial support, Familial interconnectedness, Familial honor, Subjugation of self for family

OBJECTIVE: The goal of the interview questions is to gain insight into the caregiver's perception towards being a caregiver and its relationship with familismo values.

1. What values did you grow up with? (familial honor)
 - a. How have those values changed?

I want to learn about your experiences as a caregiver in your family.

2. As your loved one's needs increased, can you describe to me what your thoughts were that led you to be their caregiver? (Familial Support & Subjugation of self for family)
3. How has your relationship with your loved one changed or stayed the same since you have become a caregiver? (familial interconnectedness)
4. Since you started taking off your ____, how has taking care of your loved one changed you? (subjugation of self for family)
5. In times when it is busy, you are tired, and you still have the responsibilities of being a caregiver, what keeps you going? (subjugation of self for family)

OBJETIVO: El objetivo de las preguntas de la entrevista es obtener información sobre la percepción del y su relación con los valores de familismo.

1. ¿Con qué valores creciste?
 - a. ¿Cómo han cambiado esos valores?

Quiero aprender un poco más sobre las experiencias en su rol como cuidadora

2. ¿puedes describirme cuáles fueron sus pensamientos que lo llevaron a ser el cuidador de su familiar?

3. ¿Cómo has mantenido la relación con su ser querido?
4. ¿cómo te ha cambiado, cuidando su ser querido?
5. En momentos en que está ocupado, estás cansado y aún tienes las responsabilidades de ser un cuidador, ¿qué te mantiene en marcha?

Appendix B: Attitudinal Familism Scale

Gender Identity / Identidad de Género / Sexo _____ Age / Edad _____

Race-Ethnicity / Raza _____

Please select which of the following best represents your opinion with 1-Strongly Disagree and 10 - Strongly Agree. *Seleccione cuál de las siguientes opciones representa mejor su opinión con 1-Muy en desacuerdo y 10 - Muy de acuerdo.*

Children should always help their parents with the support of younger brothers and sisters, for example, help them with homework, help the parents take care of the children, and so forth. *Los hijos siempre deben ayudar a sus padres con el sostén de sus hermanos menores, por ejemplo, ayudar con las tareas escolares, ayudar a cuidarlos, etc.*

1 2 3 4 5 6 7 8 9 10

Strongly
DisagreeStrongly
AgreeMuy en
desacuerdoMuy de
acuerdo

The family should control the behavior of children younger than 18. *La familia debe controlar el comportamiento de los miembros de la familia menores de 18 años.*

1 2 3 4 5 6 7 8 9 10

Strongly
DisagreeStrongly
AgreeMuy en
desacuerdoMuy de
acuerdo

A person should cherish the time spent with their relatives. *Una persona debe apreciar el tiempo que pasa con sus familiares.*

1 2 3 4 5 6 7 8 9 10

Strongly
DisagreeStrongly
AgreeMuy en
desacuerdoMuy de
acuerdo

A person should live near his or her parents and spend time with them on a regular basis. *Una persona debe vivir cerca de donde sus padres vivan y debe pasar tiempo con ellos regularmente.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

A person should always support members of the extended family, for example, aunts, uncles, and in-laws, if they are in need even if it is a big sacrifice. *En caso de necesidad una persona siempre debe apoyar a otros miembros de su familia, (por ejemplo, tías, tíos y familiares políticos) aunque sea un gran sacrificio.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

A person should rely on his or her family if the need arises. *Una persona debe contar con su familia en casos de necesidad.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

A person should feel ashamed if they do something that dishonors the family name. *Una persona debe sentirse avergonzada si deshonra a su familia.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

Children should help out around the house without expecting an allowance. *Los hijos deben ayudar en las labores de la casa sin esperar pago.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

Parents and grandparents should be treated with great respect regardless of their differences in views. *Los padres y los abuelos deben ser tratados con gran respeto a pesar de sus diferencias de opiniones.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

A person should often do activities with his or her immediate and extended families, for example, eat meals, play games, or go somewhere together. *Una persona debe hacer actividades frecuentemente con su familia, por ejemplo, comer, jugar y salir juntos.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

Aging parents should live with their relatives. *Los padres de edad avanzada deben vivir con sus parientes.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

A person should always be expected to defend his/her family's honor no matter what the cost. *Una persona siempre debe defender el honor de la familia sin importar el costo.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

Children younger than 18 should give almost all their earnings to their parents. *Los hijos menores de 18 años deben dar gran parte de sus ingresos económicos a sus padres.*

1 2 3 4 5 6 7 8 9 10

A person should respect his or her older brothers and sisters regardless of their differences in views. *Una persona debe respetar a sus hermanos mayores sin importar las diferencias de opiniones.*

1 2 3 4 5 6 7 8 9 10

Strongly
Disagree

Strongly
Agree

Muy en
desacuerdo

Muy de
acuerdo

Table 1*Qualitative Narrative Analysis Themes*

Main Themes	Themes & Definition	Sub-Themes	Excerpt
Caregiving Experience / (33, 6)	Approach to Caring for Loved One (9, 5) Participants describe their approach to caring for their loved one. Approach to care is defined as the values, emotions, and mental aspects incorporated into their decisions for care.	Preserving Purpose/Decision Making (3, 3)	“No es fácil, pero, si tu tomaste esa decisión es dedicarte a cuidar esa persona y debes hacerlo con respeto y con humanidad para ellos.” “It’s about the way you can care for people. We talk to him, he understands but doesn’t talk, and again we talk back...it has taught me the power of actions, it’s not just about caring for people but also the way you treat people.”
		Fulfillment of Self in Line with Values (3, 2)	“No matter what, we have to give that attention to him. Regardless of what’s happening you have to do it, it’s similar to the way I grew up, it’s that expectation. I don’t see it as a responsibility, I see it as that’s my brother.”
		Decentralization for the Benefit of Loved One (1,1)	“Not really, I saw what she was going through, and I knew she was dying. I didn’t let it bug me. I didn’t want her to see me stressed out.”
		Perception Towards the Experience (14, 6)	<i>Bendicion/Fortuna</i> te (3, 3)
	Participants reflect on their overall experience as a caregiver.	Honoring Reciprocity (2,2)	“I love him to death, so I took care of him. It made me feel better that I gave my best while he was still here. I feel like I’m paying them back because they’ve been there for me so much.”
		Difficult/Complex (6, 4)	
		Mirroring Emotions of Loved One (3, 3)	“I think it was about my grandma [concern], I became the one that saw everything. I think it started off with me looking tired but as my grandma’s symptoms got worse, I felt worse as well because I saw her lose the things that made her.”
		Miscommunication with Family (1, 1)	“My family would stress me out, the communication with the family. Everyone has so many opinions on the way things should be. My grandma was never the source of the stress. She was never a problem.”
		Expectation Trust (5,4)	“I don’t think there’s a thought process. I’ve learned to take it day by day because otherwise it can feel overwhelming. It was more like, why wouldn’t I be doing this?”
		Perceived Caregiving Impact on Self (12,6)	Giving Purpose (4,3)
Participants indicate how their role has modified, promoted, or	Attributes of Distinction (2,2)	“Yeah that sense of value, it made it an automatic thing. It wasn’t something you HAD	

inhibited perspectives of themselves.	TO second guess. Not everyone has the heart to do it."
Beliefs Gained (3,2)	"I think that it has changed the way I see stress. I am a lot calmer and it comes from understanding that things are out of your control. You understand better what people are going through. I think it's important that it doesn't tell me what to do, just understand how I feel."
Healing/Restorative (3, 2)	"Yo sin ella, hubiera sido bien deprimida. Es una terapia te digo, es una terapia. Y cuando usted termina y me da el resultado es lo mejor."
Seeking Ways to Ground Self (2, 2)	"A lot of times, I don't question too many things anymore. Faith has been a big part of what grounds me."
Impact on Relationships with Others (6, 2)	"Fue muy difícil porque yo no quería tener una relación porque estaba pendiente de mi hija y trabajaba mucho. Yo le dije, no tengo el lujo de perder el tiempo con nadie, yo tengo una hija así. Le dije, yo estoy cien con ella, no puedo bailar, y no voy a dejar de a tender a mi hija por una aventura."
Participants reflect how their role has impacted how they create, redefine, and build relationships.	
Coping (25, 5)	Cognitive (23, 4)
Participants describe their process of understanding and adjusting to the stress related to their role through independently based reflection and reframing.	Reshaping (16,4)
	"I think that it has changed the way I see stress. I am a lot calmer and it comes from understanding that things are out of your control. You understand better what people are going through. I think it's important that it doesn't tell me what to do, just understand how I feel."
	"Uno necesita que encontrar el modo de que la vida es un poquito más liviana. También yo tengo un miedo."
	Externalization/De centralization Process (3,2)
	"Anything wrong, it would feel that it would fall on me. It made me realize that there are other things involved and other things that are happening. It is not just about me."
	Faith-Based (3,1)
	"We question God sometimes, but he knows when and how. It is so important not to use those times to hold grudges and love each other instead."
	Pursuing/Reaching Understanding (5,4)
	"No puedo cambiar el destino el destino está escrito y así es ella y así es. Y lo único que nos queda es, cómo les digo 'cuando compras un vestido ese es tu vestido lo arreglas como tú le quieres. Así es la vida así de fácil. Así es la vida."
	Self-sufficiency / Self-regulation (8,5)
	"Cansada, pero haber, que vas a hacer si estas cansada."
	Hopeful (4,2)
	"I really reflect, like "hey I'm, not as stressed as I was yesterday." And I roll with it. It took a lot because I am a mom, caregiver for my husband and have a sister who is disabled."
	"Yeah, it is not "not caring" it's the energy you put into your reactions and how that is part of you managing stress now."

Values (18,7)	Values Instilled throughout Childhood (9,7)		“I think it was more like, being very loving, working, my mom staying home, staying home taking care of us. Tell the truth. To be obedient. I’m the baby so a lot of the responsibility fell on me. I have older brothers and sisters, we all took care of each other.
	Participants reflect on values that were absorbed throughout early childhood.	Family Loyalty (2,2)	“Unity within our group, making sure we respect each other. It wasn’t anything out of the norm. Our priority was our family. The sense of loyalty that we have towards each other. The fact that we were given the opportunity to be here and be raised here and have the opportunity to create a future, appreciate those abilities. Always having that honesty, my family is very true and straight up. We have that intention of honesty. Depending on each other.”
		Self-motivated and regulated approach (5, 4)	“Mi base de valores me ha ayudado, crecí bien. Creo que aprendí a sufrir y a seguir adelante. No nos podían dar la mano. Teníamos que buscar.”
	Learned through Cultural Foundation (6,4)		“Yo considero que sí crecí con una base. No eran estrictos, sabíamos que deberíamos de respetar a nuestros padres, pero nos dio muchas opciones. Yo aprendí, pero no a los extremos de ahora que no hay valores. Yo soy de una descendencia Latina.”
	Participants identify values that were in connection to or emphasized using culture.		
	Impacted by Caregiver Role (6,5)		“With my grandmother, we didn’t realize how that value was so present. It was such a beautiful experience because we realized we could depend on each other even if we don’t see each other every day.”
	Participants reflect on the impact that their caregiving role has had on their values today.		
Care Decisions (11,5)	Rationale for Decision-making (11, 5)	Assisted Living/Skilled Nursing Facility (3,3)	“Es difícil, es un trabajo que no tiene día ni noche. Pero no les entiendo a las personas que dejan a sus papás ahí en hospitales u organizaciones. No los entiendo. Los separan de su comunidad y de su familia completamente.”
	Caregivers explain their perceptions and its impact on making care decisions.	Identifying a Caregiver (3, 1)	“I just have the heart for this, and that’s why after my brother passed away, I decided this is what I wanted to do.”
		Preserving Recipient’s Role (4,3)	“So, a lot of time it was getting frustrated with people not taking care of her the way she should be cared for. It was always important that people respected her decisions and the moments she would still want to do independently.”
Relationship with Loved One (10,5)	Companion/Companera (4,2)		“Ella es mi compañera. No es pensar o decir por egoísta, pero ella está conmigo. Ella es mi compañera incondicional yo le platicó y ella me entiende y cuando ella me mira triste o cuando yo lloro ella me pregunta cómo estoy. Tenemos una conexión muy especial.
	Caregivers see their loved one as a companion throughout their life.		
	Impacts on Role and Relationship (6,4)	Change Relationship to Benefit Loved One (2,1)	“I think my grandmother became the baby and I became the person she was to me. But that allowed her to surrender her power. It was an immediate change, but it made our relationship stronger because she surrendered at the end. She allowed us to do things for her.”

Note. Themes are presented as the number of participants within the theme, as well as the number of excerpts in total. The number of participants and excerpts are defined as, (*Number of Excerpts, Number of Participants*).

Figure 1

The Relationship Between Familismo, Value Acquisition, and Reshaping

