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Attachment style and filial obligation in the burden of caregivers of dementia patients

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ABSTRACT

Insecure attachment styles have been known to predict greater burden in caregivers of dementia patients. However, it has not been tested how filial obligation, which refers to one's sense of duty on helping elderly parents and is especially pronounced in Asian cultures, is involved in that relationship. We sought to identify whether the association between attachment style and caregiver burden differs according to the degree of filial obligation in caregivers of dementia patients. To assess filial obligation in Korean participants, a Korean filial obligation measure was developed. Ninety-eight Korean female caregivers of dementia patients reported their attachment style, filial obligation, burden, and patient behavioral symptoms. Patients' cognitive abilities, daily activity levels, and global dementia severities were obtained from hospital records. When adjusting for caregiver and patient characteristics, greater attachment anxiety predicted higher burden, corroborating literature findings. However, the association of attachment avoidance with burden was contingent on filial obligation: When obligation was high, greater avoidance associated with lower burden, which contrasts with previous negative implications of attachment insecurity. This implies a buffering role of attachment avoidance among those highly obligated. In addition, obligation positively predicted burden among those low in avoidance. This study is the first one to investigate and find conditional associations between attachment style, filial obligation, and caregiver burden. Given that filial obligation tends to be higher in caregivers of Eastern countries, this study provides quantitative evidence that the caregiving process may be different for them.

1. Introduction

As the world's population increasingly ages, the demands and struggles of elder care is an important issue for many nations (The Lancet, 2014). Most times it is the family who takes care of the aged (Karantzas & Simpson, 2015). However, caregiving is not an easy task and harbors many risks for caregivers involved. Compared to non-caregivers, caregivers tend to experience higher stress, depression, and anxiety (Pinquart & Sörensen, 2003) and an increase in risk for physical ailments, such as poorer immune function (Kiecolt-Glaser, Dura, Speicher, Trask, & Glaser, 1991). To be able to effectively manage and preserve the health of family caregivers it is essential to first identify the factors that influence caregiver well-being.

One indicator of caregiver health is burden. Caregiver burden refers to the overall pressure of caregiving, encompassing physical, psychological, social, and financial strains (George & Gwyther, 1986). Much of the research on burden has focused on and identified patient factors. For example, greater behavioral symptoms and worse physical functioning in the patient, as well as living in the community as opposed to being institutionalized, has been found to associate with higher caregiver burden (Clyburn, Stones, Hadjistavropoulos, & Tuokko, 2000; for a review see Etters, Goodall, & Harrison, 2008).

Studies have also looked into what kind of caregiver factors determine burden. For example, the caregiver being female as opposed to male (Gallicchio, Siddiqi, Langenberg, & Baumgarten, 2002) and being younger rather than older (Torti Jr, Gwyther, Reed, Friedman, & Schulman, 2004) have been found to associate with higher burden. A rapidly expanding body of research is showing that certain personal

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caregiver traits, such as neuroticism, agreeableness, and coping patterns, can predict burden (Etters et al., 2008; Melo, Maroco, & de Mendonça, 2011; Reis, Gold, Andres, Markiewicz, & Gauthier, 1994), raising the importance of further identifying these variables.

One theoretical framework which may explain the variance in caregiver burden is adult attachment. According to Bowlby (1969/1989); Bowlby, 1969, the attachment behavioral system governs the regulation and management of emotions and behavior a child exhibits toward his or her attachment figure, usually the parent. When the child is threatened or stressed, the attachment system motivates him or her to seek proximity to the attachment figure to regain a sense of security. However, there are individual differences in the activation of the system. Depending on the early relationship between the child and parent, the child can have an appropriately responsive system, or either a hyper- or hypoactive system. The first is coined a secure attachment style; the latter are referred to as insecure attachment styles (Ainsworth, 1985).

These attachment styles developed in childhood are seen to transfer into adulthood, in which felt security is attained by mentally invoking attachment representations rather than physically seeking proximity (Gillath, Karantzas, & Fraley, 2016; Hazan & Shaver, 1987). Importantly, adult attachment styles are presumed to determine how people think, feel, and behave in close relationships (Gillath et al., 2016). Adults with secure attachment styles tend to be comfortable with getting close to and depending on others, and having others depend on them. Adults with insecure attachment styles can be parsed into anxious and avoidant attachment styles. Those anxiously attached have fears regarding abandonment and seek excessive reassurance in close relationships. Avoidantly attached adults exhibit discomfort with closeness and tend to be overly independent and self-relying.

How does adult attachment translate to a caregiving context? Karantzas and Simpson (2015) propose a diathesis-stress model of attachment style and caregiver strain. In other words, certain attachment orientations will exacerbate or buffer against the pressures of caregiving, explaining the individual differences in caregiver burden. Supporting this idea, research has found higher attachment anxiety and avoidance in the caregiver to associate with higher caregiver burden and lower caregiver well-being (Crispi, Shiaffino, & Berman, 1997; for a review see Karantzas & Simpson, 2015). Additionally, higher attachment security in the caregiver has been found to associate with lower burden (Carpenter, 2001; Karantzas, Evans, & Foddy, 2010). These findings suggest caregivers with an insecure attachment style are more vulnerable to caregiver strain, whereas a secure attachment style may better equip caregivers to cope with the pressure. However, the above research is limited in that (1) it does not consider other individual factors that may interact with caregiver attachment style, (2) studies were largely conducted in Western countries as opposed to around the world, and (3) studies did not control for a wide array of patient factors.

Firstly, depending on other predispositions, caregiver attachment styles may have differential associations with caregiver burden. One individual variable that could influence the interplay between attachment style and caregiver burden is the caregiver's degree of filial obligation. Filial obligation refers to one's beliefs about the social expectation of providing care to aging parents, and it is seen as a motive for caregiving (Cicirelli, 1993). In many Asian countries, this expectation is extended to one's parents-in-laws, namely for the wife (Chee & Levkoff, 2001). Depending on how much one has internalized the social norm, people can have varying degrees of filial obligation. It is usually assessed by self-report measures asking how important the person views statements such as "It is a child's duty to help the parent" (Cicirelli, 1991). As such, filial obligation could be interpreted as the extent to which people see caregiving as a legitimate duty.

The literature on the association between filial obligation and burden when caring for an older parent is relatively small and the findings are largely mixed. Studies have reported either a positive association, in which greater obligation predicted greater burden (e.g., Cicirelli, 1993; Karantzas et al., 2010), a negative association, in which greater obligation predicted lower burden (Lee & Sung, 1998), or no association (Youn, Knight, Jeong, & Benton, 1999). These inconsistent findings may be due to the fact that the degree of filial obligation has no direct effect, but rather interacts with other personal variables such as attachment style to influence burden.

How filial obligation may interact with attachment style can be explained by considering the nature of caregiving work, and seeing how both filial obligation and attachment style are related to work orientation. A central characteristic of caregiving is that it is a task that is physically but also emotionally demanding, requiring constant interpersonal interaction between the caregiver and care-recipient (Karantzas & Simpson, 2015). For someone who is not comfortable with closeness, this continuous social interaction might cause extra stress compared to someone who is fine with getting close to others (Karantzas et al., 2010). However, a person high on filial obligation by definition views caregiving as personal work that is needed to be done. This interpretation of caregiving as required work likely minimizes caregiving stress when the person has low empathy and is more work- than leisure-focused. Research on attachment avoidance has found that those high on avoidance experience discomfort with closeness and lower empathy compared to those low on avoidance. In addition, compared to secure and anxious attachment styles, those high on avoidance tend to be highly work-oriented, value work over love, report work success to be more important to happiness over relationships, and prefer not to take breaks from work (Hazan & Shaver, 1990).

These findings suggest that in a highly interpersonal but physically and emotionally demanding context such as caregiving, those who view caregiving as work would benefit from a more work-focused and less interpersonal orientation, possibly feeling accomplishment from completing the caregiving tasks in itself, which may protect against further stress. On the other hand, those who do not see caregiving as legitimate work would experience extra stress if they are work-focused, as they will view caregiving as taking time away from work. Moreover, if they have low empathy and are uncomfortable with closeness, they will experience additional stress from the interpersonal demands of caregiving.

In East Asian countries, where there is a strong cultural expectation that children take care of their parents later in life, studies have shown the degree of filial obligation is generally higher compared to Western countries (Funk, Chappell, & Liu, 2013; Lee & Sung, 1998). As such, the participants in most previous attachment style and burden studies, which were conducted in Western countries (for a review see Karantzas & Simpson, 2012), would have harbored lower levels of filial obligation. If different levels of filial obligation have an effect on the association between attachment style and burden, these samples would not capture that effect. This exemplifies the second limitation of previous work on attachment and caregiver burden: To our knowledge, all studies have been conducted using Western samples, which limits generalizability of results to different cultures, especially when considering different degrees of psychological constructs across cultures and their potential effects.

Thirdly, much previous research on attachment and burden has not included a wide array of patient clinical factors, despite using caregiver samples which cared for a clinical population (Carpenter, 2001; Crispi et al., 1997; Karantzas et al., 2010). For example, regarding burden in those caring for dementia patients, it is important to collect data on the cognitive, behavioral, and physical functioning of the patients in order to make conclusions over and beyond these influential predictors. However, to date, there is not one study on attachment style and burden in dementia patient caregivers which controls for all three of these patient factors, limiting the predictive validity of research findings.

In the current study, we sought to overcome these limitations of previous work by collecting data on attachment style, filial obligation, and burden from caregivers of dementia patients, who tend to exhibit greater physical and mental strain (Ory, Hoffman, Yee, Tennstedt, &