

"If I Could Just Be Selfish ... ": Caregivers' Perceptions of Their Entitlement to Leisure

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Abstract:

Entitlement to leisure suggests that leisure is a right rather than a privilege. Unfortunately, many feminist researchers agree that women in general do not feel entitled to leisure. This concept is of particular concern for the growing population of informal caregivers, or individuals who care for family members in their home without pay. Caregivers, typically women, often abandon social interaction, hobbies, church, and fitness-related activities because of caregiving responsibilities. The purpose of this study was to examine the sense of entitlement to leisure of women who are informal caregivers of older adult family members. In-depth interviews were conducted with 16 women who served as caregivers for older family members. Four typologies emerged from the data to represent how the women attempted to access their leisure: rationalizers, resenters, consolidators, and rechargers. In addition, results indicated that their "ethic of care" had an impact on their choices and perceptions of their right to leisure.

Keywords: leisure, health, caregiving, caregiver burden, entitlement, ethic of care

Article:

In recent years, leisure participation has been associated with various health benefits (Berger & Owen, 1988; Coleman & Iso-Ahola, 1993; Iso-Ahola, 1994; Wankel & Berger, 1991). Iso-Ahola proposed that leisure is both a cause and an effect of health and illness. In addition, Coleman and Iso-Ahola suggested that leisure can "buffer" the negative health effects of life stress. Unfortunately, many individuals view leisure as a privilege rather than as a right, and access to it is low on their priority lists. This perception is especially true for women, who typically do not feel entitled to leisure (e.g., Deem, 1986; Henderson & Bialeschki, 1991; Wimbush & Talbot, 1988). Deem supported the notion of lack of entitlement in a study of women who worked in the home. These women felt little entitlement to leisure while experiencing personal and family pressures, conflicting obligations, and an inability to partake in activities contributing to their enjoyment. In addition, in a study of dual-career women, Shank (1986) found that the absence of a sense of entitlement to leisure created an undermining cycle within which women denied themselves various experiences, including those they recognized as important to their health and well-being.

The lack of perceived entitlement to leisure is of particular concern to a growing population of informal caregivers. Informal caregivers are individuals who care for family members in their home without pay. They are typically women (approximately 70%; Cantor, 1983; George & Gwyther, 1986) and often have multiple family and social roles (Stone, Cafferata, & Sangl, 1987). For example, female caregivers often serve as mothers, wives, employees, and church and civic leaders.

Researchers have also found that many female caregivers experience physical or emotional dysfunction, such as depression, anxiety, fatigue, muscle aches, and other somatic disorders (Gallagher, Rose, Rivera, Lovett, & Thompson, 1989; George & Gwyther, 1986; Sheehan & Nuttall, 1988; Snyder & Keefe, 1985; Stone et al., 1987; Wilson, 1990). In addition to the potential increased risk for illness, caregiving responsibilities have often been associated with changes in leisure participation. Caregivers tend to reduce or abandon social interactions, hobbies, church-related activities, and fitness pursuits (Chenoweth & Spencer, 1986; Stone et al.,

1987; Wilson, 1990). In Barusch's (1988) investigation of spousal caregivers, 52% of the respondents reported they had little time left for activities beyond caregiving. In addition, the participants reported feelings of loneliness (55%), depression (67%), resentment (30%), and guilt (for not being able to do more, 44%). Similarly, Cantor (1983) found that the responsibilities of caregiving most often affected time for self and opportunities to socialize with friends, take vacations, and have leisure-time pursuits.

In summary, Iso-Ahola (1994) and others have noted the health benefits of leisure, particularly in buffering the negative health effects of stress. Other researchers have identified the reduction of leisure for caregivers as well as the presence of physical and mental health conditions. Understanding leisure from the caregivers' perspective has the potential to provide valuable insights into the nature of the relationships among caregiving, leisure, and health. Therefore, we designed this study to further explore these relationships. Specifically, the purpose of this investigation was to examine the leisure perceptions and leisure experiences of women serving as informal caregivers and to examine women's sense of entitlement to leisure as it relates to caregiving.

Conceptual Framework

We used symbolic interactionism as the conceptual framework for this study. According to Blumer (1969), symbolic interactionism is based on the notion that humans ascribe meanings to their experiences and interactions with others. According to Samdahl (1988), symbolic interactionism focuses on the concept that an individual's reality is "based upon personal perception and interpretation of actions and events" (p. 29). She noted that all individuals interact with their environment and with other individuals, and these interactions influence one's sense of social roles and expectations. The meaning derived from one's perceptions of his or her environment generally influences his or her actions and behaviors. Thus, understanding the meaning individuals ascribe to their interactions will aid in understanding their subsequent behaviors.

Samdahl (1988) analyzed leisure from a symbolic interactionist perspective and developed a symbolic interactionist model of leisure. She suggested that understanding the way people perceive and interpret their interactions (with others and with their environments) will provide insights into the individuals' perceived role expectations and the subsequent impact on leisure participation.

With Samdahl's (1988) model as a guiding framework, we designed this study to explore the environments and personal interactions of female caregivers, to identify the caregivers' perceptions and meanings of their experiences, and to gain insights into the caregivers' leisure perceptions and experiences. Specifically, we designed interview questions to examine the caregivers' perception of leisure, as well as their perceived access to, and participation in, leisure.

Method

We conducted this study from the perspective of an interpretive paradigm. An interpretive paradigm views behavior from within the context in which it occurs. According to Henderson (1991), in an interpretive paradigm, social phenomena are explained from the perspective of the respondents. The role of the interpretive researcher, then, is to gain insights into the context and perceptions of the respondents and to attempt to describe their "realities."

Respondents

Sixteen women between the ages of 34 and 77 years participated in this study. Thirteen of them were European American and 3 were African American. Thirteen of the respondents were married at the time of the interview, and 3 were divorced or separated. Their education included some high school ($n = 3$), technical school ($n = 2$), high school graduate ($n = 6$), bachelor's degree ($n = 3$), master's degree ($n = 1$), and PhD ($n = 1$). All but 2 of the women had children, ranging in age from 3 to 54 years; 5 cared for their children in the home. Eight of the caregivers were employed at the time of the interview. The remaining 8 identified themselves as housewives ($n = 2$), retired ($n = 3$), or unemployed ($n = 3$). Nine caregivers were caring for their mothers, 2 were caring for their mother-in-laws, 1 for her father, 1 for her great aunt, and 3 for their spouses. Many of the care recipients had multiple disabilities, resulting in their need for care. Primary conditions of the care recipients included

Alzheimer's disease or senility, heart and circulatory disorders, cerebral vascular accident (stroke), arthritic conditions, and Parkinson's disease. The length of time that the caregiver had previously cared for the recipient ranged from 1 to 11 years, averaging 4 years.

Procedures

The respondents resided in the Triad (central) region of North Carolina at the time of the interview. They were identified through adult day-care centers and support groups that focused on issues in aging (e.g., Alzheimer's support groups). Criteria for inclusion required that the caregivers be female and self-identified as the primary caregiver to an 'older adult family member. In addition, the caregivers were required to be unpaid and to care for the care recipient in their homes. Age was delimited to 21 years and above. There were no criteria regarding the role of the caregiver within the family or the nature of the disability or illness of the care recipient.

After initial respondent contacts were made from the identified sources, we selected additional participants from the recommendations of the initial contacts by means of theoretical sampling. According to Denzin (1978), theoretical sampling allows the researcher to collect a sample that will represent the concept being studied. For this study, the respondents were selected on the basis of their contribution to a sample representative of caregivers in North Carolina, considering race, age, economic status, and educational level. New respondents were solicited until saturation, or the point at which no new information emerged from the data being collected, was achieved.

We used semistructured, in-depth interviews for this study. The interviews were tape recorded (lasting approximately 45 min to 2.5 hr) and transcribed. Through the use of an interview guide, the interviews allowed the women to express their concerns, perceptions, and experiences of caregiving and leisure. Respondents were given the opportunity to review transcripts and tapes to verify the information and make any necessary corrections before the data were analyzed. We conducted a second interview with 4 of the respondents to confirm or check themes generated from the initial interviews (Lincoln & Guba, 1985).

The initial interview guide included such questions as the following: Describe your care recipient. What do you currently do for fun? What were you able to do before you began caregiving that you currently miss? How do you define leisure and recreation? How are your needs currently met through leisure and recreation? What things would you like to do now, but can't? How would you like your situation to be different? In the second interview, the interviewer asked follow-up questions that confirmed emergent themes such as how the women prioritized their leisure, their concepts of freedom in leisure, and access to and use of respite and support.

Data Analysis

We used constant comparison technique (Glaser & Strauss, 1967) for analyzing the data. In this method, we both read, reread, and coded all the transcripts and researcher notes to determine themes and patterns within the data. Issues of reliability and trustworthiness (Lincoln & Guba, 1985) were addressed in several ways. First, the interviewer's notes were analyzed. The interviewer kept notes of her reactions and observations that were not evident on the audiotapes. For example, the interviewer made notes of respondents' visual responses, such as gestures or facial expressions. Similarly, interviewer notes explained references to events that were not clearly stated during conversation on the tapes, such as related responses to others who entered the room. We analyzed this information to enhance the understanding of the themes generated within the data. Second, we conducted member checks (second interviews) of 25% of the respondents to determine validity of the original interpretation of the data. These respondents were chosen on the basis of their demographic representation, their willingness to participate in a follow-up interview, and their ability to confirm and refute emergent themes from the first interviews.

We also used typological analysis and analytic induction (Bruyn, 1966) with application of current literature for data analysis. These techniques not only aided in the interpretation of the meanings evident in the data, but also addressed theoretical development. Typological analysis facilitated the identification of four general groups from the data. This type of analysis helped us to describe categories of the phenomena being explored. We used

analytic induction to discover and organize emergent themes from within the data and subsequently to link these themes to new and existing theoretical constructs.

Results

The characteristics of the caregivers in this study were similar to those described by other researchers (Cantor, 1983; George & Gwyther, 1986; Stone et al., 1987). For example, many of the women in this study assumed multiple roles, altered their employment responsibilities, or noted physical and psychological stress (e.g., depression, weight gain, physical ailments). The leisure interests and experiences of these respondents were consistent with those of women in general (i.e., Henderson, Bialeschki, Shaw, & Freysinger, 1989). Their interests included activities such as exercise class, travel, reading, music, tennis, cards, movies, eating out, swimming, golf, and socializing with friends.

As a group, the women in this study perceived leisure as a valuable entity, especially with regard to their caregiving responsibilities. For example, the women perceived leisure as "an outlet," "a necessity in life," and an element that helps "keep sanity." It was also perceived as something that provides "a time for reconnecting," "relief from responsibility," "time and freedom," and "relaxation." Attainment of this leisure, however, proved to be difficult. Despite their leisure interests, many of the caregivers spoke of putting their personal interests on the back burner. As one woman noted, the "[leisure] interests are the same but the ability to fulfill them is different."

Many of the women expressed that their leisure was less attainable after assuming caregiving responsibilities. Others suggested they had no desire to pursue leisure participation or had little need for it. For example, one woman who was caring for her mother who had had a stroke stated that leisure was not as important as it used to be. She noted that leisure had dropped from the top to the bottom of her priority list when she assumed the role of caregiver. However, a 52-year-old professional who was caring for her mother with Parkinson's disease stated, "And I have to have it [leisure]. If I didn't, I don't know what would happen, you know."

In reviewing the responses, it was apparent that the caregivers' leisure participation was not solely a function of their general desire for leisure, or of their appreciation for the benefits or enjoyment of leisure. Instead, the caregivers' leisure participation was associated with their perception of leisure and how it fit their role as a caregiver, their resolution for dealing with their desire for leisure, and the prioritization of leisure as compared with other personal responsibilities. When viewing these factors, the caregivers seemed to cluster into four general groupings: repressors, resenters, consolidators, and rechargers.

Repressors

The first group, the repressors, consisted largely of spousal caregivers. This group represented women who expressed no need for leisure or indicated that they survived by suppressing their desire for leisure. Some of these women were going through a transition period whereby caregiving seemed to stimulate changes in their perspectives of leisure. For example, a 51-year-old professional caring for her mother identified how leisure was not as important to her as it used to be before she was a caregiver. When asked about leisure's importance, she stated, "Not as much as it used to be. I mean, something like this can put your priorities in order totally." She referred to her leisure as being at the bottom of her list. She continued, "I mean, I guess, now, she's [her mother] my, my first priority."

Other women, especially those who had been caring for their loved one for longer periods of time, talked about how they had little need for leisure. For example, a 77-year-old woman caring for her spouse who had suffered a stroke noted,

But, I don't long for it [leisure] or anything like 'that, because I just try to adjust to those things. And I just don't think about them. I, I'm uh, time filled with other things. I just don't feel a need for it.

When asked how she felt about giving things up when becoming a caregiver, the same woman stated,

Oh, I don't worry about it. It's just one of those things that you face and you just don't worry about it. Because if you worry and get all upset, then you really end up having problems. You have to adapt to your life, to whatever your circumstances are.

She continued, stating

I don't feel resentful or anything 'cause it's just there and you just face it and go ahead with it, as I said, I just keep busy with other things that are in my house, around, and I just don't worry about it.

The reasons for the low prioritization of leisure varied within this group and included role expectations (wife, daughter) or personal values placed on leisure. The element that made this group unique was the fact that these women noted very little involvement in leisure, but expressed few overt negative feelings about changes or lack of leisure in their lives.

Resenters

Resenters were a group who expressed a desire for leisure in their lives, but also expressed disappointment and displeasure about their inability to access it. Many of the women described frustration when the circumstances of caregiving prevented them from pursuing their leisure. For example, a 43-year-old employed mother of four stated,

I ain't gone to a park in God knows when, but, to a park somewhere, you know. Just get away sometime, but like {said. I know [can't go. . . Like when it first started breaking out and getting warm, it got to me one day, because my children had got dressed and they, you know, walking out.... And, uh, it kinda got to me that particular time because I think, oh, if I didn't have Mama, you know, I could go somewhere.

Many of these women also spoke in bitterness, describing how they resented their situation. The resentment stemmed from a variety of sources. For example, several women were frustrated with the lack of help from family members in caring for their care recipients. A 41-year-old married homemaker caring for her father stated that she was disappointed in her nine siblings because they refused to help her care for their father. She stated that their help with her father would allow her the opportunity for leisure. She shared her frustration by stating, "See, now that me and Bill [her husband] are older, our kids is grown, almost, and we can do things that, you know, *us*, . . . but we can't." Thus, resenters feel pressure to sacrifice their leisure pursuits in order to fulfill their role as caregivers. This often results in frustration and bitterness about their situation.

Consolidators

The third group was identified as consolidators. The women in this group found that accessing their own leisure required incorporating the care recipient into their leisure plans and experiences. Some chose to fit their care recipients into their leisure pursuits, and others adapted their leisure to the needs of the care recipients. Although consolidators saw this as the only alternative in many cases, they were not always happy about having to do so.

It was important to these women to be able to access leisure while not sacrificing their caregiving responsibilities. Many of the women, however, explained that combining both leisure and caregiving responsibilities constrained them and compromised their leisure enjoyment. For example, a woman caring for her mother with Parkinson's disease described her dilemma over taking her mother to her garden club. She said,

So, I take her along and my friends are all very good about it. They said, "just bring your mother," you know, but she sits there and I can tell how tired she gets. But what am I to do?

This woman later talked about how caregiving for her mother takes time away from being with her husband: "Him being gone all week. I just have the weekend with him. And, uh, it's, it's very difficult to do anything because when we do anything, we have to take her along."

Consolidation seemed to take two forms. In some situations, the caregivers wanted to participate in leisure activities outside of the home, but found it difficult to take the care recipients out of the house due to their lack of health or interest. In these cases, many of the caregivers depended on the willingness of family and friends not only to bring the leisure function to the caregiver's home, but also to occasionally integrate the care recipients into the planned leisure activity. Some of the women opted to host activities at their homes. For example, when asked what she did for fun, a 51-year-old married woman caring for her mother who had had a stroke explained,

We play horseshoes with people we know. And we've got a horseshoes pit. And they come out here and, of course, that way momma can be here anyway. I don't have to worry about shipping her off to Nancy's [her sister-in-law] or having Nancy come here.

Several of the women lamented that they felt they could not ask others to visit under these circumstances.

In other cases, the caregivers consolidated their leisure on the basis of the care recipients' ability to join them. A 49-year-old woman caring for her mother with Alzheimer's disease described how she and her husband took her mother along when they played tennis. She explained,

My husband and I have always played tennis and we continued to play tennis. We would take mother down to the tennis courts and have her sit there, while we played, only because I could not, at that point, I really couldn't leave her alone. and I feel that after leaving her alone all day [at adult day-care], for us to then go out and play wasn't really fair to her either.

Another 48-year-old divorced woman caring for her mother with Alzheimer's disease explained the challenges of living alone and caregiving. She stated,

Well, I take her every place with me. Every place, because, uh, there's just me taking care of her, you know, without having a family. . . . She goes with me, go over to my friend's house, we went up to Asheville for Easter weekend, and I dragged her with me. 'Course, you know, uh, if my friends invite me, they know she's gonna come [laughing]. Otherwise, they don't invite me. Yeah. I drag her along.

In general, the consolidators perceived leisure to be very valuable, and they put forth considerable effort to maintain it. Unfortunately, it was often at the expense of the quality of their own leisure.

Rechargers

The last group of respondents was identified as rechargers. Technically, these women managed to make time for their leisure. Although in most cases they were able to negotiate constraints of time, energy, and responsibilities, their motivation was not deeply rooted in a sense of entitlement. Rather, these women justified their pursuit of leisure as a means to energize or recharge themselves for their caregiving responsibilities. For example, a 68-year-old retired woman caring for her husband described leisure as

pretty high up on my priority list right now. I mean, because I, just have to have that time and peace to keep the other days. . . . [voice trails off] I have to have that to look forward to right now.

A married woman taking care of her mother with failing health described how leisure helps her avoid resentment and subsequent guilt. She noted how at 64 years of age she feels she must keep active, otherwise "you build up resentment, then feel guilty." She continued, "It [leisure] is my salvation, because without that, I think I would be so [pause] resentful of the fact that my whole life centers around this house." Similarly, a 53-year-old married woman caring for her mother with dementia stated, "It [leisure] essentially recharges my battery. I am more willing since I've had some time for my wants and needs to get back to tending someone else."

The way the rechargers accessed their leisure varied. Some of the women were able to use small blocks of time that became available when their care recipients were sleeping or away at adult day-care. For example, a 51-year-old professional who was caring for her mother described how she used time in the evenings after her mother went to bed for her leisure. She stated, "Usually, everything was planned after 8:00 at night, because she would go to bed about 8:00 every night. And then I have the rest of the evening to do what I want to."

Other rechargers, however, felt they could not pursue their leisure openly. Several of the women talked about how their care recipients did not understand when the caregivers engaged in leisure without them. One woman explained that she had to "slip out because she [the care recipient] resented it on much." Another woman said she deceived her mother who had Parkinson's disease, telling her mother that on Fridays, while the mother was at adult day-care, she was at work. In reality, she was at home trying to catch up and reenergize. She stated,

I look forward to my Fridays. And, of course, she thinks I'm going to work. There is no other way I can do this [laugh]. Uh, because, she does not understand having free time, you know. You either, you work, and that's it. So, I have to come up with a lot of lies at times [laugh]. But, it's [leisure] very important to me. It really is.

The rechargers, then, found a way to access leisure. However, they justified leisure as helping them to energize for the caregiving responsibilities.

In summary, the women in this study typically expressed an appreciation and desire to participate in leisure activities. The caregivers' leisure participation was influenced by their perceptions of the caregiving role and their ability to fulfill that role while also satisfying their desire for leisure involvement. The women in this study negotiated their leisure in a variety of ways. They suppressed their desires for leisure; cut back their experiences, but with resentment; incorporated their care recipients in an attempt to meet all caring and leisure needs; or justified leisure as a means to enhance their caring abilities. Regardless of the approach, most of the caregivers seemed to demonstrate a reduced sense of entitlement to leisure, thus compromising their own leisure needs.

Discussion

The purpose of this study was to explore the perceptions and experiences of leisure among female caregivers of older adults. Samdahl's (1988) symbolic interactionist model of leisure provided a useful framework from which to view this study's results. Samdahl's model suggests that action and behavior are closely tied to one's perceptions of the situation and interactions with others. We believed that, in accordance with Samdahl's model, insight into the leisure perceptions and experiences of these women would provide an increased understanding of why and how these women accessed (or failed to access) their leisure.

When the women in this study shared their stories and discussed their leisure perceptions and experiences, the underlying tone and driving force was a compelling sense of caring and responsibility toward the care recipients. For these caregivers, their sense responsibility to their care recipients far outweighed their responsibility to their own personal and leisure needs. This way of placing the needs of others over the needs of oneself has been referred to as *ethic of care* (Gilligan, 1982; Henderson & Allen, 1991).

Gilligan (1982) described ethic of care as the sense of connection to others that occurs within personal relationships. She noted that this connection serves as a foundation for, an individual's identity and motivates feelings of care and compassion. Gilligan also suggested that women develop a *morality of care*, whereas men develop a *morality of rights*. As noted by Henderson and Allen (1991), the force of the caring ethic can be so strong that women will deny their own needs, consistently setting the others' needs above their own. Henderson and Allen also noted that the ethic of care can be a constraint to leisure when "one's life focuses on self-denial so that the needs of others, particularly the family, are always put first and the self is put last" (p. 103). Supporting this concept, Harrington, Dawson, and Bolla (1992) found that responsibilities related to caring

ranked second highest for contributing to both objective (concrete) and subjective (psychological) constraints to women's leisure.

In our study, helping others took precedence over the other facets of the caregivers' lives, compromising these women's leisure. Placing the needs of others above their own restricted their freedom not only in functional leisure tasks, but also in cognitive—emotional leisure perspectives or state of mind. In addition, the conflict between shoulds and wants was striking for this group of women. Though most of the respondents expressed desire for leisure, many felt that leisure was not something they could pursue fully while serving in their multiple helping roles as mothers, wives, employees, and caregivers.

The results also suggested that although family responsibilities can provide pleasure, they also can be a source of strain and tension. In fact, as Henderson and Allen (1991) suggested, the ethic of care may be oppressive. Overall, many of the caregivers identified a sense of frustration for having to discount or manipulate their leisure to accommodate their care recipients and a feeling of hopelessness that any other alternative existed. The perceptions of the context from which these women functioned, at times, served as a barrier to their leisure experience. Those women who actually entertained thoughts of pursuing their own leisure, despite their caregiving responsibilities, often justified their leisure pursuits or experienced a sense of selfishness for addressing their own needs. One woman who was caring for her mother who had Alzheimer's disease expressed a desire to be able to put her personal needs first. She fantasized about how she would enjoy a full weekend of leisure:

And for a weekend, then. I would go down to the beach, I'd go up to the mountains myself; go out with a friend.

Interviewer: And how do you think that would help you?

I think that would help me emotionally, if I could just erase what was going on while I was gone and to think about how things were going with her. Ah, if I could just be selfish and think about only myself and my own entertainment, I would feel great.

This statement reflects the challenge of freely accessing leisure while also feeling responsible for caregiving to aging family members.

The results indicated that although the caregivers desired and appreciated leisure in their lives, their ethic of care created barriers to accessing it. It appeared that the caregivers viewed leisure as a privilege rather than as a right, often placing it low on their priority lists. Rather than acting as if they were entitled to leisure, their participation was related to their various roles as caregivers, mothers, wives, homemakers, and employees. Citing various reasons, the women in this study put their leisure on the back burner to be available to meet the needs of their care recipients. Some of the women gave up or suppressed the desire for leisure, whereas others struggled, attempting to justify and access leisure experiences.

As Samdahl (1988) suggested, the meanings the caregivers placed on leisure affected how they pursued their leisure. The caregivers' leisure behavior was influenced by the interaction of their desire for leisure, perceived entitlement to leisure, and perceived situational demands. The repressors emphasized that they did not need or want leisure. Therefore, negotiating the constraints to leisure was not necessary. The resenters clearly wanted leisure in their lives, but felt unable to access it while also fulfilling their care-giving responsibilities. They expressed a conflict between the right to leisure and the responsibilities associated with caring for someone else. The consolidators may have experienced the greatest sense of entitlement to leisure. Despite their caregiving responsibilities, they attempted to maintain a form of their previous leisure lifestyle even if it required involving their care recipients. The rechargers demonstrated an appreciation of leisure but primarily in relationship to their ability to take care of their care recipients. Leisure was not necessarily a right, but it could be justified.

Henderson and Bialeschki (1991) suggested that leisure was a right that everyone wants in their lives. Further, they suggested that one must feel entitled to leisure to experience it. This study suggests that perceived

entitlement to leisure does play a role in leisure behavior. Low levels of perceived leisure entitlement do not, however, necessarily prevent leisure involvement. The magnitude of leisure involvement seems to be determined by the interaction of perceived entitlement, leisure desire, situational demands, and perceived leisure benefits.

Summary

On the basis of caregivers' responses to their situations and their subsequent leisure experiences, this study presents a potential classification of leisure adjustment styles in response to life changes such as caregiving for dependent family members. We categorized the women in this study into four general groups: repressors, resenters, consolidators, and rechargers. The repressors suppressed their desire for leisure, the resenters expressed frustration and disappointment over their inability to access leisure satisfactorily, the consolidators included care recipients in their leisure pursuits, and the rechargers found a way to access leisure, justifying it as important for fulfilling their role as caregivers.

The ethic of care was noted as an underlying force that seemed to influence the caregivers' perception of situational demands, caregiving responsibilities, perceived entitlement to leisure, and perceived benefits of leisure. Although the caregivers appreciated leisure and expressed the desire for leisure participation, their leisure behavior was influenced by these perceptions.

The results suggest that the women in this study viewed their caregiving role and responsibilities as paramount over other responsibilities, including their responsibility to care for themselves. These women did not express entitlement to leisure unless they were able to fulfill their responsibilities as caregivers, mothers, wives, homemakers, employees, and civic leaders. It seems that the challenge of the future is to enhance the caregivers' sense of entitlement to leisure, not at the expense of their ethic of care, but in conjunction with it.

Limitations and Recommendations

This study had several limitations. It was not designed to analyze the relationships of specific demographic factors to the caregivers' various responses. Therefore, we could not infer the impact of the individual demographic categories on the caregivers' perceptions of leisure. However, such information could be helpful in future research. In addition, it was difficult to ascertain the level of honesty of the caregivers' responses. Caregiving, while being a source of burden for these women, could also be a source of pride or control. The question of whether these women were completely candid in discussing the impact of caregiving on their lives and leisure, therefore, was difficult to address.

Further research is indicated for understanding the issues raised by this study. This study suggests that caregivers are in a unique situation that appears to be an important factor in the group's leisure experiences. This area of inquiry would benefit from the confirmation or exploration of the following questions:

1. What is the nature of entitlement to leisure for caregivers (is it different for male and female caregivers)?
2. Can typologies be used to understand other life changes, role expectations, and coping styles?
3. What are the long-term effects of family growth and the departure and return of loved ones on the leisure of female caregivers?
4. What are the relationships among demographic variables (e.g., age, social and family roles, care recipients' disabilities, and socioeconomic status), caregiving, and leisure participation?
5. What are the relationships among caregiving, leisure participation, and health?
6. How does social support influence the caregiving role, leisure perceptions, and leisure participation?

Ultimately, it seems important to explore ways that leisure professionals can help Women who are caregivers to access their leisure without competing with their ethic of care. With the advent of new technology, increased medical knowledge, and improved health care, caregiving for older family members is a role that many people (especially women) will experience in the near future. Understanding its relationship to and impact on leisure will be a significant step in addressing the leisure needs and health concerns of caregivers.

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