

SOCIAL SUPPORT OR STRUCTURAL CHANGE? SOCIAL WORK THEORY AND RESEARCH ON CARE-GIVING.

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Abstract

Since 1980, national and international research knowledge on carers and care-giving has been accumulating. However, the theoretical bases of this research are usually unstated and implicit. Theory is vital in shaping social work research programs and types of social work intervention. This paper examines and critiques the social work theories influencing published social work research on care-giving. A search of key social work journals from 1980 to 2001 identified a total of 102 research articles about care-giving. The perspectives informing these articles fall into four groupings: positivist; interpretivist; systems; and feminist/radical. Building on the model developed by Howe (1987), which differentiates theories of radical change from those concerned with social regulation, each perspective is critically analysed for its underlying assumptions, level of analysis, research methodology, and implications for policy and practice. Our review indicated that research on care-giving is dominated by a positivist approach that focuses on stress-coping and social support theories. These approaches are essentially individualistic, focus on the burden of care, and prescribe interventions that assist carers to adjust to or cope with the care-giving role. Future social work research on care-giving should be informed by critical social work theories offering deeper structural analysis. This would be more consistent with our discipline's concern for social change and social justice.

Key Words

caregiving, social work theory, research

INTRODUCTION

Care-giving involves the provision of support for a family or community member. The Australian Bureau of Statistics defines a carer as “a person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions, or persons who are elderly. The assistance has to be ongoing, or likely to be ongoing, for at least six months” (Australian Bureau of Statistics 1998, p.10). In Australia in 1998, there were 2.3 million carers. Over 450,000 of all people providing assistance were primary carers, and most of these (70%) were female. Most primary carers (79%) cared for a person in the same household. Family care-giving is a major issue in Australia – in terms of the number of carers involved, and the financial, social, physical and psychological effect of caring. We presume that a substantial number of social workers are involved in work with carers – in casework, counselling, program delivery or at a policy level. Therefore, research on care-giving is of particular significance to social workers.

Social work research, practice and theory are inextricably linked. However the theoretical perspectives that inform both research and practice are often not made explicit, are rarely critically examined, and may not necessarily be known. It is important to identify and evaluate these theoretical influences so that deliberate choices can be made about effective social work interventions.

In broad terms, a social theory is a relatively coherent set of ideas for explaining human behaviour. According to Willis (1999), theories are based on underlying assumptions at three levels:

1. human nature (for example, whether care-giving is seen as an altruistic or self-centred act),
2. society (whether social order arises from consensus or domination),

3. and the relationship between individuals and society (such as whether care-giving is constructed in a manner which exploits women, or whether its function is to rehabilitate people to return to productive roles).

Social work, as a practice-based profession, pursues the four major functions that theory does: description of phenomena; explanation of the causes of phenomena; prediction of events including the outcome of interventions; and control and management of change (Mullaly, 1997). Theories also direct research questions and the level of analysis; for example, whether we seek explanations for care-giving in terms of individual motivations or levels of family functioning. Theories also shape the research methodology and methods, such as qualitative approaches that focus on the meaning and lived experience of caring, or quantitative methodologies that seek to measure levels of carer stress. Research knowledge and theoretical perspectives can then inform practice choices (such as whether social work action should be principally concerned with arranging respite support for over-burdened carers, or initiating a political campaign to change government policy on carers).

The purpose of this paper is to identify and analyse the theoretical perspectives embedded in research on care-giving. By carefully examining published empirical research on caring, the theoretical perspectives underpinning the research can be unearthed. The intent of this paper is not to argue for the primacy and precedence of either theory over practice, or research over practice. Rather, we believe that it is important to critically reflect on the theoretical bases underpinning research, and the reflexivity between research and practice. As Fook (1996, p.xiii) argues, “any approach to social work should necessarily integrate theorising, researching and practising.” In this respect, our paper is closely aligned to the idea of reflective

practice research (Fook 1996). In identifying the theory embedded in research, and the practice implications of the research findings, it is possible to discover the contradictions between theory, research and practice. It then becomes possible to “pinpoint particular aspects of practice which may need to be modified in line with consciously chosen theory [or research findings], or to identify and develop theoretical ideas [and research programs] in line with experience” (Fook 1996, p.6).

PARAMETERS OF THIS REVIEW

An initial literature search revealed that only four research articles on caregiving have appeared in social work journals in Australia (three of these were in *Australian Social Work* over the past ten years). The search was then expanded to include the international literature. This paper is based on a literature search conducted in the online data base EBSCO Host, including the following data bases – Academic Search Elite; EBSCO Online Citations; CINAHL; Health Source: Nursing Academic Edition; ERIC; Professional Development Collection; PsychINFO 1887-current; and the Psychology and Behavioural Sciences Collection. The search was limited by date, from January 1980 to December, 2001; to articles that were peer reviewed, and to social work journals. The key words used were ‘caregiver’, ‘carer’, ‘family care’ and ‘informal care’. The articles relating to child-care, institutional or professional care, and mental health were excluded because these were outside the parameters of the broader study upon which this review is based. A total of 102 articles, including empirical research and literature reviews, were reviewed. The vast majority of these articles were from the United States of America, with six from the United Kingdom, and only a handful from other countries. A full list of all articles is available on request from the corresponding author.

PROCESS OF CATEGORISATION

The vast majority of research reports included in this review did not identify an explicit theoretical framework. In such cases, the authors categorised the articles according to the assumptions evident in the research focus and methodology. For example, there were many studies that attempted to measure the psychological state of the care-giver and to link the variance in the measures with the objective or subjective characteristics of the care-giving situation. These stress-coping studies have been categorised by the authors as adopting a functionalist theoretical approach and a positivist methodology. Our analysis and interpretation of the 102 research reports revealed four broad theoretical perspectives: (1) functionalist/positivist studies focusing on stress-coping, social exchange and social support; (2) interpretivist approaches; (3) systems theory; and (4) feminist and other critical approaches. This categorisation broadly accords with a model of social work theories developed by Howe (1987). Howe's model will be briefly examined and then used as a framework to analyse each of the four types of care-giving research.

HOWE'S MODEL OF SOCIAL WORK THEORIES

David Howe (1987) has grouped social work theories into four paradigms according to the perspectives they use in the analysis of social phenomena. He has identified two dimensions that offer fundamentally different assumptions about people and society (see Figure 1). The horizontal axis relates to whether the social world is seen as subjective (that is, created in people's minds), or objective (existing independently of the individual's perception of it). The vertical axis relates to the extent to which the world is seen as ordered and functional, or conflictual and serving

of some interest groups over others. Howe identifies four types of practitioners according to the theoretical paradigm they fall within. Howe's model has been used in this paper to classify the research into care-giving according to the theoretical perspective used.

[INSERT FIGURE 1 ABOUT HERE]

The “fixers” draw upon functionalist approaches: they emphasise social order and employ the methodology of the natural sciences. The “seekers after meaning” assume that orderly relationships arise through interpersonal negotiations; they aim for subjective understanding, and utilise interpretivist methodologies. The “raisers of consciousness” adopt a radical humanist approach. Individuals are believed to create their places in an unequal and conflictual world. Methods of intervention involve consciousness-raising and gaining personal control. The “revolutionaries” believe that society has an objective, material reality characterised by competing interests and control. The aim of social work is to structurally redistribute wealth and power through mobilising collective action.

THE FIXERS: THEORIES OF STRESS, COPING, SOCIAL EXCHANGE AND SOCIAL SUPPORT

Our analysis revealed that theories of stress, coping and social support predominate in the social work research literature: 69 of the 102 articles can be so classified. This research aims to describe the characteristics of care-giving, to identify those aspects of the care-giving experience that are most stressful, and to enhance

care-giver coping (for example, Barnes and Given 1995; Borden 1991; Salz, Zimmerman, Tompkins, Harrington and Magaziner 1998). In much of the literature there has been an attempt to causally link objectively measurable factors, such as the disability or dependency level of the care recipient, with elevated levels of psychological factors, such as burden, strain, depression and stress and caregiver ill health. Social support is seen as a buffer to the potentially harmful effects of the care-giving relationship and as a way of strengthening the care-giver's coping capacities (Borden 1991). Thus, the stress-coping and social support literature can be characterised as: Stressors → Mediating factors → Outcomes. The stressors include objective factors, such as the functional capacity of the care recipient (Salz et al. 1998), the work status of the care-giver (Barnes and Given 1995), the number of tasks performed by the care-giver (Barnes and Given 1995), and subjective factors, such as the caregivers subjective appraisal of the situation (Borden 1991). Mediating factors include the care-giver's subjective appraisal of the situation, and their coping strategies and social supports (Monahan and Hooker 1997). The outcomes are usually measures of care-giver depression, burden or strain (Salz et al. 1998).

The stress-coping and social support studies have been grouped together here because social support is seen as a mediator within the stress-coping relationship. However there are some differences between the two approaches. The main difference between stress-coping and social support studies is the level of analysis: the former focuses on the individual, while the latter focuses on informal networks or workplaces (such as Barnes and Given 1995).

Stress-coping and social support theorists have made a significant contribution to understanding how to assist the care-giver to continue in the care-giving role. For example, the study by Borden (1991) identified the types of coping strategies that

were associated with enhanced psychological well-being. Social workers can use this knowledge in counselling care-givers and their families to adopt more effective coping strategies. Some support services, such as respite care, have also been found to be helpful in reducing stress. However, there are a number of limitations in these approaches.

The first limitation is that these approaches take an individualistic view of care-giving. This approach fails to acknowledge and critique the political, economic and social forces that impact upon the care-giver's experience. Furthermore, this approach has the potential to problematise the care-giver; to see her or his failure to cope as the problem, rather than seeing external factors, such as the contraction of state funded care, as problematic. This in turn restricts the way that care-giver issues are dealt with. The fact that most of this care is provided by women on an unpaid basis is not seen as problematic. Support is needed in order for the care-givers to continue in the role. The role itself is not questioned.

A second limitation is that the literature suggests that the provision of social support is not always seen by care-givers as helpful in reducing stress. Care-givers may be reluctant to use support services. Some reasons that have been identified are – associating social services with a sense of failure (Heenan, 2000), cultural influences (Fitzpatrick and Freed 2000), care-giver isolation (Tebb and Jivanjee 2000) and care-giver reluctance to entrust the duties of care-giving to others (Ganzer and England 1994). These findings lead one to question the value of research that focuses on social supports as a solution to care-giver stress.

Finally, within the stress coping and social support literature, the care-giving relationship is generally seen as uni-dimensional in which the care-giver is burdened

by the demands of caring for the care recipient. The focus is on the negative outcomes for the carer of the care-giving relationship.

Another variant of this broad approach is social exchange theory (Chadwick-Jones 1976, Ekeh 1974), which provides a more complex and dynamic explanation of the care-giving relationship than stress-coping theory. Although the focus is still largely on burden, the explanations of burden take into consideration the relationship between the care-giver and the care-recipient; the focus shifts from the individual care-giver to the care-giver/care-recipient dyad and to the nature of the exchanges. Both the positive and negative perceptions that each party has of their relationship and their predicament can be explored. For example, Horowitz and Schindelman (1983) explored the influences of reciprocity and affection on the care-giving behaviour and the experiences of 203 primary care-givers. Most care-giving relationships were found to be close and affectionate and had in the past been characterized by a flow of services going in the opposite direction, from the current care recipient to the care-giver. Reciprocity was found to be significantly related to the amount of help given by the care-giver and affection was negatively correlated with care-giver stress. These findings have been supported by other social exchange care-giving studies (for example, Nuefeld and Harrison 1998). Consistent with the “fixers” approach to social work practice, social-exchange theorists seek to improve the care-giving experience through cognitive-behavioural psychological approaches which focus the care-giver’s and care receiver’s attention on the positive and reciprocal aspects of the relationship (Call, Finch, Huck and Kane 1999).

In summary, the stress-coping and social exchange/social support theories predominate in the social work research literature. They generally adopt an objectivist, individualist, regulatory approach and seek to measure levels of burden

and support. Preferred practice interventions include increased practical assistance to the care-giver and counselling therapy.

THE SEEKERS OF MEANING: INTERPRETIVIST APPROACHES

Although there is quite a tradition of interpretivist research in the nursing care-giving literature, there were only 15 examples of this type of research in the social work literature. This approach takes a subjective world-view but still fits within the sociology of regulation. It is concerned with the meanings and interpretations that caregivers give to their experience, and with honouring and exposing these alternative perspectives. For example, Burack-Weiss (1995) suggests that social work practitioners should read care-giver memoirs as a way of understanding the multiple meanings of care-giving for the caregivers themselves, written from their point of view, for their own reasons. She suggests that memoirs offer an alternative to the reductionist care-giving equals stress paradigm and could provide an empathic starting point for the social worker. Ganzer and England (1994) argue that the caregiver situation cannot be seen as a combination of traits and objective factors that lead to the need for service utilisation but should instead be viewed in a holistic way. They recommend that social workers adopt a narrative approach, allowing the client to tell their story to bring order and coherence to their experience and eventually to construct a new story that allows the client to move forward.

The interpretivist approaches in the care-giving literature have contributed an expanded understanding of the meaning of care-giving from the care-giver's point of view. They have also challenged and provided an alternative to the dominant positivist care-giving paradigm. However, like stress-coping, social support and social exchange approaches, the phenomenological approach focuses on the individual client

and their perception of their situation and does not challenge the broader social structures within which the caregiver operates.

SYSTEMS THEORY

Despite the influence of systems theory on social work (Compton and Galaway 1999) only ten research studies using a systems or ecological perspective were identified in the social work journals. As noted in Kahana, Biegel and Wykle (1994), it is very difficult to conduct empirical research that assesses the contributions or inter-relationships between all members of the family system and the care-giver's broader support system. Consequently the literature that promotes the value of a systems approach often utilises data relating only to the designated care-giver. For example, a study by Toseland, Rossiter, Peak, and Smith (1990), using an ecological systems framework, compared the effectiveness of individual and group interventions for family care-givers. The impact that these interventions had on the individual care-giver's psychiatric symptoms, social supports and other variables was measured.

Another study by Kirschner (1985) argues that social workers should be trained in systems theory and family therapy and that these approaches should be used with older families. She argues that intervention at a family system level rather than an individual level may relieve some of the stresses associated with care-giving.

A family or systems approach has the benefit of shifting the focus from the individual caregiver or caregiver dyad to the family as a whole and to a limited extent to the immediate social milieu. This may take some pressure off the identified caregiver and mobilise other family members to provide more assistance. However this approach can also problematise the family, especially the research that looks at family characteristics, as some families will be seen as more functional than others.

As with all the approaches outlined above, this approach does not advocate any radical or structural changes to the care-giver situation.

THE RAISERS OF CONSCIOUSNESS AND THE REVOLUTIONARIES: FEMINIST AND OTHER CRITICAL APPROACHES

Feminist and other critical theories have been grouped together here for two reasons: first, because they share a fundamentally critical approach to the dominant modes of social and economic organisation; and second because there are so few research studies on care-giving that are informed by these perspectives. While there are many types of feminist theories, they are all concerned with describing, explaining or redressing patriarchy; in other words, “the system of social structures and practices in which men dominate, oppress and exploit women” (Walby 1990, p. 20). Given the gender imbalance of care-givers, feminist approaches would appear to be particularly relevant. On the other hand, critical social work approaches adopt a structuralist perspective that is “based on socialist ideology, located within the radical social work camp, grounded in critical theory, and operate(s) from a conflict view of society” (Mullaly 1997, p.133). The state (and hence, most social workers directly employed by or funded through the state) is seen as either a moderating influence or as a complicit agent of capitalism. Critical social work approaches aim ultimately to increase power and resources for their clients through transformative action at an institutional level.

The literature search of social work journals found only eight articles that could be aligned with the upper half of Howe’s model, the sociology of radical change. Three of these (Butler and Weatherley 1992; Hartmann 1990; Sheyett 1990;) were policy analyses. Scheyett (1990) critiqued the policy of de-institutionalisation of

people with mental illness and the lack of adequate community alternatives. Although Scheyett's study did not fit within the parameters drawn at the beginning of this paper, it was included because it made some important recommendations about interventions with care-givers from a feminist perspective. Sheyett argued that the burden of care has been transferred from the state to women. She contends that 'the culture of caring, disguised as "natural" virtue and duty, is a form of oppression for women because it is non-optional, unrecognised, unrewarded labour that limits women's choices and opportunities and restricts self-exploration and self-determination' (1990, p.33). Sheyett made a number of recommendations for social work practice, including the development of social policy that recognises the special requirements and contributions of care-givers; urging the state to provide financial support; advocacy for support services, particularly respite care; training in gender issues; feminist research; and addressing women's oppression in society as a whole. In the eleven years since the publication of Sheyett's paper, most practice interventions appear to continue to be focused on individual coping and social supports. By contrast, advocacy for the development of socially-just policies, the recognition of the contribution of women by the state, and feminist research and training in this area have all been sadly neglected.

Another study, by Fredriksen (1999), examined the range of care-giving responsibilities of lesbians and gay men, and identified discriminatory practices in service provision, and harassment of care-givers of older relatives. Finally, Barusch's (1995) international survey examined the ways in which families are encouraged or required by the state to undertake care-giving responsibilities. She identified three strategies for increasing family care of older relatives. These were: filial support legislation, where there are legal requirements for the family to care for their elderly

relatives; incentives for family care-givers, such as, tax concessions or direct payments to care-givers; and service rationing, whereby services are only made available to those without family members who are deemed to be capable of providing care. Each of these approaches were criticised by Barusch (1995) on the grounds of ineffectiveness or lack of social justice. She recommended that social workers should advocate for universal access to a continuum of care in which family members have real choices about their commitment to caring for their older relatives.

DISCUSSION AND CONCLUSION

This paper reviewed 102 research articles on care-giving that have been published in social work journals. The main findings to emerge from our analysis are:

1. Very few articles include an explicit description of the theoretical framework underpinning the research.
2. These (implicit) theoretical frameworks actually reveal how social problems, such as care-giving, are seen by the researchers. They disclose the perceived nature of the problem, the underlying causes of it, and the consequent interventions.
3. The majority of studies focus on carer stress, or the provision/exchange of assistance at individual, family, network and systems levels. These studies can be located within the objectivist and regulatory quadrant in Howe's (1987) taxonomy of theories. From this perspective, social work interventions focus on "fixing" or ameliorating the strain felt by carers.
4. A small number of interpretivist studies have aimed to describe the meaning or significance of the experience of care-givers. These studies belong in the subjectivist and regulatory quadrant in Howe's taxonomy. Social work

interventions arising from this approach include client-centered, therapeutic explorations of the experiences and meaning of being a carer.

5. A very small number of published research reports on care-giving have been based on critical social work approaches. These studies may be either subjectivist or objectivist, but both types are concerned with the sociology of radical change.

Why the dearth of feminist and other critical approaches to care-giving research in social work journals? Care-giving research would seem particularly suited to feminist theoretical perspectives. Care-giving is clearly a feminist issue. Not only are most caregivers women (Schofield, Bloch, Herrman, Murphy, Nankervis and Singh 1998), but they consistently do more and different tasks than men (Arber and Ginn 1990) and they undertake care-giving on top of their other work and family commitments. Male care-givers tend to be older spouse care-givers who have already retired from the paid workforce (Arber and Ginn 1990). Women care-givers are often forced to give up or suspend their work commitments in order to provide care (Robinson 1997). This has an impact on their current and future financial security, their careers and their sense of self. So why hasn't the social work literature, particularly within the critical social work tradition, addressed the structural problems of care-giving? In relation to the literature on care-giving, the upper hemisphere of Howe's taxonomy is almost non-existent.

There are a number of possible explanations for the predominance of individualist and regulatory theoretical perspectives in the research on caring. Three key explanations centre on: the nature of social work research, social work journals, and research funding priorities. First, we suspect that social workers themselves are less likely than people from other disciplines (such as psychologists and sociologists) to

undertake empirical research for the primary purpose of publication. It is quite possible that the care-giving research reported in social work journals reflects the theoretical orientations and interests of investigators other than social workers. The research articles reviewed here did not contain sufficient information for us to definitively identify the qualifications of all the authors. Nevertheless, the antipathy between orthodox research paradigms and social work goals have been frequently noted:

Social work's disengagement from research is, we suggest, a disengagement from positivism. ...researchers in social work contrast research with social work. They suggest that research is often quantitative, objective and concerned with social categories. They contrast this with social work which is uncertain, complex, spontaneous and concerned with individual difference (Everitt, Hardiker, Littlewood and Mullender 1992, p.8).

The development of reflective practice research approaches (Fook 1996) offer a framework to redress some of the limitations of positivism.

A second explanation is closely related. This paper has reviewed empirical articles published in academic and/or professional journals; in other words, research that generally subscribes to the dominant paradigms of positivism and interpretivism. It has not attempted to capture the so-called "grey" literature: the unpublished material; the highly critical inquiries; or the reflective practitioner / action research projects that are never written up. In short, the published research may be unrepresentative of the research activities and theoretical orientations employed by social workers.

A third explanation is that the research funding bodies and institutional gatekeepers (such as health and welfare service providers) largely determine the

research foci and methodologies. The theoretical orientations of researchers are subordinated by the dictates of those who control research dollars and access. If this is true, then it is highly unlikely that proposals for research projects informed by radical perspectives will ever be supported.

This detailed analysis of care-giving research illustrates a more general point about the purpose and significance of social work research. The challenges for social work are clear. Social workers must become active researchers and research writers. They must further develop their own critical research orientations and methodologies, informed by explicit theoretical perspectives. This research knowledge should be used to promote social justice and social change. Critical social work (including feminist approaches) 'is firmly based on structural analysis of personal situations, tracing problems to causes in the patriarchal socio-economic structure, rather than 'blaming' individual 'victims' solely for personally experienced problems' (Fook 1993, p.2). This approach is based on a critical appraisal of existing social structures and a commitment to rectifying the injustices of the present system (Mullaly 1997). As Fook (1993, p.2) argued, there is a need to link 'analysis and action, theory and practice'.

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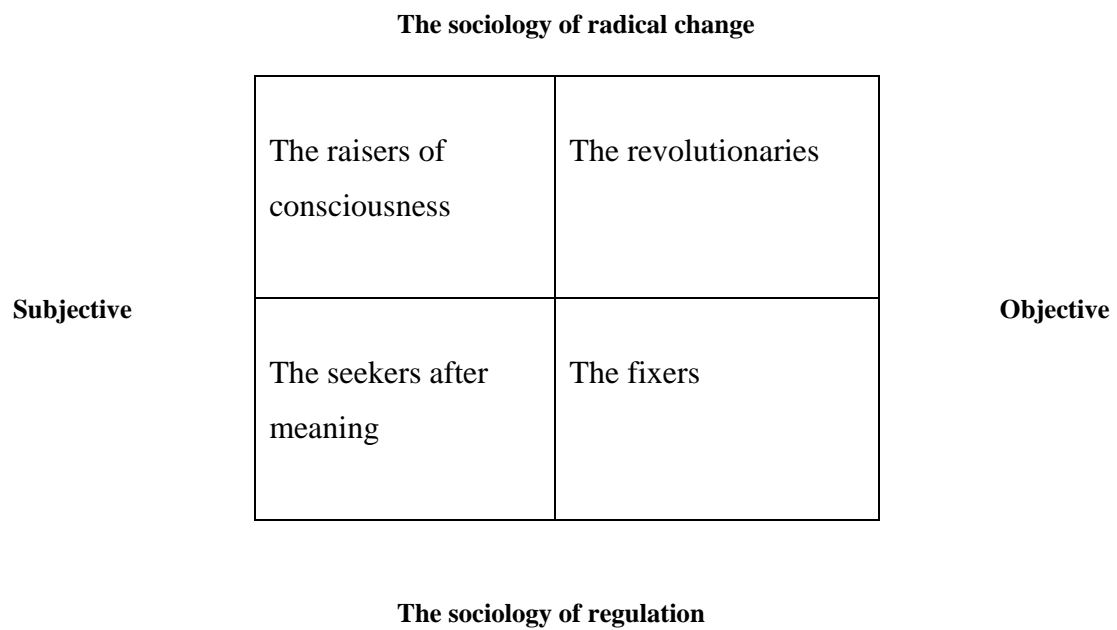


Figure 1: A Taxonomy of Social Work Theories (Howe 1987, p.50)