

# Gains and losses of caring for an older relative and the indication for geropsychological intervention

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Contact information on the last slide

## Caring for an older relative - keywords

- · What is care dependency?
- · Needs and activities the framing of care
- · Care and the need for meaning
- Some first findings ...

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## What is care dependency?

"care dependency" describes a situation where a person cannot satisfy (some of) his or her *basic needs* by own activities, but is dependent on support by one or more other persons to get his or her needs satisfied."

Boll & Ferring, 2017

- · Legal and academic framing of care
- Definitions differ with respect to which needs are included

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# Needs and activities – framing of care

#### Which **needs** are covered?

- biological,
- psychological
- social

#### Which activities are included?

#### Help with ..

- Activities of daily living ADL
- Instrumental activities of daily living IADL
- Activities beyond ADL and IADL

# Examples of further needs

- Cognitive functioning and stimulation
- Self-esteem
- · Subjective well-being
- · Spiritual needs
- Intimacy and love
- Sexual needs
- ...

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## Who cares? - Phenomena

An adult daughter describing the apparent loss of personality of her mother and the inability to communicate in end-stage AD

"I don't have a mother anymore. My mother as I knew her has gone — I became aware of this when I looked into her eyes and got no form of any response. There is nobody in there anymore."

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Ferring, 2015

## Care and the need for meaning

## **Care demands**

- · Arranging and integrating care tasks into daily life
- Integrating **new** experiences
- · Coping with Physical and emotional strain

## Psychological tasks

- Construct meaning by integrating care experiences in one's view of the self and the world.
- Weighting "gains" and "losses"

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Ferring, 2017

## Sample and methods

#### Aspects of care (Boll & Haizmann, 2012)

- · Instruction "Caring for ... means" followed by
  - k=35 positive (e.g., a way to show my love and appreciation)
  - K=23 negative aspects of care (e.g., feeling emotionally strained)
- 6-point Likert scale: 1 "do not agree at all" to "6 "totally agree"

#### Life satisfaction (Glaesmer et al., 2011)

- K=5 items (e.g., I am satisfied with my life);
- 6-point Likert scale: 1 "do not agree at all" to "6 "totally agree"
- $\alpha$ =.88 for composite score;

### Subjective health rating

5-point Likert scale: 1 "very bad" to "6 "very good"





## Sample and methods

#### N=151 family carers;

- 111 women; M=57.89 yrs (SD=14)
- 117 married; 8 divorced; 9 widowed; 17 single
- · Directly responsible for care: 105

#### Caring for

#### N=151

- M=80,9 yrs (SD=9,22)
- Duration of care: 4.8 yrs (SD=5.29); min=0 to max=40)
- Hours per week: M=23.7 (SD=26.5)
- Diagnoses: 55 dementia (incl. Alzheimer; vascular dementia); 79 other (e.g., arthrosis; stroke)

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# Results





# Negative aspects rated as "true"

Do not agree	Do not	Do rather	Do rather	Do agree	Do totally	
at all	agree	not agree	agree		agree	ĺ
1	2	3	4	5	6	ĺ

## Caring for ... means ...

see how dependent he or she is from me	4,86	1,11
have to help with many daily activities	4,10	1,41
have to look permanently after him or her	3,79	1,44
that contacts with other people suffer	3,75	1,46
that my life runs different than I wished	3,52	1,57

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# Positive self-related aspects rated as "true"

## Caring for ...

makes me see that I am important for him/her	4,74	1,04
$\ldots$ allows me to spend some nice hours with her him	4,58	1,10
a way to show my love and appreciation	4,54	1,17
$\dots$ allows me to show how grateful I feel for her /him	4,42	1,30
learn new things and competences	4,38	1,24
feel close to him/her	4,38	1,20
helps me to accept my own mortality	4,25	1,23
learn to appreciate my life more	4,21	1,11
shows me my own strenghts	4,17	1,08

Do not agree	Do not	Do rather	Do rather	Do agree	Do totally	
at all	agree	not agree	agree		agree	l
1	2	3	4	5	6	



## Positive aspects rated as "true" for the care receiver

## Caring for ... means ...

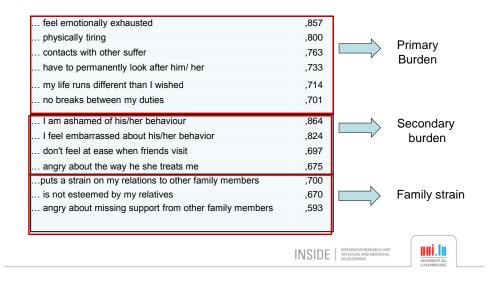
he/she can life at home in a familiar environment	5,16	1,10
can lead a dignified life	5,01	,99
feels well	4,90	,87
basic help in daily life is guranteed	4,78	1,06
feels secure	4,74	1,06
allows him/her to do some things he/she likes	4,51	1,15
health status stays stable	4,32	1,14

Do not agree	Do not	Do rather	Do rather	Do agree	Do totally
at all	agree	not agree	agree		agree
1	2	3	4	5	6

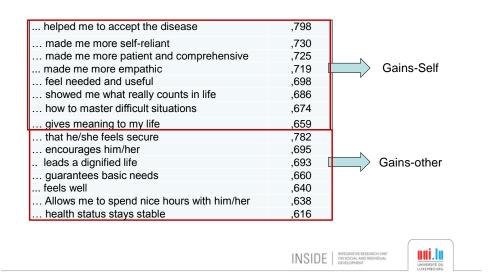
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# Factors of negative aspects



# Factors of positive aspects



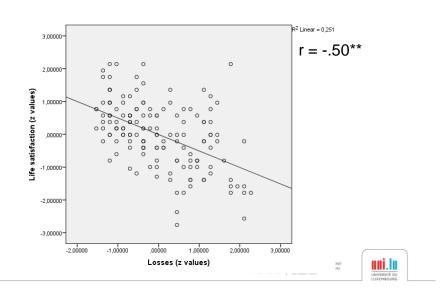
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# What makes the difference? Gains or losses

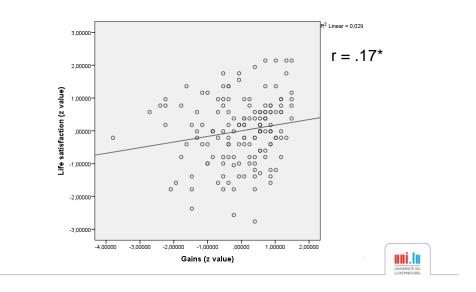




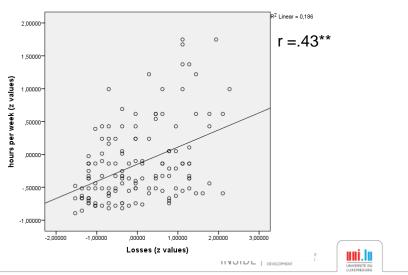
## Losses and life satisfaction



## Gains and life satisfaction

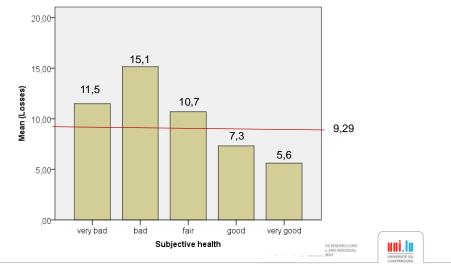


# Losses and hours of care by week\*



<sup>\*</sup> Corrected for extreme values showing for hours of care

# Losses and subjective health



F(4/145) = 8.46, p < .00;  $\eta 2=.18$ 

## **Short conclusion**

- Hours per week make the difference = objective strain
- Losses seem to count more than gains
  - (-> possible limitation: social desirability)
- Interventions:
  - At the individual level: Broaden the view and promote the evaluation of gains
  - At the public level: Changing care policy





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#### **Publications:**

#### Google scholar

https://scholar.google.de/citations?hl=en&authuser=0&pli=1&user=xADtmBYAAAAJ

#### Research Gate

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