Helping the Helpers: Reduction in Help-Seeking Behavior by Caregivers

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Abstract

Caregivers, such as parents and doctors, often spend hours on arduous tasks for little reward. Yet, despite this stress, it seems like many people (including the caregivers themselves) forget that caregivers need help. Using the framework of dyadic morality, this paper examines whether adopting a permanent caregiving role will transform a person into a moral agent, making them seem and feel stronger, more resilient, and less in need of help, even though they are in highly stressful roles. Three studies were performed to assess help-seeking behavior in caregivers. Study 1 examined participant’s attitudes towards caregivers as compared to control groups. Studies 2 and 3 examined identification as a caregiver and feelings of negative affect, resilience, and openness to help. We found that people hold paradoxical feelings towards caregivers, as they recognize caregivers’ need for help, but also find them more resilient to pain. Studies also supported the idea that caregiving gives an empowering effect. Finally, results showed that perhaps the caregiving role decreases one’s openness to help, yet more studies are needed to clarify these results.
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Helping the Helpers: Reduction in Help-Seeking Behavior by Caregivers

Whether it is a doctor performing multi-hour surgery, or parents caring for a sick child after multiple sleepless nights, caregiving behaviors are often emotionally and physically stressful (González-Salvador, 1999; Firth-Cozens, 2003), and yet, doctors and parents are often able to perform remarkable feats. Doctors regularly perform multi-hour surgeries on their patients without flaws; parents can hold their crying toddler all night ignoring the inevitable exhaustion or muscle aches. By applying the framework of moral typecasting and moral transformation, this paper examines the impact of identifying with a caregiver role, whether as a parent, a doctor, or a full time caregiver of a loved one. We predict that caregivers will be viewed and will view themselves as moral agents, the ones responsible for helping others, but not needing help themselves when they are performing the social role of caregiving. More specifically, we predict that even though caregivers experience greater stress, they will report feeling stronger and believe that they need less help because they adopt the caregiver role, and forget that they also can be patients.

Caregiving is stressful. Though caregivers such as doctors and parents seem like they can work for hours on end without any fatigue, adverse effects such as stress, anxiety, and depression are actually very present in the life of any committed caregiver. One study (Dahlin, Joneborg & Runeson, 2005) assessed the stress level of medical students, who showed higher amounts of stress than those in a control condition. In fact, 12.9% of medical students qualified for self-rated depression, while only 7.8% of the control condition (non-medical students) qualified for depression. Similarly, a longitudinal study (Firth-Cozens, 2003) assessing stress levels of doctors in the United Kingdom found that 28% of doctors displayed an ‘above threshold’ level of stress in their lives, compared to only an 18% incidence in the general population. Another study by
Waldrop and Weber (2001) found that grandparents who raised grandchildren were on average more stressed than those who did not. Another study (Lewis & Cooper, 1987) found that both spouses in a marriage reported less anxiety on a 20 point Likert scale than married couples with children. Additionally, this study concluded that there was a negative impact of having children on overall well-being. All of this research shows that the incidence of stress, anxiety and depression in those who are caregivers seems to be higher than those in the general population.

While caregiving is stressful, caregivers are often hesitant to receive help. One study (Givens & Tija, 1999) assessed the incidence of depression among medical students, then found that only 22% of those who qualified for depression actually used mental health services for treatment. Another study (Roberts et al, 1996) found that 55% of medical students did not seek some sort of needed health care. The primary reasons for not seeking help were due to time constraints, and perceptions that the problem would resolve itself. These studies show that there are numerous barriers which inhibit access to treatment for medical students, many of which are created by the students themselves. Many either thought the problem would resolve itself (Roberts et al. 1996) or there was a negative stigma with seeking help (Givens & Tija 1999), which are both barriers that can be overcome simply by changing mindset. Furthermore, these studies acknowledge that caregiving goals are probably a higher priority than receiving help for caregivers, as medical students reported time being the primary reason for not seeking help, yet they also show that personal barriers for help definitely play a role in lack of help-seeking behavior.

Research in moral psychology can help capture why caregivers are hesitant to receive help; caregivers perceive themselves as being the helpers, and not the ones that need the help. The distinction between helper and helpee maps on to a recent model of morality, dyadic
morality, which links two types of mind to two moral characters (Gray, Gray and Wegner, 2007). Mind perception, or how people see themselves and others, has two dimensions. Agency is the dimension of mind perception that describes a person’s ability to act, influence their environment, and exercise self-control, while experience describes a person’s ability to feel emotions, pain etc. These two mental states map on to two moral characters: a moral agent who performs the moral action, and a moral patient who receives this action. Although adult humans can be either a moral agent or a moral patient, Gray and Wegner (2009) found that people engage in moral typecasting: viewing others in mutually exclusive roles as either moral agents or moral patients. For example, Gray and Wegner (2009) found that moral agency tended to be inversely related to moral patiency for a variety of people. Participants rated those who are commonly viewed as moral agents (Mother Theresa, MLK Jr. etc.) as feeling less pain when stepping on a piece of broken glass than common moral patients (Orphans, date rape victim) (Gray & Wegner, 2009). Moral typecasting would predict that caregivers, those constantly in moral agent roles, should be perceived as high on agency, but with a smaller amount of experience than the average person.

Additionally, Gray and Wegner found that performing an action as a moral agent increases physical agency, while decreasing experience, a phenomena they called moral transformation. Gray and Wegner tested this by having participants hold a weight for as long as they could either after donating to charity or doing nothing. Gray and Wegner found that participants who donated to charity held the weight for a significantly longer amount of time, showing that helping those in need yielded physical empowerment (more agency). Caregivers are constantly acting as moral agents since they are consistently treating or caring for a patient, meaning they probably internalize this role of a moral agent. Therefore, according to moral
typecasting and moral transformation, we would predict that because caregivers act as moral agents and are seen as more agentic, they would need less help. In other word, being in the helping role leads others to forget that the helper needs help, and makes the helper feel more invulnerable.

Several studies support the idea that assuming the role of a caregiver leads to both moral typecasting and moral transformation. With regard to third party moral typecasting of caregivers, participants saw more agency and less experience in physicians to a greater degree when physicians were directly responsible for the well-being of their patients (Schroeder & Fishbach 2014). These results show that as responsibility for well-being increases with a physician, so does his/her perceived agency, suggesting that caregiving does have an empowering effect. Another study by Shroeder & Fishbach (2014) found that participants who heavily relied on their dentists perceived their dentists as more agentic and less experiential than people who relied on their dentists less. This further reinforces the idea that those who provide care are perceived to have less experience than a normal person. People were surprised to see that their physicians partook in experiential activities because it is difficult to perceive them as experiential actors.

There is also initial evidence consistent with moral transformation in caregivers. A study (Brown et al, 2010) found that people who provided care for a loved one who required assisted daily living were assigned a mortality risk (number assigned to assess risk of dying) of .64, while those who did not provide as much care were assigned a significantly higher mortality risk of .92. This shows that those who provided more care for a loved one showed better health and decreased mortality rates over the study. However, one study cited claimed that there was evidence of increased mortality among caregivers (Christakis & Allison, 2006; Vitaliano et al. 1995; cited by Brown et al 2010). This seemingly paradoxical finding may actually strengthen
the argument of mind perception playing a role in caregiving, and the ideas put forth in this paper. This study only sought to look at longevity for those providing care to family in homes. It does not address whether there is an increased prevalence of mental illness in caregivers, which we have seen is very prevalent in caregiving jobs. While caregiving may indeed increase stress and mental illness, caregivers will still feel empowered if they are responsible for others. It is probable that there are huge amounts of stress that negatively affect those who care for loved ones, yet caregivers remain alive because of their duty to care for loved ones.

It seems that there are many benefits in health for taking on a caregiving role. People seem to become empowered when they are responsible for the well-being of others, which increases agency, and seems to increase longevity. However, we cannot forget that caregivers like parents and doctors still are under huge amounts of stress, and that this stress ultimately does have effects on mental health. However, seeking-help for this stress is usually undesirable because caregivers are viewed by themselves and others as moral agents, not needing any help. In this paper we test whether those who are caregivers will elicit less-help seeking behavior than those who are not caregivers. In the first study we assessed participants’ views of caregivers, and predict that people will see caregivers as more agentic, less experiential, and needing less help. In the second study, we turn to first person perception and test whether or not identifying as a caregiver yields higher amounts of strength and agency, but less experience, and less help seeking behavior. Finally, in study three we ask caregivers themselves (parents) how central caregiving is to their identity, then assess how this is correlated with negative health, satisfaction with life, and help-seeking behavior.
Study 1

This study aimed to determine whether people who were identified as caregivers would be seen as more or less agentic, experiential, or resilient to harm and stress than the general population. Participants read a vignette about one of three scenarios, then answered questions assessing the man’s agency, experience, and resilience to harm. If people are morally typecasting caregivers, than we would expect to see caregivers perceived as highly agentic and more resilient.

Participants

This study consisted of 120 amazon Mechanical Turk (mTurk) participants. Twenty-two participants either failed the instructional manipulation check, or did not answer all survey questions, leaving 98 participants (66% male, $M_{age} = 30$ years, all from the United States).

Procedure

In this study participants were asked to read one of three short vignettes, reading about man (Jeff) who acts as a caregiver for his wife who has a neurological disorder, a bank CIO responsible for peoples’ money, or a cashier (See Appendix). Participants then rated the person’s resilience, strength, agency, experience, and openness to help, before completing a manipulation check and demographic information. It is important to note that the bank CIO vignette was added to control for responsibility and power in comparison to the caregiver and the cashier, as a bank CIO has lots of responsibility, just like a caregiver, but is not responsible over someone else’s life.

To measure agency, participants rated how likely Jeff was, compared to the average person, to have the following mental states: planning, self-control and remembering ($\alpha = .91$).
These responses were answered on a 7 point Likert scale (1 = A Lot Less Likely; 7 = A Lot More Likely). Participants answered experience question with the same Likert scale. Experience questions assessed how much Jeff was likely to experience pleasure, pain and fear compared to the average person. The correlations between pleasure and the other two experience questions was low, so experience was analyzed as two separate variables: positive and negative experience. To assess openness to help participants answered questions adapted from: Mansfield, Addis & Courtenay, 2005, such as “compared to the average person, if Jeff becomes ill, how much help would he need to get better?” Resilience and strength were both measured through single items that asked about Jeff’s emotional resilience and physical strength. Measures of caregiving served as a manipulation check to assure that participants saw Jeff as a caregiver. Participants answered questions on a 5-point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree) which identified to what degree participants saw Jeff as a caregiver.

Results & Discussion

Resilience. A one-way ANOVA showed a main effect resilience, $F(2,98) = 29.78, p < .001, \eta^2 = .385$, such that participants in the caregiving condition saw the caregiver as significantly more emotionally resilient ($M = 5.85, SD = .870$) than both the bank CIO ($M = 4.81, SD = .69$) and the cashier ($M = 4.39, SD = .78$).

Openness to help. A one-way ANOVA showed a main effect of openness to help, $F(2,98) = 9.0, p < .001, \eta^2 = .16$, such that participants perceived caregivers as needing significantly more help ($M = 4.35, SD = 1.10$) than both the bank CIO ($M = 3.44, SD = .85$) and cashier ($M = 3.98, SD = .60$).
Physical Strength. A one-way ANOVA showed a significant main effect of physical strength, $F(2, 98) = 13.743, p < .001, \eta^2 = .18$, such that participants perceived the caregiver ($M = 5.12, SD = .99$) as physically stronger than both the bank CIO ($M = 4.19, SD = .64$) and the cashier ($M = 4.15, SD = .87$).

Agency. A one-way ANOVA showed that there was a significant main effect of agency, $F(2, 98) = 10.58, p < .001, \eta^2 = .22$. The caregiver ($M = 5.92, SD = .87$) was perceived as no more agentic than the bank CIO ($M = 5.80, SD = 1.05$), but both were more agentic than the cashier ($M = 4.93, SD = .93$) across all questions which assessed agency.

Negative Experience. A one-way ANOVA showed that there was a significant main effect of Negative Experience, $F(2, 98) = 28.39, p < .001, \eta^2 = .37$. Surprisingly, the caregiver was seen as more prone to experience negative emotions ($M = 5.36, SD = 1.16$) than both the bank CIO ($M = 3.59, SD = 1.17$) and the Cashier ($M = 3.69, SD = .83$). Additionally, a one way ANOVA showed a significant main effect of pleasure, $F(2, 98) = 30.84, p < .001, \eta^2 = .39$. Participants saw the caregiver as less prone to experience positive emotional states ($M = 2.97, SD = 1.53$) than both the bank CIO ($M = 5.00, SD = 1.19$) and the cashier ($M = 5.00, SD = .79$).

Results of study 1 were somewhat paradoxical. Participants thought of the caregiver as significantly more resilient and physically stronger than the other two conditions. Caregivers were viewed as highly agentic. Nonetheless, caregivers were also viewed as experiencing more negative emotion and needing significantly more help. While these two findings may seem paradoxical, this could be because participants holds two conflicting views of this caregiver. On one hand, he is more equipped than the general population to deal with the negative effects of caregiving because of his role of a moral agent, or because of stereotypes about caregivers, yet
on the other hand, people still recognize his need of help because of the large amount of negative emotions and stress experienced while caregiving (see Figure 1).

Study 2

Like other research in moral typecasting, Study 1 focused on third person perception of caregivers. The second study explores self-perceptions of people who identify with the caregiver role. We predicted that the more one identifies with being a caregiver, the more they would perceive themselves as agentic, physically strong, more resilient. Although we initially predicted that caregivers would view themselves as less in need of help, Study 1 found that third party perceivers believed that caregivers were actually more in need of help, so study 2 sought to further explore the connection between being in an agentic caregiving role and openness to help.

Participants

This study consisted of 50 Amazon Mechanical Turk (mTurk) participants. Five participants either failed the instructional manipulation check, or did not answer all survey questions, leaving 45 participants (47% female, $M_{age} = 39$ years, 56% liberal, all from the United States).

Procedure

Participants were asked to complete a series of questions in this study. The survey consisted of six major sections: questions assessing caregiving role, help-seeking behavior agency, experience, current emotional state, and strength.

To measure caregiving, participants answered questions relating to how much they felt like a caregiver, and how much they felt like other people relied on them. Participants rated how
much they agreed with certain statements pertaining to this on a 5-point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree).

To measure agency, participants answer questions relating to how much control they had over themselves and their environments (these questions were more detailed than the previous survey). Participants put themselves in hypothetical scenarios assessing agency such as: Compared to the average person, how capable are you of planning ahead? Answers were on a 7-point Likert scale (1 = much less than average; 7 = much more than average). Participants answered experience question with the same Likert scale. Experience questions assessed pain tolerance, emotion regulation etc. (ex. Compared to the average person, how high is your pain tolerance?).

To assess help-seeking behavior, participants were asked questions that largely related to vulnerability to both physical and mental harm (ex. I would rely on friends to help me through a tough breakup, adapted from: Mansfield, Addis & Courtenay, 2005). Participants also answered on a 7-point Likert scale (1 = Strongly Disagree; 7 = Strongly Agree). It is important to note that items assessing help-seeking behavior largely assessed self-perceptions of invulnerability. Items scoring lower on this scale would show that participants do not see themselves as vulnerable to the items presented in the question, and thus would not seek-help because help is not needed. Additionally, all questions in this paper assessed variables that were not affiliated with vulnerability to physical or mental harms brought on by parenting or working in healthcare (such as susceptibility to disease) to avoid confounds.

Measures of strength were structured similarly, with all questions assessing how confident the participant would be in applying his/her strengths in real life. Participants answered
these questions on an 11 point Likert scale (0 = Not at all confident, 10 = extremely confident) (Chemers, Hu & Garcia, 2001).

Finally, participants answered to what degree they felt a certain emotion at the current moment to assess current emotional state. Participants completed this task on a 5-point Likert scale assessing the extent they felt these emotions (1 = not at all, 5 = extremely). These emotions were present to make sure that a change in emotional state is not a confounding variable for the effects that we find in the study. It is important to note that caregiving questions always came first in this survey. This served to prime participants of their caregiving role before they answered subsequent questions.

Results & Discussion

This study did once again reinforce the notion that caregiving provides an empowering effect for caregivers. Participants who answered that they felt more like a caregiver also felt significantly stronger, both physically and mentally ($r = .43$, $p < .01$). Additionally, feelings of being a caregiver were significantly correlated with agency ($r = .36$, $p = .02$), and negatively correlated with negative experience ($r = -.29$, $p = .06$). These findings show that caregivers view themselves as physically stronger, yet less capable of feeling negative emotion. It seems that our prediction that caregivers ascribe themselves more agency and less experience is consistent with the findings of this study.

Interestingly enough, a Pearson correlation found openness to help was also not significantly correlated with identity as a caregiver ($r = .03$, $p = .86$). However, an interesting pattern emerged when we split the data by gender. Help-seeking behavior was positively, though not significantly, correlated with caregiving for males, ($r = .23$, $p = .28$), yet significantly negatively correlated for females ($r = -.54$, $p = .01$). This significant result for gender was not
predicted, yet it was interesting. It is possible that caregiving is viewed differently by gender: with men viewing it as a good act and women viewing it as an obligatory part of their identity. Perhaps those who do not view caregiving as central to their identity feel as though they have earned help, and thus are more open to it, yet those who have a central identity as a caregivers would not seek help, as they view giving help as part of normal life, and thus seek less help. Since females are frequently seen as caregivers, it makes sense that females who identify as caregivers have a central identity of a caregiver, which is why identity of a caregiver is negatively correlated with help-seeking. Likewise, this is probably why we see caregiving positively correlated with help-seeking, as males tend not to have caregiving as central to their identity. The following study sought to explore the centrality of caregiving further while looking at a specific population of caregivers: parents.

Study 3

This study included several components from previous surveys, but determined whether central identity as a caregiver has an impact on help-seeking behavior, as implied by the previous study. In this survey, we interviewed parents specifically and assessed how central parenting was to their identity. This survey assessed whether centrality of parenting on identity was correlated with positive and negative affect, help-seeking behavior, resilience and strength, negative mental health, and satisfaction with life. This survey also assessed participants’ strength, current emotion, agency, and experience as done in the previous two studies.

Participants

This study was advertised as a study only for parents of children ages 0-10 years. It consisted of 112 amazon Mechanical Turk (mTurk) participants. 19 participants either failed the
instructional manipulation check, or did not answer all survey questions, leaving 93 participants (68% female, $M_{age} = 34$ years, 54% liberal, all from the United States).

**Procedure**

Participants first answered questions about parenting, the first of which directly asked if participants were a parent; if they answered “no”, participants were directed to the end of the survey. Participants then answered questions describing their kids in order to heighten the salience of parenting. Next, participants answered questions relating to importance of parenting in order to assess how central parenting (and thus caregiving) was to their lives. Participants then answered questions relating to variables already assessed in the previous two studies. Participants answered help-seeking behavior, current emotion, agency and experience questions as the other surveys. Some scenario based help-seeking behavior questions from study 2 were replaced with more direct assessments (e.g., I often ask people for help). This particular study introduced negative health, subjective well-being and stress, gender norm, and strength (a new iteration) measures. Participants then answered questions about which cartoon character they identified with (to assess agency and experience), then demographics and an attention check.

The parenting prime featured questions about the participants’ children, with questions like: “How many children do you have?” and “How old are each of your children?” These questions are meant to prime parents with their roles as caregivers to their children. Next participants responded to how important parenting was to them. This served as an assessment with how central parenting was in their lives. Participants had to answer how much they agreed or disagreed with questions, which were on a 7-point Likert scale ($1 =$ Strongly Disagree; $7 =$ Strongly Agree). Participants scoring higher on these questions were deemed as having a higher central identity as parents compared to those who scored lower on this scale.
The help-seeking behavior questions assessed the same conceptual variable as the previous two studies, but as previously stated, some questions were modified for greater validity in measuring help-seeking behavior. Current emotion served a slightly different purpose than the previous two studies, as participants rated how much of a certain emotion they had felt in the past week to control for emotions accounting for the results we saw. Like with help-seeking behavior, the same conceptual variable was measured, but some questions were modified to yield greater validity. In fact, 17 more emotions were added to current emotion measures in this study. Assessments of agency and experience were also the exact same questions used in study 2.

The strength study was a slight modification of the questions asked in the previous studies. These questions largely measured to what extent a participant saw him/herself as able to overcome setbacks and resist negative experiences. Essentially this variable combined resilience, physical strength, and the strength measure in the first study. Participants responded to what extent they agreed or disagreed with statements assessing strength on a 7-point Likert scale (1 = Strongly Disagree; 7 = Strongly Agree). Participants scoring higher on this scale had higher strength, resilience, and self-efficacy, while participants scoring lower on this scale had lower amounts of strength, resilience, and self-efficacy.

Negative health was a measure that assessed how much negative mental and physical health participants were feeling. Participants had to respond how frequently they felt certain symptoms associated with depression or poor health on a 4-point Likert scale (1 = Not at All; 4 = nearly every day). Some of these measures were taken from the BSI scale (Derogatis, 1993), such as “Little interest in doing things” Others were simple statements assessing physical health, such as “pains in heart or chest”. Participants scoring higher on these questions had higher negative health, while participants scoring lower on these questions had lower negative health.
Satisfaction with life (SWL) (Diener, et al, 1985) and stress measured subjective well-being of participants, such that participants scoring higher on these questions were more satisfied with life. The question about stress was reverse coded, such that scoring higher on the stress scale yielded a lower SWL score.

**Results & Discussion**

Results show that centrality of parenting to identity is negatively correlated with help-seeking behavior ($r = -.15, p = .15$). Though not significant, these results do support our hypothesis that having a central identity of a caregiver negatively affects help-seeking behavior. Additionally, these results showed that negative affect was significantly negatively correlated with centrality of parenting to identity ($r = -.37, p < .001$), while positive affect was positively correlated with centrality of parenting to identity ($r = .17, p = .10$). These results show that the more a caregiving role is central to someone’s identity, the more positive emotions, and less negative emotions the caregiver experiences. Additionally, centrality of caregiving was significantly positively correlated with strength and resilience ($r = .41, p < .001$), and was significantly inversely correlated with negative health ($r = -.41, p < .001$). Finally, SWL was positively correlated with centrality of parenting to identity ($r = .18, p = .08$).

These results only partially support our hypothesis that caregiving decreases help-seeking behavior, as results showed a negative correlation, but this correlation was not significant. It seems that the centrality of caregiving on a parent’s life is not significantly correlated by with help-seeking behavior. Our results could have been significant if we had improved the parameters of this study. First, we could have controlled for other factors that may have impacted help-seeking behavior, such as how difficult parents’ perceived their own jobs. Additionally, we did not separate results based on the age of the children, as there is probably more of a burden on
parents of younger children than parents of older children. Second, we could have done this study, but put in a control condition from the general population then assessed their help-seeking behavior. While in study 2 we saw results that showed a significant decrease in help-seeking behavior as caregiving role increased, these results were only significant for females, and this was only because we thought that centrality of caregiving role was responsible for these data. A simple insertion of a control condition could have shown that help-seeking behavior was significantly lower in parents than in the control population. Finally, results showed that caregiving identity was positively correlated with positive affect, something contrasting our hypothesis. This could be because affect was split into positive and negative; perhaps this is a reflection of moral transformation, or is a reflection of parents’ positive attitudes towards their children.

Surprisingly enough, negative health was significantly inversely correlated with centrality of parenting, showing that caring for a child gave subjective health benefits in the eyes of the caregiver. Perhaps these results are yet more evidence that caregiving has an empowering effect, as all of the results from this study, including affect, resilience, health and SWL were all positively correlated with centrality of parenting to identity. In fact, it seems as though help-seeking behavior was the only variable that was negatively correlated with centrality of parenting to identity.

**General Discussion**

Results of this study show that caregivers hold a unique role, such that third parties recognize the high amounts of stress that a full time caregiver must endure, and recognize that they need more help than the general population (Study 1), yet caregivers don’t perceive themselves as needing help (Study 2 & 3). While results of study 1 showed significant results,
studies 2 and 3 did not show the full effect that we were looking for. Study 2 did show significant results for females, such that measures of help-seeking behavior were significantly negatively correlated, yet for males they were positively correlated. We performed study 3 to investigate the assumption that centrality of caregiving (parenting) was responsible for this effect, yet that is not entirely what we found, as the results of study 3 for help-seeking behavior were not significant. A simple remake of study 2 could fix that problem. As previously mentioned, a simple questionnaire between the general population and caregivers, asking how central caregiving is to their lives and a measure of help-seeking behavior could show that as caregiving role increases, help-seeking behavior decreases.

We did however see some very significant results that support the idea that caregiving has an empowering effect on the caregiver, supporting the idea of moral transformation. Study 2 showed that as caregiving identity increased, so did self-perceptions of strength and agency. Study 3 showed as centrality of parenting identity increased, so did self-perceptions of resilience; plus self-perceptions of negative health and negative affect significantly decreased. It seems that as the literature stated, caregivers perceive themselves as empowered individuals simply because of their caregiving role. Additionally, Study 2 supported the idea that caregivers have higher self-perceptions of agency, while lower self-perceptions of experience as compared to the general population. These findings are not consistent across first and third parties however, as third parties (study 1) rated caregivers as more prone to negative experience, showing that caregivers are perceived by others as having more experience than the general population.

One obvious shortcoming of this study is that none of the studies specifically addressed any full-time medical professionals or medical students. Perhaps we would have seen more significant results from these populations, as centrality of caregiving identity could be much
higher in these populations as opposed to other populations. A follow up study could compare medical students to the general population, assessing measures of caregiving identity, then asking questions related to agency, experience, resilience, and help-seeking behavior. Additionally, questions assessing depression among medical students could supplement literature cited in the introduction to see if the finding of depression among medical students could be replicated.

Finally, these results show that as people identify themselves as caregivers, they seek help less. Much of the literature today assessing quality of care in physicians and counselors examines how to treat the patient most effectively, yet we must also keep in mind that depression and stress among those that administer this care must also be examined. This study shows that we realize caregivers need high amounts of help with their jobs, yet we tend to think that they are resilient to these negative effects (Study 1). Perhaps if caregivers had more access to help, they could be more effective at providing care, and thus those who receive their care would receive better qualities of care.
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Figure 1. Participants’ perceptions of various qualities between 3 individuals: Caregiver, Bank CIO, Cashier
Appendix

Survey used for Study 1

**Caregiving Condition**

Jeff is in his mid 50s and is a full time care-giver for his wife Sheila, who is suffering from a long term neuro-degenerative disorder. Sheila no longer remembers who she is, and requires constant care. Every day Jeff needs to help Sheila get out of bed, and then he bathes and dresses her, and feeds her. Jeff needs to constantly monitor his wife to prevent her from accidentally harming herself.

**Bank CIO Condition**

Jeff is in his mid 50s and is the Chief Information Officer (CIO) at a local bank. Jeff leads the technology initiatives at the bank. Recently, Jeff came up with a creative technological solution that saved the bank millions of dollars, and Jeff continues to offer innovative ideas that are expected to increase the bank's profit margins.

**Cashier Condition**

Jeff is in his mid 50s and is a cashier at a local store. He has won employee of the month on several occasions. He likes watching Netflix and on the weekend he enjoys taking walks in nature. Jeff has a college education and enjoys a typical middle class lifestyle.

**Agency/Experience**

Compared to the average person, how capable are you of the following mental capacities?

Planning
HELPING THE HELPERS

Self-Control

Remembering

Pleasure

Pain

Fear

**Help-seeking Behavior**

Compared to the average person, if Jeff becomes ill, how much help would he need to get better?

Compared to the average person, if Jeff witnessed a traumatizing event, how much help would he need to help him process what happened?

Compared to the average person, how long would it take for Jeff to heal from a cold?

Compared to the average person, if Jeff was tasked with a challenging assignment, how much help would he need?

How emotionally resilient is Jeff?

How physically strong is Jeff?

**Caregiving**

Jeff is a caregiver

Jeff is constantly providing help to other people

Jeff is constantly providing protection to other people

Jeff rarely provides support for other people
Survey used for Study 2

**Caregiver Questions**

I feel like a caregiver

I feel like people often rely on me

I am constantly providing help to other people

I am constantly providing protection to other people

I rarely provide support for other people

**Help-seeking behavior**

If I became ill, I would need help getting better

If I did not know how to complete a task, I would need help finishing it rather than figuring it out on my own.

If I witnessed a traumatizing event, I would need some sort of counseling to help me process what happened.

I would rely on friends to help me through a tough break up.

I would need help from my teacher if I were writing a lengthy English paper.

I would need help organizing a charity event of a few hundred people.

I would need help going down a flight of stairs if I were on crutches.

I would ask for help finding a restaurant in an area I am unfamiliar with.
I would ask one of my peers to help me complete a large amount of paperwork.

Agency

Compared to the average person, how capable are you of planning ahead?

Compared to the average person, how much control over your environment do you have?

Compared to the average person, how good is your short term memory?

Experience

Compared to the average person, how high is your pain tolerance?

Compared to the average person, how much fatigue would you feel after a long day?

Compared to the average person, how much pleasure do you feel?

Compared to the average person, how much do you feel fear?

Agency/Experience Block

(See study 1)

Current Emotion

Below are a number of words that describe different feelings and emotions. Read each item and, using the scale provided, indicate to what extent you feel this way right now (that is, at the present moment).

Disgust

Excited

Scared
Anger

Fear

Sadness

Inspired

Strong

Happy

Active

Vulnerable

Weak

**Strength Survey**

Below, you will read a series of statements. Please indicate how confident you are that you can do each of these things. How confident are you in your ability to...?

Use your strengths at work.

Use your strengths without any struggles.

Find ways to apply your strengths in the things you do every day.

Accomplish a lot using your strengths.

Apply your strengths at work/school.

Use your strengths in many situations.

Use your strengths to succeed.
Find ways to use your strengths at work/school every day.

Use your strengths at any time.

Use your strengths to help you achieve your goals in life.

Practice your strengths in areas where you excel.

Study 3

**Parenting Survey**

Are you a parent?

How many children do you have?

How old are each of your children? (separate each age by a semicolon)

How many children currently live with you?

How many hours do you spend on child care during a typical weekday?

Do you consider yourself to be the adult who does the majority of parenting in the home?

Are you a single parent?

**Importance of Parenting**

Being a good parent is important to me.

Being a parent is central to my identity.

Although I am a parent, being a parent does not define who I am

My first priority in life is to protect my children.
My children depend on me for their well-being.

It is important for me to be available when my children need me.

Taking care of my children is more important than taking care of myself.

If my child had a sports game, or school play, I would still attend even if I felt tremendously sick.

I would stay up all night to help my child.

If my child is sick, it is my obligation to stay home and take care of them.

**Help-seeking behavior**

If I became ill, I would need help getting better.

If I did not know how to complete a task, I would need help finishing it rather than figuring it out on my own.

If I witnessed a traumatizing event, I would need some sort of counseling to help me process what happened.

I would rely on friends to help me through a tough break up.

I would need help going down a flight of stairs if I were on crutches.

If I was feeling overwhelmed by all my responsibilities, I would ask for help.

If I was feeling sad, lonely, or overwhelmed, I would seek out help from a mental health professional.

I often ask people for help.
If someone offered to help me, I would say yes.

**Caregiver (central to identity)**

I feel like a caregiver

Being a caregiver is important to me

Being a caregiver is central to my identity

Taking care of others is more important than taking care of myself.

I feel like people often rely on me

I am constantly providing help to other people

I am constantly providing protection to other people

I feel like one of my major roles in life is to help other people.

Helping others is an obligation for me.

Helping others is a good deed.

When I help others I feel good about myself

**Agency/Experience**

(See study 1)

I am a vulnerable feeler (experience)

I am a thinking doer (agency)

**Negative health**
Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

Pains in heart or chest

Numbness or tingling in parts of your body

Fainting or dizziness

Feeling down, depressed, or hopeless

Trouble falling or staying asleep, or sleeping too much

Feeling tired or having little energy

Poor appetite or overeating

Feeling bad about yourself -- or that you are a failure or have let yourself or your family down

Trouble concentrating on things, such as reading the newspaper or watching television

Moving or speaking so slowly that other people could have noticed? or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual.

**SWL & Stress**

In most ways my life is close to ideal

I am satisfied with life

My life is stressful.

**Current Emotion**
Below are a number of words that describe different feelings and emotions. Read each item and, using the scale provided, indicate the extent you have felt this way over the past week.

Inspired

Stressed

Afraid

Attentive

Active

Proud

Alert

Satisfied

Depressed

Excited

Ashamed

Enthusiastic

Jittery

Vulnerable

Distressed

Weak

Guilty
Nervous

Strong

Irritable

Overwhelmed

Upset

Determined

Happy

Scared

Hostile

Disgusted

**Gender Norms**

Women are better suited than men to child care

Men are better suited than women to work outside of the house

Human beings evolved for women to do the work at home and men to do the work outside of the home.

Husbands and wives should have equal roles in decisions about the education and care of their children

The husband should have primary responsibility for contributing to the family income by working.
Women are better at making decisions about child care