



# Gender Differences in Coping among Spousal Caregivers for Individuals with Multiple Sclerosis

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## Introduction

Multiple sclerosis (MS) is a progressive central nervous system disease resulting in motor, cognitive, and neuropsychiatric symptoms (Chiaravalloti & DeLuca, 2010). Because MS is not a terminal disease, caregivers may be providing care for the individual with MS for many years which could have a considerable impact on the caregiver's day-to-day life. Past research on caregivers has demonstrated that when the caregiving role is perceived as stressful, there can be negative consequences to the caregivers' psychological well-being.

According to Lazarus and Folkman's transactional life stress model (1984), stress is experienced based on the cognitive appraisal of a situation and the individual's ability to employ coping strategies. In this model, coping is thought to mediate the relationship between the stressor and stress with more effective coping strategies decreasing the amount of stress experienced. Caregiving may be perceived as a stressor and in response, caregivers may employ coping strategies in order to make a certain adjustment. The stress and coping literature consistently reports gender differences among coping strategies and stress. Female caregivers tend to be more distressed, report more depressive symptoms, and experience more perceived burden than male caregivers (Lutzky & Knight, 1994). In regards to coping, women have been found to be more likely than men to seek social support, use problem-focused coping strategies, and use escape avoidance strategies, while men may be more likely to withdraw from their emotions (Chronister & Chan, 2006; Lutzky & Knight, 1994).

The purpose of this study was to: (a) determine whether coping styles differed between males and female caring for their spouse with MS, and (b) to examine what coping styles predicted strain for male and female caregivers.

## Methods

### Participants

90 caregivers providing care for their spouse with MS participated in this study

- Gender: 44 male/ 46 female
- Age (Mean (SD)): male 50.89 (11.96), female 46.28 (12.64)

All participants were recruited online and completed the study survey using Survey Monkey

### Measures

• **Coping with MS Caregiving Inventory (CMSCI).** Caregivers were asked how often they had tried each coping strategy in order to deal with their main caregiving problem in the past month. Each of the 34 coping strategies were grouped into 5 coping subscales: *avoidance, criticism and coercion, positive reframing, supportive engagement, and practical assistance.*

• **Caregiver Strain Index (CSI).** The CSI is a self-report measure used to measure caregivers' perceived strain in relation to their role as the caregiver for five domains: *employment, financial, physical, social, and time*

### Data Analysis

• Gender differences for the 5 coping methods of the CMSCI were assessed using a MANOVA

• A linear regression was conducted to investigate how different coping strategies predict caregiver strain in each gender group

## Results

- Female caregivers reported experiencing a significantly higher level of caregiving strain ( $F(1,88) = 17.47, p < .01$ ) and of all coping strategies, there was only a significant gender difference on the frequency of the use of criticism,  $F(1,88) = 8.61, p < .01$ , with women using criticism/ coercion coping more than men (see Table 1).
- For both male and female caregivers, the more frequently they used avoidance ( $p < 0.01$ ) and practical assistance ( $p < 0.05$  for male and  $p < 0.01$  for female) as coping strategies, the more strain they experienced (see Table 2).
- **Male caregivers:** Coping strategies predicted caregiving strain,  $F(5,38) = 5.30, p < .01$ , adjusted  $R^2 = 0.33$ . The use of avoidance and practical assistance as coping strategies was related to higher strain, and the use of positive reframing was related to lower strain.
- **Female caregivers:** Coping strategies predicted caregiving strain,  $F(5,40) = 6.78, p < .01$ , adjusted  $R^2 = .39$ . The use of avoidance, practical assistance, and criticism as coping strategies was associated with higher strain (see Table 3).

Table 1

Variable	Male		Female		p-value
	M	SD	M	SD	
Strain	5.95	3.49	8.91	3.22	.00**
Coping strategies					
Avoidance	19.50	5.89	21.33	5.53	.13
Practical assistance	14.05	5.59	15.70	5.76	.17
Supportive engagement	16.59	4.84	17.17	3.87	.53
Criticism	4.64	3.01	6.72	3.67	.00**
Positive reframing	10.86	3.39	11.93	3.21	.13

\*\*p < .01.

Table 2

Variable	Strain	
	Male	Female
Coping strategies		
Avoidance	.47**	.49**
Practical assistance	.38*	.40**
Supportive engagement	.28	.04
Criticism	.16	.53**
Positive reframing	-.07	-.09

\*p < .05; \*\*p < .01.

Table 3

Variable	Strain							
	Male				Female			
	B	SEB	β	R <sup>2</sup>	B	SEB	β	R <sup>2</sup>
Coping strategies				.41				.46
Avoidance	.21	.08	.36*		.16	.08	.28*	
Practical assistance	.28	.13	.44*		.20	.09	.36*	
Supportive engagement	.12	.14	.16		-.04	.15	-.05	
Criticism	-.04	.17	-.03		.29	.12	.33*	
Positive reframing	-.48	.17	-.47**		-.10	.15	-.10	

\*p < .05; \*\*p < .01.

## Major Findings

- Consistent with previous research, female caregivers experienced significantly more strain than male caregivers
- Using avoidant and practical assistant coping strategies was associated with increased strain in both male and female caregivers.
- Using criticism as a coping strategy was associated with a higher level of strain in female caregivers. Criticism can be viewed as expressing negative feelings or letting unpleasant feelings escape which may interfere with family communication, and in turn lead to higher strain. From a sociocultural perspective, it has been argued by Hooymann & Gonyea (1995) that the assumption that "the home is women's domain and caring a natural female characteristic" reflects the societal expectation for caring. As a result, past research has found that for female caregivers, caring may not be highly appreciated and be taken for granted.
- Using positive reframing as a coping strategy was associated with a lower level of strain in male caregivers. Positive reframing coping allows individuals to view the situation from a different perspective and gives a different meaning to the situation. Past research has found that men may considered caregiving much more rewarding than female caregivers, even when no differences were reported in regards to the difficulty of caring. One potential explanation supported by past research is that men report that caregiving gives them a purpose in life (Collins & Jones, 1997). This suggests that when men attribute a positive meaning to caregiving, they may find it more rewarding which may lower their level of strain.

## Implications

### Clinical Implications:

It is important to acknowledge the gender differences in the effectiveness of coping strategies when designing care and help to caregivers. Female caregivers may not necessarily benefit from the same types of coping strategies and may have a coping mechanism that is different from male caregivers when other factors such as sociocultural characteristics are considered.

### Research Implications:

Future research should consider factors not only at the individual level, but also from a social and cultural perspective. Future studies should also build upon our findings by recruiting a larger sample size.

Additionally, studies should seek to investigate gender differences in strain and coping in such a way that the causal relationship between strain and coping may be better understood.

## References

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