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Abstract: This study investigated the role of cultural marginalization as a factor mediating the relationship between family conflict and the perceived personal costs associated with caring for an elderly parent. Participants included forty-seven Mexican American filial caregivers residing in Colorado. Using data from structured interviews, the results of regression analysis indicated that family conflict is a significant predictor of the personal costs of caregiving. Adding the variable of cultural marginalization to the regression equation increased the amount of explained variance; supporting an hypothesis that marginalization mediates the influence of family conflict on the perceived costs of caregiving. Practice implications for mental health professionals working with Mexican American caregivers are presented, as are study limitations and suggestions for future research.

Key Words: Family Conflict, Acculturation, Mexican American Caregivers, Cultural Marginality

CONFLICT, CULTURAL MARGINALIZATION, AND PERSONAL COSTS OF FILIAL CAREGIVING

The Hispanic population explosion has drawn headline attention in reports and bulletins published by the U.S. Census Bureau (1996, 2008). This news has sometimes overshadowed the fact that individuals age 65 and older are the fastest growing segment of the Hispanic-American population. The number of elderly Hispanics is projected to surpass the number of African American elderly by almost one million in the year 2030. By 2050, the number of elderly Hispanics will be over 12 million, of which 2.6 million will be age 85 or older (Angel & Whitefield, 2007).

The fact that more Hispanics are living longer is significant in light of the cultural preference for “la familia” as the primary setting for giving and receiving care (Herrera, Lee, Palos & Torres-Vigil, 2008). A recent national survey found that 36 percent of Hispanic households have at least one family member caring for an elderly loved one, compared to 21 percent of all U.S. households (Evercare, 2008). That more Hispanics are involved in caring for elderly family members is one factor contributing to the increase in Hispanic caregiving studies in recent years (Mier, 2007).

PURPOSE

The purpose of this study was to investigate the role of family conflict and cultural marginalization as predictors of the personal costs of caregiving experienced by Mexican American family caregivers. The inclusion of both family conflict and cultural marginalization makes this study unique in the Hispanic caregiving literature. Although family conflict has been a variable of interest in several caregiving studies (e.g., Semple, 1992; Scharlach, Li & Dalvi, 2006; Strawbridge & Wallhagen, 1991), it has never been studied in conjunction with acculturation in Hispanic families. Similarly, the role of acculturation as a factor affecting Hispanic caregiver well-being has been explored (e.g., Shurgot & Knight, 2004), but never with a focus on cultural marginalization.

Cultural marginalization describes the experience of individuals living within two cultures, but integrated into neither of them. As Stonequist (1937) observed in his classic work on cultural marginality, some individuals exposed to two cultures are “on the margins of each, but a member of neither” (p. 3). Whether or not this is a transitory state is unclear. What appears clear, Stonequist claimed, is that in...
individuals experiencing marginal cultural status often experience inner turmoil and are vulnerable to stress. Given recent studies supporting Stonequist's claim (e.g., Castillo et al., 2008; Kim et al., 2006), the general hypothesis guiding this investigation was that marginalized Mexican American caregivers would be at risk for experiencing higher levels of perceived personal costs of caregiving, particularly in those situations in which they are also exposed to higher levels of family conflict.

PERCEIVED PERSONAL COSTS OF CAREGIVING

Even though some studies have identified positive outcomes derived from caring for an elderly family member (e.g., Hilgeman et al., 2007), the preponderance of research has emphasized the stressful nature of caregiving, and sought empirical guidance in developing interventions aimed at minimizing negative caregiving outcomes (Gitlin et al., 2003). Consequently, it is not surprising that the caregiving literature often uses the terms “caregiver burden” and “caregiver strain” to describe the collective outcomes of caregiving on individuals (Scharlach, Li, & Dalvi, 2006; Barber, 1989).

During the pilot testing of the interview protocol used in this study, and despite the inclusion of questions designed to assess the positive outcomes of caregiving, Hispanic participants objected to the use of the term, “caregiver burden”; stating that it did not accurately describe their feelings about caring for an elderly parent. This sentiment is mirrored in the findings of a 2007 national survey of Hispanic caregivers wherein one-third of the 1,007 respondents rated their caregiving situation as not stressful at all, and half said they had experienced little or no stress (Evercare, 2008). This is not to imply that Hispanic caregivers shoulder less intense or less intrusive caregiving responsibilities. Survey results indicated that such is not the case. The important difference is that Hispanic caregivers often do not view these responsibilities as stressful or burdensome.

In this light, as a subjective appraisal of the negative outcomes of caring for an elderly parent, the primary dependent variable for the analyses reported in this article was not framed as “caregiver burden”, but rather as “perceived personal costs of caregiving.” Examples of such costs include feelings of social isolation, not having enough time for self, loss of control in life, feeing alone, and finding it difficult to plan for the future (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989).

Reviewed in the following sections is research related to two factors influencing the perceived personal costs of caregiving: family conflict and acculturation. At the end of this abbreviated literature review, a conceptual model is presented, as are several hypotheses.

Family Conflict

Family conflict constitutes the substantive focus of a large body of research in the social and behavioral sciences. Although the processes through which it operates are complex and varied, the overarching finding is that family conflict exerts deleterious influences on those enmeshed in it. Studies of parental conflict, for example, report negative effects on children’s mental health (Grych & Fincham, 2001; Vandewater & Lansford, 1998). Similar findings are reported in research about marital conflict and divorcing families (Houseknecht & Hango, 2006).

Family Conflict in Caregiving Research

In contrast to the attention it has received in other areas of investigation, family conflict has played only a minor role in caregiving research, including studies involving Hispanic families (Scharlach, Li & Dalvi, 2006; Semple, 1992). Reasons for this include the lack of consensus regarding salient components of conflict, the tendency to view family conflict as part of the personal costs of caregiving experienced by caregivers, and the ambiguous nature of family conflict.

Whatever the reason, the current understanding regarding the ways in which family conflict affects caregiving outcomes is limited. The most common and expected finding is that family conflict is associated with higher levels of caregiver burden, strain, and depression (e.g., Semple, 1992; Strawbridge & Wallhagen, 1991). Family conflict may also play a mediating role in the impact of a primary stressor on caregiver outcomes. Scharlach, Li & Dalvi (2006), for example, reported that family conflict mediates the impact of the cognitive impairment of the care recipient on caregiver strain, and partially mediates the impact of caregiver income on qualitative aspects of the caregiver-care recipient relationship.

Conceptual Definition of Family Conflict

The present study favors the conceptual definition of family conflict described by Semple (1992): namely, conflict exists when there is overt personal disagreement regarding caregiving issues among individuals related by birth, marriage, or adoption. Admittedly, this definition excludes unstated disagreements and unexpressed hard feelings, both of which have the potential of contributing to the perceived personal costs of caregiving. But the focus on overt disagreement is more closely aligned with previous research on family conflict in caregiving settings (e.g., Scharlach, Li & Dalvi, 2006).

Applied to family caregiving, overt conflict centers on disagreement regarding issues related to three areas: (a) the care recipient’s cognitive impairment, functional ability, and strategies for care and safety; (b) other family members’ actions and attitudes toward the care recipient; and (c) family members’ attitudes and behaviors toward the caregiver.

Mediating the Influence of Family Conflict on Personal Costs of Caregiving

A number of caregiving studies have used a general stress and coping model originally described by Pearlin, Lieberman, Menaghan, and Mullan (1981), wherein caregiving outcomes (both positive and negative) are viewed as the product of four domains of variables: those related to the context of caregiving, primary stressors, secondary stressors, and mediators. Most studies using this model have framed family conflict as a secondary stressor (Barber & Vega, 2004; Semple, 1992; Strawbridge & Wallhagen, 1991), as a mediator between primary stressors and outcomes (Deimling, Smerglia, & Schaefer, 2001; Scharlach, Li & Dalvi, 2006), or as an outcome of caregiving (Caugler et al., 1999).

Importantly, no caregiving study has investigated factors that mediate the influence of family conflict.
on caregiver well-being. Such an investigation seems warranted given the finding that the impact of family conflict on the well-being of family members is often mediated by other factors. For example, Grych and Finchman (1990, 1993) reported that the impact of marital conflict on the mental and emotional well-being of children is mediated by children's understandings and appraisals of the conflict. And Hollist (2006) reported that the impact of family conflict on delinquency is mediated by negative emotion.

Cultural Values and Acculturation

In contrast to the relative lack of emphasis on family conflict in caregiving research, Hispanic caregiving studies have frequently investigated the role of cultural values associated with familism. Other studies have explored the influence of acculturation on caregiving outcomes. A few of these studies are reviewed in the following sections.

Cultural Values Associated With Familism

The considerable attention devoted to familism in Hispanic caregiving research has stemmed, in part, from concepts in cross-cultural psychology wherein North American and Western European cultures are viewed as placing emphasis on individualism, whereas other cultures (e.g., those in Latin America) place greater emphasis on collectivism (Segall, Lonner, & Berry, 1998). When applied to family care of the elderly, the expectation is that collectivistic cultures will embrace values associated with familism and consequently view caring for an elderly relative as a natural part of family life. By contrast, caring for a frail family member in individualistic cultures is often viewed as an interruption of individual life goals and plans, and may be experienced as stressful and burdensome (Knight, Robinson, Longmire, Chun, Nakao, & Kim, 2002).

Mexican American familism encompasses such factors as expressions of family solidarity, distrust of institutions (such as nursing homes) that are alien to Hispanic culture, and a preference to care for elderly persons in a family setting regardless of personal costs (John et al., 1997). The general finding in the Hispanic caregiving literature is that familism is associated with lower levels of caregiver burden and depression (Knight et al., 2002; Sabogal et al., 1987). As examples, familism has been found to be associated with less frequent use of long-term care (Herrera et al., 2008), lower levels of subjective burden (Knight et al., 2002), and lower levels of depression (Shurgot & Knight, 2004).

Acculturation - Cultural Orientation

Whereas several studies have reported familism to be a factor significantly influencing measures of caregiver well-being (John et al., 1997; Luna et al., 1996), such has not been the case with regard to acculturation measured in terms of cultural orientation or ethnic identity. Shurgot and Knight (2004), for example, reported that Mexican cultural orientation had little or no direct influence on the caregiving outcomes of burden and depression. Instead, acculturation indirectly affected caregiving outcomes through cultural values associated with familism. In studies conducted by Harwood et al. (2000), and by Polich & Gallagher-Thompson (1997), no significant relationship was found between ethnic identity and perceived caregiver burden or depression.

Acculturation - Cultural Marginalization

In most studies involving Hispanic caregivers, acculturation is measured in terms of cultural orientation and ethnic identity (Harwood et al., 2000; Polich & Gallagher-Thompson, 1997; Shurgot & Knight (2004)). A less common measure of acculturation is marginality (Cuejela et al., 1995). Insofar as could be determined in the review of literature for this study, no Hispanic caregiving studies have investigated cultural marginality as a factor influencing caregiving outcomes. Evidence that cultural marginalization might affect caregiver well-being is found in a recent study of parent-child cultural marginalization and depressive symptoms in Asian American families (Kim, Gonzales, Stroh & Wang, 2006). Although not focused on caregiving, one of the study's findings is that marginalization is significantly related to depressive symptoms in Korean American, Chinese American, and Japanese American parents and adolescents. The authors state: "It appears that marginality is a significant factor in the depressive symptoms of mothers, fathers, and adolescents. Furthermore, marginality scores of fathers and adolescents are both significant factors in adolescents' depressive symptoms" (Kim et al., 2006, p. 167).

Conceptual Model and Hypotheses

Figure 1 illustrates a conceptual model derived from literature reviewed in the preceding sections, and based in part on the general stress and coping model mentioned earlier (Pearlin, Lieberman, Menaghan, & Mullan, 1981). The model presents family conflict as the independent variable, the perceived personal costs associated with caregiving as the dependent variable, and cultural marginalization as a factor mediating the
influence of family conflict on the personal costs of caregiving.

Based on this model, the following hypotheses were posited:

1. Higher levels of family conflict will be associated with higher perceived personal caregiving costs.
2. Higher levels of marginalization will be associated with higher perceived personal caregiving costs.

By contrast:
2a. There will be no association between Mexican Orientation and personal costs of caregiving.
2b. Similarly, there will be no association between Anglo Orientation and personal costs of caregiving.
3. Cultural marginalization will mediate the effect of family conflict on the perceived personal costs of caregiving.

MEASURES

Demographic Information. Demographic variables included caregiver age, gender, marital status, years of education, employment status, yearly household income before taxes, and living arrangement with the parent receiving care. Data were also collected regarding the care recipient’s gender, age, education, and marital status.

Family Conflict. The amount of family conflict spawned by caregiving was measured using an instrument developed by Pearlin et al. (1990), and has been used in several caregiving studies (e.g., Gaugler, Zarit, & Pearlin, 1999). Information regarding the construct validity and reliability for this instrument has been reported by Semple (1992). Items included questions related to: (a) conflict regarding seriousness of parent’s condition and concerns for safety, (b) conflict regarding attitudes and actions toward the parent, and (c) conflict regarding attitudes and actions toward the caregiver. All items used a four-point response set described as: No Disagreement; Just a Little Disagreement; Some Disagreement; Quite a Bit of Disagreement. Item scores were summed to create a Total Family Conflict score, with higher scores indicative of greater family conflict or disagreement. In the current study, the coefficient of reliability (Cronbach’s ) was .86.

With regard to the parent’s impairment and safety, respondents were asked to indicate the amount of disagreement centered on four issues: the extent of the parent’s memory problems, the extent to which the parent could do things independently, the need to monitor the parent’s safety, and if the parent should be placed in a nursing home. Conflict regarding attitudes and actions toward the parent focused on the amount of family disagreement about sharing caregiving responsibilities, showing respect to the parent, demonstrating patience with the parent, and spending sufficient time with the parent. Family conflict centering on other family members’ behavior toward the caregiver included the caregiver’s perception regarding the extent to which other family members gave unwanted advice, did not show enough appreciation for the caregiver’s work as a caregiver, did not give enough help in caregiving, and did not visit or telephone the caregiver enough.

Cultural Orientation. Scale 1 of the revised Acculturation Rating Scale for Mexican Americans (ARMSA-II) (Cuellar, Arnold, & Maldonado, 1995) was used to measure cultural orientation. This scale was selected because it is the measure of acculturation that has been most frequently used in Hispanic caregiving studies (Shurgot & Knight, 2004).

The ARMSA-II contains 30 items, and consists of two subscales: the Mexican Orientation subscale (MOS), and the Anglo orientation subscale (AOS). Both subscales use a five-point response set described as: Not At All; Very Little or Not Very Often; Moderately; Much or Very Often; Extremely Often or Almost Always. Items address language usage and preference, ethnic identity, and ethnic identity of social relations. Among the 17 items in the MOS subscale are the following: “I enjoy speaking Spanish”, “I enjoy Spanish language TV”, “My friends growing up were of Mexican origin”, and “I like to identify myself as Mexican”. Among the 13 items in the AOS subscale are the following: “I speak English”, “I associate with
Anglos”, and “My friends now are of Anglo origin”. For this study, items for each scale were summed, with higher MOS scores being indicative of greater Mexican orientation, and higher AOS scores being indicative of greater Anglo orientation.

The ARSMA-II subscales have evidenced good internal consistency (Cronbach's = .83 for the AOS and .88 for the MOS) and stability across a 2-week period (.94 and .96, respectively; Cuellar et al., 1995). In the current study, coefficients of reliability for the AOS and the MOS were .88 and .89, respectively.

Cuellar et al. (1995) reported empirical support for concurrent validity when they showed that the ARSMA-II was highly correlated with the original version of the scale (r = .89). Cuellar and his colleagues also established the construct validity of the ARMSAII through the finding that significant differences existed between five generations of individuals in the expected directions. Convergent validity was established when the subscales of the ARSMA-II were found to correlate with the dominant group and ethnic group subscales of the Stephenson Multigroup Acculturation Measure in the expected directions (Stephenson, 2000). Taken together, these findings suggest that the ARMSA-II has strong construct validity.

Parenthetically, there are two additional methods for deriving cultural orientation scores from the ARSMA-II. One method is to subtract the mean MOS score from the mean AOS score to derive a linear measure of acculturation that can subsequently be used to create five levels of acculturation. The other is to use combinations of MOS and AOS scores to categorize respondents into four types: Traditionalists, Low Biculturals, High Biculturals, and Assimilated. Due to the relatively small number of Hispanic caregivers in this study, neither of these scoring methods was used.

Marginalization of cultural orientation. Scale 2 of the ARSMA-II was used to measure cultural marginality (Cuellar, Arnold & Maldonado, 1995). Based on the literature review for this study, this measure has apparently never been used in an Hispanic caregiving study. A key assumption in Scale 2 is that difficulty in accepting ideas, values, behaviors, customs, or individuals from another ethnic group is indicative of a person does not identify with that group. Assumed, too, is that marginality for Mexican Americans can be assessed on three fronts: Anglo, Mexican, and Mexican American. In Scale 2 of the ARSMA-II, six items assess Anglo marginality, six items assess Mexican marginality, and six items assess Mexican American marginality. The focus of the items is to assess the respondent's difficulty in accepting ideas, attitudes, behaviors, customs, practices, and close associations. The marginality subscales use a five-point response set described as: Not At All; Very Little or Not Very Often; Moderately; Much or Very Often; Extremely Often or Almost Always. Items are summed to create an overall marginality score, with higher scores being indicative of greater cultural marginality. For Scale 2, Cuellar, Arnold and Maldonado (1995) report a reliability coefficient of .78, compared to .81 in the current study.

Personal costs of caregiving. The extent to which caregivers (CG) perceived they were experiencing personal costs associated with caregiving was measured using 10 items from a caregiving appraisal instrument developed by Lawton et al. (1989). The reported alpha coefficient is .87 (Lawton et al., 1989). For the current study, the coefficient of reliability was .83. These items are listed below:

1. CG feels negatively affects CG's health.
2. CG feels isolated and alone as a result of caregiving.
3. CG feels unable to care for recipient much longer.
4. CG feels loss of life control due to caregiving.
5. CG feels tired as a result of caregiving.
6. CG's social life suffers as a result of caregiving.
7. CG does not have time for self as a result of caregiving.
8. CG finds it hard to plan ahead as a result of the unpredictable needs of the person receiving care.
9. Shouldering caregiving responsibilities makes CG feel trapped.
10. CG is unable to do most of the things they need to do as a result of providing care.

Items 1-7 are scored on a 5-point scale described as: Never; Rarely; Sometimes; Quite Frequently; Nearly Always. Items 8-10 uses the following response set: Agree a Lot; Agree a Little; Neither Agree nor Disagree; Disagree a Little; Disagree a Lot. Some items were reverse-scored so that higher scores were indicative of greater perceived caregiving costs.

DATA ANALYSIS

Data were analyzed using SPSS version 14.0 software for Windows (SPSS Inc., 2005, Chicago, IL). Descriptive statistics were utilized to examine demographic data of the caregivers. Pearson correlation coefficients were calculated to analyze bi-variate correlations among the variables identified in conceptual model and derived hypotheses. Hierarchical multiple regression analyses were conducted to test hypotheses regarding the extent to which family conflict and cultural marginalization were predictive of the perceived costs of caregiving, and the extent to which marginalization mediates the influence of family conflict on perceived caregiving costs. Baron and Kenny (1986) state that three criteria must be met when establishing the role of a mediating variable using regression analysis. First, the independent variable (IV) must be shown to influence the mediating variable (MV). Second, the IV must also be demonstrated to be a significant predictor of the dependent variable (DV). And third, the MV must affect the DV when including the IV in the same regression equation, and the effect of the IV must decrease when the MV is added to the equation. Because of the significant intercorrelations between the independent, mediating, and dependent variables, it was possible to use Baron and Kenny's (1986) criteria as a strategy for testing the hypothesis that states that cultural marginality mediates the influence of family conflict on perceived personal caregiving costs.

RESULTS

Participant Characteristics

Filial caregivers who participated in the study had a mean age of 46 (SD = 12.65, range = 30-74); the average age of the parent receiving care was 76.6 (SD = 11.7, range = 60-96). Most caregivers were female (83%), had
at least a high school education (76.6%), were employed full-time (59.6%), had a modal annual household income of between $30,000-$50,000, and had been providing some level of support (i.e., help with at least two more activities of daily living) to a parent for a modal period of 4 years. About four in ten caregivers co-resided with the parent receiving care. All of the respondents were of Mexican lineage; 21% were born in Mexico, 28% were first generation in the United States, 15% second, 13% third, and 23% fourth.

Correlational Analyses of Study Variables

Table 1 displays the correlation coefficients among the study variables. As hypothesized, family conflict was significantly correlated with personal costs of caregiving (r = .513, p < .001), as was the measure of cultural marginalization (r = .416, p < .001). Also as hypothesized, the two measures of cultural orientation (Anglo orientation and Mexican orientation) were not significantly correlated with family conflict or with personal costs of caregiving, nor were they correlated with cultural marginalization.

<table>
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<tr>
<th>Variable</th>
<th>(1)</th>
<th>(2)</th>
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<th>(4)</th>
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<tr>
<td>Anglo cultural orientation</td>
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<td></td>
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<tr>
<td>Mexican cultural orientation</td>
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<td>Overall cultural marginalization</td>
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<tr>
<td>Family conflict</td>
<td>.007</td>
<td>-.052</td>
<td>.416*</td>
<td>--</td>
<td></td>
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<tr>
<td>Personal costs of caregiving</td>
<td>-.179</td>
<td>.054</td>
<td>.464*</td>
<td>.513*</td>
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*p < .001

Analysis of Cultural Marginalization as a Mediating Variable

Presented in Table 2 is a summary of multiple and hierarchical regression analyses for family conflict and cultural marginalization as predictors of personal caregiving costs. Guided by Baron and Kenny's (1986) criteria, the first strategy was to regress cultural marginalization on family conflict. The standardized regression coefficient indicated that family conflict was significantly related to cultural marginalization (β = .416, p < .01). Higher levels of family conflict were predictive of higher levels of cultural marginalization. Hierarchical regression was then used to address the second and third criteria. In Step 1, the measure of personal caregiving costs was regressed on family conflict (β = .513, p < .001). This association was significant, with higher levels of family conflict predicting higher levels of perceived personal caregiving costs. In Step 2, cultural marginalization was added to the equation. The hypothesized mediating function of cultural marginalization (β = .303, p < .01) was supported because the effect of family conflict (β = .387, p < .01), while still significant, decreased when the variable of cultural marginalization was added to the equation. The R² for the full equation was .339, with a significant change in R² from Step 1 to Step 2. Cultural marginalization accounted for an additional 22% of the variance in personal costs of caregiving.

Table 2. Summary of Multiple and Hierarchical Regression Analysis for Family Conflict and Cultural Marginalization as Predictors of Perceived Personal Costs of Caregiving (N = 47)

<table>
<thead>
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<th>Variable</th>
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<th>Standardized Coefficients</th>
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<td>SE B</td>
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<td>Family Conflict (IV)</td>
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<tr>
<td>Family Conflict (IV)</td>
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<td>.149</td>
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<tr>
<td>Cultural Marginalization (MV)</td>
<td>.341</td>
<td>.151</td>
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*p < .01, ** p < .001

DISCUSSION

The finding that cultural orientation is not related to perceived personal caregiving costs was not unexpected, since it mirrors findings reported in other caregiving studies (Harwood, et al., 2000; Polish & Gallagher-Thompson, 1997; Shurgot & Knight, 2004). In this study, not only was there no significant association between either Anglo or Mexican cultural orientation and perceived personal caregiving costs, but cultural orientation was also not significantly correlated with family conflict or cultural marginality. One reason for this finding may have been the limited variability in cultural orientation scores. Or it could be that ethnic identity/cultural orientation is simply unrelated to other salient factors associated with family caregiving, or at
least it is a less potent factor in caregiving settings than is lack of cultural integration (i.e. marginality).

The finding that family conflict continued to be a potent predictor of personal caregiving costs even after controlling for level of cultural marginalization indicates that such conflict cannot and should not be overlooked or underestimated by programs and agencies whose mission it is to provide support for Mexican American caregivers. The singular importance of family conflict as a factor influencing caregiver well-being has been aptly described by Scharlach, et al. (2006): “Because families are important sources of social and emotional support to their members, as well as potential sources of stress, disruptions to family functioning can have deleterious effects for individual family members who have demanding care responsibilities such as caring for an elder with mental impairments” (p. 625).

Because it contributes to a literature currently characterized by equivocal findings, support for the hypothesis that cultural marginalization mediates the influence of family conflict on the perceived costs of caregiving is viewed as the primary finding in this study. Even though marginality theory points toward the problematic outcomes of being culturally marginal, research findings have been conflicting (Del Pilar and Udasco, 2004). The findings of this study lend support to the claim that cultural marginality is a risk factor, not only for measures of adjustment, but also for measures of well-being of individuals caring for other family members.

The finding that cultural marginality is associated with family conflict, and is a significant predictor of perceived personal costs of caregiving, indicates that marginality is a factor that should not be overlooked when designing and implementing culturally sensitive interventions directed at helping Mexican American caregivers. Whether the lack of cultural integration results in family conflict, or whether it simply exacerbates the impact of existing family conflict on the perceived personal costs of caregiving is not known. Unknown, too, is the extent to which the cultural marginalization of one family member might affect others. If the primary caregiver is struggling with issues of marginality, would this impact the parent receiving care, or the coordination of parent care among other siblings? As mentioned earlier, evidence that cultural marginality issues experienced by one family member might affect others; sometimes in different ways; was reported in a study conducted by Kim et al. (2006) regarding depressive symptoms in Asian American parents and their adolescent children.

LIMITATIONS
Several limitations of this study should be noted. One of which was the cross-sectional design. One of the hypotheses tested in this study was that cultural marginalization plays a mediating role in family conflict and caregiving costs. Given the dynamic nature of family interaction in the context of caregiving, this hypothesis can only be directly addressed in a study wherein data are collected from caregiving families at multiple points in time.

Another limitation was the relatively small number of caregivers who participated in the study. Even though the sample size was similar to other Hispanic caregiving studies, the number of respondents precluded taking full advantage of the scoring options for the ARSMA-II. For example, Scale 1 of the ARSMA-II was intended to afford researchers with the ability to generate a multidimensional, orthogonal, and bicultural classification means of assessing acculturation. In this study, the number of respondents was not large enough to place caregivers into one of the four categories described by Cuellar, et al. (1995) as: Traditional, Low Biculturals, High Biculturals, and Assimilated. Like other researchers faced with small sample sizes (Shurgot & Knight, 2004), the strategy used in this study (ie. relying on Anglo cultural orientation scores and Mexican cultural orientation scores) may have muted or masked the relationship between cultural identity and caregiver burden.

Not only did the small number of respondents in this study limit the means of scoring cultural orientation, it also prevented the investigators from taking full advantage of the scoring options available in Scale 2 of the ARSMA-II. Scale 2 is comprised of three subscales: Mexican marginality, Mexican American marginality, and Anglo marginality. In their study of cultural marginalization and depressive symptoms in Asian American families, Kim et al. (2006) convincingly demonstrate the value of distinguishing between Asian, Asian American, and Anglo marginalization. Had the sample of caregivers in this study been larger, the extent to which Mexican, Mexican American, and Anglo marginalization affected personal costs of caregiving, or served as a mediating function between family conflict and caregiver burden, could have been explored.

PRACTICE IMPLICATIONS AND FUTURE RESEARCH
The findings from this study have implications for those who work with Mexican American family caregivers, particularly mental health professionals. The fact that family conflict and cultural marginalization significantly contributed to caregiver burden suggests that issues related to cultural integration place some caregivers at risk, particularly those exposed to higher levels of family conflict related to caregiving. In this light, mental health professionals working with Mexican American caregivers could use bicultural training programs (Szapocznik, et al., 1986). Such training might help caregiving families reduce conflicts through a mutual understanding of the role of acculturation in the context of caregiving.

During the interviews, caregivers in this study often pointed out to the interviewers that the format of some questions assumed that family caregiving centered solely on one person and that person is the primary caregiver. They felt this assumption was flawed, and would result in a distorted view of caring for an elderly parent as it pertained to their families. This criticism is valid, and it is recommended that future research develop and employ protocol strategies that embrace a systems perspective of caregiving, wherein responses from multiple caregivers in the same family are collected and analyzed. Similarly, studies that collect information from those receiving care will result in findings that fully embrace a systemic view of family caregiving.
CONCLUSION

By investigating the role of cultural marginality in the context of family conflict, this study contributes to the growing literature on Mexican American caregiving. Highlighted are the roles that family conflict and cultural marginality play in contributing to caregiving outcomes as reported by Mexican American filial caregivers. Still not fully understood, however, are the ways in which family conflict and cultural marginality interact to affect caregiving outcomes, including the perceived costs of caregiving.

REFERENCES


