

Gendering Guilt among Dependent Family Members' Caregivers

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Abstract. This study analyzes guilt among family caregivers of dependent patients, from a gender perspective. A qualitative design was used, conducting in-depth interviews and focus groups. Using purposive sampling, we selected 73 family caregivers and 23 health professionals (family medicine, community nursing, and social work) from the Primary Care District of Sevilla. The content of the information collected was analyzed in terms of the following categories: a) guilt for abandoning family and friends; b) guilt for the relationship with the dependent person; and c) guilt for placing the relative in a nursing home. To validate the findings, data sources, methodological techniques, and researchers' disciplines were all triangulated. Results indicated that women report more guilt than men for abandoning family and friends, and because of their relationship with the dependent person. However, with respect to nursing home placement, no difference was observed as a function of gender. The high incidence of caregiver guilt needs to be addressed by health professionals to avoid the emergence of other mental health issues.

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Caring for dependent relatives has a strong impact on the physical and psychological health of the people who take it on (Duggleby et al., 2014; Pinquart & Sörensen, 2003; Yee & Shultz, 2000). Emotional burden often manifests itself in the form of psychosomatic problems (headaches, various pains, anorexia, fine tremor, gastric problems, shortness of breath, heart arrhythmias and palpitations, sweats and vertigo, unexplained allergies, insomnia, memory problems, difficulty concentrating, and chronic fatigue (Rodríguez del Álamo, 2002). The main emotional responses identified in the literature are anxiety, depression, and guilt (Duggleby et al., 2014; Martín-Águeda et al., 2006; Romero-Moreno et al., 2014). However, feelings of guilt among caregivers need to be examined more in-depth (Duggleby et al., 2014; Yaffe et al., 2002) given their relationship with psychological distress (Romero-Moreno et al., 2014).

Guilt has been described as the dysphoric feeling associated with the recognition that a personally important moral or social standard has been violated and this may cause other people to suffer (Jones & Kugler, 1993). It is one of the so-called moral emotions related to self-awareness, and it depends on desires and socially accepted outcomes, such that a person makes a moral judgment, and based on that judgment they emotionally

accept or reject a given situation (Bennett & Matthews, 2000). Various studies have shown that guilt prompts reparative behaviors that attempt to compensate for the damage the individual has caused another person, and it is associated with all sorts of prosocial behavior – that is, approach as well as relationship behaviors (Etxebarria-Bilbao, Apodaca-Urquijo, Ortiz-Barón, Fuentes-Rebollo, & López-Sánchez 2009; Haidt, 2003). It has been observed that feelings of guilt take on particular importance in people who care for others on a daily basis, via their actions as well as inactions, or omission of activities (Duggleby et al., 2014).

In caregivers of older family members and Alzheimer's patients, there is evidence that guilt is a contributing factor to "feeling burnt out" by daily care work (Ankri, Andrieu, Beaufils, Grand, & Henrard, 2005; Gonyea, Paris, & de Saxe-Zerden, 2008). It is also reported that feelings of guilt can have different consequences on the psychological distress of caregivers of Alzheimer's patients as a function of gender and kinship (Romero-Moreno et al., 2014).

With regard to kinship, in the context of caring for dependent relatives, *informal* or family caregivers belong to the patient's social network. In other words, they are family members (husbands, wives, sons, and daughters) dedicated to caring for people with significant difficulty doing the basic and instrumental activities of everyday life (Ministerio de Sanidad & Política Social, 2006). Caregivers are also tasked with providing emotional and social support, supervision, keeping the patient company, communicating, and helping them

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engage in social and recreational activities (Bover, 2004; Dumont, Jacobs, Turcotte, Andersen, & Harel, 2010). That said, little research has been done to analyze the relationship between kinship and feelings of guilt among caregivers.

In terms of gender, care work has traditionally been in the purview of women, but for some years now, more men have joined in this work (García-Calvente, Mateo-Rodríguez, & Maroto-Navarro 2004), so it would be interesting to study, in-depth, feelings of guilt among caregivers as a function of that dimension.

On another note, it has been observed that daily time spent on care work can impact the manifestation of emotional problems like stress, anxiety, and depression, but it is not yet known if it yields differences in caregiver feelings of guilt. Casado-Mejía and Ruiz-Arias (2013) distinguish among three strategies for providing family care, as a function of the time dedicated to it, that account for differences in caregivers' health: a) Assuming care work full-time with caregiver and care recipient living together under one roof. This strategy has repercussions on the caregiver's mental and physical health, and on family and social dynamics (Gálvez-González et al., 2014; García-Calvente et al., 2004; Rojo et al., 2007; b) Partial management of care work, where the caregiver and care recipient live together under one roof, but care work is part-time because the caregiver works outside the home. In most cases it is the daughter, and a caregiver is usually hired to cover while she is away at work. This, too, has repercussions on the caregiver's health and family dynamic; c) Independent care management, in which the caregiver and care recipient live in separate homes, and care work consists of follow-up by phone and periodic visits. The care work directly received by the dependent is usually done by a contracted in-home caregiver, most often an immigrant. This strategy is healthier in terms of caregiver health and family dynamic.

In light of the above, this study's objective is to explore feelings of guilt in caregivers of dependent patients, and determine whether differences occur as a function of gender, kinship, and care strategy.

Method

Qualitative study using semi-structured interviews and focus groups.

The setting for this study was the Primary Care District of Seville.

Participants and procedure

Sources of information included caregivers of dependent family members, and family health, community nursing, and social work professionals employed at district health centers.

This study had 96 participants in total. First, 44 semi-structured, in-depth interviews were conducted with family caregivers of dependent persons. To select them, purposive sampling was utilized, and 18 basic profiles were established with the study's objective in mind. The sample was segmented by sex, kinship, and care provision strategy with support from nursing case managers at the participants' health centers (Las Letanías, San Pablo, Esperanza Macarena, San Jerónimo, Marqués de Paradas, and La Campana). Regarding care recipients, 26 were women and 18 men. The majority were severely dependent (25), followed by moderately dependent (17), and the 2 remaining cases were of total dependency. Of the people interviewed, seven were caring for two relatives at once.

Meanwhile, six focus groups were formed, with 52 people participating: Three groups for health professionals (doctors, nurses, social workers), and three for caregivers according to socioeconomic status (high, middle, and lower class). Focus group (FG from here on) was the qualitative technique chosen to identify knowledge shared by health professionals and caregivers, who all had experience with the subject of study.

Homogeneity and heterogeneity criteria were used to form FGs (Rubio & Varas, 2004). We applied homogeneity criteria to maintain each group's symmetry and take advantage of their shared experiences: occupation in the professional groups; and socioeconomic status in the family caregiver groups. Meanwhile, we applied heterogeneity criteria to ensure a clashing of different perspectives in each focus group: in the professional groups, sex, prior professional experience with caregivers according to level of assistance (primary care or specialized care), and provenance of the care population (urban, rural); and for caregivers, sex, kinship, tenure as caregivers, and care strategy (full-time, part-time, or independent).

The semi-structured interviews lasted an average of 60 minutes and the focus groups 90 minutes approximately. They were carried out during the first half of 2013. All the information gathered was audio-recorded for later word-for-word transcription and analysis.

Categories of analysis

Information was analyzed according to predefined categories based on the dimensions of guilt measured by the Caregiver Guilt Questionnaire by Losada, Márquez-González, Peñacoba, and Romero-Moreno (2010). This questionnaire was used because it was validated in Spain and fit the characteristics of the participating caregiver population. It covers five dimensions of guilt: guilt about doing wrong by the care recipient; guilt about failure to meet the challenges of caregiving; about self-care; about neglecting other relatives; and about having negative feelings towards other people.

This study addressed an emerging category of guilt, placing the dependent relative in a nursing home, so we ultimately decided to consider the following categories: a) guilt for abandoning family and friends; b) guilt for the relationship with the dependent person; and c) guilt for placing the relative in a nursing home.

Validity

To add rigor and validity to the results (Denzin & Lincoln, 2011; Flick, 2002), we triangulated sources of information (bibliographical, professionals, caregivers), methodological techniques (bibliographical review, in-depth interview, focus group), and the researchers' disciplines (nursing, gender studies, psychology, anthropology, social work). Furthermore, these were reviewed and approved by study participants (one male and one female caregiver, and a female nurse).

Interview and focus group content was analyzed using the software N-Vivo10. Relevant paragraphs and primary and secondary nodes were identified according to predefined categories tailored to our research objectives, and an emerging category was added, as described above.

With respect to ethical considerations, this study was approved by the Primary Care District of Seville Ethics Committee. At the beginning of each interview, the study was presented and informed consent to participate was gathered. Participants were guaranteed the confidentiality of their information, and that it would be used for research purposes.

Results

Results in each category of guilt appear below. These data were generated by analyzing the discussions and interviews with caregivers and health professionals.

Guilt for abandoning family and friends

In interviews with caregivers, we observed how the situation of caring for a dependent family member affects their relationships with other relatives and friends. Most reported having to cut back on leisure time, and time with other family members, generating feelings of guilt.

If kinship to the care recipient is son/daughter, and they live together, the caregiver's relationship with his or her spouse is affected. It becomes a three-way relationship; the presence of the dependent person takes on a huge role in their lives (Table 1, quote A1). The couple's leisure time is limited or eliminated entirely by the responsibilities of care work. This is reflected in their sexual relations as well, whether for lack of desire, of time, of intimacy, and above all exhaustion (Table 1, quote A2).

By the same token, people who care for their parents but live separately with their children report feeling additional guilt for "abandoning them" and not giving their kids the time they need. In those cases, we observed that the roles of daughter and mother enter into conflict, generating sadness as well as guilt (Table 1, quote B1). Health professionals likewise reported feelings of guilt in such situations (Table 1, quote B2).

As for caregivers' relationships with friends, they reported going out less to share in leisure activities, making them feel distant from their friends, and isolated. One consequence of this situation is that it is harder to leave the circuit of care work, and when they do, they are not as able to enjoy it and feel guilty for "abandoning the relative for a little while" (Table 1, quotes C1 and C2).

In terms of gender, male and female health professionals observed that women express more guilt about abandoning their family and friendships than men. They often hear that women feel guilty for enjoying their free time, whereas men are able to disengage from care work when they do other activities (Table 1, quotes D1, D2, and D3).

To summarize the findings in this category, it can be said that feelings of guilt about family abandonment are exhibited more in daughters caring for their parents, and in cases where the strategy is full-time care.

Guilt for the relationship with the dependent person

There are different reasons for feeling guilty about the dependent person, according to caregivers' and health professionals' statements. Of the various motives, these stood out: a) relationship history with the dependent person; b) feeling ambivalent about care work, sometimes due to social desirability – that is, having to be a caregiver because it is the socially acceptable thing to do; c) not feeling capable as a caregiver; d) loss of emotional control; and e) the care recipient's power, exercised through excessive demands. We should also mention the guilt-generating situation of long-distance family "caregivers," who put someone outside the family in charge of care work.

Caregivers and health professionals alike report that the quality of the affective relationship with the dependent throughout the caregiver's life influences their care work. They perceive an obligation to "pay them back" (Table 2, quotes A1 and A2).

On another note, in coping with the reality of chronic illness, caregivers and professionals report experiencing or having observed, respectively, ambivalence toward the dependent person's progressive loss of ability. On the one hand, caregivers want to care for and protect their family member, but on the other, they feel angry and wish the situation were over, in other words, that

Table 1. Transcribed Quotes in the Category “Guilt for Abandoning Family and Friends”

Subcategory	Quotes
A. Three-way relationship	<p>(A1) “<i>Mi madre nos rompía la intimidad siempre, ella tenía en esta casa su dormitorio, una salita y un baño para ella, era como un apartamento dentro de la casa, pero a pesar de todo, ella no tenía sentido común, siempre estaba omnipresente. Mi marido se la encontraba en todos los sitios de la casa.</i>”</p> <p>[My mother was always breaking our privacy, in this house she had a bedroom, a small living room, and a bathroom just for her, it was like an apartment within the house, but despite all that, she had no common sense, she was omnipresent. My husband found her everywhere in the house].</p> <p>(A2) “<i>Mi relación con mi marido ha cambiado mucho. (...) No lo trato mal y él quiere unas cosas y yo no, por ejemplo las relaciones sexuales, es que no puedo, accedo pero sin ganas, cuando siempre hemos sido un matrimonio muy cariñoso, unidos toda la vida.</i>”</p> <p>[My relationship with my husband has changed a lot...I don't treat him bad, and he wants some things I don't, like sexual relations, I just can't, I consent but I don't want it, meanwhile we always had a very affectionate marriage, together all our lives].</p>
B. Abandonment of sons/daughters	<p>(B1) “<i>Yo sí que le he fallado a mi hijita, a mi hijita pequeñita de 4 años, que la he dejado allí. Cuando hablamos por teléfono me dice, mamá que me has dejado, que te fuiste cuando estaba dormida, porque me fui cuando estaba dormida en la cama, porque es que no podía, es que no podía (llora). Por los demás no es, porque ya son mayores, pero mi hijita...</i>”</p> <p>[I am failing my daughter, my youngest 4-year-old daughter, I left her there. When we talk on the phone, she says to me, ‘mom you left me behind, you left when I was sleeping’ because I left while she was asleep in bed, because I couldn't, I just couldn't (crying). For the others it isn't like that, because they are already grown, but for my little girl...]</p> <p>(B2)* “<i>Yo pienso que sí, que... si hay familias o cuidadoras que están tan entregadas a cuidar a un determinado familiar que dijéramos, abandonan ¿no?, entre comillas, al resto de la familia, y ahí si he notado yo bastante sentimiento de culpa ¿eh?.</i>”</p> <p>[I think so, that...if there are families or female caregivers that are so invested in caring for a particular family member, we might say they are abandoning the rest of the family, right?, in scare quotes, and there I have noticed a lot of feelings of guilt, right?]</p>
C. Abandonment of friends	<p>(C1) “<i>... y yo lo entiendo no lo digo como crítica, lo entiendo, la culpa es mía, se aguanta un poco la situación, los amigos llamaban, pero se van distanciando por la situación, si no llaman ni los de la familia, que llevan no sé cuánto tiempo sin llamar.</i>”</p> <p>[...and I understand, I'm not saying this as criticism, it's my fault, you tolerate the situation a little, friends called, but they're becoming distant because of the situation, my family doesn't even call, I don't even remember how long it's been since they called].</p> <p>(C2) “<i>Yo ya estoy desconectada de todo, mis amistades no me llaman ya, porque como siempre digo que no puedo ir. Yo a lo mejor me tomo una cerveza a la semana con una amiga, un ratito pequeño. Mi círculo es muy limitado, no puedo salir un fin de semana fuera de mi casa, porque no hay nadie que cuide a mi padre y además me siento culpable y no disfruto si estoy fuera.</i>”</p> <p>[I'm already disconnected from everything, my friends don't call anymore because I always say I can't go. I might grab a beer once a week with a girlfriend, for a short while. My circle is very small, I can't leave the house on weekends, because there's no one to look after my dad, and anyway I feel guilty and don't enjoy it when I go out].</p>
D. Gender differences	<p>(D1)* “<i>Para ellos el espacio es fundamental, además es que lo necesitan. Además, yo creo que es más sano. Claro, que desconecten, se van a jugar, y luego suben, como cada día, luego suben todos a su casa y se mantienen ahí todo el día entero y toda la noche, pero ese espacio es para ellos el espacio de higiene mental donde se mantienen para poder soportar, no se sienten tan culpables como las mujeres, cosa que la mujer no lo hace.</i>”</p> <p>[For them space is essential, it's also what they need. Furthermore, I believe it's healthier. For them to disconnect, go play, and then come back like every day, then they all go to the house and stay there all day and all night, but that space to them is one of mental hygiene where they can stay so that they can cope, they don't feel as guilty as the women, something woman does not do].</p> <p>(D2)* “<i>El hombre está al cuidado pero tiene apoyo normalmente de familiares, de vecinos, o servicios sociales y encuentra siempre ese momento para irse a jugar al dominó. Yo es que tengo a 2 ó 3 que buscan siempre este tiempo, que salen, ellos buscan siempre ese espacio para no estar todo el tiempo con la mujer. Sin embargo la mujer, eso sí que lo veo, ellas no buscan espacio ninguno, se sienten más culpables.</i>”</p> <p>[The man is the caregiver but he normally has the support of relatives, neighbors, or social services, and he always finds that moment to go play dominoes. Me, I have 2 or 3 who always find that time, who go out, they always find that space so they aren't always with their wives. However wives, this I do so, they don't find any space for themselves, they feel more guilty].</p> <p>(D3)* “<i>Hay un sentimiento de culpa grandísimo, más en las mujeres que en los hombres. Ellos sin problema ninguno, le dices mira que va a un centro de día, “estupendo, así tengo yo toda la mañana para ir al gimnasio.</i>”</p> <p>[There's a tremendous feeling of guilt, more in women than in men. The men have no problem, you tell them, look, go to a center during the day, “great, that way I have all morning to go to the gym].</p>

*Quotes from health professionals

Table 2. Transcribed Quotes in the Category “Guilt for the Relationship with the Dependent Person”

Subcategory	Quotes
A. Historical relationship	<p>(A1)* <i>“Están tan inmersos en esa ligazón que es que no pueden desengancharse, tienen tanta deuda que no pueden. Se sienten que deben algo. Hay muchas razones en detrimento de la salud de la mujer”.</i></p> <p>[They are so immersed in that bond that they can’t detach, they feel so indebted they can’t. They feel they owe something. There are many reasons, to the detriment of women’s health].</p> <p>(A2) <i>“Es una persona con una capacidad de entrega para hacer cosas continuamente siempre fue la primera en levantarse para hacer algo, para servirte algo, entonces es de las personas que da gusto cuidar, porque se lo merece y porque ha sido siempre muy buena con todo el mundo. Ella siempre te ha cuidado.”</i></p> <p>[She’s a person who can commit to seeing things through, she was always the first to get up and do something, serve you something, she’s one of those people who enjoys caring for people, because she deserves it and because she’s always been good to everybody. She’s always taken care of you.]</p>
B. Affective ambivalence	<p>(B1) <i>“Tengo sentimiento de culpa porque mi madre me estorba, cuando yo soy consciente de que mi madre me estorba me entra mucha pena y culpabilidad. Parece que soy muy mala. Mi vida sería diferente sin ella, he puesto 6 kilos porque todas las penas las soporto comiendo, no tengo fuerza de voluntad para hacer dos tipos de comida.”</i></p> <p>[I feel guilty because my mother upsets me, when I am aware that my mother upsets me I feel ashamed and guilty. It seems I’m really bad. My life would be different without her, I gained 6kg because I deal with all my sadness by eating, I don’t have the willpower to make two types of food].</p> <p>(B2) <i>“Me arrepiento muchas veces de las cosas que le digo a mi mujer, es normal, pero la veo tan indefensa. A veces la he culpabilizado del tipo de vida que llevo, pues siempre he vivido con una mujer enferma, y me planteo como sería mi vida si mi mujer hubiera estado sana. Ella no ha querido nunca andar, y siempre se lo he dicho, los músculos se han atrofiado y yo me indigno porque creo que no ha tenido voluntad, pero luego creo que es un absurdo culparla.”</i></p> <p>[I often regret things I say to my wife, it’s normal, but I see her as being so helpless. Sometimes I’ve blamed her for the type of life I lead, because I’ve always lived with a sick woman, and I ask myself what my life would be like if my wife were healthy. She’s never wanted to walk, and I’ve always said, your muscles have atrophied and I get indignant thinking she doesn’t have the will, but then I think it’s absurd to blame her].</p>
C. Lack of caregiver qualification	<p>(C1) <i>“...con lo de la amputación si tengo yo sensación de culpa... porque me parece que yo no me impuse lo suficiente para... o no insistí lo suficiente para que no le pasara... creo que yo debería haber insistido un poco más o haberme puesto un poco más pesada en el hospital y a lo mejor si le hubieran amputado los dedos sin fiebre?... que todo el mundo me dice que no, pero que yo me siento un poco culpable.”</i></p> <p>[...with the amputation I do have a sense of guilt... because it seems I didn’t intervene enough to...or I wasn’t insistent enough to keep it from happening... I think I should have insisted a bit more or should have been more annoying at the hospital and maybe if they had amputated the fingers with no fever? ...everybody tells me I’m wrong, but I feel a little guilty].</p> <p>(C2) <i>“Yo reconozco que a mí me hubiera gustado estar preparada, hombre no como una profesional pero sí que se me informara más sobre este tipo de enfermedades. Sobre todo dentro de mis capacidades en lo que yo pudiera añadirle a ella. Pero no hay sido por culpa del centro de salud, ha sido por culpa mía.”</i></p> <p>[I recognize that I would have like to be prepared, not professionally, but I would have liked to be better informed about this type of illness. Especially within my abilities, in what I could contribute. But it wasn’t the clinic’s fault, it was mine].</p>
D. Loss of emotional control	<p>(D1) <i>“Algunas veces, sí tengo la sensación de que me irrito más con él de lo que debería, porque en algún momento dado yo también pierdo los papeles cuando él no razona de ninguna manera. Luego me siento super culpable”</i></p> <p>[Sometimes I have the sense that I get more irritated with him than I should, because at some point I also lose the paperwork and he has no ability to reason. Later I feel super guilty].</p> <p>(D2) <i>“Mi marido jamás se ha quedado solo, ni una vez solo, a veces he perdido los nervios y le he dicho barbaridades... Bueno a veces pierdo los nervios y me siento algo culpable.”</i></p> <p>[My husband has never stayed by himself, not once, sometimes I’ve lost my temper and said stupid things...Well sometimes I lose my cool and feel some guilt].</p> <p>(D3) <i>“Y muchas veces me altero y deseo cosas horribles, incluso la muerte y cuando ya me tranquilizo me digo si es un enfermo mental, no te tenías que haber puesto así...”</i></p> <p>[And I often get upset and want horrible things, even death, and when I finally calm down I tell myself it’s a mental illness, you didn’t have to get like that...]</p>

Table 2. (Continued)

Subcategory	Quotes
E. Power dynamics	(E1)* <i>“Creo que el problema de las cuidadoras con su cuidado es una relación de poder, creo que muchas veces las cuidadoras tienen el poder y otras veces es el paciente el que tiene el poder... La relación de poder la tiene el paciente, muchas veces, esa persona tiene sentimiento de culpa porque la otra persona le está diciendo que no la cuida bien, que no..., una serie de cosas que realmente influyen muchísimo ¿no?”</i> [I think female caregivers' problem is the power relations, I think female caregivers often have the power, and other times it's the patient who has it...The patient has the position of power, many times, that person has a sense of guilt because the other person is saying they don't take good care of them, that they don't..., a series of things that have a huge impact, right?]
F. Independent care strategy	(F1)* <i>Era eso, era cuando llegaba el mes de agosto que venían 15 días el que más, querían arreglar todo los de Barcelona lo de los padres, que si por qué no se le ha hecho esto, por qué si no un TAC...y ¿para dónde le mando yo un TAC, a dónde? (...) y eso el “Síndrome del Jordi”, la culpabilidad que tenían.”</i> [That was it, when the month of August came around, people came 15 days at the most, everybody from Barcelona wanted to settle their parents' business, why hasn't this been done, why not do a CAT scan then...and where am I going to send a CAT scan, where?...and then “Jordi's syndrome,” they felt so guilty].

*Quotes from health professionals

the dependent were dead. Furthermore, that desire is systematically negated because it is morally unacceptable, for not resonating with societal expectations of them (Table 2, quotes B1 and B2).

Caregivers additionally express guilt for not being sufficiently prepared to understand and manage the illness afflicting their relative. Similarly, it is common for caregivers to blame themselves for getting into a situation that could have been avoided (Table 2, quotes C1 and C2).

Another guilt-producing situation for caregivers is losing control over their emotions while caring for the dependent, most often observed in caring for people with cognitive decline. The experience of “losing your temper” prompts feelings of guilt upon reflection, once they accept that the care recipient is not conscious of their actions (Table 2, quotes D1, D2 and D3).

Health professionals have likewise observed that caregivers feel guilty because of the care recipient's position of power. In some cases, they have witnessed that the care recipient's different preferences or criteria can lead to disagreements and arguments, even leading them to discredit the care provided. This situation leads the caregiver to have negative thoughts about the dependent relative, followed by guilt for having had them (Table 2, quote E1).

The professional FGs talked about different causes of guilt in relation to the dependent person, as a function of gender. Men reportedly feel guilty about not being able to perform household tasks, while women feel guilty about being tired or exhausted from care work tasks.

As for kinship, it was evident in the discussions that sons and daughters caring for parents express more

feelings of guilt than people caring for a spouse. This is justified by the excessive demands of care work and combining family and work life.

Last, according to health professionals, the care strategy that yielded the most feelings of guilt was independent, where the caregiver does not live with the dependent family member. That is expressed above all by sons and daughters who visit their relative during vacation time (Table 2, quote F1).

Guilt for placing the relative in a nursing home

In the present study, when asked how they would feel if they placed their dependent relative in a residential care facility for people who need assistance, the majority said they would feel guilty. That feeling is explained by the significance families attribute to nursing home placement. People consider them to lack the comforts of home, and believe this option should only be considered in extreme situations. They see it as abandoning family in highly disgraceful institutions (Table 3, quotes A1 and A2).

They also express concerns about the lack of qualified personnel and resources at nursing homes, suggesting that overburdens workers and gives rise to abusive situations (Table 3, quotes B1 and B2).

It has additionally been observed that kinship on the part of the caregiver influences the decision to admit the patient to a nursing home. Difficulty proposing this is most apparent in spouses, especially wives, who likely feel even more obligated because of their traditional role in care work (Table 3, quotes C1 and C2). Thus, caregivers who propose placing the family member in a nursing home are offspring, mostly men, with

Table 3. *Transcribed Quotes in the Category "Guilt about Nursing Home Placement"*

Subcategory	Quotes
A. Significance of nursing home placement	<p>(A1) <i>"Si meto a mi madre en una residencia, se me muere a los dos días, y yo sé que me sentiría culpable (llora). Toda la vida de Dios he oído a mi madre decir que lo de las residencias es horroroso. Cada vez que sale una noticia en la TV sobre algo de las residencias, me decía, mira los pobrecitos, abandonados, mira como los tratan."</i> [If I put my mom in a nursing home, she'll die on me in two days, and I would feel guilty (crying). All my God-given life I've heard my mother say nursing homes are awful. Whenever there's an ad on TV having to do with nursing homes, she'd say, look at those poor people, abandoned, look how they treat them].</p> <p>(A2) <i>"Yo no, yo no metería a mi madre en una residencia porque mi madre no me ha mandado a mí a ningún orfanato, y entonces vamos, es que ni se me pasa por la imaginación."</i> [Not me, I wouldn't put my mother in a home, because she never put me in an orphanage, so come on, it would never even occur to me].</p>
B. Lack of control over family	<p>(B1) <i>"Yo no estaría tranquilo si no fuera de vez en cuando a hacerme presente en la residencia. Allí hay personas que nadie las va a ver y ves que están más abandonados. Cuando va la familia la residencia parece que lo atienden mejor porque el que esté la familia merodeando es un elemento motivador para los cuidados de allí."</i> [I wouldn't be comfortable if I didn't stop by the nursing home once in a while. There are people there who no one goes to see and you can see they are more abandoned. When the family goes to the home, they seem to take better care of them because the family lurking around is a motivating factor to provide care there].</p> <p>(B2) <i>"El medio es distinto, si te puedes quedar en tu casa, tu familiar aunque no tenga preparación profesional te tiene un cariño que a nivel de cuidados supera la profesionalidad de la mejor auxiliar de geriatría. No hay calidad, esta gente de 18, 19 años hoy están pero mañana están en una cervecería y luego en una zapatería. Tienen 18, 19, 20 años, y entran como trampolín para tener experiencia y luego poder cambiar de trabajo, deseando salir por la baja remuneración. Se puede ver el número de auxiliares que pasan por la residencia en un año."</i> [The setting is different. If you can stay in your home, your relative, even without professional training, provides a higher level of care than the professionals, even the best geriatric attendant. There is no quality, these 18–19 year-olds are here today but tomorrow they're in a bar and later in a shoe store. They're 18, 19, 20 years old, and they enter as a springboard to gain experience so they can change jobs later, wanting to leave because of the low pay. It's clear how many attendants pass through the nursing home in a year].</p>
C. Differences as a function of gender and kinship	<p>(C1) <i>"Entonces le dije yo: le voy a decir a usted una cosa, si mi hija cuando ya sea mayor, me lleva a una residencia o me quiere llevar debajo de un puente, pero mientras que yo me dé luz en mis sentimientos, mi marido no va a una residencia ni yo tampoco."</i> [Then I said: I'm going to tell you something, if when my daughter gets older, she takes me to a nursing home or wants to leave me under a bridge, but as long as I am in command of my feelings, my husband isn't going to a nursing home and neither am I].</p> <p>(C2) <i>"He valorado la situación como hijo y lo mejor para los dos es meterla en una residencia donde la puedan cuidar mejor que yo...."</i> [I assessed the situation as her son and the best thing for both of us is to place her in a home where they can care for her better than I could...]</p>
D. Culture and society	<p>(D1) <i>"Si, muy culpable de lo de mi padre. Yo creo que el sentimiento de culpa viene derivado de la cultura, yo soy de pueblo, y bueno aunque en Sevilla capital pueda ocurrir lo mismo, pero se ve de otra manera, como más diluido. En el ámbito rural se mantenía el patriarcado, el poder del abuelo en su lucidez, y el respeto hacia los ancianos cuando estos iban necesitando de cuidados. Desde mi punto de vista esto se ha ido rompiendo a velocidades lentas. No estábamos acostumbrados en mi entorno, no habíamos pensado nunca, nunca, nunca en las residencias. Mi abuelo murió en casa, mi otro abuelo murió en su cama, mi abuela murió en su casa, mi otra abuela."</i> [Yes, very guilty about my father. I think the feeling of guilt has a cultural origin, I'm from a small town, and even though the same thing could happen in the capital of Seville, it's seen differently there, not as harshly. In rural areas, the patriarchy was still in place, my grandfather's power when he was lucid, and respect for elders when they needed to be cared for. From my point of view, this has been breaking down slowly. We weren't used to it where I'm from, we would never, never have considered a nursing home. My grandfather died at home, my other grandfather died in his bed, my grandmother died at home, my other grandmother].</p> <p>(D2)* <i>"... porque los pueblos fundamentalmente, y en los pueblos chicos eso esta super mal visto, vamos. Meter una persona en la residencia no solamente ya por la familia, sino por todo el ámbito del pueblo, bueno, o sea que..."</i> [...because small towns especially, in small towns this is really frowned upon. Placing someone in a nursing home, not only by the family, but the whole town, well anyways...]</p>

*Quotes from health professionals

part-time or independent care strategies, and occupational as well as domestic strain.

Finally, we must point out an emerging category in discussions of caregivers' experience of guilt: the influence of rural or urban culture. In rural areas, there seems to be more social rejection associated with placing family in a nursing home than in cities (Table 3, quotes D1 and D2).

Discussion

This study's objective was to analyze feelings of guilt in caregivers of dependent relatives. What follows is a discussion of the results obtained through discussions with caregivers and health professionals.

First of all, in terms of caregiver guilt over abandonment of family and friends, this study demonstrated that this feeling is observed most in daughters with full-time care strategies. Our results are consistent with those of García, Sala, and Coscolla (2009); they found evidence that cohabitating with the care recipient impacts spousal intimacy and relations. Gender socialization may also explain why some women consider themselves bad mothers and wives when they cannot tend to their children and husband, instead caring for a dependent relative. In that vein, Agulló-Tomás (2002) and de la Cuesta-Benjumea (2009) argue that men have been taught to be cared for by women. Conversely, according to Carrasco (2006), women have been educated according to a model of other-care; it would be considered unusual or strange if her spouse did not complain about time spent caring for a dependent relative. García-Calvente et al. (2010) reinforced that idea in stating that for female caregivers, there is an order of priority: first the care recipient; then other family and professional obligations; and last themselves. On the other hand, Rodríguez-Pérez (2013) explained feeling guilty while going out and having fun as a consequence of the strong connection, and situation of dependence, established between caregivers and care recipients.

In the category of guilt about the relationship with the dependent person, we observed differences as a function of gender, kinship, and care strategy. The results according to gender and kinship can be explained by Carrasco (2006), who proposed that feelings of guilt in female caregivers (daughters) are produced as a result of doubting the absolute moral norm of caring for family. This suggests not being the good person one strives to be, or not responding to societal expectations, is at the root of this feeling. López and Noriega (2012); Crespo and López (2008) posited some of the same motives for feelings of guilt observed in this study. They emphasized that care work can express gratitude and reciprocity (first parents care for their

offspring, then sons and daughters must care for their parents); resolve feelings of guilt about past actions; and respond to social desirability – that is, care work can be a means to avoid censure or reproach from family or friends if they stop tending to the relative.

Caregiver ambivalence and its impact on feelings of guilt have been documented by other male and female authors in the context of caring for dependents with cognitive decline (Laserna et al., 1997; Muela-Martínez, Torres-Colmenero, & Peláez-Peláez, 2002).

In terms of the care strategy selected, in keeping with Casado-Mejía and Ruiz-Arias's (2013) findings, these results indicate caregivers who do not live full-time with dependent family members – in other words, people with part-time or independent care-management strategies – have feelings of guilt by omission, for being absent when they know the dependency situation but cannot be with the family member. Normally, when they appear at the dependent person's home, often in his or her final days, they are the ones most demanding of the healthcare staff serving their needs. This situation, described in the professional focus groups, is referred to as the Child from Bilbao Syndrome (Gómez-Sancho, 2005; Muñoz-Cobos, Espinosa-Almendro, Portillo-Strempell, & Rodríguez-González de Molina, 2002).

Regarding guilt about nursing home placement, this study, like the reports released by the Spanish Institute for the Elderly and Social Services (IMSERSO, 2010), found that the dependent person not being in possession of their full mental faculties is a deciding factor in nursing home admission. Another accepted cause for nursing home placement is circumstances at home barring any other alternative; in other words, extreme circumstances prevent the presumed caregiver from assuming that role. We definitively found that the idea of placing the dependent family member in a nursing home gets proposed when the demands of care work exceed the caregiver's physical, psychological, or structural abilities. However, the significance of nursing home placement generates feelings of rejection and guilt.

In terms of kinship, as López and Noriega (2012) reported, we observed that caring for a spouse produces more rejection of institutional care. Admitting him or her to a nursing home is interpreted as failing to fulfill marital obligations, provoking greater feelings of guilt.

By way of conclusion, it is suggested, first, that there are differences as a function of gender in perceived feelings of guilt among caregivers. Women feel guiltier for leaving the dependent person alone or with other caregivers, and for abandoning their own family as well as friends. Men express more guilt for being unable to perform the domestic tasks involved in care work.

Second, caregivers with an independent care strategy experience the most feelings of guilt, because they perceive an abandonment of the dependent person. Next, the part-time care strategy seems to produce guilt for abandoning family and friends. Finally, with regard to kinship, sons and daughters who are caregivers report the most feelings of guilt, probably due to the burden of having to combine care work with family and professional life.

We believe this study is a step forward in the analysis of guilt as an emotion highly present in caregivers of dependent family members. Results indicate male and female health professionals should bear in mind the importance of addressing it early to prevent caregivers from developing mental health problems. Identifying the guilt-generating situations and caregiver dimensions evaluated in this study could serve and support different professional interventions in this area.

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