사회복지 정책분과

중증 정신질환이 있는 자녀를 둔 아버지에 대한 연구:

아버지의 양육역할 참여 증진을 위한 주요 요인 분석

Fathers of Offspring with Severe Mental Illness: Key Factors Related to Fathers' Participation in Caregiving

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Despite an abundance of research studies on family caregivers of a member with mental illness, the focus of research has been almost exclusively on the caregiving role of mothers, ascribing this responsibility inherently to women (Yee & Schulz, 2000; Mastroyannopoulou, Stallard, Lewis, & Lenton, 1997; Opie, 1994; Belcher, 1988). Little is known about what factors are related generally to active paternal involvement in caregiving role in the family that has a member with severe mental illness.

Resent research findings have shown that severe mental illness occurs initially in a familial context, given the age of first onset of the disease (DHHS, 2001; Cook, Cohler, Pickett, & Beeler, 1997; Lefley, 1997). How families manage severe mental illness is very important not only for recovery, but also to maintain the family's emotional, functional, and marital (or relationship) balance (Heru, 2000). These family issues are also critical in obtaining the desired treatment outcomes for the member with severe mental illness. Fathers can play a significant role in the family to enhance the family's emotional, functional, and marital (or relationship) balance.

The purpose of this study is on creating new knowledge that can be applied towards increasing the involvement of fathers of offspring with severe mental illness in caregiving roles. A sample of 104 fathers was purposively sampled from mental health organizations in Austin, TX, related conferences and meetings. The primary aims of this study are: (1) thoroughly review the recent and historical research literature in order to identify key factors associated with active paternal involvement in caregiving; (2) develop a theoretical frame of reference that will increase our understanding of paternal caregiving; (3) identify and assess the instruments that have been used in the literature to measure

key factors associated with fathers of offspring with severe mental illness; and (4) identify and test a number of factors related to paternal caregiving that stem from the literature review of previous studies.

Using hierarchical multiple regression, the impact of individualist and microstructural factors on the outcome of paternal involvement in caregiving was examined and discussed. Important key factors in the prediction of paternal involvement in caregiving included, fathers' feminine-oriented sex-role orientation, paternal adjustment, socio-economic status, marital satisfaction, and the male gender of offspring (with severe mental illness).

The most important factor in predicting fathers' caregiving behavior is fathers' internalized sex-role orientation. High degree of masculine identity that defines nurture and care as feminine and unmanly seems to pose the greatest barrier for nurturing fatherhood. Due to this internalized sex-role orientation, fathers may neither have motivation nor skills to become caregivers because they were deprived of the necessary opportunities to develop their nurturing aspects. Other important predictors for active paternal nurture included paternal adjustment, socioeconomic status, marital satisfaction, and the male gender of offspring with mental illness.

Potential benefit of this study is in creating new knowledge that can be applied towards increasingthe involvement of fathers of offspring with severe mental illness in both affective and instrumental caregiving roles. The result of this study provides preliminary research evidence that may be helpful to future studies involving more sophisticated methodology as well as a larger multi-ethnic sample.

To produce more nurturing fathers, this study recommends social work interventions at both individual and social level. More balanced caregiving role allocation between mothers and fathers will reduce burden, stress, and depression of both parents and may promote happiness of the family that is caring for a member with severe mental illness.

Reference

Belcher, J. R. (1988). Mothers alone and supporting chronically mentally ill adult offspring: A greater vulnerability to illness, Women and Health, 14(2), 61-80.

Cook, J. A., Cohler, B. J., Pickett, S. A., & Beeler, J. A. (1997). Life-course and severe mental illness: Implications for caregiving within the family of later life. Family Relations, 46 (4), 427-436.

DHHS. (2001). Mental Health: Culture, Race and Ethnicity: A supplement to Mental Health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Heru, A. M. (2000). Family functioning, burden, and reward in the caregiving for chronic mental

illness. Families, Systems & Health, 18, (1), 91-103.

Lefley, H. P. (1997). Synthesizing the family caregiving studies: Implications for service planning, social policy, and further research. <u>Family Relations</u>, 46, 443-450.

Mastroyannopoulou, K., Stallard, P., Lewis, M., & Lenton, S. (1997). The impact of childhood non-malignant life-threatening illness on parents: gender differences and predictors of parental adjustment. The Journal of Child Psychology and Psychiatry and Allied Disciplines, 38, 823-829.

Opie, A. (1994). The instability of the caring body: Gender and caregivers of confused older people. Qualitative Health Research, 4(1), 31-51.

Yee, J. L., & Schulz, R. (2000). Gender differences in psychiatric morbidity among family caregivers: A review and analysis. The Gerontologist, 40(2), 147-16