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The Spanish Version of the Mutuality Scale:

Evidence for the Cultural Equivalence of Mutuality in Mexican American Families

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Abstract

Mutuality, the positive quality of the relationship between the family caregiver and care receiver, is an important variable in family care for frail older adults. It has been shown to be associated with lower levels of caregiver strain and higher levels of caregiving rewards. However, the concept and measure of mutuality were developed with non-Hispanic White samples. The purpose of this article is to describe the development of an instrument—the Spanish Version of the Mutuality Scale. We determined for Mexican American families: (a) the functional equivalence of mutuality, (b) a comparative descriptive framework for mutuality, and (c) the language equivalence of the Mutuality Scale and the Spanish Version of the Mutuality Scale. Evaluating mutuality levels for Mexican American older adults and caregivers, especially in view of their strong cultural norm of familism, is essential.

Mutuality was originally described as an affective relationship “involving past and current closeness, shared activities, and confiding in one another” (Horowitz & Shindleman, 1983, p. 376. Archbold, Stewart, Greenlick, and Harvath (1990) revised this definition to “the positive quality of the relationship between the caregiver and care receiver” (p. 376). Their research teams have found that higher levels of mutuality are associated with lower levels of caregiver strain and higher levels of caregiving rewards (Archbold et al., 1990, 1995). However, the concept of mutuality was derived from non-Hispanic White samples. Because mutuality plays an important role in caregiving processes within non-Hispanic White populations, it is important to examine it within older adult-caregiver dyads of various ethnicities according to their own cultural expectations and norms.

Archbold et al. (1990) created a 15-item questionnaire to measure mutuality. They worked with primarily non-Hispanic White older adults and their family caregivers during

development of the Mutuality Scale. To test mutuality with Spanish-speaking older adults and family caregivers, we developed the Spanish Version of the Mutuality Scale. The purpose of this article is to describe the strategies we used to develop the Spanish Version of the Mutuality Scale to determine how well the scale meets three criteria (Phillips et al., 1996):

- The functional equivalence of mutuality in Mexican American families (i.e., Does this phenomenon occur in this culture?).
- A comparative descriptive framework in Mexican American families (i.e., How is this phenomenon experienced in this culture?).
- The language equivalence of the Spanish and English translations of the Mutuality Scale (i.e., Do the items in one language correspond accurately to the items in the other language?).

We think a description of the iterative processes we used to achieve each of these steps may be useful to gerontological nurse researchers interested in transcultural research.

BACKGROUND

Between 1990 and 2030, the percentage of the U.S. population age 65 and older will increase from 12.5% to 20% (U.S. Census Bureau, 2000). With the rapid increase in the aged population, the number of people needing assistance will also increase tremendously. This population will have a higher incidence of disabilities, as well as more severe disabilities (Wolf, Méndez de León, & Glass, 2007). The “parent support ratio” (people age 85 and older per 100 people ages 50 to 64) is changing rapidly and is projected to increase from 11 in 1990 to 36 in 2050 (U.S. Census Bureau, 2000).

Our project and this article focus on Mexican American older adults and their family caregivers. Although we report Mexican American data when we can, often the literature only reports *Hispanic* or *Latino* data. (We choose to use the term *Latino* because of local preferences by the community.) Mexican American older adults are the largest subgroup of Hispanic/Latino older adults. Mexican American adults also report more health problems at earlier ages, including functional disabilities and chronic conditions, than do non-Hispanic White older adults (Peek, Stimpson, Townsend, & Markides, 2006) at earlier ages (Torres, 2001). Latino individuals are hospitalized more often than are Anglo individuals for diabetes and circulatory, heart, and respiratory problems (Russo, Andrews, & Coffey, 2006).

Hispanic caregivers provide significantly more care per week to their older adults than do non-Hispanic White or African American caregivers ($p < 0.001$) (Weiss, González, Kabeto, & Langa, 2005). Approximately three fourths of Mexican American women who are caregivers (usually ages 25 to 54) work outside the home (Angel, 2004). However, dedicated family caregivers may sacrifice their own potential or actual employment in well-paying jobs (Purdy & Arguello, 1992). Because Mexican American older adults are the fastest growing minority aging group in the United States and are most often cared for by family members, it is essential to examine the relationships between Mexican American older adults and their caregivers.

Latino individuals, who are more collectivist than are non-Hispanic individuals, value relationships at the fore-front (Triandis, 1994). Therefore, the expectation is for greater harmony within in-group relationships (Marín & Triandis, 1985). There is a cultural tradition of community and mutual help in the Latino culture. Latino families are said to emphasize the family over the individual, and individuals are expected to render mutual aid when it is needed. According to Cuéllar (1990), “Most Hispanics are socialized to believe that the needs or welfare of the family or other individual family members, particularly the very young or very old, should take precedence over one’s own needs” (p. 358). Latino caregivers emphasize the “importance of having caregiving strategies (estrategias) with a focus on family caregiving rather than individual caregivers” (Oakes, Hepburn, Silva Ross, Talamantes, & Espino, 2006, p. 39). This cultural value is known as *familism*, *familialism*, or *familismo*.

Williams (1990) expressed a different perspective, indicating that the extended family has been disappearing and that among economically prosperous Mexican American individuals, “the extended family is not central to the routines of everyday life” (p. 137). Williams further noted that families are in a constant state of flux, attributing changes in fundamental organizational structures and shifted cultural values since World War II. In fact, Ruiz (2007) found less familism than expected in Latino families in Los Angeles. It is essential to better understand how the family structure has adjusted in response to new and challenging social situations and cultural influences and to appreciate the distinctions found from one Latino generation to another.

THE MUTUALITY SCALE

It could be assumed that values of allocentrism and familism provide for harmonious relationships in family care situations. One way to test this assumption, especially in the context of the changing Mexican American family (Ruiz, 2007), is to measure the quality of the relationship between the older adult and family caregiver.

The 15-item Mutuality Scale (Archbold, Stewart, Green-lick, & Harvath, 1992) is composed of four subscales:

- Love and affection (3 items).
- Shared pleasurable activities (4 items).
- Shared values (2 items).
- Reciprocity (6 items).

The scale has been used with numerous samples and has strong internal consistency reliabilities of 0.90 to 0.95 for care receivers (Lyons, Sayer, Archbold, Hornbrook, & Stewart, 2007) and 0.95 to 0.96 for caregivers (Carter et al., 1998; Lyons et al., 2007).

Evidence for construct validity of the Mutuality Scale was supported by regression results (Archbold et al., 1990). As hypothesized, mutuality was inversely related to caregiver role strain, explaining 4% to 24% of the variance in seven dimensions of strain, after controlling for five other predictors (i.e., caregiver gender, spouse versus non-spouse caregiver,

cognitive impairment of the care receiver, functional impairment of the care receiver, amount of direct care provided). Construct validity was further supported by cross-sectional findings, showing that mutuality was lower in spouse caregivers when the husband or wife was in later stages of Parkinson's disease (Carter et al., 1998). Longitudinal results from multilevel modeling analyses by Lyons et al. (2007) provided further construct validity evidence. Improving physical health in care receivers and in caregivers was associated with increases in mutuality; worsening physical health was associated with declines in mutuality. Care receivers and caregivers with high mean depression reported lower mean mutuality. Only in caregivers, however, was change in depression associated with change in mutuality, such that increasing depression was associated with declining mutuality and decreasing depression was associated with improved mutuality.

PURPOSE

The purpose of this article is to describe the development of an instrument—the Spanish Version of the Mutuality Scale. We determined for Mexican American families three dimensions of equivalence of the Mutuality Scale and the Spanish Version of the Mutuality Scale. Evaluating mutuality levels for Mexican American older adults and care-givers, especially in view of their strong cultural norm of familism, is essential. The scale can then be used in gerontological practice and research in assessing Spanish-speaking families and older adults in caregiving contexts.

METHOD

We used a three-step process to establish cross-cultural equivalence (Phillips et al., 1996) for the translated Mutuality Scale. We assessed functional equivalence, established a comparative framework, and assessed language equivalence (Jones, Lee, Phillips, Zhang, & Jaceldo, 2001). This ongoing process included three in-depth discussions with a bilingual/bicultural community advisory council.

Functional Equivalence

Functional equivalence of a phenomenon consists of its existence and similarity across two cultures. Some experiences or phenomena are unique and do not exist across cultures (Phillips et al., 1996). Therefore, our first aim was to establish whether *mutuality*, as defined by Archbold et al. (1990), existed in the Mexican American context.

We held a group discussion with members of the Elder and Caregiver Assistance and Support At-home (ENCASA) Community Advisory Council three times for this study. The Spanish term *en casa* means “in home.” Bilingual/bicultural representatives from the community have routinely advised the first author (J.D.C.) in quarterly 2-hour meetings for 7 years on research conducted with the Mexican American community.

During the first meeting for this study, council members ($n = 8$) evaluated functional equivalence. The first author facilitated the discussion after providing the background. Each participant was given a handout describing mutuality (Figure 1), used with permission, as a prompt for dialogue about the topic. The leading discussion question was:

Think about your experience or experiences as a Mexican American caregiver or older adult receiving family care, past or present. Within this experience, have you noticed feelings of mutual respect, love, affection, and reciprocity between older adults and family members who give them care?

During the discussion, the first author continued to ask and clarify questions while taking notes.

Because of their shared history, advisory council members were accustomed to talking familiarly with each other and required little prompting. They talked freely about their caregiving experiences. The group affirmed, unanimously and quickly, that mutuality did exist between older adults and caregivers in the Mexican American culture. As the council members continued to talk, their ongoing dialogue was used to reach the next step, which was to establish a comparative descriptive framework.

Establishment of a Comparative Descriptive Framework

A comparative descriptive framework is a set of descriptors of an experience from two cultures (Phillips et al., 1996). Mexican American and non-Hispanic White versions of the concept of mutuality were compared and contrasted. The goal was to explore whether any experiences reported in the non-Hispanic White (English) version of the concept of mutuality were not reported in the Mexican American (Spanish) version and whether any Mexican American experiences reported in the Mexican American version were not reported to exist within the non-Hispanic White version.

During this second stage, the first author also asked the members at the same council meeting to describe their experiences, feelings, and perceptions about their relationships with their parents or spouses for whom they were currently or had been caregivers or their relationships with the children or spouses who had been their caregivers. The group was also asked the following questions:

- What would you say is important to you in the relationship you have with the older adult you care for or with the family members who care for you?
- What, if anything, makes you enjoy or resent/not enjoy your relationship with your loved one?
- What factors in your environment (family, living situation, work responsibilities, religious expectations, friendships) affect your relationship with your loved one?
- What would you say is important to you in the relationship you have with your loved one?

The group was referred back to the written questions (Figure 1). A copy of the English version of the Mutuality Scale (Figure 2) was also provided. These tools were offered to augment the brainstorming session and prompt further discussion. Council members then talked together about whether the descriptions were consistent with, or additional to, how mutuality was described in the handout.

After the discussion, themes and examples were derived from the first author's handwritten notes to describe the Mexican American caregiving relationship (Miles & Huberman, 1984). The consensus of the group was that the Mexican American experiences of the caregiving relationship were complex. They believed most of their descriptions could be viewed as consistent with non-Hispanic White mutuality as described in the handout. In addition, four potentially new themes appeared to be unique to the Mexican American experience. Themes that could possibly be developed as new dimensions for the Spanish measure were:

- Warmth and genuine appreciation.
- Respect, honor, and admiration.
- Obligation, commitment, and responsibility.
- Resentment.

These possible themes and examples are listed in Table 1.

The first author arranged to meet with the two creators of the Mutuality Scale (B.J.S. and P.G.A.) and the second author (S.E.), a bilingual/bicultural nurse researcher who had previously served as a member of the ENCASA Community Advisory Council. The goals of the meeting were to evaluate whether the themes that had emerged from the council's discussion were consistent with already existing dimensions, were new dimensions, or did not relate to mutuality; and to fine-tune translations, to be confirmed by the original authors. The meeting lasted 2 hours.

All existing descriptions of the non-Hispanic White experience of mutuality were confirmed as also present in the Mexican American perspective. During in-depth dialogue, brainstorming, and clarification, consensus was reached regarding most of the themes and examples about Mexican American caregiving relationships listed in Table 1. The themes were confirmed and subsumed within the four previously identified dimensions (i.e., love and affection, shared pleasurable activities, shared values, reciprocity) of the original conceptualization of mutuality. For example, the theme of warmth and genuine appreciation and its example, "*Cariño*-camaraderie: this is love, but also with showing affection, usually physically (e.g., a hug). This is 'like' in addition to 'love,'" which were identified as being part of, or conceptually subsumed by, the original dimension of love and affection. However, one theme and one example were thought to be not relevant to the concept of mutuality. For example, the theme resentment (by caregivers) and its example, "Resentment: anger-changing tone of love-tenseness-'drive me crazy'-guilt ('Are we doing enough?')" did not fit into the concept of mutuality (Table 2).

Language Equivalence

The third step was to establish language equivalence between the Spanish and English versions of the scale. A back-translation exercise and a discrepancy and optimal phrasing discussion were conducted, guided by previous similar processes (Crist, Michaels, Gelfand, & Phillips, 2007; Crist, Velazquez, Durnan, & Figueroa, 2006; Phillips et al., 1996).

Previously, one bilingual member of the ENCASA Community Advisory Council had translated the English version into Spanish. Then, the Spanish version was translated back

into English by a different bilingual member using the translation method recommended by Brislin (1986) and adapted by Jones et al. (2001). The two English versions were then compared by the first author for equivalence in meaning. For some items, the English versions did not match; they were compiled into a list to discuss with the council.

In developing new instruments in two languages, or symmetrical instrument development, both versions would be adjusted (Jones et al., 2001). However, in this case, we were conducting asymmetrical translation because the English version was already established. Therefore, we used a derived etic approach to combine translation, back-translation, and dialogue to finalize the most effective way to express concepts that make sense in the second language and represent the original items accurately, but not necessarily literally (Jones, Mallinson, Phillips, & Kang, 2006). During the ENCASA Community Advisory Council meeting, after the discussion about the experience of the family caregiving relationship, the group participated in the language equivalence activity. The compilation of items in Spanish and English were shown to the bilingual council members. Members were asked to offer suggested changes for the Spanish version.

Subtle meaning differences continued to be identified. For example, Item #5, “How attached are you to him or her?” initiated a fascinating discussion of the different ways in Spanish to describe being attached. Just as in English, there are several connotations of *attached*, including “stuck to” as if by glue or “accustomed,” which was closer to the meaning intended; and in Item #14, “To what extent do you enjoy the time the two of you spend together?” the word *enjoy* could be literally translated with a Spanish word that has the connotation of enjoying the taste of something. Another example of the discussion was the title of the scale. Members finally agreed that “Usted y Su Ser Querido” would better represent “You and Your Loved One” than would “Usted Y Su Pariente.”

The suggestions for the first Spanish version were compiled by the first author. This Spanish version was then back-translated into English by a bilingual/bicultural individual. Nonmatching items were compiled to also be discussed with the original authors of the Mutuality Scale for fine-tuning the translations.

It was essential to have the original authors of the existing questionnaire participate in the decisions for the final versions of items. This ensured that nuances and subtleties of the concepts in the original English version were truly represented in the Spanish version. It was also essential to have the bilingual/bicultural consultant participate. Her participation was especially valuable because she had been born and educated in the southwestern United States, thus providing experiential expertise and ability to listen for subtle nuances in the Spanish version so it would be consistent with the local Spanish used in southern Arizona.

Optimal phrasing in Spanish of the items was selected. However, because only one bilingual person was in our meeting, a follow-up evaluation of the new Spanish version was presented at the next regularly scheduled ENCASA Community Advisory Council meeting. At that meeting, members ($n = 5$) were asked to evaluate the new translation.

Examples of discussion and written comments included *cariño* versus *amor*. These words represent two very different kinds of love (connoting romantic affection versus caring and

concern, respectively). Changes were compiled into a revised version. This version listed each item with the Spanish and English translations together. They were mailed to all members with the announcement of a subsequent meeting for discussion and finalization of items.

At a subsequent quarterly meeting, the new revision of the Mutuality Scale translation was again presented to evaluate the translation. Ten advisory group members and five research assistants attended the meeting and participated in the discussion. Most members either brought with them their preferred translations or provided comments and explanations of the subtle differences in meanings of different Spanish words and phrases. Two other members who could not attend returned the items by mail to the first author.

Again, some items were not unanimously accepted by all members. For example, there were various recommendations regarding how to phrase the anchor, "How often?" The need to retain the word *cuánto* at the beginning of items to give the measure of degree sought by the English words *how much* was a challenge. If *cuánto* were to be left off, the item would be asking for a yes-or-no dichotomous answer, rather than the Likert-type scale items intended by the original scale. Although *Qué tanto* was also suggested, consensus was that *cuánto* was usually better matched to the local Sonoran Spanish spoken by most Mexican American people in southern Arizona. In some cases, the group decided to include both words in the questions. Also, members noted that *que* used in questions needed an accent mark (*qué*).

RESULTS

After the changes were agreed on, a final draft version was compiled (Figure 3). The items were translated for whole meaning of the item rather than literally word for word. The final version has 15 items, corresponding to the original English version. Each Spanish item is immediately followed by an English translation in parentheses.

DISCUSSION

It is essential to examine our pre-existing assumptions about caregiving experiences when conducting research to provide care among various ethnicities that have unique, historical, and culturally based views of the world and family care. In gerontological research, it is important to remember that concepts or phenomena may not exist across cultures. Research studies have shown that collectivism is associated with high levels of personal interdependence, conformity, and mutual empathy (Marín & Triandis, 1985). Latino individuals expect that more loyalty, dignity, friendliness, politeness, affection, respect, and socially desirable behavior be shown than do Euro-American individuals (Triandis, 1994). The findings of this study may promote dialogue about concepts that could be relevant to a variety of research and clinical settings, because the need for care of older adults and their family caregivers will continue to grow across all ethnicities and cultures.

Methodologically, concepts or phenomena may manifest in different forms, may be described differently across cultures, and may not convey the exact equivalent meanings in literal translations. The ability to evaluate the meaning-centered phenomenon of mutuality in clients' or participants' most comfortable language is necessary for both practice and

research. Each step in developing a measure in another language is important to consider with both English-speaking non-Hispanic White and Spanish-speaking Mexican American older adults and caregivers.

Refinement is an ongoing process. For example, the debate continues about whether Item #5, “How attached are you to him or her?” makes sense in the Latino culture, and if so, how to most accurately translate its meaning into Spanish. The refinement process is most effective when it includes input from and negotiation with culturally knowledgeable local speakers and members of the community. It is essential to have community partners who are willing to provide assistance in grounding transcultural research in the real world (Crist & Escandón-Domínguez, 2003).

In clinical practice, concepts such as mutuality are important to discuss and measure with older adults and family caregivers. It is imperative to critically assess the quality of the relationship. If mutuality scores are low, especially in the love and affection dimension, consideration of placement other than in the home may be necessary for the safety and health of both the caregiver and older adult (Archbold et al., 1992). However, cultural implications would also need to be considered if low mutuality were found in Latino families before recommending placement outside the home. Evaluating mutuality levels for Mexican American older adults and caregivers, especially in view of the shifting cultural context of familism, is essential.

FUTURE DIRECTIONS

The process of refining the Spanish Version of the Mutuality Scale will continue to include meeting with bilingual/bicultural members of the ENCASA Community Advisory Council to evaluate the language equivalence of the questionnaire. The next step will be to test this version. This will include administering Spanish and English versions to bilingual individuals and submitting their responses to correlational analysis and tests of reliability and validity (Martuza, 1977). After further testing and refinement, we will continue to recruit local speakers to adjust terminology to include typical local phrasing, idioms, and colloquialisms.

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Mutuality

Mutuality has been defined as the quality of the relationship that exists between the older adult and family caregiver (Archbold, Stewart, Greenlick, & Harvath, 1990); high mutuality is reported when a positive relationship is characterized by a great deal of love, shared pleasurable activities, common values, and reciprocity.

1. What would you say is important to you in the relationship you have with the older adult you care for? (For caregivers)
2. What do you think is important for older adults in the relationship they have with their family caregivers?
3. What, if anything, makes you enjoy your relationship with your loved one?
4. What, if anything, makes you resent/not enjoy your relationship with your loved one?
5. What factors in your environment (family, living situation, work responsibilities, religious expectations, friendships) affect your relationship with your loved one?

Figure 1.

Discussion points for the Elder aNd Caregiver Assistance and Support At-home (ENCASA) Community Advisory Council.

You and Your Loved One					
	Not at All	A Little	Some	Quite a Bit	A Great Deal
1. To what extent do the two of you see eye to eye?	0	1	2	3	4
2. How close do you feel to him or her?	0	1	2	3	4
3. How much do you enjoy sharing past experiences with him or her?	0	1	2	3	4
4. How much does he or she express feelings of appreciation for you and the things you do?	0	1	2	3	4
5. How attached are you to him or her?	0	1	2	3	4
6. How much does he or she help you?	0	1	2	3	4
7. How much do you like to sit and talk to him or her?	0	1	2	3	4
8. How much love do you feel for him or her?	0	1	2	3	4
9. To what extent do the two of you share the same values?	0	1	2	3	4
10. When you really need it, how much does he or she comfort you?	0	1	2	3	4
11. How much do the two of you laugh together?	0	1	2	3	4
12. How much do you confide in him or her?	0	1	2	3	4
13. How much emotional support does he or she give you?	0	1	2	3	4
14. To what extent do you enjoy the time the two of you spend together?	0	1	2	3	4
15. How often does he or she express feelings of warmth toward you?	0	1	2	3	4

Figure 2.
English version of the Mutuality Scale. Adapted by the authors from Archbold, Stewart, Greenlick, and Harvath (1992).

USTED Y SU SER QUERIDO					
	Nada/Nunca (Not at All)	Un Poco (A Little)	Algo (Some)	Bas-tante (Quite a Bit)	Mucho (A Great Deal)
1. ¿Qué tanto (a qué grado) ven las cosas desde el mismo punto de vista? (To what extent do the two of you see eye to eye?)	0	1	2	3	4
2. ¿Qué tan cercano se siente hacia el/ella? (How close do you feel to him or her?)	0	1	2	3	4
3. ¿Qué tanto le gusta compartir experiencias pasadas con el/ella? (How much do you enjoy sharing past experiences with him or her?)	0	1	2	3	4
4. ¿Qué tanto él/ella expresa aprecio hacia usted y las cosas que usted hace? (How much does he or she express feelings of appreciation for you and the things you do?)	0	1	2	3	4
5. ¿Qué tan engreída está con el/ella? (How attached are you to him or her?)	0	1	2	3	4
6. ¿Qué tanto le ayuda el/ella a usted? (How much does he or she help you?)	0	1	2	3	4
7. ¿Qué tanto le gusta platicar con el/ella? (How much do you like to sit and talk to him or her?)	0	1	2	3	4
8. ¿Qué tanto cariño siente hacia el/ella? (How much love do you feel for him or her?)	0	1	2	3	4
9. ¿Qué tanto (a qué grado) comparten los mismos valores? (To what extent do the two of you share the same values?)	0	1	2	3	4
10. ¿Si usted necesita consuelo, qué tanto consuelo le da el/ella? (When you really need it, how much does he or she comfort you?)	0	1	2	3	4
11. ¿Qué tanto (cuánto) se ríen las/los dos juntas/os? (How much do the two of you laugh together?)	0	1	2	3	4
12. ¿Qué tanto (cuánto) confía en el/ella? (How much do you confide in him or her?)	0	1	2	3	4
13. ¿Qué tanto (cuánto) apoyo emocional recibe de el/ella? (How much emotional support does he or she give you?)	0	1	2	3	4
14. ¿Qué tanto (cuánto) goza el tiempo que pasan juntas/os? (To what extent do you enjoy the time the two of you spend together?)	0	1	2	3	4
15. ¿Qué tanto (qué tan seguido) expresa el/ella sentimientos cariñosos hacia usted? (How often does he or she express feelings of warmth toward you?)	0	1	2	3	4

Figure 3.

Spanish Version of the Mutuality Scale, with English translations. Adapted from Archbold, Stewart, Greenlick, and Harvath (1992) by Crist, Stewart, Archbold, and Escandón in 2004, revised by the Elder and Caregiver Assistance and Support At-home (ENCASA) Community Advisory Council in 2006.

TABLE 1

Mexican American Themes of Mutuality with Examples

Theme	Examples
Warmth, genuine appreciation	<ul style="list-style-type: none"> • <i>Carrito</i>-camaraderie: this is love, but also with showing affection, usually physically (e.g., a hug). This is “like” in addition to “love.” Warmth, genuine appreciation. • Grandmother told funny stories about herself currently and past stories. She is the family historian. Love listening to her. • She’s the glue—knows the history of the family.
Respect, honor, admiration	<ul style="list-style-type: none"> • Respect—and beyond that, honor. Also admiration. • Teaches morals by telling stories. • Matriarch. Feel privileged if she shows up at a function you invite her to, because she doesn’t go very often. She’s that powerful lady in the home.
Obligation, commitment, responsibility	<ul style="list-style-type: none"> • Concern, priority: expected to give care—“This is my role.” • Reflexive: do what needs to be done regardless of whether the boss approves or any other obligation. If take leave or respite, feel guilty.
Resentment	<ul style="list-style-type: none"> • Resentment: anger-changing tone of love-tenseness—“drive me crazy”—guilt (“Are we doing enough?”). • A nurse who is a family caregiver to a spouse said, “I don’t want to be a nurse at home!”

TABLE 2
Mutuality Dimensions Grid: Original Dimensions and Mexican American Themes

Original Dimensions and Items in Mutuality Scale			
Love and Affection	Shared Pleasurable Activities	Shared Values	Reciprocity
2. How close do you feel to him or her?	3. How much do you enjoy sharing past experiences with him or her?	1. To what extent do the two of you see eye to eye?	4. How much does he or she express feelings of appreciation for you and the things you do?
5. How attached are you to him or her?	7. How much do you like to sit and talk to him or her?	9. To what extent do the two of you share the same values?	6. How much does he or she help you?
8. How much love do you feel for him or her?	11. How much do the two of you laugh together?		10. When you really need it, how much does he or she comfort you?
	14. To what extent do you enjoy the time the two of you spend together?		12. How much do you confide in him or her?
			13. How much emotional support does he or she give you?
			15. How often does he or she express feelings of warmth toward you?
Mexican American Themes with Examples (These Were Eventually Subsumed into Existing Mutuality Dimensions)			
<i>Carriño</i> -camaraderie: this is love, but also with showing affection, usually physically (e.g., a hug). This is "like" in addition to "love." Warmth, genuine appreciation. [Subsumed under Love and Affection]	Grandmother told funny stories about herself currently and past stories. She is the family historian. Love listening to her. [Subsumed under Shared Pleasurable Activities]	Teaches morals by telling stories. [Subsumed under Shared Values]	Concern, priority: expected to give care —"This is my role." [Subsumed under Reciprocity]
Respect—and beyond that, honor. Also admiration. [Subsumed under Love and Affection]			Reflexive: do what needs to be done regardless of whether the boss approves or any other obligation. If take leave or respite, feel guilty. [Subsumed under Reciprocity]
Matriarch. Feel privileged if she shows up at a function you invite her to, because she doesn't go very often. She's that powerful lady in the home. [Subsumed under Love and Affection]			
Mexican American Themes That Did Not Fit, With Possible Other Designations			
Resentment: anger-changing tone of love-tenseness—"drive me crazy"—guilt ("Are we doing enough?"). A nurse who is a family caregiver to a spouse said, "I don't want to be a nurse at home!" [No fit; may be an indication of caregiving trajectory]		She's the glue—knows the history of the family. [No fit; possibly Rewards of Caregiving (Archbold et al., 2005)]	

Note. The numbers in the top section of the table correspond to the question numbers in the Mutuality Scale shown in Figure 2.