



# Sense of coherence changes with aging over the second half of life

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## ABSTRACT

Sense of coherence (SOC), a concept reflecting meaningfulness, comprehensibility, and manageability of life, has been demonstrated to have strong connections to positive outcomes such as good health. However, less is known about how SOC changes over the second half of life as age-related deficits accumulate. We used longitudinal samples of mature adults that included the oldest-old to track change in SOC from age 55 to 101. Growth curves using an accelerated longitudinal design were estimated for 1809 individuals who contributed 4072 observations from five national Swedish surveys between 1991 and 2010/11. Results indicated that deficits in health and social resources were largely responsible for the precipitous decline in SOC after age 70. When controlling for these deficits, SOC increased continuously into advanced old age. We conclude that the capacity to comprehend, manage, and find meaning in life—the component elements of SOC—strengthens over the last years of life, suggesting a positive ontogenic development that runs parallel but opposite to the negative impact of health and social decline.

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## 1. Introduction

Sense of coherence (SOC) is a construct widely applied in social epidemiology and related fields to understand the role of subjective appraisals of efficacy and sense-making in the management and maintenance of health. Originally developed by Antonovsky (1987), SOC reflects the attribution of comprehensibility, manageability and meaningfulness to circumstances and events surrounding one's life. SOC provides a cognitive frame for interpreting the immediate world and making sense of negative events (Antonovsky, 1987). Literature has shown that SOC benefits health outcomes by reducing the impact of stress

on physiological functioning (Amirkhan & Greaves, 2003; Antonovsky, 1987; Surtees, Wainwright, & Khaw, 2006), as well as mediating the relationship between stressful circumstances and well-being outcomes such as psychosomatic symptoms (Feldt, Kinnunen, & Mauno, 2000) and poor self-rated health (Richardson & Ratner, 2005).

In its original rendering, SOC was conceptualized as representing three underlying components of *comprehensibility*, *manageability*, and *meaningfulness* (Antonovsky, 1987). Comprehensibility refers to an understanding of oneself and one's surroundings as structured, coherent, and purposeful; manageability is manifest by feelings of competence to handle the demands of life; meaningfulness refers to feelings that daily life is rewarding and emotionally satisfying. Both theory and the supporting empirical literature suggest that SOC is a mediating meta-construct, shaped by the availability of internal resources (e.g., ego strength) and external resources (e.g., monetary

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resources and social support), that aids in coping with demanding situations and disruptive life events (Antonovsky, 1987; Volanen, Suominen, Lahelma, Koskenvuo, & Silventoinen, 2006).

Although the question of whether SOC changes over time has been studied in a handful of studies, little is known about how SOC evolves over extended periods of the life span and in relation to the unique challenges and deficits faced by people as they transition to later life. The current investigation examines change in SOC between midlife and advanced old age and how parallel processes of health decline and the accumulation of social deficits shape the trajectory of that change.

### 1.1. Changes in SOC over the lifespan

The concept of SOC originated in the field epidemiology and has been principally investigated in clinical settings and in groups coping with particular diseases and ailments. Antonovsky (1987) conceived of SOC as a psycho-social trait formed in childhood or adolescence that thereafter remained generally stable over the remainder of the life-span. However, there have been challenges to the notion of absolute stability in SOC in adulthood. For instance, in their review article on SOC, Lundberg and Toivanen (2011), taking note of the literature, concluded that “having been exposed to traumatic life events has been shown to change people’s world view and thus weaken their SOC.” (p. 22). Antonovsky himself acknowledged that in unusual circumstances SOC could change in response to “a new pattern of life experiences” or a fundamental shift in life conditions (Antonovsky, 1987, pp. 119–123). However, relatively little attention has been devoted to developmental change in SOC over the second half of life in a general population of mature adults.

The empirical literature is equivocal over the question of whether SOC is a stable or malleable property of individuals. Longitudinal research shows that, in general, SOC is moderately consistent over lengths of time ranging from one to four years (Feldt, Leskinen, Kinnunen, & Mauno, 2000; Kivimäki, Feldt, Vahtera, & Nurmi, 2000; Suominen, Helenius, Blomberg, Uutela, & Koskenvuo, 2001). Over slightly longer periods, studies have found both a general decrease (Nilsson, Holmgren, Stegmayr, & Westman, 2003) as well as a general increase in SOC (Richardson, Ratner, & Zumbo, 2007; Volanen, Suominen, Lahelma, Koskenvuo, & Silventoinen, 2007).

Despite its widespread application with younger adults (e.g., Feldt, Leskinen, et al., 2000), SOC has rarely been examined among older adults, particularly the oldest-old, when health problems are most likely to arise and when proximity to death raises existential questions about the purpose of life. In general, SOC has been found to have a strong basis in the potential of middle-aged and older people to adapt to the challenges of aging (Surtees et al., 2006). One study found that SOC weakened the relationship between the stress of an anticipated relocation into a congregate living facility and natural killer cell activity (Lutgendorf, Vitaliano, Tripp-Reimer, Harvey, & Lubaroff, 1999).

Paradigms from developmental psychology conceptually overlap with SOC and can serve to illuminate its meaning as a resource in later life. The Baltes and Baltes (1990) paradigm of adaptive aging suggests compensatory strategies by which older adults cope with losses and provides an explanation for how older individuals maintain equilibrium in the presence of physical, cognitive and sensory deficits. In a related perspective, Heckhausen and Schulz (1995) focus on how older adults maximize control by downwardly adjusting expectations in response to losses. Similarly, Brandtstädter and Rothermund (2002) observe cognitive strategies used by older adults to redefine the salience of goals so as to avoid the impact of failure. What unites these interrelated paradigms is their emphasis on the shift from external resources to internal strategies to cope with declining abilities in later life. Thus, with aging, difficult conditions are increasingly managed with psychic resources—such as those represented by SOC. When deficits increase faster than the psychic resources needed to adapt to them, we should see a decline in SOC. However, when deficits are controlled, we should expect stability, or even an increase, in SOC as assessed by the capacity to solve problems, find meaning, and derive satisfaction in one’s life conditions.

Most of what we know about SOC and age comes from cross-sectional studies showing stronger SOC in older age groups (Due & Holstein, 1998; Larsson & Kallenberg, 1996; Lindmark, Stenström, Gerdin, & Hugoson, 2010; Nilsson, Leppert, Simonsson, & Starrin, 2010; Volanen, Lahelma, Silventoinen, & Suominen, 2004). Although some studies have found no relationship between age and SOC within older age groups (Smits, Deeg, & Bosscher, 1995; Schneider, Driesch, Kruse, Nehen, & Heuft, 2006), evidence suggests that change in SOC may not be linear during the second half of life, peaking among late middle aged and young-old individuals (Surtees, Wainwright, Luben, Khaw, & Day, 2003; Nilsson et al., 2003). However, most longitudinal studies are limited in their ability to examine long-term change in SOC. Further, almost all studies on the topic omit the oldest-old, a group experiencing the most volatile changes in their abilities and resources, as well as coming to terms with their own mortality.

### 1.2. Correlates of SOC

Sense of coherence has a strong basis in the adequacy of physical, social, material, and cognitive resources. SOC tends to be weaker in the absence or loss of such resources, for instance among those experiencing health problems and weakened social support networks (Nilsson et al., 2003). Lower levels of SOC have been associated with a variety of negative life events, such as incurring a severe injury (Schnyder, Büchi, Sensky, & Klaghofer, 2000), being a victim of violence, and experiencing a divorce/separation and financial hardship (Volanen et al., 2007). Conversely, improvements in SOC have been found among people having positive experiences that suggest a gain in resources, such as returning to work after previously being unemployed (Vastamäki, Moser, & Paul, 2009). Below we present a review of the relationship between

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