



# Self-rated poor health and loneliness in late adulthood: Testing the moderating role of familial ties



Kristy Holtfreter<sup>a,\*</sup>, Michael D. Reisig<sup>a</sup>, Jillian J. Turanovic<sup>b</sup>

<sup>a</sup>Arizona State University, Phoenix, AZ, United States

<sup>b</sup>Florida State University, Tallahassee, FL, United States

## ARTICLE INFO

### Article history:

Received 20 December 2014

Received in revised form 30 July 2015

Accepted 10 November 2015

Available online 10 December 2015

### Keywords:

Loneliness

Late adulthood

Self-rated health

Family bonds

Life course

## ABSTRACT

The objective of this study was to investigate whether the relationship between self-rated poor health and loneliness in late adulthood is moderated by strong and supportive familial ties. Using cross-sectional data from a sample of 2000 individuals 60 years of age and older who reside in Arizona and Florida, moderation tests were conducted to determine whether two types of familial ties – spouse and children – diminish the effect of poor health on loneliness. The results indicated that participants who reported poor health were less likely to experience loneliness when they have a strong attachment to their spouse. Similar attachments to children did not condition the relationship, neither did the mere presence of familial ties (alternative measures that did not take into account the quality of such ties). The findings lend support the argument that it is not familial ties per se that are beneficial, but rather the quality of such ties that matters.

© 2015 Elsevier Ltd. All rights reserved.

## 1. Introduction

The health of individuals in the later stages of the life course is of great concern to scholars in gerontology, public health, sociology, and those working in the field of medicine. This concern is well founded. Research links poor health status to a wide array of negative social, psychological, and physical outcomes among older individuals, including social disconnectedness, depression, and even death (Alpass & Neville, 2003; Chang-Quan et al., 2010; Luo, Hawkey, Waite, & Cacioppo, 2012). Another factor influenced by poor health that researchers are acutely aware of is loneliness, a negative psychological state that itself is associated with a host of social and behavioral complications (Geller, Janson, McGovern, & Valdin, 1999; Hawkey & Cacioppo, 2010). But not all older adults with health problems experience loneliness. Indeed, some elderly individuals are resilient to such deleterious effects (Perissinotto, Cenzer, & Covinsky, 2012).

To date, little is known about why variation exists in older individuals' psychological responses to poor health. One promising place to begin is the familial ties that late adulthood individuals have (Ha, 2010; Stevens & Westerhof, 2006). Positive and supportive familial ties in general are known to benefit individuals' overall physical and mental well-being (Cohen & Wills, 1985; Thoits, 2011). Accordingly, it is possible that having strong familial ties helps to buffer feelings of loneliness for older adults experiencing poor

health. For example, nurturing family members can help stave off loneliness by listening to health-related concerns and by providing updates to caring family members who actively lend support.

This study investigates the link between self-rated poor health and loneliness in late adulthood. Specifically, interest centers on whether strong and supportive familial ties (i.e., attachment to spouse and attachment to children) condition the relationship between health status and loneliness. Using cross-sectional telephone survey data from a sample of 2000 individuals age 60 and older, linear regression equations are estimated to determine whether high-quality ties to family members moderate the empirical connection between self-rated poor health and loneliness. Additional analyses are conducted to determine whether the mere presence of familial ties (not taking into account variation in quality) has a similar influence. Accomplishing this objective will not only speak to the relative value of strong familial bonds in late adulthood, but will also inform efforts to reduce loneliness among older adults.

## 2. Review of the literature

### 2.1. Poor health and loneliness

It is no secret that health problems become more common as people age. Indeed, 80% of people over age 50 suffer from at least one chronic ailment (e.g., high blood pressure, arthritis, and asthma), and the risk of multiple ailments increases with each passing year (American Association for Retired Persons, 2009). For those in late adulthood, the severity of health conditions like heart disease,

\* Corresponding author. Tel.: +1 16024962344.

E-mail address: [kholtfreter@gmail.com](mailto:kholtfreter@gmail.com) (K. Holtfreter).

cancer, lower respiratory diseases, stroke, and diabetes can range from mild to debilitating, the latter of which involves difficulty with simple daily tasks (e.g., bathing, dressing, and eating; [Center for Disease Control, 2013](#)). For good reason, researchers from different academic disciplines are interested in the factors that contribute to poor health in late adulthood ([Cacioppo et al., 2002](#); [Hawkey, Masi, Berry, & Cacioppo, 2006](#); [Steptoe, Shankar, Demakakos, & Wardle, 2013](#)). But researchers also investigate the many negative outcomes associated with worsening health among older individuals ([Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005](#); [Wegner, Davies, Shahtahmasebi, & Scott, 1996](#)).

Two psychological problems linked to poor health among elderly people are loneliness and social isolation ([Hawkey & Cacioppo, 2010](#); [Luanaigh & Lawlor, 2008](#); [Penninx et al., 1999](#)). Although empirically related ([Coyle & Dugan, 2012](#); [Pressman et al., 2005](#)), loneliness and social isolation are conceptually distinct. Loneliness is the “feeling or perception of being alone” ([Peplau & Perlman, 1982, p. 4](#); also see [de Jong Gierveld, 1998](#)). In contrast, social isolation occurs when one has few (if any) connections with family, friends, and/or the larger community ([Pressman et al., 2005](#)). Put simply, loneliness is subjective, suggesting that it can occur in the presence or absence of personal interaction with others ([de Jong Gierveld, van Tilburg, & Dykstra, 2006](#); [Holwerda et al., 2014](#); [Luo et al., 2012](#)), whereas social isolation reflects the objective lack of social contact. This study focuses on loneliness because, as will be outlined below, untreated loneliness in late adulthood may result in additional problems that are particularly dire for older individuals.

Older persons in declining health face acute risks for loneliness, largely because they are less able to participate in social activities ([Wegner et al., 1996](#); [Yeh & Lo, 2004](#)). Outside of travel to medical appointments, pharmacies, and the like, poor health often restricts older individuals from leaving their residence ([Kwag, Martin, Russell, Franke, & Kohut, 2011](#)). In a segment of the life course where the loss of social relationships is a part of the typical aging process (due to children leaving the family home, retirement, and death of friends and partners), poor health may further hinder the ability for older adults to maintain connections to others ([Chang-Quan et al., 2010](#); [Litwin, 2006](#); [van Groenou, Hoogendijk, & van Tilburg, 2013](#)). If unaddressed, loneliness in late adulthood can result in worsening health problems, including suicide ideation ([McWhirter, 1990](#)), depression ([Alpass & Neville, 2003](#)), the onset of dementia ([Holwerda et al., 2014](#)), chronic illness ([Geller et al., 1999](#)), elevated blood pressure ([Hawkey & Cacioppo, 2010](#)), sleep problems ([Hawkey & Cacioppo, 2003](#)), and mortality ([Idler & Benyamini, 1997](#)). But not all older adults experiencing health problems suffer from loneliness. The understanding of the social factors that moderate the health-loneliness relationship remains underdeveloped; this void may be due in part to researchers' tendency to focus on loneliness as a precursor to poor health ([Cacioppo et al., 2002](#); [Hawkey et al., 2006](#); [Steptoe et al., 2013](#)).

## 2.2. Familial ties and loneliness

Familial ties refer to connections between family members, whether because of kinship, marriage, or adoption ([Logan & Spitze, 2010](#)). Importantly, familial ties vary in terms of quality (e.g., level of emotional support provided). And it is not the mere existence of familial ties (e.g., being married or having children) that matters most, but rather the strength of these attachments and their collective influence in one's life that provide valuable buffers from various negative life events, including bouts of loneliness. For example, a person from a family with whom attachments are weak may feel lonely because their ties offer little camaraderie and do not provide someone to talk to about life's difficulties. Conversely, an individual from a family where bonds are strong and characterized by trust and mutual support will feel comparatively less lonely. The

salience of different familial ties (e.g., parents, siblings, spouse, and children) likely varies across the life course. This study focuses on two types of familial ties – spouse and children – that are believed to provide protective benefits in late adulthood.

The benefits associated with marriage, whether in terms of control or support, are well established ([Kiecolt-Glaser & Newton, 2001](#); [Sampson & Laub, 1993](#)). Such advantages extend into late adulthood. For example, marriage for many older adults provides emotional support and positive affectivity through mutual affection, understanding, companionship, and growing appreciation ([Levenson, Carstensen, & Gottman, 1993](#)). As other relationships fade into the background, intimate spousal ties become increasingly important sources of social contact. However, not all marriages can be accurately characterized as blissful unions. For a variety of reasons, some couples stay together despite considerable dissatisfaction with their relationship ([Iveniuk, Waite, Laumann, McClintock, & Tiedt, 2014](#); [Wang, Wang, Li, & Miller, 2014](#)). Marriage to a spouse who is distant, resentful, or uncaring likely does very little to alleviate feelings of loneliness. In contrast, older adults who have highly satisfying marriages are less likely to feel lonely ([de Jong Gierveld, Groenou, Hoogendoorn, & Smit, 2009](#); [Stevens & Westerhof, 2006](#)). In short, the weight of the evidence indicates that supportive marriages are beneficial in the later years of the life course.

Children are also often an important source of support and companionship in late adulthood ([Ha, 2010](#); [Milkie, Bierman, & Schieman, 2008](#); [Ryan & Willits, 2007](#)). [Long and Martin \(2000\)](#) found that high quality relationships with adult children decreased feelings of loneliness among the oldest old (i.e., adults 85 years of age and older). But much like poor quality marriages, dissatisfying relationships with adult children can also be a source of stress ([Cichy, Lefkowitz, Davis, & Fingerman, 2013](#)). Adult offspring who are emotionally needy, financially dependent, or in constant need of assistance can be a source of worry, disappointment, anger, depression, and other negative emotions for parents. Indeed, research shows that parents with a greater number of problematic children report much lower levels of well-being ([Fingerman, Cheng, Birditt, & Zarit, 2012](#); [Milkie et al., 2008](#); [Ward, 2008](#)). And research also demonstrates that high-quality ties to children may become especially important as individuals progress through late adulthood ([Choo, Martin, & Poon, 2015](#); [Kivett, Stevenson, & Zwane, 2000](#); [Shor, Roelfs, & Yogeve, 2013](#)). At this advanced stage of the life course, older adults are increasingly widowed and many of their friends are deceased. Children can help fill this void. Overall, the evidence is clear: strong attachments to children matter for adults in late life.

## 2.3. The conditioning influence of familial ties

Strong familial ties are associated with positive psychological states (e.g., self-worth, belonging, & security) that can mitigate feelings of loneliness ([Berkman, 1995](#); [Coyne & Downey, 1991](#); [Kawachi & Berkman, 2001](#)). For example, [Ryan and Willits's \(2007\)](#) study of over 500 married parents between the ages of 68–73 revealed that satisfactory relationships with spouses and children had a positive influence on psychological well-being, while the sheer number of one's familial associations had very little impact on physical or psychological health outcomes. This highlights the significance of considering quality over quantity in examining the conditioning role of familial ties.

For some older individuals, an adverse health diagnosis may activate familial ties, in that family members rise to the occasion to support and care for their aging relatives ([Coyle & Dugan, 2012](#); [DuPertuis, Aldwin, & Bosse, 2001](#)). For an older individual experiencing poor health, caring spouses and children can offer valuable emotional support by listening to concerns over diagnoses, alleviating fears about tests, and reminding them that they are not alone. Strongly-bonded family members can also provide

Download English Version:

<https://daneshyari.com/en/article/313563>

Download Persian Version:

<https://daneshyari.com/article/313563>

[Daneshyari.com](https://daneshyari.com)