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Gender and psychological distress among middle- and older-aged colorectal cancer patients and their spouses: An unexpected outcome

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Abstract

The population in the western world has been aging while the cancer survival rates have been systematically increasing. Knowledge is lacking about psychological processes and effects of gender difference among middle-aged cancer patients and their healthy spouses. This study assesses psychological distress, coping and social support among middle-aged couples, where one of the partners was diagnosed with colon cancer. A repeated-measure MANOVA and Pearson's correlation coefficient were used to assess the relationships between the variables. Levels of social support were found to be negatively correlated to levels of psychological distress among all of the participants. Surprisingly, men (healthy or sick) were found to be more distressed than their wives ($p < 0.0001$). Men also reported receiving more support from their wives than did the female spouses ($p < 0.0005$). The gender differences found in our study imply that men (healthy or sick) tend to receive more support than they give to their wives. It also implies that men do not use the support they receive as effectively as their wives. Thus, although men report higher levels of support from their spouses, they also report higher levels of psychological distress. Practical implications are discussed.

Keywords: Psychological distress; Gender; Colorectal cancer; Middle aged; Spouse

1. Introduction

Today, one of every 10 persons is 60 years old or over, totalling 629 million people worldwide. By 2050, one of every five persons will be 60 or older, and this ratio will decrease to one of every three persons. The actual number of people over the age of 60 will be almost 2 billion, at which point the population of older persons will outnumber children up to 14 years old [1,2].

Aging is perceived as a universal and physiological process. Growing old is intrinsically associated with physical decline, emotional losses and social changes [3,4].

In most societies, the transition from being defined as "adult" to "elderly" begins generally at age 60–67: the age of compulsory retirement, a process of significant losses, and physical and social limitations. Sociologists have called old age (70>) a "roleless role" within a society centered around a total absence of expectations that others have [5].

Few social transitions exist for the middle- and older-aged person. The most distinctive characteristic of rites of passage for this population in western society is in their absence or incompleteness. Events such as retirement, physical impediments, or illnesses offer only "exit signs" without any clear pathway back to social reincorporation [6].

Notwithstanding these "signs," the actual point of transition also depends upon the individual's particular history within his/her socio-cultural milieu. It is often a life-changing period in family–social responsibilities, identity status, earning power, health-care needs and dependency [7].

There are no psychological and physiological data favoring one particular age cut-off over the other. Although chronological aging and declining biological functions are undeniable realities, functions decline at different rates with different private meanings according to each individual's socio-cultural background. Thus, the middle- and older-aged population is a heterogeneous group when it comes to survival, functional status, role, identity, and quality of life.

1.1. Theoretical background: cancer in the elderly

1.1.1. Marital and gender context

Cancer is the leading cause of death among women aged 40–79 and among men aged 60–79 and one of the three leading causes of death in those over 80 years of age. Nonetheless, many cancer patients are living and surviving long after their initial cancer diagnoses and treatments. As the world population continues to see rapid demographic shifts, the number of middle- and older-aged adults receiving cancer care worldwide will be unprecedented [7,8]. Arthur Frank [9] speaks of our "remission society," in which cancer patients often hold on to their patienthood status for long periods of time. Cancer-service professionals refer to this period as the patient's "cancer journey" [10].

Cancer treatment has expanded its concerns for patients' survival to include the ongoing adjustment of patients and their families [11]. Middle- and older-aged adults' adjustment to cancer "may be compromised within the family and the social environments—with respect to marriage and intimate ties, social participation, socio-economic status and mental and physical health" [12].

Marital and family relationships may be affected by the presence of cancer and may, in turn, serve as a resource to buffer the effects of cancer on patients' and family members' quality of life [11]. Accordingly, patient and healthy spouse may treat illness differently depending on the extent to which they see the disease as a "relational" problem [13]. Caring for spouses as caregivers may be relevant not only to relieve their distress but also because of the positive effect on the marital relationship [14].

In a recent publication by Braun et al. [15] on patient–partner attachment, they indicated that problems in