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Stress and wellbeing during chronic illness and partner death in later-life: the role of social support

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Chronic illness and the death of a romantic partner are two of the most significant stressors reported by older adults, resulting in various physical and mental health consequences. Evidence suggests that social support is a key factor in understanding the association between chronic illness and widowhood and the wellbeing of older adults. Nevertheless, research into social support is often approached in an atheoretical manner when investigating these stressors in older adulthood. We attempt to address this theoretical chasm by proposing an integrative model to explain social support processes in older couples which draws on models of social support and attachment theory. Our model provides an important framework for understanding existing research findings as well as guiding future research.

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As a function of biological changes associated with the aging process, older couples are likely to have to deal with a chronic illness, or come to terms with the impending loss of one's partner due to illness or frailty [1,2]. While chronic illness and the loss of one's romantic partner are stressful experiences during any stage of adulthood [3], these stressors are listed as two of the most significant by older adults [4]. The physical and mental health outcomes associated with these stressors are many and varied for older adults [5,6]. However, evidence to date suggests that social support consistently emerges as an important factor in understanding the association between chronic illness and widowhood and the wellbeing of older adults. In particular, the reliance on romantic partners for support

in dealing with stressors in later-life is especially important for two reasons. Firstly, according to socioemotional selectivity theory [7] later-life is associated with a tendency to reduce the size of social networks but to enhance the quality of maintained network relations. To this end, the provision of support by romantic partners has a significant impact on how older adults deal with the stressors and strains of life [8]. Secondly, many romantic relationships in later life reflect a longstanding close relationship between two older adults who are likely to function as one another's primary attachment figure, and therefore, meet each other's fundamental needs for love, comfort and security [9]. Thus, the provision of social support, especially from a romantic partner, is an important explanatory mechanism regarding the link between stress and wellbeing in older adulthood.

Despite social support being central to the physical and mental health outcomes experienced by older adults during chronic illness and spousal loss, research is often approached in an atheoretical manner. Specifically, there is little by way of the a priori application of established and well-validated theories and models relevant to social support. In this paper, we attempt to address this gap by proposing an integrative model to explain social support processes in older couples experiencing chronic illness and spousal loss. The model brings together key theoretical approaches that provide a comprehensive understanding of social support dynamics and outcomes in terms of physical and mental health. In particular, our integrative model draws on models of social support [10^{*},11] and attachment theory [12^{**}] — one of the most widely studied theories of human bonding and loss. We commence by providing a brief review of the literature examining the role of social support within the contexts of chronic illness and widowhood and discuss how models of social support and attachment theory provide important insight into research findings. We then present our conceptual model and discuss its implications for future research.

Chronic illness

Support processes are particularly salient in contexts such as chronic illness. Care recipients require instrumental and emotional support from caregivers to meet their physical and mental health needs, but caregivers also require support in order to deal with the stress and burden associated with caring for a romantic partner. Numerous studies have found that the provision of social support, especially by romantic partners, can buffer the effects of

chronic illness on the wellbeing of care recipients in terms of physical health (by way of changes in cardiovascular, neuroendocrine, and immune function [5]) and mental health [13,14]. For example, Choi and Ha [15] found that high partner support was associated with lower depression for both men and women experiencing a chronic illness, while low perceived support from one's romantic partner was associated with higher depressive symptoms among women. Similarly, other studies have found that caregivers who report a lack of support from one's partner or social network also report problems in immune functioning, increased risk of cardiovascular disease, greater burden and distress and increased depression [16*,17].

While these studies highlight the consequences of social support in shaping mental and physical health outcomes for caregivers and care recipients, these studies: (a) do not explain why older couples exposed to the same severity and type of chronic illness demonstrate different social support dynamics and outcomes, (b) do not underscore the functional significance of social support beyond the illness itself in meeting a person's fundamental needs for love, comfort and security. Nevertheless, the application of attachment theory [12**], can provide important insights that addresses these gaps.

According to attachment theory, a person's relationship history with attachment figures yields individual differences in the seeking of support (to fulfill needs for love, comfort and security) during periods of distress. Rejection and unresponsiveness by attachment figures is thought to yield behavioral strategies designed to suppress distress (termed deactivation) and results in the development of attachment avoidance. Inept or inconsistent care by attachment figures is thought to yield behavioral strategies that further exacerbate distress (termed hyper activation) and result in the development of attachment anxiety. Sensitive and responsive support by attachment figures yields highly constructive and problem-focused responses to distress and result in attachment security (i.e., low attachment anxiety and avoidance) [18].

Over two decades of research into social support from an attachment theory perspective demonstrates that individual differences in attachment are associated with distinct support giving and support seeking dynamics that can either exacerbate or buffer distress [19**,20]. Despite this longstanding research, the application of attachment theory to the study of support exchanges between older couples experiencing chronic illness is few and far between. Of those that have been conducted, individual differences in attachment have been found to predict caregiving and support interactions as well as mental and physical health outcomes of older couples dealing with illness such as Cancer and Alzheimer's Disease (AD). Across these studies, attachment avoidance in spousal carers has been associated with low levels of proximal

(a wanting to be near the care-recipient) and sensitive styles of caregiving and higher levels of a controlling style of caregiving. Attachment anxiety has been associated with controlling as well as highly compulsive/smothering caregiving styles [21*]. The caregiving responses of individuals high on attachment anxiety and avoidance are reflective of hyperactivation and deactivation behavioral strategies respectively [18,22]. Gillath and colleagues [23] examined older adults who either experienced a stroke or suffered dementia and their caregivers. They found that caregiver's attachment insecurity was positively associated with depression, and that social networks (social support) attenuated this association.

In terms of care recipients, older adults who are anxiously attached report greater symptoms of physical and mental health problems, especially if they perceive caregivers to also be anxiously attached [24]. The findings reflect similar associations to those found in the intergenerational caregiving literature [25]. Furthermore, studies investigating individual differences in attachment and social support processes point to diathesis stress models [26] and their application to older couples dealing with chronic illness. That is, the experience of negative physical and psychological outcomes (the diathesis), in couples dealing with chronic illness (stress) are exacerbated by vulnerability factors (such as attachment insecurity).

Before concluding this section about chronic illness, support, and wellbeing, it is important to emphasize that too much support is associated with negative outcomes. For example, Bookwala [27] showed that individuals with very poor vision who received high levels of support reported more functional limitations [28,29]. Such findings suggest that if the amount, type or manner in which support is provided challenges a support recipient's competence (e.g., being smothering or overprotective), it is likely to result in negative rather than positive outcomes [27,30*,31,32]. These findings are consistent with the optimal matching model of social support (the most effective support is that which matches the stressful event [10*]). Future research into chronic illness and social support processes may need to consider the application of the theories we have noted in order to develop more comprehensive insights into the chronic illness-wellbeing nexus in older adulthood.

Widowhood

The death of a spouse is one of the most significant stressors experienced in older adulthood. The loss of a spouse is not only stressful because it marks the breaking of an attachment bond with one's primary attachment figure, but widows and widowers must adapt and restructure their lives significantly to undertake new social roles and responsibilities; and some may even experience financial strain. As such, there is a heightened risk of mental and physical health problems for the surviving

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