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How does difficulty communicating affect the social relationships of older adults? An exploration using data from a national survey

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ABSTRACT

Healthy social relationships are important for maintaining mental and physical health in later life. Less social support, smaller social networks, and more negative social interactions have been linked to depression, poorer immune functioning, lower self-rated health, increased incidence of disease, and higher mortality. Overwhelming evidence suggests that communication disorders adversely affect social relationships. Much less is known about whether some or all aspects of social relationships are negatively affected by a communication disorder. The relative impact of a communication disorder on social relationships, as compared to other kinds of disability, is also poorly understood. Data were analyzed from a representative national sample of community-dwelling adults aged 65 and older living in the continental United States ($n = 742$). Results from multiple regressions indicated that difficulty communicating was significantly associated with several parameters of social relationships even after controlling for age, gender, partnership status, health, functional limitations, and visual impairment. Communication difficulty was a significant predictor of smaller social network size, fewer positive social exchanges, less frequent participation in social activities, and higher levels of loneliness, but was not a significant predictor of negative social exchanges. These findings suggest that communication disorders may place older adults at increased risk for mental and physical health problems because of social isolation, reduced social participation, and higher rates of loneliness. In addition, it appears that communication disorders may have a greater impact on positive, rather than negative, aspects of social relationships.

Learning outcomes: As a result of this activity, the following learning outcomes will be realized: Readers will be able to (1) describe changes in the social relationships of older adults that occur as part of normal aging, (2) identify the aspects of social relationships that were significantly impacted by a communication difficulty, and (3) discuss possible reasons for these findings including potential clinical implications.

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1. Introduction

Since Berkman and Syme (1979) published their pioneering study linking social relationships to mortality using data on Alameda County residents, a significant body of evidence has emerged to show that the quantity and quality of an individual's social relationships are associated with better physical and mental health across the life-course (Berkman & Glass, 2000; Cohen, 2004; George, 1989). The absence of social relationships has been shown to predict the likelihood of mortality from almost every cause (Berkman, 1995; Holt-Lunstad, Smith, & Layton, 2010). In addition, an extensive body of literature demonstrates the consistent relationship between social support and better physical health (Berkman, Glass, Brissette, & Seeman, 2000; Uchino, 2004). Individuals with low levels of social support have higher mortality rates, particularly from cardiovascular disease but also from other causes such as cancer and infectious diseases (Uchino, 2006). Social support is related to the risk of hospitalization and institutionalization (Tobin & Kulys, 1981) and also predicts outcomes after rehabilitation, such as levels of disability after a stroke (Kwakkel, Wagenaar, Kollen, & Lankhorst, 1996). Social relationships are also strongly associated with better mental health, particularly lower levels of anxiety, depression, and psychological distress (Kawachi & Berkman, 2001).

Given the diversity and complexity of adult social relationships, researchers have examined a number of different characteristics of interpersonal relationships and the functions that they perform in order to identify which may be the most important for well-being (Berkman & Glass, 2000). A variety of characteristics of social relationships have been described in the literature to date, including social support, positive and negative social exchanges, social isolation, loneliness, social network size, and social participation. "Social support" typically refers to the different beneficial functions that social relationships may perform, which include the provision of emotional support, as well as practical and informational assistance, and a sense of belonging to a social group or community (Uchino, 2006). The term "positive social exchanges" has been used to describe the various positive subtypes of social support, such as emotional support, informational support, and instrumental support. This has been contrasted with a wide variety of negative actions such as personal criticism, intrusiveness, and rudeness, as well as physical and financial abuse, sometimes referred to as "negative social exchanges" (Krause & Jay, 1991). In addition, most authors distinguish between the terms "loneliness" and "social isolation" (de Jong-Gierveld & Havens, 2004). Loneliness is generally considered to refer to individuals' perception that their social relationships are inadequate in some way (e.g., not emotionally close), regardless of the number of social relationships. In contrast, social isolation refers to the objective absence or limited presence of stable relationships in an individual's social network. The term "social network" refers to the web of social relationships that surround an individual as well as the characteristics of those ties and typically includes relationships with friends, family members, neighbors, work associates, or other important individuals in that person's life (Berkman & Glass, 2000). Finally, "social participation" refers to an individual's engagement in activities with others during which there is a social interaction (Dalemans, de Witte, Lemmens, van den Heuvel, & Wade, 2008). The World Health Organization (2002) has targeted the enhancement of social participation by older adults as part of its policy framework in addressing concerns about population aging. In addition, each of these aspects of social relationships has been shown to be important for maintaining mental and physical health and reducing the risks of institutionalization and mortality (Bassuk, Glass, & Berkman, 1999; Berkman & Glass, 2000; Holt-Lunstad et al., 2010; Kawachi & Berkman, 2001; Tobin & Kulys, 1981; Uchino, 2006).

Studies of communication disorders that are congenital or occur early in life have shown that there are long-term impacts on the formation and maintenance of social relationships across the life-course (McCormack, McLeod, McAllister, & Harrison, 2009). Studies of conditions that occur in mid- to late-life have also shown the social impact of communication difficulties in older adults (Hétu, Jones, & Getty, 1993; Yorkston, Bourgeois, & Baylor, 2010). Older adults with communication disorders may be at particular risk for negative consequences since communication is central to the process of successfully adjusting and adapting to the aging process. The ability to communicate effectively is essential for living independently, pursuing personal goals and interests, performing social roles and functions, maintaining personal and familial relationships, making decisions, and exercising control over quality of life and care (Lubinski & Welland, 1997). Studies have shown that the conversational skills of normally aging older adults tend to remain well-preserved, even though the semantic content and syntactic structure of language use change over the life-course (Shadden, 1997). With increasing age, however, there is an increase in the prevalence of conditions that may interfere with communication (Yorkston et al., 2010), such as hearing impairment, dementia, stroke, cancer of the head and neck, traumatic brain injury, and progressive neurological diseases such as Parkinson's Disease (PD) and Amyotrophic Lateral Sclerosis (ALS). In the United States, it has been estimated that 55% of all Medicare beneficiaries have a communication impairment of some kind (Hoffman et al., 2005). Hearing impairment is the most prevalent communication disorder nationally and it is the third most common chronic condition of older adults (Wallhagen, 2002). As the list of medical conditions above suggests, the conditions that cause communication disorders vary widely in their type and severity, as well as in their co-occurrence with other types of disability (Yorkston et al., 2010). It is difficult to make general statements about the impact of a communication disorder, therefore, because many conditions are associated with physical, cognitive, or other limitations that have the potential to profoundly affect social relationships.

Previous research has demonstrated associations between communication disorders and various aspects of social relationships for individuals with a wide variety of conditions. Studies of individuals with PD, ALS, and hearing impairments and their partners have shown that the changes in communication resulting from these conditions are associated with increased frustration, strain, stress, anger and resentment, reduced marital quality, limitations in family roles and activities, and a restricted social life as a couple (Anderson & Noble, 2005; Carter et al., 1998; Joubert, Bornman, & Alant, 2011; Hétu