



Widening the social context of disablement among married older adults: Considering the role of nonmarital relationships for loneliness

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ABSTRACT

Utilizing the stress process and life course perspectives, we investigated the influence of non-spousal social support on the associations between marital quality, physical disability, and loneliness among married older adults. Using data from the *National Social Life, Health, and Aging Project* (NSHAP), we found that the association between physical disability and loneliness was partially accounted for by the fact that physical disability was associated with less supportive nonmarital relationships. While physically-disabled older adults in higher-quality marriages were buffered from loneliness, supportive non-marital relationships did not offset elevated loneliness among those in low-quality marriages. These associations were largely similar for men and women. Thus, although both marital and nonmarital relationships are important for loneliness, when confronted with a stressor such as disablement it is the marital relationship alone that matters.

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1. Introduction

Disablement is a physiological phenomenon that unfolds in one's social environment (Fried et al., 2004). Thus, by presenting challenges to routine functioning (Korporaal et al., 2008; Verbrugge and Jette, 1994), disablement is a significant stressor that may not only result in a loss of independence and autonomy, but may also impede interpersonal relations and ultimately exert negative consequences on mental health (Bookwala and Franks, 2005; Booth and Johnson, 1994; Turner and Noh, 1988). Indeed, prior studies demonstrate that physically-disabled older adults report lower-levels of well-being on a myriad of mental health outcomes, including depressive symptoms (Bierman and Statland, 2010; Yang, 2006), self-esteem (Reitzes and Mutran, 2006), and life satisfaction (Ducharme, 1994). Nevertheless, our understanding of the psychosocial consequences of disablement remains limited because research has only recently begun to explore its social context.

The utility of situating disablement in its social context is demonstrated in a recent study by Warner and Kelley-Moore (2012). They found that disabled older adults in marriages characterized by higher levels of positive marital quality were effectively buffered from loneliness. Casting marital quality as a potential resource, this finding highlights the importance of interpersonal relations for mitigating the consequences of later-life disablement. While the marital dyad is the central social context in which disablement occurs—given that until very advanced ages most older adults are married (Cooney and Dunne, 2001)—married older adults are embedded in a wider circle of interpersonal relations that include non-spouse family and friends (Antonucci et al., 2009; Liebler and Sandefur, 2002). Yet, it is unclear from existing studies whether family and

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friends offer support that, above and beyond the marital relationship, can also serve as buffering resources to physically-disabled married older adults. The availability of such support may be especially important to those older adults whose marriages are less supportive, potentially offering protection from the deleterious health consequences of being unhappily married (Hawkins and Booth, 2005).

Therefore, the purpose of the current study was to consider the wider social context of disablement, examining how nonmarital interpersonal relations, separately from or in combination with marital quality, affect the association between physical disability and loneliness among married older adults. To do this, we used data from the nationally representative *National Social Life, Health, and Aging Project* (NSHAP). We focus our examination on the consequences of disablement for loneliness because it is a subjective assessment of the adequacy of one's social environment that is relatively independent of actual instances of social contact (Cacioppo et al., 2003; Cornwell and Waite, 2009). Moreover, loneliness is an important gauge of well-being, predicting declines in self-rated health, cardiovascular disease, increased depression, cognitive decline, use of health services, institutionalization, and mortality (Cacioppo et al., 2003; Hughes et al., 2004).

2. Background

2.1. The social context of disablement

A number of prior studies have focused on the socioemotional well-being of functionally-impaired older adults. Physically-disabled older adults report lower levels of well-being on a number of mental health outcomes, including depressive symptoms (Bierman and Statland, 2010; Turner and Noh, 1988; Yang, 2006), self-esteem (Reitzes and Mutran, 2006), and life satisfaction (Ducharme, 1994). Despite this body of evidence, however, our understanding of the socioemotional consequences of disablement remains incomplete because prior studies have given inadequate attention to the fact that poor health and functional limitations are experienced not in isolation, but in a social context that is comprised of a web of interpersonal relations (Fried et al., 2004; Warner and Kelley-Moore, 2012).

As most older adults are married until very advanced ages (Cooney and Dunne, 2001), the spouse is the central figure in this web of interpersonal relations (Antonucci and Akiyama, 1987; Cooney and Dunne, 2001) connecting married persons to others and serving as one's most significant source of companionship and social support (Waite and Lehrer, 2003). The spouse plays an even more central role in social network of physically-disabled older adults. Indeed, with marital quality a generally stable property of the relationship (Johnson et al., 1992; Kamp Dush et al., 2008) and little empirical evidence that disablement among older adults is associated with lower marital quality (Bookwala and Franks, 2005), the quality of the marital relationship serves as a resource to physically-disabled older adults. For example, Warner and Kelley-Moore (2012) found that older adults in marriages characterized by high levels of positive marital quality—emotional support, companionship, and openness in communication—were effectively protected from the deleterious effects of functional impairment, exhibiting levels of loneliness similar to non-disabled married older adults.

However, in addition to one's spouse, married individuals move through the life course with both strong and weak ties to various other persons, and those relationships characterized by strong ties (e.g. family, and close friends) are where meaningful support exchanges typically occur (Antonucci et al., 2009). By late midlife and older adulthood, the patterns of exchange with nonmarital relations are well-established (Liebler and Sandefur, 2002). As theorized by the stress-process and life course perspectives (George, 2003; Pearlin et al., 1981), these relationships can provide social resources to older adults that can facilitate positive coping with the stressor of disablement; at the same time, such interpersonal relations may also place demands on older adults that exacerbate the socioemotional consequences of physical disability.

Yet, mid- to late-life disablement, by presenting challenges to routine functioning and activities of daily living (Korporaal et al., 2008; Verbrugge and Jette, 1994), may not only result in a loss of independence and autonomy but may also necessitate changes in the structure and quality of nonmarital social relations (Thompson and Heller, 1990). Thus, consistent with the life course perspective's emphasis on linked lives (George, 2003), understanding the socioemotional consequences of disablement requires examining the web of relationships in which older adults are embedded. It is unclear from extant studies whether family and friends offer support that, above and beyond the marital relationship, can serve as resources to physically-disabled married older adults.

2.2. Relationships with family and friends

While the marital dyad is central to the social context in which disablement occurs, older adults often are embedded in a wider circle of social relations that include non-spouse family and friends (Antonucci et al., 2009; Liebler and Sandefur, 2002). The size and composition of social networks varies considerably, meaning that the quantity of social ties accessible from different relationship domains (e.g. family, friends, coworkers) varies among individuals (Antonucci and Akiyama, 1987; Seeman, 1996). Nevertheless, access to a greater number of social ties does not necessarily imply that an individual's social needs, such as affection, advice, and care, are being met through these interpersonal relations (Cornwell and Waite, 2009). A thorough understanding of the social context of disablement thus requires the consideration of the *quality* of

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