

Diversity in Late Life – Project 2

Exchanges of support and care in late life partner relationships: antecedents and consequences for personal relationships, health and wellbeing

Uitwisseling van steun en zorg in de partnerrelatie op latere leeftijd:
antecedenten en gevolgen voor persoonlijke relaties, gezondheid en welbevinden

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Concise summary of research problematic

The study addresses the diversity in partner relationships in old age. Both antecedents and consequences of support and care exchanged between (marital) partners will be studied. The research questions are: (1) To what degree do support exchanges in the partner relationship of cohabiting older adults differ by gender, birth cohort, socio-economic status, marital history and parental status? Which cohabiting older adults experience changes in support exchanges in the partner relationship over time? (2) Are late life changes in supportive exchanges within the partner relationship triggered by recent changes in the domains of health, employment and domicile? (3) To what degree do changes in supportive exchanges in the partner relationship of cohabiting older adults affect family interaction, social embeddedness, health and wellbeing? (4) Are effects of changes in the partner relationship on wellbeing of cohabiting older adults moderated by (a) the changes in supportive exchanges with the partner, (b) the degree of change in partner-related resources and activities, (c) personal and social resources shaped during the life course, and (d) marital and parental histories?

Scientific relevance

The focus is on the content and function of the partner relationship in late life, challenging the assumption that being married is a proxy for receiving support and being integrated in society. Both antecedents and consequences of (changes in) support and care exchanged in partner relationships of cohabiting older adults will be examined. Previous studies on (marital) partner relationships in later life are often cross-sectional, involve qualitative data and use small sample sizes. Few studies have followed individuals in or into old age (Huyck, 1995). Many studies focused on marital satisfaction and quality of older couples, and only a few attended to the diversity in the partner relationship and family and non-kin relationships (Field & Weishaus, 1992). The present project is the first in the Netherlands to study dynamics in the partner relationship of a large, representative sample of cohabiting older adults, and its determinants and consequences. Empirical evidence will indicate who remains in a balanced supportive partner relationship until late in life and who becomes involved in spousal caregiving. The meaning of support exchanges within the partner relationship for social embeddedness, health and wellbeing of the older adult will be investigated and interpreted from the social production function theory (Lindenberg 1996; Ormel, Lindenberg, Nieboer & VonKorff, 1997). It is assumed that changes in support exchanged with the partner (triggered by changes in health, employment or domicile) affect partner-related resources and activities, which in turn affect the production of wellbeing. Involvement with children and relatives is considered one of the most important partner-related resources. The longitudinal design, the focus on diversity in partner relationships, and the testing of a theoretical explanation in which partner (relationship) characteristics, family characteristics and individual resources

are combined, all add to the insight in the social and psychological functioning of cohabiting older adults in late life.

Elaboration of the problematic

The great majority of the population follows a life course involving marriage at some time of life. Less than 10% of the current older adult population never married. With increasing longevity, couples are more likely to stay married until old age. Among persons aged 80 years or more 28% is married, but this applies to 58% of the males and only 15% of the females (Statistics Netherlands, 1998). Compared to the widowed and the never married, married older adults are more likely to be healthy and to survive (Berkman, 1985; Penninx, van Tilburg, Kriegsman, Deeg, Boeke & van Eijk, 1997) and to report fewer loneliness (Dykstra, 1990; Dykstra & de Jong Gierveld, 1999). Researchers have often used the demographic characteristic 'being married' as a proxy for a full-time available and highly supportive husband or wife. These positive aspects indeed apply to many long-term marital relationships which tend to be highly satisfactory for both partners (Levenson, Carstensen & Guttman, 1993; Field & Weishaus, 1992) and to be characterized by a strong interdependency in economic, social and emotional functioning (Ingersoll-Dayton, Campbell, Kurokawa & Saito, 1998; Kivela, Luukinen, Viramo & Koski, 1998). This may be due to the fact that older married couples form a select sample of healthy couples with satisfying partner relationships, who outlived the risk for divorce and widowhood (Dwyer, 1995). Still, even in old age not all partner relationships are supportive and some married persons are lonely. This diversity in partner relationships may be more pronounced in later life, since leaving the marriage by divorce is a less accepted option compared to earlier stages in the life-course. Also, most older couples are faced with age-related transitions, such as retirement and illness, that may affect the content and function of the partner relationship either positively or negatively.

Few studies have focused on the diversity and dynamics in the partner relationship of older adults. The type and amount of support exchanged in the partner relationship may be changed over time and the balance between support given and received may be distorted. As barriers to provide instrumental support increase, it may still be possible to exchange emotional support. For some, support exchanges will transform over the years into care-related activities, which are known to be gender-specific (Stoller & Cutler, 1992). Men provide more often instrumental than emotional support, whereas for women this ratio is reversed (Van Tilburg, Broese van Groenou & Thomése, 1995). Age-related differences in partner relationships may reflect cohort-effects. Attitudes about marriage and about what constitutes a good partner relationship have changed with the modernization of society and women's liberation in the 20th century. The division of domestic and paid labor between spouses are more traditional in lower socio-economic groups in society, and socio-economic differences may also be present in support exchange among partners. In addition, differences may exist in support exchanges between first and second marriages and between couples with or without children. The first objective of the study is to describe the support exchanges in the partner relationship. *(1a) To what degree do support exchanges in the partner relationship of cohabiting older adults differ by gender, birth cohort, socio-economic status, marital history and parental status? (1b) Which cohabiting older adults experience changes in support exchanges in the partner relationship over time?*

Growing old together implies dealing with situations that require adjustment in various domains of functioning. Retirement has minor negative effects on the marital quality, but after a period of adjustment positive effects prevail (Szinovacz & Ekerdt, 1995). Moving into a new neighborhood at old age may strengthen the involvement in the partner relationship in establishing new social couple-companiate ties. Impairment of the partner increases the likelihood of becoming a spousal caregiver (Kramer & Lambert, 1999) and disrupts the balance between instrumental support given and received. Placement in residential care of one the partners may be the most disruptive event of all, due to the change of living arrangement and the separation of the partners. *(2) Are late life changes in supportive exchanges within the partner relationship triggered by recent changes in the domains of health, employment and domicile?*

The wellbeing of older adults is strongly dependent on the presence of a partner relationship (Dykstra, 1990). Yet, an unbalanced support exchange with the partner may decrease feelings of wellbeing. This is in particular expected to be the case in spousal illness (Biegel, Sales & Schulz, 1991). Being a spousal caregiver decreases not only wellbeing but also affects one's own health and social life. Restrictions in social activities are the largest among spousal caregivers compared to non-spousal caregivers (Kramer & Lambert, 1999). The social life of many older couples revolves around relationships with children and other kin. The availability of (grand-)children is important for the flow of intergenerational support, which is, in turn, dependent on the support flow between the parents. When the partner is less or not able to perform his or her role as the major supporter, children (in-law) are the first to increase support provided to the older parent (Broese van Groenou & van Tilburg, 1997). (3) *To what degree do changes in supportive exchanges in the partner relationship of cohabiting older adults affect family interaction, social embeddedness, health and wellbeing?*

Older adults vary to the degree in which they adjust successfully to late life changes in the marital domain. To explain variations in wellbeing, a theoretical model will be used that distinguishes various levels in the production of wellbeing. It is assumed that changes in the availability and functional capacity of the partner affect supportive exchanges with the partner, partner-related resources and activities (family interaction and social embeddedness), that in turn affect the production of wellbeing. In addition, personal and social resources that are shaped during the life course (e.g. socio-economic status, housing qualities, physical health, social skills) determine to what degree one is apt to adjust to important life events in general. Finally, marital and parental histories are considered to condition the effects of support exchanges on wellbeing. The fourth question involves the elaboration and testing of the theoretical explanation of wellbeing. (4) *Are effects of changes in the partner relationship on wellbeing of cohabiting older adults moderated by (a) the changes in supportive exchanges with the partner, (b) the degree of change in partner-related resources and activities, (c) personal and social resources shaped during the life course, and (d) marital and parental histories?*

Methods

Both cross-sectional and panel data will be analyzed. Question 1 concerns descriptive analyses of support and care exchanges in partner relationships of various subgroups of cohabiting older adults, both cross-sectionally (question 1a) and longitudinally (1b). Comparisons will be made with respect to the amount and balance of emotional and instrumental support given and received as well as to the assistance received and provided with activities of daily living. The descriptive analyses are also used to distinguish four categories of respondents: (i) respondents who are or who become caregivers to their partners, (ii) respondents who (continue to) receive care from their partner, (iii) respondents who experienced over-time low or decreased levels of support in the partner relationship, without exchanging care, and (iv) those who receive or provided no care and/or remain in a balanced, supportive relationship. For the analysis of the antecedents of changes in support and care over time (question 2), logistic regression analyses will be used to identify determinants of group membership and of change in group membership over time. For question 3, the four groups are compared cross-sectionally and longitudinally with respect to family interaction, social embeddedness, health and wellbeing. In addition, when a change in support or care activities occurs after T1, before and after observations of the outcomes will be compared. Question 4 requires stepwise regression of wellbeing for all cohabiting older adults. The impact of changes in support and care exchanges in the partner relationship will be compared with the impact of (changes in) family interaction, health, social embeddedness, the impact of marital and parental history and of other resources of the older adult.

Societal relevance

Due to increasing longevity many couples will grow old together, while others will use the extended life time to (re)marry later in life. Being together is for many older people a prerequisite for individual wellbeing. The results of the proposed study will show the heterogeneity of late life partner relationships and the impact of the partner relationship content on individual,

social and psychological functioning. Being married in late life may no longer be a proxy for individual social integration and wellbeing when the partner becomes a care-receiver in stead of a source of support. The study will enhance our knowledge about the processes that underlie patterns of care giving within spousal relationships and within families of older adults. This information will help policymakers and service providers to develop and implement programs in health care services and institutions, and to match formal and informal care.

Data sources relevant to the project

General information on the data sources is provided in the program proposal. Of interest are the 2634 persons who were cohabiting with a (marital) partner at T1. Between T1 and T4 about 260 respondents lost their spouse by death, nearly 300 respondents reported that the spouse had suffered from a major illness, and about 400 respondents reported impairment of their own health. At all waves data is collected on characteristics of the personal network, including the amount of received and provided emotional and instrumental support exchanged with the partner, and about the assistance with activities of daily living received from or provided to the partner. Information about socioeconomic status, marital and parental histories are available at T1. At all waves, information is available concerning contact frequency and supportive exchanges with children, various indicators of objective and subjective health and wellbeing.

Relevance and position of the project within the program

This project deals with marriage (including non-marriage partner relationships) in late life, whereas the projects 1, 3 and 4 focus on work or the domicile. In contrast to transitions in the domain of work and the domicile, marital changes do not occur –with the exception of widowhood– at a clearly marked point in time. Regarding the four distinguished life course concepts the project examines in particular the *chronology* of supportive exchanges within the partner relationship. Examining support exchanges in different birth cohorts and older adults with different marital histories, involves the *historic-specific* character of the program. Antecedents of supportive exchanges are investigated in health, employment and domicile and addresses both aspects of *chronology* and *multidimensionality* of people's life courses. *Social embeddedness* is one of the domains that are studied with respect to the consequences of changes in support exchanges. In particular, family interaction patterns are studied in relation to changes in support and care exchanges in the partner relationship.

Description of the research design for the entire period

Elaboration of the problem and the hypotheses: 3 months; Research questions 1 to 4: each 7 months; Final conclusions: 4 months; PhD courses research school Psychology & Health: 7 months; Holidays: 6 months; Total: 48 months.

Publication plan

Each research question will be answered in a paper to submit to an international journal. Provisionary titles of the papers are: (1) Diversity and dynamics in the support exchanged among older (marital) partners (December 2002). (2) Antecedents of changes in support and care exchanges among older cohabiting partners: the impact of changes in employment, domicile and health (December 2003). (3) Consequences of support and care exchanges in the partner relationship for the health, social embeddedness and wellbeing of the older adult (November 2004). (4) Changes in wellbeing among cohabiting older adults: Moderators of the adjustment to changes in the partner relationship in late life (June 2005). Completion of the PhD-dissertation 'Partners in late life' comprised of four (submitted or accepted) articles, an introduction and discussion (December 2005).