In sickness and in health: The well-being of married seniors

by Susan Crompton and Anna Kemeny

With the aging of the population, Canadians have become increasingly concerned about the well-being of senior citizens. In recent years, many sectors of society have discussed how best to help seniors maintain their independence as well as what seniors themselves can do to minimize the problems that can develop with aging. Researchers agree that "successful aging," like successful living, is generally best achieved by some combination of physical, mental and emotional health; close relationships with friends and family; financial stability; and ongoing involvement with life.[1]

However, it seems that good physical health is simultaneously a condition for, and a contributor to, aging well: more opportunities are available to a healthy person, and a wider variety of activities, both mental and physical, seems in turn to improve a person's health.[2] This would suggest that seniors whose everyday activities are restricted by illness or disability are in greatest jeopardy of isolation and perhaps loss of independence.

Using some selected indicators, this article compares the psychological and social well-being of married seniors in poor health with those of seniors in good health. It also examines whether a person's well-being is affected by their spouse's health. To control for the well-known effects of socioeconomic status on health, the study population are middle-income homeowners living in two-person households in which at least one spouse is age 65 or over.

Healthy or not, most married seniors were doing well psychologically

The majority of married seniors described themselves as happy — but those in good health were more likely to do so. Over 90% of healthy senior men and women reported that they were happy, regardless of their partner's health. In comparison, no more than about three-quarters of men and fewer than two-thirds of women in poor health claimed to be happy. But while it appears that seniors in ill health are more likely to report feeling happy if their partner is healthy rather than ill, there is no statistically significant difference between the two groups, suggesting that a spouse's physical health has a minimal impact on happiness.

Although the majority of married seniors scored very low on the scale for mental distress, a very real degree of emotional discomfort seems to attend the lives of people whose day-to-day activities are compromised by illness. Many seniors in poor health are likely living with chronic pain, which is often associated with increased levels of mental distress. According to the distress scale — which measures feelings of restlessness, hopelessness, worthlessness or sadness — married seniors who were ill reported

1. Rowe, John W. and Robert L. Kahn. 1998. *Successful Aging*. New York: Dell Publishing. pp. 35-52.
2. Ibid. pp. 35-52.

CST What you should know about this study

This article uses data from the cross–sectional component of the 1996-97 National Population Health Survey (NPHS), designed to collect information about the health of Canadians. Almost 82,000 respondents answered in-depth health questions, covering items such as health status, use of medication, risk-taking behaviour and mental and psychological well-being.

For this article, persons living in middle-income two-person homeowning households in which at least one person was age 65 or over — more than 2,050 respondents representing almost 600,000 persons — were identified; of these, persons in either poor or good health living with a spouse in either poor or good health — almost 800 respondents representing over 220,000 men and women — were selected for inclusion in the study population. In the great majority of these households, both the respondent and the spouse were 65 or older; in some cases, the respondent was younger. For the sake of brevity, however, all respondents will be referred to as "seniors."

Poor health: having an activity limitation and at least two long-term health problems. Also referred to as "ill."

Good health: not having an activity limitation and having no or only one long-term health problem. Also referred to as "healthy."

Middle-income: annual household income of $20,000 to $40,000 in 1996-97.

Activity limitation: refers to any long-term physical or mental condition or disability that limits a person's activities at home, at school, at work or in other settings. Physical limitations common among seniors include mobility (ability to get around), non-correctable hearing and vision problems.

Long-term health problem/chronic health problem: a diagnosed health condition lasting, or expected to last, at least six months. Common long-term conditions among seniors include arthritis or rheumatism, non-arthritic back problems, heart disease, high blood pressure and diabetes.

Distress: based on a set of questions designed to assess mental and emotional well-being. Respondents were asked how frequently (from none of the time to all the time) they felt very sad, nervous, restless or fidgety, hopeless, worthless, and that everything was an effort. Higher scores indicate more distress.

Depression: measures the symptoms associated with a major depressive episode using a subset of questions from the Composite International Diagnostic Interview.

Emotional support: based on four questions that ask (yes or no) if the respondents has someone they can confide in, someone they can count on, someone who can give them advice, and someone who makes them feel loved. A higher score indicates greater perceived social support.

Frequency of social contact: measures the frequency (every day, at least once a week, two or three times a month, once a month, a few times a year, once a year, never) with which the respondent had contact in the past 12 months with friends, neighbours and family members who are not part of the household. A higher score indicates more contacts.

Frequency of social involvement: measures the frequency (at least once a week, at least once a month, at least three or four times a year, at least once a year, never) of the respondent's participation in associations, voluntary organizations and religious services. A higher score indicates greater social involvement.

Cognitive function: measure of memory and thinking capacity, based on the respondent's usual ability to remember things and usual ability to think and solve day-to-day problems.

Physical activity index: measure of intensity of leisure-time physical activity based on energy expenditure. An *active* person expends a minimum of 3.0 calories per kilogram of body weight per day in activity during their leisure time; a person at a *moderate* level expends a minimum of 1.5 calories. A person will achieve cardiovascular benefits from active physical activity and health benefits from moderate activity. Persons who are *inactive* expend less than 1.5 calories per kilogram of body weight per day and are deriving no health benefits from physical activity.

higher levels of distress than their healthy counterparts. Nevertheless, having a healthy spouse seemed to help men in poor health, since almost all 94% of them reported a low level of distress (less than 7 out of 24), compared with only 63%[3] of those whose spouse was also ill. Women in poor health did not seem to benefit in the same way, since there was no statistically significant difference in distress levels recorded by those with a healthy compared to an ill partner.

Average scores are another way of looking at levels of distress and they tell the same story: the average scores of seniors in poor health (except for men with healthy wives) were almost four to six times higher than those of seniors in good health.

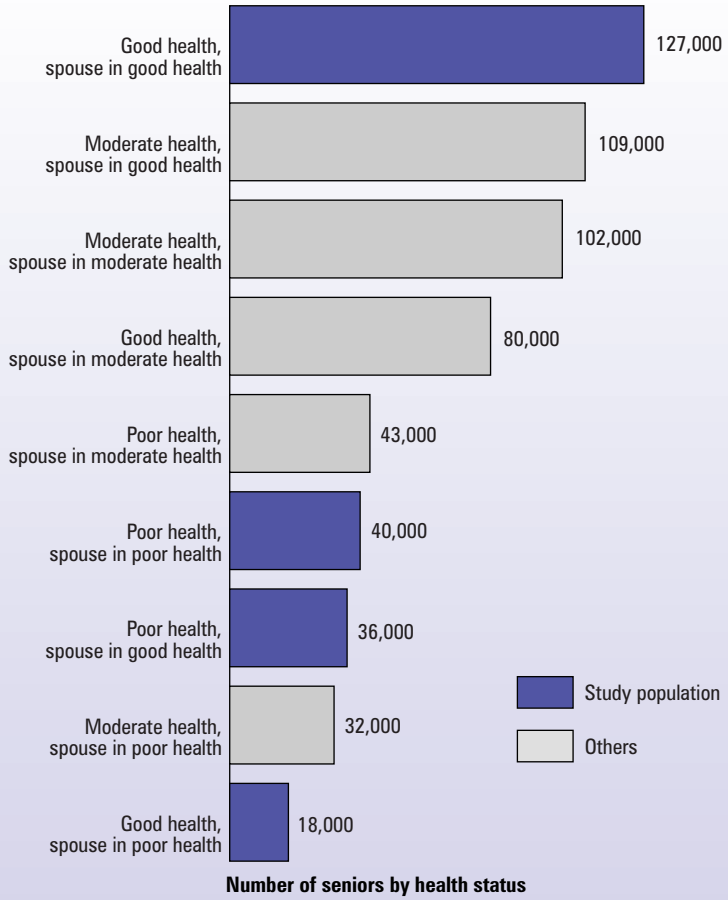
The depression index probes the likelihood that a period of feeling blue or sad may have escalated into an episode of clinical depression. Depression is actually quite uncommon among people who are married, and even more uncommon among the elderly.[4] Even when burdened with ill health, over 96% of married seniors had exhibited no symptoms of depression during the previous year.

Medical studies have consistently shown that emotional support, especially from a partner, has direct positive effects on health. Researchers believe this is because some of the health-related effects of aging are buffered when people have someone they can confide in and can count on, and who can give them advice and make them feel loved. Conversely, lack of such support is a powerful risk factor for poor health, perhaps because people have no one to help shield them from the effects of various stressors.[5]

According to the NPHS, married seniors had a high rate of emotional support, with the overwhelming majority of both men and women scoring at least 3 out of 4 on the emotional support scale, regardless of their own or their spouse's health. (Although only 78% of men in poor health married to partners in poor health scored high, the difference between them and other men was not statistically significant.)

The love and companionship received at home is reinforced by keeping in touch with friends, relatives and neighbours. The great majority of seniors reported that they visited with and talked to people in their social network at least several times a month. Women in both good and poor health, and with both healthy and ill partners, scored consistently high on the frequency of contact scale (over 94% scored at least 3 out of 6 and had average scores of over 4). Men, healthy or not, also had high scores (over 96% scoring 3 out of 6 with average scores of 4 and over) as long as their partner was healthy. However, if married to someone in ill health, men's scores dropped visibly, implying in the case of social contact that the health of their wives made a greater difference than their own.

CST Over one in five married seniors is in good health and lives with a spouse in good health



Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.

Source: Statistics Canada, National Population Health Survey, 1996-97.

3. Subject to high sampling variability.

4. In 1994-95, 6% of married persons and 3% of seniors were classified as having had a major depressive episode in the previous year. Beaudet, M.P. 1996. "Depression," *Health Reports* 7, 4. (Statistics Canada catalogue 82-003-XPB)

5. Rowe, J. W. and R. L. Kahn. 1998. *Successful Aging*. New York: Dell Publishing. pp. 152-166.

Some gerontologists believe that continuing engagement with life, sometimes reflected as involvement at the community level, also contributes to successful aging, and is associated with better health, self-worth and connection with others.[6] However, according to their scores, few seniors ranked above the mid-point on the social involvement scale (at least 4 out of 8); the exception, not surprisingly, was healthy seniors with healthy partners — some 68% of men and 61% of women in healthy couples. Average scores indicated gender differences in involvement in community activities: women (both healthy and ill) living with a partner in poor health had average scores higher than men in the same situation, perhaps indicating their greater desire to "get out and about."

The fact that seniors in poor health were less likely to participate in volunteer organizations and associations, or to attend religious services, may reflect the limits imposed by their physical restrictions: attending meetings when one's mobility is restricted, or participating in group activities with a hearing problem, may be difficult to undertake.

There is another benefit to social interaction that seniors may enjoy. Regular use of the powers of thinking, reasoning and solving problems is central to supporting day-to-day health and independence. Some medical studies show that seniors who are involved in a variety of activities appear to have strong cognitive capacity, while those with very little social involvement report having trouble concentrating, solving problems and remembering events. Over eight in 10 seniors in healthy couples reported having no difficulty with cognitive function. In contrast, over half of seniors living in couples in poor health had at least some cognitive difficulty (for example, being forgetful, having trouble thinking clearly). This could be due to a variety of factors related to their physical condition, such as chronic pain and discomfort or the effects of medication.

Interestingly, regardless of their own health, seniors with healthy spouses were more likely to report good cognitive function than those with ill spouses.

CST Senior men in good health living with a partner in good health were most likely to report feeling happy

	% who are happy	Distress index: % under 7 of 24	Distress index: Average score
Senior men			
In good health			
Spouse in good health	96	98	1.0
Spouse in poor health	88	98	0.8
In poor health			
Spouse in good health	77	94	2.1
Spouse in poor health	64[1]	63[1]	6.1
Senior women			
In good health			
Spouse in good health	90	96	1.5
Spouse in poor health	94	93	1.8
In poor health			
Spouse in good health	64	72	4.0
Spouse in poor health	60[1]	60[1]	5.6

Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.

1. Subject to high sampling variability.

Source: Statistics Canada, National Population Health Survey, 1996-97.

Seniors not likely to be physically active, even if they are healthy

According to many researchers, physical fitness is also crucial to aging well: fitness boosts muscular strength, reduces the impact of other health risks, maintains bone mass and improves psychological well-being.[7] Health benefits can be derived from walking for as little as 30 minutes a day, and cardiovascular benefits from one hour's walking.[8]

While leisure-time exercise in its various forms — walking, gardening, swimming — provides its own rewards, one of its benefits lies in keeping seniors in shape so they can perform the regular, mundane tasks of daily life — walking upstairs, doing laundry, preparing meals or doing yardwork. In the long-term, physical fitness can reduce a couple's dependence on out-

6. Ibid. pp. 167-180.

7. Ibid. p. 98.

8. Example calculated for a 70-kilogram (154-pound) adult, using the NPHS definitions of energy expenditure at the moderate and active levels.

reduce a couple's dependence on outside help with their everyday activities.

One would not expect people with multiple chronic illnesses and an activity limitation to engage often in recreational physical activities. Indeed, about two-thirds of ill seniors with partners in poor health were physically inactive, compared with only half of healthy seniors living in healthy couples. What is somewhat surprising are the results for healthy seniors living with a spouse who is ill: two-thirds are inactive during their leisure time. This may suggest that the time available for their own activities is curtailed by the need to provide care for their partners.

Regardless of their own or their spouse's health status, women were more likely than men to be physically inactive during their leisure time: over eight in 10 women in poor health, and over half of those in good health, did not meet the basic minimum level of physical activity for maintaining their health. Some of this inactivity may be due to their inability to participate in traditional recreational activities, but the special fitness classes now offered in many communities — aquafit, "chair aerobics" and seniors' yoga and weight training classes — may provide an opportunity for these seniors to enjoy the benefits of physical activity.

Summary

Results of the NPHS show that homeowning middle-income married seniors in poor health do not score as well on some indicators for psychological well-being (happiness, distress) as their healthy counterparts. They also report having more trouble in their day-to-day cognitive function. However, much of the malaise reported by seniors in poor health, as well as some of their difficulty with remembering things or thinking clearly, could be due to medication or chronic pain and discomfort related to their illnesses and physical limitations. On the other hand, married seniors in poor health enjoy a high level of emotional support and are just as socially engaged as those in good health.

CST The vast majority of seniors reported receiving high levels of emotional support

	Emotional support		Frequency of contact		Social involvement	
	% at least 3 of 4	Average score	% at least 3 of 6	Average score	% at least 4 of 8	Average score
Senior men						
In good health						
Spouse in good health	96	3.8	96	4.4	68	4.4
Spouse in poor health	98	3.8	--	3.5	--	2.9
In poor health						
Spouse in good health	100	4.0	98	4.0	50[1]	3.0
Spouse in poor health	78[1]	3.3	82[1]	3.6	24[1]	1.7
Senior women						
In good health						
Spouse in good health	93	3.6	94	4.2	61	4.3
Spouse in poor health	96	3.9	97	4.4	48[1]	3.4
In poor health						
Spouse in good health	96	3.8	100	4.2	42[1]	2.7
Spouse in poor health	98	3.9	99	4.3	36[1]	2.7

Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.

-- Sample too small to provide reliable estimate.

1. Subject to high sampling variability.

Source: Statistics Canada, National Population Health Survey, 1996-97.

CST Why is socioeconomic status a predictor of health status?

For reasons which are not clear, higher socioeconomic status is strongly associated with good health. People in the upper-middle and upper income brackets are more likely to enjoy very good to excellent health than those in lower income groups. Researchers have proposed that this may be because high-income persons most often have a high education and are employed in less hazardous jobs; earning higher incomes also allows them greater control over their lives. Other researchers suggest that higher education helps people to better understand health risks, since well-educated people generally maintain healthier lifestyles, including more exercise, good nutrition, more medical check-ups and less risky behaviour (for example, not smoking and using seat belts).

The link between socioeconomic profile and health is less pronounced among older than younger people, but the association nonetheless persists. Among seniors, the link to socioeconomic status may not be simply the "heritage" of good or poor health from their youth, but the level of involvement in maintaining their health into old age. Some studies suggest that seniors with higher socioeconomic status are better able to understand health education material provided by their doctors and to participate actively in making decisions about their health care. Also, the International Adult Literacy Survey showed that Canadian seniors with good literacy skills (which are strongly associated with higher income and education) are exposed regularly to a wider range of information — newspapers and magazines, books and radio — than seniors with poor skills. With many media sources now carrying health news, researchers suggest that seniors with access to more information in their daily lives may be alerted sooner to potential health problems, leading to earlier diagnosis and treatment.

• For more information, see Paul Roberts and Gail Fawcett. 1998. *At Risk: a Socio-economic Analysis of Health and Literacy Among Seniors* (Statistics Canada, Catalogue 89-552-MPE, no. 5)

The impact of a spouse's health on successful aging cannot be overlooked, since the well-being of someone close generally influences one's own state of mind. For most indicators of well-being examined, healthy seniors married to healthy people are better off than seniors in poor health married to people who are ill. The situation of "mixed health" couples is not as clear. Having a spouse who is ill does not seem to adversely affect the general well-being of healthy seniors; meanwhile, having a healthy spouse appears to be quite beneficial to seniors who are ill, especially men, suggesting that the healthy partner offers help and support that makes life more comfortable and enjoyable. Further research into this issue would be rewarding.

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Susan Crompton is Editor-in-Chief and **Anna Kemeny** is an editor with *Canadian Social Trends*.