Psychological Resilience in the Face of Later-Life Stress

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Overview

➢ What is stress?
➢ What is psychological resilience and why are older adults so good at it?
➢ Challenging old wisdom: new data on how older adults thrive (or struggle) in the face of stress.
➢ Implications for practice, policy, and theory.
What is stress?

➢ Any environmental, social, biological, or psychological demand that requires a person to adjust his or her usual patterns of behavior.

➢ Types of stressors include:
  ➢ Acute events (e.g. loss of spouse)
  ➢ Chronic strains (e.g. caregiving)
  ➢ Network events (e.g., spouse or sibling’s illness)
  ➢ Daily or ‘quotidian’ strains (e.g. daily medication regimens; driving; microaggressions)
How stress affects older adults

- Studies show that long-term stress can damage brain cells, leading to depression. Depression is one of the most dangerous effects of stress in older people.
- Fatigue
- Loss of memory and concentration
- Inability to fight off or recover from illness
- Increased risk of chronic diseases such as heart disease and cancer
- Irritability or moodiness
- Consuming too much alcohol
- Symptoms of stress may include anxiety, sadness, trouble eating and sleeping, aches and pains, and weight loss.
The psychological consequences of stress vary based on:

- Aspects of the stressor
  - Timing (e.g., earlier or later than one’s peers)
  - Desirability (e.g., was the transition wanted?)
  - Expectedness (e.g., adequate preparation?)
  - Precursors and ‘secondary stressors’ (stressful events embedded in chronic strain trajectories)

- Characteristics and resources of the person affected
  - Coping resources (e.g., money, emotional, informational, and practical support)
  - Coping style
    - Emotion vs. problem-focused
    - Cognitive processes (e.g., catastrophizing, rumination)
  - Personality
COPING SKILLS

Emotion-focused coping strategies
- Efforts to manage or reduce the emotional distress that is aroused in stressful situation.

Problem-focused coping strategies
- Efforts to manage or modify the source of the stressful situations, such as finding a solution to the problem.
Resilience: What is it?

- Experiencing a stressor, suffering “normal” symptoms of sadness, loss, or anxiety, but then ‘bouncing back’ (Cosco, Wister).
- Psychological symptoms in the face of adversity is a “normal” psychological response (Horwitz & Wakefield, 2007).
- A common trajectory; symptoms that follow major events like spousal loss typically diminish over time as people adapt and cope (e.g., Bonanno et al., 2001).
- Experiencing a stressor and experiencing no or few psychological symptoms (i.e., invulnerable).
- Old wisdom vs. new wisdom. Not pathological, but situational!
Caveat: Celebrating resilience should not mean stigmatizing those who struggle

➢ Experiencing a stressor and experiencing **severe or prolonged symptoms** (e.g., complicated grief – Prigerson, Shear).

➢ Often a function of underlying depression, other untreated mental health symptoms, or structural inequalities.

➢ Social isolation

➢ Poverty

➢ Biology
Why are older adults especially resilient?

➢ As we grow older, we develop a greater capacity to “regulate” our emotions. Thus, older adults report less extreme levels of both positive and negative mood, and shorter-lived mood dips when a major stressor strikes (Carstensen).

➢ Why?
  ➢ The experience, wisdom, and equanimity that come from years of coping.
  ➢ Adept at aligning expectations with reality.
  ➢ Biological and cognitive changes including decreases in autonomic arousal.

➢ Methodological caveat: selective survival and study participation.
Depressive symptoms following death of a spouse, among recently bereaved persons ages 65+ (CLOC)

Grief comprises the five symptoms of yearning, despair, shock, intrusive thoughts and anxiety.

Resilient 46%; Depressed-improved 10%; Chronic grief 16%; Common grief; 12%; Chronic depressed 8%

Source: Bonanno et al. (2002, JPSP)
Changing Lives of Older Couples

- Multiwave prospective study of spousal loss.
- Baseline pre-loss interviews (1987-88); W1 (6 months); W2 (18 months); W3 (48 months).
- Non-institutionalized English speaking members of married couple in which husband was age 65 or older.
- Study can be used to study trajectories of psychological symptoms pre- and post- spousal death.
“Old” wisdom: ‘absent’ or few grief symptoms was indication of disordered attachment (Freud)

➢ New wisdom: few symptoms of grief or sadness in the face of loss reflect the larger context of the loss and history of the relationship lost.

➢ Widowed spouses who had conflictual or strained relationships with their late spouse experienced fewer symptoms of grief and yearning (Carr et al., 2000; JGSS).

➢ “Welcoming death” among older dementia caregivers, to minimize duress to patient and caregiver (Hovland, 2018).
“Old” wisdom: Social support is key to resilience...Or is it?

➢ Social support – including practical and emotional support – is considered a critical coping resource to help people of all ages withstand and bounce back from adversity.

➢ Both direct and buffering effects.

➢ Emerging research suggests that certain kinds of help may not be protective, especially when physical health problems challenge older adults’ sense of autonomy.

➢ Empirical example: the ways that support from spouse and other family buffer against disability-related distress among older men and women.
Stress Buffering & Stress Amplification Processes

- **Stress buffering** (Cohen and Wills 1985): Social support may foster a positive reinterpretation of adversity, or provide resources to renegotiate challenges and readjustments to one’s social roles and activities.

- **Stress amplification** (Ingersoll-Dayton et al. 1997): Co-occurring stressors may have a multiplicative rather than additive effect on well-being.
  - Relationship strain may undermine one’s capacity to cope with stress, exacerbating negative emotions.
  - Stress may intensify long-standing interpersonal strains which take a direct emotion toll.

BUT...can support amplify stress and strain mitigate its effects?
Can social support hurt?

➢ **Psychological reactance theories**: reactance is an unpleasant feeling that emerges when people experience a threat to or loss of their free behaviors & decision-making (Brehm 1966; Steindl et al. 2014).

➢ **“Suffocation” theories**: very close and interdependent relationships may undermine well-being by weakening autonomy and blocking pursuit of individual goals (e.g., Finkel et al., 2014).
Might social strain help?

- **Self-affirmation theory**: effort to maintain identity (or engagement and autonomy) in the face of an identity threat (Sherman & Cohen 2006).
- Modest levels of strain like arguments may be a way to remain engaged and autonomous, against backdrop of age-related declines.
- Caveat: older adults’ conflicts tend to be objectively and subjectively less severe than those of younger persons (Fingerman & Birditt).
An Empirical Case:
How Do Social Support and Strain Buffer (or Intensify) Effects of Disability on Older Adults’ Daily Moods?

➢ Do marital support (and strain) buffer (or amplify) effects of disablement on older adults’ daily mood?
➢ Do family support (and strain) buffer (or amplify) effects of disablement on older adults’ daily mood?
➢ Do these patterns differ by gender and marital status?
Disability and Use of Time (DUST)

- DUST sampled couples in the 2013 PSID (Panel Study of Income Dynamics). Both spouses were age 50+, at least one was age 60+
- DUST administered by phone within a few months after the 2013 core PSID interviews.
- A 30 to 40 minute diary which asked about all activities on the previous day. (4 a.m. yesterday through 4 a.m. today).
  - Detailed questions about how one felt while doing up to 3 randomly selected activities.
  - For these analyses, we averaged levels of each emotion reported on diary day (weighted for weekend vs. weekday, and number of activities reported)
Focal Stressor: Late-Life Disablement

- Disablement affects more than 40 percent of older adults in the United States; rates increase with age.
- The economic, personal, & psychosocial costs associated with late-life disablement and dependence are well documented.
- Requires “a fundamental reorientation to daily functioning and renegotiation of participation in the social world” (Bierman & Statland 2010: 631).
- Disablement has negative consequences for psychological well-being, most notably depressive symptoms.
Later-life impairments may challenge one’s identity, autonomy and freedom.
Focal Predictor: Impairment Severity

- **Severity of impairment** (in quartiles)
- Range: 0 – 32 ($\alpha = 0.74$)
- If impairment was reported, on how many days did the impairment limit activities. (0, 1-2, 3-4, 5+)
- Breathing problems; heart or circulation problems; stomach problems; back or neck problems; limited strength or movement in one’s shoulders, arms, or hands; limited strength or movement in one’s hips, legs, knees, or feet; low energy or easily exhausted; and difficulty remembering everyday things.
Moderator: Family Strain and Support

- **Strain ($\alpha = 0.71$)**
  - How often spouse/family:
    - Argues with you.
    - Makes you feel tense.
    - Gets on your nerves.

- **Support ($\alpha = 0.71$)**
  - How often:
    - You can open up to spouse/family to talk about your worries.
    - Spouse/family understands the way you feel about things.
    - Your spouse/family appreciates you.

Source: Walen & Lachman (2000). Response categories are: 1) not at all, 2) a little, 3) some, or 4) a lot. Scores are averaged where higher values reflect more of an attribute.
Do Marital Support (and Strain) Moderate the Effects of Disablement on Daily Mood?

- Women: Yes, in expected ways.
- Men: In expected ways for strain, but unexpected ways for support.
Frustration: Marital Support by Impairment Severity and Gender

Source: Carr, Cornman & Freedman (JHSB, 2017)
Frustration: Marital Strain by Impairment Severity and Gender

Source: Carr, Cornman & Freedman (JHSB, 2017)
Do Family Support (and Strain) Moderate the Effects of Disablement on Daily Mood?

➢ Men. **No**, regardless of disablement level or marital status.

➢ Women: **Yes**. In unexpected ways for strain, but expected ways for support.

➢ Support is protective only for the most vulnerable women: divorced/separated women with the highest level of impairment.
Happiness: Family Strain by Impairment Severity, Women

Source: Carr, Cornman and Freedman (2019, *Journal of Marriage & Family*)
Frustration: Family Support by Impairment Severity, Formerly Married Women

Source: Carr, Cornman and Freedman (2019, *Journal of Marriage & Family*)
Findings Recap

Disablement undermines married men’s well-being; effects intensified by high marital support and strain (although neither family support nor strain matters). Threat to sense of masculinity and autonomy?

Among older married women with severe impairment, family arguments are positively linked with happiness. No comparable effects among men or healthy women. Self-affirmation theory?

Family support protects against negative emotion only among formerly married women with severe impairment. Stress buffering models.
Emotion-focused coping: How do older adults try to soften the pain of widowhood?

- Positive distraction
- Negative distraction
- Positive thinking
- Reaching out to notion of ‘other’
- Seeking professional help

Men and women use different strategies, and these strategies help or hinder their capacity to “bounce back” from the pain of loss.
Gender differences in positive distraction, six months postloss

Proportion who report using this strategy “a lot.”

Got out of house
- Men: 0.5
- Women: 0.53

Kept busy/joined activity
- Men: 0.39
- Women: 0.68

Legend:
- Purple: Men
- Pink: Women
Gender differences in negative distraction, six months postloss

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>Use drugs, alcohol,</td>
<td>0.03</td>
<td>0.03</td>
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<tr>
<td>sleep to dull pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to forget death†</td>
<td>0.29</td>
<td>0.18</td>
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<tr>
<td>Try not to think about</td>
<td>0.26</td>
<td>0.23</td>
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Proportion who report using this strategy “a lot.”
Gender differences in positive thinking, six months post-loss

Proportion who report using this strategy “a lot.”

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
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<tr>
<td>Try to think about good</td>
<td>0.72</td>
<td>0.82</td>
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<td>times†</td>
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<tr>
<td>Told yourself things</td>
<td>0.38</td>
<td>0.58</td>
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<td>will get better***</td>
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<tr>
<td>Tried to remember good</td>
<td>0.93</td>
<td>0.86</td>
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<td>times with spouse</td>
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Gender differences in reaching out to alternative source of emotional support, six months postloss

Proportion who report using this strategy “a lot.”
Gender differences in formal help-seeking, six months postloss

Proportion who report using this strategy “a lot.”
‘Old’ wisdom: the power of positive thinking

➢ Older widowed persons’ coping techniques six-months post-loss and their levels of depression, anxiety, and anger one year later found that the following were associated with **poorer** mental health:

➢ Try to think about good things in life.
➢ Tell yourself things will get better.

Source: Carr (2019, Aging & Mental Health)
Downside of positive thinking?

➢ Those who see “bright side” are often ill-prepared for future challenges & disappointments, and waste mental energy on illusions (Ehrenreich 2010; Oettingen 2014).

➢ Expectation-reality gap: comfort may come less soon, and problems arise more frequently than expected.
“Old” wisdom: the importance of moving forward & not living in the past

➢ “Continuing bonds” may be helpful.
➢ Widow(er)s may find comfort in the felt presence of and ‘talking to’ their late spouse (Klass et al., 2014). However, some empirical assessments suggest that neither relinquishing nor continuing bonds with the decedent is uniformly adaptive; rather, the impact may be conditional on other factors such as the quality of the late marriage (Stroebe et al., 2005).
Practical Implications

➢ There is no one ‘right’ way to grieve nor a single timeline to resilience & recovery.
➢ Old “stage” theories like Kubler-Ross or grief process models do not have empirical support.

➢ Whether and how quickly one bounces back reflects complex life course factors like the quality of the relationship lost, context of late spouse’s death and illness, and available sources of social support.

➢ Resources that help one person may not help another. Consider the distinctive historical, social, and economic location of the person managing the stressor.
➢ Gender role socialization, beliefs about men’s and women’s roles, and other cultural factors may shape how support is delivered and perceived.
➢ The help giver and help recipient may have very different and conflictual views of the same stressor.
Thank you to collaborators Jennifer Cornman and Vicki Freedman.

This research was funded by a grant from the National Institute on Aging, P01AG029409 (Vicki Freedman, PI). Direct correspondence to Deborah Carr, Department of Sociology, Boston University. Email: carrds@bu.edu

Thank you for listening! I welcome your questions and feedback!