

CONJUGAL SUPPORT, FAMILY COPING BEHAVIOURS AND THE WELL-BEING OF ELDERLY COUPLES

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One of the factors that is thought to contribute to the quality of life of elderly people is that they remain in their primary environment as long as possible (Ducharme, 1984; Schwenger & Gross, 1987). However, the rate of institutionalization of the elderly in Canada is one of the highest among the industrialized countries of the world, and it is growing (Schwenger & Gross, 1987; Statistics Canada, 1988). Finding ways of maintaining the elderly in the community has become a main goal of health professionals. In Canada, two strategies have recently been proposed to promote the well-being of the elderly in their primary environment: reinforcing their natural support systems, and assisting them to increase their capacity to cope (Epp, 1986; Health and Welfare Canada, 1988). However, accomplishing these goals will require further knowledge development in the area of social support and coping.

Conjugal support, acknowledged as the most important source of support for the elderly (Depner & Ingersoll-Dayton, 1985; Parmelee, 1983), and coping have been identified as important factors contributing to the elderly's ability to remain within the community (Evans et al., 1975; Wan & Weissert, 1981). Studies of conjugal support (Burke & Weir, 1982; TraupmaX & Hatfield, 1981) and coping (Felton & Revenson, 1984; Kahana, Kahana & Young, 1987) suggest that each of these factors is associated with the physical and psychological well-being of the elderly. Nevertheless, the features of conjugal support and the types of family coping behaviours of elderly couples that are associated with well-being are largely unknown. Furthermore, the way in which support and coping may work to affect well-being is not yet understood.

To explore these questions, therefore, a study was undertaken to test the relationship between selected characteristics of conjugal support, family coping behaviours and the well-being of community-dwelling elderly

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couples. The recognized goal of nursing is health promotion and, more specifically, to engage families in the process of learning about and acquiring healthier ways of living (Gottlieb & Rowat, 1987). As such, research dealing with possible factors associated with well-being was deemed relevant for nursing. This article reports selected findings from this study.

Literature Review

Despite the accumulated evidence showing a positive relationship between social support and health (Cohen, 1988; Cohen & Wills, 1985; House, Landis & Umberson, 1988), the association remains modest for all age groups, and the precise nature of the relationship is not well understood. The literature highlights two theoretical models for explaining the relationship between social support and health (Cohen & Wills, 1985). Much of the interest is directed to the stress-buffering hypothesis in which social support is posited to provide a buffer against the effects of acute stress or specific life events. The main-effect model, in which social support is presumed to have a direct beneficial effect on health regardless of whether persons are under acute stress, is the alternate model. Few researchers have examined this alternate model with the elderly; that is, the relationship between social support and well-being in the elderly facing daily or existential stress (Black, 1985; Blazer, 1982; Laschinger 1984).

Various conceptual issues have been addressed in the study of social support. A widely used approach to social support assumes that the benefits of social support are related to the size and range of an individual's social network and that having a relationship is equivalent to receiving support from that relationship. However, social support, as measured by such structural indicators, has been shown to exhibit little relationship to indices of well-being in the elderly (Cohler & Lieberman, 1980; Mancini, Quinn, Gavigan & Franklin, 1980; Ward, LaGory & Sherman, 1982). Rather, it has been suggested that it is the perception of *quality* of support that is important for the well-being of the elderly (Antonucci, 1985a; Ward, 1985).

Within the last decade, the literature has reflected a perspective on social support that is based on two closely related theories: Social Exchange Theory (Blau, 1964) and Equity Theory (Messick & Cook, 1983). This perspective acknowledges that social interactions may be neither free nor always benevolent. Consequently, studies incorporating the notion that support may be upsetting for the elderly - "the darker side of social support" (Tilden & Galyen, 1987) - have been more common in recent years (Okun, Mehibar & Hill, 1990; Rook, 1984).

The perceived positive and negative aspects of conjugal support, however, have not been explored in relation to the well-being of the elderly dyad,

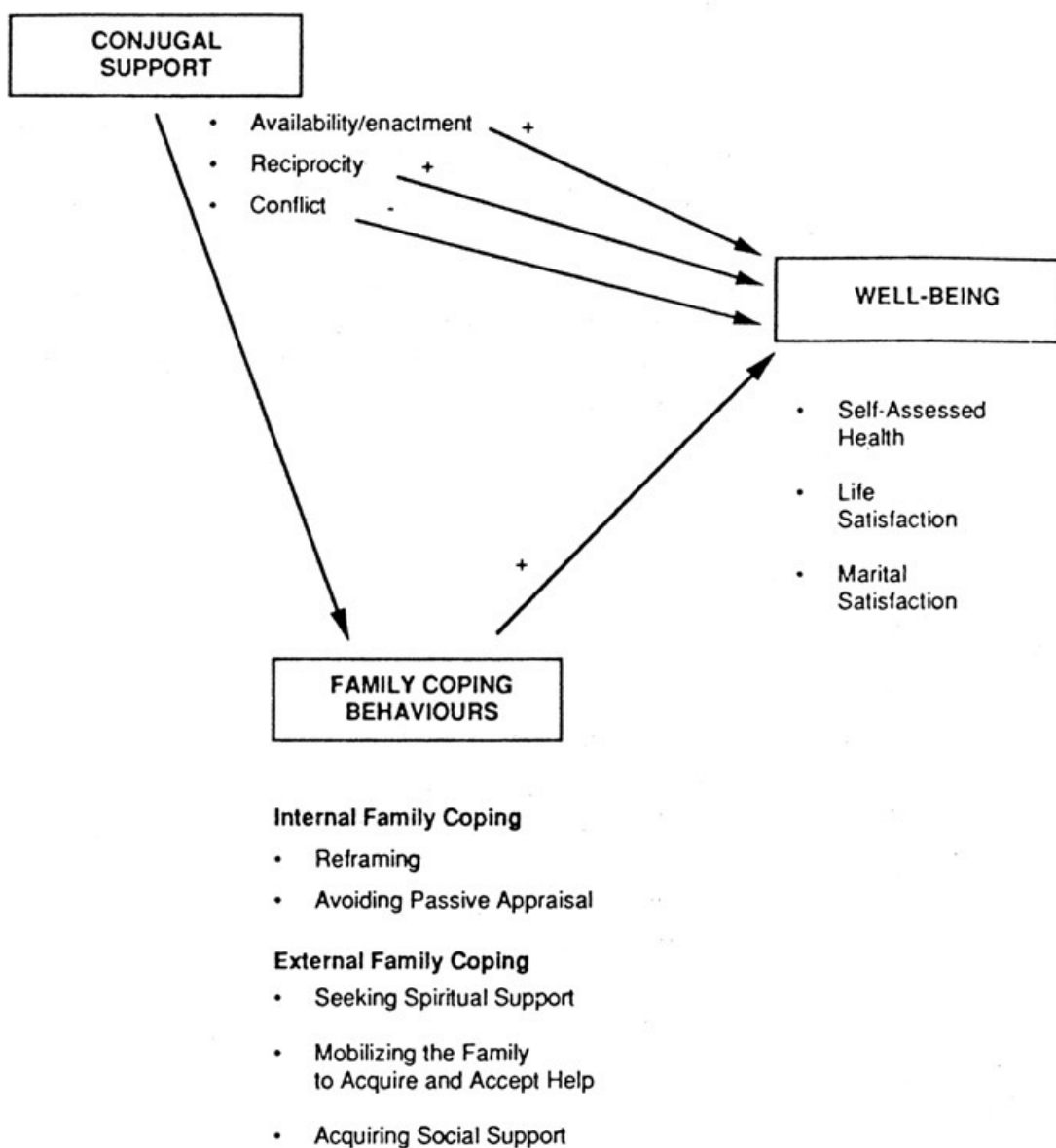
despite the fact that conjugal support has been identified as the most potent family factor affecting overall mortality and morbidity in the general population (Campbell, 1986). According to Sussman and Steinmetz (1987), the relationship of conjugal support to the well-being of the elderly has received little attention.

Another virtually unexplored area is that of the relationship between the coping strategies of the elderly, in the face of daily stressful situations, and their well-being. How elderly families respond to life circumstances, or which family coping patterns work or fail in response to daily strains, remains unknown (Berardo, 1980; McCubbin et al., 1980). The majority of the coping literature deals with the coping behaviours used in handling specific stressful encounters or major "life events". The main effect of coping on existential or daily stress has, for the most part, been neglected (Lazarus & DeLongis, 1983; Pearlin & Schooler, 1978).

Finally, although a number of studies document the importance of both social support and coping with regard to well-being, most research on social support has progressed independently of research on coping (Gore, 1985). When social support and coping have been considered simultaneously, they have been conceptualized as intervening processes mediating the effect of specific life events on health, which is identified as the absence of distress (stress-buffering effect). The mechanism through which social support and coping might work to improve well-being in ordinary circumstances is still unknown. Recent work has suggested that social support may have an indirect effect on well-being by improving effective coping (Lazarus & Folkman, 1984; McNett, 1987). However, a better understanding of the link between support, coping and well-being seems a prerequisite to the elaboration of any nursing intervention that might improve the quality of life of the elderly family.

Theoretical Framework

The framework that guided this study, the McGill Model of Nursing, emphasizes family, coping and well-being (Gottlieb & Rowat, 1987). Conceptualizations of conjugal support, family coping and well-being compatible with the model were used. Social Exchange Theory (Blau, 1964) and Equity theory (Messick & Cook, 1983) were used in defining conjugal support. Family coping was defined according to the McCubbin and Patterson framework (1983). Well-being was conceptualized as a multidimensional subjective phenomenon, consisting of the dimensions of self-assessed health, life satisfaction and marital satisfaction.



Control Variables: Functional Ability, Socioeconomic Status, Level of Stress, Social Network Size, Years Married, Gender

Figure 1

Diagram of the Proposed Model

Research hypotheses

Based on the present state of knowledge and the theoretical framework of the study, we hypothesized a model of the relationship between the variables (see Figure 1). More specifically, we hypothesized the following.

1. There is a positive relationship between the well-being of elderly marital partners and the positive aspects of conjugal support, namely perceived availability/enactment and reciprocity of conjugal support.

2. There is a negative relationship between the well-being of elderly marital partners and the negative aspect of conjugal support, namely conflict.

3. Conjugal support along with family coping behaviours account for a significant part of the variance in the well-being of elderly marital partners.

4. Conjugal support has a direct effect on the well-being of elderly marital partners, as well as an indirect effect through family coping behaviours.

Methods

Design

A cross-sectional correlational design was used to test the study hypotheses.

Sample

The study was carried out in a large urban center. Community-dwelling elderly couples were chosen according to the following criteria: the husband and wife were sixty-five years of age or older, were living at home, had the physical and mental capacities to be interviewed and spoke and understood English or French.

A multi-stage sample was drawn from users of health and social services, as well as from non-service users. A random sample of ten agencies delivering services to the elderly was selected. A "snowball strategy" was used to select non-service users. At the end of each home visit, interviewed couples were asked if they would communicate with other couples, friends and acquaintances, for their permission to be contacted.

One hundred and sixty-one couples were approached; twenty-six refused to participate in the study - a participation rate of 83.9%. Refusals were similar in terms of age, referral mechanisms and socio-economic status to those who took part in the study. The final sample consisted of 135 elderly couples, 97 of whom were obtained from the service agencies and 38 who were referred through the snowball sampling strategy.

The final sample appeared comparable to the non-institutionalized elderly population in terms of labor force distribution, educational level, mother tongue and religious affiliation of the elderly in Quebec (Bureau de la Statistique du Quebec, 1986). The mean ages were 73 years for men and 71 years for women. All individuals had lived in Canada for more than 30 years. The average duration of the marriages was 42 years. T-tests revealed that the only differences between the service and non-service users were that couples from the service agencies were significantly ($p < .05$) younger than non-service users ($M:71.1$, $SD:5.5$ and $M:73.2$, $SD:5.8$) and that they were married for fewer years ($M:40.7$, $SD:12.5$ and $M:46.5$, $SD:12.4$).

Instruments

A modified version of the *Interpersonal Relationship Inventory* (IPRI, Tilden, 1987) was used to assess conjugal support. The IPRI is a 39-item Likert-type scale, consisting of three subscales: "Perceived Availability or Enactment" of helping behaviours, "Reciprocity" and "Conflict". Because the IPRI was originally designed to assess relationships within an individual's social network, it was modified in order to assess only the conjugal relationship. Cronbach's alpha coefficient for the revised scale was .71 in this study, with a range of .68 to .80 for the subscales.

Family coping behaviours were measured with the *F-Copes* (McCubbin, Olson & Larsen, 1987). This was created to identify pattern of strategies used by families facing daily problems or difficulties. This instrument contains 30 Likert-type items, included in five subscales. Three subscales contain items assessing external family coping: "Acquiring Social Support" from relatives, friends, neighbours and extended family; "Seeking Spiritual Support"; and "Mobilizing the Family to Acquire and Accept Help" from community resources and services. Two subscales contain items assessing how families internally handle problems: "Reframing", which assesses the family's capability to redefine stressful situations in order to make them more manageable; and "Passive Appraisal" which evaluates the inactive or passive behaviours a family might employ. In this study, Cronbach's alpha for the total sample was .75 with a range of .66 to .75 for the subscales.

Well-being, as a multidimensional construct, was measured using three instruments, The *Cantril Self-anchoring Ladder* (Cantril, 1965), the *Life Satisfaction Index-Z* (Wood, Wylie & Schaefer, 1969) and a visual analogue rating scale. The Cantril ladder was used to measure self-assessed health. The respondents were asked to describe their very best and their very worst health status - the end points of a pictorial ten-point scale. They were then asked, in terms of health status, where on the ladder they would place themselves now.

The Life Satisfaction Index-Z (LSI-Z, Wood, Wylie & Schaefer, 1969) is a shortened version of the known valid and reliable *Life Satisfaction Index-A* designed for the elderly (Neugarten, Havighurst & Tobin, 1961). The respondent is asked to agree or disagree with 13 statements concerning life in general.

A *Visual Analogue Rating Scale* and an open-ended question were used to assess marital satisfaction. Each individual was asked to rate his or her current satisfaction with conjugal life by slashing on a 100 mm visual analogue scale. Because the visual analogue is a single-item instrument, each spouse was asked also to explain his or her rating and the answers were tape recorded.

The variables found in earlier investigations to be associated with support, coping and well-being are functional ability in activities of daily living (Antonucci, 1985b), level of stress (Lazarus & DeLongis, 1983), social network size (Mancini et al., 1980), years married (Rollins & Cannon, 1974), gender and socioeconomic status (Antonucci, 1985b). These were used as control variables in the present study. The *Functional Ability Measure* (Chappel & Strain, 1985) was used to assess the subject's capacity to perform activities of daily living; the level of stress was measured using the *Geriatric Social Readjustment Rating Scale* (GSRRS, Amster & Krauss, 1974). Socioeconomic status (SES) was determined by the *Socioeconomic Index for Occupations in Canada* (Blishen, Carroll & Moore, 1987).

Data collection procedure

The measures were administered in the couples' homes, through face-to-face interviews. Husbands and wives were interviewed separately by two trained interviewers, randomly assigned to husbands or wives. At the time of the home visit, written consent was obtained from each marital partner. The average length of time per interview was 1.5 hours.

Data Analysis and Results

Data were first analyzed using zero-order correlation coefficients. Because preliminary analyses revealed significant differences between husbands and wives with regard to their perception of conjugal support and selected family coping behaviours, data were considered according to gender.

Correlation coefficients between the three dimensions of conjugal support and the three dimensions of well-being appear in Table 1. Results support the first two hypotheses. For both men and women, a significant positive relationship between the three dimensions of well-being and the positive dimensions of conjugal support (perceived availability/enactment and

reciprocity) was found ($p<.001$). A significant negative relationship between the well-being of both partners and the perception of conflict was also found ($p<.001$). Using Fisher's Zr transformation to compare the magnitude of the correlation coefficients (Ferguson, 1981), no significant differences were found between the coefficients of men and women ($Z<1.96$ for all comparisons).

Table 1

Pearson Correlation Coefficients Between Well-Being and Conjugal Support - by gender.

Conjugal Support	Men (n=135)	Women (n=135)
<i>Self-Assessed Health</i>		
Availability/Enactment	.28*	.30*
Reciprocity	.34*	.32*
Conflict	-.20*	-.21*
<i>Life Satisfaction</i>		
Availability/Enactment	.46*	.55*
Reciprocity	.51*	.62*
Conflict	-.34*	-.36*
<i>Marital Satisfaction</i>		
Availability/Enactment	.74*	.77*
Reciprocity	.68*	.74*
Conflict	-.71*	-.62*

$p<.001$

Correlation coefficients between the well-being criteria and each family coping behaviour are presented in Table 2. Because items in the passive appraisal subscale of the *F-Copes* were reversed when scored, a high score on passive appraisal denotes low use of the strategy. Results revealed a significant positive relationship between the use of internal coping behaviours and the well-being of the elderly marital partners, both male and female. "Reframing" and "avoiding passive appraisal" were the two strategies that were significantly and positively related to self-assessed health, life satisfaction and marital satisfaction. No significant relationship was found between the use of any of the external family coping behaviours ("Acquiring Social Support", "Seeking Spiritual Support" and "Mobilizing the Family to Acquire and Accept Help") and the well-being of the elderly marital partners. No significant differences were found between the correlation coefficients of men and women ($Z<1.96$).

Table 2

Pearson Correlation Coefficients Between Well-Being and Family Coping Behaviours - by gender.

Family Coping Behaviours	Men (n=135)	Women (n=135)
<i>Self-Assessed Health</i>		
Internal Strategies		
Reframing	.48**	.50**
Passive appraisal (avoidance)	.29**	.22**
External Strategies		
Acquiring social support	.01	-.05
Seeking spiritual support	-.04	.11
Mobilizing the family to acquire and accept support	-.11	-.04
<i>Life Satisfaction</i>		
Internal Strategies		
Reframing	.73**	.71**
Passive appraisal (avoidance)	.30**	.48**
External Strategies		
Acquiring social support	.20*	-.03
Seeking spiritual support	.01	.16
Mobilizing the family to acquire and accept support	-.07	-.08
<i>Marital Satisfaction</i>		
Internal Strategies		
Reframing	.43**	.64**
Passive appraisal (avoidance)	.35**	.21*
External Strategies		
Acquiring social support	.13	-.06
Seeking spiritual support	.08	.15
Mobilizing the family to acquire and accept support	.002	-.09

*p<.05; **p<.01

As the main purpose of the study was to determine the unique effects of conjugal support and family coping on well-being of the elderly couple, a series of hierarchical multiple regression analyses, one with each criterion variable (self-assessed health, life satisfaction, marital satisfaction), were performed. Because family data are usually correlated, data from husbands and wives were considered separately for these analyses in accordance with a major assumption underlying regression analysis (Pedhazur, 1982). In order to evaluate the amount of variance in well-being that could be explained beyond the control variables, these variables were first entered into the regression equations followed, according to the hypothesized model, by family coping and conjugal support variables. The conjugal support dimensions of "Availability/Enactment" and "Reciprocity" were found to be highly correlated ($r=.75$) and thus were combined into one variable, "Positive Conjugal Support" for the analyses. To assess the indirect effect of conjugal support on well-being, the path from conjugal support to coping was determined by regressing family coping variables on conjugal support variables. The relative importance of each coping and support variable was examined using the standardized beta coefficients. The level of significance for all tests was set at $p<.05$.

The models obtained for men and women were fairly similar. Because the intraclass correlation coefficients between husbands and wives were low ($r<.3$), the data from the total sample were combined (Schumm, Barnes, Bollman, Jurich & Milliken, 1985) and a global model was thus obtained (Figure 2).

The third and the fourth hypotheses (see the hypothesized model in Figure 1) were supported in part by selected indicators. Reframing, an internal family coping strategy, was the only variable that contributed significantly to self-assessed health (Beta=.40, $p<.01$). Positive conjugal support (Beta=.32, $p<.01$), reframing (Beta=.40, $p<.01$) and avoidance of passive appraisal (Beta=.13, $p<.05$) were significant predictors of life satisfaction, while both conjugal support (positive dimensions: Beta=.32, $p<.01$ and conflict: Beta=-.20, $p<.01$) and reframing (Beta=.15, $p<.05$) were significant predictors of marital satisfaction.

As hypothesized, conjugal support was found to have both a direct and an indirect effect on selected well-being criteria. Positive conjugal support had a direct effect on life satisfaction and marital satisfaction, as well as an indirect effect on the three well-being criteria through the use of the family coping strategy of reframing. Negative support (conflict) had a direct effect on marital satisfaction and an indirect effect on life satisfaction through passive appraisal.

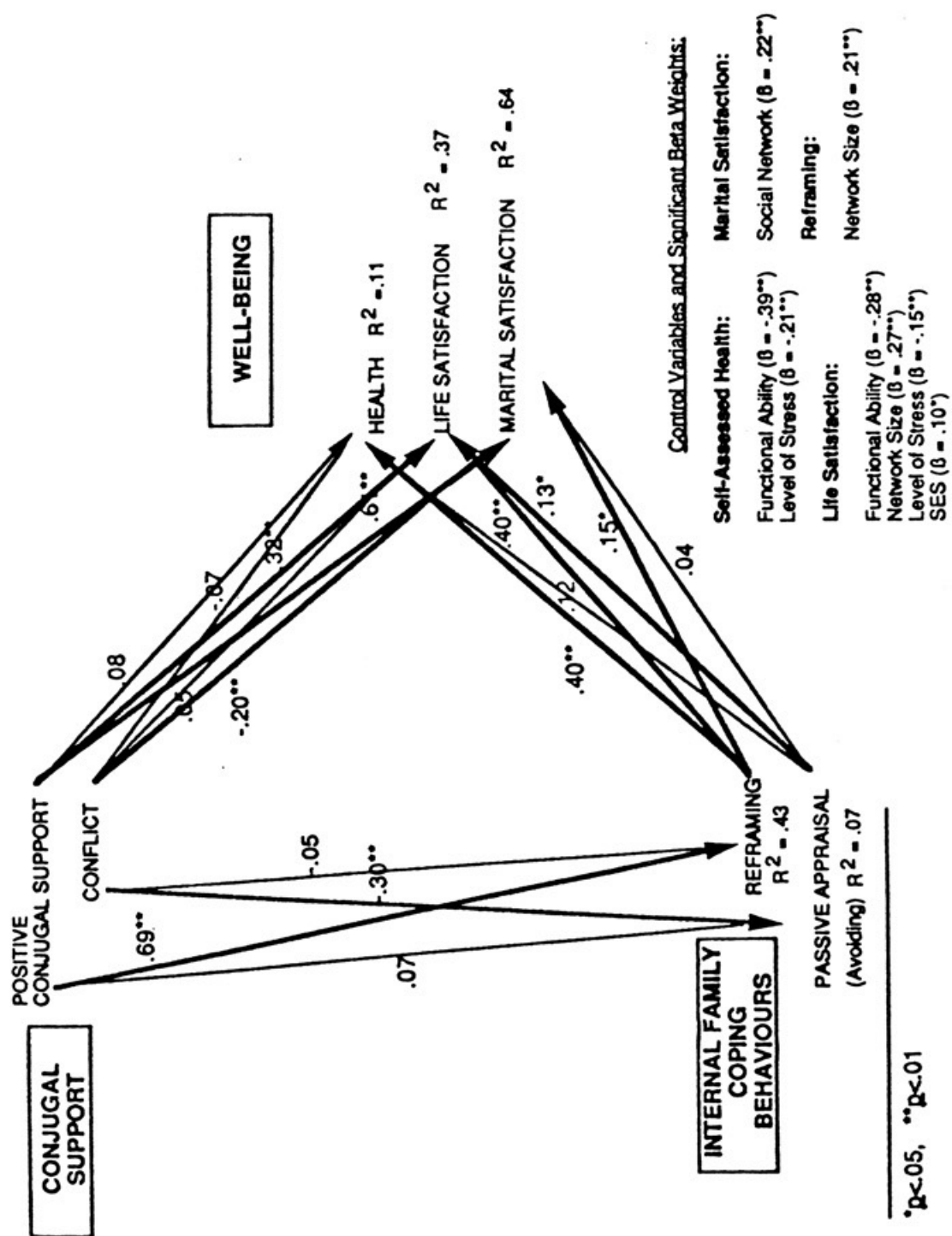


Figure 2
The Final Model (N = 270)

Discussion

Some of the work that has examined the concept of social support and its relationship to the well-being of the elderly may provide some understanding of the study findings. The significant positive relationship found between perceived availability of conjugal support and well-being is consistent with the findings of Krause (1987) and Ward and colleagues (1982). These showed a positive association between perceived social support and the well-being of the elderly. Recent literature suggests that perceived availability of support is more important for well-being than support actually received (Mercer & Ferketich, 1988; Wethington & Kessler, 1986). The findings of this study suggest also that perceived reciprocity is an important component in understanding the relationship between conjugal support and well-being. A positive association was found between reciprocity of social support and well-being in selected studies on support and the elderly (Antonucci, 1985a; Minkler, Satariano & Langhauser, 1983) and Social Exchange Theory (Foa, 1971) has been used to explain such an association. According to this theory, the "exploiters" as well as the "victims" in an inequitable relationship are more distressed than those individuals in an equitable relationship. It has been suggested that unequal exchange, or asymmetry, may burden those supporting and may undermine the recipient's sense of control (DiMatteo & Hays, 1981).

However, positive conjugal support (perceived availability and reciprocity) was not a significant predictor of self-assessed health in regression analyses. This is contrary to the widely held assumption that social support plays a role in physical as well as in mental health (Broadhead et al., 1983; Cohen, 1988; House, Landis & Umberson, 1988). One explanation for such a finding might be a methodological one. The Cantril Ladder, used to measure self-assessed health, is a single-item measure with less variability than the Life satisfaction index and the Visual Analogue scale used to measure the other dimensions of well-being. The Cantril Ladder might not be sensitive enough to discriminate health levels. Another possible explanation is related to the conceptualization of the variables. Life satisfaction and marital satisfaction tapped the psychological dimensions of subjective well-being, while self-assessed health was mainly defined in terms of mobility by the elderly spouse. Therefore, conjugal support might have a stronger effect on psychological well-being than on well-being defined in terms of functional ability.

Another goal of the study was to identify those family coping behaviours that contribute to the well-being of elderly marital partners. Two internal strategies, reframing and avoidance of passive appraisal, were found to contribute significantly to the three well-being indicators. None of the external family coping behaviours were related to well-being. This finding is also in

direct contrast to that reported in most studies on coping that have demonstrated the positive effect of external coping strategies such as seeking external help, on well-being (Billings & Moos., 1981, 1984; Felton & Revenson., 1984; Kahana et al., 1987).

A number of explanations might account for these differing results. Unlike the majority of other studies that have looked at support or coping in the face of a particular stressful event, this study explored the variables within the context of everyday living. Under such circumstances, elderly couples may need less external support and therefore may have underestimated their use of these types of support. The self-report nature of the family coping and well-being instruments also may account for the findings, as they may reflect a social desirability bias.

Despite these methodological concerns, there are reasons to believe that these findings are valid. The coping strategies of reframing and avoidance of passive appraisal are cognitive strategies. Reframing is the ability to redefine problematic situations in order to make them more manageable; passive appraisal involves denial of problems and feelings of powerlessness. These internal coping strategies appear to reflect the ability to regulate or influence intended outcomes through selective responding (Baron & Rodin, 1978) or a sense of control. The need for mastery and control of one's environment has long been viewed as a basic human motivation, and has been found to have profound effects on the elderly's well-being (Rodin, 1986). Some researchers (Husaini, Newbrough, Neff & Moore, 1982; Pearlin, Lieberman, Menaghan & Mullen, 1981) have also suggested that help-seeking is a hallmark of the poor copier, and that seeking help may imply that recipients are not responsible for solving their own problems.

As the hierarchical analyses demonstrated, the effect of positive conjugal support was primarily an indirect one, through the coping strategy of reframing. This indirect effect was consistent for the three measures of well-being. Such a finding lends support to the contention by Lazarus and Folkman (1984) that perceived availability of support influences coping responses, and that support may contribute to well-being through an intervening process (i.e., through coping efforts). Theoretical discussions on coping and social support refer also to the beneficial effect of social support by way of its possible positive influence on the sense of control or mastery (Ben-Sira, 1984; Smith & Midanir, 1980).

Finally, results of this study suggest a number of possible nursing interventions. According to the McGill Model of Nursing (Gottlieb & Rowat, 1987), one feature of the nurse's role is that of assisting families to strengthen coping abilities and to utilize their own resources and potential for problem-solving, in order to achieve a better quality of life. By assessing the strengths

and deficiencies of the family system, nurses could, through anticipatory care and guidance, help the elderly couple acquire and maintain the supports and coping strategies necessary for healthy survival. A role for nursing may be that of helping elderly couples learn techniques of cognitive restructuring or reappraisal of the problems they experience in everyday living, (i.e. reframing).

The significant negative relationship found between conflict and well-being underscores the importance of considering the stress-producing aspects of support in research and practice. Elderly marital partners, on a daily basis, are involved in a mutual exchange of helping behaviours. Assisting these partners to develop the positive aspects of their relationship, namely availability and reciprocity, possibly through an examination of their respective roles, might be one means by which the nurse can contribute to their well-being.

Conclusion

A major purpose of this study was to test the relationships among conjugal support, family coping behaviours and well-being of elderly community-based couples facing everyday problems. A model linking the major variables was developed and the results offer some preliminary insights into the possible mechanisms by which these variables affect well-being. One limitation of this study was its cross-sectional design, which did not allow for the establishment of causal effects. A longitudinal design which would capture the process of change in conjugal support, family coping and well-being and allow for causal inferences, is proposed.

Ensuring quality of life for the elderly in society today is a challenge facing policy makers and those engaged in health care delivery. This study offers preliminary directions for the development of nursing strategies aimed at fostering the well-being of the increasing number of elderly couples in their primary environment.

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RÉSUMÉ

Soutien conjugal, stratégies adaptives et bien-être des couples âgés

Cet article est le compte rendu des résultats d'une étude concernant le bien-être des couples âgés vivant dans la communauté. Le but de cette étude corrélative était de déterminer la nature de la relation existant entre les caractéristiques qualitatives du soutien conjugal, les stratégies adaptatives utilisées afin de composer avec le stress existentiel de la vie quotidienne et le bien-être des couples âgés, mesuré à l'aide de trois indicateurs soit la perception de l'état de santé, la satisfaction de vie et la satisfaction maritale. Un échantillon de 135 couples, âgés de 65 ans et plus et sélectionnés à l'aide d'une stratégie mixte (aléatoire et de convenance) ont été visités à domicile. Une série de questionnaires ont été présentés séparément aux conjoints masculins et féminins sous forme d'entrevue. Des analyses de régression multiple de type hiérarchique ont démontré une contribution significative de la disponibilité et de la réciprocité du soutien conjugal aux indicateurs satisfaction de vie et satisfaction maritale. Seules les stratégies adaptatives d'ordre cognitif, c'est-à-dire l'évaluation active des problèmes et le recadrage des situations problématiques ont expliqué la variance au niveau des trois indicateurs de bien-être. Aucune des stratégies faisant appel à une recherche d'aide au sein du réseau social formel (ressources communautaires et professionnelles) et informel (parents, amis, voisins) ne fut reliée au bien-être des couples âgés. Enfin, un modèle de relation entre les variables est proposé selon lequel les dimensions positives et négatives du soutien conjugal ont principalement un effet indirect sur le bien-être par l'intermédiaire de leur contribution à l'utilisation des stratégies adaptatives d'ordre cognitif. Ces résultats suggèrent des pistes d'intervention novatrices pour les infirmières oeuvrant auprès de cette population de couples âgés de plus en plus nombreuse.