

## **Social Relationships and Mortality**      **Mary Jean Etten**

Edward P. Sabin, Social relationships and mortality among the elderly. *Journal of Applied Gerontology*, 12, 2 (1993), 44–60.

A growing corpus of research focuses on the positive influence of human relationships on physical and mental health in general and on reduced mortality in particular. This article defines both structural and functional measures of inter-personal relationships. Structural measures include the presence/absence of a relationship and the frequency of interaction between people; functional measures focus on the quality of the relationship and whether it is instrumental (receiving help from a family member) or expressive (visiting a friend).

In the cited research marriage is related to a lower mortality rate although this declines with age. Both expressive and instrumental relationships with friends and family support a lower risk of mortality. Another study found that among residents in nursing homes, those who participated in organized activities were 40–50% less likely to experience decline or to die than those whose participation was low. Functional relationships overall have a stronger relationship with positive health outcomes than structural measures.

Several authors have proposed explanations for the observed association between social relationships and mortality. It has been suggested that people who are part of a social network may receive improved health information; that those with close social ties may obtain more direct, instrumental, and tangible assistance from others, or that they are subjected to peer pressure and social control to assume healthy behaviors; that the maintenance of social relationships may be an expression of life coherence and the will to live; and that relating to others may be connected with positive psychological states, such as feelings of belonging and intimacy. Finally, social interaction may bring about beneficial neuroendocrine states that diminish the detrimental effects of stress and result in feelings of relaxation and joy, thus enhancing the immune response. The author views these propositions as suggestive and not proven. He believes that the current research into the possible linkage between relationships and mortality among older adults is still at the fact-finding stage.

The purpose of this paper is to evaluate the link between several measures of social relationships and the mortality rate using a large representative sample of older Americans. Data was obtained from the Longitudinal Study on Aging (LSOA) collected jointly by the National Institute on Aging and the National Center for Health Statistics. The LSOA offers baseline and four years follow-up data on a national survey

of 7,527 persons aged 70 years or more who live in the community. They were first interviewed face-to-face in 1984 and there have been two telephone follow-up surveys in 1986 and 1988. About 23% (1,719) died in the four years following the initial interview: for 94.3% of these their mortality status was identified through the follow-up interview. Four hundred and three of the remainder have been matched with the National Death Index. Multiple logistic regression was used to predict mortality with the independent variables describing social relationships and age, sex, race, education, limitations to activities of daily living, and health self-rating.

In general, the research verifies that certain personal relationships, especially the expressive, reduce subsequent mortality in individuals aged 70 years and older when controlling for the possible effects of age, health, sex, and disability. Attending a religious service within the prior two weeks is the most important component of the socioexpressive scale in reducing mortality, especially for those individuals who were in ill health or had ADL limitations. Volunteering had a similar effect for those persons who were in good to excellent health. Gathering with friends and neighbours, or even talking with them by telephone, also tended to reduce the mortality risk. Overall, relationships that were voluntary and an end in themselves as opposed to family relationships were the most influential in reducing the risk of mortality. Relationships with a spouse or other kin, no matter how valuable they may have been, did not reduce the risk of mortality.

The author concludes that the first three of the listed propositions tend to serve as a means to some other end. The data from this study attest the beneficial effects of friends or neighbours visits, of contacts by telephone, attending church, or volunteering, which relate more to propositions four and five. These stress the role of psychological factors and wellbeing in creating togetherness and intimacy. The author concludes that this research demonstrates the benefits of staying active and involved in freely chosen meaningful relationships.

#### COMMENT

Three issues are highlighted in this study: the importance of freely chosen meaningful relationships in reducing mortality; the implications these outcomes have for families and health care providers; and the problem of understanding when the will to live gives way to a belief that it is time to die. Older individuals and families struggle to find how meaningful relationships can be maintained. Physical disability, lack of financial assets, depression, and the loss of meaningful family peers may prevent the individual from forming the relationships indicated as

beneficial. Some individuals never develop meaningful relationships, so probably do not possess the basic skills or interest to do so in old age when greater effort may be required.

Most social and health care agencies are indeed interested in facilitating positive relationships for older adults, yet the data indicate that the most valuable in decreasing mortality arise from relationships not necessarily arranged by others. We might begin by helping people of all ages understand the importance, meaning, and value of such a relationship. As they gradually age they might be able better to assume the relationships which facilitate a longer life. Each person has a finite life span. How far, and under what conditions does he/she want to extend life? Our death-denying society promotes keeping people alive at all costs. If we are honest and listen to our elders, most are not afraid to die and are not interested in extending life beyond the time it holds meaning for them. On the other hand, when life is present, enhancing its meaning can greatly influence the quality and length of life, and the impact that the person has on others. Continued research on these issues might further enhance our understanding and appreciation of life extension.

St Petersburg Junior College,  
St Petersburg, Florida