



TEXAS TECH UNIVERSITY™

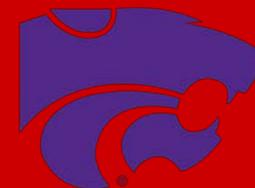
# Chronic Disease and Romantic Attachment: Trajectories of Physical Health



Cameron C. Brown, PhD  
*Texas Tech University*

Jared A. Durtschi, PhD  
*Kansas State University*

Jeremy B. Yorgason, PhD  
*Brigham Young University*



*Presentation for NCFR National Conference - November 16, 2017 – Orlando, Florida*



# BACKGROUND



- Chronic disease is common within the U.S.
  - 117 million adults have current diagnosis such as heart disease, diabetes, Alzheimer's, arthritis (Ward et al., 2014).
  - 7 of top 10 leading deaths in 2014 were chronic conditions (Heron, 2014).
- Mental health matters.
  - Depression exacerbates physical symptoms of those with a chronic disease (Moussavi et al., 2007).
- Relationships matter.
  - Physical health and social relations are bidirectionally linked (House et al., 1988; Tay et al., 2012).
  - Familial and romantic relationships linked to better management of chronic conditions (Beverly et al., 2008).



# PRESENT STUDY



- Understand more detailed nuances of romantic relationships (adult attachment) and their link with physical health.
- Extend research on adult attachment, depressive symptoms, and physical health, and chronic disease (Kowal et al., 2003).
- Evaluate how adult attachment and depressive symptoms may be linked with trajectories of reports of physical health across time among those with at least one chronic disease and in a romantic relationship.



# DATA



FLOURISHING FAMILIES PROJECT  
Survey of Family Life



- 197 individuals with at least one chronic disease in a different-sex, monogamous relationship from two cities in western U.S.
  - In a cohabiting or marital relationship from 2009-2011.
  - Approx 87% Caucasian, 4.6% African American,
  - Mean relationship length: 20.55 years.
    - 97.4% married.
  - Mean number of chronic diseases 1.26.
- Diseases present in sample:
  - Arthritis, asthma, cancer, cardiovascular problems, diabetes, high blood pressure, and respiratory problems.



# MEASURES (14 total)



- **Physical health:** Year 2009, Year 2010, and Year 2011 (single item).
  - *My health is excellent.*
- **Anxious attachment:** Year 2009 (4 item; R-ECR (Fraley et al., 2000)).
  - *I often worry that my partner will not want to stay with me.*
- **Avoidant attachment:** Year 2009 (4 item; R-ECR (Fraley et al., 2000)).
  - *I find it difficult to allow myself to depend on my partner.*
- **Depressive symptoms:** Year 2009 (11 item from CES-D (Radloff, 1977)).
  - *I could not get 'going.'*
- **Controls:** 10 measures.
  - Age, gender, household income, exercise behaviors, smoking of tobacco, severity of diagnosed disease, years of diagnosis, number of diagnoses, relationship length, partner report of disease.



# DATA ANALYSIS

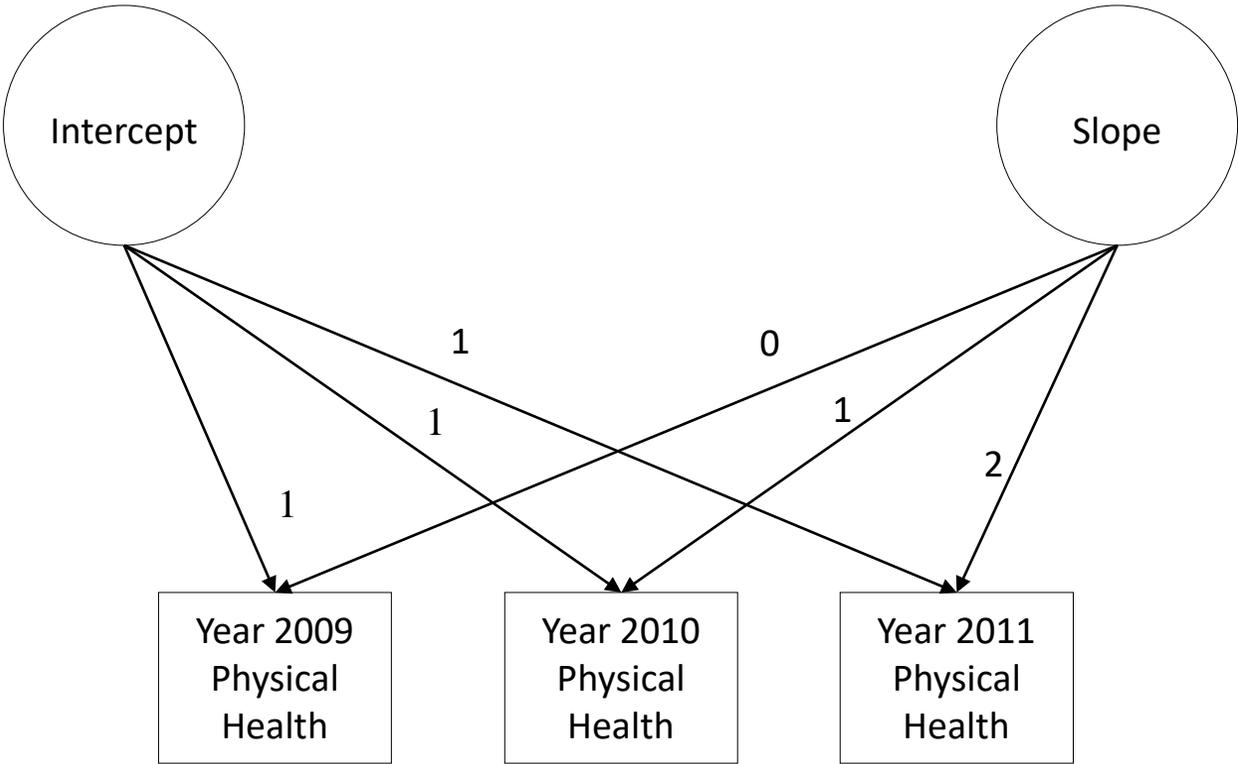


## SEM: Latent Growth Analysis

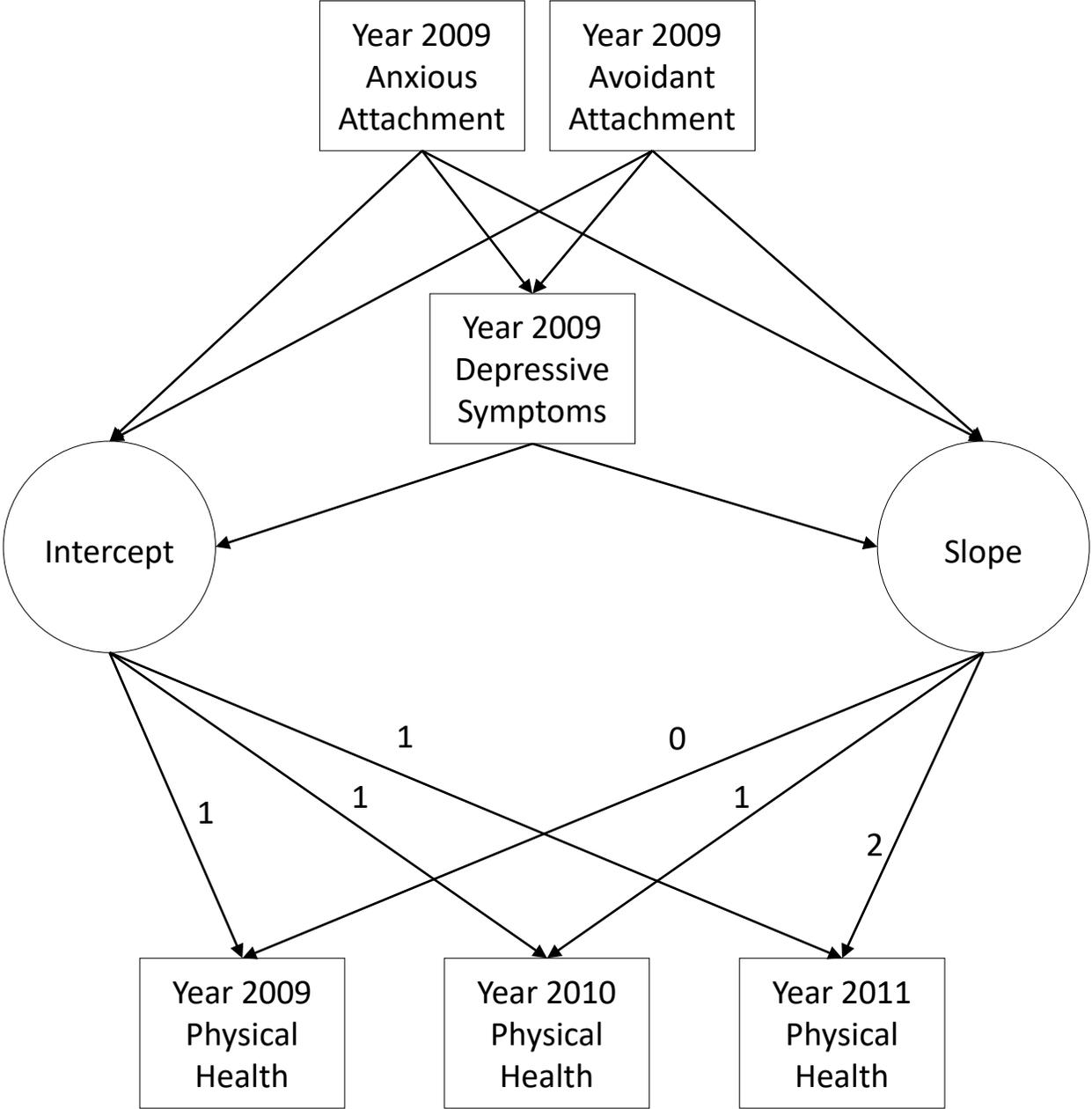
1. **Unconditional model:** Assesses initial levels and trajectories of reported physical health.
2. **Conditional model:** Mediated latent growth analysis which assesses trajectories of physical health with covariates of depressive symptoms, avoidant and anxious attachment, and controls.



# Model 1: UNCONDITIONAL MODEL



# Model 2: CONDITIONAL MODEL



**Controls:** Age, gender, household income, exercise behaviors, smoking of tobacco, severity of diagnosed disease, years of diagnosis, number of diagnoses, relationship length, partner report of disease.



# SIGNIFICANT RESULTS

## Physical Health Over Time

- On average participants' reports of physical health **declined** .06 units per year from 2009 to 2011 ( $p < .05$ ).

## Depressive Symptoms

- **Higher** depressive symptoms was linked with **lower** initial levels of physical health ( $b = -1.06, p < .01; \beta = -.33$ ).
- **Higher** depressive symptoms was linked with an **upward shift** (improvement) of trajectories of physical health over two years ( $b = .34, p < .05; \beta = .43$ ).

## Attachment

- **Higher** anxious attachment was linked with **higher** depressive symptoms ( $b = .06, p < .01; \beta = .25$ ).
- **Higher** attachment anxiety was linked with **lower** initial reports of physical health in an indirect effect through depressive symptoms ( $b = -.06, p < .05, 95\% \text{ CI } [-.15, -.02]; \beta = -.08$ ).
- Direct effects of **higher** attachment anxiety was linked with **higher** initial reports of physical health was approaching significance ( $b = .13, p = .06; \beta = .17$ ).
- **Higher** attachment anxiety was linked with an **upward shift** of physical health trajectories across two years in an indirect effect through depressive symptoms was approaching significance ( $b = .02, p = .09, 95\% \text{ CI } [.003, .05]; \beta = .11$ ).



# SO WHAT?



- Puzzling. Further analyses needed.
- Some evidence indicating addressing attachment anxiety may reduce depressive symptoms.
- Some evidence indicating that addressing depressive symptoms among those with a chronic disease could be a bridge to altering improving physical health reports.
- Generally, those that are anxiously attached to their partner may report better physical health initially and over time.
  - May be over-exaggerating their health to reduce the burden of their health on their relationship and thus being abandoned by partner.

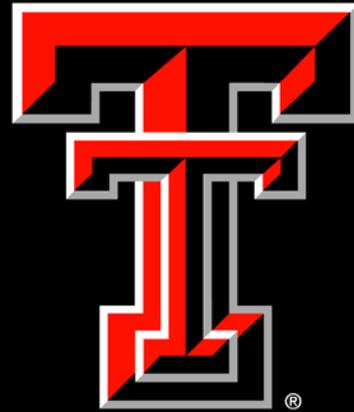


# LIMITATIONS & FUTURE RESEARCH



- Present study is self-report data. Need medical documentation.
- Larger and more representative samples.
- Evaluating singular diagnoses for greater specificity and application of results.
- Clinical trials.

# QUESTIONS?



Contact:

Cameron C. Brown

[cam.brown@ttu.edu](mailto:cam.brown@ttu.edu)

 [@cambrows](https://twitter.com/cambrows)



TEXAS TECH UNIVERSITY™



# REFERENCES

- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*, 350-365.
- Heron, M. (2016). Deaths: Leading causes for 2014. *National Vital Statistics Reports, 65*. Retrieved from [http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_05.pdf)
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science, 241*, 540-545.
- Kowal, J., Johnson, S. M., & Lee, A. (2003). Chronic illness in couples: A case for emotionally focused therapy. *Journal of Marital and Family Therapy, 29*, 299-310.
- Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustun, B. (2007). Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *The Lancet, 370*, 851-858.
- Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Tay, L., Tan, K., Diener, E., & Gonzalez, E. (2013). Social relations, health behaviors, and health outcomes: A survey and synthesis. *Applied Psychology: Health and Well-Being, 5*, 28-78.
- Ward, B. W., Schiller, J. S., & Goodman, R., A. (2014). Multiple chronic conditions among US adults: A 2012 update. *Preventing Chronic Disease, 11*, 130389.