ABSTRACT

Title of Document: CHILDHOOD ADVERSITY AND AFFECTIVE PRACTICE AMONG OLDER ADULTS WITH TYPE 2 DIABETES

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The link between adversity early in life and chronic diseases of aging, such as type 2 diabetes is well established in the literature. The landmark Adverse Childhood Experiences study provided further evidence that childhood adversity and poor health and well-being cuts across all racial, gender, and economic groups, sparking a self-advocacy movement and push for trauma-informed care.

Understanding the ways people who have suffered childhood adversity feel about their past and how it affects their health behaviors is critical to prevention and treatment of type 2 diabetes. Negative health behaviors such as lack of exercise, poor diet, and lack of medication adherence should be viewed with a trauma lens when appropriate.

Findings from this study confirm the literature’s established link between childhood adversity and increased risk of poor health and well-being in later life. Borrowing the term affective practice from social psychologist Margaret Wetherell (2012, 2015), this study examines the combination of emotion and behavior that
influence the health and well-being of older adults with type 2 diabetes. Guilt, blame, and shame figure prominently in how people make sense of their past and the health behavior choices they have made over a lifetime.

This study addresses the affective and behavioral responses in a retrospective, narrative analysis of lightly-structured interviews with Baltimore City residents (n=15; 53-70 years old; 11 females, 4 males; 80% non-Hispanic Whites, 20% African American) with diabetes. Exploring how affect influences behavior allows us to understand the contextual and confounding factors that often go unmeasured in quantitative, correlational studies.

While much of the focus in existing studies and applied work is upon children and prevention, this area of research has the potential to positively impact mid-life and older adults’ well-being and health outcomes. Discovering that one’s failed relationships and health problems may have an emotional and physiological explanation that was outside of one’s control may be liberating and may positively impact well-being and health outcomes. For healthcare providers, greater understanding and appreciation of patients’ childhood experiences and its effect upon health behaviors may improve communication and patient adherence.