Healthy Marriage and Health Status: There’s a Connection

National Healthy Marriage Resource Center Webinar
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Presenters:

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Learning Objectives

- Present research on the associations between healthy marriage, relationship quality, and positive health outcomes, in both children and adults.
- Discuss and provide practical strategies for using the research to assist providers with outreach and marketing their programs.
- Provide rationale and strategies for incorporating health as an essential component in healthy marriage curricula and programming.
What’s the Relationship of Marriage to Physical Health??

- Married adults at all income levels have better health over a lifetime, and live longer.
- Children of married parents, esp. biological parents, have the best health in childhood, and over their lifetimes, including longer life spans.

What Factors in Marriage Affect Health?

- Resources: money, education, community
- Behavior Changes
- Couple Interactions

All marriages are not equally beneficial: new research shows that low-quality, conflictual marriages carry significant health risks for adults & children, cancelling out health benefits.
Probability of Survival, Ages 48-65 by Marital Status, Females


(Lillard & Waite, 1995)
Probability of Survival, Ages 48-65 by Marital Status, Males


(Lillard & Waite, 1995)
Cautions:

Apples & Oranges & Grapes

What We Need to Know from Research

• **Effects of Mate Selection:** Are healthier people more likely to marry? Is marriage now mostly for wealthier, better-educated, who are also healthier?  
  [Wood et al, 2007; Hymowitz, 2006]

• **What is it about Relationship Quality?** is it emotional support, lack of support, or the presence of negative, conflictual interactions that makes a difference?  
  [Kiecolt-Glaser & Newton, 2001]

• **Gender differences** in health outcomes. How different are marriage benefits for men & women?  
  [Kiecolt-Glaser & Newton, 2001]
What factors in Marriage provide health benefits – or risks?

- *Resources*: income, access to health care & insurance, social networks, division of labor
- *Behavior changes* upon marrying – reduction of risky behaviors
- *Physiological effects* of intimate adult relationships over time – negative or positive.
Children of Married Parents: Longer & Healthier Lives

• Children whose parents divorce before 17 have more acute or chronic health conditions, compared to intact families. Males of divorced parents have shorter life spans than males growing up in intact families (Dawson, 199; Maier & Lachman, 2000; Schwartz et al, 1995).

• Adverse Childhood Experiences (CDC): ongoing prospective study of 17,000 Kaiser Permanente middle-class subjects over their lifetimes. (www.ACEStudy.org, Felitti & Anda, 2008).

ACE = One or more occurrences of:

– physical, emotional or sexual abuse;
– domestic violence against mother;
– physical/emotional neglect;
– abandonment by or death of a parent;
– substance abuse;
– separation/divorce;
– mental illness;
– parental imprisonment.

• Number of ACE events correlates directly with prevalence of suicide attempts, depression, addictions, obesity, heart disease in adulthood.
ADVERSE CHILDHOOD EXPERIENCE & ADULT HEALTH OUTCOMES
Conceptual model of the relationship of adult health status to childhood abuse & household dysfunction.

(www.ACEStudy.org, Felitti & Anda, 2008)
Adolescents

• *Family structure* may *not* be the best predictor of adolescent health and well-being.

• *Quality of the parents’ relationship with each other*, along with the quality of the adolescent-parent relationship, are stronger factors determining adolescent health and health behaviors. [Hair, Moore et al, 2009]

• *Disruptive marital transitions* (separation, divorce, new stepfamily formation) particularly and directly influence adolescent health and health risk behaviors. [AddHealth data, Brown, 2006; Kirby, 2002; Cavanagh., 2008]
When Young Adults Marry

- Single adults are 50% more likely to engage in risky behaviors—defined as substance abuse, smoking, risky driving, unprotected sex, etc.—affecting health directly. [Bachman et al, 19997, Duncan et al, 2006, Horwitz et al, 1996]

Longevity & Cumulative Health Benefits of Marriage

- **Men**: lifetime physical health benefits from being married. [Lillard & Waite, 1995; Umberson et al, 2006].
- **Ethnicity**: African-American couples enjoy the same protective health benefits of marriage as White couples, once income levels have been adjusted. [Johnson et al, 2000].
- **Financial** – Access to health care & insurance can explain a large proportion of marriage’s overall benefit for health outcomes [Waite & Gallagher, 2000; Wood et al, 2007].
- **Low-Income Couples** – Marriage protects health of low-income couples compared to their unmarried peers. [Schoenborn, 2004]
Risks of Ending a Marriage


• Only younger men (30 yrs) report modest health improvements after divorce. (Umberson et al, 2006).

• Men over 50 report poorer health after divorce (Umberson et al, 2006).

• Divorced women compared to still-married peers:
  – More depression in first 3 years
  – significantly more physical health symptoms after 10 years. (Wickrama & Lorenz, 2006)
Health Risks of Domestic Violence

• DV remains a major health risk for women in intimate partner relationships.

• Dept. of Justice 2007 statistics show that married couples are much less likely to report DV than cohabiting couples.

• Process of separation & divorce for couples with history of DV is the most dangerous period.
  – Women who decide to leave a violent relationship need to take extra precautions for safety.

Data from Dept. of Justice. *Intimate Partner Violence in the US 2007.*
Pathways from Relationship to Health – and Illness

So, does marital quality affect our health?

• New analysis of a recent national representative survey of adults (Midlife in the US- MIDUS), demonstrates that having an unhappy marriage eliminates the predicted health benefit of marriage (Brim et al, 2003).

If so, how? Biological Pathway from:

Negative Relationship Stress:

1) Distressing interactions between partners
   -- either conflict or emotional withdrawal –

2) Increasing physiological stress on immune, endocrine, and cardiovascular systems

3) eventual illness or disease outcomes.

Positive Support:

Positive partner support - emotional support, physical touch – can reduce physiological stress and anxiety, through release of hormone oxytocin [Grewen et al, 2003, 2005; Light et al, 2005].
Social Support Hypothesis

• A healthy marriage = intimate and enduring social network.
• A healthy marriage provides the strongest and most frequent opportunity for social and emotional support.
• **Social isolation** predicts higher mortality in large prospective studies when other health risk factors are controlled), major risk factor for adult physical health [House, et al, 1988; Uchino, Cacioppo & Kielcolt-Glaser 1996).
• **Direct effects of social support and social isolation a major area of health outcomes research** (Uchino et al, 1992, 1996).
• **Social support** is a good framework for studying marital quality & health, promising stronger causal, not just correlational, findings.
The Sixth BIG Health Risk Factor

Five Health Risk Factors Everyone Knows:
✓ Diet
✓ Exercise
✓ Smoking
✓ Blood Pressure
✓ Personal Stress

*The Sixth Factor:*
✓ *Relationship Stress*
Heart Disease & Marital Quality

• Heart disease particularly sensitive to life stress and social support/isolation.

• Married men & women - lower risks for death from heart attacks; better chance of returning to health [Zhang & Hayward, 2006; Johnson et al, 2000; Kiecolt-Glaser & Newton 2001].

• Marital stress for women increases risk of having reoccurring CVD events (angina, attack, blocked arteries, death) (Orth-Gormer et al, 2000).

• Healthy women in highly satisfying relationships developed fewer symptoms of cardiovascular disease compared to women in low- and moderate-satisfaction relationships [Gallo et al, 2003].

• Male heart attack survivors who have a spouse, lover, close friend or relative to confide in, were half as likely to suffer further heart attacks within a year, as patients without a shoulder to cry on. HEART, Br. Heart Assoc., May 2004.)
Patients with High Marital Quality

Patients with Low Marital Quality

• Marital quality predicted 4-year survival rates for men and women, independent of severity of diagnosis. (Coyne et al, 2001).

• Across 8 years, quality of the marital relationship continued to predict survival for women, but not for men. (Rohrbaugh et al, 2006).
Biological Pathways from Marital Interaction to Physical Health

**In high quality, healthy marriages:**


- Affectionate physical contact lowers blood pressure and heart rate and increases oxytocin release. [Grewen et al, 2003, 2005a, 2005b; Light et al, 2005]

  Husband’s touch reduces anxiety & pain for women during electric shock experiment. [Coan et al, 2006]

**In distressed marriages:**

- Wounds heal more slowly because immune system is compromised by conflict. [Kiecolt-Glaser et al, 2005]

- Greater likelihood of developing early signs CVD. [Gallo et al, 2003]

**Caution:** clinical & laboratory studies are often correlational, not evidence of causation.
As We Grow Older

• The effects of marital status and marital quality on health appear to be more powerful with middle age and aging. A healthy marriage, with its emotional and sexual interactions, appears to protect elderly from onset of physical limitations (ADLs).

• Older adults in high conflict/low quality marriages have worse immune system responses, compared to those with low-negative conflict/interactions. Wives, but not husbands, show increased release of stress hormones in marital stress. [Kiecolt-Glaser et al, 1997]

• WHY?
  • emotional and physical support of partner more important as we age.
  • stresses from negative interactions may be amplified and affect immune system more with age.
  • Chronic health conditions, esp. cardiovascular disease, increase with age.
As We Grow Older II

• Two different analyses of nationally representative surveys of middle-aged and older married adults (50+) found:
  – Strong linear association of negative spousal behaviors with poorer health over time. (Bookwala, 2005; Umberson et al, 2006)
  – The association of negative spousal behaviors or negative marital experience was as strong for men as for women [Bookwala, 2005].
  – Only negative spousal behaviors were significantly associated with changes in general health status; no association could be found with the frequency of positive, caring, or helpful behaviors.

• Wingspread Conference on Couple Relationships & Health Outcomes:
  More research on marital quality, especially to understand both the positive and negative impact of relationships on older couples:
  ✓ Presence/frequency of positive emotional support?
    Lack of positive interactions, emotional support when expected, needed
  ✓ Prevalence of negative, distressing interactions?
An analysis of health and marital quality in a large population of married couples over 8 years found that reported negative marital quality accelerated the decline in self-reported physical health in older adults (+50) over time, but did not affect younger adults’ self-reported health. The relationship between negativity of marital experience and self-rated health is linear, and similar for men and women [Umberson et al, 2006].
National Survey Questions on Marital Quality Significantly Correlated with Physical Health

Health & Retirement Survey
How enjoyable is it for you to spend time together with your partner?
Do you and your spouse/partner like to do things together, or do things apart?

MIdLife the United States (MIDUS): A Nat’l Study of Health & Well-Being [from Bookwalta, 2005]
Marital Agreement/Disagreement: How much do you and your spouse disagree about:
Money?
Household tasks?
Leisure time activities?

Positive spousal/partner behaviors: How much
Does your spouse care for you?
Does your spouse understand the way you feel?
Does your spouse appreciate what you do?
Can your spouse be relied on for help in the event of a serious problem?
Can you open up to your spouse if you need to talk about a serious problem?
Can you relax and be yourself around your spouse?

** Negative spousal behaviors: How often does
Your spouse make too many demands on you?
Your spouse make you feel tense?
Your spouse argue with you?
Your spouse criticize you?
Your spouse let you down with you were counting on him/her?
Your spouse get on your nerves?

Marital Communication: Agree/Disagree
My partner and I are a team when it comes to making decisions.
Things turn out better when I talk things over with my partner.
I don’t make plans for the future without talking it over with my partner.
When I have to make [major] decisions, I ask my partner for advice.
What’s the Relationship of Marriage to Physical Health?

- Benefits are robust across many studies.
- For many people, a healthy marriage will be their most intimate and enduring social network over a lifetime, providing the strongest and most frequent opportunity for social and emotional support.
- A healthy, low-conflict marriage, biological or stepfamily, remains the best protection for children’s health and well-being.
- Conflictual, distressed intimate relationships appear to have negative health consequences over time for children, men and women.
- We need much more research exploring how the quality of adult intimate partnerships over time affects men and women’s health, and the health of their children.

The Bottom Line - OR Just What the Doctor Ordered:
A good-enough, healthy marriage, one that is low in negativity, will provide cumulative, lifelong protection against chronic illness and premature death for both men and women, as well as greatly increasing the chances that their children will grow up healthy. And these benefits seem only to increase as couples grow old together.
References on Marriage & Health Connection

This NHMRC Webinar presentation is based on the most reliable and current research on couple relationships and health outcomes, drawing on studies which attempt to take into account other, powerful factors directly influencing health outcomes, especially partner selection, income levels, and education.

Here are the most accessible summaries to date; the references in this presentation are in one or more of these summaries.


MARRIAGE EDUCATION IN MEDICAL SETTINGS

William J. Doherty
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• Introduction
  – Marriage education will only fulfill its mission by “mainstreaming”
  – Health care is the ultimate mainstream institution, along with schools
  – This is new territory for marriage education, with lots to gain and lots to learn
  – It’s also new territory for health care, and health care professionals don’t know us and don’t know they need us
• Principles
  – It’s about relationships—ones you have, ones you can develop, people who can sponsor you
  – Evidence helps with credibility but it doesn’t gain you entry for classes
  – You have to learn about the medical context
  – You have to think long term
• The context
  – Health care professionals are slowly evolving from the “biomedical” model to a broader view of the whole person, but relationships (family, marriage) are a bigger stretch
  – Health care is stressed: too little time, too little funding, too little control at the local level
  – This is worse in low income communities
• The general approach
  – You have to connect to the **health** mission as a way to enhance that mission
  – It has to offer something new without requiring new resources
  – You have to find a champion on the inside
  – You either donate your time at the outset, or have a small grant
• Specific strategies
  – Start where you have contacts—your own clinic, a well placed provider you, or someone who can introduce you. Set up a meeting.
  – Find out where the providers run into couple problems in their patient population, and design your program around that
  – Your program could be disease specific (particularly in a specialty center), e.g., breast cancer, M.S., chronic pain
Specific strategies (cont.)

- It could be life cycle specific, e.g., new parents in a pediatric or family medicine clinic
- Consider using or developing a tailored curriculum to that group
- Consider starting with one-time presentations and trumpet your good evaluations
- Involve couples attendees in developing the follow up program
• Conclusion
  – Be persistent and be prepared for set backs
  – If you get in and are successful, tell others!
The National Healthy Marriage Resource Center is dedicated to helping your marriage education program succeed.

Please email us at info@healthymarriageinfo.org if there are other areas of research you would like the resource center to address in the future.

www.healthymarriageinfo.org
A recording of today’s Webinar will be available on the NHMRC Website in 7 to 9 days.

Please visit the website at:

www.healthymarriageinfo.org