



**national  
healthy marriage  
resource center**

# **What is the Healthy Marriage Field and What is a Healthy Marriage?**

**NHMRC Brief**

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## History and Origins

The Healthy Marriage (HM) field is “the new kid on the block” in terms of public recognition and government funding in social policy. However, its roots in marriage and relationships research and education programs go back to the 1950s and ‘60s. The field then grew in response to rising concern about the negative economic and psychological effects - on children and adults alike - of the increasing rates of divorce and out-of-wedlock childrearing. Existing counseling and therapy services offered to distressed couples provided too little help, too late. A more preventive, educational approach was needed.

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The belief, supported by new research, was that individuals and couples could learn the knowledge, attitudes, and skills needed to have a healthy and happy relationship, make wise marital choices, and stay successfully married. Traditionally, the programs were offered to participants for a fee or for free as part of a church ministry, community or military program. Many healthy marriage and relationship (HMR) programs are now provided at no or low cost with state and federal funds.

In 1996, the U.S. Congress enacted welfare reform, which was the first federal law to establish promotion of marriage and reduction of out-of-wedlock childbearing as federal policy goals. The law encouraged states to spend funds from the new Temporary Assistance for Needy Families (TANF) block grant on pursuing these goals. In the late nineties several states launched marriage initiatives including Oklahoma, Utah, Florida and Louisiana. In 2001, the Administration for Children and Families in the U.S. Department of Health and Human Services launched a national Healthy Marriage Initiative and the federal government began, for the first time, to fund marriage education programs around the country as well as program research. In 2005, the Deficit Reduction Act reauthorized TANF. Provisions of this law funded a Healthy Marriage and Responsible Fatherhood program setting aside \$100 million a year for five years in demonstration grants to fund Healthy Marriage programs, and \$50 million a year for responsible fatherhood programs. (For more details see *ACF Healthy Marriage Initiative, 2002-2008 An Introductory Guide.*)



<sup>1</sup> This is a revised and updated version of two text boxes included in the May 2006 Wingspread conference report, *Building Bridges Between Healthy Marriage, Responsible Fatherhood, and Domestic Violence Programs: A Preliminary Guide* by Theodora Ooms, Jacqueline Boggess, Anne Menard, Mary Myrick, Paula Roberts, Jack Tweedie, and Pamela Wilson. Published in December 2006. Available at [www.clasp.org](http://www.clasp.org).

## People and Programs

Until recently, most providers of marriage and relationship education were mental health professionals, pastoral counselors, military chaplains, family life educators, and community volunteers. Programs were few and far between. Nowadays, new programs are continually being created - but no national standards or credentials yet exist. A handful of programs and curricula have emerged and received national recognition and public funding. These flagship programs and curricula are evidence-based (i.e. the concepts and skills taught are grounded in research) and secular in content. They conduct standardized training programs using teaching manuals, and most have been evaluated.

In response to increased interest and government funding, a much wider group of professionals and community, faith, and lay individuals are now being trained to offer these programs to increased numbers and more diverse populations in a wider variety of settings (including TANF, child welfare, Head Start and Early Head Start, newborn home visiting programs, prisons, refugee and migrant programs, and faith communities). Note: All programs receiving public funding are secular, even when taught in a faith setting or by a faith leader.

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## Activities

Marriage and relationship education (MRE) can be provided to the general public through Web sites, self-help books, self-guided internet courses, etc. Most often, MRE is provided in structured work-

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shops, classes, or seminars offered to couples and individuals on a voluntary basis in the community, on campuses, in churches and schools, and on military bases.

The curricula are generally taught in group settings, with information presented and skills taught through a mixture of lectures, structured discussion, videotapes, interactive exercises, and homework tasks. Most programs are eight to 40 hours and can be taught in an intensive weekend setting or weekly for a couple of hours each session. Some programs can be self taught and many skills/activities from these curricula are used by licensed clinicians, counselors and therapists in one-on-one sessions with couples.

Public awareness campaigns have also begun to inform people of the value of marriage and to publicize the availability of marriage education services. These campaigns include Web sites, brochures, billboards, radio spots, PSAs, etc.

## Diverse Populations Served

MRE programs have traditionally been offered to committed couples, whether engaged or married, and largely to white, middle-income populations. This is changing rapidly. Programs are now being offered to individuals and unmarried partners, and

to populations from more diverse economic, racial, ethnic, cultural, and religious backgrounds. ACF has set up four special initiatives to stimulate research and culturally competent healthy marriage services to African Americans, Latinos, Native Americans and Asian Pacific Islanders. See [www.acf.hhs.gov/healthymarriage](http://www.acf.hhs.gov/healthymarriage).

[Programs have been customized for high school students, individual adults, engaged couples, married couples seeking enrichment, highly distressed couples, and remarried/stepparent couples.]

## Current trends

As the field expands and reaches out to serve more diverse populations, several trends are emerging:

- ✓ Curricula are being designed for and adapted to the specific needs of more diverse populations and settings.
- ✓ There is a greater focus on defining and measuring the term “healthy” in relationships and marriage, and greater awareness of the need to better understand and respond to issues of domestic violence.
- ✓ Community-wide HM initiatives and coalitions are mobilizing awareness and are organizing and expanding resources for strengthening marriage activities.
- ✓ State government agencies and programs are

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getting involved in sponsoring and designing MRE activities, often integrating them into existing state services.

## Defining healthy marriage

In the last few years, researchers and marriage educators have been working to develop a consensus definition of a healthy marriage. Clearly, happy, long-lasting marriages come in all shapes and sizes. What is normal and healthy couple behavior in some contexts may seem strange and unhealthy in others. This is especially true among various ethnic groups. And many strong marriages go through bad periods. But can we identify some of the core characteristics that healthy marriages have in common?

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A comprehensive review of the research conducted by Child Trends<sup>2</sup> found that healthy marriages are those in which couples:

- ✓ Are committed to each other for the long haul
- ✓ Are satisfied overall with their marriage
- ✓ Have positive communication
- ✓ Can resolve disagreements and conflicts
- ✓ Never resort to violence or abuse
- ✓ Are sexually (and psychologically) faithful
- ✓ Spend positive, enjoyable time together
- ✓ Provide intimacy and emotional support
- ✓ Are mutually committed to any children they have

<sup>2</sup> Moore, K.A. et al (2004). What is a Healthy Marriage? Defining the Concept. A research brief. Available at [www.childtrends.org](http://www.childtrends.org)

<sup>1</sup> Leigh, S. J. & Clark, J. A. (2000). Creating a Strong and Satisfying Marriage. University of Missouri Extension.

## Conclusion

Ninety percent of Americans will get married at least once in their lifetime.<sup>1</sup> Yet many couples (and families) are unable to maintain their marriage, despite reporting that they desire a lifelong relationship. There is research supporting that marriage has positive benefits for men, women and children. Furthermore, research suggests that couples can learn the skills to have a successful relationship.

Government funding has recently supported the development of demonstration projects to examine what works and with whom. This relatively new field within social services is working with a diverse array of Americans to deliver marriage education via multiple modes. Public awareness about the value of marriage has begun to increase and services that have historically focused on women and children are beginning to include men/fathers and talk about the relationship of the parents.

As the field continues to grow and more research is conducted, we will continue to learn about the tenets of a healthy marriage. This will be accomplished through the development and adaptation of curricula, delivery through various strategies (e.g. on-line, workshops, self-help tools, etc.), and to diverse groups of people. Learning how these skills can be imparted on couples of all ages (married and unmarried) may help more couples reach their goal of a lifelong marriage.

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