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Marital quality and women's health

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Approximately 40% of the problems for which people seek professional help in the USA concern their spouse/marriage, a proportion that is twice the size of any other problem area. Because women are more likely than men to define a problem in mental health terms, especially among those with a high school education, marital quality may be particularly important for understanding women's mental health. In a similar vein, recent emergence of the biopsychosocial perspective on physical health has stimulated investigation of family relationships and health problems suggesting that marital quality may also be relevant for understanding women's physical well-being. This chapter therefore examines whether marital quality is associated with the onset of women's mental and physical health problems, is relevant to their course, and has implications for their treatment.

Marital quality and problem onset

Epidemiologic and survey studies have consistently shown a relation between being married and positive mental health, physical well-being, and mortality. Where gender differences have been found they usually show that marriage is less of a protective factor for women than for men. Even so, marriage is assumed to protect both men and women because of the social support and intimacy it affords and, with the vast majority of the general population reporting happy marriages, this finding may simply reflect the benefits of a satisfactory marriage. But does lowered marital quality result only in the loss of potential benefits or are there costs associated with being in a distressed marriage? The more complete picture that emerges from the investigation of marital quality suggests that unsatisfactory marriages are a risk factor for health.

Mental health

Marriages in which one spouse exhibits a disorder such as depression, anxiety, schizophrenia or alcoholism are characterized by, among other things, lower marital satisfaction. This association is best documented for depression, a disorder that is experienced by large numbers of women (it is estimated that up to 26% of women experience a major depressive disorder in their lifetime) and is exhibited about twice as

often by women than by men.

Although the marital distress-depression link does not differ across gender, marital distress increases significantly the risk of depression with findings varying from a 10-fold increase in newlyweds to a 25-fold increase in the general population. This association does not show that marital distress causes depression. However, both retrospective reports and data from prospective, longitudinal studies are consistent with the view that marital distress is implicated in the etiology of depression, particularly in the presence of a severely, stressful event that involves loss or that is likely to result in humiliation or feelings of entrapment. The finding that marital distress may cause depression does not preclude depression from influencing marital satisfaction. Evidence for both processes exist.

Why are marital distress and depression linked? We have not yet determined why there are sex differences in depression and speculation about the association between marital distress and depression is even more rudimentary. Drawing on hypotheses offered to explain sex differences in depression, it is possible that coping style may be involved. For example, a pessimistic way of explaining events has been linked to a number of poor outcomes, including marital distress and depression, and is a factor that might account for their association. This possibility is particularly appealing in light of some evidence that girls are more likely than boys to be socialized into using a pessimistic explanatory style. At present, mechanisms linking marital distress and depression has received little attention.

<u>Physical health</u>

Much of the evidence relating to physical health focuses on the protective role of social relationships such as marriage rather than the health costs of being in an unsatisfactory relationship. Typically, being married is used as an index of social support/intimacy and correlated with a health outcome. The evidence showing that being unmarried (the lack of social relationship) is a major risk factor for health is thought to rival that available to establish factors such as smoking, blood pressure and physical activity as health risks. However, life-style, selection into marriage, stress/support and combinations

of such factors can be used to explain differential risk across marital status groups and it is quite possible that the purported protective effect of marriage may simply reflect the increased risks faced by those who are not married.

Much stronger evidence linking marriage to health would exist if marital quality were shown to be related to physical well-being. Only a handful of studies have attempted to do this and they have not focused specifically on women's health. One possible exception is research on pregnancy which has shown that marital dissatisfaction is associated with more somatic symptoms, depression, and diffuse anxiety. Not surprisingly, texts on women's health rarely mention marital variables.

There is interesting, preliminary evidence involving the immune system that points to a possible association between marital quality and women's health. Specifically, it has been shown that lower marital quality predicts poorer immune system function and that greater frequency of behaviors characteristic of marital distress (e.g., criticism, interruption) during a discussion of marital problems is associated with larger decrements in immune functioning over a 24-hour period. Such findings are consistent with research showing that marital satisfaction is linked to physiological reactivity (e.g., heart rate) during discussion of a marital difficulty.

Such findings raise intriguing possibilities. For example, marital distress may be a stressor that changes health related behavior (e.g., sleeping habits) that influences the immune system and thereby leads to poorer health. Alternatively, marital distress may result in negative marital interactions that increase physiological arousal thereby impairing immune system functioning and lowering resistance. Indeed, prolonged physiological arousal resulting from enduring negative interaction could lead directly to poor health outcomes. If such speculations are supported by future research findings, improving marital quality will be a means of preventing health problems.

Marital quality and problem course

Mental health

Marital distress has been implicated both in recovery from mental health problems

and in relapse. Again the most robust evidence, and perhaps most relevant to women's mental health, concerns depression. Marital problems are the most frequently raised topic by depressed patients and failure to achieve resolution of marital problems predicts poor outcome. In fact, wives' ratings of the marital relationship predict recovery 6 months posthospitalization. The feelings of the nondepressed spouse (usually the husband) toward the depressed partner also predict the speed of recovery. When spouses' responses are more positive toward the depressed person (e.g., more protective and supportive), episodes are briefer. Finally, the effects of both medication and psychotherapy for depression appear to be attenuated when administered in the context of a distressed marriage as compared to a happy marriage. Thus, marital satisfaction is important in predicting the course and resolution of depressive episodes.

Marital distress also appears to produce relapse. Wives whose depression has remitted are particularly vulnerable to family tension and to hostile statements made by family members (often the spouse). High rates of criticism by the spouse predict relapse. Interestingly, spouses' reports that their partners are critical also predict relapse and do so more efficiently than observer counts of the number of critical comments made by the partner. Thus, both self-reported marital distress and observer rated marital problems predict relapse.

Interestingly, family members are less tolerant of negative symptoms (e.g., avolition and withdrawal) of mental disorder than positive symptoms, possibly because they view such symptoms as lack of motivation or laziness. However, several disorders that occur more frequently in women (e.g., depression, agoraphobia) tend to be characterized by such negative symptoms and hence husband's hostility and criticism of afflicted wives is particularly important in understanding the course of these disorders.

Physical health

Relatively few studies have investigated whether marital distress influences the course of physical health problems, especially among women. Most available studies focus on cardiac problems with the wife playing a nonpatient role. These studies have not yet

established a convincing link between marital quality and the course of physical health problems though there is some evidence that partner illness puts the nonpatient spouse at risk for physical and psychological problems. It appears that the degree of risk depends on features of the illness (e.g., chronicity, degree of impairment), level of marital satisfaction, changes in family functioning (e.g, finances, sex) and the characteristics of each spouse (e.g., age, coping style).

Further research is necessary before we can draw conclusions about any link between marital quality and the course of physical problems. Intuitively, however, one would expect that a satisfactory marriage would facilitate recovery from illness and that a distressing marriage might worsen symptoms or impede recovery.

Marital quality and treatment

Although available research on many of the issues addressed earlier remains rather rudimentary, it has some important implications for treatment. Perhaps the most important of these involve prevention. Both prevention of marital distress and alleviation of marital problems can be viewed as preventive health measures. Behaviorally oriented interventions have been shown to be most effective in both preventing and alleviating marital distress.

A further important implication is that nonpatient spouses may need to be included in the treatment of mental and physical health problems. Drawing again on depression research, for example, it has been shown that marital therapy is as effective as individual therapy in the treatment of depressed spouses. Although both marital and individual treatments are effective in alleviating depression, relative to no treatment, only marital therapy improves marital satisfaction.

Merely including a patient's partner in treatment is, however, is unlikely to be sufficient. Spouse behavior has been shown to have an impact on patient behavior and an important factor in treatment effectiveness is therefore likely to be change on the part of nonpatient spouses. Particular attention should be given to changing hostile and critical behavior as such behaviors appear to be important for psychological and physical

disorders. Thus, interventions need to actively involve nonpatient spouses and, where appropriate, produce change in these spouses. Notwithstanding the value of including nonpatient spouses in treatment, careful evaluation is required to determine their role in treatment and the issues that need to addressed.

Summary and conclusion

Marriage is widely believed to protect against health risks. However, this belief is grounded in research that has focused on the beneficial effects of social support at the expense of considering the costs of being in an unsatisfactory relationship. There is emerging evidence to suggest that spouses in distressed marriages, particularly women, place themselves at risk for mental and physical health problems, slower recovery from such problems and possible relapse. This conclusion must be viewed tentatively owing to the limited amount of research conducted to date.

The integration of marital and psychopathology research has been identified recently as among the "challenges and new directions" for researchers. Combined with the increasing impact of the biopsychosocial perspective of physical health, it seems likely that significant progress will be made in understanding marital quality and women's health in the near future.

Recommended Reading

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