

# THE MARRIAGE BENEFIT:

## Why Marriage Is Healthy Except When It Isn't

by Tamara Sher, Ph.D., LCP

It has long been understood that there is a connection between long-term relationships and health. For example, after WWII, scientists compared and followed women whose husbands returned from the war with women who were widowed by the war. This was an excellent comparison because the women in both groups were similar in terms of background, education, age, health and wealth. These two groups were followed from the end of the war until their deaths. What we learned then is now considered a fact of life. Women who were widowed by the war experienced more illness, worse quality of life and earlier death than women whose husbands returned. That is, there was a very real association between marital status (married vs. widowed) and long-term health. What we began to understand then, for the first time, was that non-biological factors such as stress and social support impacted health, longevity and quality of life across the long term.

Even though that was in the 1940s, the fact remains that it is better for one's health overall to be in a long-term committed relationship. Married adults live longer, rate their health better and report fewer chronic conditions and functional limitations compared to their nonmarried counterparts (Donoho, Crimmins, & Seeman, 2013). This fact has come to be known as "the marriage benefit."

### WHY ARE RELATIONSHIPS GOOD FOR HEALTH?

Although this finding is robust across time and studies, we do not know exactly *why* or *how* marriage infers these benefits. At least four explanations for the positive connection between health and relationships have been proposed, all of which have merit. The first is based on the idea of *assortative mating* which tells us that healthy people are more maritally desirable than the unmarried (Wilson, 2001). This would mean that it is not marriage



that is good for our health but that the healthy are more likely to be married.

Second, we know that social support is broadly associated with better health, i.e. more isolated individuals have higher mortality rates (Berkman & Syme, 1979). Thus, marriage is good for us insofar as it gives us social connections.

Third, there is ample evidence that intimate relationships have an impact on health habits which can in turn affect health outcomes (Kiecolt-Glaser & Newton, 2001). For example, people who are married take better care of themselves than people who are not married. This might be due to their responsibility to another person or the persuasion of another person to engage in pro-health behaviors (e.g., “honey, let’s both eat healthier, so we can live longer and enjoy our grandchildren together”).

Finally, having a person live with us creates more resources for us — more income, more access to health care due to two people being able to drive and more ability to share in the day-to-day tasks that add stress to our lives (Wilson, 2001). What this last explanation suggests is that for any stress of daily living, or any traumatic stress, having another person to tackle it with you is less stressful than tackling it alone. Any or all of these factors probably play an important role in keeping those who are in committed relationships healthier than those not in such relationships, although no specific factor or combination of factors have been determined to be responsible for the connection between health and relationships.

### **ARE ALL RELATIONSHIPS HEALTHY?**

In fact, not all relationships are created equal. Certainly, it is better to be in a good relationship than a bad one and being in a bad relationship is worse for health than no relationship at all. For example, marital quality has been linked with outcomes such as blood pressure in hypertension and better rate of survival over eight years in congestive heart failure, whereas marital *strain* has been shown to place women with heart disease at greater risk for recurrent coronary events over five years (Martire, Schulz, Helgeson, Small, & Saghafi, 2010).

### **WHAT ABOUT THE NON-ILL SPOUSE?**

What is often forgotten is that there is a real and negative impact of chronic illness on the well spouse. Spouses often experience poorer psychological well-being, decreased satisfaction in their relationship with the patient and burden associated with having a spouse with a chronic illness. Spouses’ own physical health and self-care may become compromised over time if they focus more on the care of the other person than the care of themselves (see Figure 1).

Another unfortunate consequence of an ongoing illness is that spouses’ ability to be supportive may erode over time. These findings have been observed across the most common chronic conditions affecting adults including heart disease, chronic pain, rheumatic disease, cancer and diabetes (for an extensive review, see Martire et al., 2010). In working with individuals caring for a sick partner or in couples work when one person is sick, we recommend that the well spouse talk

### FIGURE 1: WHAT CAN A SPOUSE OF AN ILL PERSON DO TO PROTECT THEMSELVES?

- Make sure to take time away from your caretaking duties, relying on paid help or family to take your place if your partner cannot be alone.
- Make sure to pay attention to your own health by exercising regularly, eating three meals a day and sleeping as consistently as possible.
- Make time for your friends because spouses need social support when taking care of others.
  - Go out just for fun.
  - Call people you find supportive on the phone just to talk.
  - Ask a friend or close family member to just listen to you. Even though they might want to solve the problem for you, let them know that the best thing they can do is just let you “vent.”
- Ask for help — caretaking can be a full-time job. Use others to lighten the load.
  - Ask others to pick up some items for you when they are at the grocery store or watch your kids on a routine basis such as “every other Tuesday after school.”
  - When people offer to help, give them a job (“Would you mind ordering some take-out for us? I just can’t think about dinners anymore”).
- Talk to your spouse about you own needs.

to the sick spouse about what they need. For example, it is ok to complain about regular, daily events, even if

the sick spouse “has bigger things to worry about.” Or, it is fine to ask the sick spouse to help in ways that are not above their ability to help, such as, “Can you call the extended family to give them health updates? I am just too tired at the end of the day to talk to one more person.” Finally, it is important for the well spouse to understand that feeling burdened is to be expected. The well spouse shouldn’t feel guilty for feeling mad, resentful or bad. This is a huge role strain for the healthy spouse.

### RECIPROCITY

It makes intuitive sense that marriage is affected by illness since it is a stressor that can tax a marriage/intimate relationship in very stressful ways. However, we also understand that the relationship between health and marriage is a reciprocal one in that not only is marriage affected by illness, but the quality of marriage can actually influence the course of an illness. People in good relationships have better responses to medical interventions such as surgeries and live longer than people not in good relationships. Thus, interventions for both physical and mental health diagnoses are beginning to include the spouse/intimate partner in order to improve *health outcomes*. In comparison to patient-oriented approaches, couple interventions may be better for behavior changes that impact health (e.g. diet, exercise, taking medication according to direction). Also, addressing spousal concerns (as opposed to just the patient’s concerns) and relationship issues can provide some inoculation against health deterioration (Martire & Schulz, 2007).

## HOW CAN THE FAMILY INSTITUTE HELP?

It is no surprise that at The Family Institute, we think about all individuals as existing within the systems in which they live — family, friends, community, etc. So, underlying our approach to treating many individual issues is the well validated assumption that individual difficulties, both mental and physical, should be thought about in context. That is — we live in a social environment; shouldn't we receive treatment in that environment if possible?

There are three primary ways to intervene on individual issues at the couple level that are empirically validated and well represented in our work at The Family Institute (see Figure 2): Partner Assisted, Disorder Specific and General Couple/Family Therapy (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). All three approaches will be described separately, but in reality, a therapist uses a package of these approaches in order to best meet the needs of the client system.

In a Partner Assisted approach, the partner is used as a surrogate therapist or coach in assisting the patient. An example would be teaching a partner to encourage instead of challenge a pain patient to do things out of the house. In this approach, while the partner is part of the treatment, it is the patient who is the *focus* of the treatment.

In contrast, a Disorder Specific partner approach focuses on the ways in which a couple interacts or addresses situations related to the individual's disorder that might contribute to the maintenance or exacerbation of the disorder. As such, these interventions target the couple's relationships but only as they appear to

### FIGURE 2: TYPES OF THERAPY TO ADDRESS HEALTH ISSUES AT THE COUPLE LEVEL

- Partner Assisted: the patient is the focus but the partner helps with behavior changes.
- Disorder Specific: the focus of the therapy is on both the patient and the partner and on how they can do things differently around the issues that the disorder brings up.
- General Couple/Family Therapy: the focus is on the relationship, given the understanding that better relationships lead to better health outcomes.

directly influence either the disorder or its treatment. An example of this approach is to teach a pain patient and his partner to engage in problem-solving discussions regarding how to prioritize what events or behaviors the pain patient will engage in and when.

Finally, General Couple/Family Therapy is the third intervention that can potentially be used with individual adult disorders. In these instances, couples therapy is used with the intent of assisting the treatment of an individual's disorder (if the relationship is distressed as well, the intervention typically also has the goal of alleviating marital distress as a central part of the treatment). Such interventions often follow the logic that better functioning couples handle stress and illness better than worse functioning couples. In this case, a therapist would work with the couple on communication skills — understanding long-standing issues of distress and learning to think differently about

why each other engages in certain behaviors (Baucom et al., 1998).

This article has been about conceptualizing disease as an intrusion into a couple system that both affects the couple and is affected by the couple. Of course, there are things that single people can do to protect their health, too. Although not a focus of this article, see Figure 3 for some tips for singles.

We believe, and are backed up by decades of research, that it does not make sense to treat illness in a vacuum (Sher et al., 2002; Sher et al., 2014). It exists within a context and to ignore that context is to only see one piece of a large and complex puzzle that is couple functioning.

### **FIGURE 3: WHAT ABOUT PEOPLE NOT IN LONG-TERM RELATIONSHIPS? HOW CAN THEY STAY HEALTHY LONGER?**

Isolation is bad for everyone — make sure you make time for other people in your life.

- Call friends just to chat and catch up.
- Get together with friends.
- Join groups (religious, social and sports groups).
  - Find what you like and go out to do it.
  - Try new things to meet new people.
- Get out more — it's fun to go out with friends/others but if they aren't available, don't be afraid to go out on your own.
  - Sit at a coffee shop for coffee instead of at home.
  - Work outside the house, again, maybe at a coffee shop.
  - Join a health club — AND GO!
- Take care of yourself: exercise, eat well and go to the doctor regularly.

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