

Marriage and Health: His and Hers

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This review focuses on the pathway leading from the marital relationship to physical health. Evidence from 64 articles published in the past decade, particularly marital interaction studies, suggests that marital functioning is consequential for health; negative dimensions of marital functioning have indirect influences on health outcomes through depression and health habits, and direct influences on cardiovascular, endocrine, immune, neurosensory, and other physiological mechanisms. Moreover, individual difference variables such as trait hostility augment the impact of marital processes on biological systems. Emerging themes in the past decade include the importance of differentiating positive and negative dimensions of marital functioning, the explanatory power of behavioral data, and gender differences in the pathways from the marital relationship to physiological functioning. Contemporary models of gender that emphasize self-processes, traits, and roles furnish alternative perspectives on the differential costs and benefits of marriage for men's and women's health.

The health-enhancing properties of personal relationships have been repeatedly documented. Data from well-controlled epidemiological studies suggest that social isolation constitutes a major risk factor for morbidity and mortality, with statistical effect sizes comparable to those of such well-established health risk factors as smoking, blood pressure, blood lipids, obesity, and physical activity (House, Landis, & Umberson, 1988). Marriage is the central relationship for a majority of adults, and morbidity and mortality are reliably lower for the married than the unmarried across a variety of acute and chronic conditions, including such diverse health threats as cancer, heart attacks, and surgery (Chandra, Szklo, Goldberg, & Tonascia, 1983; J. S. Goodwin, Hunt, Key, & Samet, 1987; Gordon & Rosenthal, 1995; House et al., 1988). The two major hypotheses for these disparities are selection and protection, that is, healthier individuals are more likely to marry and to stay married, and/or they have more material resources, less stress, more social support, and less risky health habits than their unmarried counterparts (Umberson, 1992).

Despite the fact that married people, on average, enjoy better mental and physical health than the unmarried, marriage's protective effects are notably stronger for men than women (Berkman & Breslow, 1983; Litwak & Messeri, 1989). In contrast to their married counterparts, nonmarried women have 50% greater mortality, compared with 250% for men (C. E. Ross, Mirowsky, & Goldsteen, 1990). Gender differences in social control of health-

related behavior appear to be one operative factor in this mortality differential, because women are more likely than men to attempt to control others' health; thus, when marriage promotes better health habits, these effects are relatively larger for men than women (Umberson, 1992). In addition, social integration is inversely related to negative health habits (Berkman & Breslow, 1983), and there are also gender differences in this regard; women's support networks often include close friends and relatives as confidantes, whereas men typically name their wives as their main source of support and the only person in whom they confide personal problems or difficulties (Phillipson, 1997). Accordingly, even though both bereavement and divorce contribute to poorer health and increased mortality, marital disruption appears to be more detrimental for men than for women (House et al., 1988).

Although loss of a spouse can provoke adverse mental and physical health changes, the simple presence of a spouse is not necessarily protective; a troubled marriage is itself a prime source of stress, while simultaneously limiting the partner's ability to seek support in other relationships (Coyne & DeLongis, 1986). Troubled marriages are reliably associated with increased distress, and unmarried people are happier, on the average, than unhappily married people (Glenn & Weaver, 1981). In fact, both syndromal depression and depressive symptoms are strongly associated with marital discord (Beach, Fincham, & Katz, 1998; Fincham & Beach, 1999). Given the centrality of the relationship, it seems likely that marital functioning would have consequences for physical health as well. However, on the basis of the evidence available at the time, Burman and Margolin (1992) concluded that although marital variables affected health, the effects of marital relationships on health status were indirect and nonspecific. Evidence from 64 journal articles published since their seminal review furnishes a reason for revisiting this area, particularly in view of the growth in one key aspect of this literature, marital interaction studies; prior work in this domain was limited to four publications that described autonomic activity in samples of 2 to 19 couples (Burman & Margolin, 1992). In contrast, in the past decade re-

Work on this article was supported in part by National Institutes of Health Grants R02 MH01467, R37 MH42096, P01 AG16321, and R01 HL58528.

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