Couple relationships: Why are they important for health and wellbeing?

Abstract

High quality couple relationships are linked to high levels of overall wellbeing. Conversely, there is a strong link between poor quality relationships and poor physical and psychological health among adults and children. When characterised by destructive conflict between couples, including verbal aggression, the outcomes for health are particularly damaging. Physical health outcomes include coronary heart disease and raised blood pressure; psychological outcomes include lower ‘life satisfaction’ and increased depression. The impacts however, are far from universal and supportive friends or trusted professionals can help minimise these outcomes. The transition to parenthood is characterised by increased relationship strain, but is also a time of increased motivation to ‘get things right’ among new parents. Health visitors are in a prime position to discuss relationship issues and offer support to families. Training in Brief Encounters®, focusing on active listening skills and a strength-based approach, has been shown to enable professionals to provide a timely intervention at a time of stress and prevent longer term decline and crisis.

Key words
Couple relationships > Divorce > Mental health > Health and wellbeing

In recent years there has been a significant rise in relationship instability within families. Current predictions show that 42% of marriages will eventually divorce (Office for National Statistics (ONS), 2012). Cohabiting relationships, increasing substantially over the previous few decades, have been shown to be more fragile than married partnerships (Wilson and Stuchbury, 2010). This evident instability in relationships is reflected in the proportion of children, currently estimated at 45%, who are not living with both their birth parents by the age of 15 years (Department for Work and Pensions, 2012). Within this context, this article outlines the likely causes of relationship conflict and instability, along with the associated health outcomes for both adults and the children. Building on this evidence, the paper will then concentrate on the ways in which conflict can be managed and the important contribution that health visitors have in this regard.

Types of relationship issues

Conflict in the context of personal and family relationships, including between parents, is a necessary and relatively ‘normal’ part of life (Harold and Leve, 2012). The issues that couples argue about are diverse and may be about financial issues, health and wellbeing, influences of ‘others’ in-laws, family and friends, and infidelity (Ramm et al, 2011). Although these strains are commonly reported by couples, they often mask deeper, underlying issues that are less readily articulated. Such ‘hidden issues’ include differences in control, caring and commitment (Renick et al, 1992).

A common time when problems can arise is during the transition to parenthood, and these have been associated with lack of sleep, lack of sex, one partner feeling ‘left out’, problems with conception, and contrasting parenting attitudes and styles (Coleman, 2011). Indeed, problems within couple relationships during this most crucial of transitions is heavily supported by the international literature. Although the quality of a couple relationship is generally considered to decline over time (Lawrence et al, 2008; Birditt et al, 2010), there is robust evidence showing the accelerated erosion in relationship quality during the transition to parenthood. Studies are supported by the use of matched comparison groups of non-parents and periods of substantial follow-up of outcomes (Mitnick et al, 2009). The evidence also suggests that the decline in relationship quality during this transition is more pronounced for women (Feeney et al, 2001). Of relevance to supporting couples, this transition offers a prime opportunity for intervention as couples are motivated to seek out information in preparation for their new role as parents (Schulz et al, 2006).

Relationships and health

In identifying the health problems associated with relationship issues, much of the evidence stems from examining the consequences of relationship breakdown. In acknowledging divorce or separation as a ‘process’ (from thinking about
separation, to separating and separation), this evidence includes the impacts of entrenched conflict alongside the loss of the benefits of being in a partnership such as economic wellbeing, and emotional support (Wilson and Oswald, 2002). This extensive literature demonstrates an unequivocal association between relationship breakdown and poor physical and psychological health outcomes for both adults and children (Coleman and Glenn, 2009). Destructive conflict, including verbal aggression, and intense and unresolved arguments is particularly harmful.

**Relationships and physical health**
Most striking of all, mortality statistics for England and Wales show elevated mortality rates for non-married (single,widowed and divorced) males and females, compared to those married, for all age groups between 25–64 years (ONS, 2007). Associations between marital status and general and specific health conditions such as coronary heart disease and raised blood pressure are also evident, with more detrimental outcomes among the non-married groups (Schoenborn, 2004; Murphy, 2007; Wood et al, 2007).

For example, Eaker et al (2007) explored the relationship between marriage and death from coronary heart disease. The study involved 3682 participants who were followed for 10 years. Significantly, even after controlling a number of risk factors associated with coronary heart disease such as age, systolic blood pressure, body mass index (BMI), cigarette smoking, diabetes, and total cholesterol/high density cholesterol, married men were almost 50% as likely to die during follow-up compared with unmarried men. However, among those that were married, poor resolution of conflict and work stress also increased the risk of dying from coronary heart disease. More generally, using data from the Health Survey of England (n=14,838), Murphy (2007) found that single, separated and divorced men and women were more likely to self-report a ‘limiting long standing illness’ than those who are married.

Significantly, studies indicate that the emotional and social ‘protective effect’ of marriage operates over and above selection effects (of people being selected out of marriage because of their poor health status) in explaining several of these health differences (Amato, 2000; Murphy, 2007), establishing inference of a causal relationship in some situations.

**Relationships and mental health**
Relationship conflict and breakdown is also associated with poorer mental health. Research indicates that mental health status may change during the divorce or separation process and is closely allied to fluctuating levels of conflict (Gardner and Oswald, 2006). This is a robust finding measures through a range of indicators including life satisfaction, symptoms of depression and the number of psychiatric conditions.

To illustrate, Gardner and Oswald (2006), using data from the British Household Panel Survey, found that psychological strain measured on the General Health Questionnaire (Goldberg, 1992) among divorced people increased in the 2 years before divorce, peaked during the year of divorce, and fell in the 2 years following divorce. Two years after divorce, stress levels had dropped below the original level of stress before the divorce. For this divorced group, it may be suggested that the rise in psychological strain pre-divorce is likely to be related to poor relationship quality and increased conflict. The improvement in mental strain 2 years post-divorce may be attributed to an improvement in these situations and not living with the former partner. Interestingly, although divorce and separation has become more common since the 1970’s and there may be less stigma and more social acceptance, these health associations are still equally apparent and have not diminished over time (Sigle-Rushton et al, 2005; Lacey et al, 2012).

**Understanding the mechanism between relationships and health**
To improve our understanding of why these health outcomes are apparent, a leading expert in this field, Professor Paul Amato (2000), utilised the Divorce-Stress-Adjustment Perspective to show how people are affected by relationship breakdowns and any associated conflict. He notes that ‘adjustment’ (including short and long term health outcomes) is a product of the balance between associated ‘stress’ arising from the separation (e.g. loss of support, ongoing conflict) and the factors that can protect people from the outcomes (e.g. financial security,
supportive friends). This perspective is useful in understanding how marital issues may impact on physical and psychological health, and also why this may affect people differently.

Even more detail about the impact of marital issues can be derived from detailed physiological studies. Robles and Kiecolt-Glaser (2003) outline how marital strain affects health through three primary physiological pathways that mediate the relationship between stress, social relationships and health:

- Cardiovascular function
- Neuroendocrine function
- Immune function.

They collect evidence by observing couples, usually in a clinic or research setting, discussing areas of conflict for around 10–15 minutes. They found that both men and women reported cardiovascular responses, with greater health-damaging effects seen in women.

In addition to compelling evidence cited above, a further point is worthy of inclusion. Although attention has been placed on relationship strain, conflict, and breakdown, overall ‘unhappiness’ within relationships also has detrimental impacts on health. In such situations where a sense of resignation may replace intense conflict, the evidence suggests that health outcomes for some single people may indeed be more positive than those reporting ‘unhappy’ marriages (Holt-Lunstad, et al, 2008; Weih et al, 2008).

Impact of relationship breakdown on children

Finally, there is extensive evidence reporting the detrimental impact of parental conflict and separation on children (Reynolds et al, in press). UK statistics show that large numbers of children experience divorce every year, and of the couples who divorced in England and Wales in 2008, 85% had one or two children (ONS, 2010).

Extensive reviews of other studies have reported strong associations between couple relationship breakdown and poor child outcomes. These include (Coleman and Glenn, 2009; Mooney et al, 2009):

- Poverty and socioeconomic disadvantage
- Physical ill-health
- Psychological ill-health
- Lower educational achievement
- Substance misuse and other health-damaging behaviours
- Behavioural problems including conduct disorder, antisocial behaviour and crime.

Some children may also experience these negative outcomes in the long term, as shown by cohort studies which follow their development over time. However, children affected by divorce may not necessarily experience negative outcomes after their parents separate, and may even show improvement. Whereas children living with parents in poor quality, but still ‘intact’, relationships may continue to be exposed to destructive conflict. A common outcome of destructive conflict between parents is the development of emotional or behavioural difficulties for children such as depression or aggression (Grych et al, 2003; Cummings et al, 2006), trouble getting on with others, such as peers or family members, problems settling and achieving at school, sleep difficulties, and poorer physical health (Reynolds et al, in press). Research shows that conflict has a detrimental impact on parenting (Schoppe-Sullivan et al, 2007) and impacts on neurobiological processes, and there is evidence that these in turn affect children’s emotional and cognitive development (Van Goozen et al, 2007).

The role of the health visitor in relationship support

It is evident that the quality of our most intimate relationships is important for health and wellbeing. The impact of relationship distress and breakdown can have devastating consequences for families. It is imperative that health visitors are well trained to consider the family system as a whole and provide help to those couples whose problems may spill over into other areas such as parenting and parent-child relationships, and manifest in a range of physical, emotional, social and economic problems (Tavistock Centre for Couple Relationships (TCCR), 2012). Dr Sheila Shribman, National Clinical Director Department of Health (DH) highlights the importance that (2008):

‘Practitioners do not need to be marriage guidance counselors but they do need to be psychologically minded and able to discuss relationship issues in families’.

The need to support couples in forming strong and lasting partnerships and providing the stable environments that are best for raising children is clear. Health visitors trained in Brief Encounters® (Simons et al, 2003), a simple relational helping model focused on using active listening skills and a strengths-based approach, can explore what is really going on and offer support in a time
effective way (Figure 1). Relationship insights provide accessible information about what makes relationships work and offers support for identifying and engaging parents in behaviour change. Integral to the approach to managing conflict is behaviour modelling training, one of the most well-researched and highly regarded psychologically based interventions (Taylor et al., 2005).

In 2003, a randomised controlled trial showed that parents (intervention group n=344) were twice as likely to report having discussed relationship problems with health visitors who had received the Brief Encounters® training, and 75% were more likely to report having received help (Simons et al., 2003). A subsequent study revealed that after having received relationship skills training, 94% (n=222) of practitioners reported feeling more confident and capable in identifying and responding to relationship issues, more likely to use effective techniques including active listening, and more able to help parents find their own solutions to relationship difficulties (Coleman et al., in press). At the 3-month follow-up, the practitioners who received the training reported that:

‘I’m more and more aware now that if we want to support children, we have to support their parents and in relationship issues, I think the course gave me more confidence and a few more strategies.’

‘I actively sat and made sure that the other person had a voice and was able to speak, and because of that we were able to bring them together as a couple... it was an exceptionally valuable tool.’

One of the parents reported that:

‘I was able to see things better from my partner’s point of view, without the heated discussion. It made things seem clearer. I definitely felt more supported and was given other options to remain together as a family.’

A promising approach is also emerging, focused on behaviour change interventions. Behaviour modelling training (BMT), based on social learning theory (Bandura, 1977) has been shown to be a highly effective psycho-educative intervention (Taylor et al., 2005; Gelatt et al., 2010). Applying this method, OnePlusOne (OPO)—a charity focused on strengthening relationships by creating resources that help families and frontline workers tackle relationship issues early—have developed an online programme to enable parents to observe, rehearse, practise and change the ways in which they manage conflict, such that the impact of harmful conflict in children is minimised (available on www.thecoupleconnection.net). Separated and separating parents can also find help from a free programme online, ‘Getting it Right for Children When Parents Part’ at www.parentconnection.org.uk.

Conclusions

There is compelling evidence that the quality of our most intimate relationships has a profound impact on physical and mental health. Similarly, the evidence on the association between healthy parental relationships and better outcomes for children is well documented and indisputable. Health visitors are key public health practitioners working with families in the promotion of health and wellbeing. They are well placed to provide timely interventions at times of stress, thus

Key points

- Relationship breakdown is associated with poor physical and psychological health outcomes for both adults and children
- These physical and psychological outcomes depend on the balance between the stress from the separation (e.g. loss of support), and protective factors (e.g. supportive friends)
- The transition to parenthood is a key time of stress for many couples and the quality of their relationship with one another suffers
- Relationship support is an important aspect of the universal preventative service and health visitors trained in Brief Encounters® can provide an appropriate and effective intervention
preventing longer term decline and crisis.

Furthermore, research shows that parenting support specifically focused on the parental couple relationship is more effective in improving outcomes for children than focusing on parenting issues alone (Webster Stratton et al, 2003; Cowan et al, 2011). Relationship support needs to be a fundamental aspect of the preventative universal service offered by health visitors (DH, 2011).

Acknowledgments: Evidence cited in this article is mostly based on marital relationships as most of the research has investigated marital status and historically this has been the largest group of couple relationships.

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References


