

Understanding health behavior change among couples: An interdependence and communal coping approach

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Abstract

Marriage is a ubiquitous social status that consistently is linked to health. Despite this, there has been very little theory development or related research on the extent to which couple members are jointly motivated to and actively engage in health-enhancing behaviors. In this paper we propose an integrative model, based on interdependence theory and communal coping perspectives, that explicitly considers dyadic processes as determinants of couple behavior. Our integrated model applies these constructs to consider how couple dynamics might influence adoption of risk-reducing health habits. Accordingly, we suggest that the couple's interdependence can transform motivation from doing what is in the best interest of the self (person-centered), to doing even selfless actions that are best for the continuation of the relationship (relationship-centered). In turn, this transformation can lead to enhanced motivation for the couple to cope communally or act cooperatively in adopting health-enhancing behavior change. Implications for research related to couples and health behavior change are also highlighted.

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Introduction

Close relationships are consistently related to better health outcomes (House, Landis, & Umberson, 1988),

and the closer the relationship, the stronger the association (Berkman & Syme, 1979). Consistent with this, marriage has been related to better responses to stress, the practice of healthier behaviors, and better health in general (Kiecolt-Glaser & Newton, 2001). However, interventions that have attempted to leverage the influence of close others, including marital partners, to prompt behavior change have achieved limited success (Cohen, Gottlieb, & Underwood, 2000; Glass, 2000; Lassner, 1991). In this paper we propose a model that integrates constructs from interpersonal dyad-level theories, and may enable us to understand better how dyadic interaction might facilitate health behavior

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change. This model proposes that motivation for behavior change arises from the consideration that couple members give to their relationship and partner, and this motivation prompts collaborative efforts. Thus, in contrast to the predominant health behavior change models that place primacy on individual perceptions as explanations for motivation, our model suggests that interpersonal or relational factors might influence motivation and, in turn, risk-reducing behavior change.

In this paper, we propose a conceptual model that focuses on couple dynamics and behavior for several reasons: (1) empirical research points to the importance of the couple as a unit of conceptualization and analysis; (2) dyadic theories from social sciences may lead to a better understanding of couple functioning and its impact on health behavior change if they can be translated for applied research; and (3) interventions that have used the couple as the unit of intervention have achieved limited success (Lassner, 1991), suggesting we need a better understanding of how couple members function to achieve health behavior change before we can more effectively and consistently leverage such influence in interventions.

We use marriage, and interactions between couple members, as a model to understand the potential health behavior benefits of close on-going relationships. We believe, however, that the same processes would operate with other committed adult relationships of deep affection and mutual obligation, such as same sex romantic partnerships. Evidence suggests that, in many ways, same sex relationships function similarly to heterosexual relationships (Kurdek, 2004), while operating in a different political and economic context. Because of the plethora of literature on marriage and health, we use this literature to develop the proposed model.

Marriage, health behavior, and intervention

Marriage and couple relationships are ubiquitous intimate relationships that have a significant impact on health and well-being. The United States (US) Census Bureau estimates that 90% of men and women in the US will marry during their lifetime (Kreider & Fields, 2002). Marital-like relationships are probably the most significant relationships of adulthood. Unlike other kin relationships, marriage is one that is usually undertaken by choice and characterized by deep affection. Past and contemporary reviews link marriage with better health outcomes. For example, compared to divorced, single and never married individuals, married individuals tend to be healthier, engage in better health practices, and live longer (Burman & Margolin, 1992; Kiecolt-Glaser & Newton, 2001).

The evidence linking marriage to better health and lower mortality risk ratios typically stems from large epidemiological studies that compare different marital statuses or different social network relationships (Berkman & Syme, 1979; Johnson, Backlund, Sorlie, & Loveless, 2000). These large-scale studies typically do not measure other aspects of the marital relationship such as quality or satisfaction. Although studies that have done so indicate that marital quality is linked to more favorable health outcomes, for example, better health perceptions among those in marital-like relationships (Ren, 1997). The literature on marital interaction, however, paints a much stronger picture of the role that marital quality plays in health. This literature suggests that not all marriages are equally beneficial for health, and that marital quality is the key to determining whether or not the relationship is linked with better health outcomes (Kiecolt-Glaser & Newton, 2001). For example, Coyne and colleagues found that, especially for women, marital quality was an independent predictor of survival among congestive heart failure patients, even when controlling for disease severity (Coyne et al., 2001). Higher marital satisfaction among women has also been shown to predict lower cardiovascular risk, including biological measures such as blood pressure and physical activity, over time (Gallo, Troxel, Matthews, & Kuller, 2003). These results are consistent with other literature that finds better marital quality, as indicated by less conflict, better communication or greater satisfaction predicts a wide array of health outcomes including neuroendocrine, immunological, and cardiovascular functioning (Robles & Kiecolt-Glaser, 2003), as well as better health practices (Wickrama, Lorenz, Conger, & Elder, 1997). Taken together these findings suggest a very influential role for marriage and marital quality in determining health outcomes, and point to potential gender differences in health experiences.

Of particular interest for the present paper is the role of marriage in determining health behaviors. Research has shown a strong correspondence between spouses' health practices (Kolonel & Lee, 1981; Wilson, 2002). Although there is social selection of healthier individuals into marriage (Waldron, Hughes, & Brooks, 1996), correspondence in health practices does not merely reflect the impact of selection, but rather the individual and joint influence that spouses have on each other when it comes to producing better health via the practice of health-enhancing behaviors (Wilson, 2002). Wilson (2002) using data from a sample of adults drawn from the US Health and Retirement study concluded the correlation between spouses' health status is due in large part to the strong correspondence between spouses' health behaviors, including smoking, drinking, and physical activity. Indeed, longitudinal and cross-sectional research shows that influence from spouses is

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