REPLY

Individual, Relational, and Developmental–Contextual Pathways Linking Marriage to Health: Reply to Brazeau, Pfund, and Hill (2020)

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Brazeau, Pfund, and Hill’s (2020) comment on Kiecolt-Glaser’s (2018) “Marriage, Divorce, and the Immune System” review article provides a thoughtful application of attachment theory to the relationship–health link. In addition to an attachment perspective, we offer multiple moderating and mediating mechanisms through which marriage contributes to health. A brief overview of relationship stress and coping models, as well as the importance of couples’ interdependence, is discussed. We provide specific individual, couple, and developmental–contextual factors through an interdependence lens that help explain the health costs and benefits of relationships.

Keywords: marriage, relationships, stress, health, inflammation

Kiecolt-Glaser (2018) reviewed the health benefits and risks of marriage and divorce in her article “Marriage, Divorce, and the Immune System.” In response, Brazeau, Pfund, and Hill (2020) thoughtfully outline how attachment theory can further the understanding of for whom, and under what conditions, relationship functioning impacts health. In this brief response, we discuss additional individual, relational, and developmental–contextual factors and the importance of interdependence when examining marriage-related health outcomes.

We agree with the authors and note the utility of attachment theory in understanding the link between relationships and health. However, attachment theory is only one of several relevant theories; it is worthwhile to consider other factors identified in relationship science as critical moderating and mediating pathways through which stress impacts health. Relationship stress and coping models offer insight on health-promoting and -impairing features of the individual partners, the couple as a unit, and the developmental–contextual environment (e.g., Berg & Upchurch, 2007; Bodenmann, 2005; Karney & Bradbury, 1995; Shrout, 2019; Slatcher, 2010). These features can be conceptualized as risk (strain) or protective (strength) factors that impact how partners appraise, react to, and cope with stress, ultimately affecting their health.

First, at the individual level, factors in addition to attachment include personality, childhood adversity, psychopathology, and self-efficacy. For example, individuals with a mood disorder are prone to heightened physiological reactivity (Kiecolt-Glaser et al., 2015). Second, features of the couple include relationship quality, support, communication, and responsiveness. Indeed, greater marital quality and relationship-promoting communication (e.g., self-disclosure) enhance health (Slatcher, 2010). Last, developmental–contextual aspects such as age, gender, and culture have health implications. For instance, less satisfied older couples experience heightened reactivity to marital stress (Wilson, Bailey, Malarkey, & Kiecolt-Glaser, 2019).

Along with these various factors, it is important to consider whether the inherent interdependence in couples promotes or hinders health. Though individualistic theories such as attachment emphasize one partner, dyadic perspectives (e.g., Berg & Upchurch, 2007; Shrout, 2019) can be leveraged to understand how partners shape each other’s health. Couples’ mutual influence breeds health contagion and convergence, meaning that partners “catch” one another’s stress and that their behaviors and physiology become more similar over time (Kiecolt-Glaser & Wilson, 2017). Individual, relational, and developmental–contextual factors, therefore, impact people’s own and their partners’ health. For instance, when faced with a stressor, close
partners take on each other’s stress, posing additional threats to their own health (Kiecolt-Glaser & Wilson, 2017). Thus, although relationship closeness often enhances health, it by nature carries its own health risks.

By integrating individual, relational, and developmental–contextual features, one can further understand the nuanced ways in which marriage contributes to health as reviewed in Kiecolt-Glaser (2018). In addition to attachment, as discussed by Brazeau et al. (2020), the factors offered in this reply (though not an exhaustive list) may shape how partners see stress and use their resources, ultimately boosting or impairing their own and their partners’ health. Approaching marriage-related health outcomes through an integrated relationship stress and psychoneuroimmunological lens promotes a more holistic understanding of how psychosocial, biological, and immunological functioning collectively inform health.

References


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