

Health Issues of Complicacy among Relationships

Review article

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Abstract

On Valentine's Day, the sight of couples holding hands and hugging each-other might unleash a wave of jealousy in those who are single. However, there might not be much to be jealous about. Also, marital quality clearly colors one's overall sense of well-being, and marital distress elevates health risks, says a leading clinical psychology journal. However, the simple presence of a spouse is not necessarily protective; a troubled marriage is itself a prime source of stress, and simultaneously limits the partner's ability to seek support in other relationships. The worst distance between two persons in a relationship misunderstanding. Indeed, the relationship between life satisfaction and marital quality is stronger than life satisfaction's ties to either one's job or one's health.

Introduction

By middle adolescence, most boys and girls have been involved in at least one romantic relationship. As adolescents approach emerging adulthood, the time they devote to their romantic partners increases, and they use these relationships to look for company, emotional security, intimacy, and the feeling of love they provide, until they reach a stage when they are ready to take decisions over questions of long-term commitment, such as cohabitation and marriage. Partners in a relationship depend on one another for survival and maturation of their relationship. However, such maturation can be diminished when one/both partners feel distressed in relationship. 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 (Figure 1) [1].

Distress among Relationship

Relationships can be fraught with sadness, anger, confusion and stress. There's a common wise men's tale



Figure 1

that "Be with someone who brings best in you, not the stress in you". Researchers found that those with more relationship concerns reported greater stress throughout the day had higher BP in the middle of the workday and higher morning cortisol (stress hormone) levels [2]. These factors can, over time, combine to increase the risk of obesity, diabetes, depression, heart attack and stroke, says the study published in *Annals of Behavioral Medicine*. Although studies have shown that a steady, committed relationship is good for mental health, a difficult and strained relationship perhaps unsurprisingly has the opposite effect [3]. Negative behaviors, such as hostility and criticism, during conflict in relationships have been linked to negative impacts on mental health.

Distressed Relationship and Depression

Distressed relationships and depression often travel in tandem. One study found a 10-fold increase in risk for depressive symptomatology associated with marital discord [4]. In addition to physiological alterations, depressed individuals are also more likely to have poorer health habits including a greater propensity for alcohol and drug abuse, inadequate sleep and nutrition, and less exercise, all of which have negative health influences in their own right. Intimate partner violence (IPV) and psychological distress are major public health concerns among emerging adult women. Exposure to IPV is associated with a 2- to 3-fold increased risk of major depressive disorder and a 1.5- to 2-fold increased risk of elevated depressive symptoms [5].

Relationship and Cardiac Health

Although marriage is associated with health benefits for both men and women, research has consistently shown that men derive more benefit than women [6]. Marital status may indicate a supportive social environment of the patient with acute coronary syndrome, with the lack of this support associated with poor outcome [7]. Partnered sexuality and satisfaction with it may reduce exposure to stress, modify response to stress and promote recovery from stress, thereby reducing the risk of cardiovascular disease [8]. Again, exposure to spousal suffering is an independent and unique source of distress in married couples that contributes to psychiatric and physical morbidity [9]. According to a study published in the Journal of the American Medical Association, women who reported moderate to severe marital strain were 3 times more likely to need heart surgery, suffer heart attacks or die of heart disease than women without marital stress [10]. A study of American Journal of Cardiology, four-year survival rate of those with severe heart disease and poor marriages was more than 40%, compared with around 80% among patients with milder heart disease and good marriages [11]. Relationship factors may be especially relevant in managing a difficult chronic condition such as heart failure, which makes stringent and complex demands on patients and their families [12].

Immune Function Affected by Relationship Stress

Marital conflict also has been linked to immune system disruptions. According to an article in the journal Psychosomatic Medicine, newlywed couples involved

in a 30-minute heated discussion of marital problems tended to have relatively poorer immunological responses, unlike couples engaged in positive or problem-solving behaviors. Patients in a distressed relationship not only had continuously heightened levels of stress, they also eventually showed more impaired functioning compared with those in stable, non-distressed relationships, said the study [13]. Women who had been separated 1 year or less had significantly poorer qualitative and quantitative immune function than their socio-demographically matched married counterparts. Among the separated/divorced cohort, shorter separation periods and greater attachment to the (ex) husband were associated with poorer immune function and greater depression [14]. Marital distress was associated with worse recovery trajectory for breast cancer survivors, according to another study published in the journal 'Cancer' [15]. Targeting distress has potential to reduce the public health burden of long-term care for prostate cancer survivors by reducing morbidity and improving quality of life. Married prostate cancer survivors with high partner support reported significantly lower levels of psychological distress, as reported by Journal of Cancer Survivorship [16].

Divorce and Mortality

In the United States, more than 40% of marriages end in divorce and more than one third of intact marriages are distressed [17]. Among famous Terence quotes, a funny one is "Lovers quarrels are the renewal of love". Stressors are common occurrences in married couples' lives where couples must deal with various day-to-day hassles or problems. However, an increasing rate of extra marital affairs is leading to more divorces and separations, compelling many couples to suffer a period of psychological breakdown and deep emotional distress. Nobody, hopefully, enters into a marriage with a person thinking they are going to one day deal with an eventual divorce. Marital separation and divorce are associated with increased risk for early death, and the magnitude of this association rivals that of many well-established public health factors [18]. Divorced and widowed older adults are particularly vulnerable to cognitive impairment [19]. Changes in marital status, whether negative or positive, may be particularly critical for older adults' mental health as older adults tend to assume fewer social roles (e.g., after retiring from work) and a sizable proportion of older adults has strongly family-centered social networks [20]. Indisputably divorce recently became one of the most

epidemic factors negatively influencing humans' health whereas its impact on the involved couples and their children is serious and sometimes fatal [21]. In a study of divorce and mortality of American Psychosomatic Society, it was revealed that people who divorced and never remarried—were at substantially elevated risk for early death, evidencing a 66% greater chance of being dead at each successive follow-up period than the continuously married participants [22].

Partner's Health Status

Interestingly, changes in one spouse's behavior can prompt change in their partner. Couples who live together for longer time periods become more similar in obesity-related behaviors, including low levels of physical activity and high rates of sedentary behavior. When one partner has a history of diabetes, spousal risk for diabetes is increased 26%; a spousal history of either diabetes or prediabetes confers a two-fold risk for the partner [23]. However, husbands and wives may be differentially affected by stress; wives are more affected by husbands' stress than the reverse. High levels of chronic stress were related to lower levels of genital sexual arousal in women. However, increased frequency of intercourse is associated with better mental health outcomes as well as healthier heart rate variability and lower risk of mortality among both. Unfortunately, infertile people experience more stress related to both infertility as a disease and its treatments when compared to fertile people. It is a public health concern that affects 8–10% of couples in developed countries and 15–20% of developing countries have infertility [24]. Also, low income or material hardship is associated with a serious threat to marital quality and stability.

Sexual Satisfaction: Indication of Good Health

Couples' sexual performance and satisfaction of sexual relations are considered one of the factors influencing marital satisfaction [25]. Factors consistently associated with satisfaction in adults may not influence sexual satisfaction in the same way for young people just beginning their sexual lives. Such factors include age; frequency of sexual activity and orgasm; relationship status, stability, and intimacy; more permissive sexual attitudes; psychological well-being and depressive symptoms; and sexual function or dysfunction. Additional factors studied among young people include sexual guilt, especially among young women, and goal setting [26].

Since Sexual dysfunction can leave damaging effects on the quality of life and marital relationship, interventions to deal with these challenges and screening to identify such problems appear necessary [27]. Despite the high prevalence of these conditions, discussions about sexual health are uncommon in clinical encounters, perhaps in part due to underlying assumptions that sexual health is not a priority [28]. People in very good or excellent health were 1.5 to 1.8 times more likely to report an interest in sex than those in poorer health. Sexual activity, quality of sexual life, and interest in sex were positively associated with health in middle age and later life [29].

Conclusion

Marital happiness has also been found to correlate with the presence of children in the household, household income, welfare use, egalitarian attitudes, traditional marital attitudes, religiosity, and the interdependence of familial and friendship networks. Being in a happy marriage is related to better psychological and physical health. Conversely, health problems may put strain on the marriage, and reduce marital quality. Researchers have investigated a wide-factors related to long-term marriage, including attitudes towards marital relations, the number of children, love and affection, commitment and intimacy, role division communication and conflict resolution, support, attachment and loyalty [30]. Also, a happy marriage was associated with better health habits such as sleeping better, staying current on doctor's appointments, drinking less and doing healthier activities [31]. In his film "Annie Hall," Woody Allen charged that "a relationship is like a shark. It has to constantly move forward or it dies." For a happy married life, both partners have to learn to lose the "it's my way or the highway" attitude and to learn compromise and sacrifice, as wise men said so.

References

1. Kiecolt-Glaser JK, Newton TL. Marriage and health: his and hers. *Psychol Bull.* 2001 Jul;127(4):472-503.
2. Roos LG, Levens SM, Bennett JM. Stressful life events, relationship stressors, and cortisol reactivity: The moderating role of suppression. *Psychoneuroendocrinology.* 2018;89:69-77.
3. Braithwaite S, Holt-Lunstad J. Romantic relationships and mental health. *Curr Opin Psychol.* 2017 Feb;13:120-125.
4. Kiecolt-Glaser JK, Wilson SJ. Lovesick: How Couples' Relationships Influence Health. *Annu Rev Clin Psychol.* 2017; 13:421-443.

5. Esie P, Osypuk TL, Schuler SR, Bates LM. Intimate partner violence and depression in rural Bangladesh: Accounting for violence severity in a high prevalence setting. *SSM Popul Health*. 2019; 7: 100368.
6. Monin JK, Clark MS. Why Do Men Benefit More from Marriage Than Do Women? Thinking More Broadly About Interpersonal Processes That Occur Within and Outside of Marriage. *Sex Roles*. 2011;65(5-6):320-326.
7. Marcus G, Litovchik I, Pereg D, et al. Impact of Marital Status on the Outcome of Acute Coronary Syndrome: Results From the Acute Coronary Syndrome Israeli Survey. *Journal of the American Heart Association*. 2019; 8(14).
8. Liu H, Waite LJ, Shen S, Wang DH. Is Sex Good for Your Health? A National Study on Partnered Sexuality and Cardiovascular Risk among Older Men and Women. *J Health Soc Behav*. 2016;57(3):276-296.
9. Schulz R, Beach SR, Hebert RS, et al. Spousal suffering and partner's depression and cardiovascular disease: the Cardiovascular Health Study. *Am J Geriatr Psychiatry*. 2009;17(3):246-254.
10. Liu H, Waite L. Bad marriage, broken heart? Age and gender differences in the link between marital quality and cardiovascular risks among older adults. *J Health Soc Behav*. 2014; 55(4):403-423.
11. Coyne JC, Rohrbaugh MJ, Shoham V, Sonnega JS, Nicklas JM, Cranford JA. Prognostic importance of marital quality for survival of congestive heart failure. *The American Journal of Cardiology*. 2001;88(5):526-529.
12. Rohrbaugh MJ, Shoham V, Coyne JC. Effect of Marital Quality on Eight-Year Survival of Patients With Heart Failure. *The American Journal of Cardiology*. 2006; 98(8):1069-1072.
13. Jaremka LM, Glaser R, Malarkey WB, Kiecolt-Glaser JK. Marital distress prospectively predicts poorer cellular immune function. *Psychoneuroendocrinology*. 2013;38(11):2713-2719.
14. Kiecolt-Glaser JK, Fisher LD, Ogrocki P, Stout JC, Speicher CE, Glaser R. Marital quality, marital disruption, and immune function. *Psychosom Med*. 1987 Jan-Feb;49(1):13-34.
15. Yang HC, Schuler TA. Marital quality and survivorship: slowed recovery for breast cancer patients in distressed relationships. *Cancer*. 2009;115(1):217-228.
16. Kamen C, Mustian KM, Heckler C, et al. The association between partner support and psychological distress among prostate cancer survivors in a nationwide study. *J Cancer Surviv*. 2015;9(3):492-499.
17. Doss BD, Roddy MK, Nowlan KM, Rothman K, Christensen A. Maintenance of Gains in Relationship and Individual Functioning Following the Online OurRelationship Program. *Behav Ther*. 2019 Jan;50(1):73-86.
18. Sbarra DA, Hasselmo K, Nojopranoto W. Divorce and Death: A Case Study for Health Psychology. *Soc Personal Psychol Compass*. 2012;6(12):905-919.
19. Liu H, Zhang Y, Burgard SA, Needham BL. Marital status and cognitive impairment in the United States: evidence from the National Health and Aging Trends Study. *Ann Epidemiol*. 2019 Oct;38:28-34.e2.
20. Recksiedler C, Stawski RS. Marital Transitions and Depressive Symptoms among Older Adults: Examining Educational Differences. *Gerontology*. 2019;65(4):407-418.
21. Zineldin M. TCS is to Blame: The Impact of Divorce on Physical and Mental Health. *Int J Prev Med*. 2019;10:141. Published 2019 Aug 12.
22. Sbarra DA. Divorce and health: current trends and future directions. *Psychosom Med*. 2015;77(3):227-236.
23. Kiecolt-Glaser JK, Wilson SJ. Lovesick: How Couples' Relationships Influence Health. *Annu Rev Clin Psychol*. 2017;13:421-443.
24. Hocaoglu C. The Psychosocial Aspect of Infertility. *Infertility, Assisted Reproductive Technologies and Hormone Assays*. 2019.
25. Taghani R, Ashrafizaveh A, Ghanbari Soodkhori M, Azmoude E, Tatari M. Marital satisfaction and its associated factors at reproductive age women referred to health centers. *J Educ Health Promot*. 2019;8:133. Published 2019 Jul 29.
26. Higgins JA, Mullinax M, Trussell J, Davidson JK Sr, Moore NB. Sexual satisfaction and sexual health among university students in the United States. *Am J Public Health*. 2011;101(9):1643-1654.
27. Mohammad-Alizadeh Charandabi S, Mirghafourvand M, Khaki-Rostami Z, Malakouti J, Asghari Jafarabadi M, Ghanbari-Homayi S. Sexual Dysfunction and Help Seeking Behaviors in Newly Married Men in Sari City: a Descriptive. *J Caring Sci*. 2015;4(2):143-153. Published 2015 Jun 1.
28. Flynn KE, Lin L, Bruner DW, et al. Sexual Satisfaction and the Importance of Sexual Health to Quality of Life Throughout the Life Course of U.S. Adults. *J Sex Med*. 2016;13(11):1642-1650.
29. Lindau ST, Gavrilova N. Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *BMJ*. 2010; 340:c810. Published 2010 Mar 9.
30. Karimi R, Bakhtiyari M, Masjedi Arani A. Protective factors of marital stability in long-term marriage globally: a systematic review. *Epidemiol Health*. 2019;41:e2019023.
31. Umberson D, Montez JK. Social relationships and health: a flashpoint for health policy. *J Health Soc Behav*. 2010;51 Suppl(Suppl):S54-S66.