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Marital quality, marital dissolution, and mortality risk during the later life course

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ABSTRACT

This study examines the relationship between later-life marital quality, marital dissolution, and mortality using discrete-time event history models with data from nine waves (1992–2008) of the Health and Retirement Study (n = 7388). Results show marital status is more important for men's mortality risk than women's, whereas marital quality is more important for women's survival than men's. Being widowed or divorced more than two years raises mortality risk for men, but later-life marital dissolution is not significantly associated with women's mortality risk, regardless of the type of dissolution or length of time since it occurred. Low-quality marital interaction is negatively related to women's odds of death, but none of the marital quality measures are significantly associated with mortality for men. Marital satisfaction moderates the relationship between widowhood and mortality for women, but the relationship between marital dissolution and mortality is similar for men regardless of marital quality prior to divorce/widowhood. Results suggest the importance of accounting for both marital status and marital quality when examining older individuals' mortality risk.

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1. Introduction

Marital dissolution – through either divorce or widowhood – raises older adults' risk of death (Manzoli et al., 2007), though there may be gender differences in the relationship and the pathways underlying it (Dupre et al., 2009). Only a handful of studies have investigated the role of marital quality in mortality risk (e.g., Antonucci et al., 2010; Birditt and Antonucci, 2008; Brown et al., 2003; Choi and Marks, 2011; Coyne et al., 2001; Eaker et al., 2007; Hibbard and Pope, 1993; Murberg, 2004; Murberg and Bru, 2001; Rohrbaugh et al., 2006; Tower et al., 2002; Zhu and Gu, 2010), despite explicit calls for more research on the role of marital dynamics in mortality outcomes (Manzoli et al., 2007) and a lack of studies examining whether marital quality moderates the relationship between marital dissolution and survival. In this study, we use nationally representative data from nine waves of the Health and Retirement Study (HRS) to examine three main research questions: 1) How is later-life marital dissolution related to mortality risk, and are there gender differences?; 2) How is marital quality related to mortality among older adults, and are there gender differences?; and 3) Does the relationship between marital dissolution and mortality depend on pre-dissolution marital quality?

1.1. How is marital dissolution related to mortality risk for older men and women?

Divorced and widowed older adults have significantly higher mortality rates than their married counterparts (Dupre et al., 2009; Manzoli et al., 2007). Married individuals' mortality advantage may be due to selection (i.e., healthier adults less prone to death are more likely to become married and stay married) or causation. The latter may be attributable to marital protection (i.e., marriage confers benefits protecting longevity) or the crisis model (i.e., divorced/widowed individuals' increased mortality risk is more attributable to declines in health following marital dissolution than to benefits of marriage itself) (Carr and Springer, 2010; Williams and Umberson, 2004). Although selection does play a role, recent research finds stronger support for a causal relationship (Amato, 2010; Brockmann and Klein, 2004; Dupre et al., 2009; Lamb et al., 2003; Zhu and Gu, 2010).

Marital dissolution may harm (and marriage protect) longevity

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through health, health behavioral, and economic pathways. First, marriage has physiological and psychosocial connections to health (Umberson and Montez, 2010). The stress and coping perspective suggests stress is harmful for health, but that social support can reduce stress-induced health problems (Lazarus, 2000). Marriage may protect health and longevity if spouses act as a readily available, long-term, and intimate form of social support, buffering the negative effects of stress on health. Marital dissolution, on the other hand, may represent a source of stress as well as the loss of spousal social support. Men may also lose other sources of social support protecting their health; whereas women tend to maintain their own social and familial relationships even when unmarried (Waite and Gallagher, 2000), men gain greater social integration from their wives.

Indeed, research shows both divorce and widowhood are associated with decreased psychological and physical health (Amato, 2010; Carr and Springer, 2010), and suggests these costs increase with age (Williams and Umberson, 2004) and may be higher for men (Waite and Gallagher, 2000; Zhu and Gu, 2010). However, not all forms of marital dissolution are the same; there are unique stressors associated with divorce and widowhood (Carr and Springer, 2010). Divorce may stem from a conflictual relationship with one's spouse and, particularly for older cohorts, be stigmatized (Brown and Lin, 2012). Widowhood, on the other hand, may be preceded by a period of caregiving for one's ailing spouse and involve the stress of bereavement (Carr and Springer, 2010; Hughes and Waite, 2009). Whereas divorce may lead to reduced social support if, for example, the former couple's friends or family feel compelled to “choose sides,” widowhood may be associated with greater sympathy and increased support (Ha, 2008).

Marriage confers economic resources, a second pathway through which marital dissolution may affect mortality, enabling the purchase of health-related resources and greater access to health care (Carr and Springer, 2010; Lillard and Waite, 1995). Both divorce and widowhood result in economic losses, which are greater for women than men (Waite and Gallagher, 2000; Sharma, 2015). This may be particularly true for older cohorts, as it was less typical for women to have held life-long careers or have equal control of the family's finances. One study suggests that marriage's longevity benefits for older women are largely due to improved economic status (Dupre et al., 2009).

Health behaviors represent a third potential pathway. One's spouse may encourage positive health behaviors and discourage risky behaviors (Umberson et al., 2010), a marital benefit stronger for men (Dupre et al., 2009; Waite and Gallagher, 2000) and which may be lost after marital dissolution. Indeed, divorce is associated with weight loss, smoking, and, particularly for men, alcohol consumption, and widowhood is related to reductions in weight and exercise (Carr and Springer, 2010; Umberson et al., 2010).

Marital dissolution is both an acute stressor during the event itself, as well as a persistent stressor in the absence of the marriage post-dissolution. Scholars must differentiate, therefore, “… the effects of *getting* divorced from *being* divorced” in order to anticipate the potential consequences of dissolution and their timing (Wheaton and Montazer, 2010, p. 179). If marital dissolution is an acute stressor, we might expect short-term increases in mortality risk following divorce/widowhood from which one subsequently recovers. However, if being divorced or widowed are persistently stressful states – chronically disadvantaging finances, health behavior, and health – the cumulative effects of stress may damage health over time, taking longer to manifest in mortality outcomes. Indeed, prior research finds that marital dissolution affects mental health over the short term but physical health over the long term (Carr and Springer, 2010; Lorenz et al., 2006; Umberson and Montez, 2010).

1.2. How is marital quality related to mortality among older men and women?

Not all marriages may be equally protective of longevity; the quality of one's marriage may influence mortality risk, and this relationship may operate through health and health behavioral pathways. Unhappy marriages may fail to act as a form of positive social support and additionally serve as a source of chronic stress, thereby raising the risk of negative health outcomes. Several studies find that marital quality is consequential both for older adults' physical health outcomes (including chronic health conditions, disability, and subjective assessments of health) as well as psychological health outcomes (Bookwala, 2005; Bookwala and Franks, 2005; Choi et al., 2016; Kiecolt-Glaser et al., 2002; Umberson et al., 2006). High levels of psychological distress and poor physical health, in turn, raise the risk of death (Kiecolt-Glaser et al., 2002). One study of the oldest-old in China offers evidence that marital quality affects mortality risk largely through health mechanisms (Zhu and Gu, 2010).

Marital quality may also affect mortality risk through behaviors. Since health behaviors may depend on one's projected levels of satisfaction in life (Preston and Taubman, 1994), the extent to which marriage encourages healthy behavior may depend on the quality of the relationship. In fact, stressful relationships are associated with poorer health behaviors, and marital conflict is positively associated with smoking and alcohol consumption (Umberson et al., 2010).

The association between marital quality and health appears stronger for older adults (Umberson et al., 2006) and for women (Carr and Springer, 2010). Health becomes more fragile with age, as does vulnerability to the consequences of a stressful marriage (Kiecolt-Glaser et al., 2002; Umberson et al., 2006). Existing research finds cumulative health advantages of happy relationships (and cumulative disadvantages of unhappy relationships) over the life course (Umberson et al., 2010). Older women report lower marital satisfaction and marital power than men (Kaufman and Taniguchi, 2006), and women appear more aware of and susceptible to effects of relationship stressors (Carr and Springer, 2010; Heaton and Blake, 1999). Women in older cohorts, who perhaps internalized more responsibility for maintaining a happy marriage, may therefore experience particularly heightened mortality consequences of an unhappy marriage.

Results of the few existing studies of marital quality and mortality suggest marital quality may be more important for women's mortality outcomes than for men's. Keeping conflict to oneself increases women's mortality risk four-fold (Eaker et al., 2007), and marital companionship and equality in decision-making are negatively related to mortality only for women (Hibbard and Pope, 1993). Though marital quality is related to mortality for both men and women with heart failure over a four-year period, the relationship is stronger for women; and, over an eight-year period, there is a significant effect only among women (Coyne et al., 2001). There are some contradictory results, however; Zhu and Gu (2010) find being satisfied with one's marriage lowers the risk of death for both men and women, and Tower et al. (2002) find a stronger link between marital closeness and mortality for men versus women.

1.3. Does the relationship between marital dissolution and mortality depend on marital quality?

Drawing on the stress and coping perspective, we suggest happy marriages may be a positive source of social support, decreasing mortality risk, whereas unhappy marriages may mean a lack of support and increased stress, increasing mortality risk. If so, those in unhappy marriages who divorce or become widowed may

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