

Romantic relationships and mental health

Scott Braithwaite and Julianne Holt-Lunstad

This paper reviews the research on relationships and mental health. Individuals who are more mentally healthy are more likely to select into relationships, but relationships are also demonstrably associated with mental health. The type of relationship matters — evidence suggests that more established, committed relationships, such as marriage, are associated with greater benefits than less committed unions such as cohabitation. The association between relationships and mental health is clearly bidirectional, however, stronger effects are observed when mental health is the outcome and relationships are the predictor, suggesting that the causal arrow flows more strongly from relationships to mental health than vice versa. Moreover, improving relationships improves mental health, but improving mental health does not reliably improve relationships. Our review of research corroborates the view that relationships are a keystone component of human functioning that have the potential to influence a broad array of mental health outcomes.

Address

Brigham Young University, Department of Psychology, United States

Corresponding author: Braithwaite, Scott (srbraithwaite@byu.edu)

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Introduction

The central role of marriage and other long term romantic relationships gives them potential to play a significant role in the mental health of individuals; conversely, the mental health of an individual can exert significant influence on the quality of their romantic relationship. But does marriage actually exert an influence on mental health, or does better mental health make an individual more likely to marry in the first place? If selection is not the only explanation for this association, which way does the causal arrow go: from marriage to mental health, or vice versa? In this paper we will briefly review the research on romantic relationships and mental health.

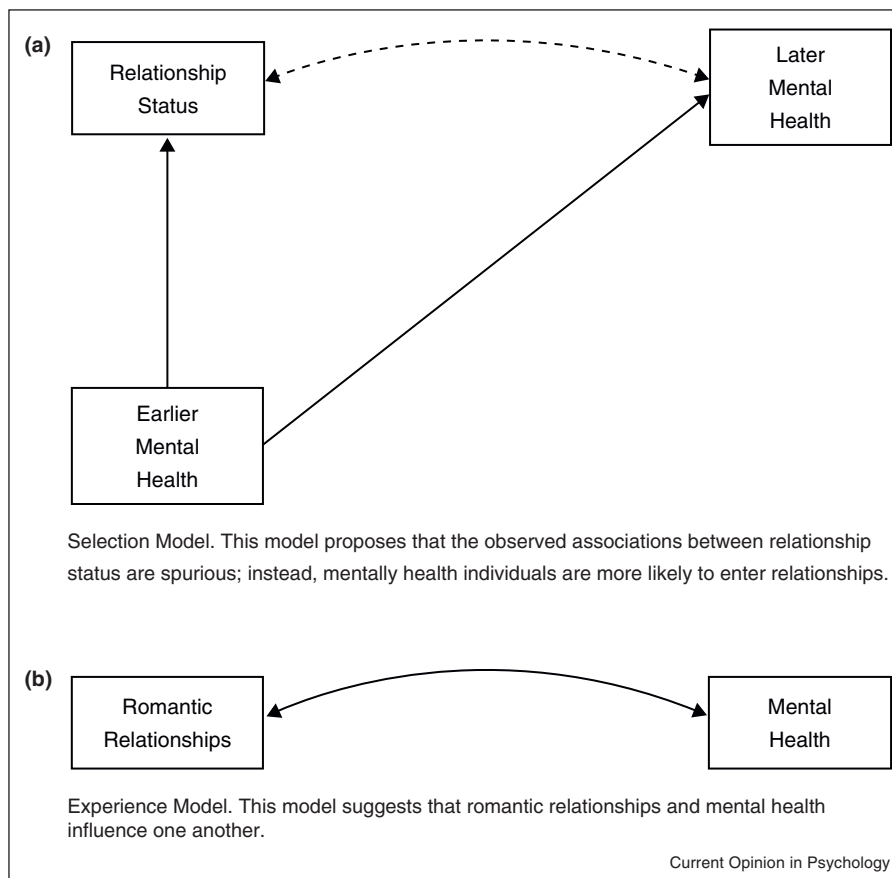
Is marriage associated with better mental health, or do mentally healthy people select into marriage?

The selection hypothesis asserts that it is not the experience of being in a relationship that promotes psychological health, but it is mental health that increases the likelihood of individuals to select into romantic relationships (see [Figure 1a](#)). Cross-sectional studies show that married individuals experience better mental health than their non-married peers [1,2]. What cross-sectional designs cannot reveal, however, is whether marriage is a cause or consequence in the association between marriage and mental health. Longitudinal studies examining this question show that better mental health predicts entry into marriage [3] and that those who become married and stay married were happier than average before their marriage [4].

The alternate to the *selection hypothesis* is the *experience hypothesis* which suggests that the experience of marriage is associated with mental health (see [Figure 1b](#)). The strongest evidence for this hypothesis are the many studies that show that relationship quality moderates the impact of relationship status: those in healthy, satisfying relationship experience better mental health [5**] and improving relationship quality precedes improvements in mental health [6]. The type of union (marriage vs. cohabitation) also seems to confer benefits beyond simply being partnered versus not, likely because of the greater commitment inherent in more institutionally established relationships like marriage [7,8].

Given the competing findings described above, it is reasonable to surmise that both selection and the experience of marriage exert an influence on mental health. Twin studies examining the influence of marriage while controlling for genetics and shared environmental factors help to illuminate the issue of selection versus experience. These studies find that genetics account for 21–31% of the variance in depression, suicidality and alcohol use (which was not a statistically significant amount) whereas being married accounted for between 60 and 64% of the variance in these outcomes [9**]. Other studies accounting for genetic influences show a similar pattern of results for psychiatric diagnoses and suicidal behavior [10–12]. Taken together, there is evidence that both selection effects and causal effects are at work in explaining the association between relationships and mental health, but the experience of relationships explains more variance than selection effects.

Figure 1



Selection and experience models of the association between relationships and mental health.

Theoretical models of the association between relationships and mental health

But do romantic relationships cause better mental health, or are they a consequence of better mental health? In the research literature on marriage and depression, there are two models that speak to these directional possibilities: the *Stress Generation Model* [13] (see Figure 2a) posits depression as the predictor and marital problems as the outcome whereas the *Marital Discord Model of Depression* [14] (see Figure 2b) posits marital problems as the predictor and depression as the outcome. Both models propose relationship stress and relationship processes as mediators. Although these models arise from the depression literature we will consider them as a way to frame research for each of the variables we will consider given that the patterns in these models (e.g., relationship stress increasing risk of psychopathology) are probably more similar than different across outcomes.

Relationships and depression

A meta-analysis conducted in 2001 found aggregate cross-sectional correlations between relationship satisfaction

and depressive symptoms of $r = -.42$ for women and $r = -.37$ for men [15]. Longitudinal studies attempting to discern the direction of the association between these variables provide evidence for both the *marital discord* and the *stress generation* models. For example, a two-year longitudinal study found that depressive symptoms prospectively predicted less marital satisfaction and vice versa [16]. Although some research has found that the impact of relationship distress on depressive symptoms is stronger for wives than for husbands [e.g., 17], most longitudinal studies find that gender differences are not significant when they are formally tested [16,18]. Results from studies using dyadic data — where both partners' reports are allowed to influence the other in a way that models the interdependence of couple relationships — demonstrate that relationship quality and depressive symptoms prospectively predict one another even when controlling for the stability of these constructs [19]. A handful of studies have examined actual depression diagnoses, rather than symptoms counts which have been the focus of most research. Cross sectional research shows that marital distress is associated with a 1.68 odds of a

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