Simplifying the Complex Complicates Our Findings: Understanding Marriage, Singlehood, and Health

Chalandra M. Bryant

Umberson and Kroeger's analysis of marital dynamics and health (in chapter "Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving") is intriguing. Using a sample of same-sex and different-sex couples, they explored gendered patterns of marriage, marital quality, and health. The authors began by providing a general overview of findings on marriage, health, and gender. As I read their work, four issues immediately came to mind: (a) context first and foremost, (b) singlehood, (c) longevity of married couples, and (d) diversity. I address each of those issues. Before I begin, I would like to commend the authors for daring to tackle such complex issues and congratulate them for recruiting and collecting data from a unique sample.

Context

The context surrounding the couples was not a part of Umberson and Kroeger's discussion. Ecologists focus on associations between the organisms and the environments in which those organisms are embedded. So must we as social scientists. The study of relationships of any type must (yes, I used the word "must," not "should" or "could," but "must") be couched in context. Context can be operationalized in numerous ways, as for example, individual characteristics, social networks, neighborhood, or culture (Bronfenbrenner, 1986; Bryant & Wickrama, 2005; Leventhan & Brooks-Gunn, 2000). Context also encompasses one's past or the sociohistorical period during which one's formative years were spent. Yet, social scientists rarely consider a time period or an era as a component of context.

C. M. Bryant (✉)
Department of Human Development and Family Science, University of Georgia,
405 Sanford Drive, House A, Athens, GA, 30602-3622, USA
e-mail: cmb84@uga.edu

© Springer International Publishing Switzerland 2016

S. M. McHale et al. (eds.), *Gender and Couple Relationships,*
National Symposium on Family Issues 6, DOI 10.1007/978-3-319-21635-5_13

With time period in mind, let's review the authors' sample. The average age of the authors' sample as a whole is about 50 years. Average age in years by sex and relationship are as follows:

Men in same-sex marriages: 50.15	Men in different-sex marriages: 50.36
Women in same-sex marriages: 50.16	Women in different-sex marriages: 50.24

Those averages lead us to believe that the study participants are baby boomers (born between 1946 and 1964). However, a more careful review of the sample reveals that the ages of the study participants range from 40 to 60 which means that there is a mixture of Generation Xers (born between the early 1960s and 1980s) and baby boomers. This generational difference is ignored in Umberson and Kroeger's discussion. Generational effects cannot be ignored though, because, "… those born at the same time, may share similar formative experiences that coalesce into a 'natural' view of the world. This natural view stays with… individuals throughout their lives, and it is the anchor against which later experiences are interpreted. People are thus fixed in qualitatively different subjective areas" (Scott, 2000, p. 356). These two distinct generations were likely influenced by the prevailing sociopolitical attitudes of their respective times regarding sexuality (e.g., heterosexuality, homosexuality), sex (i.e., acceptance of or disdain for those engaging in sex outside the confines of marital unions, particularly heterosexual unions), and gender roles (i.e., traditional vs. nontraditional roles).

Imagine an individual discovering his/her sexual identity or becoming sexually active during a time when the sociopolitical climate of this country was largely intolerant of sexual minorities or any family form that deviated from traditional family structure or values. Not only might that make sexual minorities more vigilant and more cautious but it also might contribute to sexual minorities feeling stress. Hence, context may influence view of self (then, now, and later) and how individuals think others see them (then, now, and later). All of that can contribute to the stress individuals carry later in life. Umberson and Kroeger assessed stress by asking how much tension or conflict study participants experienced with "parent(s), children/stepchildren, other relatives, friends, coworkers, acquaintances, and others (not including spouse)" (p.??). There are a few problems with this. The broader social context (e.g., sociopolitical context) is not considered. The meaning of "others" is unclear; it is thus, unlikely that all study participants interpreted "others" in the same way. I wondered how the results may have differed if the item had been a bit more specific and asked how much tension or conflict study participants experienced about their relationships. I agree that such proximal factors should be examined, but the nature of forces impinging upon this group is complex and *multilevel* (Berg, Ross, Weatherburn, & Schmidt, 2013). For example, Berg et al. (2013) found that state laws affecting same-sex relationships and antigay sentiment affected the well-being of their sample of homosexual men. Their findings suggested that the influence of national and local protests against same-sex relationships and laws hindering the rights of sexual minorities may cause stress and negatively impact mental health. If Umberson and Kroeger are not going to include such external (i.e., external to the

immediate family) conflict/tension as a major variable, they can at least include it as a control, because such stress could spill over into relationships.

Generational differences in the acceptance of same-sex marriages are quite evident. Obviously, individuals representing those generations who are in same-sex relationships support such unions, but think about the context in which those couples live or the context in which they spent their formative years. That context reflects the values and views of their generational peers—the people in their proximal and distal social networks. If we simply focus on the views of the general public without differentiating the generations we would come away with the impression that in the mid-1990s, only 27 % of the general public was in favor of allowing same-sex couples to legally marry (Pew Research Center, 2012). Generational differences, however, are stark. During the mid-1990s, when many of the Generation Xers were coming of age, 40 % of the Generation Xers compared to only 26 % of the baby boomers were in favor of allowing same-sex legal marriages. In 2011, that favorable view increased to 42 % for the boomers, but for Generation Xers, it increased even more—to 50 %. Imagine that you are in a same-sex relationship and your age-matched social network members—the people likely to be your associates, coworkers, neighbors—generally oppose your lifestyle. That may predispose one to feel stress. This could explain the slightly higher level of stress reported by same-sex couples in the authors' study. It is possible that analyses would have yielded more significant differences in levels of stress if generation or age had been carefully examined.

To further highlight generational differences, and thus contextual differences, let us compare Millennials to the Silent Generation. The Silent Generation (parents of the baby boomers) was born around 1928–1945, which means that those individuals are about 70–87 years old today; whereas, the Millennials were born around 1981–1993, which means that those individuals are about 22–34 years old today (Pew Research Center, 2011). These two groups are, indeed, "fixed in qualitatively different subjective areas" (p. 356), and their attitudes/beliefs serve as evidence of that (Scott, 2000). For example, in 2011, 59 % of the Millennials, compared to only 33 % of the Silent Generation, favored allowing same-sex couples the opportunity to legally wed (Pew Research Center, 2012). Generation Xers tend to "accept … sexual diversity as facts of life" (Foley, 2000a, p. 31, 2000b). As stated earlier, this context may help provide insight as to why the gay and lesbian study participants reported slightly higher levels of stress.

Singlehood

Another topic that stood out to me in the chapter "Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving" is how the unmarried or singles were discussed in the literature review. Umberson and Kroeger state that "Compared to the unmarried, the married report better self-assessed health, have lower rates of chronic illness, … are more likely to … live longer"

(p.). Numerous researchers have argued that marriage benefits health. We need to be cautious when espousing statements such as this. Marriages with high levels of conflict and anger are definitely not health-promoting. Marriage can be a source of well-being, but it can also be a source of strain. The authors even acknowledge that it is the quality of marriage, not the state of being married per se that affects health. While the focus for Umberson and Kroeger was on couples, I wonder how health may be effected by the quality of singlehood. It would be helpful to begin by looking at the types of singles.

Few studies acknowledge the various types of unmarrieds or singles. There is a great deal of variance between the four major types of singles (Stein, 1976, 1981): (a) voluntary temporary singles, (b) voluntary stable singles, (c) involuntary temporary singles, and (d) involuntary stable singles.

- *Voluntary temporary* singles are composed of individuals who are delaying marriage, many of whom are doing so in order to complete college and begin their careers. In all likelihood, this group will eventually marry.
- *Voluntary stable* singles are composed of individuals who want to be single for a long time—possibly for life. They may cohabit or live alone.
- *Involuntary temporary* singles are composed of individuals who would like to have a marital partner but have been unable to find one; thus, marriage is delayed.
- *Involuntary stable* singles are composed of individuals who would like to be married but are not for various reasons. These individuals may face singlehood for life, although against their wishes.

If we compare the groups who are voluntarily single to the groups who are involuntarily single, it is likely that those who are in an involuntary situation would report feeling more stress overall and more stress-related illnesses. Again, I emphasize the importance of considering context.

Longevity of Married Couples

As reported by Umberson and Kroeger, numerous studies suggest that the married have better self-reported health than the single, divorced, or widowed (Lindstrom, 2009; Rohrer, Bernard, Zhang, Rasmussen, & Woroncow, 2008). In addition, marriage is associated with lower risk of mortality (Johnson, Backlund, Sorlie, & Loveless, 2000; Liu, 2009). However, little is known about the protective effects of marriage on different levels of health (ranging from excellent to poor). An article written by Hui Zheng and Patricia Thomas (2013), for the *Journal of Health and Social Behavior* caught my attention not too long ago.

Zheng and Thomas plotted the log–hazard ratios of mortality on marital status by levels of self-reported health using data from the National Health Interview Survey. Findings indicate that, compared to those who are unmarried, mortality is lower for the married experiencing excellent health, but the gap between marrieds and unmar-

rieds shrinks as health worsens. Although not a significant finding, it is interesting to note that at the level of poor health, married people have a slightly higher risk of dying than the *widowed and separated*.

Findings by Zeng and Thomas (2013) suggest that the benefit of being married shrinks with declining self-reported health and vanishes at the level of poor health. “In other words, the protective effect of marriage from death decreases with deteriorating health” (p. 135). (Their findings were consistent when objective health measures were used.) This means that marriage might be more important for disease prevention, but when it comes to severe health problems or even recovery from illnesses, marriage might not be that helpful. Types of illness and severity of illness ought to be considered; however, few studies do that.

Diversity

Racial/ethnic diversity, an important element of context, was not considered in the analysis by Umberson and Kroeger (in chapter “Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving”). The health disparities literature suggests that African Americans experience poorer health than other racial/ethnic groups (U.S. Department of Health and Human Services, 2014; Williams, 2000); yet, the link between marriage and health is rarely explored among this population. My research focuses on marriage using a sample of 700 African American newlywed couples (a project funded by the National Institute of Child Health and Human Development). I found that wives experiencing issues specific to women’s health at Time 1 were negatively associated with husbands’ (not wives’) marital satisfaction a year later at Time 2 (Bryant, Bryant, & Wickrama, 2009). Not only is the marriage–health link rarely explored among African Americans, but exploring women’s health issues, particularly within the context of marriage among this population, is unfortunately almost never done. Our findings, using a sample of African Americans, suggest that *type* of illness might matter. Sometimes, that is overlooked when researchers examine the marriage–health link.

Going Beyond the Marriage–Health Link

Umberson and Kroeger’s (in chapter “Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving”) discussion goes beyond the marriage–health link. They are tackling an issue that many researchers and laypersons have pondered for decades—the gendered patterns of marriage. They even pose the question, “Why would marriage benefit men and women differently?” (p.) One of my favorite lines from Cherlin’s classic article, *The Deinstitutionalization of American Marriage*, is “… the breakdown of the old rules of a gendered institution such as marriage could lead to the creation of a more egalitarian relationship

between wives and husbands" (Cherlin, 2004, p. 848). Other researchers have gone even further (but remain consistent with Cherlin) and argue that "Gender-typed expectations in marriage may be shifting toward a context where both men and women expect that their partner will be nurturing and will contribute to the overall emotional functioning of the relationship" (Boerner, Boerner, Jopp, Carr, Sosinsky, & Kim, 2014, p. 10; See also Sullivan, 2006). Perhaps Umberson and Kroeger's statement that "… women seem to be more attuned to and feel more responsible for the well-being of others…" (p.), is no longer *en vogue*. Not all women are nurturing or caring. Reczek's (2012) findings clearly made that point. Ironically, Reczek was using data from Umberson's NIA grant, a sample that consisted of both same-sex and different-sex unions with partners in their 40s and 50s. The study revealed that there were women in same-sex and different-sex relationships who believed that health is a personal responsibility, and therefore, felt that it was not their responsibility to ensure that their partners avoided risky health behaviors. For example, one wife said about her husband, "I'm not his mother" (Reczek, 2012, p. 1118). That wife refused to monitor her husband's food choices even when she knew he was making poor choices; instead, she let him eat what he wanted to eat.

Reczek's (2012) qualitative approach of presenting direct quotes from study participants allows readers to better understand context—the context of the relationship. Of course, quantitative approaches can also include context. Umberson and Kroeger assessed interpersonal stress (as I mentioned earlier) by asking study the participants how much tension or conflict they had with various groups—parent(s), children/stepchildren, other relatives, friends, coworkers, acquaintances, and others (not including spouse). It would have been very helpful to know how much stress or strain was experienced in each of those potential sources. For example, how much stress did the women and men in same-sex and different-sex relationships report was from tension or conflict they had with parent(s) versus children/stepchildren, versus other relatives, versus friends, versus coworkers, acquaintances, and others? Also, which sources of stress were most strongly linked to providing or receiving emotion work? How many of the couples had children? How old were the children? Did the children live with the couples? Such information would have provided context.

Conclusion

The more I delved into Umberson and Kroeger (in chapter "Gender, Marriage, and Health for Same-Sex and Different-Sex Couples: The Future Keeps Arriving"), the more questions I found myself asking. Interestingly, in several instances, as I read I found myself playing the role of devil's advocate—hence—my reference to Zheng and Thomas (2013) who suggested looking more carefully at the marriage-health link and Reczek (2012) who suggested that at least some women in same-sex and different-sex unions believe that health is a personal responsibility. That sounds like breaking down traditional gender roles. Given the unique sample with which

Umberson and Kroeger are working, they have an opportunity to rigorously test notions of gender roles and how gender roles contribute to or perhaps interact with emotion work.

I look forward to reading more of their work. As their title so aptly states, *The Future is Arriving* and their research team is on course to help forge the way. As they forge the way, context can serve as their guide. I admit that omitting context makes analyses easier, but simplifying the complex actually complicates our findings. It can cause us to miss nuanced differences between partners or couples, and those nuanced differences may improve our understanding of the gendered link between marriage and health.

References

Berg, R. C., Ross, M. W., Weatherburn, P., & Schmidt, A. J. (2013). Structural and environmental factors are associated with internalized homonegativity in men who have sex with men: Findings from the European MSM Internet Survey (EMIS) in 38 countries. *Social Science & Medicine, 78,* 61–69.

Boerner, K., Jopp, D. S., Carr, D., Sosinsky, L., & Kim, S. K. (2014). "His" and "her" marriage? The role of positive and negative marital characteristics in global marital satisfaction among older adults. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 69*(4), 579–589.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22,* 723–742.

Bryant, C. M., & Wickrama, K. A. S. (2005). Marital relationships of African Americans: A contextual approach. In V. McLoyd, N. Hill, & K. A. Dodge (Eds.), *African American family life: Ecological and cultural diversity* (pp. 111–134). New York: Guilford Press.

Bryant, C. M., Bryant, B., & Wickrama, K. A. S. (2009, November). *Diagnosed illnesses and marriage: Poor health and relationship functioning*. Paper presented at the Annual Meeting of the National Council on Family Relations, San Francisco, California.

Cherlin, A. J. (2004). The deinstitutionalization of American marriage. *Journal of Marriage and Family, 66,* 848–861.

Foley, E. (2000a). The changing face of juries: Understanding generation X. *Chicago Bar Association (CBA), 14*(8), 28–33.

Foley, E. (2000b, February). *The changing face of juries: Understanding generation X*. Paper presented at the Winter Convention of the Association of Trial Lawyers of America (now known as American Association for Justice), San Juan, Puerto Rico.

Johnson, N. J., Backlund, E., Sorlie, P. D., & Loveless, C. A. (2000). Marital status and mortality: The national longitudinal mortality study. *Annals of Epidemiology, 10,* 224–238.

Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin, 126,* 309–337.

Lindstrom, M. (2009). Marital status, social capital, material conditions and self-rated health: A population-based study. *Health Policy, 93,* 172–179.

Liu, H. (2009). Till death do us part: Marital status and U.S. mortality trends, 1986–2000. *Journal of Marriage and the Family, 71,* 1158–1173.

Pew Research Center (2011, November). Angry silents, disengaged millennials: The generation gap and the 2012 election. http://repository.berkleycenter.georgetown.edu/110311PewGenerationGap2012Election.pdf. Accessed 8 Oct 2014.

Pew Research Center (2012, February). *Growing public support for same-sex marriage*. http://www.people-press.org/2012/02/07/growing-public-support-for-same-sex-marriage/. Accessed 11 Oct 2014.

Reczek, C. (2012). The promotion of unhealthy habits in gay, lesbian, and straight intimate partnerships. *Social Science and Medicine, 75,* 1114–1121.

Rohrer, J. E., Bernard, M. E., Zhang, Y., Rasmussen, N. H., & Woroncow, H. (2008). Marital status, feeling depressed and self-rated health in rural female primary care patients. *Journal of Evaluation in Clinical Practice, 14,* 214–217.

Scott, J. (2000). Is it a different world to when you were growing up? Generational effects on social representation and child-rearing values. *The British Journal of Sociology, 51*(2), 355–376.

Stein, P. J. (1976). *Single*. Englewood Cliffs: Prentice-Hall.

Stein, P. J. (Ed.). (1981). *Single life: Unmarried adults in social context*. New York: St. Martin's Press.

Sullivan, O. (2006). *Changing gender relations, changing families: Tracing the pace of change over time (Gender lens series)*. New York: Rowman & Littlefield.

U.S. Department of Health and Human Services. (2014). *CDC Health Disparities & Inequalities Report-United States*, *2013*. *Morbidity and mortality weekly report*, *November 22*, *2013* (Vol. 62, Issue 3). http://www.cdc.gov/mmwr/preview/ind2013_su.html. Accessed 19 Nov 2014.

Williams, D. (2000). Racial variations in adult health status: Patterns, paradoxes, and prospects. In N. J. Smelser, W. J. Wilson, & F. Mitchell (Eds.), *America becoming: Racial trends and their consequences* (Vol. 2). Washington, D.C.: National Academy Press.

Zheng, H., & Thomas, P. A. (2013). Marital status, self-rated health, and mortality: Overestimation of health or diminishing protection of marriage? *Journal of Health and Social Behavior, 54*(1), 128–143.