Marital Status and Personal Well-Being: A Literature Review*

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Do unmarried individuals experience more emotional and health problems than their married counterparts? According to more than 130 empirical studies on a number of well-being indices, married men and women are generally happier and less stressed than the unmarried. Marriage is particularly rewarding for men. This review finds little support for the selection hypothesis which asserts that the relationship between marital status and well-being is spurious since emotional maturity explains both conditions. However, the evidence is consistent with the protection/support hypothesis that a marital partner who provides companionship and psychic aid buffers individuals against physical and emotional pathology.

There is an intimate link between marital status and personal well-being. Numerous investigations beginning decades ago (Dayton; 1936; Durkheim, 1897; Odegaard, 1946) attest that married people live longer and generally are more emotionally and physically healthy than the unmarried. A large number of empirical reports exist in diverse areas, but the interconnections between these studies are generally obscure. With rare exception (Gove, 1972a, 1972b, 1973; Ross, Mirowsky, & Goldsteen, in press), reviews of this subject fail to transcend delimited indices. Moreover, the media glamorizes the single status implying that the unmarried are unencumbered with the problems that beset their married counterparts. How often have the cinema and song lyrics extolled the virtues of marriage?

This article, written for family educators and interventionists, reviews more than 130 empirical studies that relate marital status to various well-being indices: alcoholism, suicide, morbidity and mortality, schizophrenia, other psychiatric problems, and self-reports of happiness. It provides a comprehensive summary of research findings that link these indices and examines the support for two competing hypotheses.

The *protection/support hypothesis* assumes that, compared to the married, unmarried individuals more often experience physical and emotional pathology since they lack continuous companionship with a spouse who provides emotional gratification and buffers them against the vicissitudes of daily living. By contrast, the *selection hypothesis* assumes that the correlation between marital status and personal well-being is spurious because each variable is dependent on emotional maturity. According to this view, emotionally mature individuals more readily assume the responsibilities of marriage, are more favorably regarded by potential mates, and deal with stress more effectively.

Alcoholism

Studies consistently find more alcoholism and problem drinking among the unmarried than the married. Woodruff, Guze, and Clayton (1972) noted that, of the 59 ever married alcoholics in their treatment group, 49% were divorced. Among the chronic problem drinkers Miller (1976) studied, the separated or divorced accounted for 70%, the married 15%, and the never married, 6%. Cahalan, Cisin, and Crossley's (1969) national survey of 2,746 subjects shows that the highest proportions of heavy drinkers are among the separated and the divorced. Although their results were not analyzed for tests of significance, Layne and Whitehead's (1985) study of 3,430 Canadian men aged 15-29 years found the lowest percentage of heavy drinkers among the married men.

Rosenblatt, Gross, and Chartoff (1969) found that single people between the ages of 25-34 have more admissions for alcoholism treatment than their married counterparts, and that regardless of the nature and length of treatment, the relationship between marital status and treatment outcome is constant. Studies of alcoholic women in treatment (Bromet & Moos, 1976; Corrigan, 1980; Lisansky, 1957) show marital status to be a primary indicator of alcoholism for females as well as males. Most alcoholic women report disruptive or terminated marriages. Often the spouse is alcoholic as well (Beckman, 1976).

Treatment outcome results affirm the protection/support hypothesis. For instance, Voegtlin and Broz's (1949) 10½-year follow-up study of patients who had received treatment for chronic alcoholism showed that 50% of the married clients remained abstinent, but only 34.4% of the divorced and 25.6% of the separated had done so. However, tests of significance were not reported.

Gove (1973) reported that, controlling for age, single men are more than 3 times as likely as married men to die of cirrhosis of the liver (presumably alcohol related). However, single women are only slightly more likely than married men to die from this cause. After reviewing a number of studies, Gove rules out selection as an explanation. He suggests that the unmarried, especially men, find their roles less satisfying than the married. The married are more satisfied than the unmarried because their spouses may provide emotional protection and support. Because women play a supportive role more than men, husbands rather than wives are the most likely recipients of mental health benefits.

Suicide

Suicide is inversely related to close interpersonal ties offered by marriage. Empirical support extending back to the 19th century shows that the highest suicide rates occur among the divorced, the widowed, and the never married and the lowest among the married (Dublin, 1933; Marselli, 1882). More recent

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studies confirm that suicide continues to be lowest among the married (Lester, 1987; Smith, Mercy, & Conn, 1988). Wasserman (1984) writes that the divorce rate explains variations in the suicide rate.

Durkheim's classical study (1897) found that the divorced commit suicide far more frequently than others. Suicide is lowest among the married, he explained, because the family exerts a cohesive, integrating effect upon its members. Strong social ties provide meaning and importance for individuals, thus weakening impulses for destructive behaviors. Durkheim rejected as untenable the selection hypothesis that lower suicide rates among the married are due to unstable persons being less likely to marry.

Recent research has supported Durkheim's findings (Gibbs, 1969) and confirmed that social isolation, more typical for the unmarried, is common among those who attempt suicide (Browning, Tyson, & Miller, 1970; Kreitman & Chowdhury, 1973; Stack, 1980, 1981; Trovato, 1986; Wenz, 1977). Only one study (Rico-Velasco & Mynko, 1973) reported contradictory findings. These results were discredited by Herr and MacKinnon (1974) who noted a statistical error in the report.

When Durkheim contrasted the marriages of men and women, he found that the highest incidence of suicide was among divorced men and married women. Current studies (Cashion, 1970; Gove, 1973; Lynch, 1977) confirm this finding. Koester and Clark (1980) point out that all divorced men and a percentage of married women lack a supportive spouse. In other words, marriage is more advantageous for men than for women because wives are more likely than husbands to provide emotional support. Wives are at greater risk than husbands because men tend to be less nurturing and more demanding. Gove (1972a) points out that a housewife who has no outside occupation is more emotionally vulnerable.

Morbidity and Mortality

Research shows that married people enjoy greater longevity than the unmarried and generally make less use of health care services (Berkson, 1962; Helsing & Szklo, 1981; Morgan, 1980; Ortmeyer, 1974; Parkes, Benjamin, & Fitzgerald, 1969; Somers, 1979). The married consistently show lower mortality rates than single, widowed, or divorced persons (Gove, 1973). Virtually every study of mortality and marital status shows the unmarried of both sexes have higher death rates, whether by accident, disease, or self-inflicted wounds (Koskenvuo, Kaprio, Kesaniemi, & Sarna, 1980; Lilienfeld, Levin, & Kessler, 1972; Verbrugge, 1979), and this is found in every country that maintains accurate health statistics (Lynch, 1977).

In a study of 27,779 cancer cases, Goodwin, Hunt, Key, and Samet (1987) noted that being married made a positive and important difference to survival. Cures were 8-17% more likely among married cancer patients than among their unmarried counterparts. The researchers attribute this finding to the social support that married patients receive from their companions. Other cancer studies reach similar conclusions (Neale, Tilley, & Vernon, 1986). Leck, Sibary, and Wakefield (1978) found the highest incidence of cervical cancer among formerly married women, which they attribute to the number of sex partners. Other studies (Cassileth, Walsh, & Lusk, 1988; Ernster, Sacks, Selvin, & Petrakis, 1979; Swanson, Belle, & Satariano, 1985) report contradictory results. These three studies found no protective effects of marriage on the incidence of cancer, remission, or length of survival.

Verbrugge (1979) surveyed the national data on disability and morbidity rates and found that the divorced and the separated have the highest rates of acute and chronic conditions that limit social activity. The widowed and never married, respectively, rank next in health status. The married are the healthiest (Sheps, 1961; Zalokar, 1960).

Verbrugge and Balaban (1989), following a group of people 55 years of age and older for a year after hospitalization, found that the nonmarried, compared to the married, had worse overall health, a much lower activity level, and more fluctuation in health. Single men showed the most health decline while married women did the best of all in regaining their posthospital health and activity. A national health survey of 122,859 Americans (National Center for Health Statistics, 1988) found that married people spend fewer days in bed due to acute illness than singles, that widows have twice as many acute health problems as married women, and that divorced women have double the rate of injuries as married women.

LaHorgue's (1960) data for California also showed that the married are generally healthier than the divorced. Fenwick and Barresi (1981) studied the elderly and found the never-married were perceived to be healthier. The researchers attributed this finding to the change in status from married to single caused by the loss of a spouse, rather than by unmarried status per se.

Some suggest that selection accounts for these findings (i.e., the sick are less likely to marry than the healthy) (Sheps, 1961; Zalokar, 1960). Others, however, argue that marital roles (protection and support) are a more feasible explanation (i.e., the sympathy and services married partners receive from a spouse enhance the prospect of recovery from illness or injury) (Chandra, Szklo, Goldberg, & Tonascia, 1983; Gove, 1973; Kobrin & Hendershot, 1977; Kraus & Lilienfeld, 1959; Lester, 1987; Lewis, 1984; Pearlin & Johnson, 1977; Rees & Lutkins, 1967; Waltz, 1986). In *The Health of Nations,* Sagan (1987) cites a number of studies which, he asserts, offer irrefutable evidence of a powerful association between social networks and personal health.

Of course, the mere presence of a spouse does not guarantee a supportive relationship, and there is growing evidence to link the quality of interpersonal relationships with physical health (Kennedy, Kiecolt-Glaser, & Glaser, 1988). Women in unhappy, unsupportive marriages, compared to more happily married women, generally have higher cholesterol levels, more illness symptoms, increased levels of depression, and decreased immune system functioning (Gore, 1978; Kiecolt-Glaser et al., 1987). Renne (1970) calls an unhappy marriage a disability analogous to minority status, economic deprivation, or physical illness. Renne (1971) also suggests that the healthier members of the unhappily married population select divorce and remarriage. Lynch (1977) indicates that those who live alone (widows and widowers, divorced, and single people) may be particularly vulnerable to stress and anxiety because they lack the tranquilizing influence of continuous human companionship.

Schizophrenia

With a few exceptions, the relationship between marital status and schizophrenia has been repeatedly shown since Malzberg's (1936) study. He found that the first psychiatric admission rate for age-standardized single schizophrenic males was 5.4 times greater than for married schizophrenic males. For half a century, others have confirmed this association among male and female schizophrenics (Munk-Jorgensen, *1987; Norris, 1956; Odegaard, 1946;* Pokorny & Overall, 1970). Only Turner, Dopkeen, and La Breche (1970) found no significant association between

marital status and hospitalization due to schizophrenia. All other schizophrenic studies report hospitalization rates lower among married patients than for the separated, divorced, widowed, or single.

In a random sample of schizophrenic patients in one county over a 3½-year period, Turner et al. (1970) found significantly more schizophrenia among the previously married and single than the married. Nuttall and Soloman (1970) examined 12 demographic variables among 259 schizophrenic patients in three Boston area hospitals. They concluded that marital status was the third most important variable (following education and occupation) in predicting the length of hospital stay among first admission middle-class patients.

Other studies demonstrate that marriage reduces adverse schizophrenic outcome: hospitalization length, longitudinal indices of symptomatology, social and vocational disfunctioning, and the proportion of time at risk during hospitalization (Chapman, Day, & Burnstein, 1961; Counts & Devlin, 1954; Jenkins & Gurel, 1959; Lindenmann, Fairweather, Stone, Smith, & London, 1959; Marks, 1963; Mason, Tarpy, Sherman, & Haefner, 1960; Orr, Anderson, Martin, & Philipat, 1955; Sherman, Moseley, Ging, & Bookbinder, 1964). Outcome indices are worse for the unmarried than the married (Gittelman-Klein & Klein, 1968; Turner et al., 1970). Marital status predicts schizophrenic's hospitalization length or recovery as well as state-of-the-art prognostic scales (Chapman et al., 1961; Farina, Garmezy, & Barry, 1963; Garfield & Sundland, 1966; Turner et al., 1970).

In support of the selection hypothesis, Turner et al. (1970) explain that healthier schizophrenics or preschizophrenics are more likely to marry or stay married than less healthy individuals. Although more single than married schizophrenics manifest severe psychopathology, once the researchers controlled for severity of psychopathology and social class, the relationship between marital status and outcome was no longer statistically significant.

In an early study of 526 hospitalized schizophrenics, Odegaard (1946) found that the prepsychotic personality was the only significant distinguishing characteristic between single and married patients. Single patients had twice the rate of prepsychotic schizoid characteristics. Gittelman-Klein and Klein (1968) found that premorbid personality was a stronger predictor of subsequent outcome than current marital status. They concluded that marital status has no independent theoretical importance in the prediction of schizophrenia outcome. These findings were reconfirmed in a later report (Rosen, Klein, & Gittleman-Klein, 1971).

In support of the protection/support hypothesis, research has shown that high levels of expressed negative emotion (criticism, hostility, and overinvolvement toward the patient) by at least one family member correlate with a significantly increased short-term schizophrenia relapse rate (Vaughn & Leff, 1976; Vaughn et al., 1982).

Concordance of mental disorder between spouses (Kreitman, 1964) and the observation that a psychotic episode may strenghten a marital bond suggest a dynamic interaction between the married patient, the spouse, and the disorder. Bachrach (1975) notes that the many social, cultural, and economic factors that impact intimate relationships must be considered in interpreting the relationship between marital status and mental illness.

A reasonable interpretation of the relationhip between schizophrenia and marital status may integrate the selection and support hypotheses. Premorbid social factors seem to play an important role in the schizophrenic's marital status and prognosis, but marital support exerts an equally powerful influence. In other words, the selection and support hypotheses are not mutually exclusive nor contradictory. Further research needs to document the complexities of spousal interaction and schizophrenic incidence and outcome.

Other Psychiatric Problems

Studies comparing mental hospital admissions by marital status show higher rates for the unmarried. The lowest admission rates are consistently found among the married, followed by the single, widowed, and divorced (Adler, 1953; Farina, Garmezy, & Barry, 1963; Malzberg, 1968; Martin, 1976; Robertson, 1974; Srole, Langner, Michael, & Opler, 1962; Turner et al., 1970).

A study of 3,974 men and 5,802 women (Robertson, 1974) found that more single men than married men were referred to a mental hospital. However, referrals from single and married women did not differ. Similarly, Cooper (1966) and Shepard, Cooper, Brown, and Kalton (1966) found that among the mentally ill treated in general practice, the incidence of mental illness was significantly lower for married men compared to single men. Single and married women did not differ significantly. Riessman and Gerstel (1985) concluded from several data sets that the separated and divorced of both sexes experience particularly high mental health risks.

Some assume that those who develop mental disorders are constitutionally predisposed to do so, and these premorbid symptoms decrease chances for marriage (the selection hypothesis). This interpretation was suggested by Odegaard (1946), Farina, Garmezy, Zalusky, and Becker (1962), Malzberg (1968), Turner et al. (1970), and Martin (1976). Others adopt the protection/support hypothesis arguing that by providing emotional support, marital partners prevent mental illness (Adler, 1953; Butler & Morgan, 1977; Gove, 1972a, 1972b; Susser, Stein, Mountney, & Freeman, 1970). A corollary explanation is that the married are less frequently admitted because they generally have greater treatment resources outside the institution (Robertson, 1974; Turner et al., 1970).

Some investigators suggest that marriage may be more of a stress than a support (Foorman & Lloyd, 1986). Some interpersonal relationships may create high levels of psychiatric distress because, rather than providing emotional support, they impose obligation or demand. Robertson (1974) argues that the married state for women often acts as an additional strain leading to the development of mental illness. Walker, Bettes, Kain, and Harvey's (1985) study of 882 psychiatric patients found that marriage had more negative consequences for females than males. They suggest that disturbed women marry deviant men. Srole et al. (1962) and Knupfer, Clark, and Room (1966) found a higher proportion of maladjustment among single men than single women.

Other evidence shows that women have more mental illness than men regardless of marital status (Fox, 1980). Warheit, Holzer, Bell, and Arey's (1976) study of 3,674 patients also found higher levels of psychiatric stress for women, but that being married did not contribute to it. Cochrane and Stopes-Roe's (1981) survey of 259 respondents found that women report more psychological symptoms than men. These self-reports were not related to their marital status. Reich and Thompson (1985) found an excess of married women in the emotionally ill population and hypothesize that married men have more potentially rewarding social roles available to them. In summarizing these

studies, Gove and Tudor (1973) and Gove (1978) concluded that women have higher rates of mental illness than men. From the perspective of the protection/support hypothesis, marriage appears to offer more psychic aid for men than for women.

Self-Reported Happiness

Self-report studies of happiness indicate that the married are happier than the unmarried (Bradburn, 1969; Bradburn & Caplovitz, 1965; Campbell, 1981; Glenn, 1975; Gurin, Veroff, & Feld, 1960; Schmoldt, Pope, & Hibbard, 1989). The major factor appears to be interpersonal closeness, the lack of which diminishes feelings of well-being, especially for those who are socially isolated. Strong interpersonal relationships account for the greatest differences between those satisfied with their psychosocial circumstances and those who are not.

Campbell (1981) found that married people in general are happier. He points out that no part of the unmarried population—separated, divorced, widowed, or never married—describes itself as being so happy and contented with life as the married.

Studies also indicate that married men are happier than married women. According to the protection/support hypothesis, this is because married men are more likely than married women to receive emotional gratification from their spouse. In support of this view, Radloff (1975) found that men benefit more than women from marriage. Lorch and Crawford (1983) found that physicians and lawyer's wives frequently subordinate personal interests to those of their husbands and view the wife's role as a decided disadvantage.

Bradburn (1969) argues that the popular stereotype of the single man as a carefree, happy bachelor and the single woman as a worried, unhappy spinster is incorrect. Virtually all data show that unmarried men have lower levels of happiness than their female counterparts. This holds true for never-married, widowed, and divorced males (Campbell, 1981; Gurin et al., 1960).

Studies also show that single women are often happier than single men. Gove (1972a, 1972b, 1973) explains that single women are more likely to develop strong social ties, such as close relationships with family and friends. Buffered by emotional support of others, these women, compared to unmarried men, report greater happiness. They are also more active in working through their problems (Gurin et al., 1960). However, they are not happier than married women (Tcheng-Laroche & Prince, 1983). Gove, Hughes, and Style (1983) conclude that marital status is the best predictor of mental health.

The number of studies that emphasize the benefits of an emotionally supportive spouse is substantial (Burke & Weir, 1975, 1977a, 1977b; Burke, Weir, & Harrison, 1976; Cobb, 1976; Greenblatt, Becerra, & Serafetinides, 1982; Koran & Litt, 1988; Niccolini & Thomas, 1985; Pearlin & Johnson, 1977; Turner, 1981). Hsu and Marshall's (1987) data from 1805 interns, residents, and fellows in medical training show that more unmarried than married trainees experience moderate or severe depression. The authors attribute this difference to the social support that the married receive.

Coombs and Fawzy's (1982a, 1982b) longitudinal study of male medical students also favors the protection/support hypothesis since personal well-being improved when students married. All had been carefully screened for medical school by tests and personal interviews designed to eliminate those with personal deficiencies (a natural control for the selection hypothesis). Initially, unmarried students were no more likely to be stress prone than their married classmates. As school pressures mounted, however, the unmarried, more than their married classmates, experienced greater stress. More of them withdrew or considered withdrawing from school and reported greater anxiety and stress. Upon marrying, their sense of well-being improved significantly. When their wives were interviewed they defined their marital role as supportive helper—to applaud during their husband's success and to provide emotional support and encouragement during defeat. This psychic aid buffered these medical students from the strenuous vicissitudes of their training.

Conclusions and Implications

The published research on personal well-being reveals a consistent pattern: Married individuals, especially married men, experience less stress and emotional pathology than their unmarried counterparts. Studies of alcoholism, suicide, mortality and morbidity, schizophrenia, other psychiatric problems, and self-reported happiness generally support this thesis.

Two competing explanations have been offered. The selection hypothesis, first explicated by Odegaard (1946), discounts the relationship between marital status and personal well-being as spurious since both variables are explained by emotional maturity. According to this view, emotionally mature individuals are more likely to marry and to be happier and healthier. To date, however, there is scant evidence to support this hypothesis.

By contrast, the evidence consistently supports the protection/support hypothesis. Married individuals experience less physical and emotional pathology than the unmarried because they have continuous companionship with a spouse who provides interpersonal closeness, emotional gratification, and support in dealing with daily stress. This hypothesis consistently explains two findings: (a) Married persons of each sex are generally happier and less emotionally distressed than the unmarried, and (b) marriage is considerably more advantageous to men than to women (Gove, 1972a, 1972b).

Campbell (1981) asserts that being single is not associated with high feelings of well-being for either sex, but it is particularly unrewarding for men. Gurin and colleagues' (1960) study of mental health and happiness found that marriage is more difficult for women than men. Married women report more problems and are generally less happy than married men because men are less likely to provide emotional support.

Popular folklore has it that marriage is a blessed state for women and a burdensome trap for men. In reality, however, men more than women, receive marriage's mental health benefits because women, more than men, provide emotional aid and other support in marriage. From childhood women are conditioned to look forward to marriage and, once wed, to be nurturing and provide supportive services for their husbands. An illustration is provided by Smith (1989) who found that men who are suddenly widowed have a higher death rate than those whose wives die slowly from a chronic illness. For women the situation is reversed. Because women play the role of caregiver, he suggests, men need time to adapt to the loss of their caregiving spouse. By contrast, women become exhausted by long-term caregiving.

The therapeutic benefit of marriage remains relatively unrecognized by most youths, the media, and some helping professionals who, preoccupied with accelerating divorce rates and variant family forms, question the value of marriage in contemporary society. Media messages have minimized mar-

riage, implying it is an outdated institution, an "uncool" survivor of a simpler society. "Be my girl," the current cinema hero says, but rarely, "my wife." Few recognize what Burke and Weir (1977a) have termed the "mental health function of marriage."

Much can be done by family educators and therapists to improve the well-being of married women by teaching growing boys and married men the importance of providing nurturing support. Whether wives receive the emotional and physical health benefits of marriage is directly dependent upon the extent to which husbands regularly provide nurturance and other support at home.

A contemporary wife's problem may be exacerbated when she joins her husband in the work force. After a day at work, the typical husband still expects her to do a lion's share of the household tasks and to provide other support services (Coombs & Hovanessian, 1988). Thus, she finds herself with two jobs (employee and supportive spouse) while her husband has only one (employee).

If altruism and a sense of fairness are not enough to motivate men to play a more supportive role, family educators and interventionists can help them realize that it is in their own best interest to cultivate a supportive, emotionally viable relationship with their marital companions. Men can only benefit by a marital companionship characterized by mutual support and happiness.

As Campbell (1981) noted, it is hard to imagine an individual in an unhappy marriage living a pleasant and satisfying life. An emotionally supportive marriage enhances life chances and provides a depth of emotional resources that buffer participants against the vicissitudes of life (Coombs & Fawzy, 1982a, 1982b).

Family educators can serve an important function by teaching the therapeutic benefits of marriage, and that it is in each person's own best interests to establish and maintain a durable relationship with an emotionally supportive spouse. A lack of this resource is a mental health deficit.

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