

Marital Status and History: Implications for Health in Older Adulthood

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Extended Abstract

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EXTENDED ABSTRACT

Introduction

Being married is associated with better health throughout the lifespan. By later life, adults have accumulated a history of relationship experiences that not only determine how successfully they enter older age, but also the quality of their lives during these years. Experiencing high-quality relationships throughout ones' life likely promotes better mental and physical health and longer life expectancy, whereas repeated relationship disappointments and losses may leave older adults vulnerable to poorer health, steeper age-related declines in mental and physical functioning, and even earlier mortality.

Existing research on the health implications of marriage offers little basis for evaluating these effects because this research has rarely examined the intimate lives and relationship histories of older populations in detail. In those studies that have addressed these issues, the most common approach is to simply compare the health of married versus unmarried individuals. This is an unfocused comparison, as the married group generally includes married and remarried individuals, whereas the unmarried group includes individuals who are single, divorced, widowed, and cohabiting. Distinguishing between married and remarried individuals may be especially important for understanding more recent cohorts of older adults, who have lived through a period of dramatic changes in family composition. In particular, rising divorce rates in the late 1960s through the 1980s mean that many older adults may be in their second marriage. Further, currently unmarried individuals may have had previous marital experiences that have implications for their health in older age; these differences are obscured by analyses that focus solely on current marital status. For example, Zhang (2006) found that consistently married individuals and never married individuals are among the healthiest older adults. That the unmarried group was more similar to the continuously married group than to either the divorced or widowed groups highlights the unique role of the experience of a marital loss, and suggests that the negative health effects of a marital loss early in life may go above and beyond what can be explained by current marital status. These findings underscore the importance of moving beyond current marital status toward investigating the role of marital history in older adults' health.

Our understanding of the intersection between current marital status and marital history is limited in at least two ways. First, research has yet to exploit longitudinal data to address the long-term health implications of different marital transitions, the time spent in different marital states, and the timing of these transitions. For example, there are important differences between divorce and widowhood in the nature and duration of how they experience a marital loss, which may have important health implications. Divorces are typically voluntarily entered into following an unsatisfactory relationship, and the process of separating into two households can last up to several years. Widowhood, on the other hand, is more likely to have an acute onset without any choice on the part of the individual. Second, researchers have yet to address the mechanisms through which marital loss negatively impacts health. Although a number of hypotheses have been proposed to explain why individuals who experience a marital loss might be more vulnerable (e.g., the loss of a partner's income, the loss of support and intimacy, the decline in health-promoting behaviors, and/or the increased isolation from the extended social network), insufficient data have prevented researchers from examining which of these mechanisms is operating and for whom. Missing from the existing literature is research that examines the social, economic, and behavioral mechanisms through which marital losses negatively impact health in a prospective study of older adults.

In light of these gaps in the existing literature, this research asks: what are effects of marriage events throughout the life-cycle, including marital status changes, their duration, and their timing, on health at older ages and what are the behavioral, emotional, and financial mechanisms that might explain these effects? To the extent that experiencing a marital loss is detrimental to health due to consequent changes in life-style, psychological mind set, social relations, and economic conditions, individuals who have a history of loss should be more vulnerable to poorer health, irrespective of current marital status. Further, to the extent that marriage promotes health, individuals who have spent a greater portion of their life in a married state should be healthier and less likely to experience age-related declines in functioning, again independent of current marital status.

Methods and Results

This paper draws upon the nationally representative, longitudinal Health and Retirement Study (HRS) to refine our understanding of the associations between marital status, marital history, and health outcomes in older adults. In pursuit of this goal, this paper will address three specific aims. First, unlike most prior research, the HRS contains detailed relationship histories that will allow us to create detailed maps of relationship histories in older adulthood. Second, because the HRS contains extensive information about individuals' health, including their self-reported physical health and doctor diagnosed health problems, we are able to exploit this data to examine how marital history and current marital status are associated with health in older adulthood, and to explore the effects of the timing and duration of these marital events on these associations. Third, we explore the behavioral, emotional, and financial mechanisms that might explain the effects of marital status and history on health in older adulthood. In addition, the HRS collected data on individuals from five birth cohorts, which allows us to address whether recent changes in family composition moderate the benefits of marriage for health.

Our first goal was to map relationship histories in older adulthood. Using data collected in the 2004 wave, we find a great deal of variance that would have been obscured if we had classified older adults simply as married or unmarried. For example, we find that of the 11,461 currently married individuals, only 70.0% are in their first marriage. Of the remaining married older adults, most have remarried after a previous marriage ended in divorce. With regards to the 6,761 unmarried individuals, 58.4% are widowed, 32.6% are divorced, and 9.2% have never been married. These distributions suggest that current marital status obscures great variability in the marital histories of older adults. Comparing the health of only married versus unmarried individuals assumes that current marital status is more important for older adults' well-being than marital history. This assumption, however, may not be warranted.

To address whether marital history is important for physical health above and beyond the effects of current marital status, we created four marriage categories that uniquely classified individuals based on both their current marital status and previous marital history. These categories included individuals who were: (1) continuously married; (2) remarried; (3) currently divorced; and (4) currently widowed. Using these four categories, we find evidence that the intersection between current marital status and marital history may be particularly important for understanding health outcomes in older adults. For example, looking at individuals' self-reported health, we find that continuously married individuals report better health than the remarried, divorced, and widowed individuals. Further, the widowed individuals reported being in better health than did the divorced individuals. The implications of these findings are twofold. First, marital history clearly has an impact on changes in older adults' health, as the continuously married and the remarried individuals do not differ by current marital status, only by previous marital experiences. Second, although both widowed and divorced individuals must deal with the loss of their spouse, these findings suggest that the long-term negative health effects of these losses may not differ.

In light of these preliminary results, we expect to find that marital history will continue to exert unique influence on multiple objective indicators of health in older adults, even after controlling for the effects of current marital status. We also plan to explore the behavioral, emotional, and financial mechanisms that might underlie these associations. Considerable research has demonstrated that losing a partner is detrimental to health, however the reasons behind this are unclear. Therefore, the next step toward promoting well-being in older adults is to identify the contexts within which a marital loss is most detrimental to an individuals' physical health.

Given the dramatic changes in family composition over the past 25 years in the United States, in particular the rising divorce rates in the late 60s and early 80s, a growing number of older adults are likely to be entering their later years with a diverse history of relationship experiences. Understanding the impact of these different relationship experiences and histories on well-being and the mechanisms underlying these differences has important implications for policies aimed at improving the lives of older adults, as certain segments of the older population may be especially vulnerable to poorer health as a result of accumulating previous negative relationship experiences. This paper plans to draw upon the richness of the HRS dataset to identify these older adults and to explore how they are vulnerable across their later years.