CONFLICT RESOLUTION STYLES AND HEALTH OUTCOMES IN MARRIED COUPLES: A SYSTEMATIC LITERATURE REVIEW

Greta Hysi

[1] Department of Psychology and Education. University of Tirana. Albania
E mail: gretahysi@hotmail.com

Abstract

This review focuses on the impact and importance of conflict resolution styles used by marital partners to their physical health outcomes. The main aim of this study is to analyze the relationship between marital conflict resolution style and physical health? A literature review of 40 research studies in the marriage and health area from JStore, Francis and Taylor, Sage Journals and EBSCO Host, has been used to synthesize the impact of marital conflict resolution style to physical health. Studies suggest that higher levels of negative spousal behaviors contribute to physical health, predicting more physical symptoms, chronic health problems, physical disability and poorer perceived health. Conflict is a natural part of our interactions with others. According to Thomas–Kilmann Conflict Mode framework, people tend to use five different conflict resolution styles: collaboration, avoiding, compromising, accommodating and competing. Studies suggest that partners living in unsatisfied marriages use avoidant style in managing conflict, while satisfied partners use collaboration style. As a conclusion, conflict resolution styles represent an important factor for developing physical symptoms and health outcomes. Conflict resolution styles and health outcomes should be an important exploring area for both couple and family therapists.

Keywords: *marriage, health, conflict resolution styles*

Introduction

This systematic literature review is based on the last two decades of empirical research studies and approaches of conflict in health outcome in married couples. The overall goal of this review is to explore how marital interaction and marital conflict affect mental and physical health. The article will answer this question by synthetizing systematically the main research studies in this field. There are three published reviews that have explored the advances made in observing marital interaction, the first one is an annual review from Fincham and Beach (1999), the second one is a decade review from Gottman & Nottarius (2000) and the third one is the review of Kiecolt-Glaser & Newton (2001).

The first review (Fincham and Beach, 1999) focuses on the impact of marital conflict on mental, physical, and family health and what is known about the nature of conflict in marriage. After highlighting some recent theoretically grounded advances, the researchers illustrate how conceptualizing marital conflict behavior as goal directed provides an integrative theoretical framework for treatment, prevention, and marital conflict research.

The second review (Gottman & Nottarius, 2000), focuses on health outcomes and the bidirectional effect of marriages not only in each partner, but also in their children. The researchers mention also that there has been an expansion of the study of marital interaction to common comorbid psychopathologies (Gottman & Nottarius, 2000).

The third review (Kiecolt-Glaser & Newton, 2001), focuses on the pathways leading from the marital relationship to physical health and suggests that marital functioning is consequential for health; negative dimensions of marital functioning have indirect influences on health outcomes through depression and health habits, and direct influences on cardiovascular, endocrine, immune and other physiological mechanisms.

These three published reviews have contributed enormously in understanding the marriage-health connection by bringing together the most important research studies conducted in this field. However, this systematic review focuses mainly on research that uses the most sophisticated statistical methods for determining whether marriage does indeed affect mental and physical health outcomes.

Conflict Resolution Styles in Married Couples

In everyday life, people engage in different interactions, each of which is based on give and take. This give-and-take relationship keeps people connected with each-other and encourages them to exchange thoughts, feelings and attitudes. The impact of give and take is more powerful especially in the marriage setting. Conflict in marriage relationship happens everywhere and it is inevitable in forms of disagreements, tensions, dislikes, and arguments.

Although it is difficult to define conflict in a precise way; there are many authors that have defined it from different angles. Thomas (1976) has described conflict as the process that begins when one party perceives that the other one has frustrated some concerns of his or hers; Johnson (1990) suggested that an interpersonal conflict exists whenever an action by one person prevents or interferes with the actions of another person; Himes (1980) described conflict as a struggle over status, and authority in which the endeavors of the conflicting partners are not only to gain the ideal and best values, but also to destroy their competitors.

Despite romantic ideals, conflict in marriage relationships is pervasive (Buss, 1989; Muelenhard & Linton, 1987). Both partners perform actions that upset and anger each other, and conflict emerges. Argyle and Furnham (1983) found that relational closeness and conflict were positively associated and that most conflict occurred in closest relationships. Conflict is a predictable part of human relationships and by itself is not a negative phenomenon. However, the way we manage conflict can shape psychological outcomes. Conflict management is one of the most important determinants of the well-being of the relationships (Bacciocchi, 1997; Crohan, 1992).

Partners can handle the conflict within the relationship either in a destructive or in a constructive way. Destructive conflict management is characterized by increasing manipulation, threat and coercion (overt expression of the conflict), avoidance spirals (covert expression of the conflict), revenge, inflexibility and rigidity, a competitive pattern of dominance and subordination, and degrading verbal and nonverbal communication (Hocker & Wilmot, 1995). Constructive conflict, conversely, is characterized by flexibility, interaction with the intent to learn instead of intent to protect, enhancement of self-esteem, a relationship focus instead of an individual focus, and cooperation (Hocker & Wilmot, 1995).

Couples differ not only in their ability to use conflict constructively or destructively, but also in the manner in which they argue, react to, and act upon conflict (Burman, Margolin, & John, 1993; Gottman & Krokoff, 1989; Kilmann & Thomas, 1977). In an intimate relationship, partners tend to use different styles for dealing with conflict which are almost learned in childhood (Johnson, 1990). These different styles are viewed as (a) characteristics of the person; (b) types of conflict behavior or categories of behavior, and (c) communicative orientations that people adopt toward conflict. Conflict management styles may be affected by certain situations or stances (Hocker & Wilmot, 1995) and may vary according to the nature of

the conflict, previous success with the style in similar situations, or the suitability of the style for the specific situation (Putnam & Wilson, 1982).

According to Thomas & Kilmann (1978), there are five different conflict management styles that people use to handle conflicts in their relationships. They present two independent dimensions of behavior in conflict situations: assertiveness (the attempt to satisfy one's own concerns) and cooperativeness (the attempt to satisfy the concerns of others). On the basis of these two dimensions, five different conflict management styles were identified: Competing behavior is both assertive and uncooperative. It is associated with forcing behavior and win-lose arguing; collaborating behavior is assertive and cooperative. It has been identified with confronting disagreements and problem solving to find solutions; compromising is intermediate in both assertiveness and cooperativeness. It is identified with the proposal of a middle ground; avoiding behavior is unassertive and uncooperative and is associated with withdrawal and failure to take a position in a conflict situation; accommodating behavior is unassertive and cooperative; it is seen as an attempt to soothe the other person and seek harmony (Kilmann & Thomas, 1975; Thomas & Kilmann, 1978). The collaborating conflict resolution style, the healthiest way of handling conflict, correlate positively with marital satisfaction (Schaap et al., 1988). On the other hand, all other conflict management styles correlate negatively with marital satisfaction (Schaap et al., 1988).

Conflict Resolution Styles and Mental Health in Married Couples

Conflict and health are closely related. There is limited, but consistent evidence that physiological responses between members of an interacting dyad can show considerable relatedness or linkage. Studies that examine both the supportive and the problematic aspects of marriage relationships often show that negative relationships have stronger impacts than positive relationships on well-being and distress (Fiore, Becker, and Coppel 1983; Rook 1984; Abbey, Abramis, and Caplan 1985; Abbey, Andrews, and Halman 1995; Pagel, Erdly, and Becker 1987; Finch et al. 1989; Revenson et al. 1991; Turner 1994; Umberson et al. 1996). Most of the empirical results provide evidences that the direction of the influence is from marriage to health, not from health to marriage (e.g., Umberson et al. 2006).

Unresolved marriage conflicts can impact negatively on the mental health of partners (Bacciocchi, 1997; Markman, Renick, Floyd, Stanley, & Clements, 1993). Table 1 represents the most cited research studies which have explored the relationship between marital conflict and mental health outcomes. Research studies that has focused in this area, have explored and come in conclusion that destructive marital interactions is especially connected with depression symptoms at both partners.

Table 1: Marital interaction and/or conflict studies with mental health outcomes data

Study	Participants and marital adjustment	Design and variables	Relevant findings
Mongrain & Vetesse, 2003	94 women and their male romantic partners	Experimental: conflict over emotional expression, depressive experiences, negative affect suppression	Ambivalent women silence themselves, which could help explain the prevalence of their depressive symptoms
Merchand & Hock, 2000	40 married couples	Correlational: depression, marital satisfaction, conflict resolution behavior	Maladaptive avoidance and attacking conflict-resolution strategies may be a function of

			the presence of depressive symptoms in one or both spouses
Horwitz, McLaughlin & White, 1998	458 subjects who got married and remained married during the study	Survey: depression, problematic relationship, supportive relationship, relational balance	Both positive and negative aspects of marital relationships affect mental health. Both sides of spousal relations are associated with depression, the problematic side of relationships has a greater impact on mental health than the supportive side
Willitts, Benzeval & Stansfeld, 2004	2127 men and 2303 women aged under 65 who provided full interviews at every survey wave	Longitudinal: psychological distress, depression, anxiety, partnership change	Enduring first partnerships were associated with good mental health. Partnership splits were associated with poorer mental health, although the reformation of partnerships partially reversed this. The more recently a partnership split had occurred the greater the negative outcome for mental health.

Based on results of empirical researches studying how negative and positive aspects of partner relationship affect the mental health of married people, was found bigger effect size in supportive and problematic marriage relationships than in absolute level of either aspects. Neither support nor marital problems in themselves predict depression after control- ling for the balance of these two aspects of marital quality (Horowitz et al., 1998). People with supportive spouses are more likely to get depressed when problems occur in their marriages; at the same time, problems with spouses are especially related to depression when people get relatively little support from spouses. When people simultaneously have supportive and problematic partner relationships, the supportive side can buffer the negative impact of problematic relationships on depression. Conversely, problematic relationships mitigate the beneficial contributions of supportive relationships with spouses.

Conflict Resolution Styles and Physical Health in Married Couples

Another category of research, have explored marital interactions in correlation with physical health outcome, especially chronic illnesses and physical symptoms including somatization. Romano et al., (1991) developed a methodology for behavioral observations of chronic pain patients and their spouses. They discovered that positive attention from spouses of pain patients, were associated with reports of more intense pain and greater disability; but negative spouse responding to pain was associated with increased affective distress.

Brown & Smith (1992) studied 45 married couples and found that husbands attempting to persuade their wives showed increased levels in systolic blood pressure before and during the discussion. In males, physiological effects were accompanied by increased anger and hostile behavior. In wives there was neither elevated systolic blood pressure nor anger, even though they showed the same behavior as their husband in their interaction (Brown & Smith, 1992). In another study with 90 newlywed couples, hostile behaviors during the conflict interactions were strongly correlated with decreased levels of prolactin and increases in epinephrine, norepinephrine, ACTH, growth hormone, but not cortisone (Malarkey et al.,

1994). Table 2 represents most cited f research studies which have explored the relationship between marital conflict and physical health outcomes. This findings, suggest that marital interactions and conflict resolution styles affect directly physiological responses.

Table 2: Marital interaction and/or conflict studies with physical health outcomes data

Study	Participants and marital adjustment	Design and variables	Relevant findings
Bookwala, 2005	729 individuals in their first marriage, aged 50+	Correlational: marital quality, physical symptomatology; chronic health problems; physical disability; percieved health	Negative spousal behaviors contribute significantly to physical health including physical disability, chronic illnesses, physical symptoms, and self-rated health
Gottman, Levenson & Woodin, 2001	79 married couples	Experimental: emotional expression, cardiac interbeat interval, skin conductance level, general somatic activity, pulse transmission, finger pulse amplitude	Facial expressions were related in interpretable ways with the couple's perception of the relationship, with significant marital and health outcomes, with concurrent physiological responses, with the number of interacts, and with the couple's behavior during Oral History Interview
Gottman & Levenson, 1983	30 married couples	Experimental: marital satisfaction, affective patterns, heart rate, skin conductance, pulse transmission time, and somatic activity	60% of the variance in marital satisfaction was accounted for using measures of physiological linkage alone. Additional non redundant variance was accounted for by the other physiological and affective measures
Thoburn, Hoffman, Shelly & Sayre, 2009	A case example	Case study: collaborative treatment, somatization, psychosomatic family, systems approach	Couple communication, intimacy, somatization, as well as the part medical intervention, play an important role in maintaining symptomatology and the overall strength of couple homeostasis
Sandberg, Miller, Harper, Robila & Davey, 2009	536 intact couples aged 55 to 75	Survey: marital quality, health problems, health care utilization	Marital distress is associated with cardiovascular disease, with atherosclerosis and with arthritis symptoms
Wolfsdorf, Kaiser & Hahlweg, 1999	80 couples	Experiment: psychoneuroendocrinology, cortisol, blood pressure, couples interaction, negative interaction behavior	Marital interaction directly affects physiological responses to a conflict depending on interaction quality

Yorgason, Booth & Johnson, 2008	2034 married individuals interviewed by telephone in 1980, 1983, 1988, 1992, 1997, and 2000	Longitudinal: health, marital quality, disability, aging	Health decrements were associated with greater changes in marital quality among the young and middle aged than among an older cohort.

Most of research studies that have focused on the link between marital quality and health outcomes come from two main areas: lab-based studies in clinical populations and community-based surveys (Umberson et al., 2006). The lab-based studies have observed marital conflict and collected biomedical data on cardiovascular reactivity and hormonal responses. These studies are based on stress models where marital conflict is viewed as the stressful stimulus. Stress stimulates the production of stress hormones (cortisol, epinephrine, and norepinephrine) and evokes a cardiovascular response (e.g., increased heart rate and blood pressure). These results provide consistent evidence that physiological changes occur during marital conflict, that marital distress triggers immune response, and that marital conflict increases cardiovascular reactivity (see a review in Burman and Margolin 1992).

Gallo and his colleagues, found that healthy women in highly satisfying relationships developed fewer symptoms of cardiovascular disease over an 11-year period, compared to women in moderate and low-satisfaction relationships (Gallo et al, 2003). In the same line with these findings, Grewen et al., (2003) and Light et al., (2005) discovered that under stressful experimental conditions, the physical contact with a spouse tends to low blood pressure and heart rate, and increases the hormone oxytocin, which prevents the body's stress responses from negatively influencing the cardiovascular and endocrine systems.

In clinical experiments, when a couple in a healthy, high quality marriage were told to argue about a real problem that they disagreed about, their supportive and constructive behaviors during the argument seemed to lower both partners' stress hormone levels. This effect was stronger in female partners. The couples who showed the least negativity response when having a marital argument had the best immune system responses (Kielcolt-Glaser et al, 1997; Robles & Kielcolt-Glaser, 2003).

The community-based surveys are conducted in nonclinical population and provide an important approach for marital quality and global health status (Umberson, et al., 2006). Two large community-based studies of middle-aged and older married adults, found that those who reported higher levels of negative spousal behaviors, such as experiencing criticism, arguments and demands, had poorer health over time by reporting a lot of physical symptoms and show specific chronic health problems (Bookwala, 2005; Umberson et al, 2006).

Wickrama and his colleagues (1997) analyzed empirical data from a rural community and found a significant link between marital quality and physical illness over a three-year period. They concluded that "improving marital quality over time is associated with decreasing physical illness" (Wickrama et al. 1997). In a later longitudinal study, Wickrama et al. (2001) found that marital stress significantly increased the risk of hypertension onset for both men and women.

However, it is important to distinguish the casual relationship of marital interaction and conflict on physical health. Some of the researchers believe that marriage itself has a positive effect and those who marry will physically benefit and be protected from illness (Staton, 2008). The other researchers believe that healthier people are selected as marriage

partners (Staton, 2008). The research consensus is that the health benefits of marriage are a combination of selection and protection effects. In fact, studies on the health status of young adults prior to their first marriage demonstrate that selection effects explains only some of their lifelong health benefits and highlight the consideration of protective effects in understanding their better physical health status (Goldman, 2001; Wood et al, 2007).

According to these research findings, marriage seems to be a cause and a consequence of physical and mental health outcomes. Based on published empirical research it is very difficult to distinguish the direction of the influence of marriage to health and of health to marriage. To address these issues requires careful analysis and advanced statistical methods that are not always used in studies examining the link between marriage and health.

Conclusions

A healthy marriage has been found to be the best protection for health and well-being for both partners (Wood et al., 2007) and for their children (Lerman 2002; Ross et al. 1990; Waite and Gallagher 2000; Wilson and Oswald 2005). But, these findings are consistent only with the empirical data conducted in partners who report high quality of marriage and who use healthy marital interactions. Other researches show that marriage can have both negative and positive effects, depending on the quality of marital relationship (Staton, 2008).

According to this systematic literature review, it is clear that negative spousal behaviors and unresolved conflicts contribute significantly to mental and physical health of both partners. Mental health is closely related to the presence of depressive symptoms. Depression in one of the most common forms of psychological distress and can be highly debilitating (Wood et al., 2007). Enormous research shows that it is also highly correlated with physical health. Marriage may also affect physical health through its influence on mental health. In this synthesis of research studies, it is summarized the effect of negative spousal behaviors and unresolved conflict on particular physical health outcomes such as cardiovascular disease, atherosclerosis, arthritis symptoms, physical disability, chronic illnesses and physical symptoms. In conclusion, it is not the marriage itself that contribute to mental and physical health outcomes, but the quality of marriage, the marital interaction and the way the spouses resolve their conflicts that determine the health outcomes.

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