

# Personality, Relationships, and Health

Charlotte N. Markey<sup>1</sup> and Patrick M. Markey<sup>2</sup>

<sup>1</sup>Rutgers University

<sup>2</sup>Villanova University

## Abstract

This special issue of the *Journal of Personality* focuses on the importance of considering both personality and relationship forces when examining physical and psychological health. The nine articles presented in this issue employed a variety of research designs, theoretical rationales, health outcomes, and advanced statistical methodologies in order to better understand how both individual differences and social factors are relevant to our health. These articles embody several prominent themes: Conscientiousness is a robust predictor of health; traits beyond the Five-Factor Model should be considered in attempts to understand personality, relationships, and health; links among personality, relationships, and health begin early in life; and relationship transitions are consequential to health. It is hoped that these studies inspire personality researchers to consider the relationship context of health and relationship researchers to consider individual differences when attempting to understand health behaviors and outcomes.

*“Personality is the relatively enduring pattern of recurrent interpersonal situations which characterize a human life.”*  
(Sullivan, 1953, pp. 110–111)

Our health is determined by an array of dynamic forces. Some of these forces include our social relationships (e.g., our spouses, our family; Markey & Markey, 2011a), and some are stable characteristics (e.g., our traits; Bogg & Roberts, 2004). Many of these forces have the potential to interact, moderate each other, or otherwise come together to influence our health. However, researchers frequently simplify this complexity by examining only one of these factors when predicting health. There are researchers who deal primarily with personality influences on health and researchers who deal primarily with social and relational influences on health. Unfortunately, these researchers often act as ships passing in the night, hardly recognizing one another's existence.

The emphasis researchers place on *either* personality or social influences on health is unfortunate, as it creates an incomplete understanding of various health outcomes, such as well-being, wound healing, cardiovascular disease, and longevity. We are guilty of committing this omission in our own research. For example, based on a large sample of adults, we have demonstrated that, for men, simply being married is related to the likelihood they will obtain health screenings (e.g., for cholesterol, prostate cancer, colon cancer) and even an annual flu shot (Markey, Markey, Schneider, & Brownlee, 2005). We have speculated that the reason for this increase is that wives generally “take care of” their husbands by setting up doctor appointments and reminding their husbands of various health issues that they should attend to. These results

are (we hope) somewhat interesting, but there is no denying that these findings hardly present a complete story of what occurs in most households. What happens if the male partner in a marriage is the more conscientious partner—does he reap the same benefits of marriage as those we have seen in our research? What if the female partner is disagreeable or distant—does she still confer a marriage benefit to her husband? In other words, how do the personality characteristics of romantic partners influence their interpersonal interactions, and how do such interactions influence these characteristics?

The answers to such questions are not always easy to find because research tends to focus on *either* personality or social influences on health. Thus, the impetus for this special issue: Could we ask relationship researchers to consider personality influences on health? Could personality researchers be cajoled into examining the social and relational contexts of health? Fortunately, we have been able to find a group of leaders in the field willing to take on these issues, researchers who have begun to address these questions and have been able to initiate research that considers the complexity of multiple determinants of health. These researchers are advancing personality science, relationship research, and, especially, health psychology by simultaneously considering both individual differences and relationship forces that impact health.

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Correspondence concerning this article should be addressed to Charlotte N. Markey, Department of Psychology, Rutgers University, 311 N. 5th Street, Camden, NJ 08102. Email: [chmarkey@camden.rutgers.edu](mailto:chmarkey@camden.rutgers.edu).

The research brought together in this special issue includes reviews and the presentation of some new findings from investigators at different stages of their careers; some have been doing this research for decades, and some are relatively new investigators. These nine articles do not rely on a single theory or model, but instead have drawn from various theories and models, including attachment theory, interpersonal theory, and the Five-Factor Model. Further, the methods employed in these studies are diverse and range from long-term longitudinal designs to diary studies. In spite of the different perspectives, measures, and theories that appear in this issue, the findings coalesce around several themes: Conscientiousness matters to health; traits beyond the Five-Factor Model are also important; links among personality, relationships, and health begin early in life; and relationship transitions are consequential.

## CONSCIENTIOUSNESS MATTERS

Perhaps one of the most striking findings across these articles is the role of Conscientiousness—the tendency to be organized, responsible, and reliable—in producing both healthy relationships and physical health. Friedman and colleagues' work with Terman's sample of over 1,500 men and women followed from preadolescence until death has helped to substantiate the importance of Conscientiousness for health and longevity. It is an impressive feat in the realm of social scientific research to be able to identify a psychological variable with as much predictive power as many well-accepted and arguably more "objective" variables (e.g., socioeconomic status, IQ) in predicting longevity (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). However, their article in this special issue (Kern, Della Porta, & Friedman, 2014) reminds us that personality does not exist in a social vacuum, and as such it is important to consider the interplay between a trait like Conscientiousness and social relationships when examining health outcomes. In their language, some people will flourish and others will flounder. Conscientiousness is an important part of the equation, but not the only factor worth understanding.

Hill, Nickel, and Roberts's (2014) article also highlights the importance of Conscientiousness by illustrating how Conscientiousness facilitates positive relationship experiences, which in turn encourage better psychological and physical health. Their discussion of the relations among personality, relationships, and health are not only supported by a growing body of empirical research, but also make intuitive sense. In relationships that we value and want to last, it helps to have a partner who possesses qualities such as Conscientiousness that make it easier to stay partnered. The finding that a lack of Conscientiousness is predictive of divorce should hardly be surprising. In thinking about Hill and colleagues' and Kern and colleagues' articles, the interconnectedness of our personalities, romantic relationships, and health is clear, and it becomes obvious that individuals may fall into patterns that are self-reinforcing or self-destructive. A conscientious individual may be reinforced by positive social relationships, which over time

may lead to an extensive social network, social support, and a stable marriage. In contrast, an unconscientious individual may have more troubled interpersonal relationships, may never develop or maintain adaptive social relationships, and may experience loneliness, distrust, and ultimately negative health outcomes.

## TRAITS BEYOND THE FIVE-FACTOR MODEL ARE ALSO IMPORTANT

As exemplified in the articles discussed above, traits within the Five-Factor Model of personality (FFM) are often employed by trait researchers examining both health and social relationships. The emphasis on the FFM traits of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience is appropriate given the enormous amount of research confirming the FFM structure, heritability, construct validity, and cross-cultural validity (Costa & McCrae, 1992b; Digman, 1990). This focus has paid off considerably, with numerous studies linking FFM traits to a wide variety of health outcomes and relationship experiences. Despite a general consensus that the traits within the FFM are adequate for examining these outcomes, a sizable minority of trait researchers continue to examine alternative models of personality in the context of health and relationships. The articles by Smith, Baron, and Grove (2014) and Gleason, Weinstein, Balsis, and Oltmanns (2014) both illustrate how different models of personality can be used to complement and extend our understanding of health and relationships beyond the information provided by the FFM.

The FFM has proven to be a useful taxonomy for understanding and describing disorders of personality (Costa & Widiger, 1994). However, many of the most popular instruments used to assess the FFM (e.g., NEO PI-R; Costa & McCrae, 1992a) contain items designed to assess a normal range of personality characteristics and can only provide a partial understanding of maladaptive personality traits (Haigler & Widiger, 2001). To demonstrate how the inclusion of both normal and maladaptive personality traits can be used to understand social relationships and health, Gleason and colleagues (2014) discuss the impressive data set provided by the St. Louis Personality and Aging Network (SPAN). For the last 5 years, the SPAN has collected data on FFM traits *and* maladaptive personality traits (e.g., borderline, schizoid, antisocial), as well as social relationships and health outcomes from over 1,500 adults. Using this impressive data set, they found that maladaptive traits were able to predict numerous health (e.g., heart disease, cancer, obesity, sleep problems) and relationship (e.g., social support, relationship satisfaction, loneliness) outcomes, even after controlling for FFM traits. Perhaps most interesting is that maladaptive personality traits were stronger predictors of these outcomes than the often-used FFM traits.

Instead of controlling for the traits within the FFM, the article by Smith and colleagues (2014) illustrates how a

slightly different conceptualization of the FFM—the interpersonal circumplex (IPC)—can be used to predict health outcomes. The primary characteristics of the IPC (control and affiliation) are rotational equivalents of the FFM traits Agreeableness and Extraversion (see Figure 2 in Smith and colleagues' article). In addition to assessing personality characteristics, the IPC can be employed as a two-dimensional coordinate system to assess interpersonal behaviors or styles displayed during transactional cycles. By using the IPC to better understand interpersonal interactions, Smith's Transactional Trajectory Model demonstrates how a multitude of transactional cycles across one's lifetime with family, peers, and romantic partners contributes to stable personality characteristics, which alter how one will cope with or respond to a stressful event. This model nicely illustrates how personality and social interactions are reciprocally related, dynamic, and occur across individuals, within relationships, and over time.

## **LINKS AMONG PERSONALITY, RELATIONSHIPS, AND HEALTH BEGIN EARLY IN LIFE**

The articles in the special issue focus primarily on personality traits, relationship experiences, and health during adulthood. This does not imply that childhood relationships are inconsequential. Not only are relationships during childhood important for the health of children (e.g., Markey, Markey, & Tinsley, 2005), but it is probable that the interpersonal relationships we established during childhood have an impact on our adult relationships, especially with our romantic partners. There are many similarities between the relationships we have with our early caregivers and our relationships with romantic partners: We feel safe when they are around, we share ideas and discoveries, we feel unsure when they are not accessible, and we engage in close bodily contact (Hazan & Shaver, 1987). The articles by Robles and Kane (2014) and Stanton and Campbell (2014) remind us that having reliable and unconditionally loving caregivers during childhood shapes our views of the world, which ultimately lead to our adult interaction styles with others. By applying the framework provided by Attachment Theory, these articles illustrate how people come to understand their social relationships, develop these relationships across time, and potentially reap health benefits from these relationships.

When we were children, our parents often cared for us when we were hurt. A scraped knee might be treated with a Band-Aid in order to speed the healing. As adults, our romantic partners may not place a literal bandage on our injuries, but as Robles and Kane (2014) explain, our attachment styles impact our physical health—even wound healing. For example, following a stressful discussion, the speed at which our minor physical wounds heal can be predicted from our adult attachment style (Robles, Brooks, Kane, & Dunkel Schetter, 2012). In addition to this study, Robles and Kane provide a compre-

hensive review of studies conducted in their own and other researchers' laboratories, which vividly demonstrate how adult attachment might impact not just our minor, physical injuries, but more substantial aspects of our physiology and physical health.

Stanton and Campbell's (2014) article expands this notion by providing a mechanism for why attachment styles are related to health. During stressful relationship events, anxiously attached persons (i.e., individuals who desire extreme closeness with others and worry about abandonment) often become consumed with fears of rejection and abandonment. In contrast, avoidantly attached people (i.e., individuals who have a fear of intimacy and lack trust) who experience such stressful relationship events tend to deny any emotional distress and will not seek out their partner for support. These diverse strategies for dealing with relationship stresses appear to lead anxiously and avoidantly attached individuals to be at risk for different types of mental health issues. Taken together, these two articles remind us that the link between our adult romantic relationships and our health might be somewhat determined by the attachment we formed with our primary caregivers during childhood.

## **RELATIONSHIP TRANSITIONS ARE IMPORTANT**

Relationships are always changing and evolving. No matter the quality of one's relationships, life events (e.g., moving, graduating from school, getting a promotion at work, having children) and the passage of time will alter relationship dynamics. In many ways, relationships are like a dance; we move with our partners to the rhythm of a song. We may conclude the song with the same partner, but of greatest importance (at least in terms of our partner's toes) is how we worked together in order to navigate the tempo of the song. The final three articles—by Neyer, Mund, and Zimmermann (2014), Keneski, Schoenfeld, and Loving (2014), and McClure et al. (2014)—provide excellent examples as to why it is important for researchers to investigate the timing of life events in understanding links between personality, relationships, and health.

Some of the life events we experience are fairly predictable. Most of us will go (or have gone) on a first date, get married, move out of our parents' house, get a job, and retire (although probably not in that order). Along our life journey, some of us will experience events that are somewhat less predictable or non-normative—we may experience divorce or the dissolution of a significant relationship, lose our job, win the lottery, or relocate a great distance for a job. Neyer and colleagues (2014) discuss how such normative and non-normative life events alter the relative influence of personality on relationship variables and vice versa. In a review of contemporary research by his team and others, it is argued that personality affects our relationship development during non-normative events, whereas our relationships affect our personality development

during normative events. Building on these ideas, Neyer and colleagues present a dynamic model describing how relationship effects on health are mediated by personality, and how personality effects on health are mediated by relationships (see Figure 4 in Neyer and colleagues' article).

One normative aspect of romantic relationships is that they tend to progress in stages. We meet our romantic partner, we fall in love with our romantic partner, and, if we're lucky or so inclined, we marry our romantic partner. Both falling in love and getting married are two life events that can provide both rewards and stressors (Izard, 1991; Surra & Huston, 1987). For example, women who are especially focused on their relationships often experience heightened levels of cortisol reactivity when simply recalling falling in love with their partner. (Loving, Crockett, & Paxson, 2009). Keneski and colleagues (2014) present an overview of this and other research done in Timothy Loving's laboratory, examining how the stress resulting from falling in love and getting married strengthens the effects of personality characteristics on health-related processes.

Although our romantic partners may be the source of stress (for positive or negative reasons), during tense life events we frequently turn to these same individuals for help and support. However, when romantic partners provide such support, it may *decrease* our own sense of self-efficacy and feelings of relationship equality, often resulting in even higher levels of anxiety (e.g., Shrout, Herman, & Bolger, 2006). This counterintuitive effect of support is even stronger if support is given after a stressful event (e.g., after a person fails a difficult test) instead of in anticipation of a stressful event (e.g., before the person takes a difficult test; Bolger & Amarel, 2007). In the article by McClure and colleagues (2014), they discuss their attempts to find personality characteristics and other factors that moderate the relationship between partner support and anxiety. Perhaps most interesting is their hypothesis that personality traits, such as Neuroticism or attachment anxiety, have the potential to exacerbate the relation between the timing of support (i.e., before the stressful event or after the stressful event) and anxiety. Together, the articles by Neyer and colleagues (2014), Keneski and colleagues (2014), and McClure and colleagues (2014) highlight the importance of our changing life circumstances and varying relationship dynamics. Models or theories of relationships that ignore issues of "timing" are doomed to provide motionless images of relationships, just as a photograph of a dancing Fred Astaire and Ginger Rogers would fail to convey their gesticulations and technical virtuosity.

## CONCLUSION

In organizing this special issue, we invited researchers who are advancing personality science, relationship research, and, especially, health psychology by considering both individual differences and relationship forces that impact health. Although we attempted to present studies using a variety of

methods, personality traits, health outcomes, and theoretical rationale, only after receiving these articles did we realize that the majority of research discussed in this special issue focuses on one specific type of relationship: romantic relationships. We cannot be sure whether this is due to the primary role of romantic relationships in most adults' lives (Markey & Markey, 2011a), because researchers might examine these types of relationships in conjunction with personality and health issues more often than other relationships, or because we are simply biased because we are married to each other and examine romantic relationships in our own research. Regardless of the reason, the focus of this specific issue is not meant to obscure the essentially important role of parents, friends, and other significant individuals in our lives who provide all of us with relationships that are relevant to our health.

In our everyday lives, we seem to be aware that both who we are and who we are around are important contributors to our health and well-being. We cannot claim that this is a radical idea, but we do find it peculiar that even we, the editors of this special issue on romantic relationships, personality, and health, have rarely empirically examined the dynamics among personality, relationships, *and* health. Perhaps it is fitting, ironic, or sad that we were trained as a personality psychologist (Patrick), trained as a health psychologist (Charlotte), and are married to each other, yet we have only recently started to apply what we have observed at home to our own research. For example, in a series of recent studies, we have examined how both individual differences and relationship factors predict health outcomes pertaining to eating behaviors and weight management. Although a fairly specific outcome of interest, understanding eating behaviors and obesity risk is arguably one of the greatest challenges of the 21st century, as obesity threatens the health of the majority of the U.S. population (Centers for Disease Control and Prevention, 2012). The most consistent finding across our studies (Markey & Markey, 2011b, 2013a, 2013b) is an apparent tendency for romantic partners to compare their own qualities (e.g., weight) to their partners'—something we have begun referring to as "partner comparison" (i.e., a specific form of social comparison; Markey & Markey, 2013b)—and how individuals feel about themselves and the health-related behaviors they pursue are affected. In other words, person-level factors must be considered in the context of the relationship in order to understand these sorts of health outcomes.

As do the scholars whose work we present in this special issue, we understand the hurdles to successfully doing this research: the time, resources, and headaches involved in recruiting romantic partners or families; the challenges inherent in measuring everything from cardiovascular disease to stressful life events; the complex analytic approaches required to analyze dyadic data. Hopefully, this series of articles by scholars who have examined the contributions of both personality and social relationships to our understanding of health will inspire others to take their lead and model the real world in their research, a world where multiple forces—often in

messy and inconsistent manners—determine our health. We know that these articles have inspired us.

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