

Leaving Room for Complexity in Attempts to Understand Associations between Romantic Relationships and Health: Commentary on Wanic and Kulik

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Abstract Wanic and Kulik (2011) discuss research addressing links between romantic relationships and health, with a focus on gender differences in response to relationship conflict among couples residing in the U. S. Their *subordination-reactivity hypothesis* proposes that women's subordinate role in relationships renders them more vulnerable to relationship conflict and less likely to reap the health benefits of relationships than men. They contrast their hypothesis with the *interpersonal orientation hypothesis* and provide convincing evidence for further examination of the importance of status in relationships. We add to their commentary by noting the potential importance of considering research examining men's vulnerability when faced with relationship dissolution, personality traits (e.g., dominance) in addition to social roles within relationships, and by describing preliminary research addressing gay and lesbian partnerships. We conclude by imploring researchers to remain tolerant of ambiguity in this area of research as new findings continue to reveal the significant but complex associations between romantic relationship experiences and health for both men and women.

Keywords Romantic relationships · Health · Conflict · Gender roles · Complementarity · Gay and lesbian relationships

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Introduction

Although it is unlikely that laypersons would focus on their romantic partners when queried about possible contributors to their health, research conducted primarily in the U.S. suggests the potentially protective nature of our intimate relationships. Relationship status (e.g., married versus nonmarried) has repeatedly been linked with health outcomes including longevity (House et al. 1988; Robles and Kiecolt-Glaser 2003; Tucker et al. 1996). Further, relationship quality has been found to moderate such associations; relationships of higher quality appear to bestow more positive health outcomes (Gottman and Notarius 2002; McCabe et al. 1996). However, a striking finding in this literature is the role of gender in determining the extent to which relationship experiences may be associated with health behaviors and outcomes (Ross et al. 1990).

The romantic relationship and health literature has long suggested that men derive greater benefits from relationships than women do. Although far from unequivocal, research addressing self-reported health, hospitalization, mental health, and longevity suggest a greater “relationship benefit” for men (Helgeson 1991; Kiecolt-Glaser and Newton 2001; Levenson et al. 1993; Steelman 2007; Tucker et al. 1996). Wanic and Kulik present a comprehensive *subordination-reactivity hypothesis* to explain these well-documented but poorly understood findings. Drawing on animal and human research conducted primarily in the U.S., they provide an impressive case for women's experience of subordinate power mitigating many of the potential benefits of romantic relationships. They contrast this with Kiecolt-Glaser and Newton's (2001) *interpersonal orientation hypothesis* as a means of extending the theoretical discussion surrounding gender, romantic relationships, and health. Specifically, they focus on women's

and men's responses to marital conflict as a key ingredient in determining the benefits potentially derived from relationships.

Although we find most tenets of the subordination-reactivity hypothesis plausible and appreciate Wanic and Kulik's clear presentation of relevant research, we believe this is just one possible explanation for the gender differences reported in the relationship and health literature. Below we discuss both the interpersonal orientation hypothesis and the subordination-reactivity hypothesis with an eye towards noting incomplete or limited elements of these hypotheses. We propose that research addressing romantic relationship and health experiences of lesbian and gay couples will substantially move the field forward toward understanding the potentially distinct roles of individuals' gender and their partners' gender in determining the health benefits of romantic relationships. Finally, we suggest the need for tolerating uncertainty and appreciating the inevitable complexity involved in deciphering the links between romantic relationships and health. However, because the majority of this research has been conducted within the U.S., some caution might be warranted when generalizing our discussion of this research to other countries and cultures.

The Interpersonal Orientation Hypothesis

Ample research indicates that women are interpersonally oriented, invest considerable emotional resources into their relationships, and derive their self-concept in part due to their roles within relationships (Brody and Hall 2008; Eagly 1987; Eagly and Wood 1999; Markey et al. 2007; Steelman 2007). These findings have led Kiecolt-Glaser and Newton (2001) to suggest that women's response to marital conflict may be more intense than men's; women's investment in relationships is greater than men's and conflict represents a threat to that investment. However, as Wanic and Kulik point out, the benefits that women derive from relationships are not as great as the benefits that men derive (at least in terms of their health). Thus, the suggestion that women have "more to lose" than men when engaging in relationship conflict is questionable.

In fact, some research suggests that men have more to lose in the face of relationship conflict or, more specifically, relationship loss, than women (Bloom et al. 1978; Tucker et al. 1996). For example, men have been found to have a more difficult time coping with divorce than women do and experience longer periods of psychological distress following a divorce (Gahler 2006). Related research by Tucker and colleagues (1996) suggests that widowed, divorced, or inconsistently married men (i.e., men who have married, divorced, and remarried) are at greater risk of reduced

longevity by mid-life than are their female counterparts. The implication of this research is that men's lives—in the most literal sense—are at risk when they are not in stable relationships. The link between women's relationship status and longevity does not appear to be as strong (Ross et al. 1990). One possibility for these findings is offered by our research examining men's and women's relationship status, health beliefs, and proactive health behaviors (Markey et al. 2005). Our findings indicate that married versus single men maintain health beliefs that are conducive to participating in health-protective behaviors (e.g., cancer screening, getting flu shots, etc.). In contrast, marriage seems to negatively affect women's focus on maintaining their health. This may be because marriage brings household and childcare responsibilities that distract women from focusing on their own health (Markey et al. 2005; Khawaja and Habib 2007).

In contrast to these longitudinal data and data examining concrete health-related behaviors, data relying on self-reported health suggest that women value and "need" relationships more than men do to maintain their health (Lui and Umberson 2008). Findings from the National Health Interview Survey from 1972 to 2003 indicate that women who have never married have lower self-reported health than men. Further, widowed, divorced, or separated women report poorer health than men of similar relationship statuses, an effect that has strengthened in the past three decades. So, how can we reconcile these results indicating that single women may actually be healthier and live longer than single men but that single women report poorer health than single men? It seems that perception may not match reality when it comes to gender, relationship benefits, and health. Consistent with the interpersonal orientation hypothesis, data suggest that women may be emotionally reliant on their romantic relationships and view them as central to their health and well-being (see Simon and Marcussen 1999). However, women's health does not seem to be affected by their relationships as much as they may perceive it to be and freedom from relationships may provide women with time and energy to prioritize their own health (Markey et al. 2005).

The Subordination-Reactivity Hypothesis

An extensive literature review helps to substantiate Wanic and Kulik's case that women are subordinate to men in romantic relationships; thus, their physiological response to conflict in relationships exceeds men's response. Some of the research reviewed focuses on emotional exchanges within relationships; e.g., wives are more likely than husbands to increase their workload at home if their spouses have had a stressful day at work, demonstrating a greater awareness of and responsiveness to their spouses'

daily experiences and needs (Bolger et al., as cited in Wanic and Kulik 2011). However, an alternative explanation for this finding is that women are more emotionally competent than men, given greater socialization throughout their lives focused on appropriate displays of emotions and interpretations of others' emotions (Hall and Matsumoto 2004). In the workplace, this greater sensitivity to nonverbal cues has led women to be evaluated higher than men in certain settings (medical, managerial, etc.; Byron 2008; Harms and Credé 2010; Roter and Hall 2006), thus indicating that this emotional competence may pay off in certain contexts.

Given our research examining personality in the context of romantic relationships (e.g., Markey and Markey 2007), our greatest concern about the subordination-reactivity hypothesis is its divergence from interpersonal theory and research (Carson 1969; Kiesler 1983; Tracey 1994). Wanic and Kulik suggest that women tend to be subordinate to men because they have been socialized into subordinate roles and because they possess personality qualities that may be related to submissive behavior. Although there is little doubt that dominant-subordinate gender roles exist, there is less evidence indicating that women's personalities are actually more submissive than men's personalities. Research examining gender differences in the Five-Factor Model trait of extraversion (a trait highly related to dominance; McCrae and Costa 1989; Markey and Markey 2006; Ansell and Pincus 2004) has either been inconsistent or of negligible magnitude (c.f., Feingold 1994; Chapman et al. 2007; Costa et al. 2001; McCrae et al. 2005). Even the extraversion facet scale of "assertiveness" tends to only produce small differences between men and women (Cohen's $d = .19$, effect size $r = .09$; Costa et al. 2001). A more direct assessment of gender differences in terms of dominance can be investigated by examining gender differences in the Assured-Dominance scale from the Interpersonal Adjective Scales (IAS; high scores indicate a person is forceful, assertive, dominating, and takes charge; Wiggins 1995). The IAS is one of the most widely used assessments of normal variations in interpersonal traits and has been shown to have excellent psychometric properties including strong construct validity (e.g., Gurtman and Pincus 2000; Wiggins 2003; Wiggins and Broughton 1991; Wiggins and Trobst 1997). According to the IAS manual (based on a large sample [$n = 721$] of adults with ages ranging 18–89 years), the actual difference between men ($M = 5.26$, $SD = .93$) and women's ($M = 5.06$, $SD = .96$) Assured-Dominance score is small (Cohen's $d = .21$; effect-size $r = .10$). Similarly, in a larger data set ($n = 1207$) provided for this commentary by Wright and Pincus (2011) the difference between men ($M = 4.93$, $SD = .98$) and women's ($M = 4.75$, $SD = 1.17$) Assured-Dominance score was found to be relatively small (Cohen's $d = .17$; effect-size $r = .08$). Such results suggest that even if men

possess more dominant personality characteristics than women, the difference is rather small.

Not only is women's trait dominance not that different from men's trait dominance, but in contrast to predictions derived from the subordination-reactivity hypothesis, it actually might be ideal for women and men involved in romantic relationships to be mismatched on this trait. Wanic and Kulik's were correct when noting that our research (Markey and Markey 2007) has found that men who possessed high levels of trait dominance experienced high levels of relationship quality when their romantic partners were submissive. However, this is only part of the story from this study. We also found that men who were submissive reported high levels of relationship quality when their romantic partners were dominant. We even found the same effects for women. In other words, romantic dyads that experienced high levels of love and harmony were more likely to contain one individual (either a man or a woman) who was dominant and one individual (either a man or a woman) who was submissive than did romantic dyads experiencing relatively low levels of love and harmony. Such results parallel other studies examining various types of dyads (e.g., married couples, opposite-sex strangers, client-therapist, etc.) that find dissimilarity in terms of dominance leading to satisfying relationships and interactions (c.f., Vaughn and Nowicki 1999; Tracey 2004; Tracey et al. 2001; Ansell et al. 2008). We are aware of only one study (Markey and Markey 2011; discussed later) that has found equality in terms of interpersonal dominance as predictive of high levels of relationship quality.

Interpersonal theory suggests that romantic partnerships comprised of one dominant and one submissive individual are ideal because they provide each individual with a sense of self-validation; this pairing allows individuals to behave in a manner consistent with their personality (Carson 1969; Kiesler 1983; Leary 1957; Sullivan 1953; Markey and Markey 2009). For example, a male *or* female who is somewhat dominant will enjoy continuously interacting with a submissive romantic partner because he or she allows this person the ability to maintain his or her preferred style of behavior. Furthermore, it is possible that dissimilarity in dominance is ideal in romantic dyads because couples comprised of two dominant individuals may experience high levels of conflict as both individuals attempt to exhibit control over the other. A romantic couple comprised of two submissive individuals may experience high levels of frustration because neither member of the dyad will take initiative, make plans, or make decisions required for adaptive functioning of the relationship. Thus, the subordination-reactivity hypothesis may be helpful in explaining socialized gender roles that leave men more apt to be dominant and women more apt to be submissive in their relationships, but this hypothesis does a poorer job of

accounting for the experiences among partners that do not conform to these prototypical gender roles.

Considering Both Gender Roles and Sexual Orientation (i.e., Same-Gender Partners)

In addition to research examining heterosexual romantic partnerships that include the adoption of nontraditional gender roles, additional research is needed that addresses same-sex couples. Although worthy of study in their own right, research examining same-sex couples will also help contribute to our understanding of the importance of individuals' gender roles versus their partners' gender roles in predicting the impact of their relationship experiences on their health. This is because lesbian couples are comprised of two partners with a history of feminine socialization (i.e., subordinate gender roles), gay male couples represent a history of masculine socialization (i.e., dominant gender roles) for both partners, and heterosexual couples represent a mixture of masculine and feminine socialization. Wanic and Kulik present findings (e.g., Steil 1995) that suggest the information to be gleaned from examination of gay to lesbian couples. For example, their report of the independence of income and power in lesbian relationships is striking and begs for further studies of gender, partners' gender, income, and status. Further, their discussion of conflict styles among gay and lesbian partners (e.g., Julien et al. 1997) suggests the lack of a power differential among these partners and the egalitarian nature of these relationships. More recently, Gottman and colleagues (2003) have found that lesbian couples argue more effectively by compromising and are unlikely to use a style of conflict resolution where one partner demands and the other withdraws.

Wanic and Kulik's discussion of gay and lesbian relationships is consistent with a body of literature amassing (focusing primarily on same-sex couples residing in the U.S.) that examines the dynamics within these relationships. A consistent feature of this research is the discussion of gay and lesbian couples as valuing and expressing higher levels of relationship equality (i.e., sharing power in a relationship) than heterosexual couples (Blumstein and Schwartz 1983; Kurdek 1998, 2001, 2004). In a comprehensive examination of over 25 relationship variables, Kurdek (2001) found that lesbian couples and heterosexual couples differed more from each other in terms of equality than any of the other relationship variables examined. It has been speculated that this occurs because lesbian couples start their relationships with a history of being socialized into the same gender role and are therefore more easily able to operate on the basic ethic of equality than heterosexual couples (Blumstein and

Schwartz 1983). Consistent with this notion, a series of longitudinal studies by Kurdek (2007) found the lesbian couples more equally share housework and chores than any other comparison groups. This clear value for equality among lesbian partners may account for our recent findings (Markey and Markey 2011) indicating that lesbian partners report high levels of relationship quality when they are similar on trait dominance/submission. In contrast to heterosexual couples, which seem to benefit from a mismatch on trait dominance/submission, lesbian partners with similar levels of this trait report higher quality relationships than partners mismatched on this quality.

Of course, one confound in comparing the emerging literature addressing same-sex couples and past reports regarding heterosexual couples is the overreliance on marriage as an indicator of relationship status and commitment among heterosexual couples. Indeed, Wanic and Kulik's manuscript focuses on *marital* conflict. With marriage legally impossible for gay and lesbian couples in most states in the U.S. (The New York Times 2011; Sherbert 2011), it is difficult to determine the comparable means to categorize relationship status among these couples. Future research that considers these societal constraints and their implications for understanding same-sex relationships is needed. In addition, research addressing couples (both heterosexual and gay) in cohabitating or dating relationships and the significance of these relationships for health and well-being warrants further empirical attention.

The Reality is Complex

Wanic and Kulik's subordination-reactivity hypothesis provides researchers examining relationship and health issues a much needed explanation for gender differences in this literature. Yet, we believe it would be remiss to adopt this view and neglect research addressing other perspectives. As suggested above, inconsistencies in this literature remain and findings are not always easy to decipher. One example of this is the finding that women's contribution to their relationships is negatively related to their sense of power in their relationships (Sprecher, as cited in Wanic and Kulik 2011). Men's status appears to be derived more from their financial contributions to the relationship (a positive correlation), but women's emotional investment leaves them feeling inferior. The presumed explanation for this finding is that women are investing emotionally (often manifested in domestic tasks) because they feel they need to be. In other words, because they don't feel they have status or the financial resources to derive status, women must exert more emotional energy to earn their place in their relationship. An alternative explanation is that women find themselves

picking up the slack for their less-emotionally competent or domestically-challenged partners (Ciarrochi et al. 2005; Lachance-Grzela and Bouchard 2010); without their efforts, their relationships and households may dissolve.

Wanic and Kulik suggest that the health benefits of romantic relationships may be more extensive for women involved in egalitarian relationships (Berdahl and Martorana 2006). However much sense this suggestion makes, it seems likely that a more complex explanation is accurate. Women who maintain equal status with their partners may be more educated, well employed, more self-assured, and healthier at the onset of their relationships than women who find themselves in subordinate roles in relationships. Thus, their relationship experiences are an extension of their personal well-being prior to the relationship. In contrast, women who truly take a subordinate role in their relationship may have entered adulthood not having had educational and career opportunities; their relationships may provide them with a sense of security they have been unable to achieve on their own. Thus, their relationships may also prove to be an extension of their personal well-being or lack thereof prior to their relationship.

Conclusion

We come to Wanic and Kulik's feminist forum manuscript with our own biases. In particular, we share their belief in the importance of romantic relationships as contributors to individuals' health (in case you were not sure, yes, we are married to each other). We also share their view that understanding relationship conflict is critical to understanding the potential health benefits (or lack of) of relationships. And, finally, we are similarly fascinated by the significant effects of gender in the relationship and health literature. We commend Wanic and Kulik for integrating recent biological and psychological research to form a coherent explanation for these findings. But, we diverge from Wanic and Kulik in our readiness to accept a single theoretical explanation for the inevitably complex relations between romantic relationships and health attitudes, behaviors, and outcomes. We look forward to future research that will no doubt benefit from and expand upon Wanic and Kulik's subordination-reactivity hypothesis.

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