Introduction

Recent reviews of the research linking marital status and health conclude that a good marriage can have significant positive effects on health behaviors, health care access and use, and physical health and longevity (Carr & Springer, 2010; Wood, Goesling, & Avellar, 2007). For example, compared to singles, married young men and women have lower rates of heavy drinking and overall alcohol consumption (Duncan, Wilkerson, & England, 2007). Married individuals are more likely to have health insurance (Jovanovic, Lin, & Chang, 2003), use preventive health services (Lee et al., 2005), and experience shorter hospital stays (Iwashyna & Christakis, 2003). Marriage, however, is linked to decreased physical activity in some studies (Eng et al., 2003; Lee et al., 2003) and weight gain in others (e.g., Sobal, 2003). Notably, it is not just relationship status, but the quality of relationships that best predicts health outcomes. Happily married adults have lower rates of heart failure, cancer and other diseases, and are embedded in tighter networks of emotional support (Carr & Springer, 2010; Wood et al., 2007). Further, those in healthy marriages, as compared to unhealthy marriages, have better physical wellness, in general, and live longer (Kiecolt-Glaser & Newton, 2001).

While better health may be a consequence of healthy marriages, better mental and physical health also have emerged as a significant predictor of higher marital quality (e.g., Booth & Johnson, 1994; Coyne, Thompson, & Palmer, 2002; Dehle & Weiss, 1998; Faulkner, Davey, & Davey, 2005; Skerrett, 1998). Research on couples and marriage tends to focus more attention on the interactional processes of the dyad and less on the role of individual partner characteristics (Bradbury & Karney, 2004). Yet, these individual attributes and well-being indicators are potent predictors of marital quality (Bradbury & Karney, 2004). While interactions between partners are undoubtedly important to relationship quality, each partner has individual traits and characteristics that impact these interactions (Amato & Booth, 1997; Blum & Mehrabian, 1999). While continuing attention to the couple as a unit is important, bolstering individual strengths is foundational for supporting couple relationships. Thus, a core component for relationship and marriage education is the inclusion of
Many are familiar with the instructions passengers receive on an airplane: in case of emergency, put your own oxygen mask on first before assisting others. If an individual is not taking care of him or herself, it is impossible to take care of another person as well. When individuals attend to their own health first, they are better people to be around and are more equipped to take care of others. When a person doesn’t get enough sleep, is hungry, or stressed, he or she may be more likely to not respond in a healthy way to his or her partner or children. It is important for individuals to make their health a priority in order to maintain a healthy relationship.

Physical Wellness

Physical wellness is critical to individual well-being. Those who suffer from illness and pain report a notably lower quality of life than those who are not ill (Skevington, 1998; Rubin & Peyrot, 1999). In addition, conditions such as obesity and eating disorders are associated with lower individual quality of life (Fontaine & Barofsky, 2001; Hay, 2003). Poor physical health does not only influence the individual, but influences the couple relationship as well. Recent studies document the negative impact of poor health on relationships (Oberto, Gold, & Yorgason, 2004; Wilson & Waddoups, 2002). For example, marital communication and satisfaction decline after heart surgery (Van Der Poel & Greeff, 2003). Also, risky health behaviors such as smoking and substance abuse are associated with relationship problems (Fu & Goldman, 2000). Poor health can impact the physical abilities of the individual and can also cause stress for the partner and impact marital satisfaction in the couple relationship. In many cases, it may be the psychological stress associated with a partner’s illness that impacts the perception of marital quality (Hagedoorn et al., 2000; Rohrbaugh et al., 2002).

Other factors associated with poor physical health may indirectly impact relationships. For example, women tend to think that their weight and appearance is central to their husbands’ relationship satisfaction. While research shows that this is not the case, these factors do tend to impact women’s relationship satisfaction and self-esteem (Ball, Crawford, & Kenardy, 2004; Markey, Markey, & Birch, 2004). These negative self-assessments may contribute to negative couple interactions and poorer relationship quality. Overall, evidence indicates that investments in physical wellness benefit the individual and the couple (directly and
Research shows that three main areas contribute to general physical well-being: healthy eating, physical activity, and sleep.

**Healthy Eating**

Medical researchers state that poor eating habits and being overweight are directly related to several of the leading causes of death in the U.S. such as heart disease, some cancers, strokes, and diabetes (Danaei et al., 2009). It is also important to recognize the serious individual health and relationship risks that disordered eating can present, including extreme restrictiveness, bulimia, and anorexia (Berg, 1996). The aim is to promote healthy eating as an investment in individual and couple well-being, not necessarily “thinness.” It is important that individuals make the effort to not only have healthy eating habits themselves, but to encourage their partner and other family members to eat healthy as well, thus creating a culture of wellness within the home.

Included with healthy eating is sharing meal time as a couple or a family. Individuals can improve their eating practices by sitting together for family meals. Meals that are consumed in a positive, supportive family context (as opposed to alone) tend to be more nutritious, less fatty, and higher in many nutrients (Boutelle, Birnbaum, Lytle, Murray, & Story, 2003). Eating should not be only about consuming the proper amount and combination of nutrient, but should be a pleasure that sustains and enriches us (Wrzesniewski, Rozin, & Bennett, 2003). Shared meals can be rituals that are psychologically supportive and enjoyable (Fiese, Foley, & Spagnola, 2006). By making a habit to share mealtimes, individuals cannot only improve their eating habits, but also improve their relationships.

**Physical Activity**

There are many reasons to engage in physical activity on a regular basis. For example, physical activity promotes coronary heart health (Havranek & Ware 1999), lowers Type 2 diabetes incidence (Knowler, 2002), and lowers blood pressure (Chodzko-Zajko et al., 2009). Physical activity also has proven benefits for mental health (Lawlor & Hopker, 2001; TFCPS, 2002; Van Gool et al., 2003). In spite of these pluses, the overwhelming majority of Americans do not get the regular recommended amount of physical activity (USDHHS, 2010). A number of studies have shown that people tend to gain weight and get less physical activity after they marry (i.e., Craig & Truswell, 1988; Jeffery & Rick, 2002; Kahn, Williamson, & Stevens, 1991). Further, lack of spousal and family support is often listed as a barrier to becoming more physically active (Sallis, Hovell, & Hofstetter, 1992). At the same time, partners can influence each other’s physical activity positively because when one is active, the other is more likely to be (Homish & Leonard, 2008; Falba & Sindelar, 2008). There is evidence that social support for partner physical activity is important (Trost, Owen, Bauman, Sallis, & Brown, 2002), and married people who exercise together rather than separately are more likely to continue with it (Raglin, 2001). Additionally, the companionship of joint activities is linked to relationship satisfaction and commitment (Sprecher et al., 1995). While independent physical activity is better than none at all, there are a number of benefits for couples associated with exercising together. The Share chapter expands on the importance of joint activities for couples.
Sleep Habits

It is well known that sleep is an important part of a healthy lifestyle. The American Academy of Sleep Medicine (2007) suggests that sleep problems are an epidemic in the U.S. Research shows that we need the right amount of sleep to be healthy (Majde & Krueger, 2005; Youngstedt & Kripke, 2004). New parents, who commonly experience increased conflict and stress in their couple relationship (Twenge, Campbell, & Foster, 2003), are also prone to sleep deprivation (Gjerdingen & Center, 2003). Sleep deprivation is associated with lowered immune system functioning (Irwin, McClintick, Costlow, Fortner, White, & Gillin, 1996). Either too little or too much sleep is associated with health and emotional problems (Benca, 2001). There is increasing evidence that patterns of sleep are as important as the amount of sleep. Disordered sleep patterns (e.g., frequent awakenings and inconsistent daily sleep amount) are not conducive to optimal couple relationship functioning (Al-Barrak, Shepertycky, & Kryger, 2003; Armstrong, Wallace, & Marais, 1999). Reinforcing the knowledge that getting enough sleep and getting consistent sleep is important can help couples and families understand that they should put effort into creating healthy sleep patterns.

Cultural Considerations

- It is likely that people living with limited financial resources find eating healthy to be a challenge. Strained financial resources often means having to do without balanced meals (Rank, 2000). Foods that are high in calories are more likely to fit into a low-income budget than fresh fruits and vegetables. Some communities may not have easy access to grocery stores that carry healthy foods.

- Good health is often compromised in low-income families because of the lack of access to health and dental care, the effect of increased stress on one’s physical and mental health, and living conditions that result in health issues such as asthma and lead poisoning (Rank, 2000; Unger, Cuevas, & Woolfolk, 2007).

- The source of social support or where one seeks help with physical or mental problems varies among cultural groups. Some cultural groups seek help from leaders or family members within their culture. For example, American Indians might seek counsel from a spiritual leader such as a medicine man. People who are African American often view their church as a source of support (Taylor, Lincoln, & Chatters, 2005).

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Sexual Activity and Sexual Health

Sexuality is an important part of couple relationships (Christopher & Sprecher, 2000). Research indicates diverse reports of frequency of sex for average American couples (Call, Sprecher, & Schwartz, 1995, 1996). For most people, satisfaction with their couple sexual relationship is intimately connected to their overall relationship satisfaction (Hassebrauck & Fehr, 2002; Sprecher & Cate, 2004). Most married Americans report being extremely or very pleased with the quality of their sexual relationship (Laumann, Gagnon, Michael, & Michaels, 1994; Waite & Joyner, 2001; Yucel & Gassanov, 2010). On the other hand, some marriages have a low frequency of sexual intimacy or are “sexless,” which can be harmful to the stability of the relationship (Yabiku & Gager, 2009). Some data suggest that sexual satisfaction does decline somewhat with age, especially if the frequency drops (Edwards & Booth, 1994) but this is by no means a given (Thompson et al., 2011). Hormonal changes, as well as the side effects of many medications can impact sexual relationships and should be mentioned to medical professionals as needed (Sperry & Carlson, 1992).
Sexual performance and satisfaction are clearly linked to physical and emotional wellness of each partner (Laumann, Paik, & Rosen, 1999). Satisfaction with sex is also related to other important aspects of couple functioning such as how open partners are about their sexual desires and feelings (Byers & Demmons, 1999), how couples communicate about sex (Cupach & Comstock, 1990), and how power sharing plays out in the relationship (Henderson-King & Veroff, 1994). Safety, avoiding risks, and not being pressured are essential to sexual health. Professionals should also educate clients about other types of sexual health, such as preventing STIs/HIV, out-of-wedlock pregnancy, and intimate partner violence.

**Emotional Wellness**

The psychological well-being of individuals is multidimensional and research on individuals is multidisciplinary. Some domains relevant to couple relationships include autonomy, self-acceptance, positive social relationships, sense of mastery, purpose in life, and personal growth (Ryff & Keyes, 1995). There are many characteristics of psychological well-being or successful “personal adjustment” and several have been linked to couple relationship quality.

**Positivity**

Well-adjusted people are generally positive and optimistic and tend to have better emotional and physical health outcomes (see Carver & Scheier, 1999; Räikkönen, Matthews, Flory, Owens, & Gump, 1999). Those who are positive and optimistic also tend to fare better in their couple relationships (Driver & Gottman, 2004; Gottman, 1993; Waller & McLanahan, 2005). There is some evidence that characteristically happier people are more likely to find and remain in couple relationships than individuals who are characteristically unhappy (Lucas, Clark, Georgellis, & Deiner, 2003). Pleasant temperaments are correlated with marital satisfaction (Blum & Mehrabian, 1999). The importance of positivity is also addressed in Choose, Care, Share, and Manage.

One way to remain positive is by noticing and appreciating all of the good in life. Encourage individuals to think about happy moments in the past and present as an individual and talk about these with their partner to help them focus on the good in their life. Also encouraging them to think about a positive future and set goals to achieve the future they want can also promote positive feelings. As individuals notice and appreciate the good in life, they will find greater happiness and satisfaction as couples, too.

**Maintaining Mindfulness**

Attitudinally, well-adjusted people are usually “mindful” (Langer & Moldoveanu, 2000). Mindful people are “mentally engaged, open to new experiences, and aware of new contexts” (Burpee & Langer, 2005). They are flexible and willing to consider alternative perspectives. Systematic increases in mindfulness have been shown to improve physical and psychological wellness of individuals (for review, see Grossman, Niemann, Schmidt, & Walach, 2004) as well as marital satisfaction (Burpee & Langer, 2005). Mindful people are also able to focus on strengths and use those strengths in their day-to-day lives and in relationships (see Choose and Care). Although we often see strengths as talents, they also include personality traits, such as kindness or leadership ability. Helping individuals identify and use their strengths encourages a better self-image leading to better social and emotional health. Trainings designed to facilitate mindfulness have been found to improve self-esteem, reduce stress, and promote positive interactions (e.g., Dtijnen, Visser, Garseen, & Hudig, 2008; Samuelson, Carmody, Kabat-Zinn, & Bratt, 2007; Shapiro, Oman, Thoresen, & Flinders, 2008).

**Emotion Regulation**

Well-adjusted people are aware of and can regulate their emotions. “Emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998). Individuals’ ability to regulate emotions (Gross & Levenson, 1997; Gross & Munoz, 1995) and effectively respond to stress are critical for their mental well-being. Dysregulation, either as over-reacting or as cutting off emotions, has been linked to a number of emotional and social problems (Wei, Vogel, Ku, & Zakalik, 2005). Physical health is also sensitive to emotional regulation. The suppression of negative emotion, such as anger, has been associated with hypertension and coronary heart disease (i.e., Jorgensen, Johnson, Kolodziej, & Schreer, 1996), particularly for
Promoting Emotional Wellness

- **Raise awareness of the value of individual emotional/psychological health for relationship quality.** Individuals benefit from understanding that efforts to promote their own and their partner’s emotional health is essential to working on the couple relationship.

- **Promote positivity and “mindfulness.”** Optimism and positivity are not merely a matter of temperament but can be acquired and enhanced through individuals’ efforts (Buchanan, Gardenswartz, & Seligman, 1999). Reframing a situation more positively can enhance a person’s skills in this area. Programs exist that teach mindfulness practice (Kabat-Zinn & Bratt, 2007).

- **Encourage goal-setting.** When people identify and make progress toward short- and long-term “big picture” goals, their stress levels generally diminish (Baltes & Heydens-Gahir, 2003). Intrinsic goals such as those related to personal growth and community contribution have been linked to a higher subjective sense of well-being (Emmons, 2003). The negative effects of stress on physical and emotional health are eased when individuals bolster their sense of control over and mastery of their circumstances (see Turner & Roszell, 1994, for a review) and have back-up plans to compensate when necessary (Baltes & Heydens-Gahir, 2003).

- **Address emotion regulation skills.** Understanding one’s stress response aids in identifying strategies to help manage physiological and emotional reactions to stressors. Although research shows that emotion regulation skills are mostly stable and vary widely, individuals can adopt techniques to be more self-aware of the stress response onset and for controlling negative emotion arousal and expression (Gross, 1998).

- **Address the value of self-awareness and the use of positive stress management strategies.** Positive forms of stress management include exercising, painting, and writing. Support from friends, co-workers, extended kin, and neighbors are all linked to positive coping. Social support is also related to lower levels of distress and higher functioning (Barlow, 2001). Social support networks are discussed further in the Connect chapter.

women (Nabi, Hall, Koskenvuo, Singh-Manoux, Oksanen, Suominen, & Vahtera, 2010). Clearly, emotion regulation affects couple interactions. The ability to regulate one’s negative emotions during conflict, or utilize self-soothing strategies such as humor and de-escalation, are critical for long-term relationship success (Gottman, Coan, Carrere, & Swanson, 1998). For example, taking a few minutes to be alone, taking a few deep breaths, and attempting to see humor in a bad situation are ways to regulate negative emotions (See Manage for more information).

Well-adjusted people are knowledgeable about signs and symptoms of mental distress and illness. The presence of intense or recurrent anxiety or depression symptoms (NIMH, 2007), especially involving thought of harm to self or others, should be met with professional intervention. Well-adjusted individuals take action when signs and symptoms of more severe distress are evident. In addition, well-adjusted people use positive, rather than destructive forms of stress management.
Much of the emphasis with adolescents in relationship education and intervention programs involves helping them appreciate and care for themselves and manage negative emotions (Adler-Baeder, Kerpelman, Schramm, Higgenbotham, & Paulk, 2007; Gardner, Giese, & Parrot, 2004; Kerpelman, 2007; Kerpelman, Pittman, Adler-Baeder, Eryigit, & Paulk, 2009). Since adolescence is a period of intense identity work (i.e., engaging in the identity formation process) (Erikson, 1968; Schwartz, 2001), this is the time to emphasize self-development and self-care as important precursors to healthy, satisfying romantic relationships.

Focus on issues related to self-development and identity formation by having adolescents engage in activities that help them explore their values, beliefs, interests, goals, talents, and skills.

Compared to adults, adolescents are more impulsive in their actions (Kerpelman, 2007). Place special emphasis on how decisions made in the present affect the likelihood of being on track to reach future goals. Adolescents can engage in games or projects that help illustrate the importance of thinking through choices before engaging in actions.

Social pressure situations that adolescents face also need to be addressed. During adolescence many youth wish to conform to their peer group. They can face enormous pressure to behave in certain ways to fit into their group (Potard, Courtois, & Rusch, 2008). Sometime the behavior that is being encouraged may put the adolescent in physical or emotional jeopardy. Adolescents can be helped to deal with this pressure effectively if they are offered opportunities to discuss the pressures they face and given ways to deal with social pressure that help them to behave in ways that are in their best interests.

Role models can help adolescents visualize what it looks like to engage in physical, social, and emotional behaviors that support self care.

Emotion regulation is an important way to care for self (Crockett, Raffaelli, & Shen, 2006), and with maturity becomes easier to employ. Some adolescents may find regulating their emotions challenging. Special attention should be paid to teaching adolescents skills they can use to help them self-soothe when they become angered or stressed. An adolescent can be highly vulnerable when a relationship ends and s/he was not the one to terminate the relationship – the adolescent may become depressed, angry, or even suicidal. It should not be forgotten that adolescents lack the experience adults have in living through break ups and managing difficult emotions.

It is important to educate adolescents about establishing a solid support system to help them cope with personal and relationship struggles. Although some adolescents have a strong support system and merely need pointers on how to use the available support effectively, other adolescents lack such a system in their lives. For the latter group of adolescents, developing opportunities to help them form a supportive network among trustworthy adults and peers can facilitate these adolescents’ capacities to engage in self care.

It is important to help adolescents understand the role of sex in a healthy and committed relationship. Work with school and public health educators to integrate relationship education with sex education efforts.

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**Implications for Practice**

- Encourage individuals to identify the stressors in their lives and consider how they typically cope with those stressors. Are any of the coping mechanisms unhealthy? If so, help the individual make an action plan for curbing that behavior and incorporating healthy coping into his/her life. Point out ways that partners and family members can support the person with carrying out the plan. Identify barriers to achieving these goals and the ways to get past them (e.g., ways to be physically active in a dangerous neighborhood; inexpensive ways to eat healthy).

- If a client is clearly struggling with mental or physical health issues, have an open conversation with them about this. Are they currently getting help for the problem? Do they need referrals to practitioners that can assist them? Be prepared to provide referrals to additional resources and community supports.

- Have couples think of ways that they can collectively encourage better mental and physical health within their families. If they do not get enough physical activity, have them list fun ways to incorporate this into their lives. If they are facing lots of stressors, have them identify ways to de-stress and relax that they would both/all be willing to try.

**Conclusion**

While a couple is a social unit – two people who agree to love and support each other – the individuals within the couple relationship remain just that – individuals. The functioning of individuals has important implications for the functioning of the couple. Caring for an intimate relationship includes caring for one’s self. By taking care of one’s physical, emotional, and spiritual needs, that individual can better care for the relationship with his or her partner.