His and Hers: The Intersection of Military Couples’ Biological, Psychological, and Relational Health

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Introduction

- Currently there are approximately 1.4 million men and women that are active duty in the military, of which 56% are married (DOD, 2010)
- Military life can be full of frequent and unexpected changes for both partners, and the strains on partners’ physical and psychological health have the capacity to influence the couple’s relational health (Kiecolt-Glaser, Bane, Glaser, & Malarkey, 2003)
- Military husbands often experience various physical and psychological health concerns specific to their occupations; however, civilian wives may also struggle with mental and/or behavioral health concerns at an equivalent rate (Allen et al., 2010; Eaton et al., 2008)
- Two popular perspectives have developed within the literature with regard to military relationships: (a) military couples tend to face more negative outcomes due to the diverse experience in the military, and (b) involvement in the military develops certain strengths to manage hardships (Schumm & Hammonds, 2000)

Research Hypotheses

- There will be no significant differences between the depression levels of civilian wives and their military husbands (H1)
- Pain and HRV would predict additional variance in husbands’ and wives’ marital quality and marital satisfaction beyond the variance explained by depression and distress (H2)
- Actor-partner effects would be significant between husbands’ and wives’ biological and psychological predictors and their own as well as their partners’ marital quality and marital satisfaction (H3)

Method

Recruitment and Data Collection
- Participants (N=75) were recruited through a military family medicine clinic by MFT and MedFT researchers
- Inclusion criteria: active duty, reserve, or retired, and currently married with a partner that also consented to participate
- Exclusion criteria: actively receiving marital therapy
- Spouses completed the assessments simultaneously

Data Analysis Plan
- A paired t-test was conducted to test H1
- A hierarchical regression was conducted to test H2
- Actor-Partner interdependence models were conducted to test H3

Measures
- Biological health: HRV Live!, VAS
- Psychological health: PHQ-9, DisT
- Relational health: PANQIMS, KMSS

Results

Demographics
- Mean age = 36 years, the majority of participants were non-Hispanic White, had completed some college, and the mean length of marriage was 10 years

Results
- Bivariate correlations revealed significant correlations among biological, psychological, and relational health measures for both spouses, as well as interactions between partners’ health variables
- There was a significant difference between husbands’ and wives’ levels of depression, with wives reporting higher levels of depression
- Husbands’ pain predicted own positive marital quality
- Wives’ distress predicted own positive marital quality, negative marital quality, and marital satisfaction

Implications

- The role of distress is noteworthy; wives of military couples tend to be more disturbed by their experiences of distress in a way that interferes with their perception of the quality and satisfaction of their marriage
- Clinicians should ensure that they are not just assessing intrapersonal signs of biological, psychological, or social signs of distress, but also how spouses’ distress influences one another, as well as influences their relational health
- It is recommended that military medical clinics and providers adopt a biopsychosocial and relational lens of practice through inclusion of both spouses in treatment
- Utilization of an integrated care model within the medical system would assist providers in capturing and attending to patients’ multifaceted health concerns
- An increased presence of systemic trained mental health providers within medical and health contexts is recommended to assess and treat both spouses in order to best meet their biopsychosocial health needs