

## What Is “Healthy Marriage”? Defining the Concept

By Kristin Anderson Moore, Ph.D., Susan M. Jekielek, Ph.D., Jacinta Bronte-Tinkew, Ph.D.,  
Lina Guzman, Ph.D., Suzanne Ryan, Ph.D., and Zakia Redd, M.P.P. September 2004

**O**verview Americans love books and movies that end with a couple exchanging vows and going on to live “happily ever after.” We cry at weddings, and we admire couples of whom it can be said, “They have a great marriage.” And young people today continue to place great importance on a good marriage and family life.<sup>1</sup> At the same time, a considerable number of contemporary Americans have deep reservations about their prospects for marriage, the quality of a marriage they might enter, and the odds that their marriage will last.<sup>2</sup> Some even raise concerns that marriage can be a trap and can expose women to domestic violence.<sup>3</sup>

Despite these divergent views and concerns, there is a lot of common ground. Most people, including unmarried parents, value marriage and want to be married.<sup>4</sup> Moreover, research indicates that children thrive best when raised by both biological married parents,<sup>5</sup> as long as the marriage is not high-conflict.<sup>6</sup> Thus, for the sake of adults, children, and society, a growing consensus is emerging that it is not just marriage per se that matters, but healthy marriage.<sup>7</sup>

But what is a healthy marriage? This Research Brief addresses that question by examining the concept of healthy marriage and the elements that, taken together, help to define it, such as commitment, marital satisfaction, and communication, as well as two elements that pose obvious threats to healthy marriage: violence and infidelity. This brief also considers factors that are antecedents and consequences of healthy marriage and distinguishes these from the definition of a healthy marriage. The result is a conceptual model that can be useful in informing the public discussion on healthy marriage and what it entails.

### KEY ASSUMPTIONS

Child Trends’ work to conceptualize and define healthy marriage for research and intervention evaluation studies among low-income couples<sup>8</sup> is in keeping with our ongoing focus on children and the ways that family structure, fertility, and fatherhood can affect children’s well-being.

Based on available research studies, data, and theoretical writings, and on short papers commissioned from scholars working in the field,<sup>9</sup> we have premised our work on several assumptions, as shown below:

- **Healthy marriage is not an either/or thing.** Couples don’t either have a healthy marriage or not have it. Rather, couples have healthy marriages to varying degrees, in varying respects, and the quality of the same marriage may differ over time.

- **The elements of a healthy marriage need to be assessed differently for different populations.** The issues faced by a couple raising children are different from those faced by childless newlyweds; and the concerns of couples with a partner away in the military or incarcerated are quite different from those of a couple who live together.
- **The ingredients of a healthy marriage can be learned.** If the partners are interested and motivated, a healthy marriage is capable of being built, changed, or modified.
- **A healthy marriage includes a commitment to any children that the couple may have.** Thus, our perspective is not limited to the couple, but extends to include children, if the couple has children.

- **Healthy marriage needs to be distinguished from the *antecedents* and *consequences* of healthy marriage.** In this case, antecedents refer to prior conditions that can affect or influence marriage (such as whether a partner brings children into the union), while consequences refer to the conditions that may result from marriage (such as greater financial security). Because distinctions between the antecedents and consequences of healthy marriage and the definition of healthy marriage might seem unclear or unimportant on the surface, we explain these distinctions in greater detail below.

## HEALTHY MARRIAGE ANTECEDENTS VS. DEFINITION

Much of the debate around healthy marriage focuses on policy initiatives that are related to marriage but distinct from the definition of healthy marriage, for example, job training and substance use treatment, which can both make people more “marriageable” and can help to salvage troubled marriages. Based on the available research, we note that there are many studies that examine the antecedents of healthy marriage. These studies find, for example, that:

- Financial constraints are a barrier to marriage among unmarried couples;<sup>10</sup>
- Job loss and economic insecurity put strains on individual and family well-being,<sup>11</sup> especially for men;<sup>12</sup>
- People who experience divorce in childhood are less likely to communicate effectively in their own marriages and are more likely to experience the dissolution of their own marriage;<sup>13</sup> and
- Children from previous relationships are often a source of conflict in new relationships.<sup>14</sup>

However, while acknowledging the importance of such factors for establishing and maintaining a healthy marriage, they remain *antecedents* – and the antecedents of healthy marriage are different than the *definition* of healthy marriage. It is critical to make this distinction, for several reasons:

- **The notion of a healthy marriage is a couple concept.** However, many of the antecedents of a healthy marriage pertain to an individual. For example, physical health

and education are characteristics of individuals, not couples. Thus, though health and education affect both an individual’s prospects for marriage and the quality and stability of a marriage,<sup>15</sup> they do not, in and of themselves, define a healthy marriage.

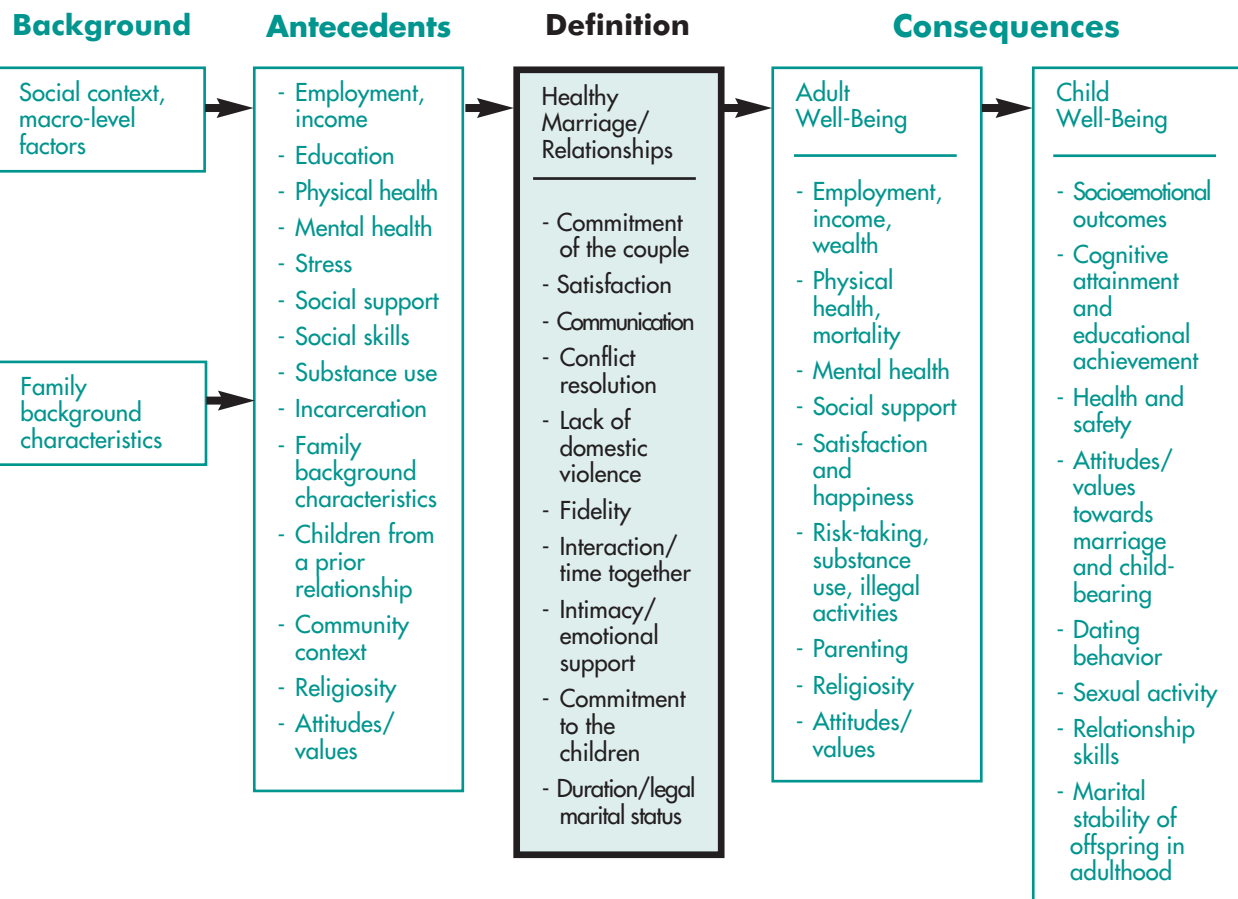
- **We are not willing to assume that a marriage that lacks these antecedent elements is *by definition* not healthy.** For example, a couple may experience unemployment and economic difficulties. As noted above, these problems are quite likely to affect their marriage; but the presence of these difficulties does not necessarily mean that the couple, by definition, has an unhealthy marriage. Similarly, religious belief and involvement are positively related to marriage;<sup>16</sup> but this does not necessarily mean that couples with low levels of religiosity, by definition, have marriages that are not healthy.
- **Distinguishing the antecedents of healthy marriage from the definition of healthy marriage helps identify possible points of intervention.** In Figure 1, we list a number of factors that studies have found to affect marriage prospects and quality. These factors vary from communication to income, social support, interaction skills, and having children from a prior relationship; and the list undoubtedly could be longer. Our intention here is to illustrate the kinds of factors that influence couples’ prospects for a healthy marriage. Strengthening these factors could be a goal for programs, public policies, or private interventions that seek to enhance healthy marriage.

## HEALTHY MARRIAGE CONSEQUENCES VS. DEFINITION

As with the antecedents, it is important to distinguish the consequences of healthy marriage from the definition of healthy marriage.<sup>17</sup> Studies have found that married couples acquire greater economic assets and have better health, for example, than couples that are not married. Again, though, we would not want to include such factors in the *definition* of healthy marriage. For instance, we would not want to assume that couples with wealth necessarily have a healthy marriage, whereas couples with low or more modest incomes, by definition, do not.

**Figure 1**

## Measurement Framework for Conceptualizing and Defining Healthy Marriage



The research, as noted, indicates that marriage, on average, leads to better social and economic outcomes for adults and for children, whereas single parenthood and divorce often have the opposite effect. For example, studies show that:

- People who are married are healthier, are likely to live longer, are more satisfied with their jobs, have more social support, have more wealth and income, are less prone to mental disorders, and are involved in fewer unhealthy or risky behaviors than people who are not married or who are divorced;<sup>18</sup> and
- Children raised by their married biological parents, on average, have better outcomes than children who are raised in other types of families.<sup>19</sup>

Of course, questions of cause and effect are very complex, and some factors appear to be both *causes* and *consequences* of marriage. For

example, evidence suggests that people in better physical and mental health are more likely to get married, *and* research also finds that people who are married are more likely to be in better physical and mental health.<sup>20</sup> Our concern, however, is to distinguish the definition of healthy marriage from both the antecedents and the consequences.

### CHARACTERISTICS OF A HEALTHY MARRIAGE

Having distinguished the concept of healthy marriage from both the antecedents and the consequences of healthy marriage leaves us to consider the elements that help to define healthy marriage. In Figure 1 under the “Definition” heading, we list ten constructs that define a healthy marriage, based on reviewing decades of research on marriage and the perspectives of scholars working in the field.

While we highlight the importance of commitment to marriage, the constructs of marital satisfaction and communication remain on our list of ten elements of a healthy marriage, reflecting the many studies that have found each factor related to varied aspects of better marriage. In addition, couple interaction and time together; couple intimacy and emotional support; and the capacity to handle conflict all reflect aspects of marital quality. Commitment to children (as distinguished from parenting and child outcomes) is another element of a healthy marriage for couples with children. Two topics come up repeatedly in the literature as factors that undermine healthy marriage. These are violence and infidelity. Finally, for intervention evaluation studies that will follow couples over time, the legal status of a marriage and the duration of a marriage represent an element of the definition. Below, we discuss each of the additional elements in greater detail.

**Commitment of the couple.** One of the most significant revisions to conventional wisdom and to research is the importance of commitment – taking a long-term perspective toward one’s relationship, having an intention to persevere when difficulties arise, and being committed to caring for the other person. Blaine Fowers and his colleagues, for example, have analyzed published studies that reference the terms “marriage,” “marital,” and “divorce.”<sup>21</sup> They find that most research on marriage addresses marital satisfaction and communication, reporting that only four percent of published studies on marriage examine commitment. Fowers contends that this relative inattention to the concept of commitment reflects a cultural focus on individualism and individual fulfillment, and he argues that strong marriages require mutual commitment. Commitment represents a focus on the couple and the partner – not the self. To express it another way, committed couples have a sense of “we-ness”<sup>22</sup> that sustains their relationship over time and through difficulties.

Other researchers also have examined the constructs of commitment and identified elements of commitment that are related to marital quality. For example, Stanley and Markman describe commitment as a construct that includes both *dedication* and *constraints*.<sup>23</sup> They characterize dedication as the desire to invest, improve, and sacrifice for a relationship,

whereas they use constraints to refer to factors, such as social life, that may be changed for the worse as a result of divorce.

**Satisfaction.** Questions in surveys generally ask people who are married how satisfied they are with various aspects of their marriage and with their marriage overall. It is important to note that individual satisfaction is important to a healthy marriage. While highlighting the significance of commitment to the couple, we do not want to imply that individual happiness is irrelevant. Rather, a healthy marriage is comprised of multiple components, one of which is satisfaction.

**Communication.** As noted, this construct has been studied frequently and is the focus of many marital interventions. As an element of a healthy marriage, it is not the sheer amount of communication that is important, though some communication is necessary; the quality and nature of the communication are equally or perhaps more important. For example, researchers have identified negative patterns such as “rejecting a wife’s influence,” “negative start-up” (starting conversations with blame or criticism), and “flooding” (overwhelming your partner with negative expressions).<sup>24</sup> Positive communication is respectful and has been characterized as involving compromise and humor.<sup>25</sup>

**Conflict resolution.** Every marriage experiences conflict in the sense that people disagree and face problems and decisions that need to be worked out, and the ability to handle conflict is a characteristic of a healthy marriage. Conflict resolution reflects the ability to address or resolve conflict that can undermine a relationship. The resolution of conflict may involve successful problem solving, of course; it may involve a respectful decision to “live and let live”; or it may involve mutual recognition that the sources of a couple’s conflict are external (e.g., high unemployment in their community).

**Lack of domestic violence.** While conflict can be a natural and normal part of life, and of marriage, violence is another matter. Violence incorporates physical assaults and psychological abuse.<sup>26</sup> While acknowledging distinctions between varied types of violence,<sup>27</sup> it is clear that, unlike conflict, the presence of couple violence is a marker of an unhealthy marriage. In addition, violence against children indicates an unhealthy marriage.

**Fidelity.** Being faithful to one's spouse remains an important element in the concept of healthy marriage. Its opposite – infidelity – is a “deal breaker,” in the words of Smock and Manning.<sup>28</sup> Research indicates that feared and actual infidelity is a major concern for contemporary couples, and that many relationships do not survive this betrayal of trust.<sup>29</sup>

**Interaction and time together.** These elements represent positive components of a healthy marriage. As with communication, while some amount of interaction seems necessary for couples, it is not the sheer amount of time together, but the quality of the interaction as well that contributes to a healthy marriage. In addition, it is not the specific types of things that couples do together that matter, but rather the fact that couples have positive interactions and enjoy their time together.

**Intimacy and emotional support.** These two elements are obviously linked with communication and interaction, but we separate this construct in order to highlight the importance of the emotional aspects of healthy marriage, in addition to the behaviors of communicating and interacting. Feelings of trust, caring, and love, as well as physical affection, represent important dimensions of a healthy marriage.

**Commitment to children.** For couples who have children, commitment to these children represents an important element of the healthy marriage concept. Given Child Trends' concern for the well-being of children, we would not want to focus so strongly on the relationship of a couple as to override or ignore the importance of children. Some couples, of course, will not have children, and for them this construct cannot be measured in research studies. Other couples will have children from multiple marriages and relationships, while others will have children born to just one of the partners. Commitment to children is the least complex for couples who are raising their biological children or children they have adopted together (as opposed to raising or also raising children from previous relationships). However, we contend that in a truly healthy marriage, the couple must be committed to the development and well-being of all children born to or adopted by either spouse.

**Duration and legal marital status.** These two final constructs also can be used in longitudinal intervention evaluation studies in which healthy marriage is seen as a means to enhance child well-being. Both of these components have a basis in research on family structure and child development. Specifically, considerable research indicates that children develop best when their biological parents marry and remain married, as long as the marriage is not characterized by violence and high levels of conflict.<sup>30</sup> Accordingly, in the context of the other elements of a healthy marriage discussed in this brief, longer duration of legal marriage rounds out the definition.

It should be noted that many of the elements of a healthy marriage are also appropriate to relationships other than marriage. These relationships, such as the cooperative parenting of a divorced couple, can be assessed on elements such as communication and commitment to children and found to be “very,” “somewhat,” or “not very” positive on each of these elements. These elements may be relevant for same-sex relationships, as well. However, the research base on same-sex couples is quite thin and has numerous methodological problems.<sup>31</sup> Our conceptualization has been developed based on studies of heterosexual couples and is, we think, appropriate for these couples; but we do not know whether it would be found appropriate for same-sex couples.

## NEXT STEPS

Having developed a conceptual model of healthy marriage (again, see Figure 1 for a graphic depiction of this model), it is necessary to develop concrete measures to bring the model to reality. While we are drawing on items from previous studies, much of the in-depth research on marriage has focused on white middle-class samples. Since intervention studies are likely to focus on lower-income couples, this imbalance underscores the importance of testing new measures in varied populations. For example, measures need to be developed for and tested among low-income couples, couples with an incarcerated partner, and black and Hispanic couples.

It would also be useful to establish the prospective validity of new measures, namely: Over

time, do they predict to adult and child well-being and positive family processes? At present, there are only a couple of experimental studies<sup>32</sup> that examine the impacts of improving marital quality on outcomes for adults or children. Our constructs and measures are based largely, therefore, on correlational and longitudinal research.<sup>33</sup> The most important test of these measures will come from experimental intervention evaluation studies that find it is possible to increase the incidence of healthy marriage and to demonstrate that doing so also enhances the lives of parents and children.

## CONCLUSIONS

Contemporary American families not only exist in many and complex forms, but they also change over time. Some couples marry and remain married. Others include a partner who leaves to serve in the military for a sustained period of time. Other couples have a partner who becomes incarcerated. Other married couples will break up; but if they have children, some elements of the definition of a healthy marriage relationship will remain important even then. Among these elements are being committed to the children, resolving conflicts, and maintaining positive communication. Given these complexities, it seems important to develop measures with sufficient breadth, sensitivity, and flexibility that healthy relationships can be examined over time in a wide variety of couples. It would be a lot easier to simply assess marital status – who’s married and who isn’t. However, the goal of welfare reform is to build and support *healthy* marriages. Accordingly, in this brief and the work on which it is based, we have focused extensively on the quality of the marital relationship, as well as its structure and behaviors. We have done so to incorporate the varied factors that can affect the development and well-being not only of adults but of children as well.

This *Research Brief* grew out of Child Trends’ ongoing conceptual and methodological work on healthy marriages. This work is funded by the Administration for Children and Families of the U.S. Department of Health and Human Services through the National Institute of Child Health and Human Development Family and Child Well-

Being Research Network. The writing, editing, and production of this brief was supported by a grant from the Annie E. Casey Foundation.

To view other research products related to Child Trends’ healthy marriages project, visit the Child Trends Web site at [www.childtrends.org](http://www.childtrends.org). The “*Healthy Marriages Compendium*,” a compilation of existing measures that have been used to examine couple relationships, is available as downloadable PDFs by section ([http://www.childtrends.org/\\_docdisp\\_page.cfm?LID=2CACD57D-1090-419B-8D4BB6C5F7ED10DC](http://www.childtrends.org/_docdisp_page.cfm?LID=2CACD57D-1090-419B-8D4BB6C5F7ED10DC)) and on CD-ROM. (To order the CD-ROM, visit the Child Trends Bookstore at <http://www.childtrends.org/store>.) *Conceptualizing and Measuring “Healthy Marriages” for Empirical Research and Evaluation Studies: Recommendation Memos from Experts* is available as a downloadable PDF (<http://www.childtrends.org/files/RecommendationMemos.pdf>) and also can be ordered from the Child Trends Bookstore (<http://www.childtrends.org/store>.)

Editor: Harriet J. Scarupa

Research Assistants: Jennifer Carrano and Greg Matthews

Intern: Michelle McNamara

## Endnotes

<sup>1</sup> Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States: The 1960s through the 1990s. *Journal of Marriage and the Family*, 63(4), 1009-1037.

<sup>2</sup> Edin, K. (2000). How low-income single mothers talk about marriage. *Social Problems*, 47(1), 112-133; Thornton, A. and Young-DeMarco, L. (2001).

<sup>3</sup> Osborne, C. (2002). *A new look at unmarried families: Diversity in human capital, attitudes, and relationship quality*: Center for Research on Child Wellbeing working paper.

<sup>4</sup> McLanahan, S., Garfinkel, I., & Mincy, R. B. (2001). Fragile families, welfare reform, and marriage, *Welfare Reform and Beyond Policy Brief #10*. Washington, D.C.: The Brookings Institute.

<sup>5</sup> See, for example, McLanahan, S., & Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge: Harvard University Press; Peterson, P. E., & Zill, N. (1986). Marital disruption, parent-child relationships, and behavior problems in children. *Journal of Marriage and the Family*, 62(4), 1269-1287; Amato, P. R. (2000). Consequences of divorce for adults and children. *Journal of Marriage and the Family*, 62, 1269-1287; Coleman, M., Ganong, L., & Fine, M. (2000). Reinvestigating remarriage: Another decade of progress. *Journal of Marriage and the Family*, 62(4), 1288-1307.

<sup>6</sup> Amato, P. R., Loomis, L., & Booth, A. (1995). Parental divorce, parental marital conflict, and offspring well-being during early adulthood. *Social Forces*, 73, 895-915; Jekielek, S. M. (1998). Parental conflict, marital disruption, and

children's emotional well-being. *Social Forces*, 76, 905-935.; for a review, see Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: A cognitive contextual framework. *Psychological Bulletin*, 108, 267-290.

<sup>7</sup> Horn, W. F. (Assistant Secretary for Children and Families in the U.S. Department of Health and Human Services). (September 2003). Excerpted speech from "Marriage and Family Formation Among Low-Income Couples: What do We Know From Research?" [Conference]: Available online at: <http://www.npc.umich.edu/publications/newsletter/win042/index.shtml>.

<sup>8</sup> This conceptual and measurement work is funded by the Administration for Children and Families of the U.S. Department of Health and Human Services (DHHS) through the National Institute of Child Health and Human Development Family and Child Well-Being Research Network. It does not, however, represent an official definition of a healthy marriage on the part of DHHS.

<sup>9</sup> See, <http://www.childtrends.org/files/RecommendationMemos.pdf>

<sup>10</sup> Smock, P. J., & Manning, W. D. (2003). The conceptualization and measurement of relationship quality: Insights from a qualitative study of cohabiting young adults. Unpublished memo commissioned by Child Trends.

<sup>11</sup> Conger, R. D., Elder, G. H., Lorenz, F. O., Conger, K. J., Simons, R. L., Whitbeck, L. B., Huck, S., & Melby, J. N. (1990). Linking economic hardship to marital quality and instability. *Journal of Marriage and the Family*, 52, 643-656; Liker, J. K., & Elder, G. H. (1983). Economic hardship and marital relations in the 1930s. *American Sociological Review*, 48, 343-359.

<sup>12</sup> Murry, V. M. (2003). Conceptualization and measurement of positive marital and marital-analogous relationships among African American couples. Unpublished memo commissioned by Child Trends; Johnson, W. E. (2003). Conceptualization and measurement of positive couple relationships. Unpublished memo commissioned by Child Trends; Menaghan, E. G. (1991). Work experiences and family interaction processes: The long reach of the job? *Annual Review of Sociology*, 17, 419-444.

<sup>13</sup> Amato, P. R. (1996). Explaining the intergenerational transmission of divorce. *Journal of Marriage and the Family*, 58(3), 628-641.

<sup>14</sup> Anderson, E. A. (2003). Measurement and family demography. Unpublished memo commissioned by Child Trends; Cowan, C. P., & Cowan, P. A. (2003). The conceptualization and measurement of "Healthy Marriages/Couple Relationships." Unpublished memo commissioned by Child Trends; Ganong, L., & Coleman, M. (2003). Couples in stepfamilies. Unpublished memo commissioned by Child Trends; Johnson. Conceptualization and measurement of positive couple relationships; Kitzmann, K. Nicholson, L., & Schum, L. (2003). Conceptualization and measurement of co-parenting after divorce. Unpublished memo commissioned by Child Trends.

<sup>15</sup> Tzeng, J. M., & Mare, R. D. (1995). Labor market and socioeconomic effects on marital stability. *Social Science Research*, 24(4), 329-351; Bumpass, L. L., Martin, T. C., & Sweet, J. A. (1991). The impact of family background and early marital factors on marital disruption. *Journal of Family Issues*, 12, 22-42; Whisman, M. A., & Bruce, M. L. (1999). Marital dissatisfaction and incidence of major depressive episode in a community sample. *Journal of Abnormal Psychology*, 4(674-678); Mannion, E., Mueser, K., & Solomon, P. (1994). Designing psychoeducational services for spouses of persons with serious mental illness. *Community Mental Health Journal*, 30(2), 177-190; Booth, A., & Johnson, D. R. (1994). Declining health and marital quality. *Journal of Marriage and the Family*, 56, 218-223.

<sup>16</sup> Abbott, D. A., Berry, M., & Meredith, W. H. (1990). Religious belief and practice: A potential asset in helping families. *Family Relations*, 39, 443-448; Lichter, D. T., Batson, C. D., & Mellott, L. M. (2003). Conceptualization and measurement of positive couple relationships. Unpublished memo commissioned by Child Trends; Robinson, L. C., & Blanton, P. W. (1993). Marital strengths in enduring marriages. *Family Relations*, 42(38-45).

<sup>17</sup> Waite, L. J., & Gallagher. (2001). *The case for marriage: Why married people are happier, healthier and better off financially*. New York: Broadway Books; Waite, L. J. (1995). Does marriage matter? *Demography*, 32, 483-508.

<sup>18</sup> Lillard, L. A., Brien, M. J., & Waite, L. J. (1995). Premarital cohabitation and subsequent marital dissolution: A matter of self-selection? *Demography*, 32, 437-457; Waite. Does marriage matter?; Mirowsky, J., & Ross, C. E. (1989). *Social causes of psychological distress*. New York: Aldine de Gruyter; Waite, & Gallagher. *The case for marriage: Why married people are happier, healthier and better off financially*.

<sup>19</sup> For example, children born to unmarried mothers are more likely to be poor themselves and achieve lower levels of education than other children (McLanahan, S., & Sandefur, G., 1994). Children of divorced parents have more academic and behavior problems than other children, on average (Peterson, P. E., & Zill, N., 1986; Amato, P. R., 2000). Children growing up with step-parents also have lower levels of well-being than children growing up with biological parents (Coleman, M., Ganong, L., & Fine, M., 2000).

<sup>20</sup> Booth, & Johnson. Declining health and marital quality; Whisman, & Bruce. Marital dissatisfaction and incidence of major depressive episode in a community sample; Horwitz, A. V., Raskin, H., & Howell-White, S. (1996). Becoming married and mental health: A longitudinal study of a cohort of young adults. *Journal of Marriage and the Family*, 58(4), 895-907; Links, P. S., & Stockwell, M. (2002). The role of couple therapy in the treatment of narcissistic personality disorder. *American Journal of Psychotherapy*, 56(4), 522-539; Mirowsky, J., Goldstein, K., & Ross, C. E. (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family*, 52(4), 1059-1079.

<sup>21</sup> Fowers, B. J., Buckner, J., Calbeck, K. B., & Harrigan, P. (2003). *How do social scientists define a good marriage?* Unpublished manuscript.

<sup>22</sup> Fowers, B. J. (2003). Conceptualizing and measuring healthy marriages and positive relationships. Unpublished memo commissioned by Child Trends.

<sup>23</sup> Stanley, S. M., & Markman, H. J. (1992). Assessing commitment in personal relationships. *Journal of Marriage and the Family*, 54, 595-608.

<sup>24</sup> Gottman, J. M., Coan, J., Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family*, 60(1), 5-22; Gottman, J. M. (1999). *The marriage clinic*. New York: W.W. Norton.

<sup>25</sup> Smock, & Manning. The conceptualization and measurement of relationship quality: Insights from a qualitative study of cohabiting young adults; Kurdek, L. A. (1995). Predicting change in marital satisfaction from husbands' and wives' conflict resolution styles. *Journal of Marriage and the Family*, 57(1), 153-165.

<sup>26</sup> Straus, M. A. (1992). Sociological research and social policy: The case of family violence. *Sociological Forum*, 7(2), 211-238; Straus, M. A., & Gelles, R. J. (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Books.

<sup>27</sup> Johnson, M. P. (2003). Intimate violence and relationship health. Unpublished memo commissioned by Child Trends.

<sup>28</sup> Smock, P. J., & Manning, W. D. (2003).

<sup>29</sup> Smock, & Manning. The conceptualization and measurement of relationship quality: Insights from a qualitative study of cohabiting young adults; Johnson. Conceptualization and measurement of positive couple relationships.

<sup>30</sup> Amato, Loomis, & Booth. Parental divorce, parental marital conflict, and offspring well-being during early adulthood; Grych, & Fincham. Marital conflict and children's adjustment: A cognitive contextual framework; Jekielek, S. M. (1998). Parental conflict, marital disruption and children's emotional well-being. *Social Forces*, 76(3), 905-936.

<sup>31</sup> Anderssen, N., Amlie, C., & Ytteroy, E. A. (2002). Outcomes for children with lesbian or gay parents. A review of studies from 1978 to 2000. *Scandinavian Journal of Psychology*, 43, 335-351; Patterson, C. J. (1995). Lesbian mothers, gay fathers, and their children. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 262-290). London: Oxford University Press.

<sup>32</sup> Such studies represent the "gold standard" in the research world in that they allow researchers to make definitive statements about cause and effect.

<sup>33</sup> Cowan, C. P., & Cowan, P. A. (2000). *When partners become parents: The big life change for couples*. Hillsdale, New Jersey: Lawrence Erlbaum and Associates; Schultz, M. S., & Cowan, C. P. (2001). *Promoting healthy beginnings: Marital quality during the transition to parenthood*. Paper presented at the Society for Research in Child Development, Minneapolis, MN.

---

Child Trends, founded in 1979, is a nonprofit, nonpartisan research center dedicated to improving the lives of children and their families by conducting research and providing science-based information to the public and decision-makers. For additional information on Child Trends, including a complete set of available *Research Briefs*, visit our Web site at [www.childtrends.org](http://www.childtrends.org). For the latest information on more than 80 key indicators of child and youth well-being, visit the Child Trends DataBank at [www.childtrendsdatbank.org](http://www.childtrendsdatbank.org).

© 2004 Child Trends  
ISBN 0-932359-17-5



4301 Connecticut Avenue, NW, Suite 100  
Washington, DC 20008

ADDRESS SERVICE REQUESTED

<p>NONPROFIT U.S. POSTAGE PAID Permit No. 1897 Washington, D.C.</p>
---