
Do Gay, Lesbian, and Heterosexual Spouses Differ in the Ways They Care for Each Other During Physical Illness?

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INTRODUCTION

An important benefit of marriage may be the care provided by spouses during episodes of physical illness and is one reason that married people enjoy better health and longer life expectancies than those who are unmarried. While gendered differences in spousal care may result from gendered power relations within heterosexual marriages that privilege men, same-sex couples typically enjoy greater egalitarianism compared to different-sex couples. Therefore, the inclusion of same-sex married couples in studies of marriage and physical illness illuminates and challenges assumptions about gender that are routinely taken for granted.

This research brief explores instrumental-care work and emotion-care work for physical illness in same- and different-sex married couples. Instrumental-care work includes activities designed to meet the physical needs of a spouse who is a patient, such as taking care of tasks that the patient normally handles or dealing with medical providers for the patient. Emotion-care work focuses on the emotional needs of the patient-spouse, such as providing emotional support or worrying about their spouse. In some cases, the patient may also provide emotion care to their spouse, such as worrying about the stress their health event is causing their spouse or doing things to take stress off their spouse during their own health event. The authors also explore the extent to which the health event contributes to stress in the marriage.

Two studies that analyze gendered marital dynamics around care work for physical illness are covered here. One study¹ analyzes survey data collected during 2014-2015 from both spouses in 420 couples (840 individuals) who were married for at least 3 years at the time of the survey: 171 lesbian couples, 124 gay couples, and 125 heterosexual couples. With a mean age of 48.5 years (range 35-65 years old), this sample covers the experiences of marital dynamics with care work at midlife. Using the factorial method, the authors examine care work with multilevel regression modeling. The other study² analyzes qualitative data collected from 90 in-depth interviews conducted with both spouses in lesbian, gay, and heterosexual marriages. In both studies, spouses report on their and their spouse's most significant illness episodes.

KEY FINDINGS

IN-DEPTH INTERVIEW STUDY

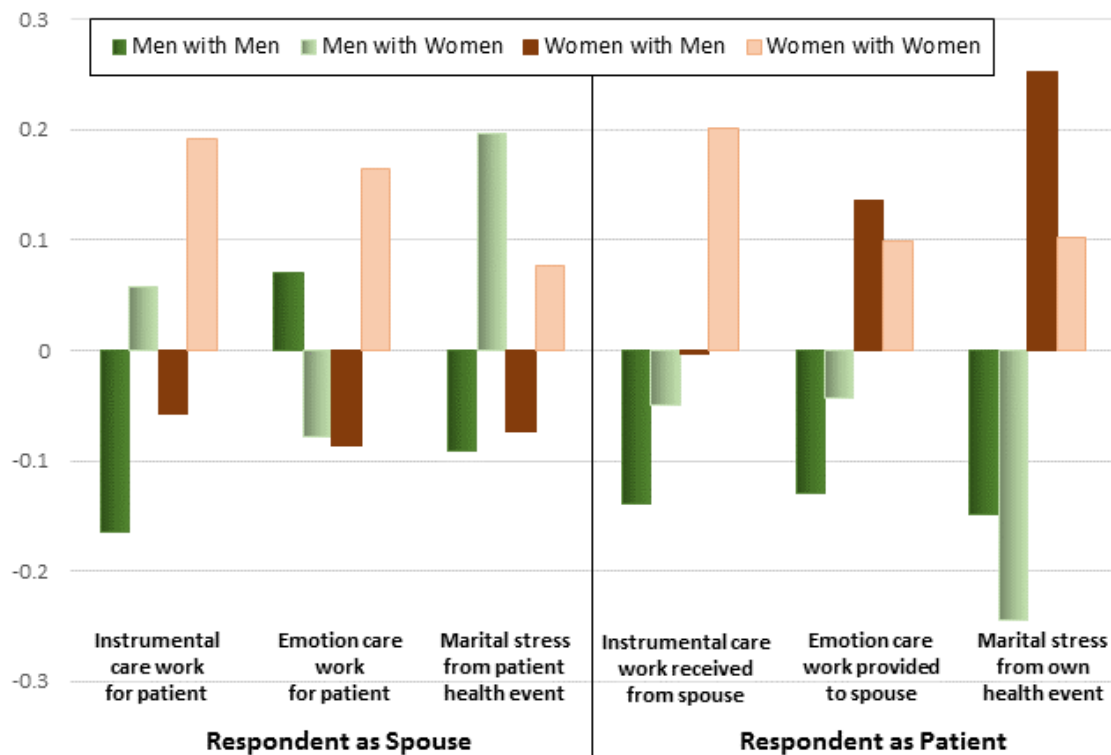
- > **Minimizing the need for care work.** Men generally downplayed the seriousness of health concerns and the need for care work. Men reported lower expectations for care work and described providing less care work than women, whether they were married to a man or a woman.
 - > **Intensive care work.** Women tended to describe their spouse's physical illness as more intensive and immersive than did men, and as requiring much more attention to reading and responding to their spouse's needs—especially their emotional needs. This was generally the case for women regardless of whether they were married to a man or a woman.
 - > **Care work during one's own illness.** Women often described doing care work during their own illness, primarily because they were concerned about the stress their illness caused for their spouse. Men rarely described this kind of care work.
 - > **Concordance.** In same-sex couples, both spouses, including the ill spouse, tended to agree on whether the illness should be treated in a low-key way or given intensive attention.
 - > **Discordance.** Heterosexual spouses were less likely than same-sex spouses to be on the same page when it came to perceptions of physical illness and the amount and type of care work that was needed during illness.
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KEY FINDINGS, CONTINUED

SURVEY-BASED STUDY (SEE FIGURE)

- > **Instrumental care work during health events.** Women tended to provide and receive more instrumental care than men; women who were married to women provided and received the most instrumental care.
- > **Instrumental care work during health events.** Men and women in same-sex marriages reported providing more emotion care for their spouse than did men and women in different-sex marriages. However, during their own health event, women—whether they were married to a man or a woman—provided more emotion care to their spouse than did men.
- > **Health-related marital stress.** Men and women married to a woman reported more marital stress from the health event than did those married to a man; women as patients—whether married to a woman or a man—perceived their health event as more stressful for their relationship than did men.

CARE WORK AND MARITAL STRESS ASSOCIATED WITH A SPOUSE’S PHYSICAL ILLNESS (standard scores from regression models)



Respondent as Spouse (spouse of the person experiencing the health event): Spouses reported doing more instrumental care work when the patient was a woman; Men and women in same-sex marriages reported providing more emotion care for their spouse than did men and women in different-sex marriages; Men and women married to a man reported less marital stress from their spouses’ health event than did men and women married to a woman.

Respondent as Patient (person experiencing the health event): Women reported receiving more instrumental care work than men, regardless of the gender of their spouse, while women married to women received the most instrumental care; During their own health event, women reported doing more emotion care for their spouse than did men married to a man or men married to a woman; Men, regardless of whether they were married to a man or a woman, reported lower levels of marital stress from their own health event than did women married to a man or a woman.

Numbers above zero indicate scores above the sample mean; numbers below zero indicate scores below the sample mean.

POLICY IMPLICATIONS

These studies point to the importance of collecting both the spouses' and the patients' experiences about a health event. Including the perspective of both spouses illuminates marital dynamics during significant physical health events. Moreover, this research can inform health policies and clinical strategies that best support the health of gay, lesbian, and heterosexual patients and their spouses. A better understanding of the ways that lesbian and gay spouses in midlife care for each other during a spouse's health event, and how this compares to care among heterosexual couples, is key to designing more effective strategies for the inclusion of spouses in treatment plans. These strategies can also be designed to address unique sources of stress as well as unique stressors across union types. Spousal care work during periods of illness may be especially important to same-sex couples given health disparities within gay and lesbian populations, including higher rates of breast cancer, AIDS, respiratory disease and other chronic conditions.

REFERENCES

- ¹Umberson, D., Thomeer, M. B., Kroeger, R. A., Reczek, C., & Donnelly, R. (2016). Instrumental- and emotion-focused care work during physical health events: Comparing gay, lesbian, and heterosexual marriages. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*. doi:10.1093/geronb/gbw133
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