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Research Paper

Marital Conflict, Health, and Well-Being Among Couples

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ABSTRACT

Marriage is the most important stage of adult life that influences family members' overall health and well-being. Many factors increase the conflict between couples and increase stress, leading to poor health. The objective of this study was to identify the effect of marital conflict, family relationships, and relationship satisfaction on couples' health and psychological well-being. Two hundred fourteen married participants (126 males and 88 females) in the age range of 25 to 55 years old (M=35.88; SD=8.651) had selected through purposive sampling from the different cities of Uttar Pradesh and Delhi, India. Measures of Marital conflict, general health, couple relationship satisfaction, family relationship, and psychological well-being had administered online. The results of hierarchical regression showed that socioeconomic status (Higher, middle, and lower), location (rural & urban areas), marital conflict, family relationship, and relationship satisfaction were significant predictors of general health. Further, location, family relationship, and relationship satisfaction were significant predictors of psychological well-being. The findings of the present study will be significant in the field of guidance and counselling of married couples and family members who face marital distress, family conflict, and dissatisfaction in their married life.

Keywords: *Marital conflict; Psychological Well-being; Health; Family Relationship*

Marriage in Hindu culture is an ethical way of meeting sensual and related needs with commitment, which helps nurture the next generation. Studies indicated that happily married couples are healthier, have better general and mental health, and avoid risky behaviour (NWPC, 2015). Such couples properly fulfill their responsibilities of spouse, children, and parents. Despite this, marital dissatisfaction and strain become a burden and risk factor of poor health and well-being. A strained marriage causes diabetes, weakens the immune system, and multiplies the risk of heart disease. All of these health problems make an unhappy and abusive partner more likely to indulge in smoking, drinking, drugs (NWPC, 2015). Western theories of developmental psychology also emphasize the importance of intimacy between men and women in marriage or adult life (Berk, 2000). Developing close relationships (intimacy) for adults is quite a challenging task. This task

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closely relates to an adult's satisfaction, health, and well-being (Berk, 2000). Marriage is an opportunity to build and develop a close relationship, but conflict can distort the overall relationship and life.

Discord in marriage disturbs the lives of all family members. Recently several factors have increased the number of cases of marital conflict. Marital conflict is disagreements, tensions, or disputes between couples that deeply affect marital relations and satisfaction. A study by Joseph and Inbanathan (2016) on 238 dual-career couples residing in Bangalore found that the working wife manages the family responsibilities together with the job, which reduces her time to spend with her husband. For this reason, there is more argument between couples, proliferating marital conflict. The study further revealed that about 25.6% of women and 35.3% of men argue about parenting responsibilities (Joseph & Inbanathan, 2016). According to a report published in newspaper “The Print”, 37.59 people committed suicide between 2016 and 2020 due to poor marital relations and discord. Of these, 7 % committed suicide because of divorce, and over 13 % people because of non-divorced and unhappy marriages (Rampal, 2021).

Marital Conflict

Studies done by Lambert in 2021 found that a person with a positive attitude experienced more optimism about the good things of life and engaged in a long-lasting relationship. Forgiveness, gratitude, spending time with a partner in a meaningful way, conflict management, and intimacy are all the sources of a good and strong relationship. Conflict and infidelity destroy the relationship, resulting in separation and divorce (Lambert, 2021). Relationship satisfaction is a crucial factor of a successful marriage that influences the health and well-being of spouses. Such marriage positively resolves marital distress and other stressors of life (Robles et al., 2014; Fincham, Rogee & Beach, 2018).

Health, Well-being, and marital relationship

Health and well-being have reciprocal relationships that affect human life in various aspects. *Health is wealth* is a common and famous proverb explaining health's importance in life. Happiness and prosperity come with health. Married couples with quality relationships are healthier and have less risk of immune diseases, diabetes, and cardiovascular problems (Robles et al., 2014). Married partners also have double earnings, and financial support helps them choose better health care services. Spouses encourage each other to healthy habits like a good diet, regular exercise, and yoga, and help each other avoid bad habits of alcohol, cigarette smoking, and drug use (Regier & Pardue, 2007).

A study shows that the general health of couples influences marital conflicts and raises arguments and vice versa. Distress in marriage worsens health and gives rise to many other functional impairments and psychological problems like depression (Choi & Marks, 2008). A chronic marital conflict seriously affects the overall health of husband and wife (Umberson, Williams, Pows, Liu & Needham, 2006). Earner and Proulx in 2022 found that the spouses' health plays a vital role in a relationship as they spend most of their time with each other, and if one is under stress, the other has to suffer as well. In a study, the husband's poor mental health had been found to be associated with marital stress. At the same time, there was no difference found in their happiness. It means there is a need to pay attention to spousal perceptions of relationship strain and social relationships (Earner & Proulx, 2022).

Psychological well-being is a key to the overall health and well-being of life. It determines happiness, emotional well-being, and daily life functioning (Huppert, 2009). Tang, Tang,

and Gross (2019) suggested that hedonic, eudemonic, and resilience are the pivotal components of psychological well-being. Hedonic means experience of enjoyment and pleasure in life. Eudemonic refers to meaning in life and achieving the purpose in life. Resilience denotes the adaption of a person during stressful and adverse situations. It means people who have not experienced distress do not necessarily mean they have a high level of psychological well-being.

Studies done by Hawkins and Booth in 2005 revealed that happily married couples have greater psychological well-being and life satisfaction, less distress, high self-esteem, and better health than unhappily married couples and divorced adults. Interaction is a tool for the expression of thought and desires. Generally, differences in needs and desires of the partners lead to marital conflict and distress. It happens more whenever couples engage in less communication. These problems also influence the children's well-being (Hawkins & Booth, 2005).

Family relationship and marriage

Family plays a significant role in married life. Indian culture is a collective society. Family is the primary source of connection associated with the purpose and meaning of life, especially for married women. In quality family relationships, each member shows support and care in distress situations which helps to handle them positively (Thomas, Liu & Umberson, 2017). Globalization has led the many social and cultural changes that changed the values related to marriage and family measurably. The main problem for a married couple is adjusting to in-laws' families. This problem compounds when they have to care for aging parents and face differences of opinion and habits (Ngozi, Peter & Stella, 2013). These accelerate further arguments, anger, tensions, and dissatisfaction in married couples (Naghieh, Montgomery, Bonell, Thompson & Aber, 2015). In a study of military families, Green, Nurius, and Lester (2013) found that stress or arguments between partners affected the well-being of family members and the overall family environment. Family influences marital life by many ways. Job stress and workload reduce the time spent with family. Conflicting marriages cause many personal, health, and psychological problems. Marital discord affected the parent-child relationships, increased conflicts among the family members, and breakdown the cohesiveness of family relations (Tasew & Getahun, 2021). According to Damota (2019), children of families facing marital conflict and divorce have been miscellaneously involved in deviant and criminal activities such as theft, dropping out of school, addiction, and premarital sex. These further worsen the couple and children's physical and mental health. There are many factors of marital conflict, ranging from spousal abuse, rape, marital irresponsibility, and partner's arguments to childlessness, incompatibility between partners, forced marriages, lack of appreciation, in-laws interference, lack of trust, and financial issues (Ngozi et al., 2013). A family intervention-based study suggests that interpersonal coping skills related to physical, emotional, social, and sexual life improve marital adjustment and satisfaction in spouses and decrease the level of conflict in couples (Devi, Pettugani, Rani & Thoomati, 2020).

The rationale of the present study

Previous literature indicates that relationship satisfaction and marital quality are crucial aspects of a couple's life. In cultures where patriarchy and joint family system are prominent, exploring the marital issues about marital dissatisfaction, relationship conflict (including marriage and family life) in couples are very significant. Most of the people decided not to get married, number of divorces are also rising, which suggested that marriage is under serious situation, which seriously needed to tackle and understand

(Kasapoğlu & Yabanigül, 2018). Maximum studies have been done to examine the causes of marital conflict and divorce (Hussain, 2014; Vasudevan et al., 2015; Thadathil & Sriram, 2020), and few studies explored the effects and outcomes of marital conflicts (Thadathil & Sriram, 2020) on the spouse. Most of the literature focused on the effect of marital conflict on children's future behavior, parent-child relationship, and adolescence development (Noller, Feeney, Sheehan & Peterson, 2000; Zimet & Jacob, 2001; Buehler & Welsh, 2009; Gao, Du, Davies, and Cummings, 2019; Tasew & Getahun, 2021). Therefore, research needs to explore how conflict in a close relationship affects couples' health and well-being. Marriage plays an essential role in life. It is an opportunity to build and gratify sexual and belonging needs.

METHODOLOGY

Participants

After screening all 222 data, only 214 married peoples (126 males and 88 females), who knows English language were participated in the present study. Most of the participants lived with their partners (N=187) and their family members (N=166). The age of participants was between 25- 55 years, with a mean age of 35.88 (SD = 8.651). The majority of participants lived in joint families. Of the 214 married participants, 140 had children. The number of working men was 203, and the number of working women was 51. The Purposive sampling method has followed to collect data from Varanasi, Lucknow, Bhadohi, and Delhi NCR from Uttar Pradesh and Delhi, India. Couples, who had separated, divorced and had any chronic illness or disorder had excluded from the final sample.

Measures

1. **General Health Questionnaire (GHQ-12)**. The GHQ-12 developed by Goldberg & Williams (1988) measured the severity of mental health problems over the past four weeks on a four-point Likert scale (never-0, sometimes-1, often-2, always-3). The positive items scored on a 0 (always) to 3 (never) scale and the negative ones from 3 (always) to 0 (never) scale. A high score indicates poor mental health. Cronbach's alpha of this scale has been found 0.70 (Zulkefly & Baharudin, 2010).
2. **Marital Conflict Scale**. This scale has developed by Braiker and Kelley (1979) with a 5-item. Originally, this scale had adapted from the marital quality assessment scale by Braiker & Kelley in 1979. The original Braiker & Kelley questionnaire is a 9-point Likert scale that measures the amount of dispute and negativity in couple's relationships on a 5-point Likert scale (Braiker & Kelley, 1979). A high score indicates conflict and negativity in marital relationships. The internal consistency of this scale is between 0.61-0.90.
3. **Brief Family Relationship.** This scale has developed by Moos and Moos (1994) with 19-items, used to assess a person's perception of the quality of family relationships and to function in expect of support, expression of opinions, and angry conflict within a family. This scale has adapted from the 27-item scale of the family environment that consisted of three subscales, i.e., Cohesion, expressiveness of opinions, and angry conflict within a family. Coefficient alpha of scale was found high such as $\alpha = .83$ for cohesion, $\alpha = .80$ for conflict, $\alpha = .88$ for full scale, but low for expressiveness that is $\alpha = .65$ (Fok, Allen, Henry & Team, 2014).
4. **Psychological Well-being Scale.** PSWB-18 version scale has developed by Ryff (1989), is an 18 items scale measures a person's psychological well-being on a 7-point scale (1= strongly agree; 7= strongly disagree). This short version scale had adapted from Ryff (1989)'s original scale of 84 items. It assessed six dimensions (autonomy, environmental mastery, personal growth, positive relations with others,

purpose in life, and self-acceptance) of psychological well-being with the help of six sub-scales. Some questions (Q1, Q2, Q3, Q8, Q9, Q11, Q12, Q13, Q17, and Q18) scored reverse in scoring. High scores indicate high psychological well-being. The Cronbach's alpha of scale has found 0.88 and 0.72–0.88 for subscales. In different studies, construct and criterion-related validity have been found very good (Ryff, 1989).

5. **Relationship Assessment Scale**. It is a 7-item scale designed and developed by Hendrick (1988) to measure an individual's satisfaction with their relationship on a Likert 5-point scale ranging from 1 (low satisfaction) to 5 (high satisfaction). Items 4 and 7 scored reverse. A high score indicates greater relationship satisfaction. The internal consistency of the relationship assessment scale is high (alpha= 0.86) and best represented by the one-factor model (Aron, Norman, Mckenna, and Heyman, 2000).

Procedure

The data collection process began through contact with participants through social media and phone calls. After getting informed consent of participants, the questionnaires were administered through online google form. All data were collected between the periods of April 2021 to June 2021. During data collection, all precautions of pandemic situations were taken into account.

Statistical Analysis

All statistical analyses had done with the help of the IBM statistical package of social science (SPSS: 23.0). Firstly, data were checked for missing values, outliers, and normality. After screening all 222 data, only 214 had selected for final analysis. Mean, standard deviation, frequency, and percentage of all the socio-demographic variables were computed, ANOVA were calculated for comparison of all demographic group variables; to examine the relationship between marital conflict, general health, psychological well-being, relationship satisfaction, and family relationship, correlations analysis were computed, hierarchical regression were used to identify significant predictors of health and psychological well-being.

RESULTS

Socio-demographic characteristics study

Frequency, percentage, mean, and SD of all socio-demographic variables (age, gender, employment, socioeconomic status, living with family members or not, living with spouse or not, types of family, and location) were computed and presented in table-1. Among 214 participants, 59 % were males and 41 % of females with a mean age of 35.88 (SD=8.651). Most of the participants were belonged to upper-middle class (87.5 %; N = 187), only 7 % (N = 15) from upper class and rest 5.6 % (N =12) were lower-class families. In rural areas, 34.6% (N =74) participants were resident, 39.3% (N = 84) in small urban areas and rest 26.2% (N = 56) were resident in large urban areas. The gender difference was insignificant on the marital conflict scale ($t = -.864$, $P>.05$).

Table 1 Mean, standard deviation and frequency and percentage of all the socio-demographic variables

Demographic variables	Level	Frequency	Percentage	Mean	SD
Age	**25-29**	66	30.8	2.77	1.653
	30-34	48	22.4		
	35-39	28	13.1		
	40-44	32	15.0		
	45-49	22	10.3		
	50-55	18	8.4		
Gender	**Male**	126	58.9	11.444	3.708
	Female	88	41.1	11.897	3.868
	Others	0			
Working	**Male**	203	94.9	11.561	3.778
	Female	51	23.8	11.686	3.215
Non-working	**Male**	11	5.1	12.909	3.590
	Female	163	76.2	11.613	3.939
Socio-economic status	**Upper**	15	7.0	8.886	3.020
	Middle	187	87.4	11.807	3.792
	Lower	12	5.6	12.333	3.055
Having child	**Yes**	140	65.4	11.621	3.732
	No	74	34.6	11.648	3.872
Living with spouse	**Yes**	187	87.4	11.572	3.668
	No	25	11.7	12.080	4.645
	Others	2	0.9	11.500	2.121
Living with Family members	**Yes**	166	77.6	11.686	3.938
	No	48	22.4	11.437	3.161
	Others	0			
Types of family	**Nuclear**	77	36.0	12.064	3.884
	Joint	130	60.7	11.323	3.681
	Others	7	3.3	12.571	4.157
Locality	**Rural**	74	34.6	12.270	4.269
	Urban(small)	84	39.3	12.000	3.314
	Urban(large)	56	26.2	10.232	3.405

Table 2 ANOVA (one-way) analysis results of socioeconomic status and location on marital conflict scale and location on family relationship scale.

Variables		Mean	SD	DF	F	p
	Socioeconomic status					
	Upper class	8.866	3.02	213	4.588	0.011**
	Middle class	11.807	3.792			
	Lower class	12.333	3.055			
Marital conflict	**Location**					
	Rural	12.27	4.269	213	5.54	0.005**
	Urban (small city)	12	3.314			
	Urban (large city)	10.232	3.405			
	Socioeconomic status					
	Upper class	7	5.042	213	3.896	0.022*
	Middle class	10.695	5.65			
General Health	Lower class	12.583	4.981			
	Location					
	Rural	11.391	5.879	213	6.776	0.001**
	Urban (small city)	11.345	5.761			
	Urban (large city)	8.214	4.515			

Family relationship	**Location**					
	Rural	44.121	10	213	6.979	.001**
	Urban (small city)	43.881	10			
	Urban (large city)	38.642	7.033			
	Location					
Psychological well-being	Rural	80.905	9.928	213	12.685	.000**
	Urban (small city)	83.345	10.29			
	Urban (large city)	89.857	10.54			

Analysis of variance was run to see the role of demographic variables in prediction of marital conflict, general health, family relationship, and psychological well-being. Table-2 presents the results of ANOVA only for those variables, which were found significant in the model. Results (table-2) indicate that socio-economic status (F=4.588: p<.01) and location (F=5.540: p<.05) found significant for marital conflict. Similarly socioeconomic status (F=3.896: p<.01) and location (F=6.776, p<.01) also found significant for general health of married men and women. Demographic variable, location (F=6.979: p<.01) found significant for family relationship and psychological well-being (F= 12.685: p<.01).

Results of Tukey's post-hoc test further indicated significant differences between the participants belonged to upper and middle socio-economic class (p=.010), upper and lower class (p=.044) but the insignificant difference between the middle and lower class of participants for marital conflict. Post-hoc test of location variable for marital conflict revealed a significant difference between the participants who belonged to rural and large urban areas (p=.006), small and large urban areas (p=.017) but the insignificant difference between participants belonged to small urban and rural areas. Post-hoc test for general health found significant differences between the group of middle and lower class only (p=.022) and for location variable significant difference was found between rural and urban small areas only (p=.001). For family relationship, significant difference between the participants who belonged to rural and small urban areas (p=.003) are found significant, but insignificant difference between the participants belonged to the rural and large urban areas. The post-hoc test revealed that significant difference found between the participants belonged to the rural and small urban areas for psychological well-being (p=.000), but the insignificant difference between the participants belonged to small urban areas and large urban areas.

Table 3 Correlation between marital conflict, general health, psychological well-being, relationship satisfaction and family relationship of married males and females.

	1	2	3	4	5
General health	1	.385**	-.526**	-.561**	.448**
Marital conflict		1	-0.514**	-.322**	0.130
Relationship satisfaction			1	.461**	-.442**
Psychological well-being				1	-.512**
					-.444**
Family relationship					1

***Correlation is significant at the .01 level (1-tailed).*
**correlation is significant at the .05 level (1-tailed).*

Product moment correlation calculated to determine the strength of relationship among marital conflict, health, relationship satisfaction, psychological well-being and family relationship. Results (table-3) indicated that marital conflict negatively correlated to relationship satisfaction (r= -.514, p< .01), psychological well-being (r= -.322, p<.01), and

positive to poor general health (r=.385, p<.01) but correlation between marital conflict and family relationship (r=.130. p> .05) was not found significant.

Table 4 Summary of hierarchical regression analysis for marital conflict, relationship satisfaction and dimensions of family relationship (cohesion, expressiveness and conflict) as a predictors, and general health as a criterion variable.

	Variables	β	t value	R^2	Adjusted R^2	R^2 Change	ΔF
Step1	**(Constant)**		3.39**				
	Socioeconomic status	0.158	2.360**	0.67	0.058	.067**	7.611**
	Location	-0.187	-2.792**				
Step2	**(Constant)**		1.192				
	Socioeconomic status	0.106	1.664	0.176	0.164	0.109**	27.756**
	Location	-0.125	-1.944				
	Marital conflict	0.341	5.268**				
Step3	**(Constant)**		.275				
	Socioeconomic status	.149	2.690**	.396	.379	.220**	25.142**
	Location	-.004	-.069				
	Marital conflict	.194	3.232**				
	Cohesion	.245	3.317**				
	Expressiveness	.257	3.540**				
	Conflict	-.159	-2.702**				
Step4	**(Constant)**		2.762**				
	Socioeconomic status	.146	2.716**	.433	.414	.037**	13.565**
	Location	.005	.092				
	Marital conflict	.093	1.452				
	Cohesion	.145	1.893				
	Expressiveness	.249	3.524**				
	Conflict	-.151	-2.632**				
	Relationship satisfaction	-.257	-3.683**				
Step5	**(Constant)**		2.411*				
	Socioeconomic status	.146	2.698**	.433	.411	.000	.000
	Location	.005	.091				
	Marital conflict	.093	1.445				
	Cohesion	.145	1.784				
	Expressiveness	.249	3.515**				
	Conflict	-.151	-2.547*				
	Relationship satisfaction	-.257	-3.673**				

***Correlation is significant at the .01 level (1-tailed).*
**Correlation is significant at the .05 level (1-tailed).*

Table 4 represents the four steps hierarchical regression was calculated to identify the predictors of general health in married men and women. In the first step demographic variables are entered which explained 6.7% of variance (F= 7.611**) in model. Marital conflict explained additional 10.9% of variance (F=27.756**). In the third step, dimensions of family relationship (cohesion, expressiveness and conflict) are added that explained 22.00% of variance (F=25.142**). Relationship satisfaction was added in fourth step, explained 3.70% of variance (F= 13.565**) and influence marital conflict.

Table 5 Summary of hierarchical regression analysis for marital conflict, relationship satisfaction and dimensions of family relationship (cohesion, expressiveness and conflict) as a predictors, and psychological well-being as a criterion variable

	Variables	β	t value	R^2	Adjusted R^2	R^2 Change	ΔF
Step1	**(Constant)**		40.554**				
	Location	3.14	4.822**	.099	.095	.099**	23.255**
Step2	**(Constant)**		21.255**				
	Location	.162	2.895**	.402	.391	.304**	35.383**
	Cohesion	-.403	-5.540**				
	Expressiveness	-.146	-2.035**				
	Conflict	.167	2.995**				
Step3	**(Constant)**		13.980**				
	Location	.148	2.676**	.421	.408	.019**	6.871**
	Cohesion	-.331	-4.305**				
	Expressiveness	-.137	-1.938				
	Conflict	.143	2.566**				
	Relationship satisfaction	.166	2.621**				
Step4	**(Constant)**		11.161**				
	Location	.143	2.566**	.425	.409	.004	1.323
	Cohesion	-.337	-4.380**				
	Expressiveness	-.135	-1.910				
	Conflict	.127	2.215**				
	Relationship satisfaction	.131	1.869				
	Marital conflict	-.073	-1.150				
Step5	**(Constant)**		8.817**				
	Location	.140	2.524**	.429	.410	.004	1.439
	Cohesion	-.305	-3.741**				
	Expressiveness	-.136	-1.925				
	Conflict	.143	2.435**				
	Relationship satisfaction	.129	1.843				
	Marital conflict	-.080	-1.245				

***Correlation is significant at the .01 level (1-tailed).*
**Correlation is significant at the .05 level (1-tailed).*

Table-5 also presents the five steps of hierarchical regression to identify the significant predictors of psychological well-being. In the first step, demographic variable (location) included which explained 9.9% of variance (F= 23.255**), after adding dimensions of family relationship (cohesion, expressiveness and conflict) in second step, additional 30.40% variance explained, (F= 35.383**). In third step, relationship satisfaction was added, explained additional 1.90% of variance. In fourth steps, marital conflict added which found insignificant predictor of psychological well-being.

DISCUSSION

The present study examined the significant effect of marital conflict, quality family relationships, and relationship satisfaction on married people's general health and psychological well-being. Results of hierarchical regression revealed that from all demographic variables, socioeconomic status and location were significant predictors of health and only location was a significant predictor of psychological well-being. Lower socioeconomic status people have a high-stress level and lower marital satisfaction, which leads to poor health outcomes. Married people residing in rural areas without their spouse and children have poor mental and physical health compared to urban areas because urban

married women are more satisfied with their marriage and reported lower distress in relationships. They seek greater social support from their spouse and parents-in-law. Therefore, urban married people have a better family relationships and high psychological well-being and health compared to rural populations. This finding is consistent with previous studies (Turliuc & Candel, 2021; D. Tang et al., 2019; Nam & Ahn, 2011; Grevenstein, Bluemke, Schweitzer & Aguilar Raab, 2019; Thomas et al., 2017). Similarly, findings revealed that marital conflict, family relationship, and relationship satisfaction were significant predictors of health and only family relationship and relationship satisfaction were significant predictors of psychological well-being. It means relationship quality in a family is crucial for a couple's health and psychological well-being. Poor marital quality results in various health-related risks in couples, such as distress, mortality risk, higher cardiovascular reactivity, disturbed neuroendocrine and immunity, and associated depressive symptoms. Marital dissatisfaction and conflict decrease adaptive behavior in spouses. Unhappy couples mostly attribute responsibility for negative behavior to their partner, and their verbal and non-verbal communication misattributes as criticism. These studies are consistent with our findings (Robles et al., 2014; Goldfarb & Trudel, 2019; Kiecolt-Glaser & Newton, 2001). Results also indicated that marital conflict and relationship satisfaction have negative correlation. It could means that the partners with higher level of distress and conflict in marriage have less satisfied relationship, feel less intimacy and support from their partner (Nam & Ahn, 2011). The result of the present study indicated family relationships as a significant predictor of health and psychological well-being (Thomas et al., 2017; Grevenstein et al., 2019).). Findings suggested that quality relationship promotes sharing attitudes among family members that push to share responsibilities and helps handle adverse situations and challenges when needed. These attitudes and behaviors accelerate family members' self-esteem, efficacy, and physical and mental health. In contrast, unsupported attitudes toward family members increase caregiver burden and relationship dissatisfaction, which seriously affects the well-being of married people and family members. Indeed, for family members, expressive behavior promotes health and reduces distress, anxiety, and depressive symptoms (Shangguan et al., 2022; Sommer et al., 2014).

Implications

The study's findings have so many implications and practical relevance in the areas of counselling, guidance, and psychological intervention as well. This study enhances our understanding health and well-being of married couples. These study findings can be helpful in the building of new theory and improving existing theories to explain the health and well-being of married couples and families. The findings can help to develop interventions that may help reduce health problems and improve well-being in married couples. Our findings suggest that couples with open and healthy communication, expression of emotions, and support among the family members and spouse will develop a sense of togetherness, which creates cohesion, satisfaction, and less conflict in a relationship. It could help reduce the cases of separation, family breakdown, and no. of divorces. Therefore, the present study's findings will have promising implications for the Indian population.

Limitations and Suggestions

Although this study has many implications, at the same time, many limitations limit the generalization of results. The *first* drawback is that this study has done on 214 married people, which is a tiny sample for generalization. Therefore, future studies should focus on a more heterogeneous sample of participants. *The second* drawback is that this study followed the cross-sectional and correlation method, which is insufficient for causal inferences. Therefore, future studies should follow other methods, i.e., longitudinal, qualitative, and

mixed methods. It will help guide the counselling and intervention programs to solve couples' conflicts and make married life enjoyable.

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