

Relationships and Health:

Supporting Relationships Education & PHSE in Secondary Schools



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RELATIONSHIPS

About this guide

The Children and Social Work Act requires secondary school pupils to be taught about how relationships may affect physical and mental health and well-being.

This guide aims to provide secondary school teachers with material they can draw on when talking to children about this topic. It covers the links between relationships and:

- ✓ Depression
- ✓ Cardiovascular disease
- ✓ Obesity
- ✓ Physical health as a result of alcohol misuse
- ✓ Dementia

Introduction

Research unequivocally shows that the quality of our relationships affects fundamental aspects of our physical health such as blood pressure and weight, and our mental health, as well as affecting important aspects of health-related behaviour, such as how much alcohol we drink.

The Children and Social Work Act, passed in 2017, recognises the importance of relationships to health, and from 2019 there is a requirement that secondary schools will teach children about how relationships can affect physical and mental health and well-being.

To introduce the children in your class to this topic, you might consider reading out the following extract from a 2010 meta-analysis, with two key words omitted:

Data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with [XX] have a 50% greater likelihood of survival compared to those with poor or insufficient [XX]. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity).

Now ask the children in your class if they can suggest what the two key words omitted might be. (Answer: 'social relationships').

This quote is from a meta-analysis (that is, a research study looking at the findings from lots of studies of the same subject) conducted by Julianne Holt-Lunstad in 2010. It looked at the data from 148 research studies.

The paper concludes by saying:

The overall effect [that is, of social relationships] remained consistent across a number of factors, including age, sex, initial health status, follow-up period, and cause of death, suggesting that the association between social relationships and mortality may be general, and efforts to reduce risk should not be isolated to subgroups such as the elderly.

This guide explores the links between relationships and depression, cardiovascular disease, obesity, alcohol misuse and dementia.

Relationships and depression

Ask your class the following questions:

What is the leading cause of disability worldwide?

(Answer: depression).

How many people suffer from depression globally?

(Answer: 300 million).

Depression, at its worst, is linked to suicide, with nearly 800,000 people dying from suicide every year.

Now ask your class the following question:

If 'road traffic accidents' is the leading cause of death in 15–29 year olds, what is the second? (Answer: depression).

This is important in terms of learning about relationships and depression because common mental health problems have been found to be more prevalent in people who are experiencing relationship distress than those who are happier in their relationships (Whisman and Uebelacker, 2003).

Researchers have found that, in terms of magnitude, people who live in troubled relationships are three times more likely to suffer from mood disorders (such as depression), two and a half times more likely to suffer from anxiety disorders, and twice as likely to suffer from substance use disorders as people who do not experience such relationship distress (Whisman and Uebelacker, 2003).

In addition, a study of nearly 5,000 adults that was published in 2013 (Teo, 2013) showed that the quality of a person's relationships with their partner predicts the likelihood of their becoming severely depressed in the future. This research found that one in seven adults with the lowest-quality relationships were likely to develop depression as opposed to one in 15 with the highest quality relationships; and that people with unsupportive partners were significantly more likely to develop depression, whereas people who didn't have a partner were at no increased risk.

Ask the children in your class to reflect on this finding – i.e. that research shows that you are more likely to become depressed if you live in an unhappy relationship than if you don't have a partner at all. What might this mean in terms of the importance of understanding the difference between healthy and unhealthy relationships, and also seeking help for your relationship (if you want to save it) if you are feeling unhappy in it?

Relationships and cardiovascular disease

There have been very many research studies which have found links between unhappy relationships and poorer cardiovascular health (e.g. Kiecolt-Glaser, 2001). In essence, the research picture reveals just how profoundly affairs of the heart affect heart health.

Ask the children in your class:

Why do you think whether we're happy or unhappy in our relationships can affect our heart health?

For example, one research study (Orth-Gomer, 2000) has found that stress in an adult relationship may increase the risk of recurrent coronary events. Strikingly, another study has found that people who have better quality relationships with the person they were married to were more likely to survive chronic heart failure than those with poorer relationships (Coyne, 2001). Even more amazing is a study that people who were 'highly satisfied' with the quality of their relationship to their partner were over 3 times as likely to be alive 15 years after coronary artery bypass surgery than people who said that they had a low amount of satisfaction with their partner (King, 2011).

You might now consider talking to the children in your class about the importance of blood pressure in terms of health (i.e. that having high blood pressure, over time, is a risk factor for stroke and heart disease). You could then tell the class about a research study which has shown that being happier in a relationship is linked to lower blood pressure (Grewen, 2005).

You could also mention a study that has shown that women who are happy in their marriages tend to show less rapid progression of carotid atherosclerosis (that is, hardening of the arteries) than women who are less happy (Gallo, 2003).

Suggested questions:

What is your reaction to hearing the findings from these scientific studies?

What do you think they tell us about the importance of the quality of our relationships when we are adults for our health in later life?

Relationships and obesity

According to the Organisation for Economic Co-operation and the Development (OECD), the UK is the most obese country in western Europe, with 26.9% of the population having a body mass index of 30 and above, the official definition of obesity.

Suggested question:

What do you think relationships have to do with obesity?

You could explore this topic by telling the class that obesity often starts in childhood. And that while what we eat is of course a primary factor in weight gain and weight loss, relationships play a significant role.

Suggested question:

Have you ever heard of the term 'parenting style'?

You could explain that research has shown that how parents behave during children's eating activities has a significant impact on the eating behaviours of children (Hughes, 2011). And that this is related to something called 'parenting style'. There are different types of parenting styles, relating to boundary setting, warmth, harshness etc., with names such as authoritative, authoritarian, permissive, uninvolved.

Research shows that children who are brought up by parents who have what is called an 'authoritative parenting style' – that is, their parenting is characterised by a firm but warm and accepting approach – eat more healthily, are more physically active and have lower BMI levels compared to children raised with other styles (Sleddens, 2011). Similar research suggests that when parents' parenting style is what is called 'indulgent' (Olvera, 2009) or 'authoritarian' (Rhee, 2006), children are more likely to become overweight.

You might also want to talk to your class about research which shows that 'permissive' and 'authoritarian' parenting styles are linked to unhappier relationships (Devito, 2001) and that being in an unhappy relationships tends to lead to parents using more authoritarian and less authoritative parenting styles (Cowan, 1992).

Clearly, weight and obesity will be issues that affect a number of the children in your class. Finding a way, however, to talk about this subject – particularly in terms of how they might want to parent their own children one day – can be a useful way to help children understand the link between relationships and obesity.

Relationships and physical health as a result of alcohol misuse

The Faculty of Public Health states that alcohol consumption in the UK has doubled in the past forty years.

Ask the children in your class about what they think the negatives effects on people's health might be from drinking too much alcohol.

Research shows that alcohol misuse causes conditions such as liver cirrhosis (the death rate from which has more than quadrupled in the UK in the past 40 years). Alcohol misuse can also significantly contribute to other chronic conditions such as obesity, high blood pressure, coronary heart disease, pancreatitis and mental health problems such as depression and alcohol dependency. It also increases the risk of developing certain cancers including liver, mouth, oesophagus, pharynx and breast and bowel and colorectal cancer.

Ask your class what they think might be the links between relationships and alcohol misuse.

What do they think is more likely to be the case: that unhappy relationships cause people to drink too much; or does one partner's excessive drinking cause people's relationships to break down?

(Answer: both are true).

In terms of the impact though of relationships on alcohol misuse, you could talk to the class about a study which found that women tend to drink more than men in response to relationship difficulties (Levitt, 2010). And other studies which indicated that women whose relationships lacked closeness reported increased drinking problems over time compared to women with more intimate relationships (Wilsnack, 1984). While another study found that husbands, not wives, tend to drink in response to marital problems (Romelsjo, Lazarus, Kaplan, & Cohen, 1991).

Suggested questions:

What do you think about the impact of relationships on alcohol use?

Think about this question both in terms of older people, such as your parents' generation, but also among people your own age.

Relationships and dementia

According to the Alzheimer's Society, there are around 850,000 people in the UK with dementia. One in 14 people over 65 will develop dementia, and the condition affects 1 in 6 people over 80. The number of people with dementia is increasing because people are living longer.

Suggested question:

What kinds of feelings and challenges someone might have when their partner develops dementia?

For most people, dementia is something that happens to themselves, or their partner, after they have shared a relationship going back many years.

Interestingly, research shows that the quality of a couple's relationship before the onset of dementia affects how the dementia is experienced (Ablitt et al 2010). For example, partners/carers who have a poorer relationship before the onset of dementia report tend to be more depressed and distressed (Gilleard et al 1984, Knopp et al., 1998), tend to experience greater strain (Morris et al., 1988b), and tend to find the challenges of caring more emotionally difficult (Steadman et al., 2007).

Conversely, research has demonstrated that closer relationships between carer/partner and the person with dementia are associated with slower decline in dementia (Norton et al., 2009).

Suggested question:

How do you think if might feel to be someone who is developing dementia?

Suggested questions:

As the dementia progresses, and that person becomes less and less capable of looking after themselves, how do you think this would change the relationship between the carer/partner and the person with dementia?

What other kinds of relationship might this remind you of?

[Note to teacher: e.g. the relationship can become more like a parent/child or parent/infant relationship]



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Supporting Couples Strengthening Families Safeguarding Children

Established in 1948, Tavistock Relationships is an internationally renowned charity delivering and developing advanced practice, training and research in therapeutic and psycho-educational approaches to supporting couples.

We research, develop, pilot and raise awareness of best practice, providing services to couples and families, and disseminating our learning through academic and policy activities.

Our training programmes in couple and sex therapy range from introductory up to doctoral level and are accredited by bodies including The British Association of Counselling and Psychotherapy and The British Psychoanalytic Council. Our London-based clinical services offer affordable counselling and psychotherapy to people facing difficulties in their relationships and parenting. Our evidence-based, innovative projects – Living Together with Dementia, Parents as Partners and Adopting Together support and improve the quality of our relationships when they are most challenged.

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