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INTRODUCTION: CURRENT PERSPECTIVES ON COUPLE RELATIONSHIPS IN THE MIDDLE AND LATER YEARS

JAMILA BOOKWALA

Older couple relationships are recognized to be complex, multidimensional, and vital to health and well-being (Bookwala, 2012, 2014b). With life expectancy at its highest levels and the baby-boom generation's entry first into the midlife years and now into late adulthood, scholars, clinicians, and society at large have shown an ever-increasing interest in understanding couple relationships as people age. The present volume focuses exclusively on these couple relationships, providing a rich resource for those who study and work with middle-aged and older adults and couples. As described in this introduction, the chapters in this book cover a broad range of topics central to older couple relationships: the quality of these relationships and their evolving nature and definition in contemporary society; older couples' loneliness, sexual intimacy, relationship history, and role equity and how these factors are linked to relationship quality and well-being; the role of major life transitions such as retirement and illness in shaping older couple

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relationships; and dyadic influences on health, cognitive function, and coping with and managing illness.

The volume is organized into two broad sections. Part I characterizes the nature, characteristics, and quality of couple relationships among middle-aged and older adults in today's society. Both positive (marital satisfaction) and negative (marital discord) dimensions of relationship quality in older couples are considered, as well as factors that can play a role in improving or diminishing relationship quality (e.g., the allocation of roles, sexual satisfaction, the retirement of one and/or both partners, and the occurrence of a long-term illness). Although the loss of a spouse or partner is clearly linked to a high risk of loneliness, this section offers insights into how older individuals can experience loneliness in an ongoing relationship. Part I also includes chapters on less traditional but equally significant older couple relationships that are gaining in prevalence (living-apart-together [LAT] relationships) and visibility (same-sex relationships).

An area that has witnessed perhaps the most prolific theoretical and empirical advances in the field of older couple relationships is their integral role in health and well-being (Bookwala, 2012, 2014b). The chapters in Part II address a variety of topics at the intersection of marriage and health as individuals age. The beneficial role of married status in late-life health is widely established; in this section we learn more about the emerging importance of individuals' cumulative marital history for their health during the midlife years and beyond. Other topics include the significant role of couples' negotiations in improving cognitive performance on daily tasks and the potential mechanisms that can explain convergence that is seen on health indicators within couples. Part II also focuses on the challenge for the dyad as a unit when a spouse becomes chronically ill, a normative life transition and stressor as people age. Related chapters discuss useful emotion regulation strategies in the context of spousal caregiving when one spouse requires care due to illness, review the essential role of dyadic coping in the face of a stressor such as chronic illness, consider the developmental bases of dyadic coping from a lifespan perspective, and describe ways that spouses can hinder, promote, and be trained to enhance adaptation to and management of chronic illness.

Overall, the 16 chapters offer critical analyses of relevant theory and empirical findings in specific areas of research on mid- and late-life couple relationships. They identify existing limitations in and future directions for research on older couple relationships, offering recommendations that can enhance current understanding about their nature and complexity and how they can shape and be shaped by intra- and interpersonal contexts. Recognizing the importance of high-quality couple relationships in aging well, the chapters in this volume also consider clinical and policy issues relevant to maintaining and enhancing older couple relationships. It should

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be noted that although the chapters in this volume mostly focus on marital relationships in midlife and late life, reflecting the vast majority of existing research on older couple relationships, the volume also addresses nontraditional adult couple relationships as feasible based on the extant literature. In the following paragraphs, I provide a brief summary of each chapter in the volume, highlighting overarching themes in and major points addressed by each.

PART I: NATURE AND QUALITY OF OLDER COUPLE RELATIONSHIPS

Part I includes nine chapters that focus on key aspects related to the quality of couple relationships during the middle and late adulthood years. Research on marital quality across the adult life span has seen considerable growth in recent decades (Bookwala, 2012). The construct is widely regarded as a multidimensional one that encompasses both positive dimensions (e.g., satisfaction, closeness, happiness, adjustment in the marriage) and negative dimensions (e.g., marital disagreement, discord, or conflict; Fincham & Linfield, 1997). In Chapter 1, Barbara A. Mitchell summarizes early and contemporary developments related to marital satisfaction in middle adulthood, providing a historical analysis of definitions of the construct and methodologies for measuring it. Mitchell reviews changing trends in research emphases over several decades; theoretical perspectives that explain midlife marital (dis)satisfaction including adult attachment theory and life-cycle forces; and empirical findings on correlates of marital satisfaction at the level of the individual, relationship, context, and environment.

Of course, older couple relationships are not characterized exclusively by positive dimensions. Indeed, intimate relationships are typically marked by ambivalence, such that criticism and other hurtful emotional behaviors cooccur with positive feelings and behaviors (Akiyama, Antonucci, Takahashi, & Langfahl, 2003; Fingerman, Hay, & Birditt, 2004). Studies have found that mid- and late-life marriages are not free from disagreement and conflict (Bookwala & Jacobs, 2004; Bookwala, Sobin, & Zdaniuk, 2005; Henry, Miller, & Giarrusso, 2005). In Chapter 2, Timothy W. Smith and Carolynne E. Baron review theoretical, methodological, and empirical advances in the area of marital discord and aging. They use a variety of theoretical frameworks to explain marital discord in older couples including models that incorporate both positive and negative dimensions to measure marital quality; interpersonal theory that incorporates both affiliative and controlling aspects of behavior and motivation; and the application of life-span models to the understanding of interpersonal relationships. Smith and Baron also identify links from marital

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discord to physical health, emotional adjustment, and well-being with a particular emphasis on coronary disease.

Chapter 3 focuses on loneliness in older couples. We know from longitudinal research that experiencing the loss of a spouse or partner has adverse effects on health and well-being (e.g., Bookwala, Marshall, & Manning, 2014; Das, 2013). In their chapter, Jenny de Jong Gierveld and Marjolein Broese van Groenou stress that these adverse effects occur because the loss of this significant intimate relationship seriously increases the risk for both emotional and social loneliness. However, loneliness also has been found to occur in poor-quality relationships among aging individuals (De Jong Gierveld, Broese van Groenou, Hoogendoorn, & Smit, 2009). In their chapter, De Jong Gierveld and Broese van Groenou review conceptual and methodological advances on loneliness and identify distal and proximal factors associated with loneliness in midlife and late life. Most notably, they discuss the role of the couple relationship as a potentially decisive factor in alleviating both emotional and social loneliness as individuals age.

An ongoing need in research on older couple relationships remains the study of the nature and quality of couple relationships that are less traditional than marriage between opposite-sex members. Changing social attitudes and cultural norms have resulted in increasing numbers of adults opting for other types of intimate relationships. For example, among middle-aged and older persons, there is an increase in LAT relationships, which are noncohabiting intimate relationships in which a couple does not share the same household but self-identifies and is recognized by their social network as a couple (Levin, 2004). Older LAT relationships bring new challenges especially in terms of role definitions and caregiving dynamics. Same-sex marriages and unions in midlife and late life also represent an important area of research, especially given the growing legal recognition of same-sex marriage in many parts of the Western hemisphere and most recently in the United States. Given the emerging importance of LAT and same-sex relationships, Chapters 4 and 5 in this section focus on these relationships.

Specifically, in Chapter 4, Sofie Ghazanfareeon Karlsson and Majen Espvall describe such LAT relationships and consider the implications for caregiving and care receiving within these relationships in the event of poor health and how these demands vary by gender. They also analyze care-related expectations and obligations in LAT relationships against the backdrop of cultural and social influences using Sweden as a case study, where the state—rather than the spouse or family—bears the primary responsibility for caring for elders' needs.

In Chapter 5, Bozena Zdaniuk and Christine Smith review the literature on the formation, maintenance, and quality of same-sex couples' relationships during the mid- and late-life years. The empirical literature in this area is still

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developing and does not have the methodological sophistication seen in other relationship research. Zdaniuk and Smith highlight the need for theoretically guided and methodologically rigorous studies on older same-sex relationships. The growing visibility of same-sex unions and marriages presents gerontology scholars who focus on relationship research with a unique and timely opportunity to make substantial strides in our understanding of these relationships.

Contrary to pervasive stereotypes and conventional wisdom, sexual intimacy and sexual satisfaction are important to older adults (Cain et al., 2003; Gott & Hinchliff, 2003). In Chapter 6, Amy C. Lodge and Debra Umberson review the literature on sexuality in older couples, an understudied and sometimes controversial topic. Increasingly, studies show that sexual intimacy and satisfaction remain important as people age, and more frequent sexual activity is associated with more positive evaluations of relationship quality and greater relationship satisfaction (Bookwala, 2012). Lodge and Umberson consider the importance of sexual behavior to relationship quality and the reciprocal relationship between sexual behavior and overall well-being. They draw our attention to the need for theoretically guided research on sexual behavior and intimacy in the mid- and late-life years and for this research to be more inclusive of nonheterosexual sexualities.

Another aspect of couple relationships that can play a significant role in marital satisfaction and well-being is the level of (in)equity in marital role allocation or division of household labor (Bookwala, 2012). Inequities in the division of labor are quite common in midlife (Bookwala, 2009; Feeney, Peterson, & Noller, 1994), although they tend to decline in the late adulthood years (Hagedoorn et al., 2006; Kulik, 2002). In Chapter 7, Liat Kulik describes the importance of equity in role allocation within couples during and after the midlife years and highlights the significance of role equity for relationship quality. Kulik reviews theoretical explanations for inequities in marital role allocation and changes in role allocations over the adult life span and analyzes the extent to which different life transitions—adult children leaving the home, retirement from work, and taking on the caregiving role—are accompanied by changes in household division of labor.

A normative life transition that has strong implications for the quality of the couple relationship is retirement from one's primary employment (Trudel, Turgeon, & Piche, 2000). Recent retirement trends show that individuals presently around the age of retirement are electing to delay their retirement, opt for partial employment, or transition in and out of the workforce depending on personal circumstances and available opportunities (National Institute on Aging, 2007). Regardless of the growing complexity in the definition of retirement, the retirement of one or both spouses can have significant implications for the quality of the couple relationship. In Chapter 8, Amy Rauer and Jakob F. Jensen review the lack of consistent empirical findings on the

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role of retirement in marital quality, with studies showing positive, negative, or no links between these variables. They provide explanations for these inconsistencies and delineate potential factors that can significantly facilitate or impede the individual's and couple's adjustment to retirement.

Part I ends with an examination of how health-related changes in a spouse can influence the quality of the couple's relationship. Changes in the health of one spouse have been found to have significant implications for the health of the other spouse as evidenced in the caregiving context (e.g., Burton et al., 2003; Schulz & Beach, 1999) and in the marital context more broadly (e.g., Bookwala, 2014c; Zivin & Christakis, 2007). Equally as important, a growing body of research has documented that the effects of spousal illness also occur at the relationship level. In Chapter 9, Jeremy B. Yorgason and Heejeong Choi review the evidence for the sometimes adverse and sometimes beneficial consequences of spousal illness on the quality of the relationship. They develop an integrated theoretical framework that incorporates well-established gerontology models related to stress and adaptation and to interpersonal and dyadic relationships, and they use this framework to explain how and why spousal illness can have expected and unexpected ramifications for relationship quality. Yorgason and Choi's chapter serves as a fitting segue to Part II, which focuses on couple relationships and their links to health and coping with illness.

PART II: MARRIAGE, HEALTH, AND ADAPTATION TO ILLNESS IN MIDDLE AND LATE LIFE

Research has flourished in recent years on the health benefits of being married, especially as people age. Relative to other marital status categories (being divorced or separated, widowed, never married) and even cohabiting relationships, being married is consistently linked to superior health (e.g., Pienta, Hayward, & Jenkins, 2000; Zhang & Hayward, 2006). The health benefits associated with marriage are broad in scope (ranging from functional levels to fatal and nonfatal health conditions to mortality) and application (although the protective effects of marriage are stronger for men than women; Bookwala, 2012). Studies also have found that being in a better quality marriage is a strong predictor of better health in middle-aged and older adults (e.g., Bookwala, 2005; Umberson, Williams, Powers, Liu, & Needham, 2006) and can act as a buffer in the face of midlife and late-life stressors (Bookwala, 2011; Bookwala & Franks, 2005; Mancini & Bonanno, 2006). The chapters contained in this section further advance our understanding about the complex links between marriage and health.

In Chapter 10, Zhenmei Zhang, Hui Liu, and Yan-Liang Yu review the literature linking marital history and health in the mid- and late-life years.

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Zhang and colleagues demonstrate that understanding the health benefits of being married requires a far more nuanced and careful analysis that takes into account the various elements of individuals' lifetime marital histories such as the type, number, timing, and sequencing of marital transitions. They also emphasize that the health impact of marital transitions must be evaluated in terms of the contexts in which marital transitions are embedded as defined by individuals' gender, race, and marital quality.

Cognition is a vital domain of health and well-being as individuals age, and research on maintaining and improving late-life cognition continues to be an important need. Spouses and similar intimate partners can play an influential role as supportive collaborators in the cognitive realm by helping to enhance each other's cognitive performance (Strough & Margrett, 2002). In Chapter 11, Jennifer A. Margrett and Celinda Reese-Melancon review theoretical and empirical advances in the field of collaborative cognition in adulthood, highlighting the significant role spouses can and do play in enhancing performance when individuals age, especially on familiar (everyday) cognitive tasks. Margrett and Reese-Melancon's review of the literature shows that the effectiveness of collaborative cognition between spouses is a function of a number of factors related to the task, the dyad, and the environmental context.

Not only do older couples share cognitive resources, they also share health trajectories. Partners in an intimate relationship such as marriage are especially likely to show convergence on emotional experiences and health and well-being (Bookwala & Schulz, 1996; Hoppmann, Gerstorf, & Hibbert, 2011; Strawbridge, Wallhagen, & Shema, 2011; Tower & Kasl, 1996), sometimes viewed as a form of contagion (Bookwala, 2014a; Hatfield, Cacioppo, & Rapson, 1993). In Chapter 12, Christiane A. Hoppmann, Victoria Michalowski, and Denis Gerstorf use the intricate tango dance as a metaphor to represent the complex interplay of individual and relationship factors that are relevant to similarities between spouses' health trajectories with age. Hoppmann and colleagues identify spouses' influence on each other's engagement in health behaviors and their ability to transmit emotions to each other on a day-to-day basis as potential mechanisms that explain the synchrony in spousal health trajectories.

With increasing age, individuals are at greater risk for developing a serious or chronic illness. The last four chapters in this volume address the broad topic of aging couples coping with illness. To date, scholars have focused considerable attention on how older couples cope with losses (e.g., cognitive decline) and life stressors (e.g., illness of one or both spouses). Ill health experienced by a spouse makes coping demands on the ill person, the other spouse, and the dyad as a unit, and thus has consequences for individual and dyadic adjustment (Berg & Upchurch, 2007). Furthermore, dyadic coping varies over the life span and the trajectory of the illness and as a function of the

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relationship and illness context (Berg & Upchurch, 2007). In Chapter 13, Cynthia A. Berg, Kelsey K. Sewell, Amy E. Hughes Lansing, Stephanie J. Wilson, and Carrie Brewer review the literature on dyadic coping in healthy couples and those coping with illness. They explain why dyadic coping, which is associated with health benefits throughout adulthood, may be especially beneficial as couples age and how dyadic coping efforts develop and change over the course and stages of a chronic illness. They further propose that interactions with parents and romantic partners earlier in life shape dyadic coping strategies used later in life in spousal and similar relationships.

The development of a chronic or serious health condition in one member of a couple typically brings with it the demands of caregiving. Caring for an ill spouse is a well-known stressor known to be associated with adverse psychological and physical health effects (e.g., Burton, Zdaniuk, Schulz, Jackson, & Hirsch, 2003; Schulz & Beach, 1999). A factor that can contribute to the negative toll on spouse caregivers is the ongoing exposure to their loved one's suffering (Monin & Schulz, 2009), which can trigger a range of negative emotions including distress, sadness, and frustration. Managing these emotions is an important task for both spouse caregivers and their ill partners. In Chapter 14, Joan K. Monin reviews intrapersonal and interpersonal emotional regulation processes relevant to the spouse caregiving context and their associated health benefits for both the spouse caregiver and the care recipient. Monin makes a case for emotion regulation as a powerful strategy within the spousal caregiving context for mitigating negative consequences and enhancing positive ones in both spouses.

A considerable body of research has relied on social control theory, which refers to tactics used by an individual to instrument change in another person's behavior, to understand the mechanisms and strategies through which spouses can play an influential role in managing their partner's health-related behaviors when she or he is diagnosed with an illness (e.g., Lewis & Rook, 1999). Notwithstanding the potential benefits of dyadic coping in the face of a spouse's illness, mixed results have been found in situations where one spouse attempts to influence the other's disease management. In Chapter 15, Melissa M. Franks, Elizabeth Wehrspann, Kristin J. August, Karen S. Rook, and Mary Ann Parris Stephens discuss how spouses can be effective or ineffective in helping a chronically ill spouse manage his or her disease. The authors identify contextual factors that influence the choice of strategies and their eventual efficacy. Their review also informs us about the costs and benefits of different types of spousal involvement strategies in disease management for the ill partner, the spouse, and the dyadic relationship.

Given that individuals have the potential to yield beneficial effects for an ill spouse's management of and adaptation to a chronic health condition, training spouses to use effective strategies can be a valuable approach for

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better disease management. Recent years have witnessed a growing interest in couple-based intervention programs for promoting adjustment to chronic illness (Martire, Schulz, Helgeson, Small, & Saghafi, 2010). In the final chapter of this volume, Lynn M. Martire, Rachel C. Hemphill, and Courtney A. Polenick argue that couple-based interventions designed to promote adjustment to chronic illness can be especially efficacious if they target specifically how spouses influence the ill partner's disease management. They use findings from observational studies on spousal influence in illness management and from couple-based interventions with populations at risk for serious health conditions as supporting evidence for their position and offer recommendations for designing and implementing couple-based interventions that directly target beneficial spousal behaviors to enhance the ill partner's management of the disease. Such interventions have the potential to improve self-care, influence the trajectory of the chronic illness, and enhance both spouses' well-being.

Significant gaps still exist in the literature. Notably, there is a relative paucity of research on older same-sex marriages and nonmarital heterosexual and same-sex relationships; research that uses the dyad as the unit of analysis; and research that examines the cultural, ethnic, and demographic influences on the nature and quality of couple relationships. There is also an ongoing need for the use of sophisticated methodologies (e.g., observational research, longitudinal studies, time sampling techniques) in studying older couple relationships, methodologies that can provide a more granular level of analysis. Nonetheless, as this brief introduction shows, tremendous strides have been made in the field of research on older couple relationships. Collectively, the chapters in this volume offer a multilayered and comprehensive view on the nuances and complexities that characterize couple relationships as people age and on the integral role of older couple relationships in health and well-being. This volume provides a rich, topical, and comprehensive resource for those who study and work with adults and couples in the mid- and late-life years.

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