

# Social Interrelations in Aging: The Sample Case of Married Couples

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## INTRODUCTION

Socio-contextual models of lifespan development emphasize the notion that individual development is embedded in various layers of social contexts; starting from the most immediate social relationships that involve everyday interactions with close others such

as romantic partners to more macro-level societal contexts that entail historically changing socio-cultural norms, for example regarding marriage (Baltes, Lindenberger, & Staudinger, 2006; Bronfenbrenner & Morris, 1998; Cairns, Elder, & Costello, 1996). The purpose of this chapter is to use the sample case of married spouses to illustrate how individual

development is shaped by micro- as well as macro-level social factors. To do so, we start by elaborating why taking into account the perspectives of both partners significantly increases our understanding of the social dynamics and mechanisms that shape adult development and aging in three key domains: well-being, health, and cognitive functioning. In a second step, we will describe key methodological challenges inherent in couple research and discuss how these challenges may be overcome. In a third step, we will broaden our perspective and describe different socio-historical influences on marriage from a more macro-level perspective. In a final step, we offer thoughts and suggestions on further roads of inquiry that promise to take this body of research to the next level.

### OVERVIEW OF EXISTING RESEARCH AND NEW TRENDS

Married couples are a unit of particular interest in aging research (Antonucci, 2001; Berg & Upchurch, 2007; Fingerman & Charles, 2010; Hoppmann & Gerstorf, 2014). Spouses typically share significant portions of the lifespan with one another, they live in the same environment, they have deep insights into each other's individual strengths and weaknesses, and they have a stake in each other's problems because unresolved problems (e.g., in the health domain) often have ramifications for the lives of both partners (Berg & Upchurch, 2007; Hoppmann & Gerstorf, 2009). These factors make it likely that spouses have many joint experiences and turn to each other for help, both of which increase the likelihood of dyadic interrelations in aging. Furthermore, married partners are biologically unrelated and thus allow us to study how psychological, social, physiological, and environmental processes operate in conjunction with the partner in shaping aging without having to factor in shared genetic make-ups that characterize, for

example, aging siblings or parent-child dyads. As a consequence, married couples constitute an intriguing unit to study from the perspective of the social and behavioral sciences.

There is accumulating evidence from cross-sectional, long-term longitudinal, and daily life studies speaking to a close interplay between spousal functioning across key domains that are central to successful aging including well-being, health, and cognition (Bookwala & Schulz, 1996; Gruber-Baldini, Schaie, & Willis, 1995; Hoppmann, Gerstorf, Willis, & Schaie, 2011; Tower & Kasl, 1996). This work has filled a significant gap in the literature because it directly tested rather than theoretically assuming that spouses profoundly shape each other's aging outcomes. These findings are also novel because they demonstrate that a significant portion of well-recognized individual differences in aging across key domains of functioning is in fact related to the respective spouse. For example, recent time-sampling research examining situation-, person- and couple-specific variability in affect and collaborative problem-solving in older couples indicates that while the lion's share of variability was situation-specific, about 15–20% of the variability originated at the level of the person and another 7–20% of the variability was couple-specific (Hoppmann & Blanchard-Fields, 2011; Hoppmann & Gerstorf, 2013). This observation inevitably raises the question about possible underlying mechanisms.

In line with calls from lifespan scholars to extend individual-focused models of lifespan development to also "consider the intertwining behavioral stream of two or more individuals" (Baltes & Carstensen, 1999, p. 217) in shaping aging outcomes, we use the *collective* model of selective optimization with compensation (SOC) as a guiding framework to discuss different mechanisms that may help older couples to age successfully together. According to the collective SOC model, social others such as spouses often play a pivotal role in the choice of goals and tasks (selection) and also have a

profound impact on the means to accomplish a chosen goal (optimization and compensation). For the purposes of this chapter, we specifically focus on how spouses may influence goal-relevant means. Hence, particular attention will be given to how spouses may *optimize* each other's development by creating a social context that strengthens individual resources and so leads to a situation where older adults can perform at their best and thrive. While a supportive spouse has a tremendous potential for optimizing aging outcomes, it is also important to recognize that there may be a point when optimization may no longer be possible. Hence, we will also discuss how spouses may be able to *compensate* for common age-related resource losses by offering new means when previously available means are lost (Baltes & Carstensen, 1999). It is inspiring to think about how spouses may help optimize each other's aging outcomes and compensate for aging-related losses, thus accomplishing together what might not be possible alone (any more). However, it also needs to be recognized that not all such endeavors are going to be successful and so remind the field to also keep in mind that spouses can at times hamper each other's aging outcomes (Baltes & Carstensen, 1999).

In the following sections, we will review research on spousal interrelations in aging across three domains of functioning that are key to successful aging, namely well-being, physical health, and cognition and selectively highlight two potential mechanisms per domain through which spouses may optimize each other's aging outcomes and compensate for resource losses. We note that numerous studies have also documented evidence for spousal similarities across a number of further behaviors and psychosocial characteristics (Anderson, Keltner, & John, 2003).

## Well-Being

Most research examining age-related changes in well-being has focused on the

individual, which makes sense given the prominent role of subjective perceptions, evaluations, and experiences in shaping well-being (Diener, Tamir, & Scollon, 2006). Yet, there is an accumulating body of evidence that spouses' levels of well-being (or lack thereof) are interrelated (Bookwala & Schulz, 1996; Hoppmann et al., 2011; Tower & Kasl, 1996). This could be due to selective mating and compositional effects in marriage (Kenny, Manetti, Pierro, Livi, & Kashy, 2002). More importantly though, well-being also seems to wax and wane over time in association with the respective spouse (Hoppmann, Gerstorff, & Hibbert, 2011; Hoppmann et al., 2011). For example, using up to 35 years of longitudinal happiness information from couples participating in the Seattle Longitudinal Study, we have shown that spouses did not only report similar happiness levels at the beginning of the study. We also demonstrated that changes in happiness over time were associated between spouses as well (Hoppmann et al., 2011). We note that these spousal interrelations were considerably larger in size than those found among random pairs of women and men from the same sample (Figure 14.1). This means that adults married to a spouse whose happiness went up were more likely to also report higher happiness over time. Conversely, adults with spouses whose happiness went down, were also more likely to report lower happiness over time. Hence, although a number of fascinating questions need to be looked at in more detail (e.g., conditions under which age- and gender-specific effects emerge), these findings convincingly suggest that spouses can both improve and hamper each other's well-being. Motivated by conceptual notions from the collective SOC model (Baltes & Carstensen, 1999), we thus highlight potential mechanisms that may allow spouses to optimize their well-being and compensate for losses.

The basic idea behind spousal *optimization* of well-being is that one's partner may engage in

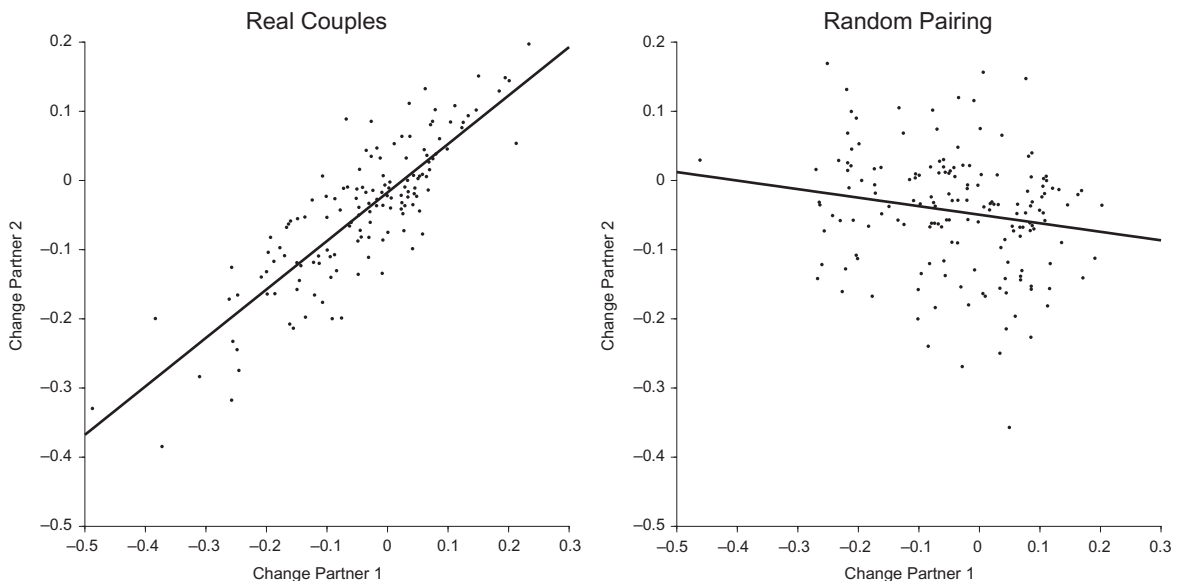


FIGURE 14.1 Social interrelations in how happiness changes over time using up to 35 years of longitudinal couple data from the Seattle Longitudinal Study: married couples (left panel) versus randomly paired men and women from the same couple data set (right panel). For further details see figure 2 in [Hoppmann et al., 2011](#).

certain types of behavior that bolster well-being in old age. We selectively describe two potential mechanisms from the social psychological literature. For example, spouses may draw on each other for *self-affirmation* by bringing to mind the love and acceptance the partner has for the self ([Murray, Bellavia, Feeney, Holmes, & Rose, 2001](#)). So far, this line of work has been based on dating student couples. It would be intriguing to examine if spousal self-affirmation operates as a mechanism through which older spouses boost each other's self-esteem and well-being. Another interesting mechanism is *positive sentiment override* ([Story et al., 2007](#)). Specifically, in line with theoretical notions that older couples optimize the emotional climate within their relationship, it has been shown that older couples display more positive affectivity and that they also interpret their spouse's behaviors in more favorable ways than middle-aged couples ([Levenson, Carstensen, Gottman, 1994](#); [Story et al., 2007](#)). This may not only be

associated with favorable marital outcomes, but it could also contribute to the well-being of each individual spouse. Beyond the described examples, older adults may sometimes run into situations where spousal optimization is not enough or no longer possible. We therefore next turn to ways in which spouses may be able to promote each other's well-being when individual resources to do not suffice.

Older adults increasingly face situations where they are in need of help to compensate for individual resource losses. Hence, in contrast to optimization, *spousal compensation* entails specific mechanisms through which spouses may be able to offer new means to make up for previously available, but now compromised, resources. In line with the notion that two heads are better than one, a powerful way to overcome individual limitations may be to engage in *collaborations with the spouse*. For example, it has been shown that middle-aged and older adults who collaborate a lot with

their spouse also report making better decisions when working together with their partner and enjoying their collaborations more than spouses who collaborate infrequently (Berg, Schindler, Smith, Skinner, & Beveridge, 2011). While spousal collaborations may be a powerful way to compensate for age-related losses with the potential to improve well-being, it also needs to be recognized that older adults may experience situations where the involvement of one's spouse may not be welcome. For example, *unasked-for support* has been shown to be associated with low affect quality in individuals (Smith & Goodnow, 1999). Taken together, there is substantial evidence for spousal associations regarding levels and changes in well-being in old age. However, despite some promising models from the social psychological literature, aging research is only just beginning to identify specific mechanisms through which spouses may optimize each other's well-being and compensate for resource losses.

## Health

Health problems become increasingly common with aging (Spiro, 2007). Importantly, these problems often not only compromise the quality of life for the individual suffering from a particular disease, but often also have ramifications for significant others. In line with this notion, it has been shown that older adults' health is associated with the respective spouse on a variety of different health indicators, including functional limitations, blood pressure, and health behaviors (Hoppmann et al., 2011; Peek & Markides, 2003; Stimpson, Masel, Ruskin, & Peek, 2006). We selectively describe two potential mechanisms through which spouses may engage in optimization and compensation regarding each other's health. Recognizing the large literature on caregiving (Zarit & Reamy, 2013), we specifically focus on everyday life processes through which spouses can foster each other's health.

How can older adults *optimize* each other's health? The health psychological literature provides some promising avenues through which spouses may promote each other's health behaviors and how they can reduce stress responses. For example, it has been shown that *dyadic planning* promotes exercise in middle-aged and older prostatectomy patients after surgery (Burkert, Scholz, Gralla, Roigas, & Knoll, 2011). Furthermore, *spousal support* has been associated with increased everyday physical activity in a sample of older persons with diabetes (Khan, Stephens, Franks, Rook, & Salem, 2013). Another way in which spouses may promote each other's health and reduce physiological stress responses is *physical touch*. In fact, recent findings regarding the role of everyday intimacy have shown that something as little as a hug or a kiss may buffer the association between chronic stress and cortisol in the daily lives of middle-aged couples (Ditzen, Hoppmann, & Klumb, 2008). Furthermore, evidence using experimental paradigms demonstrates the potential of handholding or partner massage in alleviating partner stress in young adult samples (Coan, Schaefer, & Davidson, 2006; Ditzen et al., 2009).

In addition, spouses may also *compensate* for one another in important ways. For example, research focusing on associations between personality and health, a literature that has traditionally investigated samples of unrelated individuals, has recently been extended to a dyadic level (Lay & Hoppmann, 2014; Roberts, Smith, Jackson, & Edmonds, 2009). Interestingly, findings show that certain *combinations of traits* that had been consistently linked to negative health outcomes, such as neuroticism, can actually be beneficial if they are present in one's spouse, potentially because they help keep older adults out of harm's way (Lahey, 2009; Lay & Hoppmann, 2014; Roberts et al., 2009). For example, wives whose husbands were characterized by high conscientiousness combined with high neuroticism reported better



health than other women, probably because these men were vigilant and diligent regarding health-related issues both for themselves and their wives (e.g., reminding their spouse about medications or exercise; Roberts et al., 2009). Furthermore, higher neuroticism in one's spouse has been linked to more favorable everyday problem-affect associations, possibly because spouses higher in neuroticism are more vigilant and prepare their partners to deal with everyday stressors, thereby compensating for aging-related losses (Lay & Hoppmann, 2014). This is interesting in light of potential age-related changes in personality. Hence, there is initial evidence on the potential of examining the important role of spousal optimization and compensation in the health domain.

### Cognition

Spousal interrelations have been shown for a number of different cognitive abilities including memory, inductive reasoning, perceptual speed, and cognitive complexity in cross-sectional as well as long-term longitudinal studies (Gerstorff, Hoppmann, Anstey, & Luszcz, 2009; Gerstorff, Hoppmann, Kadlec, & McArdle, 2009; Gruber-Baldini, Schaie, & Willis, 1995). While these findings demonstrate that changes in cognitive functioning are linked among spouses, they also raise many questions regarding the underlying dyadic mechanisms. Research coming from an interactive minds or collaborative cognition perspective speaks to the potential of spouses to optimize cognitive performance and to compensate for cognitive losses in old age (Baltes & Staudinger, 1996; Dixon, 1999). Both perspectives emphasize the inherently social nature of cognition in terms of reciprocal influences between the cognitions of multiple individuals (interactive minds; Baltes & Staudinger, 1996) or the cognitive activity of multiple individuals working on a common task together (collaborative cognition; Dixon, 1999). The respective findings are encouraging because

they have started to delineate specific conditions under which older couples may show similarly high collaborative performance as younger couples do despite well-documented age-related declines in individual cognitive performance, and they show how spouses may help compensate for individual cognitive losses in old age (Dixon & Gould, 1998; Rauers, Riediger, Schmiedek, & Lindenberger, 2011).

For example, spouses may be able to *optimize* cognitive performance by creating a *positive emotional climate* and by *counteracting* the vicious effect of anxiety-provoking *age stereotypes* that have been shown to undermine older adults' cognitive performance on a variety of different tasks (Chasteen, Kang, & Remedios, 2012; Levy, Zonderman, Slade, & Ferrucci, 2012; Murray et al., 2001). It would be interesting to examine whether the presence of a supportive spouse during a task that is known to activate negative age stereotypes leads to better cognitive performance than completing the same task alone.

In addition, older spouses may be able to *compensate* age-normative cognitive losses by engaging in spousal collaborations (Dixon & Gould, 1998; Ross et al., 2008). One key factor that has been shown to facilitate collaborative gains concerns effective *dyadic communication and familiarity*, in part because it allows older spouses to capitalize on their joint knowledge and expertise (Dixon & Gould, 1998; Margrett & Marsiske, 2002). To illustrate, Rauers et al. (2011) have shown that older adults who collaborated with their spouses needed fewer cues to guess a specific object than older adults who collaborated with age-matched unfamiliar partners. Importantly, older adults with relatively low fluid abilities were partly able to make up for their reduced performance when collaborating with their spouse as compared to working with a stranger (Rauers et al., 2011). Whether the opposite might also be true (i.e., one partner's poor cognition dragging down the other partner's cognition) remains to be tested.

Hence, effective communication and familiarity may represent pathways through which older couples are able to collaboratively compensate for an age-related loss of resources.

## TOWARDS ADDRESSING METHODOLOGICAL CHALLENGES

At a very general level, research with older couples provides support for the notion that spouses play a key role in shaping each other's aging outcomes. However, an integration of these various lines of research remains challenging in part because of methodological issues. For example, long-term longitudinal studies have generated a substantial body of evidence that dyadic interrelations in aging trajectories exist, but these studies are limited due to their focus on individual-level measures (Hoppmann & Gerstorf, 2014). At the same time, there are interesting experimental paradigms (often developed for younger samples) that spell out specific dyadic mechanisms that have the potential to explain how the reported spousal interrelations in aging trajectories come about. Hence, one of the key challenges that future aging research with couples has to confront is to meaningfully integrate different methodological approaches. We will use the domain of everyday problem solving to provide an illustrative example.

Imagine the following scenarios of common everyday problems in old age: *Scenario 1*. An older man has been an avid runner for all of his life, but is increasingly having trouble with knee pain. His doctor tells him that he can either opt for knee surgery right away, recognizing that it will take a lot of hard work and a supportive environment to come back to where he is right now, or that he can stay away from activities that are hard on his knees such as running. He is having trouble weighing all the different pieces of information and worries about overburdening his wife if he goes in for

surgery. *Scenario 2*. An older couple has been driving the same car for over 20 years and now it has finally broken down when the husband drove it to the mall. He is upset and does not even want to think about the larger issue of whether it is even worth fixing. *Scenario 3*. An older man has had a very close relationship with his son all along. However, since the birth of his grandchild, there have been tensions. He and his wife are trying to support the young family by looking after their grandson, but he is increasingly annoyed by an ever-growing list of instructions whenever they are babysitting. He does not want to start a conflict, but he is having trouble holding back his negative emotions.

The above everyday problems differ on many dimensions, including content domain, whether the problem is instrumental or social in nature, and in their emotional salience. Furthermore, all of these problems could be conceptualized as individual or joint problems and none of them has a right or wrong answer to them. Finally, these hypothetical problem scenarios all describe situations that are common in old age and yet, it is possible that a specific older adult experiences all of them or none of them in his or her daily life.

When trying to determine how older spouses can optimize each other's problem solving and compensate for resource losses when confronted with these problem scenarios or something similar, the researcher quickly finds himself or herself torn and unable to integrate two lines of research that are both relevant to the above-presented everyday problem-solving scenarios. On one hand, there is sophisticated *experimental* research showing that all of the above-mentioned problem characteristics matter and that older adults choose their problem-solving strategies in line with the characteristics of the problem (e.g., social vs. instrumental or high in emotional salience vs. low in emotional salience; Blanchard-Fields, 2007; Marsiske & Margrett, 2006). On the other hand, there is *time-sampling* research

showing that older adults tend to approach their problems in idiosyncratic ways based on the goals they have or depending on their specific personality characteristics (DeLongis & Holtzmann, 2005; Hoppmann & Gerstorf, 2013). Importantly, these problem-situation and person-focused perspectives are not mutually exclusive, but they are rarely investigated together (see Newth & DeLongis, 2004, for an exception). We have shown—within the same sample of older couples—that there is substantial variability in individual and collaborative problem solving as related to problem-, person-, and couple-characteristics (Hoppmann & Blanchard-Fields, 2011). In other words, the same individual is likely going to solve all three problem scenarios in different ways based on their unique problem characteristics (e.g., instrumental vs. social), but s/he is also going to approach them in a consistent way that reflects his or her idiosyncratic goals and strategy repertoire (preference for individual vs. collaborative strategies) as well as the opportunities that are provided by his or her marriage (good communication style vs. not so good communication style). To move the field forward, we therefore propose that researchers examine both individual and spousal preferences for specific problem-solving strategies as well as how these strategies are tailored to problem characteristics. Doing this in a way that also allows for a combination and integration of daily life assessments and experimental paradigms would come with the important additional strength that problem solving is examined as older adults engage in their typical daily activities in their own environments, which maximizes ecological validity while also subjecting the respective mechanisms to rigorous experimental testing under controlled laboratory conditions within the same sample. For example, one might ask older couples in the lab to discuss strategies for solving ambivalent hypothetical problem scenarios that could be solved using individual or collaborative

problem-solving strategies under high-stress versus low-stress conditions. One might predict that collaborations are particularly beneficial in high-stress situations. It would then be interesting to see if the respective lab findings have predictive validity for how the same couple approaches their everyday problems in response to high-stress/low-stress situations, whether that is related to spousal goals (which could be self-focused or shared), and how effectively spouses communicate the need for their partner to come in and help with a problem.

### PSYCHOLOGICAL PROCESSES ARE EMBEDDED IN MACRO-LEVEL CONTEXTS

Theories focusing on more of a macro-level perspective draw attention to the fact that the above-described dyadic processes all occur in a larger societal context and that they are governed by historically changing social norms and expectations (Cairns et al., 1996; Helson & McCabe, 1994). Hence, different birth cohorts may encounter profoundly different expectations regarding the roles and behaviors within marriage (Settersten & Haegstad, 1996). For example, there are profound differences between generations in the likelihood to disengage from unsatisfying marriages as manifested in increasing divorce rates (United States Census Bureau, 2012). Another example may be changes in sexuality related to the introduction of Viagra (Marshall, 2006). In addition, social norms and expectations can differ between individuals belonging to the same birth cohort if they are part of different (sub)-cultures or religious denominations. For example, spouses may attach different meanings to their relationship and encounter different challenges in collectivist as compared to individualistic cultures, depending on their religious background (e.g., Catholic vs. non-Catholic), and whether they are married to a same-sex or an opposite-sex partner (Balsam



& A'Augelli, 2006; Diener, Gohm, Suh, & Oishi, 2000; Mock & Cornelius, 2007; Robles, Slatcher, Trombello, & McGinn, 2013). Hence, although our focus in this chapter is on understanding the psychological processes that tie together aging in spouses, we also have to recognize the often considerable impact of such macro-level forces.

For example, in light of macro-level changes in divorce rates, it is quite possible that older couples belonging to the Baby Boomer generation will be less able to bank on long histories of joint experiences when collaborating on everyday problems in old age as compared to earlier-born cohorts of older couples who often have been married for 40 years by the time they reach retirement age. At the same time, it is also possible that earlier-born cohorts vary more in their relationship quality and communication style, whereas the aging Baby Boomers might only stick to high-quality relationships and therefore be better positioned to collaboratively solve everyday problems in old age. Furthermore, changing gender roles may lead to more egalitarian collaborations and fewer gender differences in emotional transmissions (for an overview, see Joiner & Katz, 1999) among the aging Baby Boomers as compared to earlier-born cohorts.

## FUTURE DIRECTIONS AND CHALLENGES

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This chapter provided an overview of previous research on social interrelations in aging using the sample case of married couples. Drawing on collective extensions of the model of SOC, we have highlighted specific mechanisms that may help us better understand how spouses can optimize each other's aging outcomes and compensate for individual resource losses. In closing, we would like to highlight some remaining challenges and lay out promising areas of inquiry that would move this line of research to the next level.

## Capturing Processes that Occur on Different Timescales

Developmental scientists have long called for the need to link developmental processes that occur at different levels of abstraction and along different timescales (Bronfenbrenner & Morris, 1998; Nesselroade, 1991). Specifically, combining repeated daily life assessments that capture processes that unfold on a timescale of hours or days with assessments of long-term longitudinal change that occur over years or even decades would represent a quantum leap in couples research because it would help address key questions such as "Are the fluctuations in behaviors and feelings that can be captured using daily life assessments meaningful and do they predict long-term outcomes?" Initial evidence from samples of unrelated individuals indicates that the answer may very well be "yes" (for more extended discussion, see Gerstorf, Hoppmann, & Ram, 2014). For example, we, and others, have shown that across different domains of functioning (e.g., affect quality, cognitive processes, and goal pursuit) daily life processes and short-term variability are significantly associated with long-term health outcomes including mortality hazards (Hoppmann, Gerstorf, Smith, & Klumb, 2007; MacDonald, Hultsch, & Dixon, 2008; Piazza, Charles, Sliwinski, Mogle, & Almeida, 2013). Apart from applying these research designs to the study of social interrelations in couples, it also remains to be tested what the more intermediate processes might look like. Using an example from the field of stress and aging (Figure 14.2), it will be intriguing to examine (i) if having a spouse who reports high negative affect in daily life is associated with high cortisol outputs over and above one's own levels of negative affect during a typical week (timescale of days), (ii) if having high cortisol outputs during a typical week is associated with poorer glucose regulation (timescale of months), and (iii) how this ultimately increases the risk of

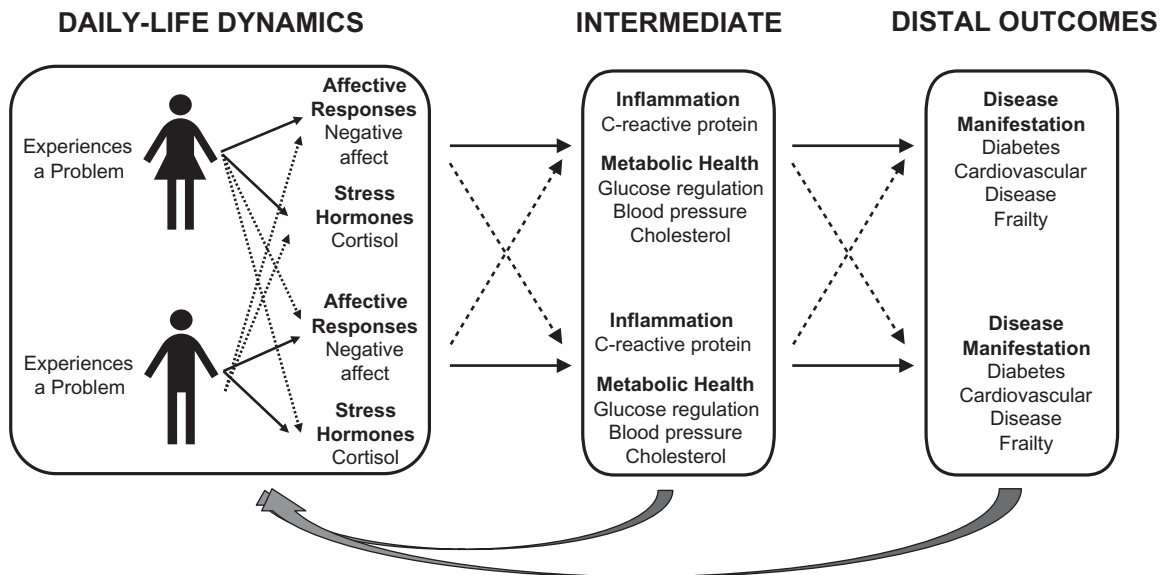


FIGURE 14.2 Working model of how multiple timescale inquiry would help us better understand the socially interrelated nature of long-term development. Adapted from [Hoppmann & Gerstorf, 2014](#).

developing stress-related diseases such as diabetes (timescale of years).

### Integrating Between-Couple and Within-Couple Perspectives

Another highly informative avenue for future inquiry would be to move the study of social interrelations in aging from a between-couple perspective to a within-couple perspective. For example, sizeable correlations between spouses in both levels of and long-term longitudinal changes in a variety of different indicators of physical and mental health suggest that individual change trajectories are more similar to the respective spouse than to other randomly matched partners from the same sample (Hoppmann et al., 2011). However, such similarity does not preclude the possibility that there are also meaningful and in part considerably sized health and well-being differences within a given marriage. In fact,

findings from the Household, Income, and Labour Dynamics in Australia (HILDA) survey have pointed to substantial discrepancies in mental health of more than three-quarters of a standard deviation between partners within a given married dyad that remained stable over 9 years ([Gerstorf, Windsor, Hoppmann, & Butterworth, 2013](#); see [Figure 14.3](#)). It is upon future research to delineate the specific conditions under which such spousal discrepancies are maladaptive (e.g., associated with elevated risks for marriage dissolution) or adaptive (e.g., serving developmental or relationship functions). For example, drawing from conceptual notions such as the collective SOC model, one could argue that a certain degree of spousal differences—if kept within certain bounds—can be adaptive because those discrepancies are a necessary precondition to invoke the help of one’s partner during times of need in order to optimize one’s own health or to compensate for resource losses.

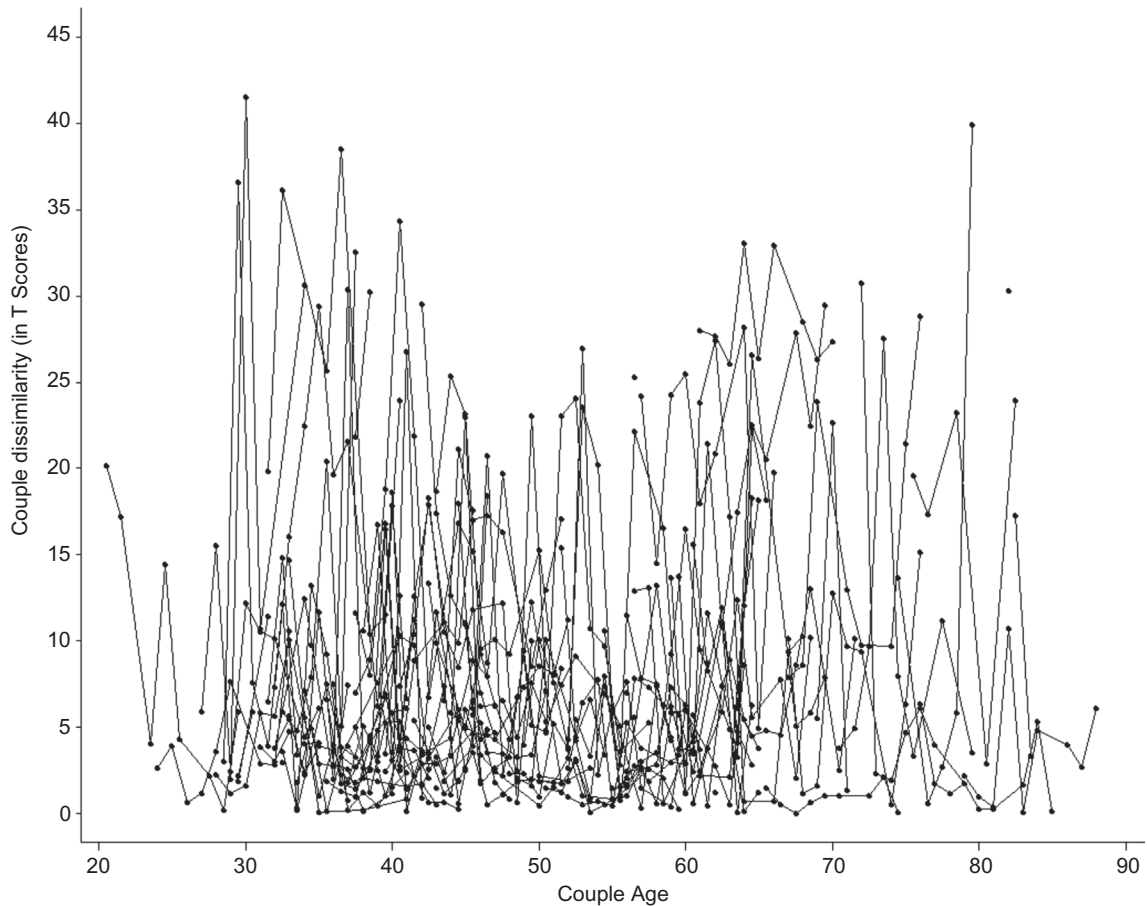


FIGURE 14.3 Within-couple similarities in mental health across couples participating in the HILDA survey. For further details see figure 3 in [Gerstorff et al., 2013](#).

### Applied Significance

There are multiple ways in which findings from couple studies could be applied to benefit the health of aging spouses. For example, it has been shown that holding the hand of a romantic partner alleviates stress in young couples ([Coan et al., 2006](#)). It has further been demonstrated that receiving a hand massage by a health professional prior to surgery reduces anxiety and blood pressure in cataract patients ([Kim, Cho, Woo, & Kim, 2001](#)). It would

therefore make sense to explore if something as little as a 5-min hand massage by a spouse could reduce the stress associated with invasive medical procedures in old age. Furthermore, it would be highly informative to recruit spouses to provide assistance with the monitoring of clinically relevant symptoms that are outside of the awareness of a patient. For example, [Swetter et al. \(2009\)](#) have demonstrated that female spouses of patients with invasive cutaneous melanoma (skin cancer) had higher melanoma awareness than their husbands and

that the majority of spouses played a key role in patient skin self-examination. The potential for involving spouses in health monitoring is not limited to cancer. It may also be very useful to educate and recruit spouses to help with the monitoring of other types of symptoms that are hard to detect by the affected person, such as dropping blood sugar levels in persons with diabetes or the emergence of memory problems.

### Social Interrelations Beyond Marital Dyads

This chapter used the sample case of married couples to spell out a number of different mechanisms that may link the developmental trajectories of closely related individuals. While married couples offer valuable insights into the social contours of aging, they are but one specific unit. It is similarly important to examine social interrelations in other social units including but not limited to parents and their adult children or grandchildren, friendship dyads, aging siblings, or professional relationships between nurses and patients (Baltes & Zerbe, 1976; Bengtson, Giarrusso, Mabry, & Silverstein, 2002; Fingerman & Birditt, 2011; Giles & Gasiorek, 2011; Strough, Berg, & Meegan, 2001). The promise of doing so is supported, for example, by previous research from unrelated individuals suggesting that parental evaluations of how their adult children turned out are an important source of well-being (or lack thereof) in old age (Ryff, Lee, Essex, & Schmutte, 1994).

## CONCLUSION

This chapter points to the importance of extending aging research to include the perspectives of multiple co-developing individuals. Such an extension holds great promise for the identification of processes through which

older adults might be able to embark on more favorable aging trajectories by virtue of optimizing goal-relevant means and compensating for resources losses. Moving forward, it will be important to integrate different research designs into the same study to facilitate the integration of findings emanating from different research traditions and to spell out the mechanisms that facilitate successful aging in units of one plus one individuals.

### Acknowledgments

Christiane Hoppmann gratefully acknowledges the support of the Michael Smith Foundation for Health Research and the Canada Research Chairs program.

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