

Relationships

Outline

- Social relationships – general
- Intimate relationships in later life
- Widowhood
- Grandparents

Social Relationships - General

Overwhelming evidence that social relationships are important for

Psychological well-being (e.g., depression; Cohen & Wills, 1985)

Physical Health (e.g., disease, functioning, self-rated health; Newsom et al, 2008)

Mortality (Berkman & Syme, 1979)

Social Relationships - General

Positive relationships, such as more social support,
associated with better health (e.g., Holt-Lunstad, 2018)

But primary model is “buffering hypothesis” such at support
buffers the effects of stressful life events (Cohen & Wills, 1985)

Buffering hypothesis: Support reduces adverse biological
stress responses to stressful life events (such as divorce,
victim of crime, loss of family member) that impact on
health

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310.

Holt-Lunstad, J. (2018). Why social relationships are important for physical health: A systems approach to understanding and modifying risk and protection. *Annual review of psychology*, 69(1), 437-458.

Social Relationships - General

Ways of conceptualizing/measuring social relationships

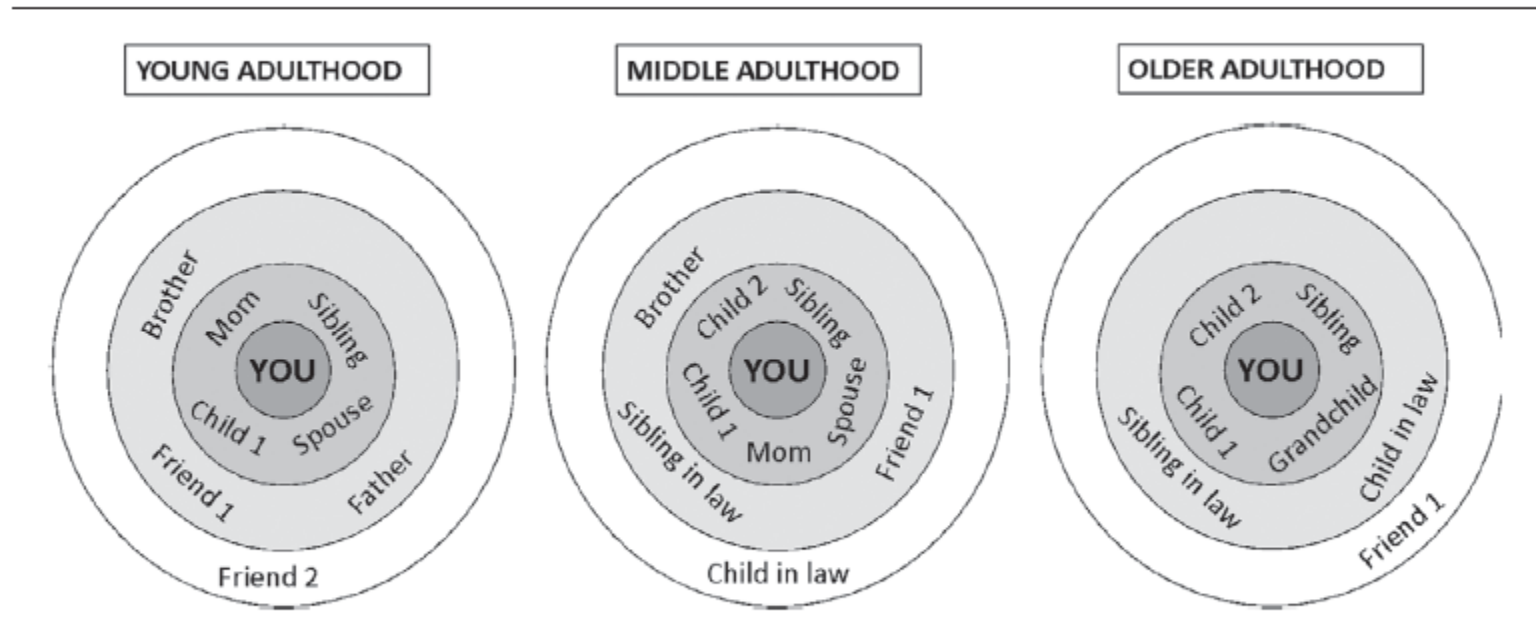
Social Networks

- Overall size
- Family vs. friends
- Peripheral vs. central
- Intimate relationships and confidantes (e.g., spouse, partner)

Social Relationships - General

Convoy Model of Social Relationships (Kahn & Antonucci, 1980)

FIGURE 3. EXAMPLE OF CONVOY CHANGE OVER TIME.



Note. Hypothetical figures based on data for mean circle size and composition in 2015 (Survey Research Center, 2015) synthesized to represent a hypothetical average individual.

Fuller, H. R., Ajrouch, K. J., & Antonucci, T. C. (2020). The convoy model and later-life family relationships. *Journal of Family Theory & Review*, 12(2), 126-146.
 Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles and social support. In P. B. Baltes & O. G. Brim (Eds.), *Life-span development and behavior* (pp. 253–286). Academic Press

Social Relationships - General

Ways of conceptualizing social relationships

Social Support

- Perceived availability vs. received
- Emotional, instrumental, informational

Social Relationships - General

Example Measure— received support

In the past month, how often did the people you know ...

Positive social exchanges

(Informational support)

1. ... offer helpful advice when you needed to make important decisions?
2. ... make useful suggestions?
3. ... suggest ways that you could deal with problems you were having?

(Instrumental support)

4. ... do favors and other things for you?
5. ... provide you with aid and assistance?
6. ... help you with an important task or something that you could not do on your own?

(Emotional support)

7. ... do or say things that were kind or considerate toward you?
8. ... cheer you up or help you feel better?
9. ... [In the past month] how often did you discuss personal matters or concerns with someone you know?

(Companionship)

10. ... provide you with good company and companionship?
11. ... include you in things they were doing?
12. ... do social or recreational activities with you?

Newsom, J. T., Rook, K. S., Nishishiba, M., Sorkin, D. H., & Mahan, T. L. (2005). Understanding the relative importance of positive and negative social exchanges: Examining specific domains and appraisals. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60(6), P304-P312.

Social Relationships - General

Ways of conceptualizing social relationships

Negative social interactions¹

- Criticisms, anger, neglect, dishonesty, failure to reciprocate

Harmful to psychological health (e.g., higher risk of depression) and physical health

¹Synonyms: social strain, interpersonal conflict, negative social exchanges

Social Relationships - General

Negative Social Exchange Items

Example Measure

In the past month, how often did the people you know...	
(0=never, 1=not very often, 2=sometimes, 3=often, 4=very often)	
Factor	
Unwanted advice or intrusion	...give you unwanted advice?
	...question or doubt your decisions?
	...interfere or meddle in your personal matters?
Failure to provide help	...let you down when you needed help?
	...ask you for too much help?
	...fail to give you assistance that you were counting on?
Unsympathetic or insensitive behavior	...do things that were thoughtless or inconsiderate?
	...act angry or upset with you?
	...act unsympathetic or critical about your personal concerns?
Rejection or neglect	...leave you out of activities you would have enjoyed?
	...forget or ignore you?
	...fail to spend enough time with you?

Newsom, J. T., Mahan, T. L., Rook, K. S., & Krause, N. (2008). Stable negative social exchanges and health. *Health Psychology, 27*(1), 78.

Social Relationships - General

Newsom, Mahan, Rook, and Krause (2008) showed that stable negative social interactions were predictive of health two years later

Table 3

Standardized Path Coefficients for TSE Models of the Relation of Stable Negative Social Exchanges to Health (N = 666)

	Self-rated health	Health conditions	Functional limitations
Age	-.067*	-.031	.132***
Female	.021	-.024	.001
Education	.030	-.053	-.056 ^a
Minority	.016	-.001	.051 ^a
Income	.060	-.002	.007
Baseline self-rated health	.552***		
Baseline health conditions		.699***	
Baseline functional limitations			.677***
Stable negative exchanges	-.113**	.072*	.110***

Note. Higher values for self-rated health represent better health, whereas higher values for health conditions and functional limitations represent poorer health.

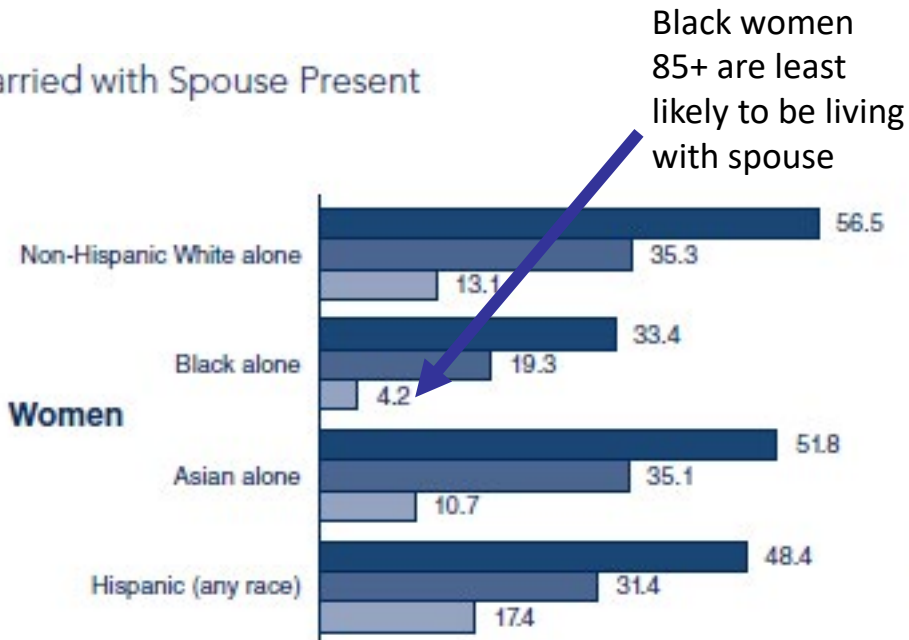
^a $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Newsom, J. T., Mahan, T. L., Rook, K. S., & Krause, N. (2008). Stable negative social exchanges and health. *Health Psychology, 27*(1), 78.

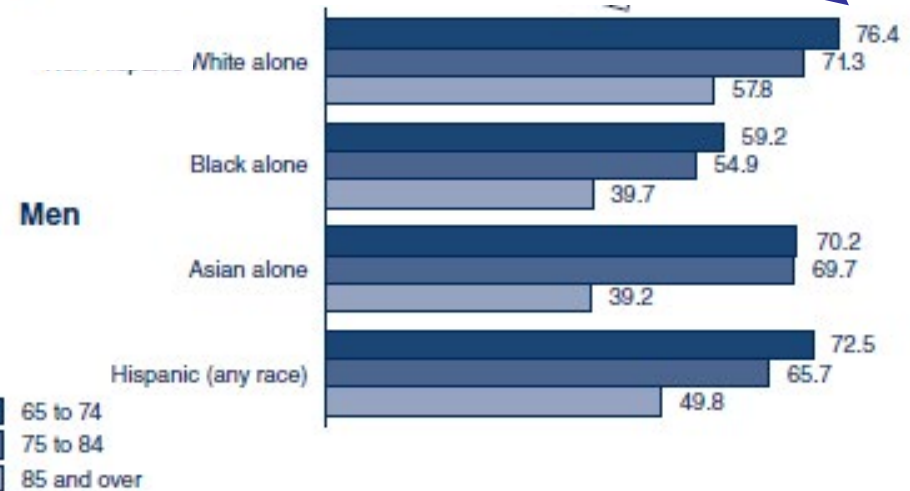
Intimate Relationships in Later Life

Intimate relationships: romantic partners and marital relationships

Percent Married with Spouse Present



Non-Hispanic White men a 65-74 most likely to be living with spouse



Among 65+, 72% of men and 45% of women are married and living with a spouse
Majority of women (55%) unmarried

Source: He, W., Sangupta, M., Velkoff, V. A., & DeBarros, K. A. (2005). 65+ in the United States: 2005. Current Population Reports Special Studies. U.S. Census Bureau, Current Population Reports, P23-209. Washington DC: U.S. Government Printing Office.

Intimate Relationships in Later Life

Do you, personally, identify as lesbian, gay, bisexual, or transgender?

	Yes	No	DK/Ref
	%	%	%
18 to 29	6.4	90.1	3.5
30 to 49	3.2	93.6	3.2
50 to 64	2.6	93.1	4.3
65+	1.9	91.5	6.5
18 to 29 Women	8.3	88.0	3.8
18 to 29 Men	4.6	92.1	3.3

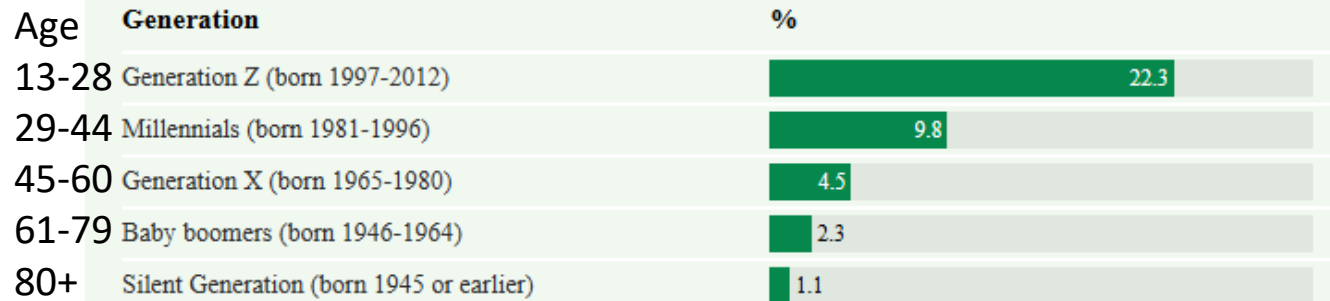
Gallup Daily tracking
 June 1–Sept. 30, 2012

<http://www.gallup.com/poll/169640/sex-marriage-support-reaches-new-high.aspx>

Intimate Relationships in Later Life

U.S. Adults' Self-Identification as LGBTQ+, by Generation, 2023

Figures are the percentage who consider themselves to be Lesbian; Gay; Bisexual; Transgender; or something other than heterosexual.



Based on aggregated data from 2023 Gallup telephone polls.

[Get the data](#) • [Download image](#)

GALLUP

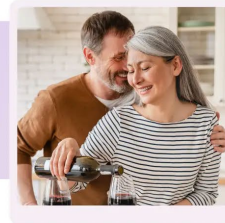
<https://news.gallup.com/poll/611864/lgbtq-identification.aspx>

Intimate Relationships in Later Life

Based on survey of 687 Americans aged 55 and over about their sexual habits and preferences. Among them, 42% were men, and 58% were women. Additionally, 37% were in their 50s, 47% were in their 60s, and 16% were in their 70s. (November 2024)

<https://www.carewell.com/resources/blog/exploring-sexuality-and-aging/>

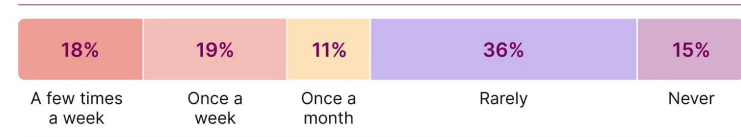
Senior sexual activity



More than 1 in 3

Americans over the age of 55 **have sex at least once a week.**

Sex frequency among older adults



Seniors in their **70s** were the **most likely to have sex** at least once a week (**42%**), compared to those in their 50s and 60s (**35%**).



1 in 10

older adults have had **more than one sexual partner** in the past year.



Just **over half of seniors** felt **satisfied with their sex life.**

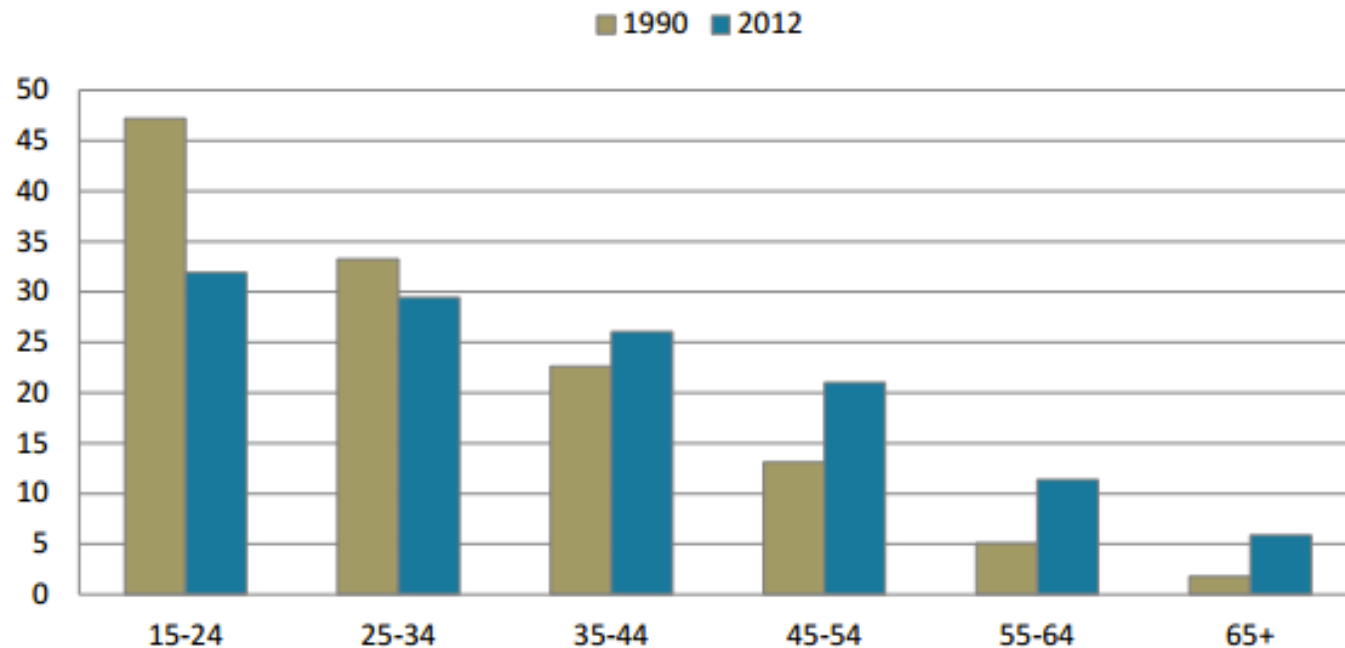
Intimate Relationships in Later Life

Perspectives on Long-Term Relationships

<i>Perspective</i>	<i>How Applied to Relationships</i>
Socioemotional selectivity theory	People prefer long-term relationships to maximize their positive affect
Social exchange theory	Relationships are evaluated according to costs and benefits
Equity theory	Balance is sought between what each contributes to the relationship
Similarity	Couples who are similar are happier
Need complementarity	Couples who are different are happier
Behavioral approach	The behaviors couples engage in affect their relationship satisfaction

Intimate Relationships in Later Life

Figure 1. Divorce Rates by 10-Year Age Groups, 1990 & 2012

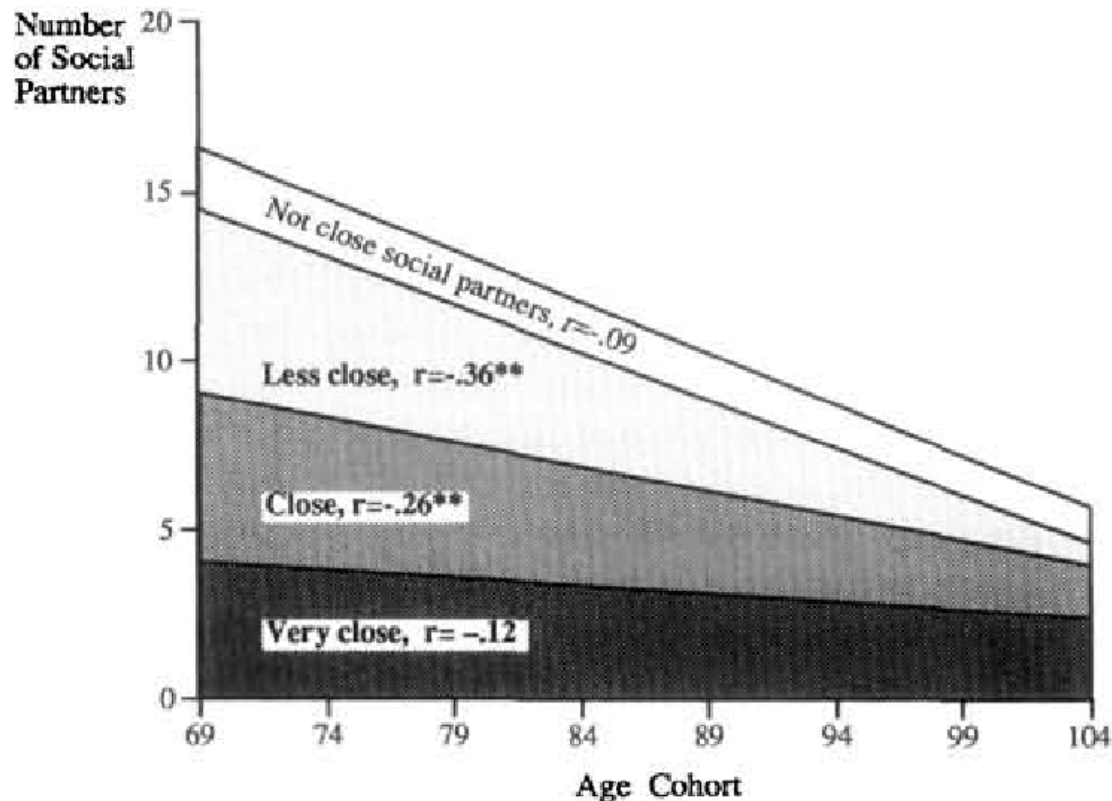


Source: Centers for Disease Control and Prevention, National Center for Health Statistics, VitalStats and U.S. Census Bureau, American Community Survey, 2012

Source: Waite, L. J., Laumann, E. O., Das, A., & Schumm, L. P. (2009). Sexuality: Measures of partnerships, practices, attitudes, and problems in the National Social Life, Health, and Aging Study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 64 Supplement 1, 156–166.

Intimate Relationships in Later Life

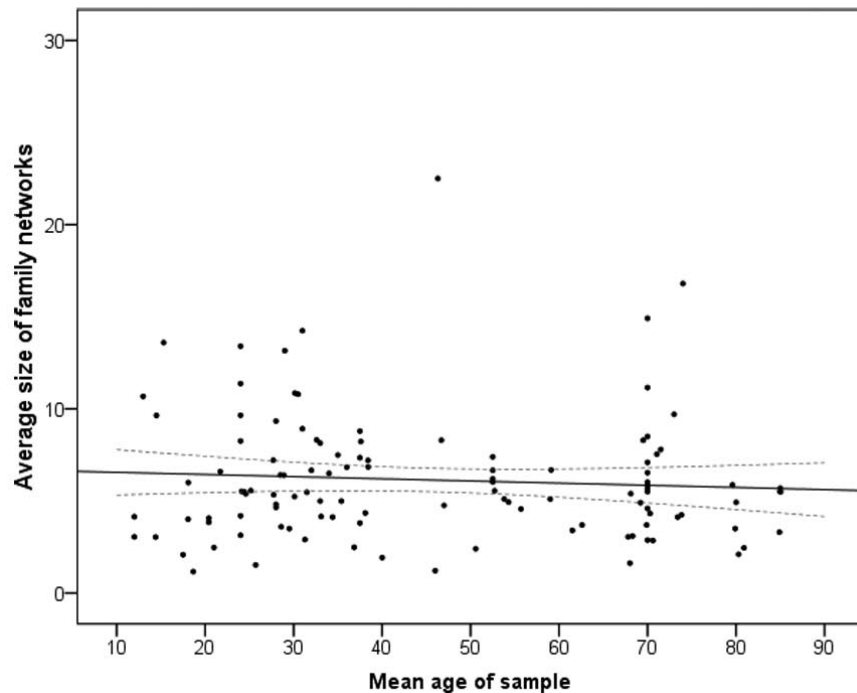
Socioemotional selectivity theory (Lang & Carstensen, 1994)



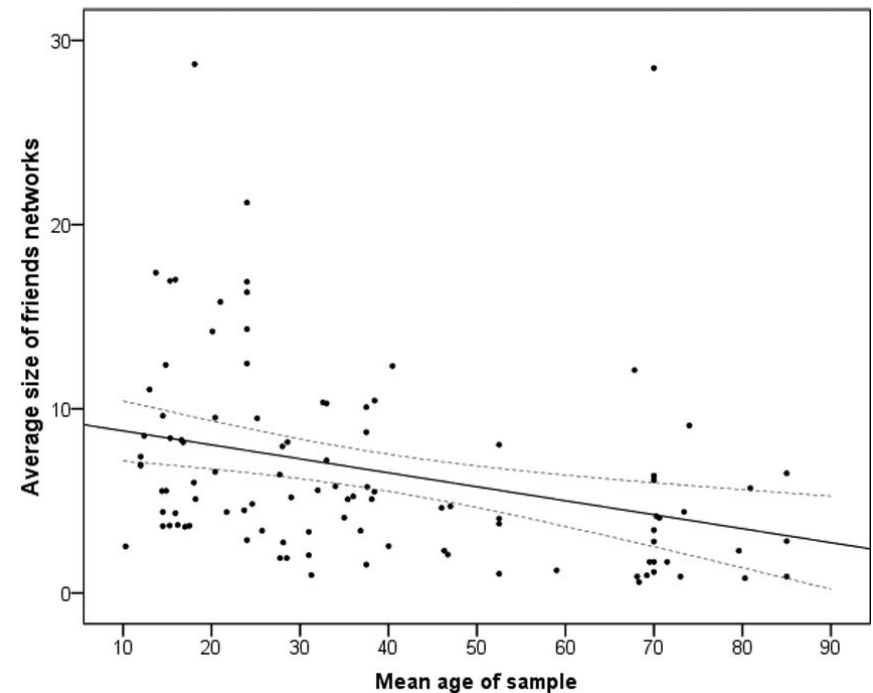
Lang, F. R., & Carstensen, L. L. (1994). Close emotional relationships in late life: further support for proactive aging in the social domain. *Psychology and aging*, 9(2), 315.

Social Relationships

C



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Wrzus, C., Hänel, M., Wagner, J., & Neyer, F. J. (2013). Social network changes and life events across the life span: A meta-analysis. *Psychological bulletin*, 139(1), 53.

Social Relationships

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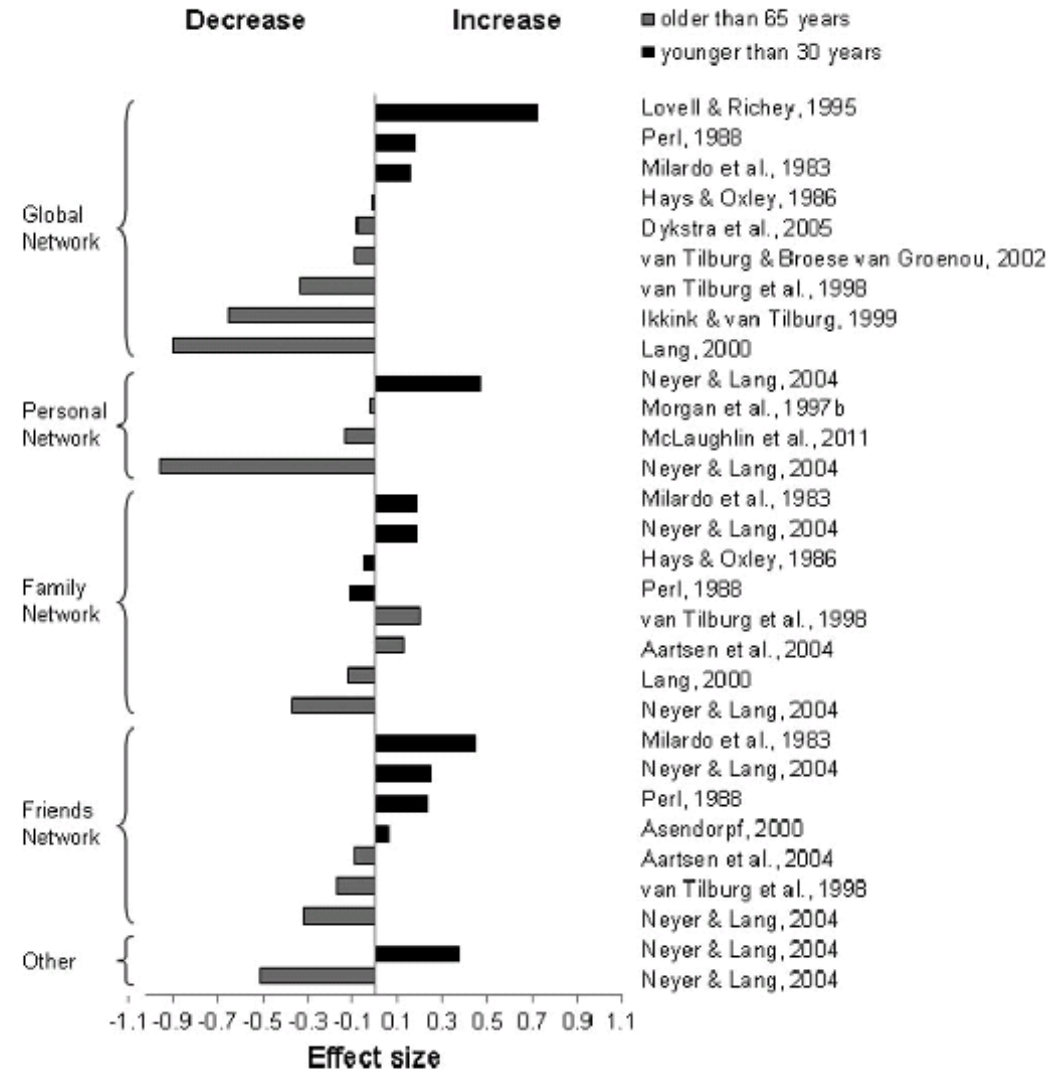


Figure 3. Observed effect sizes for longitudinal, age-related change in social networks

Widowhood

14 million widows in US, 76% are 65 and older

73% of women 85 and older are widows

Men more prone to depression than women after loss

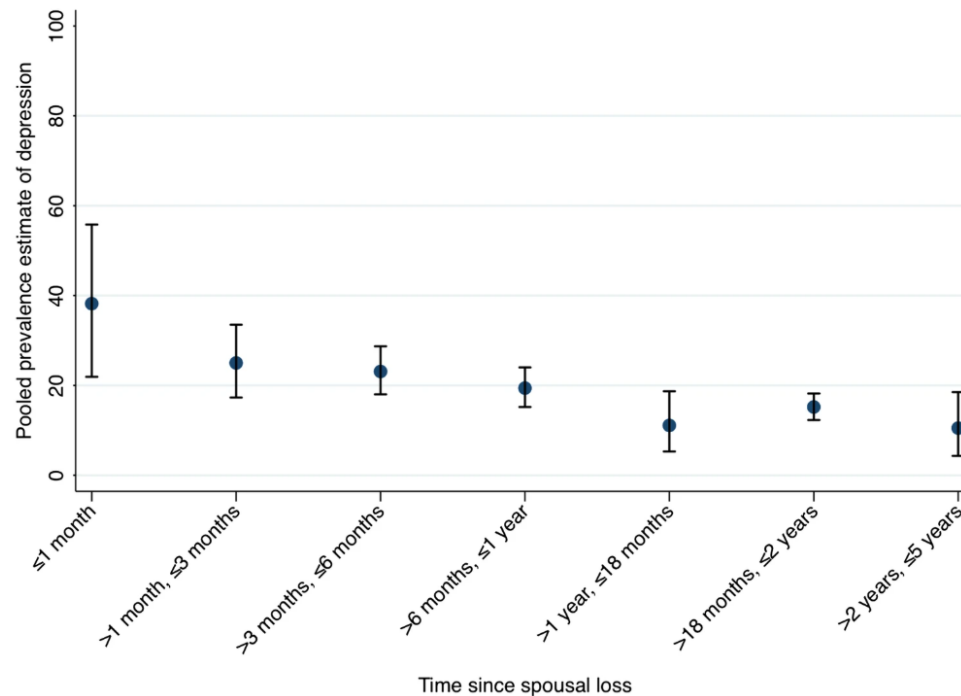
Anniversary reactions may continue for 35 years or longer

Widowhood

Recovery time after loss of spouse, based on meta-analysis by Kristiansen et al. (2019)

Fig. 3

From: The association of time since spousal loss and depression in widowhood: a systematic review and meta-analysis



Association of time since spousal loss and prevalence of depression. Figure showing the pooled prevalence estimates (with 95% confidence intervals) from the meta-analysis for each interval of time since spousal loss

Kristiansen, C. B., Kjær, J. N., Hjorth, P., Andersen, K., & Prina, A. M. (2019). The association of time since spousal loss and depression in widowhood: a systematic review and meta-analysis. *Social psychiatry and psychiatric epidemiology*, 54, 781-792.

Based on clinical cutoff scores from depression inventories of 22 different studies

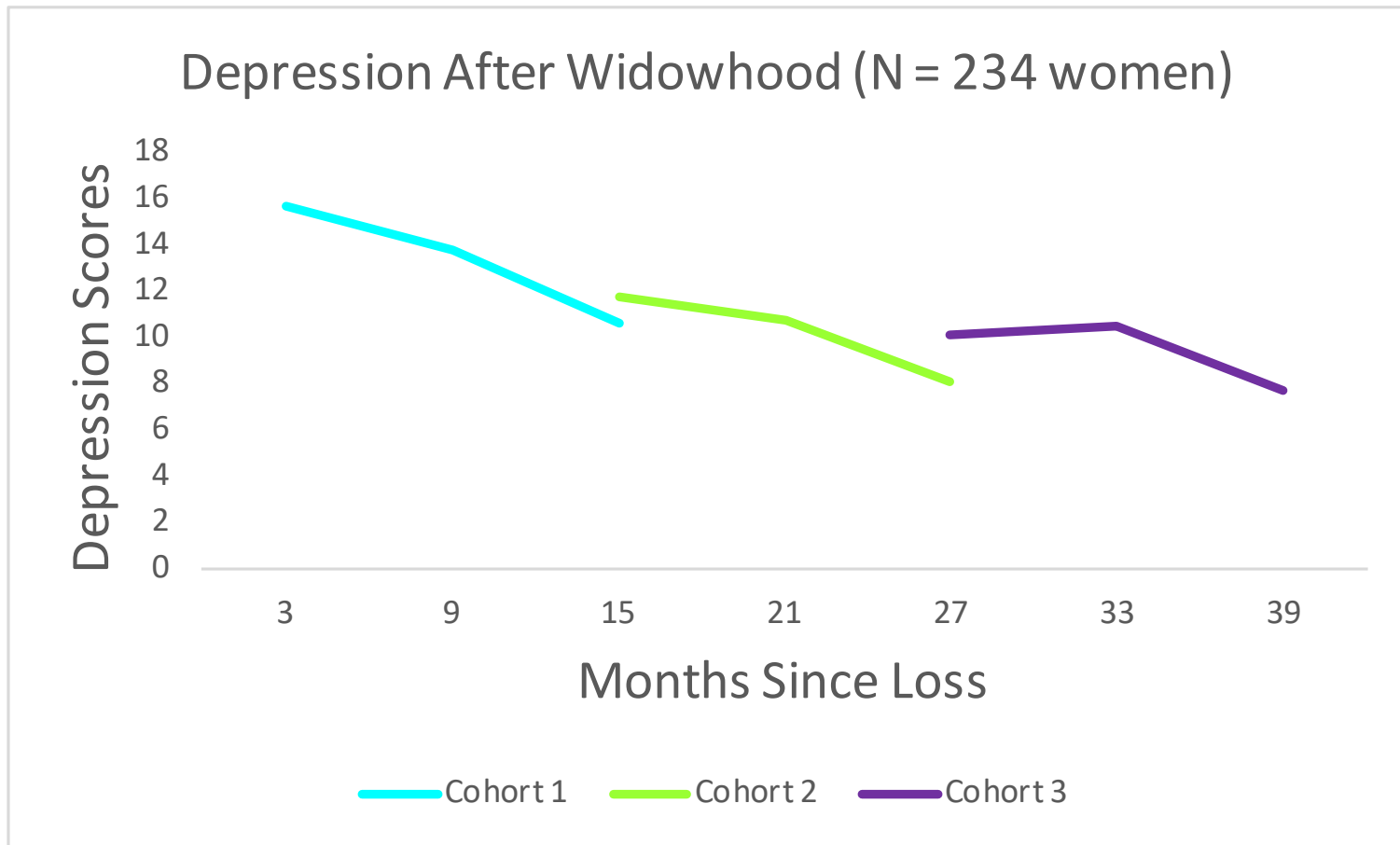
Widowhood

- Study conducted by Morgan and Neal
- Widows were interviewed three times. Each interview was separated by 6 months.
- Three cohorts in which the initial interviewing started either 3 months after the loss of the spouse, 15 months after the loss of the spouse, or 27 months after the loss of the spouse.
- Changes in depression occur over a period of 18 months for each widow.

	3 months* Wave1	9 months Wave1	15 months Wave2				
Cohort1	X	X	X				
			15 months Wave1	21 months Wave2	27 months Wave3		
Cohort2			X	X			
					27 months Wave1	33 months Wave2	39 months Wave3
Cohort3					X	X	X

Morgan, D. L., Neal, M. B., & Carder, P. C. (1997). Both what and when: The effects of positive and negative aspects of relationships on depression during the first 3 years of widowhood. *Journal of Clinical Geropsychology*.

Widowhood



Widowhood



Debbie Reynolds, dies one day after the death of her daughter, Carrie Fisher,
Dec 28, 2016

Source: <http://www.latimes.com/entertainment/la-et-entertainment-news-updates-hbo-moves-up-debut-of-debbie-1483115721-htmlstory.html>

Widowhood

Within 3 months,

Men 87% more likely to die within 3 months of wife's death

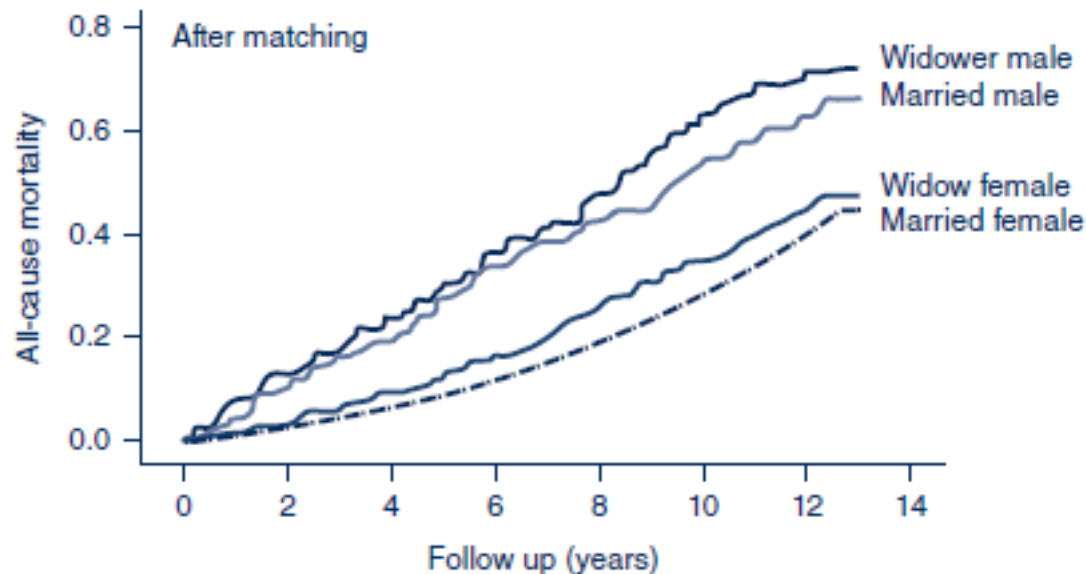
Women 47% more likely to die within 3 months of husband's death

Compared with controls, adjusting for age, gender, race and baseline SES (education, household wealth and household income), behavioral risk factors and co-morbidities.

After 12 months this difference nearly disappears

Moon, J. R., Glymour, M. M., Vable, A. M., Liu, S. Y., & Subramanian, S. V. (2013). Short-and long-term associations between widowhood and mortality in the United States: longitudinal analyses. *Journal of public health*, fdt101.

The Widowhood Effect Showing Higher Risk of Mortality for Widows Compared to Married Men and Women



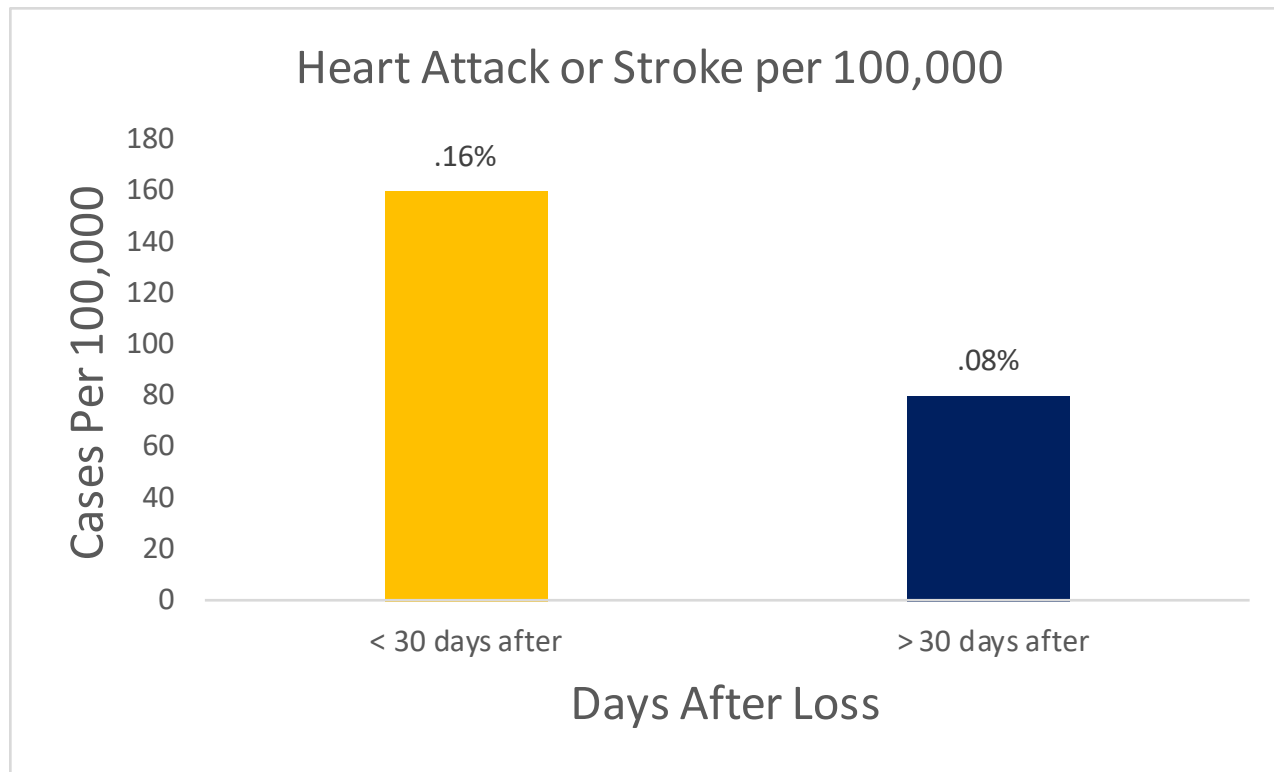
Number at risk

Married female	630	607	575	532	467	378	322
Widowed female	641	624	603	566	518	405	342
Married male	189	165	145	121	100	60	47
Widowed male	178	161	144	119	102	76	61

Widowhood effect mediated by conditions such as depression, stress, economic hardship, and loss of social support.

Changes in lifestyle may occur as well.

Widowhood



Carey, I. M., Shah, S. M., DeWilde, S., Harris, T., Victor, C. R., & Cook, D. G. (2014). Increased risk of acute cardiovascular events after partner bereavement: a matched cohort study. *JAMA internal medicine*, 174(4), 598-605.

Why?

Health, health behaviors, social resources, SES are possible confounders

Selection – because partners are similar age, risk of death is higher in both members of the couple

Important negative life event – major stressors are known to have health effects

Medication – intentional overdoses, poor coverage or adherence following bereavement,

Grandparents

An estimated 65 million grandparents in the U.S.

Types of grandparents vary from formal to involved, but they may also fit along the Intergenerational Solidarity Model



Source: Timur Nisametdinov/iStockphoto

Grandparents

Intergenerational Solidarity Model



Grandparents

2.1 million grandparents are the primary caregivers for their grandchildren

Which is 31.3% of the 6.7 million grandparents

This rate has remained relatively unchanged over the last decade (NCFS)¹

NCFS (2021). National Rehabilitation Research and Training Center on Family Support (NCFS) Caregiver Profile: A Closer Look at Grandparents Caring for Grandchildren. University of Pittsburgh

<https://generations.asaging.org/grandparent-caregivers-changing-unique-needs>

Grandparents

UNITED STATES

	2009	2021	Change	
Total grandparents living with grandchildren	6,696,060	6,656,039	-40,021	-0.6%
Not responsible for grandchildren	3,996,692	4,583,397	586,705	14.7%
Ages 30-59	1,899,673	1,635,337	-264,336	-13.9%
Age 60 and over	2,097,019	2,948,060	851,041	40.6%
Responsible for grandchildren with parent present	1,786,911	1,265,998	-520,913	-29.2%
Ages 30-59	1,307,814	692,291	-615,523	-47.1%
Age 60 and over	479,097	573,707	94,610	19.7%
Responsible for grandchildren with no parent present	912,457	806,644	-105,813	-11.6%
Ages 30-59	513,416	325,427	-187,989	-36.6%
Age 60 and over	399,041	481,217	82,176	20.6%

NCFS (2021). *National Rehabilitation Research and Training Center on Family Support (NCFS) Caregiver Profile: A Closer Look at Grandparents Caring for Grandchildren*. University of Pittsburgh

Grandparents

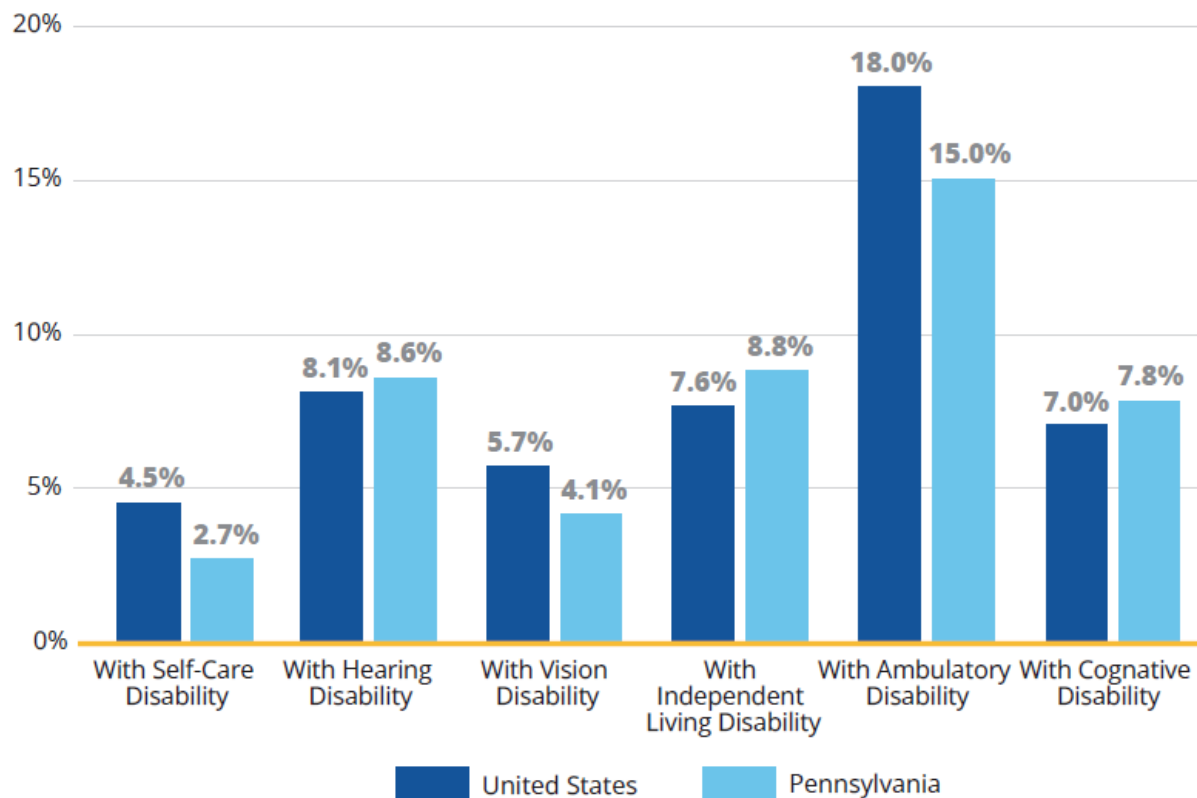
	Grandparents living with grandchildren and		
	Not responsible for grandchildren	Responsible for grandchildren with parent present	Responsible for grandchildren with no parent present
UNITED STATES			
White-alone	44.5%	47.7%	63.3%
Black-alone	14.2%	18.9%	19.3%
Asian-alone	11.5%	5.7%	1.1%
All other (includes multi-race)	29.8%	27.7%	16.4%
Male	37.1%	36.3%	37.0%
Female	62.9%	63.7%	63.0%
Married (including separated and spouse absent)	56.7%	62.3%	65.0%
Foreign-born	38.3%	25.6%	8.0%
Below the poverty level	10.2%	15.7%	23.4%
Employed	39.5%	53.8%	45.8%
Responsible for grandchildren for a year or longer		82.4%	88.4%
With any disability	27.0%	24.1%	27.8%
Age 60 or over	64.3%	45.3%	59.7%
Bachelor's degree or higher	16.6%	15.0%	14.0%
Population estimate	4,571,669	1,275,402	808,503

NCFS (2021). National Rehabilitation Research and Training Center on Family Support (NCFS) Caregiver Profile: A Closer Look at Grandparents Caring for Grandchildren. University of Pittsburgh

Grandparents

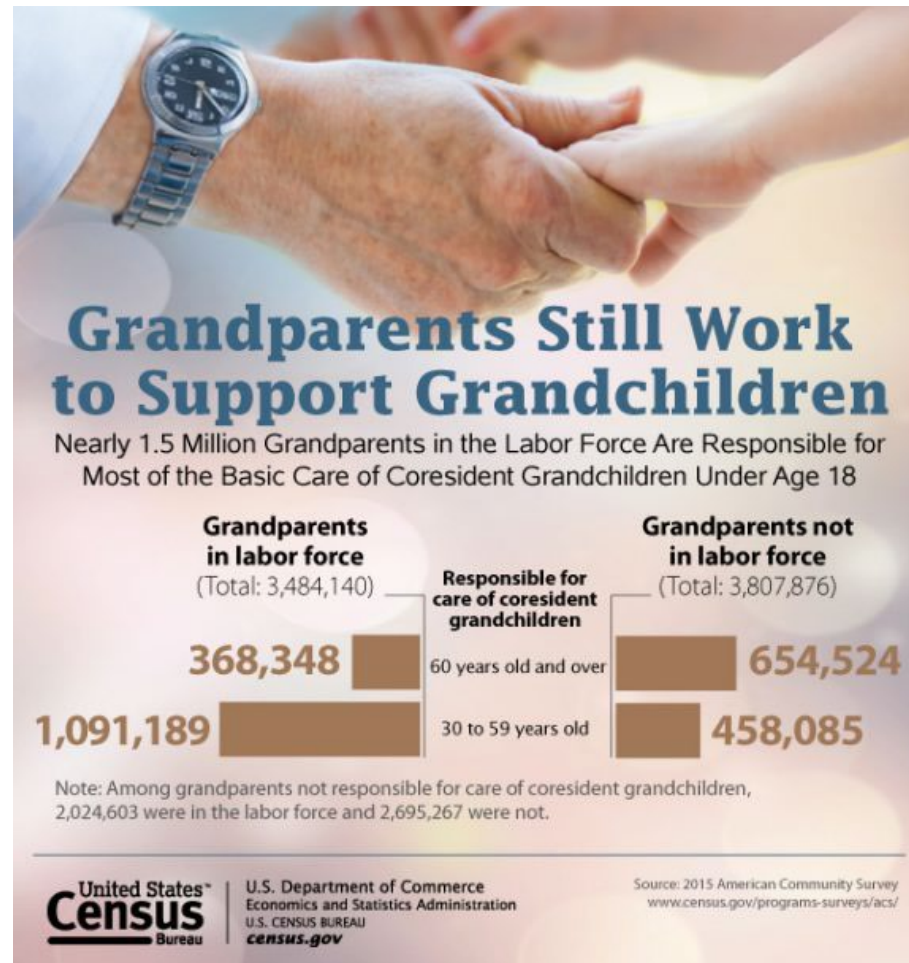
Figure 4.

Disability rates among grandparents living with and responsible for grandchildren under age 18, with no parent present in the household – United States and Pennsylvania, 2021



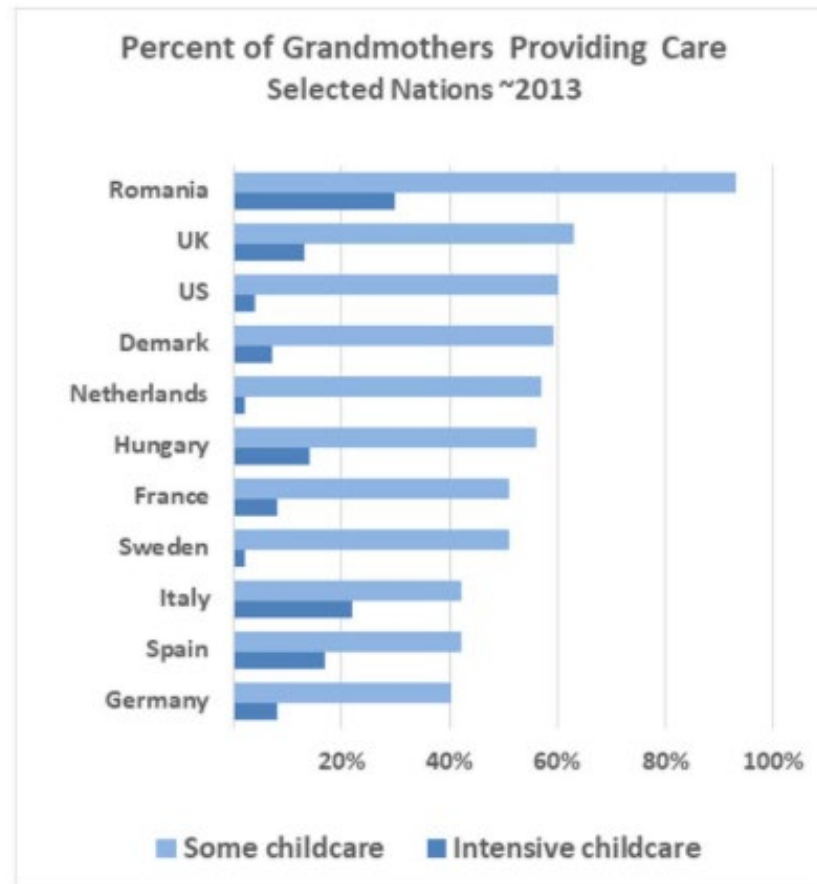
NCFS (2021). National Rehabilitation Research and Training Center on Family Support (NCFS) Caregiver Profile: A Closer Look at Grandparents Caring for Grandchildren. University of Pittsburgh

Grandparents



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Grandparents



Helping hands: Many grandparents provide childcare for their grandchildren, and growing numbers raise grandchildren on a full-time basis (Source: Rand Corporation and US Census Bureau)

<https://archive-yaleglobal.yale.edu/content/increasingly-indispensable-grandparents>

Grandparents

Child benefits

- Higher infant mental development scores when grandparents interacted with infants (Tinsley & Park, 1987)
- Children have better problem solving and concept development when interaction with grandparents in addition to parents (Del Boca, Piazzalunga, & Pronzato, 2014)
- Grandparents may help buffer economic hardship (Botcheva & Feldman, 2004)

Grandparents

Grandparent Benefits

- Grandmothers who babysat had better health two years later (Hughes, Waite, LaPierre, & Luo, 2007)
- Benefits may increase with increased care only to a certain point, at which time care becomes detrimental

<https://www.instagram.com/mindfulgrandparenting/reel/DGphpEBuB0f/>

Grandparents

Coall and Hertwig (2011) propose a grandparent investment model of that childcare benefits for grandparents increase only up to a point and that the psychological costs continue to increase as the amount of care increases

Based on Coombs and Avrunin notion that “good things satiate and bad things escalate.” (Coall & Hertwig, 2011, p. 8=97)

Coall, D. A., & Hertwig, R. (2011). Grandparental Investment: A Relic of the Past or a Resource for the Future?. *Current Directions in Psychological Science*, 20(2), 93-98.

Grandparents

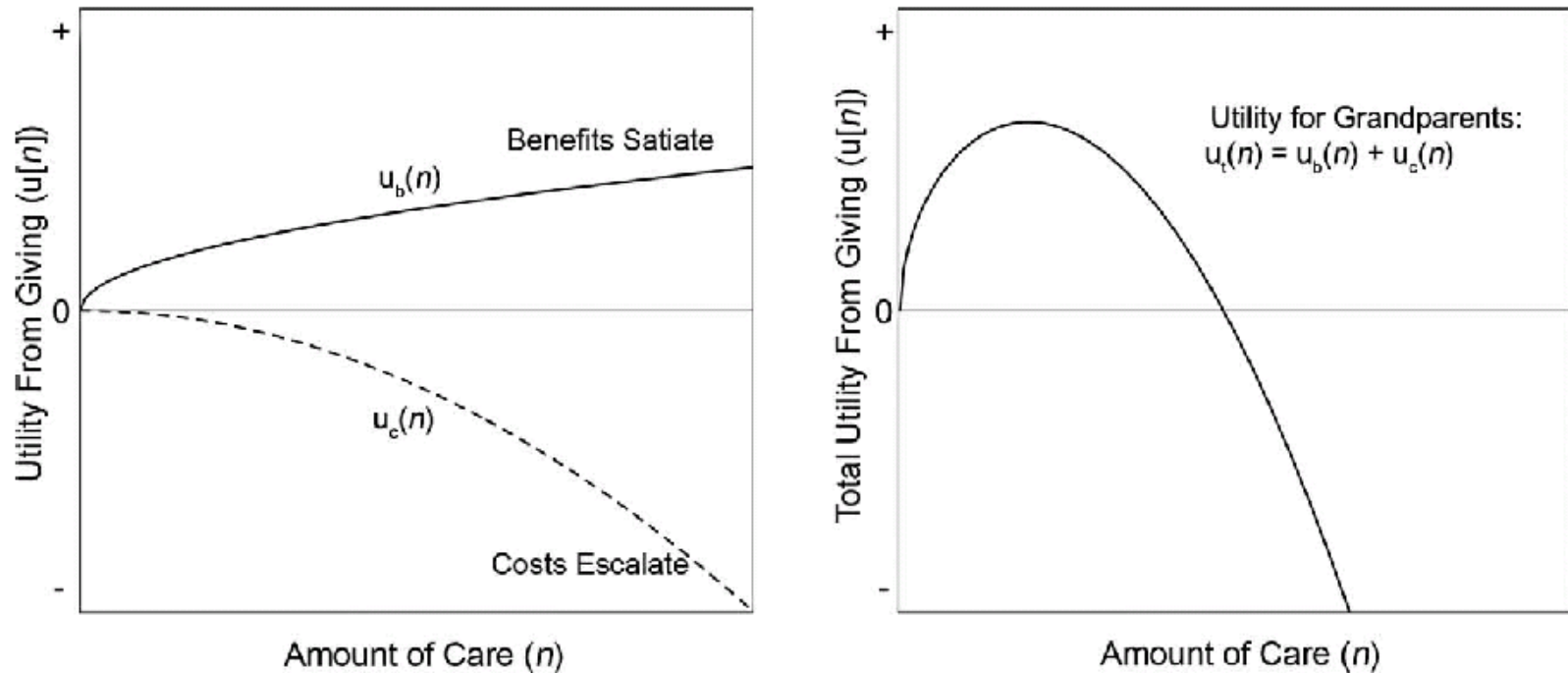


Fig. 1. Single-peakedness (right graph) resulting from satiating benefits and escalating costs of grandparental care (left graph) as a function of number of hours a grandparent cares for grandchildren per week (n). The total utility for the grandparents of giving care may follow a single-peak preference function; in that case, minimum investment (e.g., no contact) and maximum investment (e.g., custodial care) would be detrimental to grandparents' health and well-being.

Coall, D. A., & Hertwig, R. (2011). Grandparental Investment: A Relic of the Past or a Resource for the Future?.
Current Directions in Psychological Science, 20(2), 93-98.