



# NHMRC Review

**Marriage in Later Life: A Review  
of the Research**

# Marriage in Later Life: A Review of the Research

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## Introduction

Why is marriage in the later years of life an important topic? A number of compelling, interrelated reasons come readily to mind. First off, a large group of individuals in the “baby boom” generation are now entering into later life, and many of these individuals are married. Then, too, as people age, they face unique challenges in their marriages, such as dealing with chronic or acute health problems, making the transition into retirement, and adjusting to the death of a spouse. Moreover, many individuals in later life will experience divorce, cohabitation, and remarriage, and these life changes are important to understand. But the most compelling reason of all may well be that a healthy marriage in later life contributes to a higher quality of life for older people, clearly an admirable social goal.

This research review provides an extensive summary of the research on marriage in later life. Most of the research on marriage has focused on much younger couples. However, quite a few studies exist on older couples. The vast majority of the studies examined in this review define the later years of marriage as the period in which one or both spouses is 60 or older. These studies examine issues such as marital quality, retirement, health problems, sexuality, bereavement, loneliness, remarriage, and cohabitation.

In section 1 of this review, we provide a brief overview — a “nutshell” — of important research findings on marriage in later life. Many readers may want more details than this overview provides, and we provide those details in sections 2-11. (See “Connecting the Dots in Later Life Marriage” for a summary of these findings that places them in a broader context.)

In section 12, we raise some questions to think about for marriage educators and others involved in efforts to strengthen marriages in later life and serve the elderly. Section 13 lists some available scholarly articles that summarize the research on families in later life that may be of special interest to researchers. And section 14 is an extensive bibliography of research related to marriage in later life.

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# 1. Marriage in Later Life: Important Findings in a Nutshell

What follows is a brief summary of important research findings related to marriage in later life. More detailed findings are available in sections 2-11.

- o *Older Women and Marriage*: Women are less likely to be married in later life because they live longer than do men. In addition, older men are more likely than are older women to remarry and to marry younger individuals.
- o *Marital Happiness in Later Life*: Most married couples in later life are happy with their marriages. Marital satisfaction generally doesn't change much. Some research suggests that the elderly are less negative in their interactions with each other, less prone to argue, less critical, and more tolerant.
- o *Retirement and Marital Satisfaction*: Studies have reached different conclusions about how marital satisfaction changes when spouses retire. Some studies show an improvement in marital quality and happiness; others show a decrease; and still others show little significant change. More research is needed in this area. However, married people generally adjust better to retirement than unmarried people do, especially if spouses share recreational interests before retirement. Some research suggests that when men retire before their wives, they experience a decline in marital satisfaction.
- o *Health Benefits of Marriage*: Several studies indicate that people who are married live longer and have better health. Those satisfied with their marriages enjoy better mental health and well-being. Poor health does not affect closeness among later-life couples, unless a spouse has Alzheimer's disease.
- o *Depression*: Depression in later life is fairly common, and the depression of one spouse may spread to the other spouse. Closeness to a spouse helps men, but not women, to avoid depression despite financial problems and failing health.
- o *Dementia*: One out of 10 people over the age of 65 and about one-half of those over the age of 85 have been diagnosed with dementia (failing mental capacity), totaling nearly four million Americans. Alzheimer's disease is the most common cause of dementia among people age 65 and older. Spouses of people with Alzheimer's report greater caregiving responsibilities, loss of close companionship, impaired communication with their spouses, and loss of shared meaning.
- o *Caregiving*: Many caregivers—those who provide significant health care for their spouses—report feeling more closeness and love toward their dependant spouses. The success of caregiving, to a large degree, depends on the quality of the relationship before the illness. Caregiving wives, however, experience more depression, stress, and other problems than other women do. Caregiving wives who remain married in later life do not rely as much on formal health services.
- o *Sexuality*: Many elderly people experience a decline in sexual interest and the frequency of sexual intercourse. If physically able, couples who are sexually active in younger years generally remain that way in older age. No longer engaging in sexual intercourse is the most common change in

- married sexual relationships in later life. This change is usually due to the husband's inability to perform but this inability is not related to lower marital quality. Elderly couples often react to these changes by cuddling and hugging more often to express affection.
- o *Loss of a Spouse*: Fifteen to 30 percent of bereaved older spouses experience clinical depression in the first year after a spouse's death. Those who provided care for their spouses are less depressed once widowed than are those who were not caregivers. However, widowed people who were caregivers have more intense adjustment problems in other areas. Loneliness is one of the long-term consequences of loss of a spouse for many. The grief of many widows and widowers becomes more intense over time. Older men who are divorced, widowed, or single report higher levels of loneliness than their female counterparts do. Once the most intense grieving period has passed, widowed women often report an increase in self-confidence, the ability to cope with stress, and a renewed sense of self-reliance. Widowers do not report as high levels of personal growth as do widows. Widowers experience psychological problems because of difficulty managing homemaking tasks, a lack of close relationships, and the absence of their wives' help with health care issues.
  - o *Divorce*: Only two percent of men and women over age 65 get divorced. But due to divorces earlier in life, eight percent of men and 10 percent of women between the ages of 65 and 74 are currently divorced. These numbers are increasing as cohorts with higher divorce rates are entering old age.
  - o *Remarriage*: The percentage of the elderly who remarry in later life is quite small, but will likely increase due to a growing number of older people in the population. Men remarry in old age at a much higher rate than women do, and older men get remarried much more quickly. Also, when in a relationship, older women have less desire to remarry than do men. People whose marriages were particularly good or particularly bad are not as interested in remarrying as are people whose marriages were generally positive but flawed. Generally, older people who remarry report higher levels of satisfaction with life than older people who do not.
  - o *Living Together*: The elderly are less likely to live together (cohabit), or to approve of living together. However, the proportion of elderly couples who live together without marrying has grown steadily. Older men cohabit at much higher rates than do older women. Older cohabitators enjoy more stable and satisfying relationship than do young cohabitators. Older cohabitators are also more likely to view cohabitation as an alternative to marrying rather than as a step toward marriage, and they do not experience the negative aspects of cohabitation nearly as much as young cohabitators who do not plan to marry.

## **Marriage in Later Life: A Detailed Review of Findings**

In this review, we emphasize research since 1990, although we occasionally include some important earlier studies. An introductory paragraph summarizes the findings for each section. Although the findings presented in this review are based on published scientific studies, no single study can be taken as the final word on an issue. Several studies explore new areas, and findings from these studies may have not yet been confirmed

by subsequent research. In these instances, the findings reflect what we are beginning to know rather than what we know for sure. Also, many readers will notice that very few studies in this area explore similarities and differences among racial and ethnic groups, and between lower-income and higher-income groups.

## 2. A Demographic Portrait

A. General Trends of Later-Life Marriages

B. Racial Trends in Later-Life Marriages

### A. General Trends of Later-Life Marriages

*Summary.* Women are less likely to be married in later life. This pattern is due largely to the longer life expectancy of women, the higher rates of remarriage among men, and the tendency of men to marry younger women.

- i. Among those aged 65 to 74, 80 percent of men were married, whereas only 55 percent of women were married. In the 75- to 84-year-old age group, 75 percent of men were married, while not quite 33 percent of women were married (U.S. Bureau of the Census, 1995).
- ii. The smaller number of unmarried men versus the larger number of unmarried women made it easier for older men than for older women to find a new spouse. The discrepancy in dating pool size was intensified because elderly men tended to marry women who were significantly younger than they were (Morgan & Kunkel, 1998). The small size of the dating pool for women was also the result of the longer life expectancy rates of women, and the higher remarriage rates of men (Morgan & Kunkel, 1998).
- iii. Although women still lived longer than men, the difference in life expectancy has shrunk, which led to an apparent increase in the number of elderly married couples (Kinsella, 1995).

### B. Racial Trends in Later-Life Marriages

*Summary.* Whites are the most likely to be married in later life, followed by Hispanics and blacks. Elderly whites are the least likely of all ethnic groups to live with extended family.

- i. Of men and women over 65, whites were the most likely to be married and the least likely to be widowed (13 percent of men and 47 percent of women were widowed); followed by Hispanics (18 percent of men and 44 percent of women were widowed); and then by blacks (22 percent of men and 56 percent of women were widowed). Blacks were the least likely to be married and most likely to be widowed of the three groups. (U.S. Bureau of the Census, 1995).
- ii. Whites aged 60 and over were far more likely to be living with a spouse only, while Asians, Blacks, Hispanics, and Native Americans were far more likely to be living with other kin only (Himes, Hogan, & Eggebeen, 1996).

### 3. Marital Quality and Satisfaction in Later Life

*Summary.* Most later-life married couples are happy with their marriages. Some studies report that marital quality seems to increase with age. But these studies have been “cross-sectional”; that is, they look at a group of people of different ages at a single point in time. This kind of study sometimes provides false conclusions about how people change over time. Longitudinal research — when researchers follow the same group of people as they get older — is usually more valid. Longitudinal research on this topic shows that marital quality generally remains fairly stable as couples get older; that is, it doesn’t change much. So it is important to distinguish between cross-sectional and longitudinal research on this issue. In addition, some research suggests that elderly spouses are less negative in their interactions with each other, less prone to conflict, more tolerant, less critical, more sensitive, and more passive and introspective—characteristics that may enhance marital quality. These patterns may be due to the tendency of the elderly to seek increasing emotional closeness.

- i. In cross-sectional studies, in general, older couples reported more intimacy, stability, and satisfaction, and less conflict in their marriages than did their younger counterparts (Carstensen, Gottman, & Levenson, 1995; Miller, Hemesath, & Nelson, 1997; Lauer et al., 1995; Broman, 1993).
- ii. In cross-sectional studies, couples married for more than 30 years generally reported greater feelings of closeness (Stinnett, Carter, & Montgomery, 1972) and higher levels of emotional support (Erikson, Erikson, & Kivnick, 1986) than did younger couples.
- iii. In a cross-sectional study, marriages seemed to become increasingly strong and positive as couples entered old age (Brubaker, 1990; Carstensen, Gottman, & Levenson, 1995).
- iv. Glenn (1998) suggests that changes in marital satisfaction over the life course actually resulted from generation-specific ways of responding to survey questions about marital relationships.
- v. In one study in which older married individuals were asked to look back on their marriage and report how happy they were at different points in time, marital satisfaction followed a curvilinear pattern in which satisfaction started out relatively high, apparently decreased for a time until children were more independent, and then seemed to increase in the later stages, after children left home (Vaillant & Vaillant, 1993).
- vi. In a longitudinal study, in which the same group of people was followed over many years, the results showed that marital satisfaction did not increase in the later years of marriage. Marital happiness either continued to decline slightly or remained stable (VanLaningham, Johnson, & Amato, 2001).
- vii. Another study showed that marital satisfaction was remarkably stable over the middle and later years (Ade-Ridder, 1985).
- viii. Carstensen and her colleagues (1995) found that elderly couples expressed less negativity and more affection toward one another than middle-aged couples did when discussing difficult marital problems.
- ix. In addition, older couples reported less severity on a number of potential sources of conflict and

- greater pleasure associated with a wide range of activities (Levenson, Carstensen, & Gottman, 1995).
- x. Older couples were less likely to argue aggressively, and their physiological responses to conflict were less intense than were those of young couples (Miller et al., 1997; Carstensen et al., 1995).
  - xi. Among men, aging was associated with greater sensitivity, spending more time with family, passivity, and introspection (Zube, 1982).
  - xii. These findings support Carstensen's (1992, 1993) idea that as people age they actively put increasing emphasis on emotional closeness and significant relationships.

## 4. Retirement and Marriage

- A. General Marriage and Retirement Findings
- B. Effects of Retirement on Marital Satisfaction
- C. Predictors of Successful Transition to Retirement
- D. Potential Marital Problems Spurred by Retirement
- E. Division of Household Labor After Retirement
- F. General Marriage and Retirement Findings

*Summary.* Unmarried men retire at younger ages than do married men, but unmarried women retire later than do married women. More women are retiring than ever before because of increased participation of women in the workforce. Plans to retire are influenced heavily by one's spouse. Spouses likely spend more time together after retirement than at any other time in their marriage.

- i. Most married men retired by age 65; however, unmarried men retired at younger ages (Morgan, 1992). Conversely, married women retired earlier than did unmarried women (Morgan, 1992).
- ii. Although retirement was usually treated as an individual decision, plans to retire were heavily influenced by one's spouse, particularly among men (Henkens, 1999; Smith & Moen, 1998). Smith and Moen (1998) suggested that among the reasons for this influence were gender role ideology, past decision making, work histories, nature of the retirement transition, planning, preretirement work conditions, spouse's behavior, and new life stage.
- iii. Bernard and Phillipson (1995) speculated that the amount of time spouses spent together at retirement was greater than in any other stage of marriage.

### A. Effects of Retirement on Marital Satisfaction

*Summary.* Generally, research indicates that few significant changes in marital satisfaction occur from pre- to post-retirement. Some research indicates that relations improve due to decreased work-related stress and increased time for companionship. However, another study shows that retirement simply reinforces the quality of marital relationships. Retirement has positive effects on the quality of already happy marriages, whereas unhappy marriages are adversely affected by retirement. Nonetheless, some research shows

a temporary apparent increase in marital satisfaction following retirement. One study demonstrates a slight decline during the initial transition to retirement and another study finds decreases in marital satisfaction later in retirement.

- i. For most marriages, retirement has little lasting impact on the relationship. Although some minor changes in relationships often occurred, there was little significant change in marital relations over this transition (Atchley, 1992; Szinovacz & Schaffer, 2000).
- ii. Many couples adjusted well to the transition from employment to retirement and often reported an improvement in marital relationships (Atchley, 1992; Szinovacz & Ekerdt, 1995), especially when the wife retired (Szinovacz & Schaffer, 2000).
- iii. Such improvements were attributed to decreased employment-related stress, enhanced time for companionship and joint endeavors, and in the case of wives' retirement, to the return of a more traditional division of labor between spouses (Myers & Booth, 1996; Szinovacz, 1996).
- iv. Retirement reinforces the quality of marital relationships rather than changes it. Retirement had positive effects on marital quality in already happy marriages, whereas unhappy, conflict-ridden marriages were adversely affected by retirement (Myers & Booth, 1996).
- v. Some researchers have demonstrated a "honeymoon" effect, meaning that couples experience high satisfaction immediately after retirement and a decline in satisfaction one to two years after retirement (Gall, Evans, & Howard, 1997; Richardson & Kilty, 1995).
- vi. One study showed that marital satisfaction declined immediately following the retirement transition, but seemed to increase at least two years after couples had settled into the retirement stage of life (Moen, Kim, & Hofmeister, 2001).
- vii. Lee and Shehan (1989) found decreases in marital satisfaction when husbands had been retired between four and eight years.

## **B. Predictors of Successful Transition to Retirement**

*Summary:* In general, married people adjust better to retirement than unmarried people do. However, those individuals (particularly men) who report high marital satisfaction, healthy communication with their spouses, and the ability to negotiate marital conflict effectively are the most satisfied with retirement. Also, when couples share recreational interests before retirement, their relationship deepens during retirement.

- i. Married retirees adjusted better to and were happier in retirement than unmarried retirees, especially men (Atchley, 1992; Calasanti, 1996; Seccombe & Lee, 1986).
- ii. Satisfaction with marriage and family relationships was associated with higher levels of retirement satisfaction (Fouquereau, Fernandez, & Mullet, 1999; Myers & Booth, 1996; Kupperbusch, Levenson, & Ebling, 2003).
- iii. Husbands who were physiologically relaxed and had a positive mood during a conversation with their spouse prior to retirement were happier in their retirement five years later. (Kupperbusch, Levenson, & Ebling, 2003).

- iv. Husbands who could negotiate marital conflict while maintaining calm, positive behaviors, and positive feelings seemed to be happier in their marriages, and, thus, were more satisfied with life in retirement (Kupperbusch, Levenson, & Ebling, 2003).
- v. Couples who continued to share recreational interests that they had begun to share earlier in their marriages tended to deepen their relationship during retirement (Henkens, 1999).

### **C. Potential Marital Problems Spurred by Retirement**

*Summary:* Pre-retirement marital conflict is associated with problems in marriage during retirement. Changes in roles and identities can cause stress that causes retired couples to become more aware of each other's faults. Retired men seem to become more dependent on their wives, which can cause problems in the relationship. When men retire before their wives, their marital quality declines.

- i. Retirement-related marital problems were associated with poorer pre-retirement marital quality (Myers & Booth, 1996).
- ii. Changes in roles and identities following retirement were significant stressors, which caused spouses to become more aware of their partners' faults (Johnson, 1990).
- iii. Retirement apparently increased the dependence of retired husbands on their wives, indicating that the transition to retirement may have triggered changes in gender roles and responsibilities (Kulik, 1999), and often led to marital problems (Vinick & Ekerdt, 1991).
- iv. Marital quality suffered when the wife continued to work after the husband retired (Lee & Shehan, 1989; Moen et al., 2001; Myers & Booth, 1996; Szinovacz, 1996). Similarly, Smith and Moen (2004) found that couples in which the wife was retired and the husband was working were much more satisfied than couples in which these roles were reversed.
- v. Conflict arose when a spouse's retirement expectations (e.g., concerning joint leisure or more household help by retired husbands) were not met (Vinick & Ekerdt, 1992).

### **D. Division of Household Labor After Retirement**

*Summary:* When men retire before their wives, disagreements over the division of labor are more frequent. When men retire, they tend to increase their participation in housework, which promotes greater equality. While retired men perform more typically feminine tasks than employed men do, retired men still perform typically masculine household tasks for the most part. Elderly women are more concerned about the perceived fairness of household labor than the number of actual hours engaged in housework.

- i. When wives continued to work after their husbands retired, disagreements over the division of household labor were more frequent (Szinovacz & Harpster, 1994). A wife's retirement restored a more traditional division of household labor (Szinovacz, 2000).
- ii. Both men and women tended to remain involved primarily in gender-stereotyped tasks over the course of long-term marriages (Ward, 1993).

- iii. The most typical change in household duties at retirement was that men increased the number of typically masculine tasks that they performed (Askham, 1995). However, retired men did perform more typically feminine tasks than did employed men (Dorfman, 1992; Vinick & Ekerdt, 1992).
- iv. Among older couples, perceived fairness of household labor, rather than the number of actual hours engaged in housework, enhanced marital happiness among women (Szinovacz, 1996; Ward, 1993).

## 5. Health in Later Life

- A. General Health and Marriage Findings
- B. Health and Life/Marital Satisfaction
- C. General Marriage and Depression Findings
- D. Dementia
- E. General Caregiving Findings
- F. Effects of Caregiving on Health
- G. Gender Differences in Caregiving

### A. General Health and Marriage Findings

*Summary:* Several studies indicate that people who are married live longer and have better health. Getting a divorce or becoming a widow has a worse effect on people's health than never marrying.

- i. Married people lived longer and enjoyed better health than did unmarried people (Burman & Margolin, 1992; Ross, Mirowsky, & Goldsteen, 1990).
- ii. Getting a divorce or becoming a widow had more negative health effects than did never having married at all (Pienta, Hayward, & Jenkins, 2000).

### B. Health and Marital Satisfaction

*Summary:* Good health in later life enhances life satisfaction. Those satisfied with marriage enjoy better mental health and well-being. Poor health does not affect closeness among long-term couples, unless a spouse has Alzheimer's disease.

- i. Among older married people, good health enhanced happiness (Crompton & Kemeny, 1999).
- ii. Those who were more satisfied and happy with their marriage enjoyed better mental health and well-being (Quirouette & Gold, 1995).
- iii. The failing health of one partner did heighten closeness among long-term couples, especially when the wife was ill, because this situation fostered more nurturing by the husband (Ingersoll-Dayton, Campbell, Kurokawa, & Saito, 1996). This finding did not hold true when the spouse had Alzheimer's disease (Barusch & Spaid, 1996).

### C. General Marriage and Depression Findings

*Summary:* Marital distress often leads to depression. The depression of one spouse may spread to the other spouse, especially in a close relationship. However, a cheerful spouse helps to lift the spirits of a depressed spouse. Closeness to a spouse helps men, but not women, to avoid depression despite financial distress and failing health. Some depressed partners withdraw from interaction with their spouses, which leads to great frustration for the non-depressed spouse.

- i. Marital distress was significantly and directly associated with depression among older couples (Anderson et al., 1999; Gotlib & Beach, 1995; Prince & Jacobson, 1995).
- ii. One spouse often showed depressive symptoms in reaction to the loss of a positive connection to a spouse who had become less available because of his or her poor health or depression (Tower & Kasl, 1995). This pattern was true especially when spouses were emotionally close (Tower & Kasl, 1996a).
- iii. However, living with a cheerful spouse often promoted positive emotions and a decrease in depression in the other spouse (Levenson & Ruef, 1992).
- iv. For husbands, being close to his wife buffered the potentially depressing effects of his own frailty and financial distress. But this finding did not hold true for wives (Tower & Kasl, 1995).
- v. When a husband was close to his wife, his own health problems were less likely to lead to feelings of depression. This situation was not the case for wives, however. Despite a close relationship with her husband, a wife's own health problems were associated with more feelings of depression (Tower & Kasl, 1995).
- vi. Some depressed partners withdrew from interaction with their spouses, and this behavior resulted in a heightened sense of frustration for the non-depressed partners as they tried to interact with their spouses (Price, 1991).

### D. Dementia

*Summary:* One out of 10 people over the age of 65 and approximately one-half of those over the age of 85 have been diagnosed with dementia, representing a total of nearly four million Americans (Facts, 2000; Alzheimer's Disease, 2000). Alzheimer's disease is the most common cause of dementia among people age 65 and older (Van Hoesen, 1990). Because Alzheimer's disease results in loss that is similar to death, some researchers have termed the condition "married widowhood." Alzheimer's victims perceive greater marital quality in their relationships than do their caregiving spouses. Spouses of people with Alzheimer's report increased caregiving responsibilities, loss of close companionship and meaningful interaction, impaired communication with their spouses, and loss of shared meaning.

- i. Rollins, Waterman, and Esmay (1985) defined marriage to someone with Alzheimer's as "married widowhood" because spouses felt "much of the same psychological, physiological, and sociological guilt reaction to loss that widows and widowers experience after a spouse died. However, the

- responsibilities of the marriage relationship continued" (p. 68).
- ii. Spouses with Alzheimer's disease consistently perceived higher marital quality in their relationship than did the caregiving spouses (Wright, 1991).
  - iii. Spouses of husbands or wives with Alzheimer's disease had an increased workload from caregiving and a progressive loss of meaningful interaction with their spouses (Morgan & March, 1992; Wright, 1991).
  - iv. As early as six months after being diagnosed with Alzheimer's disease, many spouses reported that their relationship had deteriorated from one of close companionship to one of disorganization with less intimacy (Blieszner & Shifflett, 1990; Barusch & Spaid, 1996; Wright, 1991).
  - v. Many spouses of people with Alzheimer's disease reported that the biggest challenge following diagnosis was communicating with their cognitively impaired spouses (Chesla, Martinson, & Muwaswes, 1994).
  - vi. The loss of capacity for organized thought, self-consciousness, and shared meaning among those with Alzheimer's disease produced tension and resentment in the marital relationship (Barusch & Spaid, 1996; Gladstone, 1995; Wright, 1991).

## **E. General Caregiving Findings**

*Summary.* Married elderly couples have someone to act as their primary caregiver, and when the marriage is strong, better care is given. Many caregivers report feeling more closeness and love toward their dependant spouses. The success of caregiving, to a large degree, depends on the quality of the relationship before the illness. Some women feel no connection with their institutionalized husband, whereas others feel a strong connection. Caregiving spouses who remain married in later life do not rely as much on formal health services. Married women receive more support from children, siblings, friends, and formal service providers than do married men.

- i. Married people had a double benefit of better health and a spouse to act as primary caregiver in times of poor health (Pienta, Hayward, & Jenkins, 2000).
- ii. Some spouses reported intensified feelings of commitment, closeness, and love as a result of caregiving (Fitting, Rabins, Lucas, & Eastham, 1986).
- iii. Closeness in marriage laid a foundation for successful caregiving, whereas a poorer quality marriage seemed to increase the risk that illness would result in negative physical and psychological consequences for both spouses (Allen et al., 1999).
- iv. One qualitative study showed a broad range of reactions from women whose husbands were institutionalized. Some perceived no sense of being a couple but others perceived a strong sense of being a couple with their institutionalized husbands (Kaplan, Ade-Ridder, Hennon, Brubaker, & Brubaker, 1995).
- v. Marriage reduced the need to rely on formal health services, and was the basis for a broader range of informal support, especially among older men (Connidis & McMullin, 1994).
- vi. When unable to function independently, married women were more likely than married men were

to receive simultaneous support from a child, sibling, friend, or formal service provider (Barrett & Lynch, 1999).

## **F. Effects of Caregiving on Health**

*Summary:* Caregiving can be detrimental to the physical and mental health of the person giving the care and may limit the caregiver's social activities. Caregiving wives experience more depression and stress than other women do and they have more sleeping problems. Having a larger network of people willing to help reduces the psychological toll of caregiving.

- i. Caregiving spouses were generally less healthy physically than were spouses who did not provide care for a partner (Wallsten, 2000).
- ii. Caregiving was often associated with reported declines in physical and mental health, as well as less participation in social activities by the caregiver (Schulz O'Brien, Bookwala, & Fleissner, 1995).
- iii. Caregiving wives had significantly more depression and generalized stress than non-caregivers (Baumgarten et al., 1992; Dura, Stukenberg, & Kiecolt-Glaser, 1991; Gallagher-Thompson, Canto, Jacob & Thompson, 2001).
- iv. Widowed people who had been caregivers had more sleeping problems, used tranquilizers more often, and reported higher levels of strain than did those who had not been caregivers (Wells & Kendig, 1997).
- v. An ongoing consequence of caregiving prior to widowhood was a heightened view of life as meaningless (Wells & Kendig, 1997).
- vi. The demands of living with a spouse who was near the end of life appeared to take a negative toll on a caregiver's self-esteem (Carr, 2004).
- vii. Having a larger helping network reduced the psychological toll of caregiving (Smerglia & Deimling, 1997).

## **G. Gender Differences in Caregiving**

*Summary:* Women are more likely than are men to be the sole providers of care for their spouses and to suffer negative consequences from their caregiving role. The care that women provide delays or prevents the institutionalization of husbands with dementia.

- i. Women were more likely than were men to be the sole care providers of their husbands and to provide both more hours of care and more types of help to them than caregiving men provided to their wives (Allen, 1994; Stoller & Cutler, 1992).
- ii. Women were more likely than were men to be caregivers (Davis, 1991) and to perceive greater burden and health strain (Miller, 1990; Grafstrom, Fratiglioni, & Winblad, 1994).
- iii. Women provided most of the informal, hands-on, home-based care that delayed or prevented institutional placement of husbands with dementia (Stone, Cafferata, & Sangl, 1987).

## 6. Sexuality in Later Life

- A. Trends of Sexual Frequency in Later Life
- B. Sexual Satisfaction in Later Life
- C. Sexual Cessation and Adaptations in Later Life

### A. Trends of Sexual Frequency in Later Life

*Summary:* Many elderly people experience a decline in sexual interest and the frequency of sexual intercourse. If physically able, couples who are sexually active in younger years generally remain that way in older age. One study finds that elderly people today are more open to discussing and engaging in sexual activity than in the past.

- i. About 53 percent of all married people over the age of 60 reported having sex at least once a month (with an average of four times a month), whereas only 24 percent of married people over the age of 75 engaged in sexual relations during the past month. Forty-four percent of those over the age of 65 said that they had sexual relations with their spouses in the past month (Marsiglio & Donnelly, 1991).
- ii. Many elderly people experienced a decline in sexual interest as they aged (Edwards & Booth, 1999) and a decrease in the frequency of sex throughout marriage (Ade-Ridder, 1990).
- iii. Those who were sexually active in younger years remained that way in old age, given the physical ability and presence of a partner (Hooyman & Kiyak, 1999).
- iv. The current generation of older people was more open to discussing and engaging in sexual activity than were past generations (Hooyman & Kiyak, 1999).

### B. Sexual Satisfaction in Later Life

*Summary:* Sexuality may improve with old age. One reason for this improvement is that the love and affection partners hold for each other may become stronger. Also, women seem to become more interested in sex in later life; thus, men and women apparently become more similar in their sexual expectations. In addition, older people find an affirmation of attractiveness through sexual activity. Sexual drive and a man's confidence that he will succeed sexually are key to continued sexual satisfaction in later life.

- i. The sexual component of long-term relationships improved with time, and the love and affection partners held toward each other also seemed to become stronger (Neugebauer-Visano, 1995).
- ii. On average, women seemed to become more interested in sex later in life (Ade-Ridder, 1990).
- iii. Aging often improved sexual satisfaction, as some evidence suggests that men and women seemed to become more similar in their sexual desires as they aged (i.e., preferences for sexual frequency) (AARP, 1999a; 1999c).

- iv. Through sexual activity, older people experienced an affirmation of attractiveness and self-identity due to “feeling wanted, desired, valued and enjoyed” (Heath, 1999, p.6).
- v. Even given medical problems, older couples seemed to regard a strong sex drive and the husband’s confidence that he will be successful sexually as important to their continuing sexual expression (Creti & Libman, 1989).

### **C. Sexual Cessation and Adaptations in Later Life**

*Summary:* No longer engaging in sexual intercourse is the most common change in married sexual relationships in later life. This change is usually due to the husband’s inability to perform and is not related to lower marital quality. Elderly couples often react to these changes by cuddling and hugging more often to express sexuality.

- i. The most common change described in married sexual relationships in later life was a cessation of sexual intercourse (Hinchliff & Gott, 2004). This cessation of sexual activity, usually due to the husband’s inability to perform, was not related to lower marital quality (Ade-Ridder, 1990).
- ii. Older couples engaged in cuddling and hugging more often to express sexuality (Hinchliff & Gott, 2004; Neugebauer-Visano, 1995).

## **7. Bereavement & Widowhood**

- A. General Bereavement Findings
- B. Adaptation to Widowhood
- C. Negative Long-Term Consequences of Widowhood
- D. Positive Long-Term Consequences of Widowhood
- E. Widowers
- F. Support for Widowed Individuals

*Note:* Because wives usually outlive husbands, most of the research on widowhood focuses on women. Section E, however, focuses specifically on men’s experiences.

### **A. General Bereavement Findings**

*Summary:* Following bereavement, widowers face an apparent increased risk of dying compared with widows, while widows are at a higher risk of being placed in a nursing home.

- i. Husbands showed a 21 percent greater risk of dying following their wives’ deaths; whereas wives did not show a significantly greater risk of dying following their husbands’ deaths (Biondi & Picardi, 1996; Bowling & Windsor, 1995; Martikainen & Valkonen, 1996).
- ii. Women were nearly three times more likely to be placed in a nursing home following the deaths

of their husbands than were women whose husbands were still alive (Lopata, 1996; Wolinsky & Johnson, 1992).

## **B. Adaptation to Widowhood**

*Summary:* Fifteen to 30 percent of bereaved older spouses experience clinical depression in the first year after a spouse's death. Expectation of death due to terminal illness or old age makes the mourning of the surviving spouse less intense. Those who provided care for their spouses are less depressed once widowed than are those who were not caregivers. However, widowed people who were caregivers have more intense adjustment problems in other areas. The research findings differ about which gender suffers more intensely from bereavement.

- i. Most studies found that 15 to 30 percent of bereaved older spouses experienced depression in the year following a spouse's death; this pattern was found especially among men (Jacobs, Hansen, Berkman, Kasl, & Ostfeld, 1989; Harlow, Goldberg, & Comstock, 1991, Stroebe, Hansson, & Stroebe, 1993; Zisook & Shuchter, 1991; Stroebe & Stroebe, 1987; Umberson, Wortman & Kessler, 1992).
- ii. Longer terminal illnesses, which allowed surviving spouses to prepare mentally for the death of their spouses, helped to buffer husbands and wives from the more intense mourning that generally followed the loss of a spouse (Donnelly, Field & Horowitz, 2001).
- iii. Losing a spouse in later life—an age when it was expected—softened the loss, regardless of whether the loss was sudden (Arbuckle & de Vries, 1995; Lopata, 1996).
- iv. Those who provided care for their spouses were less depressed once widowed than were those who were not caregivers (Wells & Kendig, 1997).
- v. Several studies showed that widows were more distressed than were widowers (e.g. Farnsworth, Pett, & Lund, 1989; Schuster & Butler, 1989; Thompson, Gallagher, Cover, Galewski, & Peterson, 1989), while other studies found no gender difference in the psychological consequences of losing a spouse (Lund, Caserta, Dimond & Shapper, 1989; Zisook & Shuchter, 1991). However, the most recent and more rigorous studies found the death of a spouse to have a more adverse effect on men than on women (Lee, Willets, & Seccombe, 1998; Lee, Demaris, Bavin & Sullivan, 2001; Umberson et al., 1992).

## **C. Negative Long-Term Consequences of Widowhood**

*Summary:* Loneliness is one of the long-term consequences of loss of a spouse. The grief of many widows and widowers becomes more intense over time. Older women are generally quite poor following widowhood. As a result, financial strain is the primary cause of a widow's psychological distress. Widows experience higher levels of anxiety than do their married counterparts, whereas no such effects are observed among widowers.

- i. One of the longer-lasting consequences of losing a spouse was an elevated level of loneliness (Dugan & Kivett, 1994).
- ii. For some widows and widowers, the passage of time heightened rather than diminished grief (Lopata, 1996).
- iii. Recent cohorts of older women were generally impoverished following widowhood, but because of recent improvements in the economic well being of older individuals, this trend likely will diminish (Heinemann & Evans, 1990; Martin-Matthews, 1999).
- iv. The primary cause of psychological distress for widows was financial strain (Morgan, 1986; Umberson et al., 1992).
- v. Widows had a moderately higher level of anxiety than did their married counterparts, whereas no such difference was observed among widowers (Thuen & Reime, 1997).

#### **D. Positive Long-Term Consequences of Widowhood**

*Summary:* Bereaved women often report positive feelings, such as self-confidence, enhanced ability to cope with stress, and a renewed sense of self-reliance. In addition, many widows enjoy a sense of freedom and independence once the most intense grieving period is passed.

- i. Widowed women often reported feelings of self-confidence, an enhanced ability to cope with stress, a renewed sense of self-reliance, a willingness to try new experiences, and an awareness of internal resources, talents, and strengths that were unknown to them prior to the loss of a spouse (Lieberman, 1996; O'Bryant, 1991; Bennett, 1997; Davidson, 2001).
- ii. Widows often enjoyed a sense of freedom and independence after coming to terms with bereavement (Lopata, 1996; Pyke, 1994).

#### **E. Widowers**

*Summary:* Most research on widowhood focuses on women's experiences. This section, however, summarizes the limited findings related to men's experiences. Coping after the death of a spouse poses special challenges for men because they do not expect to be widowers nearly as much as women expect to be widows. Widowers experience psychological distress because of difficulty managing homemaking tasks, a lack of close, confiding relationships, and the absence of wives' health-maintenance behaviors. Widowers do not report as high levels of personal growth as do widows.

- i. Men did not expect to be widowers as much as women expected to be widows (Martin-Matthews, 1991).
- ii. The most distressing challenges for widowers included their difficulty managing homemaking tasks (Lee et al., 2001); their lack of close, confiding relationships with people other than their spouses (Peters & Liefbroer, 1997); and their inexperience with the health-maintenance behaviors and practices that their wives previously had handled.

- iii. Widowed men were less likely than were men and women of all marital statuses to feel needed and appreciated (Connidis & McMullin, 1994).
- iv. Widowers did not report as high levels of personal growth following the death of a spouse as did widows (Carr, 2004).

## **F. Support for Widowed Individuals**

*Summary:* Social support is related to psychological adaptation among bereaved elderly people. Widows have a more extensive support network than do widowers. Elderly women (age 75 and older) have smaller support networks than do younger widows. Elderly people who have lost a spouse are more likely to confide in at least one child and to have a higher frequency of contact with adult children than are elderly married parents.

- i. Some studies found positive associations between social support and psychological adaptation among bereaved elderly people (Diamond, Lund, & Caserta, 1987; Prigerson et al., 1993).
- ii. Widows had a more extensive network of support from family and friends than did widowers (Antonucci, 1990; Barrett & Lynch, 1999).
- iii. The oldest bereaved spouses (age 75 and above) had smaller primary support networks and they experienced a smaller degree of closeness to the members of their network, compared with younger elderly people who had lost a spouse (Lund et al., 1990).
- iv. Widowed men and women were more likely than their married counterparts to confide in at least one child (Connidis & Davies, 1992).
- v. Widowed parents reported a higher frequency of contact with their adult children than did married, elderly parents (Pinquart, 2003).

## **8. Loneliness**

*Summary:* Only a small percentage of older people feel lonely frequently; however, those over the age of 80 are more susceptible to loneliness. Married adults report the lowest levels of loneliness. Men who are divorced, widowed, or single report higher levels of loneliness than do their female counterparts do. Absence of a spouse and lack of contact with children, siblings, and friends are some of the major predictors of loneliness in old age. Physical health problems restrict contact with family and friends.

- i. Only about 5 to 15 percent of seniors over the age of 65 reported feeling lonely frequently and an additional 20 to 40 percent reported only occasional feelings of loneliness (Prince, Harwood, Blizard, Thomas, & Mann, 1997).
- ii. For the oldest adults, loneliness was more common: about 50 percent of adults aged 80 and above often felt lonely (Smith & Baltes, 1993).
- iii. Married older adults reported lower levels of loneliness compared with people who were divorced, single, or widowed (Pinquart, 2003; Stack, 1998; Zhang & Hayward, 2001).

- iv. Pinqart (2003) found higher levels of loneliness in divorced, widowed, and never- married men than in their female counterparts; no sex differences were found among married respondents.
- v. Lack of a spouse and a lack of contact with children, siblings, and friends were major risk factors for loneliness in the aged (Pinqart, 2003).
- vi. In old age, physical health problems often contributed to loneliness because they restricted people from maintaining social contacts (Dawson, Hendershot, & Fulton, 1987; Kline & Scielfa, 1996).

## 9. Divorce

*Summary:* Only two percent of men and women over age 65 get divorced. But due to divorces earlier in life, eight percent of men and 10 percent of women between the ages of 65 and 74 are currently divorced. This number is increasing as the cohorts with higher divorce rates are entering old age. The elderly rely on others for less support following divorce. Older divorced men have the smallest social networks of all groups. While divorce increases the likelihood of receiving help from friends, it does not increase the probability of receiving support from adult children.

- i. Only two percent of men and women over age 65 get divorced (Kreider & Fields, 2002).
- ii. Due to divorces earlier in life, eight percent of men and 10 percent of women between the ages of 65 and 74 were currently divorced (Kreider & Simmons, 2003).
- iii. The number of elderly who are divorced has increased as the cohorts with higher divorce rates enter old age (Wu & Penning, 1997).
- iv. In fact, the proportion of the older population that is divorced has doubled since 1970 and tripled since 1950 (Kreider & Simmons, 2003).
- v. The divorced elderly were at a higher risk for depression, health problems, and death (Wu & Penning, 1997) than were their non-divorced counterparts.
- vi. Older divorced men had the smallest social networks of all (Mugford & Kendig, 1986).
- vii. The likelihood of receiving help from friends was greater among older people who were divorced than among older people who were married (Barrett & Lynch, 1999). This pattern also may be in keeping with research showing that divorced older persons, especially divorced fathers, have fewer interactions with their adult children (White, 1992).
- viii. While a parent's widowhood prompted children to give more support, a parent's divorce did not (Aquilino, 1994; Eggebeen, 1992).

## 10. Remarriage in Later Life

- A. General Remarriage Trends
- B. Factors in the Decision to Remarry
- C. Effects of Remarriage in Later Life

## **A. General Remarriage Trends**

*Summary:* The number of the elderly who remarry in later life is quite small, but will likely increase due to a growing number of older people in the population. Men remarry in old age at a much higher rate than elderly women do, and older men get remarried much more quickly. Remarriage rates among the elderly have dropped since the 1970s. Divorced people are more likely to remarry than are the widowed. The older a person is, the less likely he or she is to remarry. Also, when in a relationship, women had less desire to remarry than do men.

- i. An estimated one-half million people over the age of 65 in the United States remarried each year (U.S. Census Bureau, 1995). The number of older people who remarry will likely increase (Ganong, Coleman, McDaniel, & Killian, 1998).
- ii. Among elderly males, 25 percent remarried, whereas among elderly females, only 1 percent remarried (Smith et al., 1991) And following the death of a spouse, men were about five times more likely than were women to remarry (Lee et al., 1998) and men remarried more quickly than did women (Wu, 1995).
- iii. Since the 1970s, remarriage rates following divorce and widowhood have declined (Cherlin, 1992; Goldscheider, 1990; Lee et al., 1998; Uhlenberg et al., 1990). This decline partly reflected an increased likelihood of cohabitation following divorce (Cherlin, 1992).
- iv. Divorced people remarried at higher rates than did widows and widowers (Burch, 1990).
- v. The older people were, the less likely they were to remarry following divorce or the death of a spouse (Uhlenberg et al., 1990; Wu, 1995), making rates of remarriage in old age comparatively low.
- vi. Among men and women in advanced old age who had formed new relationships, women generally did not want to marry, whereas men typically did (Wilson, 1995).

## **B. Factors in the Decision to Remarry**

*Summary:* Loneliness and the desire for companionship are the most common reasons for remarriage among the elderly. People whose marriages were particularly good or particularly bad are not as interested in remarrying as people whose marriages were generally positive but flawed. Some of the reasons for not remarrying include poor health or lack of available older men, the absence of incentives, and a desire to protect one's financial situation.

- i. Loneliness and the need for companionship were the most common reasons for remarriage among the elderly (Bahr & Peterson, 1989; Lopata, 1987).
- ii. Those whose previous marriages had been particularly good or bad were the least interested in remarrying, while those whose marriages were generally positive, despite flaws, were most open to considering remarriage (Talbot, 1998).
- iii. Some of the reasons for not wanting to remarry were: scarcity of older men (Chipperfield & Ha-

vens, 2001); poorer health; reduced mobility; poorer finances; the absence of incentives common to younger people (i.e., being pregnant, wanting children, proving adulthood, conforming to life cycle timing); and the social pressure to protect one's financial situation (Talbot, 1998).

### **C. Effects of Remarriage in Later Life**

*Summary:* Generally, elderly people who remarry report higher levels of satisfaction with life than people who do not. One possible reason is that remarriage decreases the loneliness that accompanies living alone.

- i. Of seniors who had lost spouses, those who remarried displayed higher levels of life satisfaction after two years than those who had lost a spouse but did not remarry (Burks et al., 1998). Similarly, after 10 years, those who remarried were relatively happier with their lives than were those who did not remarry (Bulcroft et al., 1989).
- ii. Remarriage among elderly people showed a high success rate because remarriage combined the romantic elements of marital intimacy with the solution to the difficulty of living alone (Rothstein, 1996)

## **11. Cohabitation in Later Life**

*Summary:* The elderly are less likely to cohabit, or to approve of cohabitation. However, the proportion of elderly couples who live together without marrying (cohabit) has grown steadily. Older men cohabit at much higher rates than do older women. Divorced and separated white men are more likely to cohabit than are women or black men. A low percentage of elderly people date and, among those who do, cohabitation is nearly as common as marriage. The mental health of elderly people is affected positively by finding another partner. Older cohabitators enjoy more stable and satisfying relationship than do young cohabitators. Older cohabitators are also more likely to view cohabitation as an alternative to marriage but this does not reflect on the quality of the relationship as it does among younger cohabitators. Cohabitation among the elderly is highest in the Sunbelt states.

- i. Compared with younger adults, older adults were significantly less likely to approve of cohabitation (Oropesa, 1996; Thornton & Young-DeMarco, 2001), or to cohabit themselves (Chevan, 1996).
- ii. Of single people age 60 and older, 2.4 percent were cohabiting in 1990, up from virtually zero in 1960 (Chevan, 1996).
- iii. Cohabitation among the elderly tripled from 1980 to 1990. In 1990, almost 6 percent of all cohabitators were older people (Chevan, 1996).
- iv. In 1990, 1 percent of elderly females cohabited, compared with 6 percent of older males (Chevan, 1996).
- v. Elderly men were six times as likely as were elderly women to begin a relationship with a new partner (Gierveld, 2004).

- vi. Hatch (1995) found divorced and separated white men were more likely to cohabit than were either women or black men.
- vii. Among those seeking companionship, cohabitation was almost as common as marriage (Bulcroft & Bulcroft, 1991).
- viii. Compared with young cohabitators, older cohabitators reported higher levels of relationship quality and fairness, spent more time alone with their partners, had fewer disagreements, and were less likely to think their relationships were in trouble (Brown, 2003; King & Scott, 2005).
- ix. Older cohabitators also were more likely to view their relationship as an alternative to marriage; in contrast, younger cohabitators more often viewed cohabitation as a prelude to marriage (King & Scott, 2005). But the negative effects of cohabiting without planning to marry among the elderly were not as strong as they were among young cohabitators (King & Scott, 2005). (Younger cohabitators who do not plan to marry tend to have less stable and lower quality relationships.)
- x. Cohabitation among the elderly was highest in the Sunbelt states, likely due to the large number of retirement communities in these states (Chevan, 1996).

## 12. Applying the Research: Questions for Marriage Educators

*Comment.* From this review, we think it is clear that individuals and couples in later life face significant challenges to sustaining healthy marriages, adjusting to widowhood, and even forming new relationships. Marriage educators have given most of their attention to younger couples. But we think there is an important role for marriage educators to play in serving the elderly. This review suggests, however, that the services provided and curricula developed will need to deal with many challenges that are unique to this age group. For instance, certainly health issues are much more prominent in later-life marriages. And financial issues will be different in later life than they are early in a marriage. So marriage educators will need to keep abreast of research on the later-life marriage. And they will need to be creative in developing and implementing curricula. Below is a brief list of questions to help marriage educators think more about serving this population more effectively.

- i. Some people may think that marriage and couples education for individuals and couples in later life makes no sense. Can you articulate a handful of important reasons why marriage education would be valuable to the elderly?
- ii. Why might funding agencies be interested in supporting marriage education for aging individuals and couples?
- iii. What are effective ways to make marriage education readily available and convenient to aging individuals and couples?
- iv. How could marriage educators team up with gerontology educators to serve elderly people more effectively?
- v. Is there a valuable role for marriage educators to play in helping widows and widowers adjust to their new lives?
- vi. There are many more single elderly women than there are single elderly men. What might be the

- implications of this difference for marriage education?
- vii. Several studies have shown that marital quality improves somewhat in later life. What lessons can be learned from long-term marriages that may be useful to couples married for a shorter time?
  - viii. Research shows that the transition to retirement can have both positive and negative effects on marriage. Considering the increasing numbers of retirees, what can marriage educators do to help aging individuals and couples manage retirement in ways that strengthen marriages?
  - ix. One study shows that sharing recreational interests before retirement will deepen a couple's relationship after retirement. How can marriage educators help foster shared activities among couples?
  - x. More than four million Americans are currently diagnosed with Alzheimer's disease. What can marriage educators do to help the spouses of people with Alzheimer's disease cope with their situation?
  - xi. Depression is often a natural consequence of the death of a spouse. What can marriage educators do to help the surviving spouse work through his or her depression?
  - xii. Several studies have found that caregiving to elderly spouses is detrimental to the health of the caregiver. What interventions could be employed to minimize these effects?
  - xiii. Sexual interest and activity decline with age, yet some studies show that in many instances sexual satisfaction actually seemed to increase with time. Do you think sexuality is an appropriate topic for marriage education in the later years? How can such topics be dealt with effectively and sensitively?
  - xiv. The greatest cause of anxiety for bereaved widows is financial strain. What can be done to help families prepare financially in advance for the possibility of widowhood?
  - xv. What could be the implications for marriage educators of the increasing numbers of elderly people who are divorced?
  - xvi. Is remarriage among the elderly substantially different from remarriage among younger people? If so, do marriage education curricula for the elderly account for these differences?
  - xvii. What factors could be related to the significant increase of cohabitation among the elderly? Can marriage educators play a role in helping the elderly think about cohabitation and marriage in later life?

### **13. Further Scholarly Summaries of Research on Later-Life Marriage and Family Life**

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