Article

Journal of Family Issues
2017, Vol. 38(12) 1754–1774

DOI: 10.1177/0192513X16647982
journals.sagepub.com/home/jfi
SAGE

Health and Relationship Quality Later in Life: A Comparison of Living Apart Together (LAT), First Marriages, Remarriages, and Cohabitation

Alisa C. Lewin[1]

Abstract

This study compares happiness in the relationship, support, and strain in LAT (living apart together, i.e., noncohabiting) relationships with first marriages, remarriages, and cohabitation among older adults in the United States. The study also asks whether partner's health affects relationship quality differently in different relationship types. This study draws on the first wave of the National Social Life Health & Aging Project 2005-2006, (n = 1992). Partner's physical and mental health are good predictors of relationship quality and their effects do not differ by relationship type. Men are more likely to be very happy in their relationship and to receive high support than women, but they also report more strain. LAT relationships are less likely to be very happy and to have high support than marriage and remarriage, but they also have lower strain. Different interpretations of "strain" are discussed.

Keywords

marriage, marital quality, intimate relationships, living apart together (LAT), health

[1]University of Haifa, Haifa, Israel

Corresponding Author:
Alisa C. Lewin, Department of Sociology and Anthropology, University of Haifa, Mount Carmel, Haifa 31905, Israel.
Email: alewin@soc.haifa.ac.il

Studies have shown that the desire to marry declines with age (Mahay & Lewin, 2007). Rather than remarry, older adults may choose to cohabit or to have a living apart together (LAT) noncohabiting romantic relationship after the end of their marriage (Davidson, 2002; de Jong Gierveld, 2004; de Jong Gierveld & Merz, 2013; Levin, 2004; Lewis, 2006). Nonmarital partnerships, especially LAT, combine a long-term intimate relationship with high levels of social and financial independence. The question arises whether this independence demands a price and whether LAT is of lower quality than other intimate relationships later in life. Here, I compare relationship quality in LAT with that in marriage, remarriage, and cohabitation among older adults.

The association between relationship quality and relationship type may become more complex later in life, as health issues emerge. With declines in physical and mental health, both partners' need for support increases, as does the burden to provide it. This dynamic has important implications for relationship quality because receiving support may increase relationship quality, whereas demands to provide support may produce strain. This dynamic may also differ by relationship type because the expectations of care and support differ in marriage, cohabitation and LAT. Partners in marriage, and possibly to a lesser extent cohabitation, are expected to endure declines in partner's health and to provide unlimited care (Spitze & Ward, 2000), whereas people in LAT relationships may not expect to provide physical care or to receive it from their partner (Duncan, Phillips, Carter, Roseneil, & Stoilova, 2014; Klinenberg, 2012). In this study, I look at happiness, support, and strain in the relationship, and I explore the effects of partner's physical and mental health on these different dimensions of relationship quality. I also ask whether the effect of partner's physical and mental health on relationship quality differs by relationship type.

To my knowledge, this is the first study to compare relationship quality of LAT[1] with other types of relationships among older adults in the United States. One reason LAT relationships among older adults have not received much attention in the United States may be the difficulty of identifying these partnerships, as most surveys of older adults do not ask about non-cohabiting romantic relationships. The General Social Survey (GSS) did ask about this in 1996 and 1998 and found that 8.5% of unmarried noncohabiting adults older than 65 years were involved in a romantic relationship in 1996, 10% were involved in such relationships in 1998 (GSS, 1996; GSS, 1998). Newer National Social Life Health & Aging Project (NSHAP) data with larger sample sizes support these figures: Brown and Shinohara (2013) report that among unmarried noncohabiting adults aged 65 to 74 years, 14% were involved in a romantic partnership, and among those aged 75 to 85 years the figure drops to 9%.

Another reason LAT has not received much attention in the United States is the difficulty in distinguishing transitory LAT from stable LAT. Transitory LAT are short-term relationships with low levels of commitment, and characterize primarily young adults, whereas stable LAT are long-lasting relationships that are alternatives to marriage and cohabitation, and characterize older adults (Amato & Hayes, 2014). Studies have found that the desire to maintain independence is a main reason for older adults to be in an LAT relationship (Davidson, 2002; Karlsson & Borell, 2002; Lewin, 2014; Liefbroer, Poortman & Seltzer, 2015) and that the desire for companionship and emotional support are main reasons to be in an intimate relationship later in life (de Jong Gierveld & Peeters, 2003; Koren, 2015). This raises questions about the level of support LAT relationships actually provide, and how they compare with marriage and cohabitation.

Relationship Quality and Relationship Type Later in Life

There is general agreement that relationship quality is multidimensional, and studies typically distinguish positive and negative measures. Such distinctions are especially important regarding older adults because they reveal dynamics and complexities of relationship quality over time. For example, longitudinal studies found that marital quality tends to decline over time (VanLaningham, Johnson, & Amato, 2001); more specifically, with duration of the relationship, negative marital experiences tend to increase, and positive marital experiences tend to decline (Umberson, Williams, Powers, Chen, & Campbell, 2005).

Multiple measures of relationship quality are also useful in cross-sectional studies. For example, studies comparing relationship quality of men and women later in life reveal that men tend to score higher on positive measures and lower on negative measures than women (Boerner, Jopp, Carr, Sosinsky, & Kim, 2014). In this cross-sectional study, I examine three different components of relationship quality: happiness in the relationship, support, and strain; and I expect them to differ by relationship type.

I expect people in LAT relationships to receive lower levels of support than people in marriage, remarriage, and cohabitation because people in LAT are not expected to provide the high levels of support that are expected in these other relationships. In parallel, I expect people in LAT to experience lower levels of strain in the relationship than people in marriage, remarriage, and cohabitation because they are not exposed to high demands to provide unlimited support. Indeed, studies show that one reason older adults choose

to live apart from their partners is to avoid the burden of caregiving, and their relationship depends on partners' good health (Klinenberg, 2012).

The cost of breaking up an unfulfilling relationship is much lower in LAT than in marriage where property must be divided, or in cohabitation where one partner must find new residence. In other words, the fact that marriage and cohabitation have more joint investment and are more resistant to breakup may not necessarily imply that they are happier than LAT. In fact, such constraints may increase the odds that an unhappy marriage or cohabitation will survive, compared with an unhappy LAT relationship. If this selection effect is strong and unhappy LAT relationships do not survive, LAT relationships will be happier, on average, than relationships that endure unhappy times. In this sense, even if only due to selection, LAT relationships may seem happier than other relationships. Still, studies show that men and women later in life may remain in unsatisfactory LAT partnerships because they fear loneliness and perceive being in a relationship as preferable to being alone (Koren, 2015). Fear of loneliness in old age may be reinforced by a perception of a shortage of suitable partners.

Next, I review literature that compares relationship quality in different types of romantic relationships later in life: first marriage, remarriage, cohabitation, and LAT.

Marriages and Remarriages

Findings are mixed regarding differences in marital quality between first marriages and higher order marriages among older adults. Some find no differences and some find lower levels of relationship quality in remarriage than in first marriage. For example, Kaufman and Taniguchi (2006) found that women in higher order marriages were less likely than women in first marriages to report high levels of marital happiness, whereas Bulanda (2012) found no effect of remarriage on marital happiness later in life.

Cohabitation

An expanding literature compares relationship quality in marriage and cohabitation among young adults (sometimes through midlife), and suggests overall that cohabitation is less happy than marriage unless it is a prelude to marriage (Brown & Booth, 1996). But the few studies that focus on cohabitation of older adults suggest that these relationships are better than cohabitations of young adults (King & Scott, 2005), and that they do not differ substantially from remarriage at older ages (Brown & Kawamura, 2010). King and Scott (2005) used National Survey of Families and Households data

to compare cohabiting relationships of older and of younger adults and found that older adults reported higher levels of relationship quality and stability than younger adults. Brown and Kawamura (2010) used the same NSHAP data as the current study to compare relationship quality of remarried and of cohabiting older adults and found similar levels of relationship quality in cohabitation and remarriage. Their findings support King and Scott's argument that cohabitation among older adults may be a long-term arrangement rather than a stage in courtship leading to marriage.

Living Apart Together

To my knowledge, only three studies (one in the United States, one in Switzerland, and one in four European countries) compared relationship quality in LAT relationships with that in marriage and cohabitation, and none focused on older adults. In fact, the European study excluded adults older than 55 years (Tai, Baxter, & Hewitt, 2014). All three studies found that people in LAT relationships reported lower satisfaction than people in cohabitation and marriage (Strohm, Seltzer, Cochran, & Mays, 2009; Szalma & Lipps, 2014; Tai et al., 2014). More specifically, in the two studies that used multiple measures of relationship satisfaction, LAT respondents reported lower levels of practical support from their partners than cohabiting and married respondents; and LAT respondents reported lower levels of emotional support than married respondents (Strohm et al., 2009; Szalma & Lipps, 2014). The Swiss study found no difference between emotional support in LAT and in cohabitation (Szalma & Lipps, 2014), whereas the U.S. study found lower levels of emotional support in LAT than in cohabitation (Strohm et al., 2009).

I expect LAT relationships among older adults in the United States to have lower levels of support than marriage, remarriage, and cohabitation because they are not obliged to provide the high level of support expected in these other relationships. Furthermore, because they are not demanded to provide support, I expect LAT relationships to have lower levels of strain than other relationships. Finally, because of the ease of breaking up an unfulfilling LAT relationship, I expect them to be happier than other relationships that withstand lower levels of happiness because the cost of breakup is substantially higher due to lifelong joint investment.

Hypothesis 1a: LAT relationships will be happier than other relationships.
Hypothesis 1b: LAT relationships will have lower levels of strain than other relationships.
Hypothesis 1c: LAT relationships will have lower levels of support than other relationships.

Relationship Quality and Gender Later in Life

In her book *The Future of Marriage* (1972/1982), Bernard argues that every marriage is composed of two marriages: "his" marriage and "her" marriage, and that "his" marriage provides more benefits than "hers." Although Bernard's book has come under scrutiny, studies show that as they age, men receive more care from their partners than women, and that they are happier in their relationship. For example, Spitze and Ward (2000) found that a higher percentage of husbands expect to receive care from their spouse in times of illness than wives. This asymmetry in expectations of care corresponds to the asymmetry in the receipt of care, where married men receive more hours of care from their wives than married women receive from their husbands (Noel-Miller, 2010; Stoller & Miklowski, 2008).

Studies of marital quality later in life that show that men are happier in their relationships than women (Boerner et al., 2014; Bulanda, 2012), and that they experience less strain (Umberson & Williams, 2005) and more support (Umberson, Chen, House, Hopkins, & Slaten, 1996) than women. Therefore, in this study I expect men to be happier in their relationship and to experience more support and less strain than women:

> **Hypothesis 2:** Men will have better relationship quality than women in all three dimensions.

Relationship Quality and Partner's Mental and Physical Health Later in Life

One reason older adults may prefer LAT over cohabitation is to avoid the responsibilities of caring for a partner (Klinenberg, 2012). Having an unhealthy partner may indeed reduce happiness and support in the relationship, and may increase the negative measure of strain, especially if the partner requires care. Having a healthy partner has been shown to exert a positive effect on relationship quality (Galinsky & Waite, 2013) whereas caring for an unhealthy partner is associated with high levels of stress and loneliness (de Jong, van Groenou, Hoogendoorn, & Smit, 2009; Stoller & Miklowski, 2008). This dynamic explains the finding in longitudinal data that decline in spouse's health is accompanied by more severe decline in marital quality than decline in own health (Yorgason, Booth, & Johnson, 2008) and the finding in cross-sectional data that spouse's health is a better predictor of happiness in the relationship than respondent's health (Kaufman & Taniguchi, 2006). In fact, findings on the effect of respondent's health on marital quality later in life are mixed. For example, Bulanda (2012) found a positive effect of respondent's health on

marital happiness, whereas others found no such effect (Brown & Kawamura, 2010; Kaufman & Taniguchi, 2006).

The effect of partner's physical and mental health on relationship quality may differ by relationship type because of differences in expectations of care and support. For example, caring for a partner and providing support "in sickness and in health" are normative expectations in marriage (Noel-Miller, 2010; Spitze & Ward, 2000), yet unconditional long-term support may not apply in nonmarital relationships (Noel-Miller, 2011). In this study, I test for this interaction and I expect the effect of partner's physical and mental health on relationship quality to differ by relationship type. In marriage and cohabitation there are explicit expectations to provide care, which may increase strain in the relationship when partner's physical or mental health is poor. Moreover, unhealthy partners may be limited in the amount of support they are able to provide, thus reducing support in the relationship. Nonetheless, committed relationships are expected to endure declines in partner's health. Relationship quality in LAT may be affected by partner's health as well, but LAT relationships may dissolve if partner's health deteriorates.

Furthermore, differences in care and support by relationship type may differ by gender. For example, studies show that cohabitation is less protective of men's health than marriage (Carr & Springer, 2010), perhaps because of differences in perceived partner support (Marcussen, 2005), or because cohabiting women provide their partners less care and support than their married counterparts (Noel-Miller, 2011). In this study, I test for this interaction and I expect the effect of partner's health on relationship quality to differ by relationship type and gender.

The following hypotheses apply equally to physical and mental health:

Hypothesis 3a: Respondent's health will have a positive effect on relationship quality.
Hypothesis 3b: Partner's health will have a positive effect on relationship quality.
Hypothesis 3c: The effect of partner's health on relationship quality will differ by relationship type.
Hypothesis 3d: The effect of partner's health on relationship quality will differ by relationship type and gender.

Analytical Strategy

Centering on older adults, I compare three dimensions of relationship quality by relationship type. My focus is on existing relationships, and I acknowledge that very weak relationships may not have survived to the time of the

survey. This attrition may vary by relationship type because unhappy LAT relationships are more likely to break up than unhappy marriages because they have less joint investment. I have taken this into account in developing my hypotheses, and I expect LAT relationships to be happier than other relationships where the cost of breakup is high. I also take this selection into account in interpreting the findings. Nonetheless, the problem of selection is somewhat reduced in this sample of older adults because most of the relationships have already lasted quite long (from an average of 44 years for first marriages to almost 10 years for LAT relationships [not shown]). In the analyses, I also include a variable that indicates new relationships (5 years or less) to account for some of these effects.

The composition of any sample of partnered older adults is likely to be affected by gender differences in mortality and health. For example, older women are more likely to be alone than older men because they have a longer life expectancy and lower rates of remarriage after divorce and widowhood than men (Waite, 1995). This accounts for the overrepresentation of men in the present sample. Also, any in-home survey of older adults (at least in the first wave) is likely to overrepresent healthy respondents. On average, respondents rate their own health better than their partner's (see Table 1), indicating a possible selection of relatively healthy respondents into the sample. Interestingly, only respondents in LAT relationships rate their health the same as their partner's, on average. This may be evidence that LAT relationships last only as long as partners are perceived to be in good health. Klinenberg (2012) found that older people in LAT relationships selected healthy partners and broke up relationships when partners' health deteriorated.

In the multivariate analyses, I also control for factors that may explain relationship quality and may also affect selection into different types of relationships. For example, religious people may prefer marriage to nonmarital cohabitation, and studies have found that religiosity has a positive effect on happiness and well-being (Lim & Putnam, 2010); therefore, I control for religiosity in the analyses. Blacks have proven to have lower marital quality than Whites (Broman, 2005; Corra, Carter, Carter, & Knox, 2009), so I control for race. I also control for education and age, demographics possibly related to selection into different types of relationships and that affect well-being, regardless of relationship type.

Data and Method

This study is unique in that it focuses on LAT relationships among the elderly and how they may differ from other types of relationships. LAT relationships among older adults have been studied in European countries (e.g., Borell &

Table 1. Percentage Distribution and Means (Standard Deviations) of Variables in the Analyses, by Relationship Type.

	First Marriage	Remarriage	Cohabiting	LAT	Total
Dependent variables					
Percent happy in the relationship	81	82	70	60	60[c,e]
Percent high support	90	90	87	78	89[c,e]
Percent low strain	66	70	81	84	69[c,e]
Independent variables					
Percent female	43	36	50	37	41
Age (years)	67.98 (7.35)	67.49 (7.47)	66.6 (7.57)	69.21 (7.54)	67.89 (7.41)
Percent White	75	75	65	61	74[c,e]
Percent Black	11	14	17	31	13[c,e,f]
Percent Hispanic	11	9	13	4.5	10
Percent Other ethnicity	2.6	1.4	5	1.5	2.3
Bachelor's degree or higher	26	23	23	33	25
Religiosity	3.63 (1.98)	3.08 (2.21)	2.00 (1.97)	2.86 (2.14)	3.38[a,b,c,d] (2.09)
Respondent's physical health	3.29 (1.07)	3.36 (1.11)	3.15 (1.19)	3.47 (1.08)	3.32 (1.09)
Partner's physical health	3.19 (1.14)	3.27 (1.16)	2.95 (1.23)	3.47 (1.13)	3.22 (1.15)
Respondent's mental health	3.77 (0.98)	3.85 (0.93)	3.8 (0.92)	3.85 (0.96)	3.80 (0.96)
Partner's mental health	3.66 (1.05)	3.72 (1.04)	3.66 (1.12)	3.85 (0.96)	3.69 (1.15)
Percent new relationship	0.2	10	28	32	6.0[a,b,c,d,e]
N	1,241 (62%)	560 (28%)	60 (3%)	131 (7%)	1992

Note. LAT = living apart together. Data from NSHAP 2005-2006. Analysis of variance tests, differences between groups were significant at least at the .05 level: [a]first marriage–remarriage; [b]first marriage–cohabitation; [c]first marriage–LAT; [d]remarriage–cohabitation; [e]remarriage–LAT; [f]cohabitation–LAT.

Karlsson, 2003; de Jong Gierveld, 2004; Levin, 2004) but to date not in the United States, perhaps because surveys typically do not ask older adults about noncohabiting romantic relationships.

This study draws on data from the first wave of the NSHAP 2005-2006. NSHAP is a probability sample of older adults aged 57 to 85 years, in the United States, with an oversampling of Blacks, Hispanics, men, and those aged 75 to 85 years. NSHAP is a household survey based on in-home interviews, thus excluding those living in institutions and the homeless. All questionnaires and survey materials were developed in English and translated into Spanish. The survey had an unweighted response rate of 74.8% and a weighted response rate of 75.5%. Funding was by the National Institute of Health and the survey was conducted by the National Opinion Research Center at the University of Chicago. NSHAP data were collected for 3,005 respondents, of whom 992 were excluded from the current study because they were not in a romantic relationship, and an additional 21 cases were excluded because their relationship status was unclear (they stated that they were not cohabiting, but later provided detailed information on a current cohabitation), leaving a sample of 1,992 respondents.

NSHAP data are particularly suitable for the current investigation of relationship quality in different types of intimate relationships. Including questions on non-cohabiting romantic relationships presents a unique opportunity to delve into these typically "invisible" relationships in survey data. In addition, NSHAP includes a measure of happiness in the relationship, as well as positive and negative measures of relationship quality.

Dependent Variables

The first dependent variable in the current study is based on a 7-point scale indicating respondents' level of happiness in their relationship (1 = *very unhappy* to 7 = *very happy*). I created a binary variable that distinguishes very happy relationships (which scored 6 or 7) from other relationships (which scored 1 to 5).

Each of NSHAP's two positive and two negative measures of relationship is based on a 3-point scale from 1 (*hardly ever*) to 3 (*often*). I combined the two positive measures ("How often can you open up to [your partner] if you need to talk about your worries?" and "How often can you rely on [your partner] for help if you have a problem?"; Cronbach's $\alpha = .6067$) and created a new variable, "Support," coded as a binary variable that distinguishes relationships with high support (5 and 6) from other relationships (2 to 4). I combined the two negative measures ("How often does [your partner] make too many demands?" and "How often does [your partner] criticize you?";

Cronbach's α = .5952) and created a new variable, "Strain," coded as a binary variable that distinguishes relationships with low strain (2 and 3) from other relationships (4 to 6).

Independent Variables

The most important independent variable in this study distinguished four relationship types: first marriage, remarriages (most typically second marriages, but some are higher order),[2] cohabitation, and non-cohabiting (LAT; reference category). LAT relationships were identified by the question (asked only of respondents who were neither married nor cohabiting): "Do you currently have a romantic, intimate, or sexual partner?"[3]

The multivariate analyses controlled for gender, age, education, race, and religiosity. Age was a continuous variable measured in years, and education was a binary variable indicating whether the respondent had a bachelor's degree or higher. Racial categories were White (reference category), Black, Hispanic, and Other. Religiosity was defined as the frequency of attending religious services, from 1 (*never*) to 7 (*several times a week*).

I compared results for effects of respondent's and partner's physical and mental health on relationship quality.[4] Respondent's health was measured using a question on self-reported health (from 1 = *poor* to 5 = *excellent*). Partner's health was measured by respondent's report of partner's health (from 1 = *poor* to 5 = *excellent*). Using respondent's report of partner's health is common when partners are not interviewed (see e.g., Korporaal, van Groenou, & van Tilburg, 2008; Yorgason, Booth, & Johnson, 2008). Although NSHAP's second wave does interview married and cohabiting partners, it is not applicable for the current study because LAT partners were not interviewed and respondents were not asked about partners' health.

I included a binary variable distinguishing new relationships (5 years or less) from longer term relationships to account for differences in relationship quality by duration of the relationship.[5] For married people, this binary variable was based on number of years since married, and for cohabiting people on their report of number of years since they started living together. The measure for cohabitation may be less accurate than that for marriage, and married people may have cohabited prior to marriage, but the distinction between long-term and new relationships (5 years or less) is likely to be less sensitive to these inaccuracies than a continuous variable would be. For people in non-cohabiting romantic relationships, duration of the relationship was measured as the number of years since first sex. There was no missing information on duration for married and cohabiting respondents, but there was a substantial amount of missing information ($n = 36$) for people in LAT.[6] Rather

than exclude cases with missing information on duration of the relationship, I imputed the values using multiple imputation technique (in Stata 13). Listwise deletion for missing data was applied to all other variables, leading to a loss of fewer than 30 cases.

The descriptive statistics (Table 1) show original data, but all the multivariate analyses show results for imputed data after adjusting for the complex sampling design and the resulting unequal probability of selection in NSHAP. Analyses were conducted using Stata 13. I conducted logistic regressions because the distributions of the dependent variables are highly skewed.

Results

Table 1 shows descriptive statistics for the variables in the analysis, by relationship type. The majority of respondents were in their first marriage (62%), 28% were remarried, 3% were cohabiting, and 7% were in LAT relationships. Analysis of variance tests showed differences between groups.

Descriptive: Relationship Quality by Relationship Type

Table 1 shows that relationship quality varies by relationship type. Marriages (first and higher order) score the highest and LAT relationships the lowest on all the measures of relationship quality, and the differences between marriage (first and higher order) and LAT are statistically significant on all measures. First marriages do not differ from higher order marriages in any of the dimensions of relationship quality tested here. Cohabitations score higher than LAT (and lower than remarriages), but the differences are statistically insignificant, possibly due to the small number of cohabitants in this sample.

The percentage of married people (first and higher order marriages) who are very happy in their relationships exceeds this percentage of people in nonmarital relationships. Similarly, the percentage of marriages that have high support exceeds this percentage in LAT relationships. But the percentage of LAT relationships that have low strain exceeds this percentage in married relationships.

These findings suggest that more committed relationships provide more benefits, in terms of happiness and support, than LAT, but they also have more strain. One possible explanation for this seeming discrepancy is that demands mirror support in the relationship. In other words, relationships that provide high support also demand it, which creates strain. Another explanation, which is developed further in the discussion, could be that strain reflects partner's health-controlling behavior and should be interpreted as yet another dimension of support in the relationship.

Descriptive: Control Variables

On average, people in cohabitation have the lowest levels of religiosity, and people in first marriages have the highest levels of religiosity, these differences are statistically significant. Not surprisingly, LAT respondents have a higher percentage of new relationships (formed in the past 5 years) than respondents in all other relationship types. The difference between LAT and cohabitation in percentage of new relationships is small and statistically insignificant. Finally, there is a higher percentage of Whites among the married and remarried than among the LAT, and there is a higher percentage of Blacks in LAT than in all other groups, and these differences are statistically significant.

Table 2 shows coefficients from logistic regressions predicting relationship quality.[7] Nested models that included compositional effects separately from health effects and the effects of relationship type were tested (not shown) and demonstrated that compositional effects did not change when health and relationship type were added to the model. The multivariate results are organized by hypothesis.

Hypotheses 1a to 1c: Relationship Type and Relationship Quality

I hypothesized that LAT relationships would be happier than other relationships (Hypothesis 1a), and that they would have less strain (Hypothesis 1b) and less support (Hypothesis 1c). The findings support Hypothesis 1b and Hypothesis 1c, about strain and support, and do not support Hypothesis 1a about happiness in the relationship. Table 2 shows that people in first and higher order marriages have higher odds of being very happy in the relationship and of receiving high support, controlling for all the variables in the equation, than people in LAT. People in first and higher order marriages also have lower odds of having low strain in the relationship than people in LAT. People in cohabitation have higher odds of having high support in the relationship than people in LAT, and the difference is statistically significant at the .05 level. Cohabiting relationships do not differ from LAT on happiness and strain. The differences between cohabitation and LAT may be statistically insignificant not only because these relationships have similar levels of happiness and strain but also because the number of cohabiting respondents in this sample is very small ($n = 60$).

Hypothesis 2: Gender and Relationship quality

I hypothesized than men would have better relationship quality on all three measures. Table 2 shows that women have lower odds of being very happy in

Table 2. Logistic Regression Coefficients Predicting Relationship Quality.

	Happiness	Support	Low strain
Female	−0.458*** (0.120)	−0.272* (0.134)	0.520*** (0.123)
First marriage	1.258*** (0.279)	0.943** (0.320)	−1.187*** (0.310)
Remarriage	1.344*** (0.283)	0.934** (0.305)	−1.009** (0.301)
Cohabiting	0.740 (0.419)	1.159* (0.525)	−0.346 (0.481)
Age	0.012 (0.008)	−0.013 (0.010)	0.003 (0.007)
Black	−0.461* (0.222)	−0.288 (0.237)	−0.711** (0.244)
Hispanic	−0.176 (0.217)	−0.195 (0.251)	0.183 (0.326)
Other	0.480 (0.439)	0.876 (0.765)	−0.586 (0.410)
Bachelor's degree or higher	−0.213 (0.128)	0.285 (0.235)	0.105 (0.150)
Religiosity	0.092** (0.032)	0.088* (0.041)	−0.013 (0.034)
New relationship	0.338 (0.296)	−0.071 (0.253)	0.103 (0.491)
Respondent's physical health	0.048 (0.064)	−0.023 (0.072)	−0.001 (0.055)
Partner's physical health	0.306*** (0.060)	0.432*** (0.091)	0.266*** (0.046)
Constant	−1.757* (0.679)	0.680 (0.841)	0.741 (0.701)
Observations	1968	1963	1964
Pseudo R^2	0.057	0.071	0.043
Log likelihood	−946.012	−641.541	−1165.793

Note. Standard errors in parentheses. Data from NSHAP 2005-2006. All estimates were weighted to account for differential probabilities of selection and differential nonresponse. Missing values on duration of the relationship were imputed.
*$p < .05$. **$p < .01$. ***$p < .001$.

the relationship and of receiving high support than men, controlling for all the variables in the regression. Yet women have lower odds of reporting low strain than men. In other words, women have worse relationship quality than men on the positive measures, and better relationship quality than men on the negative measure. This result partially supports Hypothesis 2, that men have better relationship quality on all measures. However, if strain is interpreted as partner exerting health-controlling behavior it may indicate another facet of support in the relationship and may not be an entirely negative measure of relationship quality.

Hypotheses 3a to 3d: Health and Relationship Quality

I hypothesized that respondent's (Hypothesis 3a) and partner's (Hypothesis 3b) health affect relationship quality, and that the effect of partner's health on

relationship quality differs by relationship type (Hypothesis 3c) and by relationship type and gender (Hypothesis 3d). Table 2 shows that respondent's physical health is not associated with any measure of relationship quality, so no support is provided for Hypothesis 3a. Partner's physical health is a good predictor of all three measures of relationship quality, in support of Hypothesis 3b. Partner's (good) physical health is associated with higher odds of being in very happy relationships, with high support and low strain. The results were similar for mental health (not shown).

Interactions of partner's health on relationship quality by relationship type (not shown) are statistically insignificant, providing no support for Hypothesis 3c, that the effect of partner's health on relationship quality will differ by relationship type. Interactions of partner's health on relationship quality by relationship type and gender (not shown) are statistically insignificant, providing no support for Hypothesis 3d, that the effect of partner's health on relationship quality will differ by relationship type and gender. In sum, these findings show that the effect of partner's health on relationship quality does not differ by relationship type.

Control Variables

Blacks have lower odds than Whites (the omitted category) of being very happy in their relationship, and they have lower odds of having low strain, controlling for all the variables in the equation. Religiosity is positively associated with the odds of being very happy in the relationship and having high support.

Discussion and Conclusion

This study emerged from research that found that partnering preferences change over the life course. While young people still desire to marry, older adults may opt for nonmarital relationships. One reason is older adults' desire to retain their independence, and another is their reluctance to assume the caregiving responsibilities expected in marriage.

The questions underlying the current investigation were whether this independence demands a price in terms of relationship quality, and whether differences are accounted for by health. I focused on LAT relationships and asked how these compare with marriage, remarriage, and cohabitation. LAT proved to have not only lower levels of happiness and support than marriages but also lower levels of strain, and health did not explain these differences.

These results point to a seeming contradiction: Marriages are more likely than LAT to have high levels of strain yet they are also more likely than LAT

to have high levels of support and happiness. This apparent contradiction is consistent with studies that show that strain and support are interdependent phenomena, and they can co-occur, especially in later life relationships (Rook, 1990). One straightforward explanation for the coexistence of strain and support is that it reflects reciprocity embedded in intimate relationships. People in LAT enjoy less support by their partners than people in marriage because provision of support is not expected. People in LAT relationships also experience less strain because providing support strains a relationship.

Another explanation for the coexistence of strain and support in overall happy relationships is that strain may be an indicator of efforts at controlling a partner's health and health behaviors (Rook, 1990). In this case, strain should not be interpreted as a negative measure of relationship quality that counters support. It may in fact be another manifestation of support because it reflects spouses' health-related control and their commitment to sustaining each other's health by making demands and criticizing unhealthy behaviors (Umberson, 1992; Umberson, Crosnoe, & Reczek, 2010). If this interpretation is correct, and strain truly is not a negative measure of relationship quality, the findings are consistent, and LAT has a lower relationship quality on all three measures.

The findings on happiness in the relationship do not support my hypothesis. I expected LAT relationships to be happier than marriage because of selection, because it is so much easier to dissolve unhappy LAT relationships than unhappy marriages. One interpretation of this unexpected finding could be that very happy LAT relationships transform into marriage or cohabitation, but this is probably more valid for young than for older adults. Or perhaps people in LAT see singlehood as the alternative, and they do not break up an LAT relationship that provides companionship and a safeguard against loneliness, even if it does not rate the highest in happiness (Koren, 2015). Yet another explanation could be that unhappy marriages did not survive to old age.

Indeed, this study points to the unique standing of long-term marriages in old age. After decades together, it may be difficult to distinguish lifelong investments from personal dedication and other characteristics that enable a marriage to endure. Moreover, very unhappy marriages may have dissolved earlier in the course of the marriage, and partnerships that have survived to old age may be satisfactory.

This study was also informed by the scholarly debate about whether men experience better relationship quality than women, and whether this gender effect differs by relationship type. The findings on gender are not straightforward because here too they differ for different measures of relationship quality. First, women have lower odds than men of being very happy and of receiving high support, indicating that men enjoy better relationship quality

than women. Yet women are more likely than men to report low strain, indicating that women have better relationship quality than men on this measure. Although this finding is inconsistent with my initial hypothesis, it is consistent with other studies (Umberson et al., 1996). Moreover, this finding may be explained by gender differences in the social control of health behaviors, as women are more likely than men to attempt to control their partners' health behavior by making demands and criticizing unhealthy behaviors (Umberson, 1992). If this interpretation is correct, then rather than reflecting a negative measure in relationship quality, strain in the relationship may in fact reflect another dimension of receiving care and support,[8] and another dimension where men benefit more than women from their relationship.

Yet another interpretation of the findings about strain could be that women do not experience their partners' demands as strain because it is consistent with their expectations and with their lifelong role as caregiver in the relationship. Men, however, may have different expectations about their roles and may experience partners' demands as strain. Nonetheless, studies show that women tend to play a more active role than men in communicating, instigating change in a partner's behavior, initiating and pursuing disagreements, and conveying concerns about the relationship, and that such emotional regulation benefits relationships and enhances satisfaction (Bloch, Hasses, & Levenson, 2014). This interpretation is consistent with the finding that men are happier in the relationship and experience more strain than women.

Partner's health affected the quality of all types of intimate relationships. Contrary to my expectation, being in an LAT relationship is not a safeguard against the detrimental effects of partner's poor health on its quality. The findings showed that partner's physical and mental health were good predictors of relationship quality, and the effect was consistent for all three measures. These findings correspond to other studies of relationship quality later in life, and demonstrate the importance of partner's physical and mental health for well-being (Galinsky & Waite, 2013; Kaufman & Taniguchi, 2006; Yorgason, Booth, & Johnson, 2008), in all relationship types. An alternative explanation for the significant association between partner's health and relationship quality could be a personality bias in subjective appraisals of partner's health and relationship quality alike. NSHAP do not include personality measures, but future studies may control for negative affect or neuroticism which may affect respondents' appraisals of all subjective phenomena.

This study was limited to a cross-sectional comparison of men and women; it did not look at dyads of respondent and partner, or observe changes over time. Future studies may use dyadic data to see whether men and women in the same relationship report the same levels of relationship quality. Future studies may also trace changes in relationship quality over time, and estimate

its association with changes in physical and mental health. Future studies may explore the dynamics of health, relationship quality, and caregiving in different types of relationships later in life. It might also be useful to examine differences in expectations for giving or receiving care by relationship type—measures not available in NSHAP data.

This study calls our attention to some implications of living apart from one's partner later in life. With age, as health deteriorates the need for support may increase, and people in LAT may need to renegotiate the terms of this romantic relationship, and to locate other sources for care and support. They may need to devise other strategies for management of health and care. The policy implication is that older adults living apart from their partners need resources, guidance, and support to facilitate the self-management of their care. With the increasing number of LAT relationships later in life, more has to be learned about the implications of living apart from one's partner for health, happiness, and well-being.

Acknowledgments

The author would like to thank Jenny Gierveld, Haya Stier and Linda Waite for their insightful comments on earlier versions of this paper, Asaf Levanon for discussion on methodological concerns, and Phil Schumm and Sarah Leitsch for support on data issues.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research was supported in part by the Israel Science Foundation Grant # 894/12.

Notes

1. I acknowledge that these relationships may range from "dating" to LAT relationships. Despite the ambiguity, I found that that most of these relationships had survived more than 5 years (mean duration about 10 years), so it is fair to assume that these are not casual, short-term, or temporary arrangements.
2. Higher order marriages are primarily second marriages ($n = 463$), but there is a non-negligible number of third marriages ($n = 117$), 31 fourth marriages, 14 fifth marriages, and 1 sixth marriage.
3. Respondents reporting having more than one partner are asked to choose the one she or he considers most important.

4. Measures of physical and mental health could not be included in the same model.
5. Findings were similar when a continuous measure of duration was used.
6. Of the 36 cases missing information on year of first sex, 24 did report year of most recent sex with this partner, demonstrating that respondents were not reluctant to report sexual information about their relationship.
7. The pseudo R^2s and log likelihoods presented in Table 2 are averages of values in the imputations.
8. I thank the reviewer for suggesting this interpretation of the finding.

References

Amato, P. R., & Hayes, L. N. (2014). "Alone together" marriages and "Living Apart Together" relationships. In A. Abela & J. Walker (Eds.), *Contemporary perspectives on partnerships, parenting and support in a changing world* (chap 3, pp. 31-45). New York, NY: John Wiley.

Bernard, J. (1982). *The future of marriage*. New Haven, CT: Yale University Press. (Original work published in 1972)

Bloch, L., Haase, C. M., & Levenson, R. W. (2014). Emotion regulation predicts marital satisfaction: More than a wives' tale. *Emotion*, *14*, 130-144.

Boerner, K., Jopp, D. S., Carr, D., Sosinsky, L., & Kim, S. K. (2014). "His" and "Her" marriage? The role of positive and negative marital characteristics in global marital satisfaction among older adults. *Journals of Gerontology, Series B, Psychological and Social Sciences*, *69*, 579-589.

Borell, K., & Karlsson, S. G. (2003). Reconceptualizing intimacy and ageing: Living apart together. In S. Arber, K. Davidson, & J. Ginn (Eds.), *Gender and ageing: Changing roles and relationships* (pp. 47-62). Maidenhead, England: Open University Press.

Broman, C. L. (2005). Marital quality in black and white marriages. *Journal of Family Issues*, *26*, 431-441.

Brown, S. L., & Booth, A. (1996). Cohabitation versus marriage: A comparison of relationship quality. *Journal of Marriage and the Family*, *58*, 668-678.

Brown, S. L., & Kawamura, S. (2010). Relationship quality among cohabitors and marrieds in older adulthood. *Social Science Research*, *39*, 777-786.

Brown, S. L., & Shinohara, S. K. (2013). Dating relationships in older adulthood: A national portrait. *Journal of Marriage and Family*, *75*, 1194-1202.

Bulanda, J. R. (2012). Gender, marital power, and marital quality later in life. *Journal of Women and Aging*, *23*, 3-22.

Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family*, *72*, 743-761.

Corra, M., Carter, S. K., Carter, S., & Knox, D. (2009). Trends in marital happiness by gender and race, 1973 to 2006. *Journal of Family Issues*, *30*, 1379-1404.

Davidson, K. (2002). Gender differences in new partnership choices and constraints for older widows and widowers. *Ageing International*, *27*(4), 43-60.

de Jong Gierveld, J. (2004). Remarriage, unmarried cohabitation, living apart together: Partner relationships following bereavement or divorce. *Journal of Marriage and Family*, *66*, 236-243.

de Jong Gierveld, J., & Merz, E. M. (2013). Parents' partnership decision making after divorce or widowhood: The role of stepchildren. *Journal of Marriage and Family*, *75*, 1098-1113.

de Jong Gierveld, J., & Peeters, A. (2003). The interweaving of repartnered older adults' lives with their children and siblings. *Ageing and Society*, *23*, 187-205.

de Jong Gierveld, J., van Groenou, M. B., Hoogendoorn, A. W., & Smit, J. H. (2009). Quality of marriages in later life and emotional and social loneliness. *Journals of Gerontology, Series B, Social Sciences, 64B*, 497-506.

Duncan, S., Phillips, M., Carter, J., Roseneil, S., & Stoilova, M. (2014). Practices and perceptions of living apart together. *Family Science*, *5*, 1-10.

Galinsky, A. M., & Waite, L. J. (2013). Sexual activity and psychological health as mediators of the relationship between physical health and marital quality. *Journals of Gerontology, Series B, Social Sciences*, *69*, 482-492.

Karlsson, S., & Borell, K. (2002). Intimacy and autonomy, gender and ageing: Living apart together. *Ageing International*, *27*(4), 11-26.

Kaufman, G., & Taniguchi, H. (2006). Gender and marital happiness later in life. *Journal of Family Issues*, *27*, 735-757.

King, V., & Scott, M. E. (2005). A comparison of cohabiting relationships among older and younger adults. *Journal of Marriage and Family*, *67*, 271-285.

Klinenberg, E. (2012). *Going solo: The extraordinary rise and surprising appeal of living alone*. New York, NY: Penguin Books.

Koren, C. (2015). The intertwining of second couplehood and old age. *Ageing and Society*, *35*, 1864-1888.

Korporaal, M., van Groenou, M. I. B., & van Tilburg, T. G. (2008). Effects of own and spousal disability on loneliness among older adults. *Journal of Aging and Health*, *20*, 306-325.

Liefbroer, A., Poortman, A.-R., & Seltzer, J. A. (2015). Why do intimate partners live apart? Evidence on LAT relationships across Europe. *Demographic Research*, *32*, 251-286.

Levin, I. (2004). Living apart together: A new family form. *Current Sociology*, *52*, 223-240.

Lewin, A. (2014, June 26-28). *Do reasons for living apart affect intentions to live together? A comparison by age and gender*. Paper presented at the European Population Conference, Budapest.

Lewis, J. (2006). Repartnering and the management of risk. *International Journal of Law, Policy and the Family*, *20*, 151-168.

Lim, C., & Putnam, R. D. (2010). Religion, social networks, and life satisfaction. *American Sociological Review*, *75*, 914-933.

Mahay, J., & Lewin, A. C. (2007). Age and the desire to marry. *Journal of Family Issues*, *28*, 706-723.

Marcussen, K. (2005). Explaining differences in mental health between married and cohabiting individuals. *Social Psychological Quarterly*, *68*, 239-257.

Noel-Miller, C. (2010). Longitudinal changes in disabled husbands' and wives' receipt of care. *The Gerontologist*, *50*, 681-693.

Noel-Miller, C. (2011). Partner caregiving in older cohabiting couples. *Journals of Gerontology, Series B, Psychological Sciences and Social Sciences, 66B*, 341-353.

Rook, K. S. (1990). Stressful aspects of older adults' social relationships: An overview of current theory and research. In M. A. P. Stephens, J. H. Crowther, S. E. Hobfall, & D. L. Tennenbaum (Eds.), *Stress and coping in later life families* (pp. 173-192). Washington, DC: Hemisphere.

Stoller, E. P., & Miklowski, C. S. (2008). Spouses caring for spouses: Untangling the influences of relationship and gender. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts: Cultural, familial, and societal implications* (pp. 115-131). New York, NY: Springer.

Strohm, C. Q., Seltzer, J. A., Cochran, S. D., & Mays, V. M. (2009). "Living Apart Together" relationships in the United States. *Demographic Research*, *21*, 177-214.

Spitze, G., & Ward, R. (2000). Gender, marriage, and expectations for personal care. *Research on Aging*, *22*, 451-469.

Szalma, I., & Lipps, O. (2014, June 26-28). *A study of living apart together in Switzerland*. Paper presented at the European Population Conference, Budapest.

Tai, T., Baxter, J., & Hewitt, B. (2014). Do co-residence and intentions make a difference? Relationship satisfaction in married, cohabiting, and living apart together couples in four countries. *Demographic Research*, *31*, 71-104.

Umberson, D. (1992). Gender, marital status, and the social control of health behavior. *Social Science & Medicine*, *34*, 907-917.

Umberson, D., Chen, M. D., House, J. S., Hopkins, K., & Slaten, E. (1996). The effect of social relationships on psychological well-being: Are men and women really so different? *American Sociological Review*, *61*, 837-857.

Umberson, D., Crosnoe, R., & Reczek, C. (2010). Social relationships and health behaviors across life course. *Annual Review of Sociology*, *36*, 139-157.

Umberson, D., & Williams, K. (2005). Marital quality, health, and aging: Gender equity? *Journals of Gerontology, Series B, Psychological and Social Sciences, 60B*, 109-112.

Umberson, D., Williams, K., Powers, D. A., Chen, M. D., & Campbell, A. M. (2005). As good as it gets? A life course perspective on marital quality. *Social Forces*, *84*, 493-511.

VanLaningham, J., Johnson, D. R., & Amato, P. (2001). Marital happiness, marital duration, and the U-shaped curve: Evidence from a five-wave panel study. *Social Forces*, *78*, 1313-1341.

Waite, L. J. (1995). Does marriage matter? *Demography*, *32*, 483-507.

Yorgason, J. B., Booth, A., & Johnson, D. (2008). Health, disability, and marital quality: Is the association different for younger versus older cohorts? *Research on Aging*, *30*, 623-648.