Gender and Relationship Quality Later in Life: Remarriage, Cohabitation and Non-Cohabiting Relationships

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Abstract

Cohabitation and living apart together (LAT) provide a combination of long-term intimate relationships with high levels of social and financial independence. This study asks whether this independence commands a price and whether this price differs by gender. Drawing from the first wave of the National Social Life Health & Aging Project (NSHAP) 2005-2006, this study compares happiness, commitment, and support in remarriages, cohabitations and non-cohabiting romantic relationships among older adults in the United States (n=751). The findings show that remarried people have happier relationships and rely on their partner more than people in non-cohabiting relationships in everyday life and in times of crisis. In terms of independence, the findings suggest that independence commands a price, and the price is somewhat higher for men. With the increase in longevity and with more older Americans living in non-marital relationships, these findings have important implications for the study of well-being among the elderly.

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Although young people do express a desire to marry, older people may be reluctant to remarry even if they do desire a romantic relationship (Mahay & Lewin, 2007). Rather than remarry, older adults may select to cohabit or to live apart together (LAT) in a non-cohabiting romantic relationship after the end of their marriage (Davidson, 2002; de Jong Gierveld, 2004; Lewis, 2006). Cohabitation, and especially living apart together, may provide a combination of a long-term intimate relationship with high levels of social and financial independence. But the question arises whether this independence commands a price in terms of happiness, commitment, and relationship quality. This study addresses this question and compares happiness, commitment and relationship quality in different types of romantic relationships later in life.

Cherlin (2004) argues that the main difference between marriage and other types of romantic relationship is manifest in 'enforceable trust,' which ". . . allows individuals to invest in the partnership with less fear of abandonment . . . " (p. 855). Although he refers mainly to young people's incentives to make long-term joint investments, this idea can be extended to trust, commitment, and expectations of care and support at older ages. Caring for a partner and providing support 'in sickness and in health' are normative expectations in marriage (Spitze & Ward, 2000), yet unconditional long-term support may not apply to less committed romantic relationships. For example, a recent study comparing caregiving among cohabiting and married partners found that cohabiting partners were less likely to provide care than married partners (Noel-Miller, 2011). Similarly, a Swedish study found that men and women in LAT `relationships did not expect to provide full-time care for

their partner (Karlsson & Borell, 2002), nor did they expect to receive it (Karlsson, Johansson, Gerdner, & Borell, 2007).

With the increase in longevity and with more older Americans living in non-marital relationships, it is important to learn more about commitment and support in different types of intimate relationships both in everyday life and in times of crisis. Indeed, cohabitation is being incorporated into studies of older adults in the United States, and non-cohabiting romantic relationships have been studied in European countries (e.g., Sweden, the Netherlands, the UK), but they have not yet been incorporated into studies of the United States. The current study is unique because it looks at non-cohabiting romantic relationships among the elderly in the United States. Surveys of young people in the United States do sometimes ask about dating relationships, but older adults in 'dating' relationships are typically invisible in survey data and are often ignored by researchers (Cooney & Dunne, 2001).

Even the concept 'dating' is vague and inappropriate for long-term romantic relationships among older adults. The term 'dating' imposes a youthful connotation to a mature relationship (Borell & Karlsson, 2003), and it implies a temporary, short-term, or transitional quality that may be inappropriate for stable long-term relationships. In Swedish, the term *sarbo* describes long-term non-cohabiting relationships that are not intended to transition to cohabitation or to marriage (Borell & Karlsson, 2003). Having a distinct name distinguishes this type of relationship from others, but here too, the relationship is not institutionalized and has no legal status (Borell & Karlsson, 2003). In English the term used to describe this type of relationship is *Living Apart Together* (LAT). I use the term LAT when I discuss research that uses it, but I use the term 'non-cohabiting romantic relationship' when I discuss my own findings in the current study. In the current study I identify romantic relationships among unmarried and non-cohabiting people, and I

acknowledge that these relationships may range from ‘dating’ to LAT relationships. As there is no standard definition, and no additional distinguishing information in the data set, I decided to use the most precise terminology possible. Despite the ambiguity in the terminology, I should note that because most of these relationships are not new, and remarriage among the elderly is not common (Carr, 2004), it is fair to assume that these long-term non-cohabiting romantic relationships are not just a stage in courtship as they may be among younger people. The current investigation contributes to our knowledge about the qualities and attributes of non-cohabiting romantic relationships in everyday life as well as in times of crisis, and compares happiness, commitment and relationship quality with cohabitation and remarriage.

Previous studies focused on a comparison of the relationship quality of married and cohabiting older adults (Brown & Karamura, 2010; Brown, Lee, & Bulanda, 2006; Brown, Bulanda, & Lee, 2005), but to my knowledge, the current study is the first to focus on a comparison of remarriage, cohabitation and non-cohabiting romantic relationships. Brown and Karamura (2010) used NSHAP data and found overall no differences in relationship quality among cohabiting and married older adults. The current study uses the same NSHAP data as Brown and Kawamura (2010), but it extends the investigation by adding a comparison with people in non-cohabiting romantic relationships, by adding measures of commitment in times of crisis, and by focusing on gender differences in commitment and support in romantic relationships.

Gender and Relationship Quality

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 has many benefits, whereas 'her' marriage may be detrimental to her emotional well-being. In

their more recent book, *The Case for Marriage*, Waite and Gallagher (2001) emphasize the benefits of marriage for both men and women, and they argue that although these benefits differ for men and women, in the finally tally, married people are better off than unmarried people.

The current study is theoretically grounded in this debate about the gendered benefits from marriage, but it differs in two critical points. First, Bernard and Waite & Gallagher ask whether marriage has benefits over being alone, whereas in this study I compare remarriage with other types of romantic relationship. The underlying assumption is that although marriage is the most common type of relationship, people who desire an intimate relationship have choices, and I set out to investigate the implications of these choices. More specifically, studies of relationships later in life have emphasized the role of independence in seeking alternatives to remarriage, and here I ask whether this independence commands a price. Second, many previous studies look at the entire population, whereas here I focus on older adults. Focusing on older adults provides an opportunity to revisit theories of gender differences in marriage. After all, these theories are based on a gendered division of labor, which changes along the life course. For example, the traditional gender roles of provider and caregiver may become less pronounced as providers retire and caregivers no longer have young children at home. Instead, as partners age, health issues arise, and partners may assume new caregiving responsibilities. Here too, studies show that there are gender differences in both expectation and reception of care. 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. Studies show that 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).

Gender and Autonomy in LAT Relationships

In their study of LAT relationships among older adults in Sweden, Karlsson and Borell (2002) found that autonomy was a key motivation for maintaining separate households. Although partners in these relationships enjoyed long-term intimate relationships and emotional support, they emphasized boundaries and maintained separate finances (Karlsson & Borell, 2002). Moreover, they found that autonomy was more important for women than for men (Karlsson & Borell, 2002). Similarly, Davidson (2002) found that older widows in the UK were more hesitant to enter a new partnership than widowers because they enjoyed their independence and were reluctant to assume the role of caregiver and homemaker.

Carr (2004) also found that widows in the US were less interested in remarriage and dating than widowers, and her explanation focused on having other sources of emotional support. Indeed, studies have shown that the desire for emotional support motivates people to enter intimate relationships later in life (de Jong Gierveld, 2002; de Jong Gierveld & Peeters, 2003; Spalter, 2010) and that the presence of children lessens the desire to marry at older ages (Mahay & Lewin, 2007). This relationship between children and the desire to marry may be due to the social networks and support children provide, and may also be a response to commitment to children and the desire to ensure their inheritance (Cooney & Dunne, 2001). Therefore, older people with commitments to children may prefer other types of relationship, such as cohabitation or LAT (Lewis, 2006; Levine, 2004). The commitment to children may also differ by gender, as studies have

shown that mothers may be more concerned with transferring wealth to their children than fathers (Clark & Kenney, 2010).

Commitment and Relationship Quality in Cohabitation and Marriage

Marriage is a long-term commitment to provide care and support in times of illness and crisis as well as companionship, emotional support and sexual partnership in everyday life. Scholars have argued that this long-term commitment is what distinguishes marriage from cohabitation (Waite & Gallagher, 2001). Compared to cohabitation, marital commitment fosters joint investment which in turn strengthens the relationship (Brines & Joyner, 1999; Cherlin, 2004).

Investments are not limited to the material, instead they extend to care and support in everyday life as well as in times of crisis. Care and support in the relationship may partially explain the finding that married adults show better emotional well-being and physical health outcomes than unmarried adults (Waite & Gallagher, 2001; Hughes & Waite, 2009; Mirowksy & Ross, 1989, 2003). Married people are more likely than others to have a close, confiding relationship, giving them someone they can turn to for help and understanding. But marriage is not the only social relationship that provides older adults with social support (Cornwell, Laumann & Schumm, 2008), and other types of romantic relationship may also provide beneficial social support.

Studies on relationship quality among older adults show that cohabitation may not differ substantially from marriage in the older population (King & Scott, 2005; Brown & Kawamura, 2010). By contrast, studies on younger adults found that cohabitations represent weaker ties, have lower levels of commitment, and are less happy than marital unions (Lillard, Brien &Waite, 1995; Soons & Kalmijn, 2009; Waite & Gallagher, 2001; Wu & Schimmele, 2005). One explanation for the difference in relationship quality

between young and older cohabiting adults may be the different process of selection into marriage, by age. Among younger cohabiting adults, at least some are likely to view cohabitation as a stage in courtship leading to marriage (Brown & Booth, 1996), whereas older cohabiting adults may view their relationship as a long-term alternative to marriage.

ANALYTICAL STRATEGY

In this study I compare happiness, commitment, and relationship quality of men and women in different types of romantic relationship and I ask how remarriage compares with cohabitation and non-cohabiting romantic relationships. My focus is on existing relationships, with the acknowledgement that very weak relationships may not have survived to the time of the survey. I address this problem of selection by including a variable that distinguishes new relationships (formed in the past 5 years), from more established relationships which have existed over 5 years. Among the elderly, the number of first marriages that were contracted in the past five years is negligible, therefore, first marriages were excluded from the current analysis.

Following Soons and Kalmijn (2009), I attempt to control for factors that may explain happiness and well-being and that may also affect selection into different types of relationship. For example, religious people may prefer marriage to non-marital cohabitation, and studies have found that religiosity has a positive effect on happiness and well-being (Ellison, 1991; Lim &Putnam, 2010); therefore, I control for religiosity in the analyses. I control for race because studies have found that Whites reported higher levels of marital happiness than Blacks (Bulanda & Brown, 2007), although no difference in happiness in the relationship was found between Black and White cohabitors (Brown, 2003). I also control for education and age, demographics which may be related to

selection into different types of relationship and may also affect happiness and well-being, independent of relationship type (Yang, 2008).

Finally, I control for partner's mental health. Partner's health is likely to affect happiness and well-being in the relationship, especially among older adults, where health issues start to arise. Studies have found that the sick person reports better relationship quality than the sick person's spouse (Booth &Johnson, 1994) and that decline in spouse's health had a stronger negative effect on marital quality than decline in respondent's health (Yorgason, Booth, & Johnson, 2008). People with partners who suffer physical or mental disabilities may be assigned emotionally demanding caretaking roles, which may diminish happiness in the relationship. Moreover, people who assume caretaking roles may experience stress and may feel that the relationship does not provide them support (Stoller & Miklowski, 2008). At the same time, Umberson, Powers, Liu and Needham (2006) question the causal direction of the observed relationship between relationship quality and health and argue that low relationship quality may take a toll on partners' health. The question of the causal direction of this relationship merits further investigation, yet it is beyond the scope of the current study.

METHOD

Data

This study draws on data from the first wave of the National Social Life Health & Aging Project (NSHAP) 2005-2006. NSHAP is a probability sample of non-institutionalized older adults, aged 57–85, in the United States (Waite & Das, 2010). The study was funded by the National Institute of Health and the survey was carried out by the National Opinion Research Center (NORC) at the University of Chicago. NSHAP data include 3005 respondents, of whom 992 were excluded from the current study because they were not in

a romantic relationship, 1241 were excluded because they were in their first marriages, and an additional 21 cases were excluded because their relationship status was unclear (they stated they were not cohabiting, but later provided detailed information on a current cohabitation), leaving a sample of 751 respondents.

NSHAP data are particularly suited for the current investigation of happiness, commitment, and relationship quality in different types of intimate relationships in everyday life and in times of crisis. NSHAP have detailed information on marital history, which allows me to distinguish between first and higher-order marriages, as well as cohabitation history and detailed information on other types of romantic relationships. This information provides a unique opportunity to study non-cohabiting romantic relationships, which are typically "invisible" in survey data. In addition, NSHAP has a measure of happiness in the relationship as well as a battery of measures of the quality of the relationship. Most important for the current study, NSHAP has a question on whether the respondent has someone to make medical decisions in times of medical crisis. NSHAP also has demographic and socio-economic information which allows me to compare the social attributes of people in different types of relationships.

Dependent Variables

The responses to questions on marital happiness were highly skewed. For example, over half of the respondents reported that they were '*very happy*' and very few reported being *'very unhappy*.' Therefore the dependent variables were recoded into binary indicators. 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'*). This variable was recoded into a binary variable 1 = '*happy*' and *'very happy'*; 0 = '*everything else*.'

In addition to the happiness variable, NSHAP data include several measures of the relationship quality in everyday life. Each measure is a 3-point scale from 1 ' *hardly ever'* to 3 '*often*.' Here too the distributions were skewed, and therefore I collapsed these into binary variables (1 = '*often*'; 0 = '*sometimes*' and '*never*'). The data include two negative measures ('How often does [your partner] make too many demands?' and 'How often does [your partner] criticize you?') and 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?').

Finally, I created two measures to indicate expectation of support in times of medical crisis: do you have someone '…you would like to make medical decisions for you if you were unable, as for example if you were seriously injured or very sick?' (1 = *'yes'*; 0 = '*no*'). If a respondent had a medical decision-maker, I created a binary variable indicating whether this person was the partner (1 = '*yes*'; 0 = '*someone else'*).

Independent Variables

The most important independent variable in this study distinguishes three relationship types; remarriages (most typically second marriages, but some are higher order), cohabitation, and non-cohabiting romantic relationships.

The analyses are conducted separately for men and women and control for age, education, and race. Age is a continuous variable measured in years, and education is a binary variable indicating whether the respondent has a Bachelor's degree or higher. Racial categories are White and Others (reference category), Black, and Hispanic. Rather than excluding the 'Other' racial category (n=13) from the analyses, or including them with a smaller racial category, I followed Treiman's (2009, p. 175) suggestion to include them in the 'White' reference category.

Partner's physical and mental health is likely to affect happiness and well-being in the relationship. I control for partner's mental health in the analyses. The measure runs from 1 '*poor*' to 5 '*excellent*.'

A measure of religiosity is included in the analyses because studies have shown that religiosity has a positive effect on happiness and well-being (Ellison, 1991; Lim &Putnam, 2010). Religiosity is defined as the frequency of attending religious services, from 1 '*never*' to 7 *'several times a week*.'

The regressions also include a binary variable indicating whether the relationship was formed within the previous five years. Controlling for the duration of the relationship may correct for some selectivity, and also may be related to commitment to the relationship. For married people, duration was measured as number of years since married, and for cohabiting people, duration was measured as number of years since started living together. 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 non-cohabiting romantic relationships. Rather than exclude cases with missing information on duration of the relationship, I imputed the mean duration for this group (10 years) and included in the regressions a dummy variable indicating that this value was missing.

RESULTS

Table 1 shows descriptive statistics for the variables in the analysis, by relationship type. The great majority of respondents are remarried (about 75%), 17% are in non-cohabiting relationships and 8% of the sample cohabit.

- Table 1 about here -

There are substantial differences in levels of happiness in the relationship by relationship type. Table 1 shows that remarriages have the highest percentage of people who are happy or very happy in the relationship (82%) followed by cohabitation (70%) and people in non-cohabiting romantic relationships (60%). Remarriages also have the highest percentage of people reporting that they can open up to their partner often (75%), compared with 73% among cohabitors and 63% among respondents in non-cohabiting romantic relationships, but this difference is not statistically significant. Remarried people and cohabitors have a higher percentage of respondents (89 and 90 respectively) who can rely on their partner often than respondents in non-cohabiting romantic relationships (72%). Interestingly, although remarried people report high levels of happiness, openness and support, they also report the highest level of demands and criticism among all relationship types. Among remarried respondents, 38% report their partner often has too many demands, only 25% of cohabitors and non-cohabitors report too many demands. Similarly, 43% of remarried people report that their partner criticizes often, compared to 36% of cohabitors and 24% of non-cohabitors. These findings suggest that the different types of relationships vary substantially in their happiness and qualities in everyday life. Remarriages have the highest levels of happiness and support, but they also have the highest levels of demands and criticism.

There are substantial and statistically significant differences between remarried people, cohabitors and non-cohabitors in support in times of crisis. Although the great majority of respondents do have a medical decision-maker (82% of non-cohabitors, 93% of cohabitors and 94% of remarried people), only 10% of non-cohabitors name their partner as the person they want to make medical decisions in times of crisis, compared with 42% of cohabitors and 64% of remarried people.

Turning to the independent variables, Table 1 shows that remarriages have the longest duration, with almost 21 years on average, followed by cohabitations with about 12 years on average and non-cohabiting relationships with almost 10 years on average. Over one third of cohabiting and non-cohabiting relationships (35% and 37%, respectively) are new partnerships, formed within the previous five years, compared with only 14% of remarriages. Information on duration is missing for 36 cases, all of which are non-cohabiting.

The sample is composed of 37% women and 63% men, and although there appear to be differences in the percent female by relationship type, these differences are not statistically significant. The average age is about 68 years, ranging from 67 among cohabitors to 69 among the non-cohabiting. Whites (and Others) are over-represented among the married, Blacks are over-represented in non-cohabiting relationships, and these differences are statistically significant. Hispanics are overrepresented in cohabiting relationships, but the difference is not statistically significant.

Non-cohabiting romantic relationships tend to have the highest representation of people with higher education (BA degree or higher), but the difference is not statistically significant. There are statistically significant differences in religiously by relationship type, where cohabitants have the lowest level and remarried people have the highest levels of religiosity, on average. Partners in non-cohabiting relationships have the best mental health on average, followed by remarried people and cohabitors, but the difference in partners' level of mental health by relationship type is statistically insignificant.

In sum, the descriptive findings presented in Table 1 suggest that despite the higher levels of demands and criticism, remarriages have the highest levels of happiness and support. One possible explanation for this seeming discrepancy is that demands mirror support in the relationship. In other words, the same relationships that provide high levels

of support reciprocally also demand high levels of support. These findings suggest that more committed relationships provide more benefits, in terms of relationship quality, than less committed relationships.

The following multivariate analyses test whether socio-demographic differences between the groups account for the differences in relationship quality. The analyses are conducted separately for men and women. Table 2 shows logistic regression coefficients predicting measures of happiness, commitment and relationship quality, by gender.

- Table 2 about here -

Table 2 shows that cohabiting relationships not differ from remarriages (reference category) in the (log) odds of being 'happy' or 'very happy' in the relationship, among both men and women. Men and women in non-cohabiting romantic relationships appear to have lower odds of being happy in their relationship than remarried men and women, and the difference is statistically significant.

Table 2 shows that men in non-cohabiting relationships have lower odds than remarried men of feeling they can open up to their partner, and this effect is statistically significant at the 0.01 level. Interestingly, men in new relationships have higher odds of feeling they can open up to their partner often than men in long-term relationships, controlling for relationship type. People in non-cohabiting relationships have lower odds than remarried people of feeling they can rely on their partner often, and this effect is statistically significant at the 0.01 level among both men and women.

The results are different in regard to the negative attributes of demands and criticism. Here Table 2 shows that cohabiting men have lower odds of reporting high demands and high criticism in their relationship than remarried men and the effect is statistically significant at the 0.05 level. Non-cohabiting men also have lower odds of reporting high demands and high criticism than remarried men, but the effect is only

statistically significant for criticism. Interestingly, none of these differences in negative attributes of demands and criticism by relationship type is statistically significant among women. Instead, women in new relationships have lower odds of reporting too many demands, controlling for relationship type.

These results suggest that among older men and women, cohabitation does not offer less happiness or less support than remarriage. In fact, among men, cohabitation seems to have better relationship quality than remarriage, in the sense that male cohabitors report fewer demands and criticism than remarried men.

I interpret the questions on having a medical decision-maker as measures of commitment and support in times of crisis. These measures correspond to the findings on relying on a partner in everyday life. The odds of men and women in non-cohabiting romantic relationships naming their partner as the person they want as a medical decision-maker are substantially lower than the odds for remarried men and women, and the difference is statistically significant at the 0.01 level. Cohabiting women also have lower odds of naming their partner their medical decision-maker than remarried women. These finding suggests that men and women in non-cohabiting romantic relationships, and cohabiting women, do not expect this type of support from their partner in times of crisis. Still, women in non-cohabiting relationships seem to have alternative sources of support, and they do not differ from remarried women in the odds of having any medical decision-maker. By contrast, men in non-cohabiting romantic relationships have lower odds of having a medical decision-maker than remarried men. This finding suggests that men in non-cohabiting relationships have weaker ties with children and kin, or weaker social networks, than remarried men.

In sum, these results suggest that remarried men and women have higher odds of being happy and having a supportive relationship where they can rely on their partner in

everyday life and in times of medical crisis than men and women in non-cohabiting romantic relationships. Overall, Table 2 shows few differences between remarried and cohabiting men and women. Although the lack of significance in differences between cohabitation and remarriage is consistent with findings from previous studies of older adults, we cannot dismiss the possibility that it may also be because of the small number of cohabitating people in this sample.

Perhaps the most consistent finding in Table 2 is that partner's mental health is a good predictor of happiness and relationship quality in everyday life. The findings show that the better the partner's mental health, the higher the odds of being happy in the relationship. In the same line, the better the partner's mental health, the higher the odds of being able to open up to partner often and to rely on partner often, and the lower the odds of frequent demands and criticism. Interestingly, the relationship between partner's mental health and the odds of the partner being the medical decision maker is not statistically significant.

DISCUSSION

This study emerged from research suggesting that maintaining a degree of autonomy, or independence, is a central motivation among older women to choose an alternative to marriage, especially non-cohabiting relationships (LAT). The question underlying the current investigation was whether this independence commands a price, and the results suggest that it does. More specifically, the results show that non-cohabiting romantic relationships, which have the highest level of independence, also have the lowest levels of happiness and support, both in everyday life and in times of crisis. Cohabitation, which has a higher level of independence than marriage, but a lower level than non-cohabiting relationships, does not seem to differ substantially from remarriages in most measures of

happiness and support. One important exception is that cohabiting women have lower odds of naming their partner as medical decision-maker than remarried women, indicating there may be a substantial difference in expectation for care and support in times of crisis between cohabiting and remarried women. This topic merits further investigation, especially given the small number of cohabitors in the current NSHAP sample.

In the opening of this paper I suggested extending Cherlin's (2004) idea of 'enforceable trust' from investments and long-term purchases in first marriages to commitment, care, and support later in life, and I set out to compare different types of romantic relationship. The findings support the idea that remarriages have higher levels of commitment than non-cohabiting romantic relationship, but they are not substantially different for cohabiting relationships. Remarried people tend to rely on their partner more than people in non-cohabiting romantic relationships both in everyday life and in medical crises. The findings about the choice of medical decision maker suggest that the expectation of care and support in times of crisis may not apply to less committed relationships, where romantic partners are not expected to make crucial decisions. Being in a new relationship is not associated with commitment or support, once relationship type is controlled for in the analysis. These findings on support in everyday life and in times of crisis have important implications for the study of health and well-being among the elderly.

This study was also motivated by the scholarly debate whether men benefit more from marriage than women (e.g., Bernard, 1972, 1982; Waite & Gallagher, 2001). If men benefit more from marriage than women, the price of being unmarried should be higher for men than for women. Indeed, the findings suggest that the emotional price of living apart from one's partner is somewhat higher for men than for women and that non-cohabiting men are relatively isolated and have less support in times of crisis.

Nonetheless, the findings are not unequivocal, and independence has some unexpected benefits for men, as non-cohabiting men are subjected to less criticism and fewer demands than remarried men.

The current study compared men and women in romantic relationships, but not husbands and wives or cohabitors and their partners. In future studies I intend to look at couples and compare partners' reports to see whether men and women in the same relationship report the same levels of happiness and support. Moreover, future studies will include people with no current romantic relationship, to learn more about how social support from children, siblings, neighbors and friends affect happiness, health and well-being later in life.

Finally, these results point to a complexity or even a paradox of partnership later in life. Women may suffer a disadvantage because they benefit less than men from marriage, but they have an advantage over men in that they may be better able to rely on other long-term ties as sources of support in times of crisis. These finding also point to a conflict of desires, where the desire for companionship may conflict with the desire for independence. Although this study focused on intimate relationships among older adults, I suspect that this conflict of desires may be characteristic of a wide range of human relationships.

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

	Remarriage	Cohabiting	Non-Cohabiting	Total
Dependent Variables				
% Happy in the Relationship	82%	70%	60%	77%**
% Open Often	75	73	63	73 *
% Rely Often	89	90	72	86**
% Often Too Many Demands	38	25	25	35**
% Partner Criticizes Often	43	36	24	39**
% Have Medical Decision-maker	94	93	82	92**
% Partner is Medical Decision-maker	64	42	10	54**
Independent Variables				
% Female	36	50	37	37
Age	67.49 (7.47)	66.67 (7.57)	69.21 (7.54)	67.73 * (7.51)
% White (and other)	77	70	63	73**
% Black	14	17	31	17**
% Hispanic	9	13	4.5	8.5
BA or more	23	23	33	25
Religiosity	3.08 (2.21)	2.00 (1.97)	2.86 (2.13)	2.96** (2.20)
Partner's Mental Health	3.73 (1.05)	3.65 (1.12)	3.85 (.97)	3.74 (1.04)
Duration of the Relationship	20.80 (13.40)	12.47 (11.55)	9.58 (11.86)	18.58** (13.73)
% New Relationship (< 5 yrs)	14	35	37	20**
% Missing Information on Duration	N/A	N/A	27	5
N	560 75%	60 8%	131 17%	751

Source: NSHAP 2005 - 2006.

* Differences between the groups are statistically significant and the 0.05 level

** Differences between the groups are statistically significant and the 0.01 level.

Table 2– Logistic Regression Coefficients Predicting Various Measures of Relationship Quality, by Gender.

	Happiness in the Relationship		Open		Rely		Demands		Criticisms	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Cohabiting	-0.248	-0.764	0.522	-0.295	1.137	0.183	-0.977*	0.093	-1.159*	0.747
	(.564)	(.473)	(.573)	(.465)	(1.080)	(.635)	(.485)	(.471)	(.462)	(.464)
Non-Cohabiting	-1.691**	-1.038 *	-1.102**	-0.391	-1.653**	-1.515**	-0.349	-0.357	-0.818*	-0.756
	(.399)	(.429)	(.363)	(.433)	(.437)	(.472)	(.344)	(.476)	(.346)	(.471)
Age	0.038*	0.011	-0.024	-0.009	-0.045*	0.019	-0.012	-0.023	-0.004	-0.013
	(.018)	(.021)	(.015)	(.020)	(.021)	(.025)	(.013)	(.020)	(.013)	(.020)
Black	-0.167	-0.075	-0.444	-0.453	0.448	-0.278	0.274	-0.508	0.710*	0.392
	(.357)	(.422)	(.305)	(.399)	(.477)	(.490)	(.280)	(.411)	(.283)	(.401)
Hispanic	-0.715	-0.444	-0.270	-0.179	-1.207**	-0.768	-0.125	0.128	-0.471	0.543
	(.427)	(.535)	(.412)	(.522)	(.490)	(.613)	(.363)	(.489)	(.370)	(.496)
BA or Higher	-0.294	-0.186	-0.164	0.622	-0.389	0.592	-0.157	-0.389	0.311	0.005
	(.292)	(.390)	(.257)	(.408)	(.353)	(.526)	(.228)	(.376)	(.223)	(.377)
Religiosity	0.028	0.132	0.033	0.149*	0.012	0.117	0.021	-0.001	-0.068	-0.044
	(.059)	(.075)	(.052)	(.072)	(.073)	(.091)	(.046)	(.069)	(.046)	(.072)
Partner's	0.784**	0.776**	0.464**	0.672**	0.762**	0.730**	-0.295**	-0.542**	-0.179	-0.555**
Mental Health	(.127)	(.154)	(.109)	(.144)	(.154)	(.186)	(.098)	(.139)	(.097)	(.142)
New	0.868	-0.234	0.741 *	0.337	-0.300	-0.157	-0.445	-0.478	-0.433	-0.993*
Relationship	(.392)	(.406)	(.344)	(.407)	(.418)	(.478)	(.272)	(.425)	(.265)	(.472)
Missing	-0.216	0.115	0.522	1.798	0.740	1.497	-0.819	0.675	-0.483	[1]
Duration	(.571)	(.833)	(.543)	(1.167)	(.697)	(1.165)	(.605)	(.846)	(.560)	
Intercept	-3.670	-2.405	1.056	-1.366	2.964	2.112	1.660	2.831	1.072	2.079
N	465	278	465	278	463	276	465	277	465	278
Chi Square	78.776	43.477	42.470	44.538	54.643	34.182	28.569	23.766	36.017	35.780
d.f.	10	10	10	10	10	10	10	10	10	9

[1] All cases with missing information on duration had the same value for the dependent variable. Therefore the variable was excluded.

Table 2 Cont… – Logistic Regression Coefficients Predicting Various Measures of Relationship Quality, by Gender.

	Have Medical Decision Maker		Partner is Medical Decision Maker	
	Men	Women	Men	Women
Cohabiting	-0.550	[2]	-0.623	-1.087*
	(.690)		(.450)	(.497)
Non-	-1.769**	-0.350	-2.863**	-2.687**
Cohabiting	(.461)	(.831)	(.567)	(.771)
Age	0.037	-0.023	-0.042**	-0.037
	(.025)	(.035)	(.016)	(.021)
Black	0.024	0.601	-0.624	-0.544
	(.478)	(.856)	(.332)	(.442)
Hispanic	0.421	-0.890	-0.738	0.569
	(.784)	(.719)	(.398)	(.535)
BA or Higher	0.260	-.038	-0.027	-0.630
	(.416)	(.688)	(.266)	(.379)
Religiosity	0.039	0.075	-0.059	-0.036
	(.086)	(.125)	(.055)	(.073)
Partner's	-0.061	0.253	0.208	0.256
Mental Health	(.185)	(.260)	(.114)	(.142)
New	-0.455	0.254	-0.069	-0.434
Relationship	(.429)	(.816)	(.315)	(.426)
Missing	0.475	-1.138	0.494	0.547
Duration	(.765)	(1.144)	(.858)	(1.330)
Intercept	0.534	3.202	3.236	2.081
N	422	257	385	240
Chi Square	25.164	6.106	82.975	50.391
d.f.	10	9	10	10

[2] There was no variance for cohabiting women, therefore this variable was excluded and the cases were included in the reference category.