

BRIEF REPORT OPEN ACCESS

Mental Health Following Silver Splits: A Dyadic Approach to Depressive Symptoms

Lisa Jessee¹  | Jeffrey E. Stokes² 

¹Department of Sociology and Social Psychology, University of Cologne, Cologne, Germany | ²Department of Gerontology, Manning College of Nursing and Health Sciences, University of Massachusetts Boston, Boston, Massachusetts, USA

Correspondence: Lisa Jessee (jessee@wiso.uni-koeln.de)

Received: 19 May 2025 | **Revised:** 2 October 2025 | **Accepted:** 6 October 2025

Deputy Editor: Spencer Olmstead

Keywords: depression | dyadic data | gray divorce | longitudinal | mental health | quantitative methods

ABSTRACT

Objective: Drawing on the stress generation model, emotional contagion theory, and gender-as-relational approach, this study adopts a dyadic approach to mental health following later-life separation, or “silver splits” (i.e., partnership dissolution at or after age 50), and examines whether depressive symptoms in a partner *before* separation can be a stress factor, potentially leading to reduced depressive symptoms *afterward*, with a focus on gender differences therein.

Background: Later-life separation has been associated with loneliness and psychological distress among older adults, but recent evidence suggests it can also result in positive mental health outcomes for some individuals, depending on the relationship dynamics prior to the dissolution.

Method: We applied multilevel dyadic lagged dependent variable models on longitudinal data from the 2002 to 2020 waves of the Health and Retirement Study (www.hrs.isr.umich.edu), focusing on 942 later life separation experiences during the observation period. Importantly, we only included cases where the individual had a cohabiting partner prior to separation and where the partner independently reported their own depressive symptoms before the separation occurred.

Results: Results show that partners' higher depressive symptoms before separation were significantly associated with *reductions* in individuals' own depressive symptoms following separation; however, this effect was only observed among men.

Conclusions: Our findings underscore the importance of moving beyond average effects when studying later-life separation and highlight the need to account for partnership dynamics prior to separation.

1 | Introduction

Later-life marital and non-marital breakups, often referred to as “silver splits,” have become increasingly common in recent decades, reflecting changing societal norms across many contemporary societies (Brown and Lin 2012; Vignoli et al. 2025). The dissolution of marital and non-marital partnerships in older age has been associated with, among other things, increased loneliness, depressive symptoms, and psychological distress (Hu et al. 2024; Kapelle and Monden 2024; Lin et al. 2019; Tosi and van den Broek 2020). Although these studies primarily focus on

average effects, many also acknowledge that the consequences of later-life separation can be heterogeneous. Emerging evidence underscores this point by suggesting that, for some individuals, separation in later life may even lead to (unexpectedly) positive (mental) health outcomes (Hanes and Clouston 2024).

Later life separation might even bring *relief* to individuals who uncouple from strained partnerships (e.g., Wheaton 1990). These strains can arise from various factors, including persistent partnership conflict, infidelity, or the health issues of one's partner. Among the latter, depressive symptoms stand out

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2025 The Author(s). *Journal of Marriage and Family* published by Wiley Periodicals LLC on behalf of National Council on Family Relations.

as a significant risk factor that can affect the quality of a romantic partnership (Davila et al. 1997; Whisman 2001). Dyadic approaches have shed light on the fact that *having a partner with depressive symptoms* can be a chronic, major stressor that places considerable demands on the partner without depressive symptoms, often requiring extensive help and care (Hammen 2006). This support burden, combined with the emotional strain of having a partner with depressive symptoms, can erode relationship quality similarly to the effects of one's own mental health issues (Kouros et al. 2008). Recent research indicates that individuals whose partners experience depressive symptoms are more likely to face relationship dissolution later in life (Vignoli et al. 2025). Separating from a partner with depressive symptoms may thus relieve individuals from the chronic burden of caregiving and emotional strain, leading to improved mental well-being post-separation. This aligns with the “relief hypothesis,” which suggests that under certain circumstances, stressful life events—such as the end of a romantic relationship—may lead to improvements in well-being rather than increased distress (e.g., Wheaton 1990).

Whereas research on separation has extensively explored the impact of relationship quality or relationship satisfaction on depressive symptoms following separation (e.g., Amato and Hohmann-Marriott 2007; Kalmijn and Monden 2006; Wheaton 1990), to the best of our knowledge, no studies have yet examined how a partner's depressive symptoms before separation might predict depressive symptoms after separation. This gap in the literature is particularly notable in the context of later-life separation. According to life course theory, the impact of major life events depends critically on their *timing* within an individual's life trajectory (Elder 1994). The second half of life is marked by distinct challenges, including retirement, declining health, and the loss of close friends and family members, which make this life stage especially vulnerable (Charles and Carstensen 2010). Separation from a spouse or partner may be especially stressful in older age, as romantic partners are typically the primary source of emotional and instrumental support in navigating these age-related challenges (Charles and Carstensen 2002; Lin et al. 2019). At the same time, age-related challenges can diminish older adults' capacity to cope with additional stressors, including a partner's depressive symptoms (Lin et al. 2019). These factors suggest that the dyadic mental health consequences could be more profound and complex among older adults, highlighting the importance of examining later-life separation as a distinct and separate phenomenon.

Against this background, this brief report aims to explore whether depressive symptoms in a partner *before* later life separation are associated with a reduction in one's own depressive symptoms *after* the separation. We also examine gender differences in this regard. Specifically, we address the following research questions: (1) Are higher levels of depressive symptoms in a partner before separation associated with a decline in one's own depressive symptoms after separation? (2) Does this association differ between women and men? To examine this, we employ a dyadic approach, using longitudinal data from 10 waves of the US Health and Retirement Study (HRS), covering a sample of 915 individuals who experienced a total of 942 later life separation(s) or divorce(s) from a marital or non-marital partner between 2002 and 2020 and for whom dyadic data from the

pre-separation wave are available. Some individuals contributed more than one separation.

2 | (Later Life) Separation and Mental Health as a Dyadic Process

Separation has been identified as a highly stressful life event that can lead to increased depressive symptoms and reduced overall well-being (Amato 2000), although individual experiences may vary considerably. The divorce-stress adjustment perspective outlines two possible trajectories for mental health following separation. (1) The *crisis model* suggests that individuals experience temporary distress but typically return to their pre-separation levels of mental health within one to two years. (2) In contrast, the *chronic strain model* argues that separation results in long-term psychological distress from which individuals do not fully recover (Amato 2000). Research on separations earlier in the life course generally supports the crisis model, indicating that most individuals adapt relatively quickly and regain their pre-separation mental health over time (Leopold 2018). Recovery patterns have also been observed following separations in later life, although findings remain mixed regarding the duration of this recovery process (Hu et al. 2024; Lin et al. 2019; Tosi and van den Broek 2020). Although Tosi and van den Broek (2020) found evidence of relatively quick recovery among divorcees in the United Kingdom (crisis model), recovery appears to take longer in the United States (Lin et al. 2018, 2019) and may not occur at all among Finnish divorcees (chronic strain model; Hu et al. 2024). The slower recovery trajectory found in the United States, which has not been observed among younger adults, has been termed the *convalescence model* (Lin et al. 2019). It suggests that older adults take longer to adjust to challenging life transitions but eventually recover, without experiencing the persistent distress proposed by the chronic strain model. In this paper, our focus is primarily on the period immediately following separation, a phase during which recovery typically has not yet occurred.

Separation-related stress in the initial aftermath may vary considerably depending on individual circumstances. The interaction between partners and the processes within a partnership can significantly shape how a partnership is experienced, with some partnerships being perceived as stressful or challenging rather than supportive or beneficial (Carr and Springer 2010). Low-quality or stressful relationships can diminish the protective effects of partnerships and make the relationship itself a source of stress (Hawkins and Booth 2005). Additionally, a partner's (mental) health issues, including physical care needs or mental health challenges, can further strain the relationship (Hammen 2006). In such cases, dissolving the relationship—particularly with a partner with depressive symptoms—may be experienced as a relief rather than a loss, consistent with the “relief hypothesis.” Research shows that individuals in low-quality relationships often perceive separation positively, reporting improvements in mental health following separation (e.g., Amato and Hohmann-Marriott 2007; Kalmijn and Monden 2006; Wheaton 1990). However, in this paper, our focus is not on relationship quality as a determining factor for individuals' depressive symptoms, but rather on the dyadic effects of separation in terms of depressive symptoms

themselves. There are two main theoretical approaches that may help explain why separating a partner with depressive symptoms may be experienced as a relief, as suggested by the “relief hypothesis,” and underscore the necessity of adopting a dyadic approach:

2.1 | Stress Generation

The stress generation model suggests that individuals with depressive symptoms may (unintentionally) contribute to the creation of stressful or conflictual relational exchanges (Hammen 1991), which can negatively affect both partners' mental health (Davila et al. 1997). Indeed, the emotional health of a partner can have implications for individuals' own mental, emotional, and even physical health over time (Stokes 2017; Stokes et al. 2025). Stress can also transfer and intensify between individuals, particularly within intimate relationships (Thomeer et al. 2013). This perspective also aligns with life course theory, specifically the concept of *linked lives*, demonstrating how partners' lives are inherently interconnected (Elder 1994).

2.2 | Emotional Contagion

Emotions are embedded in social networks and relationships, rather than existing in isolation. Against this background, emotional contagion theory (Hatfield et al. 1994) proposes that emotions can “spread” in social networks, particularly within (geographically) close, intimate relationships (Christakis and Fowler 2013). Defined as emotional convergence (Hatfield et al. 1994), this phenomenon has been widely studied in the context of loneliness, both across social networks (Cacioppo et al. 2009) and within couples (Stokes 2017). Building on this, it can be assumed that other emotions, such as depressive symptoms, may also transfer from one spouse to another (e.g., Thomeer et al. 2013).

Taken together, these theories suggest that having a partner with depressive symptoms *before* separation can lead to stressful experiences. Separation may break this negative cycle, providing relief for the partner and potentially resulting in *fewer* depressive symptoms post-separation. Based on this, we propose the following hypothesis: Higher levels of depressive symptoms in one's partner prior to separation in later life are associated with a decline in one's own depressive symptoms following the separation (H1: “relief hypothesis”).

3 | Gender, Depressive Symptoms, and Later Life Separation

We expect that the potential “relief” experienced following separation may be gendered, with gendered patterns emerging not only in depressive symptoms but also in relationship experiences (Acciai and Hardy 2017; Jackson et al. 2014). This expectation is guided by the *gender-as-relational* approach (Ferree 2010), which conceptualizes gender as a “socially constructed stratification system” (Risman 2004, 430). Gender shapes not only individual behavior but also interactions between partners,

particularly within romantic partnerships, which is a key context where gendered norms and roles are created and reinforced (Thomeer et al. 2013). Internalized gender norms influence how partners relate to one another, negotiate family and work responsibilities, and impact each other's mental health (Thomeer et al. 2020). Thomeer et al. (2013) emphasize that one central way in which gender reproduces (mental health) inequalities in romantic partnerships is through the unequal burden placed on women to perform emotion work, meaning actions aimed at fostering their partner's emotional well-being. Their qualitative findings show that women are more likely to offer emotional work when their male partners are depressed, whereas the reverse—men offering support to depressed female partners—was far less common (Thomeer et al. 2013). Hence, from a gender-as-relational perspective, the impact of a partner's depressive symptoms on the mental health consequences of separation should be examined through a gendered lens.

Empirical evidence on emotional contagion within couples suggests that there are no consistent gender differences in how loneliness spreads between partners (Stokes 2017). However, broader research on social networks shows that women are more likely than men to transmit feelings of loneliness to others (Cacioppo et al. 2009). Moreover, prior research on depressive symptoms within older US couples found that wives' depressive symptoms influenced their husbands' future symptoms, but not vice versa (Thomeer et al. 2013).

The empirical evidence suggests that women's emotional experiences may be more impactful for men's well-being in later life than men's emotions are for women's well-being, and therefore that splitting from a depressed partner may be more of a relief for older men than for older women. Based on this, we propose the following hypothesis: The relief effect—that is, the reduction in depressive symptoms following separation from a partner with higher depressive symptoms—is more pronounced among men than among women. (H2: “gender difference hypothesis”). Therefore, in this study we examine both the “relief hypothesis” and the “gender difference hypothesis” as they pertain to dyadic partners' depressive symptoms before and after partnership dissolution.

4 | Confounders

We include several sociodemographic and health-related covariates that may bias the estimated association between partners' pre-separation and individuals' post-separation depressive symptoms. *Gender* is included as both a potential confounder and moderator, as women report higher depressive symptoms than men (Acciai and Hardy 2017) and are also more likely to initiate a divorce or separation (Hewitt et al. 2006). *Age* is included because the risk of separation tends to decline with increasing age (Lin et al. 2018), whereas the association between age and depressive symptoms seems to follow a U-shaped pattern (Husain et al. 2005). *Race/ethnicity* is another important factor, as both the likelihood of experiencing separation and the prevalence of depressive symptoms have been shown to differ across racial and ethnic groups (Bankey 2025; Hooker et al. 2019). Socioeconomic status (SES) is accounted for through two indicators: *education* and *household wealth*.

Education is often used as a proxy for SES, although recent studies have found only weak associations between education and the risk of divorce in later life (Alderotti et al. 2022; Lin et al. 2018). At the same time, educational attainment has been linked to differences in depression risk—those with lower education have a higher risk of depression (von dem Knesebeck et al. 2011). Household wealth is included as a complementary SES measure, as individuals with greater wealth are less likely to experience later-life divorce (Lin et al. 2018) and tend to report fewer depressive symptoms (Hajek and König 2022). *Parental status* may play a dual role. Children can be a source of marital stability (Waite and Lillard 1991), even in later life partnerships (Weingarten 1988), but also a source of strain and therefore marital instability (Wu and Penning 2018). The role of parental status in older age has also been discussed; however, recent research suggests no such association with depressive symptoms in the United States (Carr and Choi 2025; Quashie et al. 2021). Health status is captured via limitations in *instrumental activities of daily living* (IADLs), which serve as a proxy for care needs and health. Poor health has been linked to separation risk, particularly when women report such limitations (Vignoli et al. 2025). IADL limitations are also associated with elevated depressive symptoms (Gallagher et al. 2013).

5 | Methods

5.1 | Data and Sample

Data for this brief report came from the 2002 to 2020 waves of the HRS, a nationally representative longitudinal panel study of adults aged 51+ in the United States (Sonnega et al. 2014). HRS surveys are conducted at the household level; therefore, both focal participants and any coresident partners in the household at the time of data collection are included in the data, irrespective of the partner's own age. Moreover, participants (including coresident partners/spouses) are followed longitudinally even after separation, including when either partner enters a new relationship, at which point new coresident partners are also included in the data set as participants. Thus, HRS collects data from both focal participants and their partners longitudinally, including both before and after separation, and includes information from multiple partners/relationships over time.

As this study focused on both marital and non-marital separations (“silver splits”), participants were included in the analytic sample if they reported (a) being married/partnered and coresident with their spouse/partner at any wave between 2002 and 2018, and (b) also reported being divorced or separated from their spouse/partner at the following wave (2004–2020). Sensitivity analyses that restricted the analytic sample to those who were married (not partnered) at baseline produced similar results of interest as those presented here, albeit with a significant overall partner effect and a nonsignificant gender interaction (see Tables S1 and S2). Only a small minority (1.46%) of observations concerned same-sex partners. Both members of couples could be included in the analytic sample if they participated at consecutive waves, and individuals could be included at multiple timepoints if they experienced separation more than once

during the course of the study. We further limited the sample to participants age 50 or older at baseline; results were unchanged when younger respondents were retained. We identified 1017 separations during this time period, from 986 individuals, who were nested within 682 households. Due to missing data, 75 observations (7.4%) were dropped from the analysis, leaving a final analytic sample of 942 experiences of separation, drawn from 915 individuals, nested within 633 households. Among study variables, only IADLs varied between those who were dropped from the sample and those who remained, with the 75 dropped cases having significantly higher IADL burden (mean = 0.32 vs. 0.15, $p < 0.05$).

The maximum number of experiences of divorce/separation per person was 2, and the maximum number of persons in the sample per HRS household was 5. The vast majority of individuals (96.95%) experienced separation/divorce only once during the study period. Analyses restricting the sample to the first separation/divorce experience during the study period (available upon request) produced the same significant results of interest; therefore, the full analytic sample was retained.

5.2 | Measures

5.2.1 | Depressive Symptoms

Both the outcome and the focal predictor(s) for this study were measured using the 8-item Center for Epidemiologic Studies—Depression (CESD) Inventory (Radloff 1977), a measure commonly used when studying depressive symptoms among older adults. Partners were asked about their depressive symptoms independently at all waves of data collection. To measure depressive symptoms, each partner was asked eight questions, with the response options “yes” or “no” (“Much of the time during the past week ... (1) I felt depressed; (2) I felt everything I did was an effort; (3) my sleep was restless; (4) I was happy; (5) I felt lonely; (6) I enjoyed life; (7) I felt sad; (8) I could not ‘get going’”). A score can be calculated by assigning points for “yes” responses to Questions 1, 2, 3, 5, 7, and 8, and for “no” responses to Questions 4 and 6 (range: 0–8 symptoms). Individuals' own and their partner's depressive symptoms pre-separation were used as predictors of interest, whereas individuals' depressive symptoms at the wave following separation were modeled as the outcome. Depressive symptoms were transformed using the natural log to address significant skew.

5.2.2 | Covariates

Lagged dependent variable (LDV) modeling accounts for stable in-between person differences in the outcome by controlling for that measure (depressive symptoms) at baseline. Additionally, we included control variables for individuals' *gender* (female = 1, male = 0), *age* (in years), *race/ethnicity* (non-Hispanic White = 1, non-Hispanic Black = 2, non-Hispanic of another race = 3, Hispanic of any race = 4), *educational attainment* (less than high school = 1, high school/GED = 2, some college = 3, college degree or higher = 4), *parental status* (1 = has children, 2 = does not have children), IADLs, such as using a telephone, shopping, or preparing meals (0–5 scale concerning how many out of five

listed activities an individual requires help with), *household wealth* (recoded into quintiles), and dichotomous indicators for the *data collection wave*.

5.3 | Analytic Strategy

We used three-level multilevel dyadic LDV models to address our research questions. That is, observations were nested within individuals, who were nested within households. The models are dyadic in the sense that they incorporate information from *both* members of a couple. Moreover, both members of a couple could be included in the analytic sample if they met the inclusion criteria, allowing for a dyadic structure in data use.

All independent variables from before relationship dissolution were used to predict depressive symptoms at the wave following relationship dissolution. That is, individuals' own depressive symptoms and their partner's depressive symptoms prior to separation were used to predict individuals' depressive symptoms following separation. LDV modeling is a conservative approach, which better protects against bias from any regression to the mean than change-score outcomes do (Johnson 2005). Specifically, LDV models account for between-person stability in the outcome by including baseline values of the outcome as a predictor of that outcome at follow-up. The algebraic formula for a basic LDV model is as follows:

$$Y_t = \alpha + \beta_1 Y_{(t-1)} + \beta_2 X1_{(t-1)} + \dots \beta_{(k+1)} Xk_{(t-1)} + \varepsilon$$

Potential gender differences were addressed by including an interaction term between partner's pre-separation depressive symptoms and individuals' gender.

Because our data involve nesting of multiple observations within persons, as well as multiple persons within households, we used multilevel modeling to adjust for the non-independence of observations at both of these levels (i.e., we utilize a three-level nested structure). However, because we estimated random intercepts only—and no random slopes—interpretation of coefficients is unchanged from the basic LDV formula given above. The algebraic formula for a three-level LDV model such as we estimated is as follows:

$$Y_{ijk(t)} = \gamma_{000} + \mu_{00k} + \mu_{0jk} + \beta_1 Y_{ijk(t-1)} + \beta_2 X1_{ijk(t-1)} + \dots \beta_{(p+1)} Xp_{ijk(t-1)} + \varepsilon_{ijk}$$

Missing data diagnostics were performed, with no clear patterns of missingness detected; sensitivity analyses using multiply imputed data produced results consistent with those presented, therefore listwise analyses were retained. Data management and analysis were performed using Stata/SE Version 18.

6 | Results

6.1 | Descriptive Findings

Table 1 displays descriptive statistics of the analytical sample. Depressive symptoms of both partners were relatively modest, averaging 2.05 and 2.10 on the 0–8 scale at

TABLE 1 | Descriptive statistics.

Variables	Mean (SD)/%
Depressive symptoms (follow-up)	2.34 (2.53)
Depressive symptoms (baseline)	2.05 (2.30)
Partner's depressive symptoms (baseline)	2.10 (2.28)
Married at baseline (vs. partnered)	65.49
Divorced at follow-up (vs. separated)	56.83
Female (vs. male)	51.03
Age	62.02 (7.86)
Race/ethnicity	
Non-Hispanic White	55.97
Non-Hispanic Black	24.78
Non-Hispanic other race	3.26
Hispanic (any race)	15.99
Educational attainment	
Less than high school	17.01
High school/GED	31.17
Some college	28.52
College or beyond	23.30
Household wealth	\$307,289.80 (\$1,362,695)
IADLs	0.17 (0.57)
Has children (vs. no children)	96.64

Note: *N* separations = 942. Own calculations based on HRS, 2002–2020. Abbreviation: SD, standard deviation.

baseline. Individuals' depressive symptoms rose to an average of 2.34 at follow-up, a change that was statistically significant ($p=0.001$). Further, partners' baseline depressive symptoms were positively yet only modestly correlated with one another ($r=0.15$, $p<0.001$). Participants were an average of 62 years old at baseline, and approximately half of participants (51.03%) were female. At last, approximately half of participants (56.83%) experienced divorce, with the other half (43.17%) experiencing separation.

6.2 | Multivariable Findings

Table 2 presents the results from the final multilevel dyadic LDV models: Model 1 includes only main effects, whereas Model 2 adds an interaction term between partner's depressive symptoms and individual's gender. In the main effects Model 1, depressive symptoms at baseline were significantly associated with depressive symptoms following divorce/separation, indicating stability in symptoms over time ($B=0.47$, $p<0.001$). In the main effects model, partner's depressive symptoms prior to separation were not significantly associated with depressive symptoms after relationship cessation ($B=-0.03$, $p=0.274$), providing no clear support for H1, the “relief hypothesis,” in the pooled sample.

TABLE 2 | Effects of pre-separation predictors on post-separation depressive symptoms.

Predictors of interest	Model 1		Model 2	
	Main effects model		Interaction model	
	<i>B</i>	(SE)	<i>B</i>	(SE)
Depressive symptoms (baseline)	0.48***	0.03	0.47***	0.03
Partner's depressive symptoms (baseline)	−0.03	0.03	−0.10*	0.04
Female (vs. male)	−0.04	0.04	−0.15*	0.07
Interaction term				
Partner's depressive symptoms (baseline) × female (vs. male)	—	—	0.14*	0.06
Covariates				
Married at baseline (vs. partnered)	−0.11*	0.05	−0.11*	0.05
Divorced at follow-up (vs. separated)	−0.17**	0.05	−0.17**	0.05
Race/ethnicity				
Non-Hispanic Black ^a	−0.03	0.07	−0.03	0.06
Non-Hispanic other race ^a	0.16	0.13	0.17	0.12
Hispanic (any race) ^a	0.00	0.07	0.00	0.07
Educational attainment				
High school/GED ^b	0.03	0.07	0.04	0.07
Some college ^b	−0.10	0.07	−0.10	0.07
College or beyond ^b	−0.05	0.08	−0.06	0.08
Household wealth				
2nd quintile ^c	−0.03	0.07	−0.02	0.07
3rd quintile ^c	0.10	0.08	0.10	0.08
4th quintile ^c	0.02	0.08	0.02	0.08
5th quintile ^c	0.03	0.08	0.03	0.08
IADLs	0.09*	0.04	0.09*	0.04
Does not have children ^d	0.14	0.13	0.12	0.13
Data collection wave				
Wave 8 ^e	0.23	0.12	0.24	0.12
Wave 9 ^e	−0.00	0.12	0.00	0.12
Wave 10 ^e	0.16	0.13	0.15	0.13

(Continues)

TABLE 2 | (Continued)

Predictors of interest	Model 1		Model 2	
	Main effects model		Interaction model	
	<i>B</i>	(SE)	<i>B</i>	(SE)
Wave 11 ^e	0.15	0.11	0.15	0.11
Wave 12 ^e	0.06	0.11	0.06	0.11
Wave 13 ^e	−0.03	0.11	−0.03	0.11
Wave 14 ^e	0.10	0.12	0.10	0.12
Wave 15 ^e	−0.01	0.12	−0.00	0.12
Model fit				
Level 3 variance	0.04	0.03	0.04	0.02
Level 2 variance	0.00	0.00	0.00	0.00
Level 1 variance	0.41***	0.03	0.40***	0.03
<i>N</i> separations	942		942	

Note: Calculations based on HRS, 2002–2020.

Abbreviation: SE, standard error.

^aReference is non-Hispanic White.^bReference is less than high school.^cReference is 1st quintile.^dReference is has children.^eReference is Wave 7 (2002–2004).**p* < 0.05.***p* < 0.01.****p* < 0.001.

In the interaction Model 2, depressive symptoms at baseline were again significantly associated with depressive symptoms following divorce/separation, indicating stability in symptoms over time ($B = 0.47$, $p < 0.001$). Further, partner's depressive symptoms prior to separation were significantly associated with *reduced* depressive symptoms for men after relationship cessation ($B = -0.10$, $p = 0.019$). Given that the depressive symptom scale ranges from 0 to 8, this corresponds to a relatively small effect: A one-point increase in partner's depressive symptoms is associated with a 0.10-point decrease in men's depressive symptoms post-separation. Nevertheless, the finding suggests that for some men, separation from a partner experiencing higher levels of distress may bring a modest sense of emotional relief. An interaction term between partner's depressive symptoms and gender indicated that this effect was significantly weaker—and nonsignificant—among women following divorce/separation (interaction $B = 0.14$, $p = 0.024$; effect size among women $B = 0.03$, $p = 0.424$), supporting H2, the “gender difference hypothesis”, and hence the “relief hypothesis” H1 for men only. However, the negative main effect of female ($B = -0.15$, $p = 0.025$) indicates that, when partner depression is absent (score = 0), women report lower levels of post-split depressive symptoms than men.

Among covariates, in both Model 1 and Model 2, being married rather than partnered at baseline ($B = -0.11$, $p = 0.030$) as well as being divorced rather than separated at follow-up ($B = -0.17$, $p = 0.001$) were associated with lower post-split symptom levels, as were individuals' baseline IADLs ($B = 0.09$, $p = 0.036$).

7 | Conclusion

Given the rising rates of later-life divorce (“gray divorce”) and non-marital separations (collectively termed “silver splits”) in the United States and Europe (Brown and Lin 2012; Vignoli et al. 2025), the mental health of the separated individuals post-separation is gaining more importance. Against this background, this brief report draws on longitudinal data from the 2002–2020 waves of the HRS to examine whether such separations are universally perceived as harmful for individuals’ mental health or if some individuals may instead experience them as a source of relief (“relief hypothesis”). We also tested for gender differences therein. Prior research shows that the emotional and mental health of older partners is interconnected (Stokes 2017; Thomeer et al. 2013), and some studies suggest that negative or traumatic transitions can also offer opportunities for growth, depending on pre-transition relationship characteristics (Carr 2004; Stokes 2016; Wheaton 1990). However, existing research has either overlooked a dyadic perspective on the mental health consequences of later life separation (Lin et al. 2019; Tosi and van den Broek 2020) or has primarily focused on marital quality/distress before separation in earlier life stages (e.g., Amato and Hohmann-Marriott 2007; Kalmijn and Monden 2006; Wheaton 1990). To the best of our knowledge, our study is the first to adopt a dyadic perspective on mental health following separation in later life, which may differ significantly from separation at earlier life stages due to the longer duration of shared lives. In particular, we were interested in examining the *dyadic effects of partners’ depressive symptoms pre-separation on own depressive symptoms post-separation and gender differences* therein.

Similar to previous studies on the effect of relationship quality/stress on mental health following earlier life separation (e.g., Amato and Hohmann-Marriott 2007; Kalmijn and Monden 2006; Wheaton 1990), the current study finds (at least partial) support for the “relief hypothesis” that—in later life—separating from a stressful partnership results in less negative mental health consequences post-separation. In particular, results from the current study show that separating from a partner with high depressive symptoms pre-separation was linked to a *reduction* in depressive symptoms afterwards. This suggests that, particularly at higher levels of partners’ depressive symptoms before separation, the process of separating may lead to significant relief. These findings align with our theoretical expectations. However, given the limitations of quantitative data, qualitative approaches may be better suited to identifying the specific mechanisms at play—for example, stress generation, emotional contagion or both.

Our findings, however, indicate that in later life, women’s emotions exert a stronger influence on men’s well-being than men’s emotions do on women’s (Thomeer et al. 2013). Consistent with our “gender difference hypothesis” (H2), we observed relief following separation only among men. Thus, the “relief hypothesis” (H1) receives only partial support, as ending a relationship with a partner experiencing higher levels of depressive symptoms appears to bring higher relief to older men compared to older women. This outcome mirrors earlier work showing that, among older US couples, wives’ depressive symptoms predict increases in their husbands’ symptoms,

whereas husbands’ depressive symptoms do not similarly predict changes in their wives’ mental health (Thomeer et al. 2013). One possible explanation for the weaker and nonsignificant relief effect among women is that depressive symptoms may be more heavily stigmatized for men, as they conflict with traditional norms of masculinity that emphasize strength and emotional self-reliance (Seidler et al. 2016). Such masculine ideology and stigma may be particularly relevant for the age group studied here (50+ years). Prior research has shown that older men often strive to maintain independence in their help-seeking behavior, in line with attributes they perceive as “masculine” (Smith et al. 2007). Moreover, generational norms may make older men more likely to feel stigmatized for their mental health issues and, consequently, less inclined to seek help (Elshaikh et al. 2023). Due to this stigma, older men may be less likely to express or share their emotional struggles—particularly depressive symptoms—openly with their partners. As a result, women may be less aware of their partners’ psychological distress and may experience less emotional strain from the relationship than men do when partnered with a woman experiencing depressive symptoms. Consequently, separating from a depressed male partner may offer less psychological relief to women than the reverse situation does for men. In addition, gender differences in how depressive symptoms are experienced and expressed (Cavanagh et al. 2017) may also contribute to these dynamics, highlighting the need for further research into mental health and emotional burden in the context of later-life separation.

In addition to the contributions, there are several *limitations* that need to be addressed. First, the gendered nature of our findings may be at least partially explained by gendered patterns of repartnering following a “silver split.” Due to the data structure and measures used to identify potential sample participants for this study, those who experienced both a divorce/separation *and* then re-partnered between waves would not have been included in the analytic sample, similar to other studies on later life separation using HRS data (Lin et al. 2019). It is likely that these individuals vary in significant ways from those who remain unpartnered, at least for some time, and it is well established that repartnering following divorce/separation is highly gendered, such that men are more likely than women to repartner, and to do so more quickly (e.g., Brown et al. 2019). Thus, the men in our study may be a highly selective group of those who experienced a “silver split” between waves, having *not* repartnered shortly thereafter.

Second, although we have information on the duration of the relationship, we lack information on the exact date of separation relative to the time of data collection. Separation could have occurred anywhere from the day before the interview to 2 years before, due to the 2-year time lag in the HRS interviews. Although the crisis model suggests individuals return to pre-separation mental health levels within 2 years (Amato 2000; Tosi and van den Broek 2020), Lin et al. (2019) found that individuals take longer to adjust to later life separations (up to 4 years), indicating that the timing issue may not be a relevant concern in our sample. Future research could also examine longer term trajectories of depressive symptoms following relationship dissolution, something our 2-year before/after study design precluded.

Third, in 2006, HRS introduced a questionnaire on psychosocial well-being to a random 50% subsample of households, including information on relationship support and strain; however, due to reduced sample sizes, we were unable to incorporate this richer information on relationship quality prior to dissolution. This limitation is particularly relevant for our gendered moderation analysis, as relationship quality may not only mediate but also confound the moderating effect of partners' depressive symptoms on post-separation mental health outcomes (Jackson et al. 2014). That is, the interaction concerning a partner's depressive symptoms may actually reflect the influence of another relationship characteristic that is associated with mental health, such as relationship strain or support. Other data sources that include this information with a sufficiently large sample size would be valuable for incorporating this important mediator.

Finally, the HRS does not distinguish between the "initiator" and the "non-initiator" of the separation. Initiators may view separation as a resolution to an unsatisfying romantic relationship, whereas non-initiators may perceive the situation as helpless, potentially resulting in higher depressive symptoms (Hewitt and Turrell 2011). Likewise, we do not have complete data on whether one's former partner repartnered or remained unpartnered following relationship dissolution, which may also impact the dyadic associations of interest identified by this study.

Notwithstanding these limitations, and in line with previous research (e.g., Hanes and Clouston 2024), our findings underscore the importance of moving beyond average effects when studying later life separation, by demonstrating that separating from a spouse/partner with high depressive symptoms prior to separation can also be beneficial for an individual's mental health. Interestingly, this benefit seems to be more pronounced for men than for women. This heterogeneity underscores the need for more differentiated policy responses to later-life union dissolution: First, our findings highlight the importance of accounting for *pre-separation* dyadic relationship dynamics, especially partner mental health, when assessing the consequences of separation. For some individuals, ending a strained or emotionally burdensome relationship may serve as a form of relief rather than a source of distress. Policy makers could implement a structured support screening process for at-risk partners, that is, individuals whose partners exhibit higher levels of depressive symptoms. Tailored services, such as mental health counseling and caregiver relief programs, could then be offered accordingly to relieve stress before separation occurs.

Second, given that men appear to derive greater mental health benefits from leaving unions with partners who report higher depressive symptoms, policies should focus on (a) alleviating the emotional and caregiving burden experienced by men prior to separation and (b) providing targeted support for women after separation, who may be more vulnerable to declines in well-being following union dissolution. Finally, to prevent unmet care needs and emotional distress, systems should be in place to identify recently separated older adults who previously relied on their partners for daily support. This group

may face both a mental health burden and a care gap, making them particularly vulnerable and in need of integrated support services.

Ultimately, future research should further explore pre-separation characteristics in the context of later-life separation, as they may explain the heterogeneity in how separation is perceived. This approach can help disentangle the complexities of relationship dissolution and, in some cases, even shed light on the necessity of ending a partnership.

Author Contributions

Lisa Jessee planned the study, wrote the theoretical background and discussion, and revised the methods and results. Jeffrey E. Stokes planned the study, performed all statistical analyses, wrote the methods and results, and contributed to revising the paper.

Acknowledgments

The research was conducted while the first author received a scholarship from the Cologne Graduate School in Management, Economics and Social Sciences of the University of Cologne. Furthermore, this work was supported by a fellowship from the German Academic Exchange Service (DAAD). Open Access funding enabled and organized by Projekt DEAL.

Data Availability Statement

The data that support the findings of this study are openly available in <https://hrs.isr.umich.edu>.

References

- Acciai, F., and M. Hardy. 2017. "Depression in Later Life: A Closer Look at the Gender Gap." *Social Science Research* 68: 163–175. <https://doi.org/10.1016/j.ssresearch.2017.08.003>.
- Alderotti, G., C. Tomassini, and D. Vignoli. 2022. "'Silver Splits' in Europe: The Role of Grandchildren and Other Correlates." *Demographic Research* 46: 619–652. <https://doi.org/10.4054/DemRes.2022.46.21>.
- Amato, P. R. 2000. "The Consequences of Divorce for Adults and Children." *Journal of Marriage and Family* 62, no. 4: 1269–1287. <https://doi.org/10.1111/j.1741-3737.2000.01269.x>.
- Amato, P. R., and B. Hohmann-Marriott. 2007. "A Comparison of High- and Low-Distress Marriages That End in Divorce." *Journal of Marriage and Family* 69, no. 3: 621–638. <https://doi.org/10.1111/j.1741-3737.2007.00396.x>.
- Bankey, N. 2025. *First Divorce Rate by Age and Race/Ethnicity (NCFMR Family Profiles)*. Vol. 6. National Center for Family & Marriage Research (NCFMR).
- Brown, S. L., and I.-F. Lin. 2012. "The Gray Divorce Revolution: Rising Divorce Among Middle-Aged and Older Adults, 1990–2010." *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 67, no. 6: 731–741. <https://doi.org/10.1093/geronb/gbs089>.
- Brown, S. L., I.-F. Lin, A. M. Hammersmith, and M. R. Wright. 2019. "Repartnering Following Gray Divorce: The Roles of Resources and Constraints for Women and Men." *Demography* 56, no. 2: 503–523. <https://doi.org/10.1007/s13524-018-0752-x>.
- Cacioppo, J. T., J. H. Fowler, and N. A. Christakis. 2009. "Alone in the Crowd: The Structure and Spread of Loneliness in a Large Social Network." *Journal of Personality and Social Psychology* 97, no. 6: 977–991. <https://doi.org/10.1037/a0016076>.

- Carr, D. 2004. "Gender, Preloss Marital Dependence, and Older Adults' Adjustment to Widowhood." *Journal of Marriage and Family* 66, no. 1: 220–235. <https://doi.org/10.1111/j.0022-2445.2004.00016.x>.
- Carr, D., and S. L. Choi. 2025. "Childlessness and Mental Health Among U.S. Older Adults: Do Associations Differ by Marital Status and Gender?" *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 80, no. 7: gbaf073. <https://doi.org/10.1093/geronb/gbaf073>.
- Carr, D., and K. W. Springer. 2010. "Advances in Families and Health Research in the 21st Century." *Journal of Marriage and Family* 72, no. 3: 743–761. <https://doi.org/10.1111/j.1741-3737.2010.00728.x>.
- Cavanagh, A., C. J. Wilson, D. J. Kavanagh, and P. Caputi. 2017. "Differences in the Expression of Symptoms in Men Versus Women With Depression: A Systematic Review and Meta-Analysis." *Harvard Review of Psychiatry* 25, no. 1: 29–38. <https://doi.org/10.1097/hrp.0000000000000128>.
- Charles, S. T., and L. L. Carstensen. 2002. "Marriage in Old Age." In *Inside the American Couple: New Thinking, New Challenges*, edited by M. Yalom, L. L. Carstensen, E. Freedman, and B. Gelpi, 236–254. University of California Press. <http://ark.cdlib.org/ark:/13030/kt9z09q84w/>.
- Charles, S. T., and L. L. Carstensen. 2010. "Social and Emotional Aging." *Annual Review of Psychology* 61: 383–409. <https://doi.org/10.1146/annurev.psych.093008.100448>.
- Christakis, N. A., and J. H. Fowler. 2013. "Social Contagion Theory: Examining Dynamic Social Networks and Human Behavior." *Statistics in Medicine* 32, no. 4: 556–577. <https://doi.org/10.1002/sim.5408>.
- Davila, J., T. N. Bradbury, C. L. Cohan, and S. Tochluk. 1997. "Marital Functioning and Depressive Symptoms: Evidence for a Stress Generation Model." *Journal of Personality and Social Psychology* 73, no. 4: 849–861. <https://doi.org/10.1037/0022-3514.73.4.849>.
- Elder, G. H. 1994. "Time, Human Agency, and Social Change: Perspectives on the Life Course." *Social Psychology Quarterly* 57, no. 1: 4–15. <https://doi.org/10.2307/2786971>.
- Elshaikh, U., R. Sheik, R. K. M. Saeed, T. Chivese, and D. Alsayed Hassan. 2023. "Barriers and Facilitators of Older Adults for Professional Mental Health Help-Seeking: A Systematic Review." *BMC Geriatrics* 23, no. 1: 516. <https://doi.org/10.1186/s12877-023-04229-x>.
- Ferree, M. M. 2010. "Filling the Glass: Gender Perspectives on Families." *Journal of Marriage and Family* 72, no. 3: 420–439. <https://doi.org/10.1111/j.1741-3737.2010.00711.x>.
- Gallagher, D., G. M. Savva, R. Kenny, and B. A. Lawlor. 2013. "What Predicts Persistent Depression in Older Adults Across Europe? Utility of Clinical and Neuropsychological Predictors From the SHARE Study." *Journal of Affective Disorders* 147, no. 1: 192–197. <https://doi.org/10.1016/j.jad.2012.10.037>.
- Hajek, A., and H.-H. König. 2022. "Wealth and Psychosocial Factors Among Middle-Aged and Older Adults. Findings Based on Nationally Representative Data." *Archives of Gerontology and Geriatrics* 103: 104777. <https://doi.org/10.1016/j.archger.2022.104777>.
- Hammen, C. 1991. "Generation of Stress in the Course of Unipolar Depression." *Journal of Abnormal Psychology* 100, no. 4: 555–561. <https://doi.org/10.1037/0021-843X.100.4.555>.
- Hammen, C. 2006. "Stress Generation in Depression: Reflections on Origins, Research, and Future Directions." *Journal of Clinical Psychology* 62, no. 9: 1065–1082. <https://doi.org/10.1002/jclp.20293>.
- Hanes, D. W., and S. A. P. Clouston. 2024. "Cognitive Decline After Divorce and Widowhood: Is Marital Loss Always a Loss?" *Innovation in Aging* 8, no. 5: igae033. <https://doi.org/10.1093/geroni/igae033>.
- Hatfield, E., J. T. Cacioppo, and R. L. Rapson. 1994. *Emotional Contagion*. Cambridge University Press.
- Hawkins, D. N., and A. Booth. 2005. "Unhappily Ever After: Effects of Long-Term, Low-Quality Marriages on Well-Being." *Social Forces* 84, no. 1: 451–471. <https://doi.org/10.1353/sof.2005.0103>.
- Hewitt, B., and G. Turrell. 2011. "Short-Term Functional Health and Well-Being After Marital Separation: Does Initiator Status Make a Difference?" *American Journal of Epidemiology* 173, no. 11: 1308–1318. <https://doi.org/10.1093/aje/kwr007>.
- Hewitt, B., M. Western, and J. Baxter. 2006. "Who Decides? The Social Characteristics of Who Initiates Marital Separation." *Journal of Marriage and Family* 68, no. 5: 1165–1177. <https://doi.org/10.1111/j.1741-3737.2006.00321.x>.
- Hooker, K., S. Phibbs, V. L. Irvin, et al. 2019. "Depression Among Older Adults in the United States by Disaggregated Race and Ethnicity." *Gerontologist* 59, no. 5: 886–891. <https://doi.org/10.1093/geront/gny159>.
- Hu, Y., N. Metsä-Simola, S. Malmberg, and P. Martikainen. 2024. "Trajectories of Antidepressant Use Before and After Union Dissolution and Re-Partnering in Later Life: A Prospective Total Population Register-Based Cohort Study." *Journal of Epidemiology and Community Health* 78, no. 5: 277–283. <https://doi.org/10.1136/jech-2023-221529>.
- Husain, M. M., A. J. Rush, H. A. Sackeim, et al. 2005. "Age-Related Characteristics of Depression: A Preliminary STAR*D Report." *American Journal of Geriatric Psychiatry* 13, no. 10: 852–860. <https://doi.org/10.1097/00019442-200510000-00004>.
- Jackson, J. B., R. B. Miller, M. Oka, and R. G. Henry. 2014. "Gender Differences in Marital Satisfaction: A Meta-Analysis." *Journal of Marriage and Family* 76, no. 1: 105–129. <https://doi.org/10.1111/jomf.12077>.
- Johnson, D. 2005. "Two-Wave Panel Analysis: Comparing Statistical Methods for Studying the Effects of Transitions." *Journal of Marriage and Family* 67, no. 4: 1061–1075. <https://doi.org/10.1111/j.1741-3737.2005.00194.x>.
- Kalmijn, M., and C. W. S. Monden. 2006. "Are the Negative Effects of Divorce on Well-Being Dependent on Marital Quality?" *Journal of Marriage and Family* 68, no. 5: 1197–1213. <https://doi.org/10.1111/j.1741-3737.2006.00323.x>.
- Kapelle, N., and C. Monden. 2024. "Transitory or Chronic? Gendered Loneliness Trajectories Over Widowhood and Separation in Older Age." *Journal of Health and Social Behavior* 65, no. 2: 292–308. <https://doi.org/10.1177/00221465231223719>.
- Kouros, C. D., L. M. Papp, and E. M. Cummings. 2008. "Interrelations and Moderators of Longitudinal Links Between Marital Satisfaction and Depressive Symptoms Among Couples in Established Relationships." *Journal of Family Psychology* 22, no. 5: 667–677. <https://doi.org/10.1037/0893-3200.22.5.667>.
- Leopold, T. 2018. "Gender Differences in the Consequences of Divorce: A Study of Multiple Outcomes." *Demography* 55, no. 3: 769–797. <https://doi.org/10.1007/s13524-018-0667-6>.
- Lin, I.-F., S. L. Brown, M. R. Wright, and A. M. Hammersmith. 2018. "Antecedents of Gray Divorce: A Life Course Perspective." *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 73, no. 6: 1022–1031. <https://doi.org/10.1093/geronb/gbw164>.
- Lin, I.-F., S. L. Brown, M. R. Wright, and A. M. Hammersmith. 2019. "Depressive Symptoms Following Later-Life Marital Dissolution and Subsequent Repartnering." *Journal of Health and Social Behavior* 60, no. 2: 153–168. <https://doi.org/10.1177/0022146519839683>.
- Quashie, N. T., B. Arpino, R. Antczak, and C. A. Mair. 2021. "Childlessness and Health Among Older Adults: Variation Across Five Outcomes and 20 Countries." *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* 76, no. 2: 348–359. <https://doi.org/10.1093/geronb/gbz153>.

- Radloff, L. S. 1977. "The CES-D Scale: A Self-Report Depression Scale for Research in the General Population." *Applied Psychological Measurement* 1, no. 3: 385–401. <https://doi.org/10.1177/014662167700100306>.
- Risman, B. J. 2004. "Gender as a Social Structure: Theory Wrestling With Activism." *Gender and Society* 18, no. 4: 429–450.
- Seidler, Z. E., A. J. Dawes, S. M. Rice, J. L. Oliffe, and H. M. Dhillon. 2016. "The Role of Masculinity in Men's Help-Seeking for Depression: A Systematic Review." *Clinical Psychology Review* 49: 106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>.
- Smith, J. A., A. Braunack-Mayer, G. Wittert, and M. Warin. 2007. "'I've Been Independent for So Damn Long!': Independence, Masculinity and Aging in a Help Seeking Context." *Journal of Aging Studies* 21, no. 4: 325–335. <https://doi.org/10.1016/j.jaging.2007.05.004>.
- Sonnega, A., J. D. Faul, M. B. Ofstedal, K. M. Langa, J. W. Phillips, and D. R. Weir. 2014. "Cohort Profile: The Health and Retirement Study (HRS)." *International Journal of Epidemiology* 43, no. 2: 576–585. <https://doi.org/10.1093/ije/dyu067>.
- Stokes, J. E. 2016. "The Influence of Intergenerational Relationships on Marital Quality Following the Death of a Parent in Adulthood." *Journal of Social and Personal Relationships* 33, no. 1: 3–22. <https://doi.org/10.1177/0265407514558962>.
- Stokes, J. E. 2017. "Two-Wave Dyadic Analysis of Marital Quality and Loneliness in Later Life: Results From the Irish Longitudinal Study on Ageing." *Research on Aging* 39, no. 5: 635–656. <https://doi.org/10.1177/0164027515624224>.
- Stokes, J. E., L. Jessee, M. Luchetti, and A. R. Sutin. 2025. "Dyadic Loneliness and Kidney Functioning Among Older Couples in Europe." *Journal of Global Ageing* 2, no. 1: 204–213. <https://doi.org/10.1332/29767202Y2024D000000016>.
- Thomeer, M. B., D. Umberson, and T. Pudrovska. 2013. "Marital Processes Around Depression: A Gendered and Relational Perspective." *Society and Mental Health* 3, no. 3: 151–169. <https://doi.org/10.1177/2156869313487224>.
- Thomeer, M. B., D. Umberson, and C. Reczek. 2020. "The Gender-As-Relational Approach for Theorizing About Romantic Relationships of Sexual and Gender Minority Mid- to Later-Life Adults." *Journal of Family Theory & Review* 12, no. 2: 220–237. <https://doi.org/10.1111/jftr.12368>.
- Tosi, M., and T. van den Broek. 2020. "Gray Divorce and Mental Health in the United Kingdom." *Social Science & Medicine* 256: 113030. <https://doi.org/10.1016/j.socscimed.2020.113030>.
- Vignoli, D., G. Alderotti, and C. Tomassini. 2025. "Partners' Health and Silver Splits in Europe: A Gendered Pattern?" *Journal of Marriage and Family* 87: 1639–1663. <https://doi.org/10.1111/jomf.13077>.
- von dem Knesebeck, O., E. Pattyn, and P. Bracke. 2011. "Education and Depressive Symptoms in 22 European Countries." *International Journal of Public Health* 56, no. 1: 107–110. <https://doi.org/10.1007/s00038-010-0202-z>.
- Waite, L. J., and L. A. Lillard. 1991. "Children and Marital Disruption." *American Journal of Sociology* 96, no. 4: 930–953. <https://doi.org/10.1086/229613>.
- Weingarten, H. R. 1988. "Late Life Divorce and the Life Review." *Journal of Gerontological Social Work* 12, no. 3–4: 83–97. https://doi.org/10.1300/J083v12n03_06.
- Wheaton, B. 1990. "Life Transitions, Role Histories, and Mental Health." *American Sociological Review* 55, no. 2: 209. <https://doi.org/10.2307/2095627>.
- Whisman, M. A. 2001. "The Association Between Depression and Marital Dissatisfaction." In *Marital and Family Processes in Depression: A Scientific Foundation for Clinical Practice*, 3–24. American Psychological Association. <https://doi.org/10.1037/10350-001>.

- Wu, Z., and M. J. Penning. 2018. "Marital and Cohabiting Union Dissolution in Middle and Later Life." *Research on Aging* 40, no. 4: 340–364. <https://doi.org/10.1177/0164027517698024>.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Main effects model: Truncated results restricting sample to married (not partnered) at baseline ($N=832$). **Table S2:** Interaction effects model: Truncated results restricting sample to married (not partnered) at baseline ($N=832$).