Received: 31 May 2023 | Revised: 5 December 2023 | Accepted: 24 January 2024

DOI: 10.1111/spc3.12943

REVIEW ARTICLE

WILEY

Dyadic, biobehavioral, and sociocultural approaches to romantic relationships and health: Implications for research, practice, and policy

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Funding information
National Center for Advancing Translational Sciences, Grant/Award Numbers: K12TR004415, KL2TR002530; Alabama Agricultural Experiment Station of the National Institute of Food and Agriculture, U.S. Department of Agriculture; National Institute on Aging, Grant/Award Number: R00 AG056667; National Institutes of Health

Abstract

Romantic relationships are a key health determinant. Partners influence each other's psychological, behavioral, and biological trajectories in ways that can foster health and longevity or fuel disease risk and early mortality. A romantic relationship's health impact is considerable yet has historically garnered limited recognition from government agencies, healthcare providers, and policymakers. World-wide public health organizations are increasingly attending to the importance of social connection and health and calling for action and intervention to improve social connection. In this review, we identify key areas to act on this call and advance research, practice, and policy on romantic relationships and health: dyadic effects in how partners influence each other's

health; the socio-historical context and systems of social stratification; and couple-level prevention, intervention, and health-promotion efforts. We connect these perspectives and offer next steps to further establish romantic relationships as a public health priority and target for policy and programming that foster social connection and health.

KEYWORDS
couples, convergence, health, intersectionality, marriage, psychoneuroimmunology, romantic relationships, stress reactivity

1 | INTRODUCTION

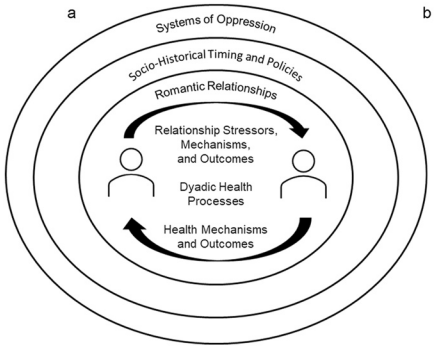
Romantic relationships have sizeable health effects. Strong, satisfying romantic relationships promote health, while troubled relationships worsen health (Kiecolt-Glaser & Newton, 2001; Robles et al., 2014). Partners' relational dynamics have been associated with self-rated physical and emotional health, cardiovascular function, stress hormones, inflammation, and wound healing (Kiecolt-Glaser, 2018; Kiecolt-Glaser & Wilson, 2017; Shrout, 2021). A romantic relationship's health impact is similar to that of well-established health behaviors like smoking cigarettes, exercising, or drinking alcohol (Holt-Lunstad et al., 2010, 2017). These notable health effects provide evidence that romantic relationships are a key determinant of health. Investing in high-quality romantic relationships should be a public health priority and target for interventions to foster health and longevity and minimize disease and mortality risk (Holt-Lunstad et al., 2017; Smith, 2019).

In consultation with experts in the field, the United States (U.S. Department of Health and Human Services, 2023), Australia (Lim et al., 2023), and World Health Organization (2023) called for resources to establish social connection as a global health priority. We identify key areas to act on this call and advance research, practice, and policy on romantic relationships and health. We focus on romantic relationships given their unique and distinct health effects.[1] We first discuss how partners influence each other's health across multiple mechanisms, diverse relational and sociocultural contexts, and through prevention and intervention. Then, we connect these perspectives and offer next steps to further establish romantic relationships as a public health priority and target for policy and programming that foster social connection and health.

1.1 | Partners' mutual health influence across diverse relational and sociocultural contexts

1.1.1 | Theoretical frameworks

Several frameworks identify mechanisms connecting relationships to health at the individual, dyadic, and biobehavioral levels, as well as consider contextual and broader social-historical factors. Such frameworks include but are not limited to models of health convergence (Kiecolt-Glaser & Wilson, 2017), dyadic health influence (Huelsnitz et al., 2022), dyadic biobehavioral stress (Shrout, 2021), spousal interactions in health (Hoppmann & Gerstorf, 2014), stress responsiveness (Kiecolt-Glaser et al., 2020), intrapersonal and interpersonal mechanisms (Pietromonaco & Collins, 2017), strengths and strains (Slatcher, 2010), ecological systems (Bronfenbrenner, 1994), developmental-contextual dyadic coping (Berg & Upchurch, 2007), and sociocultural family stress (McNeil Smith & Landor, 2018). These frameworks illustrate how individual and dyadic factors like attachment style, communica-



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Systems of Oppression

Ableism Ageism Cissexism Classism Colorism Heterosexism Racism Sexism Singlism

Socio-Historical Timing and Policies

Legal restriction on and access to:

- Same-sex and interracial marriage
- No-fault divorce
- Parental and family paid leave
- Childcare and care subsidies
- Workplace discrimination protections
- Education and financial independence
- Health care, insurance, and subsidies
- Contraception and reproductive care
- Sex- and gender-affirming care
- Same-sex parental adoption and foster care
- Relationship and family education programs
- Relationship and family therapy and interventions

Romantic Relationships

Stressors:	Mechanisms:	Outcomes:
• Conflict	• Appraisals	• Intimacy
• Mental and physical illness	• Affection	• Commitment
• Cancer	• Capitalization	• Closeness
• Caretaking, caregiving	• Self-disclosure	• Satisfaction
• Childrearing, housework	• Responsiveness	• Sexual satisfaction
• Early life adversities	• Positivity, support	• Quality
• Attachment insecurity	• Dyadic coping	• Love
• Hostile personality traits	• Criticism	• Companionship
• Discrimination	• Demand/withdraw	• Disillusionment
• Financial strain/pressures	• Negativity, hostility	• Stability
• Paid and unpaid labor		

Dyadic Health Processes

- Health convergence
- Health concordance
- Synchrony
- Coregulation (and codysregulation)

Health Mechanisms and Outcomes

Mechanisms:		Outcomes:
• Blood pressure	• Sleep	• Pace of biological aging
• Cortisol	• Exercise, physical activity	• Accelerated aging (shorter telomeres, inflammaging)
• Adrenaline, noradrenaline	• Diet, appetite regulation and hormones	• Early mortality
• Gene expression	• Affect	• Health status
• Heart rate, HRV	• Psychological distress, well-being	• Disease development
• Electrodermal activity	• Medication adherence	• Metabolic dysregulation
• Gut dysbiosis, permeability	• Substance use	• Illness severity
• Cardiometabolic markers	• Vaccine response	• Frailty
• Inflammation	• Wound healing	

FIGURE 1 An integrated model of relational, biobehavioral, and sociocultural influences on health. (a) Provides an illustration of how romantic relationships and their health effects are embedded within and influenced by multiple systems of social stratification and socio-historical contexts. (b) Provides a summary of key systemic, relational, and health factors. This is not an exhaustive list of systemic, relational, and health factors.

tion patterns, and coping strategies predict biological stress reactivity, adjustment to chronic illness, health behavior change, and longevity. These approaches help explain how, and under what conditions, partners influence each other's health.

Ecological, intersectional, and feminist perspectives, in particular, illustrate how individuals and couples are embedded within interlocking systems of privilege and oppression (Bronfenbrenner, 1994; Crenshaw, 1991; Few-Demo, 2014). These systems include the current and historical timing (Rice, 2023); the socio-political environment, cultural expectations, and societal norms (Landor & Barr, 2018; Monk & Ogolsky, 2019); and each partner's social positions of power and oppression across systems of social stratification (McNeil Smith & Landor, 2018; Weiser et al., 2023). For instance, the Sociocultural Family Stress model discusses how relationships operate within an environment characterized by multiple forms of oppression, including racism, heterosexism, colorism, and classism, that influence mental, physical, and relational health (McNeil Smith & Landor, 2018). Understanding partners' social locations and interactions with these systems illuminate risks and protective factors that may shape how romantic relationships influence health.

Drawing on these frameworks, Figure 1 provides an integrated model of relational, biobehavioral, and sociocultural influences on health. The figure illustrates how romantic relationships and their health effects are embedded within and influenced by systems of social stratification and socio-historical contexts. The figure provides both a visual of partners' interconnected health within these systems, as well as a summary of key systemic, relational, and health factors discussed in this review.

1.1.2 | Communication and conflict

The way partners communicate and navigate conflict has clear health implications. Research has established links between a person's relationship perceptions and their own and their partners' health (Shrout, 2021). Positive strategies like being supportive, listening, expressing feelings, and holding hands provide a health advantage; negative strategies

like helping insincerely, criticizing each other, and holding back concerns carry health risks (Berg & Upchurch, 2007; Bodenmann et al., 2019; Kiecolt-Glaser, 2018). Studies using an experimental wound healing paradigm showed that, among primarily white mixed-gender couples, those with more negative communication patterns viewed marital discussions less favorably, had higher inflammation, and showed delayed wound healing over 2 weeks. Couples using more positive communication patterns had more favorable marital discussion evaluations, greater positive emotion, and faster wound healing (Kiecolt-Glaser et al., 2005; Shrout, Renna, et al., 2023; Wilson, Andridge, et al., 2017).

Studies have also shown cross-partner effects: when one partner used negative behaviors during conflict or felt stressed, the other partner had lower heart rate variability (HRV), as well as higher stress, cortisol, and blood pressure (Birditt et al., 2016; Ditzen et al., 2007; Shrout et al., 2020). A person's positive and affectionate behaviors, however, predicted their spouse's healthier cortisol patterns, higher HRV, and faster wound healing (Floyd & Riforgiate, 2008; Shrout, Renna, et al., 2023; Shrout, Wilson, et al., 2023). In one study of primarily white mixed-gender couples, when a partner felt stressed and used negative behaviors during an argument, the other partner had heightened cortisol during conflict and 4 h later (Shrout et al., 2020). When couples used more positive behaviors, cortisol levels were lower, even if their partner felt stressed. Couples' positive behaviors may have helped shield partners from each other's stress, while their negative behaviors intensified the stress response. This work suggests that the positive or negative communication strategies couples use, beyond the conflict itself, confers health benefits or risks to each partner.

Though there is mixed evidence (e.g., Robles et al., 2014), studies have shown negative health effects for women in mixed-gender relationships, perhaps reflecting gendered and patriarchal ideals and roles that are harmful to women. Women have shown heightened reactivity to relational stress, increasing risk of developing or worsening chronic disease (Kiecolt-Glaser & Newton, 2001; Whisman et al., 2010; Whisman & Sbarra, 2012). For women but not men, greater demand-withdraw behaviors during marital discussions and higher partner strain were associated with higher inflammation (Shrout, Renna, et al., 2023; Whisman & Sbarra, 2012). In particular, wives had higher inflammation if their husbands demanded and wives withdrew, and if husbands used demand-withdraw behaviors more than their wives (Shrout, Renna, et al., 2023). These findings could result from gendered demand-withdraw patterns in which women are more reactive to relational stress, yet also have more demanding husbands. In addition, compared to men, women had lower HRV during conflict and ruminated more about the conflict except when both spouses had high marital satisfaction (Shrout, Wilson, et al., 2023). Even when women were satisfied themselves, they experienced greater physiological and emotional reactivity when their husbands were less satisfied. It is possible that women's expected attunement to and care for their less happy partners may heighten their stress reactivity despite their own relational happiness; however, research is needed to address such hypotheses that partners' gendered relationship maintenance expectations underly women's heightened emotional and physiological reactivity.

1.1.3 | Emotional and physiological synchrony

Another way in which romantic relationships influence physical health is through synchrony between partners. Partners' moment-to-moment and day-to-day biological rhythms often sync, wherein their heart rates, blood pressures, galvanic skin responses, and cortisol levels change in unison (Pauly et al., 2021). Indeed, couples' HRV and skin conductance tracked together across several tasks and conversation topics (Helm et al., 2012, 2014; Shrout, Black, et al., 2023; Wilson et al., 2018). Although the literature is mixed and complex, synchrony correlates appear to be context-specific. Stronger synchrony has been associated with better relationship function in positive contexts and among satisfied couples (Pauly, Michalowski, et al., 2020; Timmons et al., 2015). However, stronger physiological synchrony also predicted greater negative affect and inflammatory reactivity to conflict (Wilson et al., 2018), heightened cholesterol over time (Pauly, Gerstorf, et al., 2020), and marital dissatisfaction (Levenson & Gottman, 1983).

Synchrony's implications may also diverge across physiological systems (Shrout, Black, et al., 2023; Timmons et al., 2015). In a study of middle-aged and older primarily white and mixed-gender couples, synchrony was examined across several emotional and physiological markers and during positive, supportive, and conflict discussions (Shrout, Black, et al., 2023). Couples who were less enthusiastic, responsive, and understanding showed stronger emotional

and physiological synchrony at higher levels when examining markers reflecting shared stress (negative emotion, electrodermal activity, systolic blood pressure). In contrast, couples' more enthusiastic, caring, and understanding behaviors increased synchrony at higher levels when examining markers reflecting physiological adaptation (HRV). These findings show how positive couple dynamics may protect partners from shared emotional and physiological stress, while lacking such behaviors may increase emotional and physiological vulnerability, along with its accompanied health risks (Pauly et al., 2021).

1.1.4 | Health concordance and convergence

Couples' dyadic influence also promotes similarity in their health status over time (Huelsnitz et al., 2022; Kiecolt-Glaser & Wilson, 2017). Data from the U.S., U.K., China, Sweden, and South Korea showed that when individuals have a chronic illness, their spouse is more likely to develop the same condition (Kim et al., 2006; Leong et al., 2014; Stimpson & Peek, 2005). A systematic review showed concordance in spouses' major coronary risk factors, including diastolic blood pressure, triglycerides, cholesterol, and waist-to-hip ratio (Di Castelnuovo et al., 2008). In part, couples' congruent health can stem from choosing partners who share similar lifestyles and backgrounds, termed assortative mating. Couples also share resources, social network ties, and, frequently, a living environment. Partners even share health behaviors, such as physical activity, sleep, diet, substance use, and healthcare utilization (Jackson et al., 2015; Martire et al., 2013; Pietromonaco et al., 2013). Data from mixed-gender couples in the English Longitudinal Study of Ageing indicates that when one partner exercised more, smoked less, and lost weight, the other partner followed suit (Jackson et al., 2015). Couples whose lives and routines are more interwoven should show stronger concordance in their health conditions and biomarkers (Kiecolt-Glaser & Wilson, 2017).

Despite the wealth of research documenting health concordance and its theorized contributors, empirical studies identifying the factors that drive couples' health concordance are scarce. In one study examining older primarily white mixed-gender couples, the 63.5% of couples that were happy, healthy, and relationally satisfied had more concordant health than the unhappy couples (Novak, Wilson, et al., 2022). The happy and healthy couples also reported the highest health satisfaction, fewest health problems, lowest depressive symptoms, and least perceived stress. In an age-diverse mostly white mixed-gender sample, couples who were more satisfied, closer, and older all had more similar cardiometabolic outcomes (i.e., blood pressure, glucose, fat and carbohydrate oxidation) (Wilson et al., 2020). Contrary to expectations, health behavior concordance—the similarity between partners' sleep duration, diet quality, and weekly exercise—was largely unrelated to couples' relationship quality and cardiometabolic concordance. Moreover, controlling for health behavior concordance strengthened the effects of satisfaction, closeness, and age, rather than explaining the same variation in couples' cardiometabolic similarity. Thus, couples' closeness and relational dynamics may have had stronger effects on cardiometabolic concordance than their concordant health behaviors.

In addition to examining concordant health behaviors, Wilson and Novak (2022) addressed how joint health behaviors—sleeping, eating, and exercising together—predicted health among age-diverse primarily white and mixed-gender couples. Joint health behaviors are distinct from health behavior concordance in that couples can sleep in the same bed, eat meals together, and exercise together without perfect health concordance; likewise, couples with concordant diet qualities and physical activity levels may not engage in their routines together. The findings showed that happier couples shared more joint health behaviors, but not greater health behavior concordance (Wilson & Novak, 2022). In turn, couples who engaged in more joint health behaviors had both stronger health concordance and better health outcomes.

1.1.5 | Chronic illness, cancer, and day-to-day caregiving

Dyadic health effects can influence clinical disease outcomes, including osteoarthritis (Tate et al., 2019; Wilson, Martire, et al., 2017; Zhaoyang et al., 2018), breast cancer (Manne et al., 2007; Otto et al., 2015), diabetes (Iida et al., 2010, 2013), and heart disease (Tulloch et al., 2021). In a sample of primarily white mixed-gender couples, when partners of people with arthritis showed more confidence in patient illness management or greater empathy toward patient pain,

patients had better physical function, greater physical activity, and less symptom severity over time (Gere et al., 2014; Hemphill et al., 2016). Like-wise, breast cancer patients and partners who were supportive and responsive to one another felt more intimate and reported lower negative affect (Otto et al., 2015). However, well-intended support behaviors from partners of those with chronic illness can have adverse effects: partners' pressure to be active and unwanted support provision predicted osteoarthritis patients' lower physical activity and poorer illness management (Martire et al., 2002, 2013). Likewise, in a study of primarily white mixed-gender couples, the more partners of people with Type 1 diabetes saw the illness as something patients should manage on their own, the partners themselves had greater psychological distress; patients also reported poorer self-care and greater diabetes distress (Lee et al., 2020). These findings illustrate the importance of the health care system and providers helping patients and partners work together to manage chronic conditions in relational- and health-promoting ways (Shrout, Weigel, et al., 2023).

Women in mixed-gender relationships also are more likely to take the lead in illness management (Badr & Taylor, 2008). In a meta-analysis of couples coping with cancer, women reported greater distress than men regardless of whether they or their partner had cancer (Hagedoorn et al., 2008). Men reported having trouble caring for their sick wives because they felt helpless seeing their wives in pain, frustrated with their wives' physical limitations, and worried about their wives' futures and their marriages (Revenson, 2003, 2016). In addition, men reported receiving more support and more satisfaction with support from their wives than the reverse (Revenson, 2003, 2016).

Women are also more likely than men to promote positive health behaviors that benefit their partners, often described as unpaid health work, a form of invisible labor that hinders women's well-being (Ciciolla & Luthar, 2019; Daminger, 2019; Reczek & Umberson, 2012). One way unpaid health work manifests is through "foodwork"— who is responsible for collecting and preparing meals—with more unequal distribution for women in mixed-gender relationships (August et al., 2022). In contrast, gay and lesbian partners are more likely to work together and mutually reinforce positive health behaviors, sharing the brunt of unpaid health work (August et al., 2022; Novak et al., 2019; Peak et al., 2021; Reczek & Umberson, 2012). These differences may occur through differential socialization processes where girls and women are taught to attune to others' feelings and needs, whereas boys and men receive less encouragement to provide care and talk about emotions (Raval & Walker, 2019).

Indeed, intersectional and feminist research demonstrates how women, particularly women of color, are expected to care for and serve others (Crenshaw, 1991; Revenson, 2016). Women, compared to men, hold societal positions where they provide the majority of care for children and aging parents, social support to partners, relationship maintenance efforts, and household tasks (Bryant et al., 2010; Revenson, 2016; Thomas et al., 2017). Men have historically earned wages outside the home and done less unpaid work at home, while women have taken on the unpaid home labor (Choo & Ferree, 2010; Reczek & Umberson, 2012). Even when women worked outside the home, they still completed 2 h more housework per day than working men. This invisible labor caring for the family and home is known as the "second shift" (Hess, 2020; Hochschild & Machung, 2012; Milkie et al., 2009). The second shift not only pushes women out of work, becoming more financially dependent on their partners, but it also interferes with self-care activities and adds strain to their relationships (Cravey & Mitra, 2011; Kamp Dush et al., 2018; Umberson et al., 2018). The extra demands women experience in their relationships can lead to excess stress and, in turn, worse health. For example, women's greater caregiver stress predicted greater depressive symptoms and dysregulated cortisol and immune function (Palma-Gudiel et al., 2021; Saban et al., 2012). Black women experience social constraints to care for children, partners, and community while also navigating stereotypes of the "strong Black woman," which can hamper help-seeking, self-care, and ultimately physical and mental health (Kelly et al., 2020; Nelson et al., 2016). Thus, oppressive systems place inequitable caregiving burdens on women, especially women of color, that can have multiple health consequences.

1.1.6 | Discrimination and access to marriage

Studies addressing discrimination and applying minority stress theories have also documented couples' health consequences when they possess minoritized and marginalized identities, particularly multiple marginalized identities. Among mixed-gender Black couples, emotional reactivity to daily discrimination undermined each partner's

relationship quality (Ong et al., 2022). When experiencing greater racial discrimination, partner support and satisfaction buffered Black men's but not Black women's mental health (Jenkins et al., 2020; McNeil et al., 2014). Likewise, a partner's racism-specific support predicted better physical health among Black husbands and wives. However, when husbands reported receiving greater racism-specific support from their wives, wives had poorer mental health (McNeil Smith et al., 2020). Black women also reported concerns about the outcomes of their Black male partners' experiences with racial discrimination and interactions with police; Black men, however, did not report concerns about their Black female partners in the same way (Rice, 2023). Historical trauma and sociocultural pressure, along with gendered socialization, may push Black women to protect and care for their husbands faced with discrimination but at a cost to their own health (Cowdery et al., 2009; Jenkins et al., 2020; McNeil et al., 2014).

Among women in same-gender couples, discrimination experiences and sexual minority identity concealment were associated with lower relationship adjustment, satisfaction, and commitment (Haas & Lannutti, 2022; Scott et al., 2022). Other work, including a study on racially, ethnically, and economically diverse same-gender male couples, showed positive relationship dynamics reduced the harmful effects of relationship-based discrimination on depressive symptoms (G. Robles et al., 2022). When examining parenting rights, compared to LGBTQ parents with legal guardianship of their child, those without legal guardianship who also worried about discrimination had lower relationship satisfaction and greater parental stress (Horne et al., 2022). In Frost and colleagues' (2017) conceptualization of minority stress as a couple-level experience, narrative data from same-sex couples showed that they experienced devaluation of their relationship, unequal legal recognition, and social/interpersonal and familial discrimination. Accumulation of these stressors can have detrimental health effects on each partner, especially when typical support networks are not safe to seek solace.

Interracial and sexual- and gender-diverse couples have been historically excluded from marriage—a legal contract and economic union that provides rights and privileges to married partners that ultimately affect their relationships and health. Such privileges include tax exemptions, social security benefits, medical decision making and hospital visitation, health care and insurance, and shared intergenerational wealth, each of which provides health benefits (Widiss, 2016). When a relationship is not recognized as a legal union, unmarried partners have no legal protections and are denied health-enhancing benefits afforded to married partners (Ogolsky et al., 2019). Representative data from the Behavioral Risk Factor Surveillance System showed that when men in same-sex households had access to legal marriage, there were increases in their marriage rates, health insurance coverage, access to health care, and healthcare utilization (Carpenter et al., 2021). Women in same-sex households also increased in their marriage rates, and other research found that women's health insurance coverage increased when states extended marriage-like status to same-sex couples (Buchmueller & Carpenter, 2012; Dillender, 2015). This work demonstrates that legal access to same-sex marriage not only provides equality in marriage rights but also health-enhancing resources to each partner.

Disparities in access to marriage persist, such as the economic cost of marriage and the societal and cultural norms discriminating against same-sex and interracial marriage. Many people are cohabitating and/or having children instead of marrying, and not remarrying after divorce or in widowhood (Calasanti & Kiecolt, 2007; Curtin, 2020; Martin et al., 2014; Vespa et al., 2020). Getting or staying married is no longer a necessity to access several basic rights and to establish economic autonomy. Laws and policies banning discrimination against women, LGBTQ+, and other marginalized individuals provide access to employment, higher education, owning bank accounts and credit cards, property ownership, contraception and reproductive care, sex and gender affirming care, parental and family leave, adoption and foster care, and no-fault divorce (Joslin, 2019). However, policies taking away these rights pose the most threats to the relationships and physical and mental health of people in low power and status positions, increasing the need to maintain their relationships and marital unions (Monk & Ogolsky, 2019; Ogolsky & Monk, 2018).

1.1.7 | Couple prevention and intervention programming

Partners' interconnected health provides a prime opportunity to prevent and intervene on health problems at the dyadic and family level. Key findings from couple-level programs showed spouses' conflict-related emotional arousal,

or vocal stress, decreased during integrative and traditional behavioral couples therapy, with the greatest reductions for those in integrative therapy (Baucom et al., 2015). Couples in higher quality relationships had higher oxytocin—but no changes in blood pressure or cortisol—4 weeks after receiving a support enhancement intervention than those in lower quality relationships (Holt-Lunstad et al., 2015). Compared to a control group, couples receiving a support intervention emphasizing "warm touch" had lower α-amylase and systolic blood pressure (Holt-Lunstad et al., 2008). Additionally, after receiving couples relationship education, spouses' relationship quality increased and, in turn, their conflict-related cortisol reactivity decreased; thus, relationship education might improve health through increased relationship quality and reduced physiological stress (Ditzen et al., 2011). Recent work among economically and racially diverse adult couples found improvements in mental health and sleep quality after relationship education, providing promising implications for couple-level group education (Adler-Baeder et al., 2022; Wei et al., i-an press).

In addition to couple education and therapy, research has examined dyadic interventions for couples with chronic illness (Badr & Krebs, 2013; Martire et al., 2010). In a meta-analysis of interventions for those with chronic illness, patients' depressive symptoms, marital functioning, and pain improved more for those receiving couple-oriented interventions than those receiving usual care or patient psychosocial intervention (Martire et al., 2010). One-third of the studies involving patients' partners showed partners' psychological and marital functioning also improved. For instance, enhanced communication improved HIV medication adherence (Remien et al., 2005), as well as healthy eating and weight loss in those with Type 2 diabetes (Trief et al., 2011). A recent relationship enhancement program for couples with cardiovascular disease showed initial evidence for improved relationship satisfaction, depressive symptoms, and quality of life in patients and partners (Tulloch et al., 2021).

Couples therapy is often the most intensive and tailored form of intervention, promoting both relationship quality and health. Involving each partner may not only promote long-lasting relational and health changes, but also holds great potential for reducing taxpayer burden, healthcare utilization, and cost (Kiecolt-Glaser & Wilson, 2017). When comparing healthcare utilization before and after therapy, those in individual therapy had a 10% decrease in medical visits, whereas those in marital or family therapy had a 21.5% decrease (Law & Crane, 2000). Health behavior assessment and intervention within couples therapy also opens new avenues for relationship and health promotion (Novak & Ellis, 2022; Novak & Gillis, 2022; Novak, Robinson, et al., 2022). Unfortunately, couples therapy is not currently reimbursed by many insurance companies despite research demonstrating the benefits and cost-savings of couples therapy (Clawson et al., 2018). In addition to the financial barrier (Williamson et al., 2019), racially minoritized couples face cultural stigma and concerns around being stereotyped that may inhibit help-seeking (Nightingale et al., 2019).

1.2 | Next steps in advancing dyadic health research across diverse relational and sociocultural contexts

To act on the calls to promote public health through social connection, it is critical for research to capture the diverse landscape of relationships and situate couples' health within the broader socio-historical context. Figure 1 illustrates possible avenues to advance dyadic health research across several relational and sociocultural contexts. For instance, increased cohabitation, decreased or delayed marriage, and increased divorce among older adults provide important backdrops for understanding how couple structures intersect with legal protections to influence couple dynamics and their health effects. Within-group examination of diverse couple structures and intersections of social status can help identify relational and health mechanisms translating to better or worse health and longevity. Future work can address how cohabiting couples' communication and coping regarding pressures to marry, lack of legal protections, and social stressors like racial discrimination (e.g., Weber et al., 2023) have downstream health effects. Likewise, research should address how older unmarried couples choosing to maintain separate households (living apart together) experience physiological synchrony daily or health status convergence over time. More research is needed on biological effects in couples managing chronic illnesses given that these diseases heighten accelerated aging and early mortality risks. With the growing aging population, continued work is needed to examine and address health

related to caregiving responsibilities, informing programs and policies providing in-home aid, assistance navigating health care systems, childcare subsidies, and paid leave to care for children and aging parents (Glass et al., 2016; Thomas et al., 2017).

It is essential to address how interlocking systems of power and oppression create systemic stressors that influence each partner's health (Few-Demo, 2014). Several questions emerge when considering how these systems contextualize differences in partners' emotional and physiological responses to relational conflict and stress: How do power inequities within or outside the partnership contribute to women's heightened stress responses? How do partners' daily experiences of gender, sexual, or racial discrimination influence each other's self-reported and biological health? Are health effects exacerbated among women, particularly women of color, because of inequitable caregiving burdens? It is also important to examine how family and community support for relationships buffer or create stressors that impact physical and mental health. Likewise, addressing the greater relational and health impact of removing rights and protections of minoritized individuals is critical. Considering broader sociocultural factors informs programming and policy to address systemic issues and invest in healthcare, financial relief, and subsidies that provide access to necessary care and support.

Technology provides novel opportunities for advancing relationships-and-health research. Wearable devices for sleep, physical activity, heart rate, HRV, skin conductance, accelerometers, and GPS location tracking provide valuable data on when and where couples are engaging in activities together, how their biobehavioral health changes across settings, and how they respond to relational or external stressors (Hoppmann & Gerstorf, 2014). Comparing experimental and lab-based findings can enhance internal and external validity, identify between and within-person and couple effects, and help identify mechanisms linking relationships to health. Gordon and Mendes (2021) validated MyBPLab, a smartphone-based optic sensor that measures blood pressure, revealing links between self-reported stress, emotions, and physiologic responses in real-time and daily life. Couple studies can use remote biological sampling methods like dried blood spots to capture biomarkers in the lab and field (e.g., cholesterol, inflammation; Fischer et al., 2019) that have been associated with relationship dynamics (Crimmins et al., 2020; Kiecolt-Glaser et al., 2020; Shrout, 2021).

When addressing the timing and magnitude of dyadic health effects, researchers can use multiple timescales (Farrell et al., 2022; Farrell & Stanton, 2019). Studies can capture how relational or systemic stressors contribute to each partner's sympathetic-adrenal-medullary system within seconds, minutes, or hours by capturing heart rate, blood pressure, adrenaline, and noradrenaline; the hypothalamic-pituitary-adrenal axis response within 30 min via cortisol and glucose release; or proinflammatory signaling in serum samples within 30–120 min (Kiecolt-Glaser et al., 2020; Marsland et al., 2017). Research addressing couples' health-relevant biomarkers on a daily, weekly, or monthly basis can examine diurnal cortisol patterns, systemic inflammation, wound healing, or autonomic activity (Hoppmann & Gerstorf, 2014; Kiecolt-Glaser et al., 2020); investigations studying partners' health impact over months and years might focus on metabolic dysregulation, chronic disease development and severity, frailty, accelerated biological aging (shorter telomeres, inflammaging), and early mortality.

The Stress Measurement Network's (2018) Toolbox provides ample information on various stress- and health-relevant biomarkers. Developing protocols for collecting, storing, and analyzing the biomarkers in couples is time intensive. Similar websites providing protocols for assessing these various biomarkers would foster collaboration and make these methods more accessible to researchers and clinicians.

Multiple dyadic data approaches also help address nuanced theoretical questions about couples' relationship and health connections. In addition to the widely used actor-partner interdependence model, strategies include the common fate model, dyadic score model, stability and influence model, truth and bias model, and dyadic response surface analysis (Kenny, 2018). For instance, among couples discussing caretaking responsibilities or discrimination experiences, the actor-partner interdependence model can assess how each partner's behavior predicts one another's emotional or physiological reactivity during the conversation. Common fate modeling accounts for partners' shared variance, revealing how couple-level behavior predicts couple-level emotional or physiological reactivity. Heterogeneous variance multilevel models can capture how each partner's behaviors predicts similarity in partners' emotional

or physiological reactivity (Wilson et al., 2020; Wilson & Novak, 2022). Though brief, these examples illustrate how researchers can use multiple dyadic approaches to examine different ways partners influence each other's health.

1.3 | Next steps in advancing dyadic health policy and programming across diverse relational and sociocultural contexts

Many health-related prevention and intervention programs are not focused on or tailored to couples and thus do not target the root causes of relationship problems. Identifying relational "active ingredients" that have the greatest causal effect on biobehavioral mechanisms and developing interventions to target them may improve relationships and each partner's long-term health (Farrell et al., 2022; Farrell & Stanton, 2019). Assessing biobehavioral mechanisms that foster health and longevity can allow us to determine whether our interventions are effective early in the biological time courses leading to disease and mortality (Farrell et al., 2022; Farrell & Stanton, 2019). However, more research is needed to determine if these "active ingredients" have a unique causal effect on relationships, and how to target them efficiently and effectively.

Importantly, enhancing communication and relational dynamics alone may not be sufficient to improve relationship functioning. For couples with low socioeconomic status, relieving financial strain may be critical to buoying the relationship (Karney, 2021; Karney & Bradbury, 2020; Maisel & Karney, 2012; Trail & Karney, 2012). Addressing systemic problems and external sources of stress, such as discrimination and financial distress, may prove effective in not only strengthening relationships but also enhancing health (Karney, 2021; Williamson et al., 2019). Reducing and providing support for systemic-based historical and current trauma is crucial, especially for Black women who carry the burden of protecting and caring for their own and their partners' racial discrimination at a detriment to their own health (McNeil et al., 2014; McNeil Smith et al., 2020). It is essential to make couple therapies and programming accessible and affordable to all couples, and to supplement this effort by targeting extrinsic, systemic stressors and forces of oppression.

Technology-based interventions, such as digital health, eHealth, and mobile health (mHealth), along with just-in-time adaptive interventions provide affordable, convenient, and quicker access to care in moments couples need it most (Su et al., 2021). Remote and technology-based programs and research reduce travel and time burdens on couples, increasing participation and accessibility, especially in resource deserts. Programs can be delivered at a lower cost and reach couples who would otherwise be excluded because of their location, income, or time. Additionally, mobile apps, wearables, and digital coaches used in combination track couples' activity and provide support. Time sampling methods, such as continuous physiological assessments, daily assessments, and longitudinal studies, provide high ecological validity, clinical relevance, and a window into couples' daily lives.

Boateng et al. (2022) developed and evaluated Dyadic Management of chronic diseases (DyMand), an open-source smartwatch and smartphone system that collects audio, heart rate, and movement data, and pairs with the MobileCoach digital coach platform. Together, these methods can detect and track physical closeness, capture heart rate changes, and record conversations about health behaviors and disease management. These insights provide an understanding of couples' disease management in real-time and daily life and inform just-in-time-adaptive interventions for couples' disease management. For instance, when taking illness management remote assessments, couples could automatically be linked to healthcare providers to review results.

Although relationships exert a stronger influence on health outcomes than other well-established public health priorities (Holt-Lunstad et al., 2010, 2015), government agencies, healthcare providers, and policymakers are historically limited in their recognition of the critical nature of social relationships (Holt-Lunstad et al., 2017). The periods of social distancing and stay-at-home orders of the COVID-19 pandemic demonstrated the crucial need for policies that promote positive social connection (Ernst et al., 2022; Lee et al., 2020). Recognizing the need for positive relationships with the ultimate goal of reducing family instability and maladaptive child outcomes in low-income couples (Karney & Bradbury, 2020), the U.S. government previously invested millions of dollars

into the Health Marriage Initiative, with mixed results (Johnson, 2012; Lavner et al., 2015). The National Strategy to Advance Social Connection also highlights the U.S. government's attention to the importance of relationships (U.S. Department of Health and Human Services, 2023). To identify the most effective strategies for improving both relationships and health, continued support from the National Institutes of Health, along with other federal, state, and local funds and programming, is vital. Initiatives must go beyond increasing opportunities for interaction or social ties and enhancing social skills (Masi et al., 2011). Encouraging medical providers and community health workers to inquire about relationships and broader social connection can also bolster public perceptions about the importance of relationships for health (Bruce et al., 2019). Policies that support effective relationship intervention and prevention efforts for individuals and couples must be a public health priority (Holt-Lunstad et al., 2017).

Rather than collecting data only on marital status, health care providers and educators should ask clients about relationship status to capture all partnerships. It is also important to screen for relational distress and link distressed partners and/or couples to resources and counseling when appropriate. Embedding questions about families and broader social networks is also key to understanding support needs and to involving close friends and loved ones, especially in unpartnered individuals' care. With patient and partner relational and health functioning improving through couple-oriented programs (Badr & Krebs, 2013; Martire et al., 2010; Tulloch et al., 2021), embedding partners and loved ones into routine care and illness management is essential. This requires funding and initiatives to take dyadic- and family level approaches to health care. These approaches can include informing partners on how to help patients, such as ordering and managing prescriptions, scheduling medical appointments, and showing understanding when patients experience symptoms. Gathering information on the partner's health, their health behaviors, and their involvement in the patient's care will shed light on how partners impact patients' care plan, including obstacles that need addressing. Health care providers and educators can provide space for couples to talk about symptoms and illness management, such as helping patients and partners express their concerns and learn how and when to ask for and offer help (Lyons et al., 2021; Shrout, Weigel, et al., 2023). Seeing and treating health at the couple- and family level can help them learn how to effectively manage chronic conditions together and implement health-enhancing techniques. Using data on the health effects of relationships to require health insurance companies to cover the costs of couples therapies will make improving relationships more attainable for all couples.

2 | CONCLUSION

The connection between romantic relationships and health is ripe for further investigation into how partners influence each other's health across biobehavioral health markers, sociocultural contexts, and couple-level policy and programming. It is essential to examine how relational dynamics link to health outcomes and the broader contexts in which partnerships exist. These larger sociocultural and contextual factors create and exacerbate stress for each partner and their relationship, and pose structural barriers to relationship- and health-enhancing therapies. Considering and addressing these systemic issues provides valuable couple- and family level intervention, prevention, and health promotion efforts. Evaluating dyadic health effects, involving partners in health and disease management, and addressing the broader social contexts are key next steps in not only understanding but improving relationships and health.

ACKNOWLEDGEMENTS

No acknowledgements. Work on this project was supported by NIH grants KL2TR002530, K12TR004415, R00 AG056667, and the Alabama Agricultural Experiment Station of the National Institute of Food and Agriculture, U.S. Department of Agriculture.

CONFLICT OF INTEREST STATEMENT

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

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ENDNOTE

[1] Married adults and those in satisfying relationships tend to have better health than their unmarried, dissatisfied, and divorced peers (Umberson & Thomeer, 2020). Likewise, romantic partners are typically a person's closest and most central relationship (Pietromonaco & Collins, 2017). In this review, we use the terms "romantic relationships" and "relationships" interchangeably unless stated otherwise.

REFERENCES

Adler-Baeder, F., McGill, J., Dede Yildirim, E., Gregson, K., Cooper, E., Burke, L., Finnegan, V., & Jackel, R. (2022). Concurrent randomized control trials of the 1-year efficacy of two couple relationship education programs: ELEVATE and couples connecting mindfully. *Family Process*, *61*(3), 986–1004. https://doi.org/10.1111/famp.12750

August, K. J., Novak, J. R., Peak, T., Gast, J., & Miyairi, M. (2022). Examining foodwork and eating behaviors among heterosexual and gay male couples. *Appetite*, *172*, 105953. https://doi.org/10.1016/j.appet.2022.105953

Badr, H., & Krebs, P. (2013). A systematic review and meta-analysis of psychosocial interventions for couples coping with cancer. *Psycho-Oncology*, *22*(8), 1688–1704. https://doi.org/10.1002/pon.3200

Badr, H., & Taylor, C. L. C. (2008). Effects of relationship maintenance on psychological distress and dyadic adjustment among couples coping with lung cancer. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, *27*(5), 616–627. https://doi.org/10.1037/0278-6133.27.5.616

Baucom, K. J. W., Baucom, B. R., & Christensen, A. (2015). Changes in dyadic communication during and after integrative and traditional behavioral couple therapy. *Behaviour Research and Therapy*, *65*, 18–28. https://doi.org/10.1016/j.brat.2014.12.004

Berg, C. A., & Upchurch, R. (2007). A developmental-contextual model of couples coping with chronic illness across the adult life span. *Psychological Bulletin*, *133*(6), 920–954. https://doi.org/10.1037/0033-2909.133.6.920

Birditt, K. S., Newton, N. J., Cranford, J. A., & Ryan, L. H. (2016). Stress and negative relationship quality among older couples: Implications for blood pressure. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *71*(5), 775–785. https://doi.org/10.1093/geronb/gbv023

Boateng, G., Santhanam, P., Fleisch, E., Lüscher, J., Pauly, T., Scholz, U., & Kowatsch, T. (2022). Development, deployment, and evaluation of DyMand—an open-source smartwatch and smartphone system for capturing couples' dyadic interactions in chronic disease management in daily life. (arXiv:2205.07671). arXiv Retrieved from http://arxiv.org/abs/2205.07671

Bodenmann, G., Falconier, M. K., & Randall, A. K. (2019). Editorial: Dyadic coping. *Frontiers in Psychology*, *10*(JUN). https://doi.org/10.3389/fpsyg.2019.01498

Bronfenbrenner, U. (1994). Ecological models of development. In *Readings on the development of children* (pp. 37–43). Worth Publishers.

Bruce, L. D., Wu, J. S., Lustig, S. L., Russell, D. W., & Nemecek, D. A. (2019). Loneliness in the United States: A 2018 national panel survey of demographic, structural, cognitive, and behavioral characteristics. *American Journal of Health Promotion*, *33*(8), 1123–1133. https://doi.org/10.1177/0890117119856551

Bryant, C. M., Wickrama, K. A. S., Bolland, J., Bryant, B. M., Cutrona, C. E., & Stanik, C. E. (2010). Race matters, even in marriage: Identifying factors linked to marital outcomes for african Americans. *Journal of Family Theory & Review*, *2*(3), 157–174. https://doi.org/10.1111/j.1756-2589.2010.00051.x

Buchmueller, T. C., & Carpenter, C. S. (2012). The effect of requiring private employers to extend health benefit eligibility to same-sex partners of employees: Evidence from California: Effects of equal health benefit eligibility for same-sex partners. *Journal of Policy Analysis and Management*, *31*(2), 388–403. https://doi.org/10.1002/pam.21603

Calasanti, T., & Kiecolt, K. J. (2007). Diversity among late-life couples. *American Society on Aging*, *31*(3), 10–17.

Carpenter, C. S., Eppink, S. T., Gonzales, G., & McKay, T. (2021). Effects of access to legal same-sex marriage on marriage and health. *Journal of Policy Analysis and Management*, *40*(2), 376–411. https://doi.org/10.1002/pam.22286

Choo, H. Y., & Ferree, M. M. (2010). Practicing intersectionality in sociological research: A critical analysis of inclusions, interactions, and institutions in the study of inequalities. *Sociological Theory*, *28*(2), 129–149. https://doi.org/10.1111/j.1467-9558.2010.01370.x

Ciciolla, L., & Luthar, S. S. (2019). Invisible household labor and ramifications for adjustment: Mothers as captains of households. *Sex Roles*, *81*(7–8), 467–486. https://doi.org/10.1007/s11199-018-1001-x

Clawson, R. E., Davis, S. Y., Miller, R. B., & Webster, T. N. (2018). The case for insurance reimbursement of couple therapy. *Journal of Marital and Family Therapy*, *44*(3), 512–526. https://doi.org/10.1111/jmft.12263

Cowdery, R. S., Scarborough, N., Knudson-Martin, C., Seshadri, G., Lewis, M. E., & Mahoney, A. R. (2009). Gendered power in cultural contexts: Part II. Middle class african American heterosexual couples with young children. *Family Process*, *48*(1), 25–39. https://doi.org/10.1111/j.1545-5300.2009.01265.x

Cravey, T., & Mitra, A. (2011). Demographics of the sandwich generation by race and ethnicity in the United States. *The Journal of Socio-Economics*, *40*(3), 306–311. https://doi.org/10.1016/j.socec.2010.12.003

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1279. https://doi.org/10.2307/1229039

Crimmins, E. M., Zhang, Y. S., Kim, J. K., Frochen, S., Kang, H., Shim, H., Ailshire, J., Potter, A., Cofferen, J., & Faul, J. (2020). Dried blood spots: Effects of less than optimal collection, shipping time, heat, and humidity. *American Journal of Human Biology*, *32*(5), 1–7. https://doi.org/10.1002/ajhb.23390

Curtin, S. C. (2020). *Marriage rates in the United States, 1900–2018*. National Center for Health Statistics.

Daminger, A. (2019). The cognitive dimension of household labor. *American Sociological Review*, *84*(4), 609–633. https://doi.org/10.1177/0003122419859007

Di Castelnuovo, A., Quacquaruccio, G., Donati, M. B., de Gaetano, G., & Iacoviello, L. (2008). Spousal concordance for major coronary risk factors: A systematic review and meta-analysis. *American Journal of Epidemiology*, *169*(1), 1–8. https://doi.org/10.1093/aje/kwn234

Dillender, M. (2015). Health insurance and labor force participation: What legal recognition does for same-sex couples. *Contemporary Economic Policy*, *33*(2), 381–394. https://doi.org/10.1111/coep.12076

Ditzen, B., Hahlweg, K., Fehm-Wolfsdorf, G., & Baucom, D. (2011). Assisting couples to develop healthy relationships: Effects of couples relationship education on cortisol. *Psychoneuroendocrinology*, *36*(5), 597–607. https://doi.org/10.1016/j.psyneuen.2010.07.019

Ditzen, B., Neumann, I. D., Bodenmann, G., von Dawans, B., Turner, R. A., Ehlert, U., & Heinrichs, M. (2007). Effects of different kinds of couple interaction on cortisol and heart rate responses to stress in women. *Psychoneuroendocrinology*, *32*(5), 565–574. https://doi.org/10.1016/j.psyneuen.2007.03.011

Ernst, M., Niederer, D., Werner, A. M., Czaja, S. J., Mikton, C., Ong, A. D., Rosen, T., Brähler, E., & Beutel, M. E. (2022). Loneliness before and during the COVID-19 pandemic: A systematic review with meta-analysis. *American Psychologist*, *77*(5), 660–677. https://doi.org/10.1037/amp0001005

Farrell, A. K., & Stanton, S. C. E. (2019). Toward a mechanistic understanding of links between close relationships and physical health. *Current Directions in Psychological Science*, *28*(5), 483–489. https://doi.org/10.1177/0963721419855657

Farrell, A. K., Stanton, S. C. E., & Sbarra, D. A. (2022). Good theories in need of better data: Combining clinical and social psychological approaches to study the mechanisms linking relationships and health. *Perspectives on Psychological Science*, *17*(3), 863–883. https://doi.org/10.1177/17456916211027563

Few-Demo, A. L. (2014). Intersectionality as the "new" critical approach in feminist family studies: Evolving racial/ethnic feminisms and critical race theories: Evolving feminisms. *Journal of Family Theory & Review*, *6*(2), 169–183. https://doi.org/10.1111/jftr.12039

Fischer, S., Obrist, R., & Ehlert, U. (2019). How and when to use dried blood spots in psychoneuroendocrinological research. *Psychoneuroendocrinology*, *108*(June), 190–196. https://doi.org/10.1016/j.psyneuen.2019.06.011

Floyd, K., & Riforgiate, S. (2008). Affectionate communication received from spouses predicts stress hormone levels in healthy adults. *Communication Monographs*, *75*(4), 351–368. https://doi.org/10.1080/03637750802512371

Frost, D. M., LeBlanc, A. J., de Vries, B., Alston-Stepnitz, E., Stephenson, R., & Woodyatt, C. (2017). Couple-level minority stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior*, *58*(4), 455–472. https://doi.org/10.1177/0022146517736754

Gere, J., Martire, L. M., Keefe, F. J., Stephens, M. A. P., & Schulz, R. (2014). Spouse confidence in self-efficacy for arthritis management predicts improved patient health. *Annals of Behavioral Medicine*, *48*(3), 337–346. https://doi.org/10.1007/s12160-014-9608-9

Glass, J., Simon, R. W., & Andersson, M. A. (2016). Parenthood and happiness: Effects of work-family reconciliation policies in 22 OECD countries. *American Journal of Sociology*, *122*(3), 886–929. https://doi.org/10.1086/688892

Gordon, A. M., & Mendes, W. B. (2021). A large-scale study of stress, emotions, and blood pressure in daily life using a digital platform. *Proceedings of the National Academy of Sciences*, *118*(31), e2105573118. https://doi.org/10.1073/pnas.2105573118

Haas, S. M., & Lannutti, P. J. (2022). Relationship maintenance behaviors, resilience, and relational quality in romantic relationships of LGBTQ+ people. *Couple and Family Psychology: Research and Practice*, *11*(2), 117–131. https://doi.org/10.1037/cfp0000186

Hagedoorn, M., Sanderman, R., Bolks, H. N., Tuinstra, J., & Coyne, J. C. (2008). Distress in couples coping with cancer: A meta-analysis and critical review of role and gender effects. *Psychological Bulletin*, *134*(1), 1–30. https://doi.org/10.1037/0033-2909.134.1.1

Helm, J. L., Sbarra, D., & Ferrer, E. (2012). Assessing cross-partner associations in physiological responses via coupled oscillator models. *Emotion*, *12*(4), 748–762. https://doi.org/10.1037/a0025036

Helm, J. L., Sbarra, D. A., & Ferrer, E. (2014). Coregulation of respiratory sinus arrhythmia in adult romantic partners. *Emotion*, *14*(3), 522–531. https://doi.org/10.1037/a0035960

Hemphill, R. C., Martire, L. M., Polenick, C. A., & Stephens, M. A. P. (2016). Spouse confidence and physical function among adults with osteoarthritis: The mediating role of spouse responses to pain. *Health Psychology*, *35*(10), 1059–1068. https://doi.org/10.1037/hea0000383

Hess, C. (2020). *Providing unpaid household and care work in the United States: Uncovering inequality*. Institution for Women's Policy Research.

Hochschild, A., & Machung, A. (2012). *The second shift: Working families and the revolution at home*. Penguin.

Holt-Lunstad, J., Birmingham, W. A., & Light, K. C. (2008). Influence of a "warm touch" support enhancement intervention among married couples on ambulatory blood pressure, oxytocin, alpha amylase, and cortisol. *Psychosomatic Medicine*, *70*(9), 976–985. https://doi.org/10.1097/PSY.0b013e318187aef7

Holt-Lunstad, J., Birmingham, W. C., & Light, K. C. (2015). Relationship quality and oxytocin: Influence of stable and modifiable aspects of relationships. *Journal of Social and Personal Relationships*, *32*(4), 472–490. https://doi.org/10.1177/0265407514536294

Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *American Psychologist*, *72*(6), 517–530. https://doi.org/10.1037/amp0000103

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, *7*(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

Hoppmann, C. A., & Gerstorf, D. (2014). Biobehavioral pathways underlying spousal health dynamics: Its nature, correlates, and consequences. *Gerontology*, *60*(5), 458–465. https://doi.org/10.1159/000357671

Horne, S. G., Johnson, T., Yel, N., Maroney, M. R., & McGinley, M. (2022). Unequal rights between LGBTQ parents living in the U.S.: The association of minority stress to relationship satisfaction and parental stress. *Couple and Family Psychology: Research and Practice*, *11*(2), 141–160. https://doi.org/10.1037/cfp0000192

Huelsnitz, C. O., Jones, R. E., Simpson, J. A., Joyal-Desmarais, K., Standen, E. C., Auster-Gussman, L. A., & Rothman, A. J. (2022). The dyadic health influence model. *Personality and Social Psychology Review*, *26*(1), 3–36. doi.org/. https://doi.org/10.1177/10888683211054897

Iida, M., Parris Stephens, M. A., Rook, K. S., Franks, M. M., & Salem, J. K. (2010). When the going gets tough, does support get going? Determinants of spousal support provision to type 2 diabetic patients. *Personality and Social Psychology Bulletin*, *36*(6), 780–791. https://doi.org/10.1177/0146167210369897

Iida, M., Stephens, M. A. P., Franks, M. M., & Rook, K. S. (2013). Daily symptoms, distress and interaction quality among couples coping with type 2 diabetes. *Journal of Social and Personal Relationships*, *30*(3), 293–300. https://doi.org/10.1177/0265407512455308

Jackson, S. E., Steptoe, A., & Wardle, J. (2015). The influence of Partner's behavior on health behavior change: The English longitudinal study of Ageing. *JAMA Internal Medicine*, *175*(3), 385–392. https://doi.org/10.1001/jamainternmed.2014.7554

Jenkins, A. I. C., Fredman, S. J., Le, Y., Sun, X., Brick, T. R., Skinner, O. D., & McHale, S. M. (2020). Prospective associations between depressive symptoms and marital satisfaction in Black couples. *Journal of Family Psychology*, *34*(1), 12–23. https://doi.org/10.1037/fam0000573

Johnson, M. D. (2012). Healthy marriage initiatives: On the need for empiricism in policy implementation. *American Psychologist*, *67*(4), 296–308. https://doi.org/10.1037/a0027743

Joslin, C. G. (2019). *Discrimination in and out of marriage*. Boston University Law Review.

Kamp Dush, C. M., Yavorsky, J. E., & Schoppe-Sullivan, S. J. (2018). What are men doing while women perform extra unpaid labor? Leisure and specialization at the transitions to parenthood. *Sex Roles*, *78*(11–12), 715–730. https://doi.org/10.1007/s11199-017-0841-0

Karney, B. R. (2021). Socioeconomic status and intimate relationships. *Annual Review of Psychology*, *72*(1), 391–414. https://doi.org/10.1146/annurev-psych-051920-013658

Karney, B. R., & Bradbury, T. N. (2020). Research on marital satisfaction and stability in the 2010s: Challenging conventional wisdom. *Journal of Marriage and Family*, *82*(1), 100–116. https://doi.org/10.1111/jomf.12635

Kelly, L. C., Spencer, C. M., Stith, S. M., & Beliard, C. (2020). "I'm Black, I'm strong, and I need help": Toxic Black femininity and intimate partner violence. *Journal of Family Theory & Review*, *12*(1), 54–63. https://doi.org/10.1111/jftr.12358

Kenny, D. A. (2018). Reflections on the actor–partner interdependence model. *Personal Relationships*, *25*(2), 160–170. https://doi.org/10.1111/pere.12240

Kiecolt-Glaser, J. K. (2018). Marriage, divorce, and the immune system. *American Psychologist*, *73*(9), 1098–1108. https://doi.org/10.1037/amp0000388

Kiecolt-Glaser, J. K., Loving, T. J., Stowell, J. R., Malarkey, W. B., Lemeshow, S., Dickinson, S. L., & Glaser, R. (2005). Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry*, *62*(12), 1377. https://doi.org/10.1001/archpsyc.62.12.1377

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, *127*(4), 472–503. https://doi.org/10.1037/0033-2909.127.4.472

Kiecolt-Glaser, J. K., Renna, M. E., Shrout, M. R., & Madison, A. A. (2020). Stress reactivity: What pushes us higher, faster, and longer—And why it matters. *Current Directions in Psychological Science*, *29*(5), 492–498. https://doi.org/10.1177/0963721420949521

Kiecolt-Glaser, J. K., & Wilson, S. (2017). Lovesick: How couples' relationships influence health. *Annual Review of Clinical Psychology*, *8*(13), 421–443. https://doi.org/10.1146/annurev-clinpsy-032816-045111

Kim, H., Kang, D., Choi, K., Nam, C., Thomas, G., & Suh, I. (2006). Spousal concordance of metabolic syndrome in 3141 Korean couples: A nationwide survey. *Annals of Epidemiology*, *16*(4), 292–298. https://doi.org/10.1016/j.annepidem.2005.07.052

Landor, A., & Barr, A. (2018). Politics of respectability, colorism, and the terms of social exchange in family research: Respectability, colorism, and social exchange. *Journal of Family Theory & Review*, *10*(2), 330–347. https://doi.org/10.1111/jftr.12264

Lavner, J. A., Karney, B. R., & Bradbury, T. N. (2015). New directions for policies aimed at strengthening low-income couples. *Behavioral Science & Policy*, *1*(2), 13–24. https://doi.org/10.1353/bsp.2015.0017

Law, D. D., & Crane, D. R. (2000). The influence of marital and family therapy on health care utilization in a health-maintenance organization. *Journal of Marital and Family Therapy*, *26*(3), 281–291. https://doi.org/10.1111/j.1752-0606.2000.tb00298.x

Lee, C. M., Cadigan, J. M., & Rhew, I. C. (2020a). Increases in loneliness among young adults during the COVID-19 pandemic and association with increases in mental health problems. *Journal of Adolescent Health*, *67*(5), 714–717. https://doi.org/10.1016/j.jadohealth.2020.08.009

Lee, J., Helgeson, V. S., Van Vleet, M., Kelly, C. S., Kent de Grey, R. G., & Berg, C. A. (2020b). Stability of shared appraisal: The role of attachment and implications for relationships and health. *Journal of Social and Personal Relationships*, *37*(5), 1581–1603. https://doi.org/10.1177/0265407520904420

Leong, A., Rahme, E., & Dasgupta, K. (2014). Spousal diabetes as a diabetes risk factor: A systematic review and meta-analysis. *BMC Medicine*, *12*(1), 12. https://doi.org/10.1186/1741-7015-12-12

Levenson, R. W., & Gottman, J. M. (1983). Marital interaction: Physiological linkage and affective exchange. *Journal of Personality and Social Psychology*, *45*(3), 587–597. https://doi.org/10.1037/0022-3514.45.3.587

Lim, M. H., Smith, B., Owen, K., Engel, L., Qualter, P., & Surkalim (2023). State of the nation report: Social connections in Australia. Retrieved from https://apo.org.au/node/323797

Lyons, K. S., Johnson, S. H., & Lee, C. S. (2021). The role of symptom appraisal, concealment and social support in optimizing dyadic mental health in heart failure. *Aging and Mental Health*, *25*(4), 734–741. https://doi.org/10.1080/13607863.2020.1711866

Maisel, N. C., & Karney, B. R. (2012). Socioeconomic status moderates associations among stressful events, mental health, and relationship satisfaction. *Journal of Family Psychology*, *26*(4), 654–660. https://doi.org/10.1037/a0028901

Manne, S. L., Norton, T. R., Ostroff, J. S., Winkel, G., Fox, K., & Grana, G. (2007). Protective buffering and psychological distress among couples coping with breast cancer: The moderating role of relationship satisfaction. *Journal of Family Psychology*, *21*(3), 380–388. https://doi.org/10.1037/0893-3200.21.3.380

Marsland, A. L., Walsh, C., Lockwood, K., & John-Henderson, N. A. (2017). The effects of acute psychological stress on circulating and stimulated inflammatory markers: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*, *64*, 208–219. https://doi.org/10.1016/j.bbi.2017.01.011

Martin, S., Astone, N., & Peters, E. (2014). *Fewer marriages, more divergence: Marriage projections for millennials to age 40*. Urban Institute.

Martire, L. M., Schulz, R., Helgeson, V. S., Small, B. J., & Saghafi, E. M. (2010). Review and meta-analysis of couple-oriented interventions for chronic illness. *Annals of Behavioral Medicine*, *40*(3), 325–342. https://doi.org/10.1007/s12160-010-9216-2

Martire, L. M., Stephens, M. A. P., Druley, J. A., & Wojno, W. C. (2002). Negative reactions to received spousal care: Predictors and consequences of miscarried support. *Health Psychology*, *21*(2), 167–176. https://doi.org/10.1037/0278-6133.21.2.167

Martire, L. M., Stephens, M. A. P., Mogle, J., Schulz, R., Brach, J., & Keefe, F. J. (2013). Daily spousal influence on physical activity in knee osteoarthritis. *Annals of Behavioral Medicine*, *45*(2), 213–223. https://doi.org/10.1007/s12160-012-9442-x

Masi, C. M., Chen, H.-Y., Hawkley, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, *15*(3), 219–266. https://doi.org/10.1177/1088868310377394

McNeil, S. N., Fincham, F. D., & Beach, S. R. H. (2014). Does spousal support moderate the association between perceived racial discrimination and depressive symptoms among african American couples? *Family Process*, *53*(1), 109–119. https://doi.org/10.1111/famp.12054

McNeil Smith, S., & Landor, A. M. (2018). Toward a better understanding of african American families: Development of the sociocultural family stress model: Better understanding of african American families. *Journal of Family Theory & Review*, *10*(2), 434–450. https://doi.org/10.1111/jftr.12260

McNeil Smith, S., Williamson, L. D., Branch, H., & Fincham, F. D. (2020). Racial discrimination, racism-specific support, and self-reported health among African American couples. *Journal of Social and Personal Relationships*, *37*(3), 779–799. https://doi.org/10.1177/0265407519878519

Milkie, M. A., Raley, S. B., & Bianchi, S. M. (2009). Taking on the second shift: Time allocations and time pressures of U.S. Parents with preschoolers. *Social Forces*, *88*(2), 487–517. https://doi.org/10.1353/sof.0.0268

Monk, J. K., & Ogolsky, B. G. (2019). Contextual relational uncertainty model: Understanding ambiguity in a changing sociopolitical context of marriage. *Journal of Family Theory & Review*, *11*(2), 243–261. https://doi.org/10.1111/jftr.12325

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perceptions of the "strong Black woman" role. *Psychology of Women Quarterly*, *40*(4), 551–563. https://doi.org/10.1177/0361684316646716

Nightingale, M., Jones, S. C. T., & Smith, S. D. (2019). Black American couples' perceptions of the significance of race and racial conversations in therapy: A qualitative study. *Journal of Black Sexuality and Relationships*, *6*(2), 37–57. https://doi.org/10.1353/bsr.2019.0020

Novak, J. R., & Ellis, F. K. (2022). A framework for incorporating physical activity in treatment: Competencies, guidelines, and implications for family therapists. *Journal of Marital and Family Therapy*, *48*(2), 523–542. https://doi.org/10.1111/jmft.12550

Novak, J. R., & Gillis, B. T. (2022). A primer on sleep for MFTs: Implications and practical considerations. *Journal of Marital and Family Therapy*, *48*(2), 543–559. https://doi.org/10.1111/jmft.12528

Novak, J. R., Peak, T., Gast, J., & Arnell, M. (2019). Associations between masculine norms and health-care utilization in highly religious, heterosexual men. *American Journal of Men's Health*, *13*(3), 155798831985673. https://doi.org/10.1177/1557988319856739

Novak, J. R., Robinson, L. P., & Korn, L. E. (2022a). What MFTs should know about nutrition, psychosocial health, and collaborative care with nutrition professionals. *Journal of Marital and Family Therapy*, *48*(2), 502–522. https://doi.org/10.1111/jmft.12540

Novak, J. R., Wilson, S. J., Ermer, A. E., & Harper, J. M. (2022b). Aging together: Dyadic profiles of older couples' marital quality, psychological well-being, and physical health. *Journal of Social and Personal Relationships*, *40*(6), 026540752211354–1919. https://doi.org/10.1177/02654075221135451

Ogolsky, B. G., & Monk, J. K. (2018). Maintaining relationships. In *The Cambridge handbook of personal relationships* (2nd ed., pp. 523–537). Cambridge University Press. https://doi.org/10.1017/9781316417867.040

Ogolsky, B. G., Monk, J. K., Rice, T. M., & Oswald, R. F. (2019). Personal well-being across the transition to marriage equality: A longitudinal analysis. *Journal of Family Psychology*, *33*(4), 422–432. https://doi.org/10.1037/fam0000504

Ong, A. D., Urganci, B., Burrow, A. L., & DeHart, T. (2022). The relational wear and tear of everyday racism among african American couples. *Psychological Science*, *33*(8), 1187–1198. https://doi.org/10.1177/09567976221077041

Otto, A. K., Laurenceau, J.-P., Siegel, S. D., & Belcher, A. J. (2015). Capitalizing on everyday positive events uniquely predicts daily intimacy and well-being in couples coping with breast cancer. *Journal of Family Psychology*, *29*(1), 69–79. https://doi.org/10.1037/fam0000042

Palma-Gudiel, H., Prather, A. A., Lin, J., Oxendine, J. D., Guintivano, J., Xia, K., Rubinow, D. R., Wolkowitz, O., Epel, E. S., & Zannas, A. S. (2021). HPA axis regulation and epigenetic programming of immune-related genes in chronically stressed and non-stressed mid-life women. *Brain, Behavior, and Immunity*, *92*, 49–56. https://doi.org/10.1016/j.bbi.2020.11.027

Pauly, T., Gerstorf, D., Ashe, M. C., Madden, K. M., & Hoppmann, C. A. (2020a). You're under my skin: Long-term relationship and health correlates of cortisol synchrony in older couples. *Journal of Family Psychology*, *35*(1), 69–79. https://doi.org/10.1037/fam0000809

Pauly, T., Gerstorf, D., Wahl, H.-W., & Hoppmann, C. A. (2021). A developmental-contextual model of couple synchrony across adulthood and old age. https://doi.org/10.14288/1.0392374

Pauly, T., Michalowski, V. I., Drewelies, J., Gerstorf, D., Ashe, M. C., Madden, K. M., & Hoppmann, C. A. (2020b). Cortisol synchrony in older couples: Daily socioemotional correlates and interpersonal differences. *Psychosomatic Medicine*, *82*(7), 669–677. https://doi.org/10.1097/PSY.0000000000000838

Peak, T., Gast, J., & Novak, J. R. (2021). Caregiving and caring with pride: Health behavior work among older gay married couples. *Journal of Gay and Lesbian Social Services*, *33*(1), 123–136. https://doi.org/10.1080/10538720.2020.1850387

Pietromonaco, P. R., & Collins, N. L. (2017). Interpersonal mechanisms linking close relationships to health. *American Psychologist*, *72*(6), 531–542. https://doi.org/10.1037/amp0000129

Pietromonaco, P. R., DeBuse, C. J., & Powers, S. I. (2013). Does attachment get under the skin? Adult romantic attachment and cortisol responses to stress. *Current Directions in Psychological Science*, *22*(1), 63–68. https://doi.org/10.1177/0963721412463229

Raval, V. V., & Walker, B. L. (2019). Unpacking 'culture': Caregiver socialization of emotion and child functioning in diverse families. *Developmental Review*, *51*, 146–174. https://doi.org/10.1016/j.dr.2018.11.001

Reczek, C., & Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. *Social Science and Medicine*, *74*(11), 1783–1790. https://doi.org/10.1016/j.socscimed.2011.11.011

Remien, R. H., Stirratt, M. J., Dolezal, C., Dognin, J. S., Wagner, G. J., Carballo-Dieguez, A., El-Bassel, N., & Jung, T. M. (2005). Couple-focused support to improve HIV medication adherence: A randomized controlled trial. *AIDS*, *19*(8), 807–814. https://doi.org/10.1097/01.aids.0000168975.44219.45

Revenson, T. A. (2003). Scenes from a marriage: Examining support, coping, and gender within the context of chronic illness. In *Social psychological foundations of health and illness*. https://doi.org/10.1002/9780470753552.ch19 December 2009.

Revenson, T. A. (2016). *Caregiving in the illness context*. Palgrave Macmillan.

Rice, T. M. (2023). Echoes of slavery: Reflections on contemporary racial discrimination in Black Americans' romantic relationships. *Journal of Social and Personal Relationships*, *40*(8), 026540752311549–2659. https://doi.org/10.1177/02654075231154934

Robles, G., Dellucci, T. V., Gupta, S. K., Rosenthal, L., & Starks, T. J. (2022). Identity and relationship-based discrimination, and mental health in a sample of sexual minority male couples. *Journal of Gay and Lesbian Mental Health*, *26*(1), 76–97. https://doi.org/10.1080/19359705.2021.1926389

Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin*, *140*(1), 140–187. https://doi.org/10.1037/a0031859

Saban, K. L., Mathews, H. L., Bryant, F. B., O'Brien, T. E., & Janusek, L. W. (2012). Depressive symptoms and diurnal salivary cortisol patterns among female caregivers of stroke survivors. *Biological Research For Nursing*, *14*(4), 396–404. https://doi.org/10.1177/1099800412439458

Scott, S. B., Garibay, B., & Do, Q. A. (2022). Reasons for relationship dissolution in female same-gender and queer couples. *Couple and Family Psychology: Research and Practice*, *11*(2), 132–140. https://doi.org/10.1037/cfp0000212

Shrout, M. R. (2021). The health consequences of stress in couples: A review and new integrated dyadic biobehavioral stress model. *Brain, Behavior, & Immunity - Health*, *16*, 100328. https://doi.org/10.1016/j.bbih.2021.100328

Shrout, M. R., Black, A. E., Wilson, S. J., Renna, M. E., Madison, A. D., Kiecolt-Glaser, J. K., & Reis, H. T. (2023). How aging couples' emotional and physiological associations change across positive, supportive, and conflictual discussions: Roles of capitalization and responsive behaviors. *Biological Psychology*, *177*, 108500. https://doi.org/10.1016/j.biopsycho.2023.108500

Shrout, M. R., Renna, M. E., Madison, A. A., Jaremka, L. M., Fagundes, C. P., Malarkey, W. B., & Kiecolt-glaser, J. K. (2020). Cortisol slopes and conflict: A spouse's perceived stress matters. *Psychoneuroendocrinology*, *121*, 104839. https://doi.org/10.1016/j.psyneuen.2020.104839

Shrout, M. R., Renna, M. E., Madison, A. A., Malarkey, W. B., & Kiecolt-Glaser, J. K. (2023b). Marital negativity's festering wounds: The emotional, immunological, and relational toll of couples' negative communication patterns. *Psychoneuroendocrinology*, *149*, 105989. https://doi.org/10.1016/j.psyneuen.2022.105989

Shrout, M. R., Weigel, D. J., & Laurenceau, J.-P. (2023c). Couples and concealable chronic illness: Investigating couples' communication, coping, and relational well-being over time. *Journal of Family Psychology*, *38*(1), 136–148. https://doi.org/10.1037/fam0001136

Shrout, M. R., Wilson, S., Renna, M., Madison, A., & Kiecolt-Glaser, J. K. (2023d). "We've got this": Middle-aged and older couples' satisfying relationships and we-talk promote better physiological, relational, and emotional responses to conflict. *Psychosomatic Medicine*, *85*(2), 154–164. https://doi.org/10.1097/PSY.0000000000001162

Slatcher, R. B. (2010). Marital functioning and physical health: Implications for social and personality psychology. *Social and Personality Psychology Compass*, *4*(7), 455–469. https://doi.org/10.1111/j.1751-9004.2010.00273.x

Smith, T. W. (2019). Relationships matter. *Psychosomatic Medicine*, *81*(1), 2–6. https://doi.org/10.1097/PSY.0000000000000660

Stimpson, J. P., & Peek, M. K. (2005). *Concordance of Chronic Conditions in Older Mexican American Couples*, *2*(3).

Stress Measurement Network. (2018). Stress measurement Toolbox. Retrieved from https://www.stressmeasurement.org/_files/ugd/890fda_df075f15f97540908f7e56eb10e7871a.pdf

Su, Z., Li, X., McDonnell, D., Fernandez, A. A., Flores, B. E., & Wang, J. (2021). Technology-based interventions for cancer caregivers: Concept analysis. *JMIR Cancer*, *7*(4), e22140. https://doi.org/10.2196/22140

Tate, A. M., Martire, L. M., & Zhaoyang, R. (2019). Spousal understanding and marital satisfaction in pain patients and their spouses. *Personal Relationships*, *26*(1), 42–53. https://doi.org/10.1111/pere.12264

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging*, *1*(3), igx025. https://doi.org/10.1093/geroni/igx025

Timmons, A. C., Margolin, G., & Saxbe, D. E. (2015). Physiological linkage in couples and its implications for individual and interpersonal functioning: A literature review. *Journal of Family Psychology*, *29*(5), 720–731. https://doi.org/10.1037/fam0000115.supp

Trail, T. E., & Karney, B. R. (2012). What's (not) wrong with low-income marriages. *Journal of Marriage and Family*, *74*(3), 413–427. https://doi.org/10.1111/j.1741-3737.2012.00977.x

Trief, P. M., Sandberg, J., Fisher, L., Dimmock, J. A., Scales, K., Hessler, D. M., & Weinstock, R. S. (2011). Challenges and lessons learned in the development and implementation of a couples-focused telephone intervention for adults with type 2 diabetes: The Diabetes Support Project. *Translational Behavioral Medicine*, *1*(3), 461–467. https://doi.org/10.1007/s13142-011-0057-8

Tulloch, H., Johnson, S., Demidenko, N., Clyde, M., Bouchard, K., & Greenman, P. S. (2021). An attachment-based intervention for patients with cardiovascular disease and their partners: A proof-of-concept study. *Health Psychology*, *40*(12), 909–919. https://doi.org/10.1037/hea0001034

Umberson, D., Donnelly, R., & Pollitt, A. M. (2018). Marriage, social control, and health behavior: A dyadic analysis of same-sex and different-sex couples. *Journal of Health and Social Behavior*, *59*(3), 429–446. https://doi.org/10.1177/0022146518790560

Umberson, D., & Thomeer, M. B. (2020). Family matters: Research on family ties and health, 2010 to 2020. *Journal of Marriage and Family*, *82*(1), 404–419. https://doi.org/10.1111/jomf.12640

U.S. Department of Health and Human Services. (2023). Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community. Retrieved from https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Vespa, J., Medina, L., & Armstrong, D. M. (2020). *Demographic turning points for the United States: Population projections for 2020 to 2060*. U.S. Census Bureau.

Weber, D. M., Lavner, J. A., & Beach, S. R. H. (2023). Couples' communication quality differs by topic. *Journal of Family Psychology*, *37*(6), 909–919. https://doi.org/10.1037/fam0001111

Wei, M., Adler-Baeder, F., McGill, J., & Novak, J. R. Dyadic longitudinal associations between couple relationship skills, perceived stress, and sleep quality among couple relationship education participants. *Family Process*. (in press-a)..

Weiser, D. A., Shrout, M. R., Thomas, A. V., Edwards, A. L., & Pickens, J. C. (2023). "I've been cheated, been mistreated, when will I be loved": Two decades of infidelity research through an intersectional lens. *Journal of Social and Personal Relationships*, *40*(3), 856–898. https://doi.org/10.1177/02654075221113032

Whisman, M. A., & Sbarra, D. A. (2012). Marital adjustment and interleukin-6 (IL-6). *Journal of Family Psychology*, *26*(2), 290–295. https://doi.org/10.1037/a0026902

Whisman, M. A., Uebelacker, L. A., & Settles, T. D. (2010). Marital distress and the metabolic syndrome: Linking social functioning with physical health. *Journal of Family Psychology*, *24*(3), 367–370. https://doi.org/10.1037/a0019547

Widiss, D. A. (2016). Legal recognition of same-sex relationships: New possibilities for research on the role of marriage law in household labor allocation: Legal recognition of same-sex relationships. *Journal of Family Theory & Review*, *8*(1), 10–29. https://doi.org/10.1111/jftr.12123

Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2019). Barriers and facilitators of relationship help-seeking among low-income couples. *Journal of Family Psychology*, *33*(2), 234–239. https://doi.org/10.1037/fam0000485

Wilson, S. J., Andridge, R., Peng, J., Bailey, B. E., Malarkey, W. B., & Kiecolt-Glaser, J. K. (2017a). Thoughts after marital conflict and punch biopsy wounds: Age-graded pathways to healing. *Psychoneuroendocrinology*, *85*, 6–13. https://doi.org/10.1016/j.psyneuen.2017.07.489

Wilson, S. J., Bailey, B. E., Jaremka, L. M., Fagundes, C. P., Andridge, R., Malarkey, W. B., Gates, K. M., & Kiecolt-Glaser, J. K. (2018). When couples' hearts beat together: Synchrony in heart rate variability during conflict predicts heightened inflammation throughout the day. *Psychoneuroendocrinology*, *93*(September 2017), 107–116. https://doi.org/10.1016/j.psyneuen.2018.04.017

Wilson, S. J., Martire, L. M., & Sliwinski, M. J. (2017b). Daily spousal responsiveness predicts longer-term trajectories of patients' physical function. *Psychological Science*, *28*(6), 786–797. https://doi.org/10.1177/0956797617697444

Wilson, S. J., & Novak, J. R. (2022). The implications of being "in it together": Relationship satisfaction and joint health behaviors predict better health and stronger concordance between partners. *Annals of Behavioral Medicine*, *56*(10), 1014–1025. https://doi.org/10.1093/abm/kaab099

Wilson, S. J., Peng, J., Andridge, R., Jaremka, L. M., Fagundes, C. P., Malarkey, W. B., Belury, M. A., & Kiecolt-Glaser, J. K. (2020). For better and worse? The roles of closeness, marital behavior, and age in spouses' cardiometabolic similarity. *Psychoneuroendocrinology*, *120*(June), 104777. https://doi.org/10.1016/j.psyneuen.2020.104777

World Health Organization. (2023). WHO commission on social connection.
Zhaoyang, R., Martire, L. M., & Stanford, A. M. (2018). Disclosure and holding back: Communication, psychological adjustment, and marital satisfaction among couples coping with osteoarthritis. *Journal of Family Psychology*, *32*(3), 412–418. https://doi.org/10.1037/fam0000390

How to cite this article: Shrout, M. R., Wilson, S. J., Farrell, A. K., Rice, T. M., Weiser, D. A., Novak, J. R., & Monk, J. K. (2024). Dyadic, Biobehavioral, and Sociocultural Approaches to Romantic Relationships and Health: Implications for Research, Practice, and Policy. *Social and Personality Psychology Compass*, e12943. https://doi.org/10.1111/spc3.12943