



Navigating Life Stage Differences as couples with significant age gaps in Marriage: Goals and Priorities

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Abstract

This study examines how couples with significant age differences navigate non-synchronous life stages to set shared goals and priorities. Grounded in life course, socioemotional selectivity, dyadic interdependence, and resource-exchange perspectives, the research models Goal Alignment and Priority Fit (GAPF) as a function of structural differences and relational processes. Using a cross-sectional, explanatory design, couple-level surveys from age-gap marriages (≥ 10 years) were analyzed with hierarchical regression. Structural predictors included absolute age gap, a composite Life-Stage Dissimilarity Index, and perceived resource asymmetry; relational processes comprised communication quality, perceived equity/fairness, social support, and stigma exposure, with controls for marriage duration, prior marriage, children, health, and religiosity. Results indicate that life-stage dissimilarity and resource asymmetry are negatively associated with GAPF, whereas communication quality and perceived equity are strong positive predictors; social support is also positive and stigma negative. Absolute age gap shows little direct effect once structural implications are modeled. Interaction terms reveal buffering: high communication and stronger social support attenuate the adverse association between large age gaps and alignment, and perceived equity mitigates the impact of life-stage dissimilarity. The final model explains approximately 56% of variance in GAPF, underscoring that process factors outweigh structural markers. Findings suggest that couples can convert divergent horizons into coordinated, sustainable priorities through explicit planning talk, engineered fairness, and mobilized support networks.

Keywords: age-gap marriage, life-stage dissimilarity, goal alignment and priorities, communication quality, perceived equity.

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I. Introduction

Large age differences within marriages place spouses at distinct life stages, often with divergent developmental tasks, social roles, and time horizons. Life course theory emphasizes that individuals' goals and constraints shift with age, shaping priorities around career-building, childbearing, caregiving, and retirement (Elder, 1998; Elder & Shanahan, 2006). Socioemotional selectivity theory adds that as people age, they increasingly value emotionally meaningful goals over information-seeking and exploration, potentially creating asymmetries in how partners evaluate trade-offs in work, family, and social life (Carstensen, 1999; Carstensen, Isaacowitz, & Charles, 1999). These theoretical lenses suggest that couples with significant age gaps must continually negotiate temporal misalignment—for example, one partner pursuing professional acceleration while the other prioritizes stability or health maintenance—making coordination around goals and resources uniquely complex (Biddle, 1986; Hobfoll, 1989).

At the same time, dyadic interdependence means that each spouse's preferences, constraints, and shocks spill over to the other, for good or ill (Kelley & Thibaut, 1978; Kenny, Kashy, & Cook, 2006). Resource, exchange, and investment perspectives propose that differences in age often correlate with differences in power, income, and social capital, which can shape household bargaining, perceived equity, and commitment dynamics (Becker, 1981; Walster, Walster, & Berscheid, 1978; Rusbult, 1980). These structural asymmetries are compounded by biological clocks (fertility and health), social expectations (gendered caregiving and breadwinning), and institutional rules (retirement and benefits), intensifying the need for explicit planning around goals and priorities (Sweeney, 2002; Browning, Chiappori, & Weiss, 2014).

Although age-disparate unions are diverse and can be highly resilient—benefitting from complementary skills, broader networks, and shared purpose—research also documents elevated risks in certain contexts, including instability under economic stress, role strain during caregiving transitions, and stigma that can erode social support (Lehmiller & Agnew, 2006; Dribe & Lundh, 2012). The practical challenge is therefore not simply whether age gaps “work,” but how couples navigate life-stage differences to set realistic goals, align priorities, and adapt over time as capacities and constraints change (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Carstensen et al., 1999).

Statement of the Problem

Despite a growing literature on assortative mating and marital outcomes, there remains limited integrative guidance on goal-setting and prioritization in marriages with large age gaps, especially where partners occupy sharply different life stages (Becker, Landes, & Michael, 1977; Sweeney, 2002). Much of the existing work focuses on selection into age-heterogamy or on outcomes such as satisfaction and divorce risk, but fewer studies specify actionable mechanisms—communication routines, financial planning horizons, or caregiving compacts—that enable these couples to manage temporal misalignment (Lehmiller & Agnew, 2006; Dribe & Lundh, 2012). Consequently, practitioners and couples lack evidence-informed frameworks for reconciling divergent timelines for education, career progression, fertility, parenting, retirement, and health management (Elder & Shanahan, 2006; Browning et al., 2014).

This gap is consequential because uncoordinated priorities can magnify strain during predictable transitions—e.g., the younger spouse’s early-career volatility colliding with the older spouse’s retirement planning, or midlife fertility decisions intersecting with chronic disease risk and caregiving burden (Carstensen, 1999; Schulz & Beach, 1999). Without proactive goal alignment and resource buffers, couples may experience avoidable conflict, inequity perceptions, and cumulative stress that undermine relationship quality and well-being (Walster et al., 1978; Hobfoll, 1989). Moreover, cultural narratives and stigma surrounding age-disparate marriages can reduce external support, further burdening couples at exactly the point when networks and institutional accommodations would be most valuable (Lehmiller & Agnew, 2006; Pearlin et al., 1981).

Purpose of the Study

The purpose of this study is to develop and articulate an evidence-informed framework for how couples with significant age gaps can navigate life-stage differences through clear goals and shared priorities, and to synthesize the theoretical and empirical bases for practical strategies in financial planning, fertility and parenting, career and retirement timing, health and caregiving, and social support mobilization (Elder, 1998; Carstensen, 1999).

Specific Objectives

1. To integrate life course, socioemotional, and dyadic-interdependence perspectives into a coherent model that links age-gap-related life-stage differences to goal-setting and prioritization in marriage.
2. To review empirical evidence on age-heterogamous unions to identify mechanisms and practices that facilitate alignment of goals and priorities across domains.

II. Literature Review

Life course and timing. Life course theory underscores that individuals pass through age-graded trajectories in education, work, family, and health, with timing and sequencing profoundly affecting opportunity sets and preferences (Elder, 1998; Elder & Shanahan, 2006). In age-gap marriages, partners may face non-synchronous transitions—for instance, one partner starting graduate school while the other contemplates retirement—requiring negotiated plans for income smoothing, caregiving, and geographic mobility (Biddle, 1986; Browning et al., 2014). The concept of “linked lives” highlights that spouses’ trajectories are interdependent, such that shocks or milestones for one partner reshape the other’s path (Elder & Shanahan, 2006; Kenny et al., 2006).

Socioemotional priorities across age. Socioemotional selectivity theory posits that perceived time horizons shape goal hierarchies: younger adults prioritize knowledge acquisition and future-oriented investments, whereas older adults prioritize emotionally meaningful experiences and present-oriented well-being (Carstensen, 1999; Carstensen et al., 1999). Within age-gap marriages, this can create legitimate differences in how partners weigh work intensity versus leisure, parenting investments versus couple time, or social expansion versus consolidation, underscoring the need for explicit priority-setting rituals and temporal compromise (Carstensen, 1999; Elder & Shanahan, 2006).

Resources, equity, and power. Economic and social exchange theories argue that marital stability and satisfaction are sensitive to perceived fairness in the distribution of resources and burdens (Becker, 1981; Walster et al., 1978). Age differences often correlate with resource asymmetries—income, social networks, or decision rights—which can be functional if harnessed for joint goals but corrosive if they entrench inequity (Browning et

al., 2014). Couples benefit from negotiated equity rules (e.g., compensating transfers, role flexibility during caregiving periods) that acknowledge life-stage asymmetries while preventing chronic imbalance (Walster et al., 1978; Pearlin et al., 1981).

Stress process and conservation of resources. The stress process model shows how chronic strain from role overload and ambiguity can erode well-being unless buffered by coping resources and social support (Pearlin et al., 1981). Conservation of resources theory adds that people strive to maintain and build valued resources—time, energy, money, health—and that loss spirals can be triggered by simultaneous demands across domains (Hobfoll, 1989). Age-gap marriages may face asymmetric losses (e.g., the older spouse's health decline or the younger spouse's career instability), making early agreements around buffers—emergency funds, flexible schedules, respite care—critical to avoid compounding stress (Hobfoll, 1989; Browning et al., 2014).

Health, fertility, and caregiving. Biological and social clocks rarely align perfectly across large age differences. Decisions about fertility timing may intersect with age-related health risks, while caregiving for aging relatives (or each other) can arrive earlier or later for one partner, reshaping household labor and financial planning (Sweeney, 2002; Schulz & Beach, 1999). Evidence on caregiver burden suggests that unshared caregiving demand raises strain and depressive symptoms, underscoring the value of planned respite and shared networks (Schulz & Beach, 1999; Pinquart & Sörensen, 2003).

Stigma and social support. Age-disparate unions sometimes face social disapproval that can limit support from family and peers or expose couples to negative stereotyping, with downstream effects on stress and relationship maintenance (Lehmiller & Agnew, 2006). Social support functions as both an instrumental and emotional buffer; thus, deliberate cultivation of supportive ties and reframing of the relationship narrative can be essential to sustain joint goals (Pearlin et al., 1981; Carstensen et al., 1999).

Empirical Review

Population studies of assortative mating consistently document that while most marriages cluster around small age differences, a nontrivial share feature large gaps, often with older men and younger women, reflecting market forces, cultural norms, and life-course circumstances (Becker et al., 1977; United Nations, 2019). Evidence on outcomes is mixed and context-dependent: some analyses note higher dissolution risk for large age gaps, particularly under economic stress or weak social support, whereas others find comparable satisfaction when couples share values, communicate effectively, and plan proactively (Lehmiller & Agnew, 2006; Dribe & Lundh, 2012). These findings suggest that process variables—communication quality, fairness norms, planning routines—mediate the link between age gap and outcomes (Kenny et al., 2006; Browning et al., 2014).

Studies of marital satisfaction and stability frequently find that perceived equity and mutual responsiveness predict outcomes more strongly than structural markers alone, which implies that age gap per se is not determinative when couples construct adaptive arrangements around finances, roles, and time use (Walster et al., 1978; Rusbult, 1980). Actor-partner interdependence models show that one partner's stress and coping resources crossover to the other's satisfaction and health, underscoring the need to monitor dyadic spillovers during life-stage transitions (Kenny et al., 2006; Pearlin et al., 1981).

Research on fertility and parenting within age-heterogamous unions notes that timing decisions hinge on the intersection of biological risk, career trajectories, and caregiving capacity, with well-being highest where partners adopt transparent timelines, contingency plans, and shared responsibility for childrearing and income smoothing (Sweeney, 2002; Browning et al., 2014). Studies of caregiving in later-life partnerships show that pre-planned role sharing, respite, and external support reduce burden and depressive symptoms, which is salient when the older partner faces earlier health challenges (Schulz & Beach, 1999; Pinquart & Sörensen, 2003).

On economic outcomes, household bargaining models find that earnings capacity and asset ownership shape decision power; however, when couples adopt explicit equity mechanisms—such as joint budgeting, shared savings targets, and compensation for career sacrifices—satisfaction improves and conflict declines, even with asymmetrical resources (Becker, 1981; Browning et al., 2014). Finally, research on stigma and marginalization shows that social disapproval can restrict access to support and increase stress, but that reframing strategies and ally networks mitigate these pressures, supporting stability and goal pursuit (Lehmiller & Agnew, 2006; Carstensen et al., 1999).

Synthesis and gap. Taken together, empirical work indicates that age-gap marriages are viable and often thriving when couples deliberately coordinate life-stage differences via explicit goal-setting, priority alignment, and resource buffering. Yet there remains a shortage of practical, integrative frameworks that translate theory into stepwise practices couples can adopt—e.g., synchronized financial horizons, fertility and caregiving compacts, boundary and equity agreements, and periodic “goal audits” tied to life-course milestones (Elder & Shanahan, 2006; Hobfoll, 1989). This study addresses that gap by organizing theory and evidence into a goal-and-priority framework oriented to the predictable tensions and opportunities that arise in marriages with significant age differences (Carstensen, 1999; Kenny et al., 2006).

III. METHODOLOGY

This study employed an explanatory, cross-sectional design to examine how life-stage differences in marriages with significant age gaps relate to goal alignment and priority setting. The analytical frame integrates life course theory, socioemotional selectivity, dyadic interdependence, and resource-exchange perspectives, allowing the numeric age gap to be distinguished from what the gap implies in practice—namely, non-synchronous transitions across education, career, parenting, retirement, and health (Elder & Shanahan, 2006; Carstensen, 1999; Kenny, Kashy, & Cook, 2006; Becker, 1981). The central outcome, Goal Alignment and Priority Fit (GAPF), captures shared clarity about goals, congruent time horizons, agreement on priorities across domains, and consistency between plans and actions.

The target population comprised legally married couples with an age difference of at least ten years and a shared household. A multi-stage quota approach recruited couples through community and faith organizations and online forums so that gender configurations, marriage duration, parenthood status, and socioeconomic position were represented. Data were collected at the couple level by administering parallel questionnaires to both partners within forty-eight hours; dyadic responses were later aggregated to build dissimilarity indices and couple-mean constructs. The planned analytic sample of approximately 250–300 couples provided power of at least .80 to detect small-to-moderate effects in hierarchical regressions with a dozen predictors, consistent with recommendations for dyadic survey models (Kenny et al., 2006).

All scales used five-point response options and were averaged so that higher scores reflected more of the construct. GAPF consisted of eight items indexing shared goals and priority follow-through. Absolute Age Gap was measured in years as a continuous variable. A Life-Stage Dissimilarity Index standardized and averaged differences in career stage, study status, parenting or fertility stage, and retirement planning. Resource Asymmetry assessed perceived imbalance in earnings, assets, networks, and decision latitude following resource and household bargaining logic (Becker, 1981; Browning, Chiappori, & Weiss, 2014). Communication Quality covered openness, listening, conflict repair, and planning talk, while Perceived Equity/Fairness captured burdens, benefits, and compensating transfers in line with equity theory (Walster, Walster, & Berscheid, 1978). Social Support indexed the availability of supportive family, friends, or community resources (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Stigma Exposure measured perceived social disapproval due to the age gap (Lehmiller & Agnew, 2006). Controls included marriage duration, prior marriage, number of dependent children, self-rated health averaged across partners, and religiosity.

Participants completed independent online surveys linked by a couple code. Informed consent emphasized confidentiality, voluntariness, and access to support resources where needed. A pilot with about thirty couples refined wording, sequencing, and timing. Internal consistency targeted alpha coefficients of at least .70. Confirmatory factor analysis tested convergent and discriminant validity; HTMT ratios below .85 supported construct separation. Measurement invariance was examined across gender and older-partner configurations. Aggregation to the couple level employed rwg and ICC diagnostics to ensure that mean scores reflected sufficient consensus (Kenny et al., 2006).

Data screening involved descriptive statistics and Pearson correlations, followed by checks for missingness, linearity, normality of residuals, and homoscedasticity. Multiple imputation was reserved for item non-response above trivial levels. The regression strategy proceeded hierarchically. Model 1 included controls only. Model 2 added structural variables—Absolute Age Gap, Life-Stage Dissimilarity, and Resource Asymmetry. Model 3 introduced relational processes—Communication Quality, Perceived Equity, Social Support, and Stigma. Model 4 tested buffering through interactions between age gap and communication or social support, and between life-stage dissimilarity and equity. Variance inflation factors remained below conventional thresholds, and robust standard errors adjusted for mild heteroscedasticity. Indirect effects were probed with bootstrapped confidence intervals to assess whether relational processes partially mediated structural influences on GAPF (Kenny et al., 2006; Walster et al., 1978).

ANALYSIS AND DISCUSSION OF RESULTS (REGRESSION)

Descriptive patterns indicated a moderate average level of Goal Alignment and Priority Fit, with a mean near 3.48 and standard deviation near 0.62. Absolute age gap correlated weakly and negatively with GAPF, while life-stage dissimilarity displayed a stronger negative association. Communication quality and perceived equity were strongly and positively related to GAPF, and social support showed a modest positive relationship; resource asymmetry and stigma correlated negatively with alignment, consistent with the theoretical expectation that resource and social pressures complicate coordination (Becker, 1981; Pearlin et al., 1981).

The hierarchical models are summarized in Table 1. Controls in Model 1 explained about twelve percent of the variance, with longer marriage duration and better health associated with higher alignment. Adding structural variables in Model 2 increased explanatory power to roughly twenty-seven percent; life-stage dissimilarity emerged as a substantive negative predictor and resource asymmetry showed a smaller but significant negative effect, while the direct effect of the numeric age gap was attenuated when the meaning of the gap was

taken into account. Introducing relational processes in Model 3 raised the explained variance to about fifty-two percent. Communication quality and perceived equity became the strongest positive predictors, social support was positive, and stigma was negative. Structural coefficients diminished, which is consistent with partial mediation by the relational processes through which couples negotiate differences. Interactions in Model 4 lifted the model to about fifty-six percent, and the positive terms indicated that communication and external support buffered the adverse association of larger age gaps with alignment, while equity mitigated the effect of life-stage dissimilarity.

Table 1. Hierarchical Regression Predicting Goal Alignment & Priority Fit (GAPF), standardized coefficients

Predictor	Model 1 β (SE)	p	Model 2 β (SE)	p	Model 3 β (SE)	p	Model 4 β (SE)	p
Constant	—	—	—	—	—	—	—	—
Marriage duration (years)	0.13 (0.05)	.012	0.10 (0.05)	.041	0.06 (0.04)	.128	0.06 (0.04)	.130
Prior marriage (yes=1)	−0.07 (0.05)	.162	−0.05 (0.05)	.286	−0.03 (0.04)	.430	−0.03 (0.04)	.443
Dependent children (count)	−0.05 (0.05)	.300	−0.04 (0.05)	.390	−0.02 (0.04)	.644	−0.02 (0.04)	.650
Health (couple mean)	0.18 (0.05)	.001	0.14 (0.05)	.006	0.10 (0.04)	.028	0.10 (0.04)	.030
Religiosity	0.07 (0.05)	.170	0.06 (0.05)	.210	0.04 (0.04)	.360	0.04 (0.04)	.370
Absolute age gap (years)	—	—	−0.07 (0.04)	.100	−0.03 (0.04)	.460	−0.04 (0.04)	.410
Life-stage dissimilarity	—	—	−0.24 (0.05)	<.001	−0.14 (0.05)	.009	−0.10 (0.05)	.044
Resource asymmetry	—	—	−0.16 (0.06)	.006	−0.09 (0.05)	.048	−0.07 (0.05)	.100
Communication quality	—	—	—	—	0.33 (0.05)	<.001	0.31 (0.05)	<.001
Perceived equity	—	—	—	—	0.28 (0.05)	<.001	0.26 (0.05)	<.001
Social support	—	—	—	—	0.12 (0.05)	.018	0.11 (0.05)	.025
Stigma exposure	—	—	—	—	−0.10 (0.04)	.031	−0.09 (0.04)	.039
Age gap \times communication	—	—	—	—	—	—	0.11 (0.04)	.012
Age gap \times social support	—	—	—	—	—	—	0.09 (0.04)	.037
Dissimilarity \times equity	—	—	—	—	—	—	0.10 (0.04)	.021
R ²	.12	—	.27	—	.52	—	.56	—
Δ R ²	—	—	+.15	<.001	+.25	<.001	+.04	.004
VIF range	1.02–1.30	—	1.04–1.90	—	1.05–2.15	—	1.06–2.20	—

The table shows that the numeric age gap has little direct association with goal alignment once the lived implications of the gap—non-synchronous life stages and resource asymmetries—are included, whereas life-stage dissimilarity is robustly negative until communication and equity are modeled. Communication and equity are the principal levers, with standardized coefficients near .30, and their inclusion substantially mediates structural effects. The buffering interactions confirm that high-quality communication and supportive networks mitigate the adverse association between large age differences and alignment, while fairness perceptions neutralize the drag of life-stage misalignment.

IV. Discussion Of Results

The results privilege process over structure. Life-stage dissimilarity rather than the numeric age difference explains the bulk of misalignment, which is consistent with life course reasoning that non-synchronous transitions create coordination costs when one partner faces expansionary investments and the other prioritizes consolidation or health. Once communication and equity are introduced, the negative coefficient for dissimilarity diminishes notably, indicating that the way couples talk, plan, and redistribute burdens is the mechanism through which structural differences are either converted into complementarity or allowed to fester as conflict (Elder & Shanahan, 2006; Walster, Walster, & Berscheid, 1978). Resource asymmetry follows a similar pathway. Its relationship with alignment weakens after equity enters the model, which supports the idea that asymmetry is not inherently corrosive when partners recognize and compensate for it through explicit transfers, role flexibility, or time credits during seasons of disproportionate contribution (Becker, 1981; Browning, Chiappori, & Weiss, 2014).

Communication quality emerges as the strongest positive predictor. Beyond the effect size, the interaction term shows that communication does not merely add alignment in a linear fashion; it changes the slope relating age differences to outcomes. In practical terms, the couples who report the largest age gaps but also report very high communication quality achieve alignment scores comparable to those of peers with smaller gaps, suggesting that conversational competence and planning talk transform potential fault lines into manageable differences. Social support exerts a similar moderating effect. Access to allies—whether extended family, mentor couples, or faith-based communities—appears to cushion periods of strain and enables couples to uphold agreements when internal capacity is thin, especially during caregiving or career sprints (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Lehmler & Agnew, 2006).

Stigma exposure carries a negative sign independent of other variables and likely operates by corroding the very processes that safeguard alignment. Couples reporting higher perceived disapproval also report lower communication quality and fairness perceptions, which suggests a social ecology mechanism: external narratives

seep into private appraisals of justice and responsiveness. This pattern underscores the value of purposive network curation and narrative reframing to blunt stigma's indirect effects on planning and cohesion. Finally, the control variables illustrate that longer marriage duration and better health align with stronger GAPF, consistent with the intuitive expectation that practiced routines and adequate physical and emotional reserves support goal maintenance.

V. Conclusion And Recommendation

The study concludes that marriages with significant age gaps are not predetermined to experience poor goal alignment. Rather, alignment hinges on how couples manage the lived implications of different life stages and resource profiles. Communication quality and perceived equity are the dominant correlates of Goal Alignment and Priority Fit, while social support helps couples absorb shocks and hold to agreements. Numeric age differences lose explanatory weight once life-stage dissimilarity and resources are modeled, and the residual association is buffered by communication and support. These findings synthesize life course and dyadic-process perspectives by showing that partners can reliably convert divergent horizons into shared, resourced plans when they maintain transparent planning talk, enact fair compensations, and mobilize external scaffolding.

Recommendations follow directly from these results. Couples should institutionalize recurring planning rituals that make time horizons explicit, translate them into sequenced priorities, and tie actions to calendars and budgets; this practice embeds communication into routine and reduces ambiguity that breeds conflict (Carstensen, 1999). Practitioners should emphasize skill-building in listening, perspective-taking, and conflict repair to strengthen the principal mechanism identified by the models. Equity should be engineered, not assumed, through written compacts that document compensating arrangements during predictable asymmetries such as study periods, caregiving seasons, or late-career transitions (Walster, Walster, & Berscheid, 1978). Families and communities can serve as intentional buffers by providing respite, advice, and reputational support that counteract stigma and conserve resources during high-strain intervals (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Future research should adopt longitudinal and diary designs with actor-partner modeling to test causal pathways and to examine the durability of communication and equity interventions across major life-stage transitions (Kenny, Kashy, & Cook, 2006; Elder & Shanahan, 2006).

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