Marital Satisfaction and Mental Health in Adults Over 40 Years Old. Associations with Self-Perceptions of Aging and Stress Related to the COVID–19 Pandemic

Jose Adrián Fernandes-Pires[1] , María del Sequeros Pedroso-Chaparro[2] , Lucía Jiménez-Gonzalo[1] , María Márquez-González[2] , Isabel Cabrera[2] and Andrés Losada-Baltar[1]

[1] *Universidad Rey Juan Carlos (Spain)*
[2] *Universidad Autónoma de Madrid (Spain)*

Abstract. Being married has been associated with a better attitude to aging and a buffer against stressful situations, factors that influence mental health. The study analyzes the role of self-perceptions of aging and stress related to the COVID–19 pandemic in the association between marital satisfaction and participants' mental health. 246 people older than 40 years in a marital/partner relationship were assessed. A path analysis was tested, where self-perceptions of aging and stress from the COVID–19 situation were proposed as mechanisms of action in the association between marital satisfaction and anxious and depressive symptoms. Marital satisfaction, self-perceptions of aging, and stress associated with the COVID–19 pandemic significantly contributed to the model and explained 31% of the variance in participants´ anxious symptomatology, and 42% of the variance in depressive symptomatology. The indirect path of self-perceptions of aging and stress associated with the COVID–19 pandemic in the link between marital satisfaction and anxious and depressive symptoms was statistically significant for both outcome variables. The findings of this study suggest that lower perceived marital satisfaction is associated with higher levels of negative self-perceptions of aging and with higher anxiety and depressive symptoms. *Public significance statements:* This study suggests that higher marital satisfaction may be a buffer for negative self-perception of aging, and both factors are related with experiencing less stress from COVID–19. These links are associated with less anxious and depressive symptoms.

Received 2 September 2022; Revised 30 March 2023; Accepted 19 April 2023

Keywords: marital satisfaction, mental health, self-perception of aging, stress from the COVID–19 situation

The quality of life and longevity of older adults are influenced by social relationships, which protect against functional decline and promote resilience (Umberson et al., 2006; World Health Organization, 2015). Research on couple relationships is robust in showing the protective effect that partner relationship has on physical and emotional well-being (Carr et al., 2014; Carr & Springer, 2010; Davila et al., 1997). Bryant et al. (2012) found that, compared to individuals who do not have a partner, participants with partners reported significantly lower symptoms of depression and anxiety and higher scores on general mental health and satisfaction with life. In addition, marital quality also seems to have an impact on the mental health of people in a

relationship. It has been found that marital dissatisfaction is associated with anxious symptoms (Borstelmann et al., 2015; Proulx, 2007; Trudel et al., 2010) and significantly predicts depressive symptoms (Goldfarb & Trudel, 2019). The study of marital satisfaction in older adults may be especially important, as research has shown that spousal relationship becomes more salient to individuals throughout adulthood (Carstensen, 1992), and principal relationships have significant effects on individual well-being (Giudici et al., 2019; Scorsolini-Comin & Dos Santos, 2012). In general, marital satisfaction does not decline over time (Karney & Bradbury, 2020). However, Kamp Dush et al. (2008) found in a 20-year longitudinal study that marital happiness decreases across the first years and experiences an upturn in the last years. Previous studies have also found that men report higher perceived levels of satisfaction than women (Boerner et al., 2014; Jackson et al., 2014).

One potential path through which marital satisfaction may have an impact on emotional well-being is through its effects on people's self-perceptions of aging. Several studies have shown an association between negative self-perceptions of aging and worse physical and mental health (Bryant et al., 2012; Cheng, 2020; Lamont et al., 2017; Levy, 2003; Stewart et al., 2012; Wurm & Benyamini, 2014). Also, negative self-perceptions of aging influence the likelihood of suffering stress (Levy et al., 2000). Lazarus and Delonguis (1983) noted that beliefs about self are especially worthy of attention because they shape stress and coping over the life course. For instance, during the COVID–19 pandemic situation, higher levels of negative self-perceptions of aging longitudinally predicted higher levels of distress, irrespective of chronological age (Losada-Baltar et al., 2022). Regarding the association between marital relationships and self-perceptions of aging, being married has been linked with more positive attitudes to aging (Bryant et al., 2012), and higher spousal support and lower marital strain are associated with better perceptions of aging (Barrett & Toothman, 2017; Kim et al., 2018). However, to our knowledge, there is no research analyzing the specific association between marital satisfaction, self-perceptions of aging, and mental health.

Another path through which marital satisfaction may have an impact on well-being is through its stress buffering effects. Marital satisfaction has been found to buffer potential stressors such as unemployment, economic stress, somatic disease, or partner distress (Kuhn et al., 2018; Randall & Bodenmann, 2017; Røsand et al., 2012). Better dyadic relationship processes are linked to the impact of external stressors (Bodenmann, 2005; Cohan & Cole, 2002). For example, marital satisfaction has been found to be associated with less emotional distress in couple relationships exposed to external stressors such as economic pressure (Randall & Bodenmann, 2017) and cancer disease (Dagan et al., 2011). These findings suggest that relationship processes may alter the impact of external stressors; partner relationship quality may thus reduce or exacerbate distress feelings related to external stress.

The COVID–19 pandemic has been a significant stressor for the whole population, and it has had a great impact on people's mental health (Losada-Baltar et al., 2020; Pierce et al., 2021; Taquet et al., 2021) and partner relationships (Balzarini et al., 2020; Schmid et al., 2021). The impact of the pandemic on people's mental health seems to have been higher in women, probably due to them being exposed to role overload, including family care (Pierce et al., 2020, Wenham et al., 2020). Even though no evidence of significant change in relationship quality has been found from the onset to the early stages of the pandemic (Williamson, 2020), some studies have found a link between stressors associated with the COVID–19 situation and partner stress and lower marital satisfaction (e.g., Reizer et al., 2020) and relationship quality (Randall et al., 2021).

Considering these issues, the aim of this study was to test the protective effects of marital satisfaction on middle-aged and older adults' mental health through its effects on their self-perceptions of aging and stress associated with a critical event, such as the COVID–19 pandemic. Based on the aforementioned studies, we hypothesized that (a) marital satisfaction would be negatively associated with anxious and depressive symptomatology, (b) marital satisfaction would be inversely associated with negative self-perception of aging and levels of COVID–19-related stress, and (c) self-perception of aging and stress associated with the COVID–19 pandemic would be positively associated with anxious and depressive symptomatology. In other words, participants with higher marital satisfaction would report less negative self-perceptions of aging, and lower perceptions of stress related to the pandemic situation, which in turn would lead to less anxiety and depressive symptoms.

Method

Participants and Procedure

To be included in this study, participants had to be in a marital/partner relationship of at least one year's duration and be at least 40 years old at the time of the data collection. Data were collected from 334 participants, 88 of whom finally did not take part in the study because they did not meet the inclusion criteria. The study was therefore based on data from 246 participants, who completed the questionnaire in approximately 50 minutes (median = 49.57). As shown in Table 1, the sample

Table 1. *Descriptive data and correlations among study variables*

	1	2	3	4	5	6	7	8	9	10	11	Mean or percentage (N)	SD	Range
1. Gender (1 = female)												63 % (155)[d]		
2. Age	−.19**											57.85	10.47	40–90
3. Level of education [a]	−.08	−.10										5	1.50	2–7
4. Years of relationship	−.08	.66**	−.30**									27.00	13.95	1–70
5. Offspring (1 = yes, 2 = no)	.01	−.18**	.15*	−.30**								88.6% (218)[e]		
6. Physical health [b]	.09	.38**	−.12	.25**	−.03							12.18	2.95	10–28
7. Economic stress [c]	.12	−.14*	.00	−.07	−.06	.11						1.74	0.77	1–4
8. Marital satisfaction	−.20**	−.03	−.01	−.05	.06	−.02	−.16*					90.82	18.45	20–120
9. Stress associated with pandemic situation	.25**	−.04	.01	.03	.09	.24**	.13*	−.20**				2.34	0.75	1–4
10. Negative self-perception of aging	.16*	.13*	−.02	.10	−.00	.31**	.19**	−.27**	.35**			1.94	1.46	0–5
11. Anxiety symptoms	.18**	−.11	−.14*	−.04	.06	.20**	.38**	−.24**	.38**	.42**		6.02	6.01	0–20
12. Depressive symptoms	.21**	−.03	−.14*	.02	.01	.30**	.31**	−.31**	.38**	.58**	.73**	12.17	11.43	0–57

Note. [a]Higher scores are related to higher level of education.

[b]Higher scores are related to poorer physical functioning.

[c]Higher scores are related to higher economic stress.

[d]Women.

[e]Participants with offspring

*p < .05;

**p < .01.

was composed mostly of female participants (63%) and had a mean age of 57.87 years ($SD = 10.47$; range = 40–90). The average duration years of the relationship was 27.21 years ($SD = 13.98$; range = 1–70).

The power analysis showed that the sample size was sufficient to detect a medium effect size ($f^2 = .15$) (Proulx et al., 2007; Whisman, 2007) with the target power of .80, which is adequate following Cohen's guidelines (Cohen, 1988).

Data collection took place from the 15th of January to the 17th of Nov 2021. Given that social distancing rules due to the COVID–19 pandemic were still widely in force, participants were recruited and assessed through an online survey. Potential participants were contacted through social networks and all the options available to the researchers. The same request for participation was sent to associations or institutions that frequently collaborate with the research team, as well as to other potential associations or institutions contacted through social networks, such as WhatsApp, Facebook, or LinkedIn. All participants provided their consent to participate in the study, which was approved by the Ethics Committee of the Universidad Rey Juan Carlos.

Variables and Instruments

The following sociodemographic variables were assessed: Gender, age, education level, years of married/partner relationship, and having offspring (*yes/no*). In addition, *economic stress* was measured using the question "Currently, are you worried about your financial situation?", with answers ranging from 0 (*not at all*) to 3 (*a lot*).

Physical health. Physical health was assessed through the Spanish version (Alonso et al., 1995) of the physical functioning subscale (10 items, e.g., "Does your health now limit you in walking more than a mile?") of the Short Form 36 Health Survey (SF–36 scale, Brazier et al., 1992), with possible answers ranging from 1 (*No, not limited at all*) to 3 (*Yes, limited a lot*), that measures generic health-related quality of life. Cronbach's alpha for this subscale in the present study was .85.

Marital satisfaction. Marital satisfaction was measured using the Spanish version (Castro-Díaz, 2012) of the Marital Satisfaction Questionnaire for Older Persons (MSQFOP; Haynes et al., 1992). The MSQFOP is a self-report measure that consists of 20 items (e.g., "The way affection is expressed"). The answers are presented in a 6-point scale, ranging from 1 (*very unsatisfied*) to 6 (*very satisfied*). Cronbach's alpha in the current study suggests excellent internal consistency (.97).

Self-perception of aging. Self-perception of aging was assessed through the Attitudes Toward Own Aging subscale from Liang and Bollen (1983) following the method proposed by Levy et al. (2002). It has five items

(e.g., "As you get older, you are less useful") with a dichotomous response format (*Yes* or *No*), where higher scores indicate more negative self-perceptions of aging. Cronbach's alpha for this scale in the present study was .66, similar to that found in previous studies (e.g., Losada-Baltar et al., 2022; Siebert et al., 2018).

Stress associated with the COVID–19 pandemic. As an indicator of perceived stress associated with the COVID–19 pandemic, the item "Is the situation generated by the pandemic being stressful for you?" was included, with possible answers ranging from 0 (*not at all*) to 3 (*a lot*).

Anxious symptomatology. Anxiety symptoms were assessed through the Spanish version (Márquez-González et al., 2012) of the Geriatric Anxiety Inventory (GAI; Pachana et al., 2007). This scale consists of a 20-item (e.g., "I worry a lot of time") with a dichotomous response format (*Yes* or *No*). High levels of anxious symptomatology are considered with scores higher than or equal to 9. The internal consistency or Cronbach's alpha of the scale in the present study was .93.

Depressive symptomatology. Depressive symptoms were assessed through the Spanish version (Losada et al., 2012) of the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). This scale is composed of 20 items (e.g., "I felt sad") which measure the level to which the subject manifested different depressive symptoms during the previous week. Response options consisted of a 4-point Likert- type scale with a range from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). High levels of depressive symptomatology are considered with scores higher than or equal to 16. The internal consistency o Cronbach's alpha of the scale in the present study was .92.

Data Analysis

First, descriptive analysis and associations between the assessed variables were tested. Then, following the main objectives of the study, we tested a path analysis to determine the goodness-of-fit of the two models using IBM SPSS Amos 23 software. Sociodemographic variables (gender, age, education level, years of married/partner relationship, offspring, physical health, and economic stress) were controlled as contextual variables, and self-perception of aging and stress derived from the COVID–19 situation were proposed as significant mechanisms of action in the relationship between marital satisfaction and distress. The dependent variables were depressive symptomatology (Model 1) and anxious symptomatology (Model 2).

Only those significant associations between variables that were observed once the model was run were included in the final model. This model and its configural invariance across gender were performed. The

following indices were used to assess the fit of the data from the model: Chi-square (χ^2), chi-square value divided by the degrees of freedom (χ^2/df) incremental fit index (IFI), comparative fit index (CFI), and the root mean square error of approximation (RMSEA). Indications of values under .06 (RMSEA) and over .95 (CFI and IFI) indicated excellent fit of the data to the model (Hu and Bentler, 1998). Indirect effects were analyzed following Preacher and Hayes's (2004) recommended bootstrapping approach, using 1,000 bootstrap samples.

Results

Descriptive Data

The characteristics of the sample and the associations between the measured variables are shown in Table 1. More than half of the sample (59.8%) had university studies or higher degrees, and 66.5 % were worried about their economic situation. Most of the participants were at least a little satisfied with their partner (79.3%) and reported stress caused by the COVID-19 pandemic situation (80.4%), with 38.2% reporting being quite or very stressed. High anxious symptomatology (scores over 8 on the GAI scale) was reported by 29% of the participants, and 19% had high levels of depressive symptoms (with scores over 15 on the CES-D scale).

Individuals who reported lower marital satisfaction reported higher scores in anxious and depressive symptomatology (Hypothesis 1). Individuals who reported lower marital satisfaction also reported higher negative self-perception of aging and higher levels of COVID–19-related stress scores (Hypothesis 2). Higher scores on negative self-perception of aging and stress associated with the COVID–19 pandemic were associated with higher scores in anxious and depressive symptomatology (Hypothesis 3). In addition, worse physical health was significantly related to higher levels of COVID–19-related stress, negative self-perceptions of aging, and anxiety and depressive symptoms. A higher level of education was negatively associated with anxious and depressive symptoms. Finally, female gender and higher concern about the economic situation were negatively associated with marital satisfaction and positively associated with stress related to the pandemic situation, worse self-perception of aging, and more anxious and depressive symptomatology.

Indirect Effects of Marital Satisfaction on Anxious Symptoms

As shown in Figure 1, when all the variables were considered, lower education level, higher concern about the economy, more stress from COVID–19 situation, and negative self-perceptions of aging were directly associated with anxious symptomatology.

The direct associations between gender, physical health, and marital satisfaction with anxious symptomatology, and between marital satisfaction and stress from the COVID–19 situation, which were significant in the correlational analysis, were no longer significant once all the assessed variables were considered in the model. The results of the bootstrap analysis showed that the indirect effect of marital satisfaction, standardized indirect effect = −.09; $p < .01$; $SE = .03$; 95% CI [−.16, −.05], and self-perception of aging, standardized indirect effect = .07; $p < .01$; $SE = .025$; 95% CI [.03, .13], on anxious symptomatology were statistically significant. Thus, it appears that the association of marital satisfaction with stress from the COVID–19 situation and anxious symptoms was not direct. These findings suggest that reporting lower marital satisfaction was associated with negative self-perceptions of aging, and both factors were associated with higher COVID–19 related stress. These links were significantly associated with higher scores in anxious symptomatology.

The obtained model explained 31% of anxious symptomatology. The unstandardized regression weights are shown in Supplementary Material Table 1. The obtained fit indices suggest an excellent fit of the model to the data ($\chi^2 = 24.613$; $p = .10$; $\chi^2/df = 1.45$; RMSEA = .042; IFI = .97 and CFI = .96). Model comparison revealed that it was plausible to assume the same structural path estimates for men and women as there was not a relevant decrease in model fit between the unconstrained model and the structural model, $\Delta\chi^2(9) = 6.87$, $p = .65$.

Indirect Effects of Marital Satisfaction on Depressive Symptoms

As shown in Figure 2, when all the variables were considered, lower education level, higher concern about the economic, lower marital satisfaction, more stress from the COVID–19 situation, and more negative self-perceptions of aging were directly associated with depressive symptomatology.

The direct associations between gender and physical health with depressive symptomatology and between marital satisfaction and stress from the COVID–19 situation, which were significant in the correlational analysis, were no longer significant once all the assessed variables were considered in the model. The results of the bootstrap analysis showed that the indirect effect of marital satisfaction, standardized indirect effect = −.14; $p < .01$; $SE = .03$; 95% CI [0.21, 0.08], and self-perception of aging, standardized indirect effect = .05; $p < .02$; $SE = .021$; 95% CI [.02, .10], on depressive symptomatology were significant. Thus, it appears that the association of marital satisfaction with depressive symptoms was still significant and negative after controlling for the two proposed mechanisms of action. These findings suggest
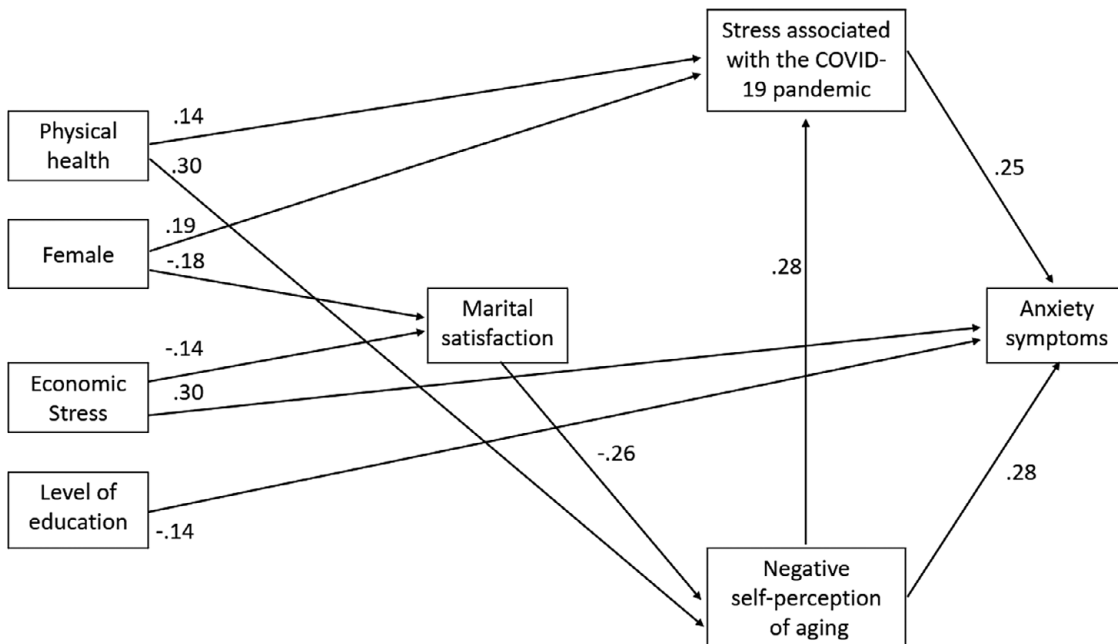
Figure 1. Indirect Effects of Marital Satisfaction on Anxious Symptoms.
Note. All associations are significant ($p < .05$). The errors have been omitted for ease of presentation.
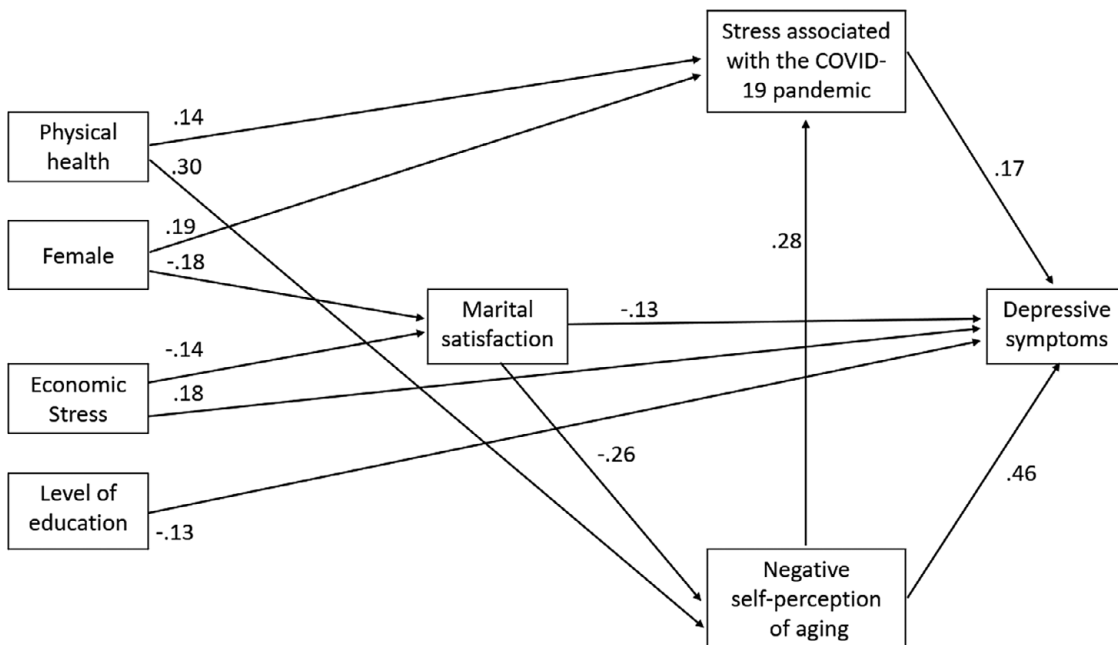
Figure 2. Indirect Effects of Marital Satisfaction on Depressive Symptoms.
Note. All associations are significant ($p < .05$). The errors have been omitted for ease of presentation.

that, besides the direct effect, there is a significant indirect path. Reporting lower marital satisfaction was associated with more negative self-perception of aging, and both factors were associated with COVID–19-related stress. These links were significantly associated with higher scores in depressive symptomatology.

The obtained model explained 42% of the depressive symptomatology. The unstandardized regression

weights are shown in Supplementary Material Table 2. The obtained fit indices suggest an excellent fit of the model to the data ($\chi^2 = 26.07$; $p = .05$; $\chi^2/df = 1.63$; RMSEA = .051; IFI = .96, and CFI = .96). Model comparison revealed that it was plausible to assume the same structural path estimates for men and women as there was not a relevant decrease in model fit between the unconstrained model and the structural model, $\Delta\chi^2(10) = 6.85$, $p = .74$.

Discussion

The main objective of this study was to analyze the association between marital satisfaction, self-perceptions of aging, stress related to the COVID–19 pandemic, and anxiety and depressive symptoms in adults over 40 years old. The study population was highly educated and worried about their economic situation. In general, participants were satisfied with their partner and reported being stressed by the pandemic situation. The average levels of anxiety and depressive symptoms were higher than for the general population in studies done prior to COVID–19 (Charles et al., 2003; Gould et al., 2014). Regarding the level of negative self-perception of aging, it was similar to previous studies done during the COVID–19 pandemic (Losada-Baltar et al., 2020), but lower than studies done prior to the pandemic (Levy et al., 2002).

Consistent with previous research (e.g., Goldfarb & Trudel, 2019; Kamp Dush et al., 2008; Proulx et al., 2007), our findings provide further support for the association between marital satisfaction and lower anxiety and depressive symptoms. In addition, this study aimed to explore paths through which marital satisfaction may influence middle-aged and older adults' mental health. Specifically, our results suggest that the association between marital satisfaction and anxiety and depressive symptoms in middle-aged and older adults was indirect. The indirect path was through self-perceptions of aging and perceived stress (associated with the COVID–19 pandemic). The path analysis tested in the present study explained a non-negligible percentage variance of anxiety (31%) and depressive (42%) symptoms.

The obtained findings suggest that lower perceived marital satisfaction was associated with higher levels of negative self-perceptions of aging and with higher anxiety and depressive symptoms. Chronological age did not play a significant role in the explanation of mental health in the assessed models. Our findings thus suggest that self-perceptions of aging, but not age, contribute significantly to the understanding of the associations between marital satisfaction and mental health in the sample composed of middle-aged and older adults. To our knowledge, this is the first study to analyze the associations between marital satisfaction and negative

self-perceptions of aging. Our findings are in line with previous research showing that close relationships contribute to understanding relevant variables for aging development. For instance, higher levels of spousal support have been found to be associated with better perceptions of aging, and spousal strain has been found to be associated with aging anxiety (Barrett & Toothman, 2017; Kim et al., 2018). Likewise, our results support the widely reported association in previous studies between negative self-perceptions of aging and anxiety and depressive symptoms (e.g., Bryant et al., 2012; Freeman et al., 2016; Levy, 2003; Losada-Baltar et al., 2020; Wurm & Benyamini, 2014). In addition, previous studies indicated that couple relationships seem to be especially relevant for understanding psychological phenomena such as self-perception of aging (Bryant et al., 2012; Kim et al., 2018; Mejía et al., 2020) and stress perception (Dagan et al., 2011; Randall & Bodenmann, 2017). Our findings suggest that the association between marital satisfaction and anxiety and depressive symptoms may be explained by its associations with self-perceptions of aging and lower perceived stress. This link may contribute to understanding the development or worsening of mental health problems in adults over 40 years old.

Consistent with previous studies (Balzarini et al., 2020; Pierce et al., 2020; Reizer et al., 2020), statistically significant associations were found between marital satisfaction and stress related to the COVID–19 pandemic also associated with anxiety and depressive symptomatology. Couple dynamics and psychological distress appear to condition the association between marital satisfaction and stress related to the COVID–19 pandemic (Balzarini et al., 2020). In the current study, the indirect effect found among marital satisfaction and mental health through the stress associated with the pandemic alone was no longer significant once the association between marital satisfaction and self-perceptions of aging was controlled for. Our findings suggest that the significant indirect effect of marital satisfaction on stress associated with the pandemic is through negative self-perceptions of aging. This significant association between negative self-perceptions of aging and higher levels of distress during the COVID–19 pandemic was also found in a longitudinal study by Losada-Baltar et al. (2022) with a sample of 1,549 participants. Hence, it is plausible that lower marital satisfaction may lead to worse perceived mental health by increasing the chances of having negative self-perceptions of aging and perceiving more stress associated with a critical external situation such as the COVID–19 pandemic. Therefore, the obtained findings suggest that individuals who report lower marital satisfaction also report more negative self-perceptions of aging and more stress associated with the pandemic.

Thus, these factors may jointly contribute to an increase in their levels of anxiety and depression symptoms. Even though women have been affected to a greater extent by the COVID–19 pandemic situation (Pierce et al., 2020), the proposed model fitted well for both men and women.

This study has several limitations that need to be noted. First, the cross-sectional design does not allow causal predictions to be made between variables. The associations may have alternative directions, including the possibility that people more stressed or with higher negative self-perceptions of aging may be less satisfied with their partner (Cheng, 2020; Bodenmann, 2005). Further, self-perceptions of aging and stress associated with the pandemic may generate anxious and depressive symptoms, and these may contribute to marital dissatisfaction, as suggested by other authors (Goldfarb & Trudel, 2019; Proulx et al., 2007). Longitudinal studies are needed in order to advance our knowledge regarding the causal relationships between the variables. Related to this is the limitation that prior levels of marital satisfaction and mental health conditions have not been controlled for.

In addition, participants were a convenience sample consisting of middle-aged and older adult volunteers who were recruited by social media, so only individuals who manage new technologies properly could complete the questionnaire. The sample may therefore not be representative of the general sample of middle-aged people and, more specifically, older adults. Even though the use of single-items for measuring the stress associated with the COVID–19 pandemic may be considered a limitation, there are studies that provide support for the use of single-items in surveys and even clinical contexts (e.g., Zimmerman et al., 2006). Moreover, it should be noted that, although not all the individuals evaluated were older adults, the GAI was used in order to avoid biases in the measurement of anxiety in older adults (Pachana et al., 2007).

Finally, although several known variables associated with depression and anxiety among partners were measured in this study, other relevant variables have not been measured. For example, neuroticism and sense of mastery have been previously found to be associated with marital satisfaction (Claxton et al., 2012; Huber et al., 2010), self-perceptions of aging (Jang et al., 2004), and perception of stressful situations (Abbasi, 2016; Jang et al., 2004).

Despite the above-mentioned limitations, the present study is the first to analyze the joint effects of marital satisfaction, self-perceptions of aging, and stress associated with facing a critical stressful situation (the COVID–19 pandemic).

Marital satisfaction seems to be especially relevant for understanding the association of individuals' self-perceptions of aging and stress associated with the pandemic on anxious and depressive feelings. Quality of communication, spousal support or shared leisure are factors of marital satisfaction that may be relevant to assess as they play a significant role in reducing anxiety and depression symptomatology. Our findings suggest that marital satisfaction may be an important variable for understanding why people have negative self-perceptions of aging. Marital satisfaction may be considered a source for both emotional and problem-solving support, buffering the impact of negative life events and psychological distress that may prompt the embodiment of negative self-perception of aging. Thus, prevention of marital dissatisfaction or targeting this variable in interventions focused on reducing negative self-perceptions of aging (Laidlaw & Kishita, 2015; Laidlaw & McAlpine, 2008) may contribute buffering the effects of stressors that people face, increasing their well-being.

Supplementary Material

To view supplementary material for this article, please visit http://doi.org/10.1017/SJP.2023.13.

References

Abbasi, I. (2016). The role of neuroticism in the maintenance of chronic baseline stress perception and negative affect. *The Spanish Journal of Psychology*, 19, E9. https://doi.org/10.1017/sjp.2016.7

Alonso, J., Prieto, L., & Anto, J. M. (1995). La versión española del SF–36 Health Survey (Cuestionario de Salud SF–36): Un instrumento para la medida de los resultados clínicos [The Spanish version of the SF–36 Health Survey (the SF–36 health questionnaire): An instrument for measuring clinical results]. *Medicina Clínica*, 104(20), 771–776.

Balzarini, R. N., Muise, A., Zoppolat, G., Di Bartolomeo, A., Rodrigues, D. L., Alonso-Ferres, M., Urganci, B., Debrot, A., Pichayayothin, N. B., Dharma, C., Chi, P., Karremans, J. C., Schoebi, D., & Slatcher, R. B. (2020). Love in the time of COVID: Perceived partner responsiveness buffers people from lower relationship quality associated with COVID-related stressors. *Social Psychological and Personality Science*, 14(3), 342–355. https://doi.org/10.1177/19485506221094437

Barrett, A. E., & Toothman, E. L. (2017). Multiple "old ages": The influence of social context on women's aging anxiety. *The Journals of Gerontology, Series B*, 73, e154–e164. http://doi.org/10.1093/geronb/gbx027

Bodenmann, G. (2005). Dyadic coping and its significance for marital functioning. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 33–49). American Psychological Association. https://doi.org/10.1037/11031-002

Boerner, K., Jopp, D. S., Carr, D., Sosinsky, L., & Kim, S.-K. (2014). "His" and "her" marriage? The role of positive and negative marital characteristics in global marital satisfaction among older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 69*(4), 579–589. https://doi.org/10.1093/geronb/gbu032

Borstelmann, N. A., Rosenberg, S. M., Ruddy, K. J., Tamimi, R. M., Gelber, S., Schapira, L., Come, S., Borges, V., Morgan, E., & Partridge, A. H. (2015). Partner support and anxiety in young women with breast cancer. *Psycho-Oncology, 24*(12), 1679–1685. https://doi.org/10.1002/pon.3780

Brazier, J. E., Harper, R., Jones, N. M., O'cathain, A., Thomas, K. J., Usherwood, T., & Westlake, L. (1992). Validating the SF–36 health survey questionnaire: New outcome measure for primary care. *British Medical Journal, 305*(6846), 160–164. http://doi.org/10.1136/bmj.305.6846.160

Bryant, C., Bei, B., Gilson, K., Komiti, A., Jackson, H., & Judd, F. (2012). The relationship between attitudes to aging and physical and mental health in older adults. *International Psychogeriatrics, 24*(10), 1674–1683. http://doi.org/10.1017/S1041610212000774

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging, 7*(3), 331–338. https://doi.org/10.1037/0882-7974.7.3.331

Carr, D., Freedman, V. A., Cornman, J. C., & Schwarz, N. (2014). Happy marriage, happy life? Marital quality and subjective well-being in later life. *Journal of Marriage and Family, 76*(5), 930–948. http://doi.org/10.1111/jomf.12133

Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family, 72*(3), 743–761. https://doi.org/10.1111/j.1741-3737.2010.00728.x

Castro-Díaz, B. L., Rodríguez-Gómez, J., & Vélez-Pastrana, M. C. (2012). Factor structure and reliability of the Spanish version of the Marital Satisfaction Questionnaire for Older Persons. *Journal of Couple & Relationship Therapy, 11*(4), 310–321. https://doi.org/10.1080/15332691.2012.718970

Charles, S. T., Mather, M., & Carstensen, L. L. (2003). Aging and emotional memory: The forgettable nature of negative images for older adults. *Journal of Experimental Psychology: General, 132*(2), 310–324. https://doi.org/10.1037/0096-3445.132.2.310

Cheng, S.-T. (2020). The effect of negative aging self-stereotypes on satisfaction with social support. *The Journals of Gerontology: Series B, 75*(5), 981–990. https://doi.org/10.1093/geronb/gby113

Claxton, A., O'Rourke, N., Smith, J. Z., & DeLongis, A. (2012). Personality traits and marital satisfaction within enduring relationships: An intra-couple discrepancy approach. *Journal of Social and Personal Relationships, 29*(3), 375–396. https://doi.org/10.1177/0265407511431183

Cohan, C. L., & Cole, S. W. (2002). Life course transitions and natural disaster: Marriage, birth, and divorce following Hurricane Hugo. *Journal of Family Psychology, 16*, 14–25. http://doi.org/10.1037/0893-3200.16.1.14

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd Ed.). Lawrence Erlbaum Associates. https://doi.org/10.4324/9780203771587

Dagan, M., Sanderman, R., Schokker, M. C., Wiggers, T., Baas, P. C., van Haastert, M., & Hagedoorn, M. (2011). Spousal support and changes in distress over time in couples coping with cancer: The role of personal control. *Journal of Family Psychology, 25*(2), 310. http://doi.org/10.1037/a0022887

Davila, J., Bradbury, T. N., Cohan, C. L., & Tochluk, S. (1997). Marital functioning and depressive symptoms: Evidence for a stress generation model. *Journal of Personality and Social Psychology, 73*(4), 849–861. https://doi.org/10.1037/0022-3514.73.4.849

Freeman, A. T., Santini, Z. I, Tyrovolas, S., Rummel-Kluge, C., Haro, J. M., & Koyanagi, A. (2016). Negative perceptions of ageing predict the onset and persistence of depression and anxiety: Findings from a prospective analysis of the Irish Longitudinal Study on Ageing (TILDA). *Journal of Affective Disorders, 199*, 132–138. http://doi.org/10.1016/j.jad.2016.03.042

Giudici, C., Polettini, S., de Rose, A., & Brouard, N. (2019). Which aspects of elderly living conditions are important to predict mortality? The complex role of family ties at home and in institutions. *Social Indicators Research, 142*(3), 1255–1283. https://doi.org/10.1007/s11205-018-1945-9

Goldfarb, M. R., & Trudel, G. (2019). Marital quality and depression: A review. *Marriage & Family Review, 55*(8), 737–763. https://doi.org/10.1080/01494929.2019.1610136

Gould, C. E., Segal, D. L., Yochim, B. P., Pachana, N. A., Byrne, G. J., & Beaudreau, S. A. (2014). Measuring anxiety in late life: A psychometric examination of the geriatric anxiety inventory and geriatric anxiety scale. *Journal of Anxiety Disorders, 28*(8), 804–811. https://doi.org/10.1016/j.janxdis.2014.08.001

Haynes, S. N., Floyd, F. J., Lemsky, C., Rogers, E., Winemiller, D., Heilman, N., Werle, M., Murphy, T., & Cardone, L. (1992). The Marital Satisfaction Questionnaire for Older Persons. *Psychological Assessment, 4*(4), 473–482. http://doi.org/10.1037/1040-3590.4.4.473

Hu, L.-t., & Bentler, P. M. (1998). Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. *Psychological Methods, 3*(4), 424–453. https://doi.org/10.1037/1082-989X.3.4.424

Huber, C. H., Navarro, R. L., Womble, M. W., & Mumme, F. L. (2010). Family resilience and midlife marital satisfaction. *The Family Journal, 18*(2), 136–145. https://doi.org/10.1177/1066480710364477

Jackson, J. B., Miller, R. B., Oka, M., & Henry, R. G. (2014). Gender differences in marital satisfaction: A meta-analysis. *Journal of Marriage and Family, 76*(1), 105–129. https://doi.org/10.1111/jomf.12077

Jang, Y., Poon, L. W., Kim, S.-Y., & Shin, B.-K. (2004). Self-perception of aging and health among older adults in Korea. *Journal of Aging Studies, 18*(4), 485–496. https://doi.org/10.1016/j.jaging.2004.06.001

Kamp Dush, C. M., Taylor, M. G., & Kroeger, R. A. (2008). Marital happiness and psychological well-being across the life course. *Family Relations, 57*(2), 211–226. https://doi.org/10.1111/j.1741-3729.2008.00495.x

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. http://doi.org/10.1111/jomf.12635

Kim, Y., Kim, K., Boerner, K., & Han, G. (2018). Aging together: Self-perceptions of aging and family experiences among Korean baby boomer couples. *The Gerontologist*, *58*(6), 1044–1053. https://doi.org/10.1093/geront/gnx132

Kuhn, R., Bradbury, T. N., Nussbeck, F. W., & Bodenmann, G. (2018). The power of listening: Lending an ear to the partner during dyadic coping conversations. *Journal of Family Psychology*, *32*(6), 762–772. https://doi.org/10.1037/fam0000421

Laidlaw, K., & Kishita, N. (2015). Age-appropriate augmented cognitive behavior therapy to enhance treatment outcome for late-life depression and anxiety disorders. *GeroPsych: TheJournal of Gerontopsychology and Geriatric Psychiatry*, *28*(2), 57–66. https://doi.org/10.1024/1662-9647/a000128

Laidlaw, K., & McAlpine, S. (2008). Cognitive behaviour therapy: How is it different with older people? *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *26*(4), 250–262. https://doi.org/10.1007/s10942-008-0085-6

Lamont, R. A., Nelis, S. M., Quinn, C., & Clare, L. (2017). Social support and attitudes to aging in later life. *The International Journal of Aging & Human Development*, *84*(2), 109–125. https://doi.org/10.1177/0091415016668351

Lazarus, R. S., & DeLongis, A. (1983). Psychological stress and coping in aging. *American Psychologist*, *38*(3), 245–254. http://doi.org/10.1037/0003-066X.38.3.245

Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *The Journals of Gerontology: Series B*, *58*(4), P203–P211. https://doi.org/10.1093/geronb/58.4.P203

Levy, B. R., Hausdorff, J., Hencke, R., & Wei, J. Y. (2000). Reducing cardiovascular stress with positive self-stereotypes of aging. *The Journal of Gerontology: Series B*, *55*, P205–P213. https://doi.org/10.1093/geronb/55.4.p205

Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, *83*(2), 261–270. https://doi.org/10.1037/0022-3514.83.2.261

Liang, J., & Bollen, K. A. (1983). The structure of the Philadelphia Geriatric Center Morale scale: A reinterpretation. *Journal of Gerontology*, *38*(2), 181–189. https://doi.org/10.1093/geronj/38.2.181

Losada, A., Villareal, M. A., Nuevo, R., Márquez-González, M., Salazar, B. C., Romero-Moreno, R., Carrillo, A. L., & Fernández-Fernández, V. (2012). Cross-cultural confirmatory factor analysis of the CES-D in Spanish and Mexican dementia caregivers. *The Spanish Journal of Psychology*, *15*, 783–792. https://doi.org/10.5209/rev_SJOP.2012.v15.n2.38890

Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. d. S., Fernandes-Pires, J., & Márquez-González, M.(2020). "We are staying at home." Association of self-perceptions of aging, personal and family resources, and loneliness with psychological distress during the lock-down period of COVID–19. *The Journals of Gerontology: Series B*, *76*(2), e10–e16. https://doi.org/10.1093/geronb/gbaa048

Losada-Baltar, A., Martínez-Huertas, J. Á., Jiménez-Gonzalo, L., Pedroso-Chaparro, M. d. S., Gallego-Alberto, L., Fernandes-Pires, J., & Márquez-González, M. (2022). Longitudinal correlates of loneliness and psychological distress during the lockdown situation due to COVID–19. Effects of age and self-perceptions of aging. *The Journals of Gerontology. Series B*, *77*(4), 652–660. https://doi.org/10.1093/geronb/gbab012

Márquez-González, M., Losada, A., Fernández-Fernández, V., & Pachana, N. A. (2012). Psychometric properties of the Spanish version of the Geriatric Anxiety Inventory. *International Psychogeriatrics*, *24*, 137–144. https://doi.org/10.1017/S1041610211001505

Mejía, S. T., Giasson, H. L., Smith, J., & Gonzalez, R. (2020). Concurrent and enduring associations between married partners' shared beliefs and markers of aging. *Psychology and Aging*, *35*(7), 925–936. http://doi.org/10.1037/pag0000515

Pachana, N. A., Byrne, G. J., Siddle, H., Koloski, N., Harley, E., & Arnold, E. (2007). Development and validation of the Geriatric Anxiety Inventory. *International Psychogeriatrics*, *19*(1), 103–114. https://doi.org/10.1017/S1041610206003504

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID–19 pandemic: A longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*, *7*(10), 883–892. https://doi.org/10.1016/S2215-0366(20)30308-4

Pierce, M., McManus, S., Hope, H., Hotopf, M., Ford, T., Hatch, S. L., John, A., Kontopantelis, E., Webb, R. T., Wessely, S., & Abel, K. M. (2021). Mental health responses to the COVID–19 pandemic: A latent class trajectory analysis using longitudinal UK data. *The Lancet Psychiatry*, *8*, P610–619. https://doi.org/10.1016/S2215-0366(21)00151-6

Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods*, *36*, 717–731. https://doi.org/10.3758/BF03206553

Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and Family*, *69*(3), 576–593. https://doi.org/10.1111/j.1741-3737.2007.00393.x

Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385–401. https://doi.org/10.1177/014662167700100306

Randall, A. K., & Bodenmann, G. (2017). Stress and its associations with relationship satisfaction. *Current Opinion in Psychology*, *13*, 96–106. https://doi.org/10.1016/j.copsyc.2016.05.010

Randall, A. K., Leon, G., Basili, E., Martos, T., Boiger, M., Baldi, M., Hocker, L., Kline, K., Masturzi, A., Aryeetey, R., Bar-Kalifa, E., Boon, S. D., Botella, L., Burke, T., Carnelley, C. B. Carr, A., Dash, A., Fitriana, M., Gaines, S. O., Jr., … & Chiarolanza, C. (2021). Coping with global uncertainty: Perceptions of COVID–19 psychological distress, relationship quality, and dyadic coping for romantic partners across 27 countries. *Journal of Social and Personal Relationships*, *39*, 3–33. https://doi.org/02654075211034236

Reizer, A., Koslowsky, M., & Geffen, L. (2020). Living in fear: The relationship between fear of COVID–19, distress, health, and marital satisfaction among Israeli women. *Health Care for Women International*, 41(11–12), 1273–1293. https://doi.org/10.1080/07399332.2020.1829626

Røsand, G.-M. B., Slinning, K., Eberhard-Gran, M., Røysamb, E., & Tambs, K. (2012). The buffering effect of relationship satisfaction on emotional distress in couples. *BMC Public Health*, 12(1), Article 66. https://doi.org/10.1186/1471-2458-12-66

Schmid, L., Wörn, J., Hank, K., Sawatzki, B., & Walper, S. (2021). Changes in employment and relationship satisfaction in times of the COVID–19 pandemic: Evidence from the German family Panel. *European Societies*, 23, S743–S758. https://doi.org/10.1080/14616696.2020.1836385

Scorsolini-Comin, F., & Dos Santos, M. (2012). Correlations between subjective well-being, dyadic adjustment and marital satisfaction in Brazilian married people. *The Spanish Journal of Psychology*, 15(1), 166–176. http://doi.org/10.5209/rev_SJOP.2012.v15.n1.37304

Siebert, J. S., Wahl, H.-W., Degen, C., & Schröder, J. (2018). Attitude toward own aging as a risk factor for cognitive disorder in old age: 12-year evidence from the ILSE study. *Psychology and Aging*, 33(3), 461–472. http://doi.org/10.1037/pag0000252

Stewart, T. L., Chipperfield, J. G., Perry, R. P., & Weiner, B. (2012). Attributing illness to 'old age:' Consequences of a self-directed stereotype for health and mortality. *Psychology & Health*, 27(8), 881–897. https://doi.org/10.1080/08870446.2011.630735

Taquet, M., Luciano, S., Geddes, J. R., & Harrison, P. J. (2021). Bidirectional associations between COVID–19 and psychiatric disorder: retrospective cohort studies of 62,354 COVID–19 cases in the USA. *The Lancet Psychiatry*, 8(2), 130–140. https://doi.org/10.1101/2020.08.14.20175190

Trudel, G., Villeneuve, L., Préville, M., Boyer, R., & Fréchette, V. (2010). Dyadic adjustment, sexuality and psychological distress in older couples. *Sexual and Relationship Therapy*, 25(3), 306–315. https://doi.org/10.1080/14681991003702583

Umberson, D., Williams, K., Powers, D. A., Liu, H., & Needham, B. (2006). You make me sick: Marital quality and health over the life course. *Journal of Health and Social Behavior*, 47(1), 1–16. https://doi.org/10.1177/002214650604700101

Wenham, C., Smith, J., & Morgan, R. (2020). COVID–19: The gendered impacts of the outbreak. *The Lancet*, 395(10227), 846–848. http://doi.org/10.1016/S0140-6736(20)30526-2

Whisman, M. A. (2007). Marital distress and DSM–IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology*, 116(3), 638–643. https://doi.org/10.1037/0021-843X.116.3.638

Williamson, H. C. (2020). Early effects of the COVID–19 pandemic on relationship satisfaction and attributions. *Psychological Science*, 31(12), 1479–1487. https://doi.org/10.1177/0956797620972688

World Health Organization. (2015). *World report on ageing and health*. https://apps.who.int/iris/bitstream/handle/10665/186468/WHO_FWC_ALC_15.01_eng.pdf

Wurm, S., & Benyamini, Y. (2014). Optimism buffers the detrimental effect of negative self-perceptions of ageing on physical and mental health. *Psychology & Health*, 29(7), 832–848. https://doi.org/10.1080/08870446.2014.891737

Zimmerman, M., Ruggero, C. J., Chelminski, I., Young, D., Posternak, M. A., Friedman, M., Boerescu, D., & Attiullah, N. (2006). Developing brief scales for use in clinical practice: The reliability and validity of single-item self-report measures of depression symptom severity, psychosocial impairment due to depression, and quality of life. *The Journal of Clinical Psychiatry*, 67, 1536–1541. https://doi.org/10.4088/JCP.v67n1007