

Health and Union Dissolution After Midlife: A Dyadic Approach

Giammarco Alderotti; Daniele Vignoli; Carlos Javier Gil Hernandez

University of Florence

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Motivation and Aim

In recent decades, union dissolutions in later life—commonly referred to as grey divorces, or more broadly as silver splits—have become increasingly frequent in high-income countries. As life expectancy rises and partnerships extend into older ages, silver separations are increasingly replacing widowhood as the main driver of late-life union dissolution. While the demographic literature on grey divorce is well established in the US context (e.g., Brown and Lin, 2012, 2022), research in Europe is still in its infancy and has so far focused on a limited set of factors, including the presence of grandchildren (Alderotti et al., 2022) and the couple's economic situation (Kridahl et al., 2025).

One important—but still underexplored—factor shaping union dissolution in later life is health, as health conditions become more salient with age. Health can affect union stability in various ways: for instance, by undermining the couple's economic resources through reduced work capacity, or by increasing the emotional and physical strain on the healthy caregiving partner. A recent study by Vignoli et al. (2025) advanced the relevance of adopting a dyadic perspective and a gender-sensitive lens to understand the role of health in union dissolutions after midlife. They found evidence of a gendered dynamic within couples: unions in which the woman is in poor health and the man is in good health are at higher risk of dissolution, whereas the opposite configuration is associated with greater stability.

Nonetheless, these findings are averaged across multiple European countries, potentially concealing important country-specific patterns. Moreover, the mechanisms underlying these gendered associations are evoked but not tested. This paper contributes to the literature by addressing both limitations. First, we focus on a single country—Germany—examining a period spanning over thirty years. Germany represents an informative case, as it combines a rapidly ageing population with family norms that sit between the traditional Southern and the individualised Northern European models. Recent data confirm the rise of grey divorce in this country: between 2000 and 2018, divorce rates increased by approximately 10% among couples married for 20 years or longer, while declining among those married for shorter durations (BiB, 2022). Second, we aim to explicitly test two potential

mechanisms linking health to union dissolution in later life—namely, economic strain and the caregiving burden.

Theoretical premise

This study draws on the Theory of Dyadic Illness Management (Lyons and Lee, 2018), which frames health and illness as shared experiences within couples, particularly in later life. This perspective shifts the focus from individual-level dynamics to the couple as an interdependent unit, highlighting how illness management unfolds through mutual interaction and negotiation. Rather than viewing health as a matter concerning only the ill or caregiving partner, this theory conceptualises the couple as a team engaged in a joint process of managing physical and emotional challenges.

In older age, health becomes a central domain of everyday life, potentially altering the balance of roles and responsibilities within the couple and straining the relational equilibrium. These dynamics are especially relevant in long-term unions, where lives are deeply intertwined and the health of one partner inevitably affects the well-being of the other. The framework also aligns with the life course principle of “linked lives” (Elder, 2003), which recognises the interdependence of life trajectories within close relationships.

Data and Methods

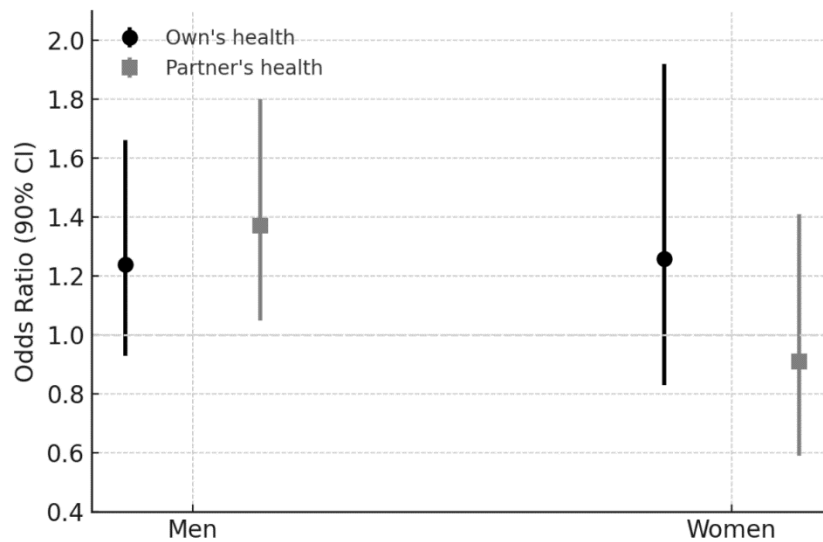
We use micro-level data from the German Socio-Economic Panel (G-SOEP), the longest-running and most comprehensive household panel in Europe, which has collected information from a representative sample of the German population since 1984. While we aim to use couples as units of analyses, preliminary findings for this abstract are done at the individual level. Data on individuals in unmarried partnerships have only been systematically collected since 2010—and these unions represent a small share of late-life dissolutions; thus, we focus exclusively on married couples.

The analytical sample includes married individuals who have been interviewed at least twice and have complete information on all relevant variables. We apply a discrete-time event history analysis, where individuals enter the risk set when they are married at age 50. Respondents are then followed until divorce (the event of interest) or censored due to widowhood, death, or attrition. The final dataset includes approximately 90,000 person-year observations and 413 grey divorces. Separate models are estimated for men and women. The main explanatory variables are the respondent’s and the partner’s self-rated health, while control variables include age, education, employment status (full-time, part-time, or not employed), and region (West vs. East Germany). The models assess how the respondent’s and partner’s poor health at time t affects the likelihood of observing a divorce in the subsequent wave ($t+1$).

Preliminary Results

Figure 1 reports the OR of experiencing a grey divorce, separately for men and women, depending on their health and on their partner's health. Although these are preliminary analyses, they confirm previous findings in the socio-demographic literature suggesting that the link between health and the risk of silver split is gendered. While among women there is no significant result, among men we can see that their own poor health does not significantly affect the risk of union dissolution, while when it is the woman who is in poor health, the risk of union dissolution increases (OR=1.38, statistically significant).

Fig. 1 – Odds ratios of grey divorce for men and women (and their partners) reporting poor vs. good SRH, with confidence intervals



Preliminary results suggest that the link between health and the risk of grey divorce is gendered, with couples being more likely to split their union when the woman – rather than the man – has health issues.

As further steps, we aim to move to a properly dyadic approach – i.e., using couples as unit of observations, formally testing the roles of caregiving stress and economic strain as potential mediating variables. We also plan to enlarge the set of control variables to improve the validity of our results, including variables such as the presence of children and/or grandchildren, previous divorce experiences, migrant background, and others).

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