

associations. Ms. Nah will show how the pain of both partners (care providers and recipients) contributes to escalating marital conflict over 2 years. Dr. Wilson will demonstrate that emotional reactivity to spousal distress in the lab is associated with increased proinflammatory gene expression up to 80 minutes later, a risky pattern for health if repeated over time. Dr. Monin will examine actor and partner associations of affect and depressive symptoms among people with early-stage dementia and their spouses; the absence of partner associations suggests that emotional spillover may operate differently in early-stage dementia dyads. Dr. Novak will identify correlates of four latent profiles derived from couples' physical, psychological, and relationship well-being: happy, healthy couples; unhappy, unhealthy couples; and two groups with blissful marriages despite individual problems. Dr. Amy Rauer, an internationally recognized scholar of relationships and health, will discuss ways in which this research advances our understanding of couples' linked lives.

EXPRESSION OF EMOTIONS AND GENES: PROINFLAMMATORY GENE EXPRESSION RISES WITH SPOUSAL DISTRESS

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Marital quality shares ties to inflammation-related conditions like cardiovascular disease and diabetes. Lab-based studies implicate hostility during marital conflict as a mechanism via inflammatory reactivity. However, developmental theories suggest that conflict declines with age. Spousal distress is an important but overlooked context for aging couples as networks shrink and assistance needs increase. To examine the effects of spousal distress on changes in proinflammatory gene expression, 38 adults ages 40-81 witnessed their spouse relive an upsetting personal memory aloud, rated their mood before and after, and provided blood samples at baseline and twice post-task. Those whose negative mood increased more in response to spousal disclosure showed larger elevations in proinflammatory gene expression 40 ($p=.022$) and 80 minutes ($p<.0001$) after the task. Effects were robust to race, gender, age, alcohol, smoking, and body mass index. These novel findings identify spousal distress as a key marital context that may escalate inflammation-related health risks.

EFFECTS OF LATE-LIFE HEALTH TRANSITIONS ON SPOUSES' PSYCHOLOGICAL WELL-BEING

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Declining physical health likely affects not only older adults' own well-being, but also that of their spouse. Using two waves of data from 610 couples in the National Social Life, Health and Aging Project, we examined effects of health declines over five years on change in self and spousal psychological well-being. Actor-Partner Interdependence Model findings showed that declines in spouses' physical health (i.e.,

increased pain and decreased physical and cognitive function) predicted increases in older adults' anxiety. Given the increasing importance of later-life social ties outside of marriage, we further considered the role of non-spousal health confidants. Preliminary findings suggest that effects of health declines on both partners' well-being depend on the availability of these confidants. When older adults have people in addition to their spouse with whom they can talk about their health, detrimental effects of spouses' declining health on older adults' well-being are weakened for some health outcomes

A DYADIC LATENT PROFILE ANALYSIS OF OLDER COUPLES' PSYCHOLOGICAL, RELATIONAL, AND PHYSICAL HEALTH

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The present study explored the heterogeneity of older couples' psychological, relational, and physical health using a sample of 535 couples above the age of 62. A dyadic latent profile analysis was conducted to identify and predict unique clusters of couples' relative psychological (depressive symptoms and daily hassles), relational (problematic affective communication and marital satisfaction), and physical health (number of health problems and self-reported health satisfaction). Predictors of class membership included relationship length, age, income, and hours worked outside the home. Results revealed 4 distinct classes: Happy & Healthy Together (63.5%), Individually & Relationally Strained (14.7%), Relationally Happy with Strained Wives (12.3%), and Relationally Happy with Strained Husbands (9.3%). Typology descriptions and predictors of class membership will be discussed. These findings highlight that health promotion efforts should be tailored to the specific psychological, relational, and physical health concerns of both partners rather than a one-size-fits-all approach.

EFFECTS OF OWN AND PARTNER PAIN ON SPOUSAL CAREGIVERS' MARITAL QUALITY

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Little is known about whether care recipients' and their spousal caregivers' own pain influence the marital quality perceived by caregivers. Considering that experiencing and witnessing pain may be related to marital distress, we hypothesized that care recipient and caregiver pain would be associated with caregivers' greater increases in marital conflict over time. We focused on 264 spousal caregivers of older adults with chronic illnesses or disability from the 2015 and 2017 National Study of Caregiving. Sixty-nine percent of care recipients and 54% of caregivers in this study were bothered by pain at baseline. Findings revealed that caregiver ($b = 0.25$, $p = .02$) and care recipient pain ($b = 0.34$, $p < .01$) at baseline were both associated with caregivers' higher marital conflict at follow-up. These findings suggest the importance of accounting for not only care recipients' pain but also spousal caregivers' own pain when examining caregivers' marital quality.