Spouses of Older Adults With Late-Life Drinking Problems: Health, Family, and Social Functioning*

RUDOLF H. MOOS, PH.D.,[†] PENNY L. BRENNAN, PH.D., KATHLEEN K. SCHUTTE, PH.D., AND BERNICE S. MOOS, B.S.

Center for Health Care Evaluation, Department of Veterans Affairs and Stanford University, Palo Alto, California

ABSTRACT. Objective: This study focuses on the health, family, and social functioning of spouses of late-life remitted and continuing problem drinkers, and on predictors of spouses' alcohol-related functioning and depressive symptoms. **Method:** Three groups of spouses were compared at baseline and a 10-year follow-up: (a) spouses ($n = 73$) of older adults who had no drinking problems at baseline or follow-up, (b) spouses ($n = 25$) of older adults who had drinking problems at baseline but not follow-up, and (c) spouses ($n = 69$) of older adults who had drinking problems at both baseline and follow-up. At each contact point, spouses completed an inventory that assessed their alcohol-related, health, family, and social functioning. **Results:** At baseline, compared with spouses of problem-free individuals, spouses of older adults whose drinking problems later remitted reported more alcohol consumption,

poorer health, more depressive symptoms, and less involvement in domestic tasks and social and religious activities. At the 10-year follow-up, spouses of remitted problem drinkers were comparable to spouses of problem-free individuals, but spouses of continuing problem drinkers consumed more alcohol, incurred more alcohol-related consequences, and had friends who approved more of drinking. Overall, spouses whose friends approved more of drinking and whose partners consumed more alcohol and had drinking problems were likely to consume more alcohol and to have drinking problems themselves. **Conclusions:** Spouses of older adults whose late-life drinking problems remit can attain normal functioning; however, spouses of older adults with continuing late-life drinking problems experience some ongoing deficits. (*J. Stud. Alcohol Drugs*, 71, 506-514, 2010)

THERE IS CONSIDERABLE INFORMATION about the deficits experienced by young and mid-life spouses of individuals who engage in heavy alcohol consumption, but very little is known about these issues in older married couples. In general, a partner's heavier alcohol use and drinking problems are ongoing stressors associated with deficits in the spouse's health, family, and social functioning (Marshal, 2003). However, a partner's heavy drinking may have minimal impact on a long-term, stable marital relationship, especially because older individuals are prone to reduce conflict and enhance positive interpersonal exchanges (Carstensen et al., 1999). We address these issues here by focusing on health, family, and social functioning at baseline and at a 10-year follow-up among spouses of older adults with and without late-life drinking problems.

Functioning among spouses of late-life problem drinkers

Several studies have found positive associations between husbands' and wives' alcohol consumption and drinking problems in younger and middle-age samples (Corbett et al., 1991; Kearns-Bodkin and Leonard, 2005; Ostermann et al.,

2005). Among older married couples, there also is relatively high concordance for the use of alcohol and other aspects of health-related functioning, such as depressive symptoms (Graham and Braun, 1999; Holahan et al., 2007; Tower and Kasl, 1996). Aside from married couples' concordance in these areas of functioning, there is very little information about the health, family, and social adaptation of spouses of late-life problem drinkers. Studies of younger couples have shown that a partner's heavy drinking and alcohol-use problems may be associated with high levels of marital conflict and a relative lack of spousal support (Homish and Leonard, 2007; Keller et al., 2009; McLeod, 1993).

Among younger adults, spouses of individuals with alcohol-use disorders tend to experience heightened distress, poorer health, and deficits in social functioning (Dawson et al., 2007; Hurcom et al., 2000; Tempier et al., 2006). Moreover, in these younger samples, compared with spouses of nonproblem drinkers, spouses of individuals with alcohol-use disorders consume more alcohol and report having more depressive symptoms, a less cohesive family environment, and poorer social functioning (Moos et al., 1990). These findings led us to expect some health, family, and social deficits among spouses of late-life problem drinkers.

Notwithstanding these expectations, a partner's heavy drinking may have limited impact on older spouses in long-term stable relationships. According to socioemotional selectivity theory, older individuals are highly motivated to maintain positive interpersonal relationships, in part because they perceive less time remaining before death than do younger individuals (Carstensen et al., 1999). Compared with younger and middle-age adults, older adults are more

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[†]Correspondence may be sent to Rudolf H. Moos, Center for Health Care Evaluation (152-MPD), 795 Willow Road, Menlo Park, CA 94025 or via email at: rmoos@stanford.edu.

likely to perceive a spouse's behavior as supportive (Henry et al., 2007) and to report more marital satisfaction and less marital conflict (Gagnon et al., 1999).

Normalization and predictors of spouse functioning

To our knowledge, there are no prior long-term follow-ups of spouses of late-life problem drinkers. In a 10-year follow-up of middle-age adults, spouses of remitted problem drinkers achieved normal functioning and life contexts, whereas spouses of relapsed problem drinkers continued to experience some deficits (Moos et al., 1990). With respect to predictors of spouse functioning, friends' and social network members' approval of, and engagement in, drinking is associated with more alcohol consumption among young and middle-age adults (Bullers et al., 2001; Caudill and Kong, 2001; Homish and Leonard, 2008; Leonard et al., 2000), as well as among older adults (Akers et al., 1989; Moos et al., 2004).

According to other studies, more avoidance coping, especially reliance on substances to cope with depression and distress is associated with more alcohol consumption and drinking problems among mixed-age adults (Carpenter and Hasin, 1999; Trim et al., 2008), as well as among older adults (Brennan et al., 2005; Graham et al., 1996). There are divergent findings on the relationship between depression and alcohol consumption: Heavier alcohol consumption has been associated with both more (Wilsnack et al., 1991) and fewer depressive symptoms (Schutte et al., 1995). However, a partner's elevated alcohol consumption may be associated with the spouse's depression (Cronkite and Moos, 1984).

In prior work on the larger cohort of older married couples on which we focus here, we found that spouses of late-life problem drinkers reported poorer health, family, and social functioning at baseline. Over a 1-year follow-up, spouses of remitted problem drinkers improved in several areas, whereas spouses of nonremitted individuals continued to experience deficits (Brennan et al., 1994a). We extended this work here to address three related issues: (a) Compared with spouses of problem-free older adults, do spouses of late-life problem drinkers experience deficits in their health, family, and social functioning? (b) How does an older adult's remission or continued problem drinking affect the spouse's functioning in these three domains? (c) What are the key personal and partner predictors of spouses' functioning with respect to alcohol consumption, drinking problems, and depressive symptoms? Does gender moderate any of these predictors? In subsidiary analyses, we consider the status of a subgroup of the spouses at a 20-year follow-up.

Method

Participants

A sample of 266 older married couples was recruited as part of a larger longitudinal study of late-life alcohol con-

sumption and drinking problems. Ten years later, at least one partner had died in 77 couples. Of the 189 couples who were still alive and intact at 10 years, 167 (88.4%) completed the 10-year follow-up surveys. Informed consent was obtained from all participants; more details about the sample are available in Brennan et al. (1994a) and Moos et al. (1991).

Drinking problems and group composition

Drinking problems in the last 12 months were assessed with 12 items drawn from the Drinking Problems Index that tapped functioning problems (such as whether the individual neglected daily activities or had had a fall or accident because of drinking) and interpersonal problems (such as whether family members or friends had expressed worries about the respondent's drinking). The 12-item Drinking Problems Index has high internal consistency ($\alpha = .92$) and good construct and predictive validity (Bamberger et al., 2006; Finney et al., 1991; Kopera-Frye et al., 1999). Individuals who endorsed one or more of these items were considered to have a drinking problem. We used this criterion because, compared with individuals who do not endorse one or more of these types of drinking problems, those who do tend to experience poorer functioning, more life stressors, and less effective coping strategies, including the use of alcohol to manage pain (Brennan et al., 2005; Schutte et al., 2001, 2003).

We classified spouses into three groups based on their partner's drinking pattern: (a) spouses ($n = 73$) of older adults who had no drinking problems at baseline or at the 10-year follow-up (the problem-free group), (b) spouses ($n = 25$) of older adults who had late-life drinking problems at baseline but no drinking problems at the 10-year follow-up (the remitted group), and (c) spouses ($n = 69$) of older adults who had late-life drinking problems at baseline and at the 10-year follow-up (the continuing problem drinking group).

There were no significant differences among the three groups of spouses in age ($M = 59.6$ years, $SD = 6.1$), education (76.1% had a high school education or more), length of marriage ($M = 30.9$ years, $SD = 11.8$), ethnic/racial background (97.0% White), employment (49.1% employed), or income ($M_{\text{annual income}} = \text{U.S. } \$26,100$, $SD = \$20,590$). A total of 72% of the spouses were women. There were no differences on demographic or alcohol-related indices between spouses who died or were not followed ($n = 99$) and spouses who were followed ($n = 167$) at 10 years. However, followed spouses had a shorter length of marriage ($M = 30.9$ vs. 33.6 years), $t(235) = 2.02$, $p < .05$).

Measures of alcohol consumption and consequences

Alcohol consumption was assessed with items adapted from the Health and Daily Living Form (Moos et al., 1992). Frequency of alcohol consumption was assessed by respons-

es to three questions asking how often per week (never, less than once, once or twice, three to four times, nearly every day) participants consumed typical amounts of wine, beer, and distilled spirits in the last month. When a respondent reported consuming two or three beverages, we could not ascertain whether these beverages were consumed on the same or on different days. Thus, we estimated the frequency of alcohol consumption and number of drinks per day based on each of these two possibilities and averaged them. Amount of alcohol consumption was assessed by three items that asked about the amount of wine, beer, and distilled spirits participants consumed on a typical drinking day in the last month. We converted the responses to reflect the ethanol content of these beverages and then summed them.

The number of drinks consumed per day and per week was assessed by combining information about the frequency and amount of consumption of each beverage. We used this information to classify individuals into whether their level of alcohol consumption exceeded three drinks per day or 14 drinks per week. These levels of "high-risk" consumption are beyond the suggested guidelines for older adults, which are no more than two drinks per day or seven drinks per week (American Geriatrics Society, 2003; National Institute on Alcohol Abuse and Alcoholism, 2007).

Alcohol-related consequences ($\alpha = .71$) tapped whether participants experienced any of three relatively minor consequences of drinking. The items assessed whether (occasionally or more often) the participant became high after drinking, became confused after drinking, or drank to help forget worries in the last 12 months.

Measures of health-related functioning

Medical conditions measured whether the spouse had three or more of 13 diagnosed medical conditions (e.g., arthritis, cancer, diabetes, high blood pressure, stroke, and ulcer). We used this criterion because many older adults have one or two medical conditions; thus, the cut-point of three or more conditions may provide a better index of unusual or excessive health burden. This index was adapted from the Life Stressors and Social Resources Inventory (Moos and Moos, 1994). Medication use was measured by the number of 16 types of medication (e.g., amphetamines, antidepressants, pain killers, sleeping pills, or tranquilizers) the individual had used in the past year.

Depressive symptoms ($\alpha = .94$) were assessed by 18 items drawn from the Health and Daily Living Form (Moos et al., 1992), such as feeling sad or blue, feeling slowed down, and loss of interest in usual activities, rated on 5-point scales reflecting how often the individual had the experience in the past month (*never* = 0 to *very often* = 4). This index was adapted from the Research Diagnostic Criteria (Spitzer et al., 1978) for depression and has been used in several studies, including studies focused on the association

between alcohol use and depression and spousal similarity in depressive symptoms (Holahan et al., 2003, 2004, 2007). Emotional problems were assessed by whether the spouse had an emotional or behavioral problem, such as depression or severe memory impairment. We also assessed whether hospitalization had occurred in the last year. These measures were also drawn from the Life Stressors and Social Resources Inventory (Moos and Moos, 1994).

We assessed two aspects of individuals' coping strategies. Tension-reduction coping was assessed at baseline by three items that reflected whether the individual smoked, used alcohol, or took tranquilizers to reduce distress; at 10 years it was assessed by two items that reflected whether the individual used alcohol to reduce distress or pain. Avoidance coping ($\alpha = .72$) was assessed by 12 items drawn from the Coping Responses Inventory (Moos, 1993, 2004) that assessed the tendency to avoid thinking about a problem and to try to reduce tension by expressing negative feelings. Items were scored on 4-point scales ranging from *no* (0) to *yes, fairly often* (3).

Measures of family and social functioning

The quality of relationship between the spouse and partner was assessed with two indices drawn from the Life Stressors and Social Resources Inventory (Moos and Moos, 1994). Partner support ($\alpha = .90$) was assessed by the percentage of six items rated "often" on a 5-point scale ranging from *never* (0) to *often* (4). Item examples are "Can you count on him/her to help you when you need it?" and "Does he/she cheer you up when you are sad or worried?" Partner stressors ($\alpha = .82$) was assessed by the percentage of five items rated "sometimes" or more often (e.g., "Do you have fights or arguments with him/her?" and "Is he/she critical or disapproving of you?") scored on the same 5-point scale. Domestic tasks ($\alpha = .71$) were measured by the percentage of seven items rated "fairly often or often" on the same 5-point scale asking the individual how often in the last month he/she had participated in such household tasks as shopping for groceries, cleaning the house, and making minor household repairs.

Visits with close friends was assessed with a 5-point item varying from *never* (0) to *several times a week* (4) asking how often the individual was in touch with a close friend or friends. Friend stressors ($\alpha = .79$) was an index assessed by the percentage of five items rated "sometimes" or more often that were drawn from the Life Stressors and Social Resources Inventory (Moos and Moos, 1994) and were parallel to those described earlier to assess spouse stressors. Friends' approval of drinking was measured by four items rated on 4-point scales varying from *none or few* (0) to *almost all* (3) assessing how many of the individual's friends were drinkers, social drinkers, and heavy drinkers, and how many approved of heavy drinking. Religious participation was assessed by

whether the individual attended religious services at least several times a year.

Analytic plan

To identify significant differences between the three groups of spouses at baseline and at the 10-year follow-up, we conducted chi-square analyses for dichotomous measures and one-way analyses of variance followed by Duncan Multiple Range Tests for continuous measures. Then, we conducted multiple regression analyses to identify predictors of the spouses' alcohol consumption (drinks/week), drinking problems, and depressive symptoms at baseline and the 10-year follow-up. In subsidiary analyses, we examined interactions between gender and the other predictors on these three spouse-functioning criteria, and focused on differences among surviving spouses in the three groups at a 20-year follow-up.

Results

Spouses of problem drinking and problem-free individuals

Alcohol-related indices. At baseline, compared with spouses of problem-free individuals, spouses of to-be-remitted and of continuing problem drinkers consumed more ounces of ethanol on a typical drinking occasion. Spouses of continuing problem drinkers consumed more drinks per week and were more likely to experience alcohol-related

consequences (Table 1) compared with spouses of problem-free individuals.

At the 10-year follow-up, there were no significant differences between spouses of remitted individuals and spouses of problem-free individuals on any of the indices in this domain (Table 1). In contrast, compared with spouses of problem-free individuals, spouses of problem drinkers continued to consume more drinks per week and to report more alcohol-related consequences.

Health-related functioning. At baseline, compared with spouses of problem-free individuals, spouses of to-be-remitted individuals were more likely to have three or more medical conditions, to have emotional problems, and to have been hospitalized in the past year; they also reported more depressive symptoms (Table 2). Spouses of continuing problem drinkers were higher than spouses of problem-free individuals on several of these indices. At 10 years, spouses of remitted and continuing problem drinkers were more likely to have been hospitalized in the past year than were spouses of problem-free individuals.

Family and social functioning. At baseline, compared with spouses of problem-free individuals, spouses of to-be-remitted individuals reported less involvement in domestic tasks, fewer visits with friends, and less participation in religious activities (Table 3). Spouses of continuing problem drinkers reported less support from their partner than spouses of problem-free individuals did; they also reported higher friends' approval of drinking than spouses in either of

TABLE 1. Alcohol-related indices of spouses of problem-free, to-be-remitted, and continuing problem drinking partners at baseline and 10 years

Characteristic	Partner's problem-drinking status			F or χ^2
	Problem free (n = 73)	To be remitted (n = 25)	Continuing problem (n = 69)	
Alcohol consumption				
Days/week				
Baseline	2.48	2.64	3.14	1.31
10 years	2.04	2.41	2.97	2.45
Average drinks/occasion				
Baseline	1.72	2.16	2.32	2.54
10 years	1.47	1.47	1.84	1.33
Oz. ethanol/occasion				
Baseline	1.18 ^{a,b}	1.83 ^a	1.69 ^b	3.20*
10 years	1.05	0.97	1.34	1.78
Drinks/week				
Baseline	4.68 ^b	7.27	8.89 ^b	3.40*
10 years	3.52 ^b	4.25	7.05 ^b	4.66*
3+/day and/or 14+/week, % yes				
Baseline	16.4	24.0	29.0	3.20
10 years	9.6	16.0	21.7	3.99
Alcohol-related consequences, %				
Baseline	24.7 ^b	40.0	47.8 ^b	8.37*
10 years	12.3 ^b	20.0	30.4 ^b	7.04*

Note: Means with the same superscript are significantly different.

* $p < .05$.

TABLE 2. Health-related functioning of spouses of problem-free, to-be-remitted, and continuing problem drinking partners at baseline and 10 years

Characteristic	Partner's problem-drinking status			F or χ^2
	Problem free (n = 73)	To be remitted (n = 25)	Continuing problem (n = 69)	
Medical conditions, % 3+				
Baseline	8.2 ^a	28.0 ^a	14.5	6.19*
10 years	19.2	32.0	21.7	1.79
Medications				
Baseline	2.29 ^b	3.08	2.97 ^b	3.44*
10 years	3.74	4.36	4.35	1.88
Depression				
Baseline	15.29 ^{a,b}	23.36 ^a	20.16 ^b	5.43**
10 years	17.10	21.64	18.78	1.15
Emotional problems, % yes				
Baseline	9.6 ^a	36.0 ^{a,c}	10.1 ^c	12.24**
10 years	8.2	20.8	8.7	3.43
Hospitalized, % yes				
Baseline	9.6 ^a	28.0 ^{a,c}	7.2 ^c	8.25*
10 years	5.5 ^{a,b}	20.0 ^a	17.4 ^b	6.05*
Tension-reduction coping				
Baseline	20.5	36.0	34.8	4.27
10 years	13.7	16.0	27.5	4.55
Avoidance coping				
Baseline	8.63	9.80	9.88	<1
10 years	7.33	8.92	8.19	1.02

Note: Means with the same superscript are significantly different.

* $p < .05$; ** $p < .01$.

TABLE 3. Family and social functioning of spouses of problem-free, to-be-remitted, and continuing-problem-drinking partners at baseline and 10 years

Characteristic	Partner's problem-drinking status			<i>F</i> or χ^2
	Problem free (<i>n</i> = 73)	To be remitted (<i>n</i> = 25)	Continuing problem (<i>n</i> = 69)	
Support from partner, % often				
Baseline	56.6 ^b	42.0	43.2 ^b	3.19*
10 years	53.2	40.7	50.0	1.25
Stressors from partner, % sometimes or more often				
Baseline	39.7	44.8	48.4	1.01
10 years	38.6	46.4	43.5	<1
Domestic tasks, % fairly often				
Baseline	58.7 ^a	39.4 ^{a,c}	55.9 ^c	5.50**
10 years	55.3	46.4	55.0	1.07
Friend visits, % 3+				
Baseline	52.1 ^a	28.0 ^{a,c}	55.1 ^c	5.67†
10 years	54.2	56.0	40.6	3.22
Friend stressors, % sometimes or more often				
Baseline	8.8	7.2	11.9	<1
10 years	16.3	24.8	16.8	1.68
Friends' approval of drinking				
Baseline	5.3 ^b	5.2 ^c	6.1 ^{b,c}	4.09*
10 years	4.6 ^b	5.1	5.7 ^b	5.66**
Religious participation, % several times a year+				
Baseline	57.5 ^{a,b}	32.0 ^a	37.7 ^b	7.80*
10 years	50.7	36.0	40.6	2.29

Note: Means with the same superscript are significantly different.

†*p* < .06; **p* < .05; ***p* < .01.

the other two groups. At the 10-year follow-up, spouses of continuing problem drinkers reported more friends' approval of drinking than did spouses in the problem-free group.

Predictors of spouse functioning

We conducted multiple regression analyses to predict three spouse-functioning criteria (i.e., alcohol consumption, drinking problems, and depressive symptoms) at the 10-year follow-up. Predictors that reflected the spouse's own functioning were chosen from the indices in Tables 1-3 because they had significant (*p* < .05) partial correlations (controlling for gender) with one or more of the three spouse-functioning criteria. A second set of predictors reflected the partner's functioning with respect to alcohol consumption, drinking problems, and depressive symptoms. We also considered partner medical conditions, which often are associated with a reduction in personal alcohol consumption (Glass et al., 1995; Moos et al., 2005) and thus may foreshadow a reduction in spouse alcohol consumption as well.

After controlling for gender and the baseline value of the outcome, spouses whose friends approved more of drinking and whose partners consumed more alcohol and had drinking problems were themselves likely to consume more alcohol and to have drinking problems (Table 4). Spouses

who had more medical conditions, relied more on avoidance coping, and had a more stressful relationship with their partner reported more depressive symptoms, as did spouses whose partner reported more depressive symptoms. More friends' approval of drinking was associated with fewer spouse depressive symptoms.

Subsidiary analyses

Gender interactions. Follow-up regression analyses revealed several significant interactions between gender and the other predictors on spouses' 10-year alcohol consumption and drinking problems. Compared with men, women's alcohol consumption and drinking problems were less strongly related to friends' approval of drinking, their partner's alcohol consumption, and their partner's drinking problems. More specifically, women's alcohol consumption as reflected in drinks per week rose less sharply than did men's as friends' approval of drinking increased (Figure 1) and as their partner's drinking increased (not shown).

Twenty-year follow-up. Subsidiary analyses showed that, at a 20-year follow-up, spouses of the 10-year remitted drinkers (*n* = 13) did not differ from spouses of the 10-year problem-free partners (*n* = 35) on any of the alcohol-related, family, or social functioning indices. However, compared with spouses of problem-free drinkers, spouses of 10-year continuing problem drinkers (*n* = 33) were more likely to have three or more medical conditions (36.4% vs. 11.4%), $\chi^2(2) = 5.99$, *p* < .05, and to have reported more depressive symptoms (*M* = 22.9 vs. 15.3), *F*(2, 65) = 5.50, *p* < .01; friend stressors (*M* = 20.0 vs. 9.1), *F*(2, 65) = 3.78, *p* < .05; and friends' approval of drinking (*M* = 5.6 vs. 4.5), *F*(2, 65) = 2.69, *p* < .10).

TABLE 4. Predictors of spouses' alcohol consumption, drinking problems, and depressive symptoms at 10 years

Predictors	Drinks/ week	Drinking problems	Depressive symptoms
Step 1. Covariates			
Gender, 1 = female	-.13	-.16*	.01
Baseline value of criterion	.63*	.23**	.63**
Step 2. Spouse/partner predictors			
Spouse's own functioning			
Medical conditions	-.05	.02	.16*
Avoidance coping	-.08	-.06	.22**
Partner stressors	-.04	.10	.14*
Friends' approval of drinking	.21**	.27**	-.13*
Partner's functioning			
Alcohol consumption, drinks/week	.23**	.15†	-.05
Drinking problems	.14*	.23**	-.05
Depressive symptoms	.05	.07	.17**
Medical conditions	-.10	-.10	.08
Constant	4.41	-0.21	-2.95
<i>R</i> ²	.53**	.19**	.53**

Note: Step 2 shows betas to enter.

†*p* < .06; **p* < .05; ***p* < .01.

FIGURE 1. Association between friends' approval of drinking and spouse drinks per week for women and men

Discussion

Notwithstanding their relatively poor baseline health and functioning, spouses of older adults whose late-life drinking problems remitted were able, 10 years later, to attain essentially normal health and social adaptation. In contrast, compared with spouses of problem-free individuals, spouses of continuing problem drinkers were more likely to experience deficits in their health and social functioning. Spouses of older adults who were heavier drinkers and had drinking problems were themselves heavier drinkers and were more likely to have drinking problems.

Spouses of remitted problem drinkers

At baseline, compared with spouses of problem-free individuals, spouses of to-be-remitted drinkers consumed more alcohol; had more health problems, depressive symptoms, and emotional problems; and were more likely to have had a recent hospitalization. Moreover, these spouses were less involved in household tasks and participated less in social

activities and religious pursuits. Thus, in line with research on spouses of younger and middle-age problem drinkers (Dawson et al., 2007; Hurcom et al., 2000; Marshal, 2003), these spouses experienced a range of health and functioning deficits when their partner had late-life drinking problems, and appeared somewhat withdrawn from family and social life.

By the 10-year follow-up, when their partners no longer had drinking problems, these spouses attained essentially normal adaptation. They no longer consumed more alcohol than did spouses of problem-free individuals, and, except for a higher likelihood of having been hospitalized in the past year, they no longer differed significantly from these spouses on any of the health, family, or social functioning indices. These results extend earlier findings showing that spouses of late-life problem drinkers tend to normalize their health and social functioning in line with their partner's short-term remission (Brennan et al., 1994a). Similarly, younger spouses of individuals with alcohol-use disorders attained normal personal and social functioning when their partner's alcohol problems were in long-term remission (Moos et al., 1990).

Although it is speculative, these spouses' problems may have served as an impetus for their partners' remission. When health and functioning problems arise in stable long-term marriages, problem drinkers may respond by moderating their drinking (Schutte et al., 1994). This response is consistent with socioemotional selectivity theory, which posits that older individuals are motivated to maintain positive relationships and reduce strain in their marriage (Carstensen et al., 1999).

Spouses of older adults with continuing late-life drinking problems

At baseline, spouses of older adults with continuing late-life drinking problems consumed more alcohol and reported less marital support and more depressive symptoms than did spouses of problem-free individuals. However, with these exceptions, they did not experience more health problems or deficits in family and social functioning. Thus, these spouses may have formed a somewhat uneasy "drinking partnership" (Homish and Leonard, 2007) with their mates and engaged in moderate to heavy alcohol consumption as a normative social activity. Consistent with this idea, at the 10-year follow-up, this group of spouses continued to drink more heavily and to report more friends' approval of drinking than spouses of problem-free drinkers did. Joint alcohol consumption with their partner may have strengthened these spouses' marriages and contributed to their positive mood.

However, there were some longer-term problems associated with being married to someone with continuing drinking problems. At the 20-year follow-up, spouses of continuing problem drinkers had more medical conditions, depressive symptoms, and friend-related stressors than did spouses of problem-free individuals.

Predictors of spouse functioning

Consistent with previous studies showing concordance of alcohol consumption in younger, middle-age, and older couples (Corbett et al., 1991; Graham and Braun, 1999; Kearns-Bodkin and Leonard, 2005), spouses of older adults with drinking problems were likely to drink more heavily and have drinking problems themselves. Furthermore, highlighting developmental continuity in concomitants of heavy drinking (Akers et al., 1989; Bullers et al., 2001; Caudill and Kong, 2001; Moos et al., 2004), friends' approval of drinking was consistently associated with spouses' heavier drinking and drinking problems.

Consistent with findings on older problem drinking adults (Brennan & Moos, 1996; Brennan et al., 1994b; Moos et al., 2004), more medical conditions, marital stressors, and reliance on avoidance coping were associated with elevated spouse depressive symptoms. In addition, as prior studies have shown (e.g., Tower and Kasl, 1996), older couples tend

to be concordant for depressive symptoms. However, contrary to Cronkite and Moos (1984), we did not identify an association between the partner's drinking problems and the spouse's depression, perhaps because our sample comprised long-term stably married couples, where spouses' reactions to partners' problem drinking may have diminished over time.

Gender differences

The influence of friends' and partner's drinking behavior on spouses' use of alcohol was stronger for men than for women, suggesting, as did an earlier study on life history patterns of drinking (Lemke et al., 2008), that older men may be more reactive to social influences on drinking than are older women. Similarly, research on younger couples indicates that wives influence their husband's drinking as much as (that is, no less than) husbands influence their wife's drinking (Leonard and Homish, 2008; Leonard and Mudar, 2003, 2004). More generally, with increasing age, women appear to become more assertive and independent, whereas men become more responsive to the interpersonal and social contexts (Baltes et al., 2001; Wink and Helson, 1993).

Limitations and conclusions

Our findings are of interest, but several limitations must be noted. We recruited a community sample of older, stably married couples who may have been more health conscious and thus more likely to reduce their alcohol consumption with increasing age than individuals in a representative population sample. Moreover, the sample was composed primarily of White and relatively well-educated individuals; the findings need to be replicated on more diverse groups of married older adults.

These findings reflect couples' drinking and functioning over relatively long time intervals. Future research should focus on changes in older spouses' reactions to their partner's drinking patterns over shorter, more frequent intervals, and more closely examine the processes and social contexts in which older couples' shared drinking patterns develop and change.

Overall, our findings indicate that a health care provider's recommendation that a heavy drinker curtail alcohol consumption might also benefit a spouse. The finding that a man's drinking appears to be especially responsive to that of his friends and marital partner also highlights some potential effective counseling strategies. In this respect, a spouse's partial withdrawal from the couple relationship may have some benefits when it reflects a process of individuation that fosters a partner's remission. Marital and family counselors can use this type of information to reduce the prevalence and risks associated with high-risk alcohol consumption and drinking problems among older married couples.

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