

Health During Relationship Transitions: Policy Implications for Dating, New Parenthood, and Bereavement

Policy Insights from the
Behavioral and Brain Sciences
1–9
© The Author(s) 2024
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/23727322241305611
journals.sagepub.com/home/bbs



Tatum A. Jolink¹  and Rebecca E. Salomon²

Abstract

Romantic relationships impact individuals' mental and physical health across the lifespan. The link between relationships and health may be especially intertwined during major relationship transitions. Three transitional seasons of romantic relationships—dating, the transition to parenthood, and bereavement—are uniquely linked with health. To best support the health of relationships and the individuals in them, season-specific policy recommendations address experiences of dating, pregnancy/parenting, and grieving. Broad-scale recommendations cover education, placemaking, research and funding, and community efforts to support individual health within romantic relationships across time.

Keywords

romantic relationships, health, dating, transition to parenthood, bereavement, policy

Social media

Relationships influence individual health. Policy interventions across seasons of romantic relationships—including dating, transition to parenting, and bereavement—could strengthen these relationships and promote healthier lives.

Key Points

- Despite popularity and public interest, how dating, including online dating, affects long-term health is yet unknown.
- The quality of romantic relationships during the transition to parenthood significantly influences both parental mental health and child well-being. Better understanding would clarify the mechanisms.
- Most individuals who have lost a partner or spouse demonstrate resilience trajectories (and few long-term health consequences), but infrastructure that promotes coping and healthy bereavement trajectories is lacking.
- Although individual and provider-level interventions can support relational health during the transition to parenthood and bereavement, structural reforms need to address caregiving and bereavement burdens.
- Improved mental health access from dating until death is essential to fostering healthier relationships and improving outcomes for families across the lifespan.

Close relationships can be health-protective (Holt-Lunstad, 2023; Holt-Lunstad et al., 2010; Whisman & Baucom, 2012). Relationships at their best keep people integrated

and connected, support everyday tasks, and imbue life with positive, satisfying moments (e.g., good sex, feeling understood, shared joy). This paper focus on the role of romantic relationships—such as having a partner or spouse—on health. Understanding how romantic relationships shape health across different seasons of life reveals how to support those relationships and the health of the individuals within them. Specifically, the next sections consider this question during three distinct relational seasons common for American adults: 1) *starting to date*, or when an individual becomes part of a dyad (i.e., couple) for the first time, 2) *transitioning to parenthood* as part of a couple, or when dyads become triads, and 3) *experiencing bereavement*, or when dyads lose a member. Understanding the peaks and valleys across an individual's dynamic relational landscape can identify policy to help tend and fertilize that landscape over time.

What is the Relational Landscape?

Imagining humans as plants in a garden, individuals grow and evolve through various seasons of life, influenced by the care they receive and the environment around them. In relationships, people—like the plants in a garden—can

¹Department of Psychology, University of Michigan, Ann Arbor, MI, USA
²School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

Corresponding Author:

Tatum A. Jolink, Department of Psychology, University of Michigan, 3432 East Hall, 530 Church Street, Ann Arbor, MI 48109, USA.
Email: tjolink@umich.edu

connect, intertwine, and experience these seasons of life together. Some seasons of life are particularly relational and tend to be dyadic (e.g., dating, transition to parenthood, bereavement). Over the course of a romantic relationship, these relational seasons likely impact not just the health of the relationship, but the health and well-being of each individual. Just as a plant thrives or falters depending on the conditions and care the garden receives, so too can a relationship influence the flourishing or struggles (i.e., health) of the individuals within it.

Humans are highly social creatures, yet many critical relational seasons are underexamined in the scientific literature and largely lack policy support that fully considers the *relationships* at their core. In some cases, these relational experiences are a blend of positive and negative experiences (e.g., transition to parenthood). In others, they may be idiosyncratic but on aggregate trend toward positive (e.g., dating) or negative (e.g., bereavement). These three relational seasons—dating, transition to parenthood, bereavement—give a bird’s eye view of the broader relational landscape an individual can traverse during their life. For each relational season, discussion highlights a) how common many of these experiences are for the American adult—while reinforcing how much influence they have on health-relevant outcomes, b) the range—in quantity and quality—of policies and programs that currently support these critical American touchstones, and c) the present opportunity to generate new research and policies on these quintessential relational experiences, in order to support healthy, happy lives. To conclude, broad policy suggestions focus on education, placemaking, and economics.

Relationships Influence Health Through Multiple Mechanisms

Close relationships are linked with health through both psychological and physiological mechanisms (Farrell et al., 2022). For example, social connection and disconnection (Pietromonaco & Collins, 2017), affective processes (Farrell et al., 2018), social support and partner responsiveness (Slatcher & Selcuk, 2017; Uchino et al., 1996), and dyadic health behavior change (Gouin & Dymarski, 2024) are psychological processes indirectly tying relationships to health and disease. Indirect physiological mechanisms tying relationships to health include immune pathways (Kiecolt-Glaser et al., 2010; Leschak & Eisenberger, 2019), neuroendocrine pathways (Edelstein & Chin, 2018), and cardiovascular pathways (Robles et al., 2014), among others.

Planting the Garden: Dating

Research on Dating and Health

Thirty-one percent of American adults are single; half of them are actively dating or looking for a romantic partner

(Brown, 2020). Based on the 2020 U.S. Census Bureau estimates of the population of American adults 18 years or over, this means just shy of 80.1 million adults were single in 2020 and approximately 39 million adults were actively dating (U.S. Census Bureau, 2020a). For American adults, dating is the first step in moving romantic relationships forward, the benefits of which have long been of interest to social scientists. In the modern era, the most common way to meet romantic partners is online (Rosenfeld et al., 2019; Rosenfeld & Thomas, 2012). This is where culture, media, and some research has begun to view dating—and online dating—more negatively. Online dating has been conceptualized as *entrepreneurial* (Bandinelli & Gandini, 2022) *entertainment* (Bauman, 2013), which on its face seems inconsistent with what should be the breeding ground for one of our best, highest quality relationships (i.e., built around communal instead of exchange norms; characterized as deep and committed more so than superficial and ephemeral). However, there is no evidence that romantic relationships are systematically different or worse when they begin online (Finkel et al., 2012), and online dating offers unique benefits, such as greater access to a wider dating pool, efficiency when evaluating options, and dating within a controlled risk-taking environment (Vandeweerd et al., 2016). Despite many benefits of online dating, there are also downsides.

The benefits and risks of online dating are mixed and contextualized. For instance, online dating is positively associated with both self-esteem *and* depression (Holtzhausen et al., 2020). Men tend to fare better than women, and demographic majorities have advantages over minority individuals (Bruch & Newman, 2019). Plus, the potential risks of online dating increase with use: as individuals use online dating apps more frequently and for longer durations, they demonstrate increased distress and depression (Holtzhausen et al., 2020). Dating app use has been linked with negative well-being, such as heightened loneliness, greater dissatisfaction with life, and increased feelings of rejection or exclusion (Coduto et al., 2020). Dating app use may be positively associated with disordered eating symptoms, one study found (Blake et al., 2022).

Further, sexual risk-taking, sexual coercion, sexual violence, and abuse all have demonstrably occurred on dating apps (for review, see Filice et al., 2022). Certain individuals, such as sexual minorities, may be particularly vulnerable to online dating risks (Henry & Powell, 2018; for review, see Castro & Barrada, 2020). However, LGBTQ+ daters, who were early adopters of dating apps, also report benefits, such as using dating apps to make offline connections, expand their dating pool, and enhance their sense of belonging (Byron et al., 2021; Rosenfeld & Thomas, 2012; Sharabi et al., 2023). Altogether, the dating-health association is complicated, and apart from some cross-sectional associations with mental health, how dating and online dating link to long-term health lacks rigorous empirical investigation.

Policy Recommendations

Are concerns about online dating valid (Hobbs et al., 2017)? And if so, what resources are needed to support the almost 40 million American adults who may be using dating apps to find a romantic partner? Every year, more and more people meet their romantic partner on dating apps (Rosenfeld et al., 2019). As the number of individuals using dating apps grows, policies should encourage the safety, respect, and inclusion of all daters. This is especially important for young adults beginning to date for the first time, who may have little romantic dating experience and are incentivized to follow the existing norms on dating apps—not all of which are effective for finding romantic partners or good for individual well-being.

Policy to support healthy (online) dating could draw from existing policies and infrastructure. First, in 2023, the Surgeon General of the United States issued a new advisory warning about the effects of social media use on youth mental health (Office of the Surgeon General (OSG), 2023). Although the advisory was focused on social media use among adolescents ages 13–17 (and, for reasons such as the protection of minors, did not include dating apps in the discussion), national cohort datasets suggest adolescents (under 18) are using dating apps (Nagata et al., 2024). Thus, many of the recommendations made in the Surgeon General’s advisory could apply to adolescents (ages 13–17) and emerging adults (ages 18–25) beginning to date and use dating apps for the first time. For instance, policy-makers should a) “develop age-appropriate health and safety standards for [dating app] platforms,” b) “support the development, implementation, and evaluation of digital and media literacy curricula in schools and within academic standards,” c) “support increased funding for future research on the benefits and harms of [dating app] use,” and d) “ensure technology companies share data relevant to the health impact of their platforms with independent researchers and the public in a manner that is timely, sufficiently detailed, and protects privacy” (Office of the Surgeon General (OSG), 2023). Currently, the Kids Online Safety Act is under consideration in the House of Representatives, having already passed in the Senate (KOSA; Sen. Blumenthal, 2023). KOSA would legalize a “duty of care” for technology companies to help protect minors using social media platforms.

Based on how many American adults are single and dating today, encouraging safe, healthy dating should be both a public health and research priority. Scientists across disciplines have been studying online dating, but ongoing research is still minimal compared to the ubiquitousness of online dating today. Funding research on dating experiences, both online and offline, can identify potential acute and long-term health implications of modern dating and illuminate how people form the high-quality romantic relationships that are so critical for health.

Growing the Garden: Transition to Parenthood

Research on Transition to Parenthood and Health

The majority of American adults become parents at some point in their lives, with 69% reporting that they were parents in 2023 (Brenan, 2023). The transition to parenthood (TTP) is individually a period of significant physiological, psychosocial, and economic change, making it a critical window for health (for review, see Saxbe et al., 2018). The TTP also introduces substantial stress into romantic relationships, often increasing strain and decreasing relationship quality (for review, see Delicate et al., 2018)—a pattern observed across heterosexual and LGBTQ+ couples (Doss & Rhoades, 2017). Given that approximately 70% of U.S. children under 18 live in two-parent households (65% married, 5% cohabiting; Federal Interagency Forum on Child and Family Statistics, 2023), it is likely that the majority of American parents are in a romantic relationship during the TTP. Because many new parents may experience these relational challenges, it is essential to consider how relationship quality during this time affects not only the health of each parent but also the well-being of the developing child, including long-term health trajectories.

During the TTP, the quality of a romantic relationship can have implications for an individual parent’s health. Positive relationship perceptions—such as feeling supported and valued by one’s partner—are linked to fewer mental health symptoms, whereas low positive and high negative relationship perceptions are associated with increased anxiety and depressive symptoms (Figueiredo et al., 2008). Relationship functioning may also play a crucial role in moderating the effects of an individual’s past trauma (e.g., childhood maltreatment or neglect, intimate partner violence, or community violence exposure) on their mental health during the TTP. For instance, in a study involving low-income pregnant individuals and their partners, a history of childhood maltreatment was strongly associated with heightened depression symptoms during the perinatal period. However, those who reported higher perceived social support from their romantic partner demonstrated the weakest association, underscoring the potential protective role of relationship support (Allen et al., 2023). Fewer studies have examined the direct effects of romantic relationships during TTP on somatic health, such as cardiovascular outcomes. This gap may be particularly important to investigate, as the transition to parenthood is considered a critical period for cardiovascular health, with potential long-term implications for health vulnerabilities and trajectories (Adamo et al., 2012). For example, early parenthood, particularly in individuals from disadvantaged backgrounds, has been linked to increased cardiovascular risks in later life, especially for women, partially due to factors such as psychological distress and unhealthy lifestyle behaviors (Lee &

Ryff, 2016). Exploring the intersection of relationship quality and cardiovascular indicators could provide valuable insights into health during this period.

The quality of a romantic relationship during the TTP may also affect the health of the child. The first 1,000 days of life are crucial for long-term health trajectories, and children are dependent on their caregivers during this period (Indrio et al., 2022; Willis & Eddy, 2022). Positive dynamics in parents' romantic relationship—such as lower conflict and greater emotional support—appear to enable parents to engage in sensitive and responsive parenting (Kershaw et al., 2014), which should promote healthy child development across emotional, cognitive, and physical domains. Conversely, romantic relationship strain can contribute to increased parental stress, which is associated with a decreased capacity to provide optimal care and can have negative consequences for developing children (Barreto et al., 2024). The relationships that children experience—and see modeled by their parents—in early childhood may set the trajectory for their own relationship health in the future (Lally & Mangione, 2017; Szepeswol et al., 2022; Willis & Eddy, 2022).

Policy Recommendations

Brief relationship and co-parenting interventions during pregnancy can reduce relationship strain and improve child mental health over the long term, with parents preferring the co-parenting intervention (Doss et al., 2014; Tomfohr-Madsen et al., 2020). An added benefit of the brief co-parenting intervention is that emphasizing co-parenting supports the triadic relationship (parent/parent/child) which will continue even if the romantic relationship between the parents were to dissolve. Replication of these findings would support the integration of such interventions into prenatal care (and should be covered by public insurance and/or supported through targeted public health programs).

However, the expectation that individuals alone must protect their partner's and child's health is unrealistic, especially when social determinants of health may hinder their capacity to act as buffers. The system itself needs to be addressed at multiple levels in order to disrupt the intergenerational transmission of exposure to negative social determinants of health. In their policy recommendations to protect the fetal brain from maternal stress, van den Heuvel (2022) suggested multi-level interventions that could also help relieve pressure from individuals in relationships during the TTP. For example, providers should be trained to screen for and decrease stigma around [parental] mental health needs and to use communication styles that provide supportive care without overwhelming new parents. At the organizational level, an increased continuity of care could reduce stress for pregnant people and their partners. Finally, the structural level should ensure access to free parental mental health services and positive parenting education in early childhood.

Additionally, policies such as paid parental leave, expanded childcare tax credits, universal childcare access, and workplace flexibility initiatives could significantly reduce the caregiving burden on mothers, who disproportionately shoulder both cognitive and instrumental household labor (Aviv et al., 2024). Paid parental leave—offered at a national level in every other first-world country (Son, 2024)—ensures that both parents have time to adjust to parenthood without financial strain. Universal childcare access would reduce economic barriers to quality care, increasing parents' capacity for workforce participation. Tax credits could offset the financial demands of raising children and alleviate stress, while workplace flexibility supports parents in balancing work and family responsibilities. Implementing such policies could significantly improve relationship quality and parental mental health. Ultimately, while individual and provider-level interventions are critical, structural reforms to address caregiving burdens and improve mental health access are essential to foster healthier relationships and improve outcomes for families.

Reshaping the Garden: Bereavement

Research on Bereavement and Health

Approximately 22.6 million Americans were aged 75 and above in 2020 (U.S. Census Bureau, 2020b). Due to the growing older adult population, the country should be preparing for an increased bereavement burden. Losing a romantic partner or spouse is one of the most disruptive experiences in a romantic relationship (O'Connor & Seeley, 2022). Not only does partner loss mean a relationship has ended, but it is also accompanied by identity changes, social network changes (Morrigan et al., 2022), and negative emotional experiences such as grief. Bereavement itself increases the surviving spouse's risk of mortality and is associated with the onset of mental and physical health problems (Stroebe et al., 2007). One-third of bereaved individuals demonstrate some negative health consequences; one-quarter of widows/widowers develop clinical depression and anxiety during the first year, but this steadily declines after one year bereaved (Jacobs, 1993). Sudden or violent losses are particularly harmful to health: recovery from grief is slower following this type of loss (Kristensen et al., 2012; Sasson & Umberson, 2014).

Bereaved individuals experiencing high grief symptoms demonstrate greater inflammation (i.e., inflammatory cytokine levels) in general (Fagundes et al., 2019) and greater inflammatory cytokine increases in response to a psychological stressor (Brown et al., 2022). Losing a spouse is also associated with cognitive decline beyond typical changes in cognition due to aging (Singham et al., 2021). For those bereaved following intense caregiving, worse health and social isolation are associated with decreased well-being during bereavement (Burton et al., 2006). Overall,

certain trajectories of bereavement are difficult to recover from (e.g., chronic grief) and prolong post-bereavement symptoms, which can have negative health effects (Bonanno et al., 2002, 2004). But not all bereaved individuals show negative health outcomes following bereavement, and, in fact, empirical work suggests resilience trajectories are the most common following partner loss (Bonanno et al., 2002, 2004; Carr, 2020). Resilient bereaved individuals do not avoid grief altogether, but instead experience mild grief symptoms they overcome or “bounce back” from quicker (Bonanno, 2009; Infurna & Luthar, 2017).

Policy Recommendations

To best support the population of bereaved American adults, policy efforts should reflect research on coping that has outlined the personal, dyadic, and structural factors that contribute to resilience trajectories following bereavement (Carr, 2020). For instance, older adults are more likely to demonstrate resilience trajectories than younger adults. Younger adults have less experience with death and loss (Umberson et al., 2017), and bereavement is less normalized or expected in the young (Hansson & Stroebe, 2007). Further, bereavement may be accompanied by stress relief for older adults (e.g., release from caregiving duties; Carr et al., 2001) but the onset of new stressors for younger adults (e.g., single parenthood, Gass-Sternas, 1995; financial instability, Siflinger, 2017). Young adults may benefit from additional post-bereavement support, including financial support, to ensure they move toward a resilience trajectory instead of an unhealthy trajectory.

Individuals also demonstrate distinct resilience trajectories based on the quality of their romantic relationship (Bonanno et al., 2002; Klass & Steffen, 2018). Based on longitudinal data, the current view is that the loss of a high-quality bond may contribute to elevated grief symptoms in the short-term (i.e., first 6 months) but more resilient trajectories long-term. Further, emotional support seems to be particularly beneficial post-loss (Bisconti et al., 2006; Powers et al., 2014), yet certain people, such as women and Black individuals, receive better emotional support (Carr & Moorman, 2011; Carr, 2004; Lee & DeMaris, 2007). For practical support, research reveals better post-loss outcomes—less anxiety and anger—for individuals whose partner received or had better palliative care at the end of their life (Carr, 2003; Ornstein et al., 2015). Policies to address support inequities (e.g., improved access to hospice/palliative care) and support the quality of relationships throughout a couple’s entire time together would help alleviate discrepancies in grief trajectories for the bereaved.

American adults who have recently lost a romantic partner deserve support at all levels. At the organizational level, workplaces should institute more flexible bereavement leave plans that are not limited to funeral leave or tied to specific family structures. Most occupational bereavement plans

—if they exist at all—cover bereavement only for immediate family members (e.g., spouse, children). More flexible bereavement leave plans would improve bereavement trajectories for all. At the federal level, policies should focus on reducing the economic burden of bereavement, including a bereavement tax credit. Supporting America’s bereaved with policies at every level can set people up to overcome partner loss in as resilient a way as possible and ensure the next phase of their life stays on a healthy trajectory.

Tending to the Landscape with Policy, Research, and Funding Support

Romantic relationships are worth protecting in every season—when they start, when they grow, and when a member is lost. Relationships that experience challenges or a lack of support at certain stages, such as during dating, the transition to parenthood, and bereavement, may put the individuals in those relationships more at risk for adverse health effects. Some overarching policy recommendations would help support relationships through all seasons.

Education and Programming

First, a socioemotional curriculum in high schools and universities should focus on how to form and maintain healthy, high-quality romantic relationships. High school is generally the time when adolescents are experimenting and beginning romantic relationships for the first time (Carver et al., 2003; Collins et al., 2009). This period of blossoming new romance is exactly when America’s youth should be taught how to foster high-quality bonds, how to navigate conflict or change within relationships, and what to look for in a good partner. Dating is a challenging experience, in part, because misperceptions about dating abound, but research is slowly beginning to correct those misperceptions (e.g., strategies and pitfalls of dating “out of your league,” Bruch & Newman, 2018; decrements to decision-making in the face of choice overload, Pronk & Denissen, 2020). Educational programming that provides emerging adults with the knowledge and tools needed to have healthy, satisfying relationships—at a critical life stage when they are entering romantic relationships for the first time—should be a policy goal moving forward.

Placemaking

Second, investing in physical spaces, such as placemaking at the local and state level, can help foster connection and promote relationships. Take the state of Michigan’s SmartZones program, for example, which is a place-based policy that invested state funds into the creation of local micro-ecosystems (Michigan SmartZones | Areas of Innovation & Entrepreneurship n.d.). While the 20

SmartZones were focused on economic and entrepreneurial goals, community-building aspects were baked in, including the Public Spaces Community Places program. This program built safe public spaces across Michigan. Other place-based policies include Communities of Opportunity (Washington; *Communities of Opportunity*, 2024), which seek to promote equity in the health, education, and wealth of individuals within a local community. Placemaking strategies like these would benefit relationships within a community and may be especially important for individuals in rural or low-income areas. Not only does placemaking provide environmental infrastructure needed for individuals to thrive—safe neighborhoods, public parks, employment opportunities—but they also offer physical spaces in which to engage in relationship-building activities. Two people romantically interested in each other need places to go on a date. Families need places to bring their children. And those recently bereaved need places to go to connect with others after losing a partner. Placemaking promotes people, and when people thrive, their relationships can too.

Economic Support

Third, finances should be directed toward different efforts promoting relationships and health. Many relational seasons with major health implications lack rigorous, replicated research. With research funding prioritized for the study of health risks and benefits across the relational landscape, such as dating, parenting, and grieving, society can better tackle health problems that occur across the lifespan. Next, one of the best ways to support the health of couples is by reducing economic barriers and constraints to living a healthy life throughout its changing relational seasons. This could mean offering tax incentives such as a child or bereavement tax credit. Structurally, organizations and government entities could provide better paid leave policies, both for parental leave and bereavement leave. Individuals beginning to date and transitioning to parenthood would also benefit from paid mental health care. These finance-based policies would support individuals, couples, and families.

Conclusion

Romantic relationships, which are intricately linked with individual health, go through many seasons across the lifespan. These seasons, such as dating, the transition to parenthood, and bereavement, are common experiences for American adults. But rigorous research that has examined associations between relationship seasons and health varies. In addition to research prioritization and funding that addresses these gaps in knowledge, policy support for relationships at all levels would provide the care needed for the individuals in those relationships to thrive.

Acknowledgements

The authors would like to thank Gabriella M. Alvarez, Ryan L. Brown, Alison Salomon, Robert Svoboda, and Riley Vickers for their feedback on the ideas in this article. Thanks also to Keely A. Muscatell for bringing the authors together and inspiring them to think more deeply about inequities in health and health science.

CRedit Authorship Roles

TAJ: Conceptualization, Investigation, Writing—Original draft.

RES: Conceptualization, Investigation, Writing—Original draft.


Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Tatum A. Jolink  <https://orcid.org/0000-0003-4160-337X>

References

- Adamo, K. B., Ferraro, Z. M., & Brett, K. E. (2012). Pregnancy is a critical period for prevention of obesity and cardiometabolic risk. *Canadian Journal of Diabetes*, *36*(3), 133–141. <https://doi.org/10.1016/j.cjcd.2012.05.004>
- Allen, M. O. T., River, L. M., Rhoades, G. K., & Stanley, S. M. (2023). Relationship functioning moderates the link between history of childhood maltreatment and depression during pregnancy. *Journal of Family Psychology*, *37*(8), 1272–1281. <https://doi.org/10.1037/fam0001141>
- Aviv, E., Waizman, Y., Kim, E., Liu, J., Rodsky, E., & Saxbe, D. (2024). Cognitive household labor: Gender disparities and consequences for maternal mental health and wellbeing. *Archives of Women's Mental Health*. <https://doi.org/10.1007/s00737-024-01490-w>
- Bandinelli, C., & Gandini, A. (2022). Dating apps: The uncertainty of marketised love. *Cultural Sociology*, *16*(3), 423–441. <https://doi.org/10.1177/17499755211051559>
- Barreto, S., Wang, S., Guarnaccia, U., Fogelman, N., Sinha, R., & Chaplin, T. M. (2024). Parent stress and observed parenting in a parent-child interaction task in a predominantly minority and low-income sample. *Archives of Pediatrics*, *9*(1), 308. <https://doi.org/10.29011/2575-825x.100308>
- Bauman, Z. (2013). *Liquid Love: On the Frailty of Human Bonds*. John Wiley & Sons.
- Bisconti, T. L., Bergeman, C. S., & Boker, S. M. (2006). Social support as a predictor of variability: An examination of the adjustment trajectories of recent widows. *Psychology and Aging*, *21*(3), 590–599. <https://doi.org/10.1037/0882-7974.21.3.590>
- Blake, K., Portingale, J., Giles, S., Griffiths, S., & Krug, I. (2022). Dating app usage and motivations for dating app usage are associated with increased disordered eating. *Journal of Eating*

- Disorders*, 10(1), 186. <https://doi.org/10.1186/s40337-022-00693-9>
- Bonanno, G. A. (2009). *The other side of sadness: What the new science of bereavement tells us about life after loss* (pp. viii–v231). Basic Books.
- Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150–1164. <https://doi.org/10.1037/0022-3514.83.5.1150>
- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging*, 19(2), 260–271. <https://doi.org/10.1037/0882-7974.19.2.260>
- Brenan, M. (2023, September 25). *Americans' Preference for Larger Families Highest Since 1971*. <https://news.gallup.com/poll/511238/americans-preference-larger-families-highest-1971.aspx>
- Brown, A. (2020, August 20). 1. A profile of single Americans. *Pew Research Center*. <https://www.pewresearch.org/social-trends/2020/08/20/a-profile-of-single-americans/>
- Brown, R. L., LeRoy, A. S., Chen, M. A., Suchting, R., Jaremka, L. M., Liu, J., Heijnen, C., & Fagundes, C. P. (2022). Grief symptoms promote inflammation during acute stress among bereaved spouses. *Psychological Science*, 33(6), 859–873. <https://doi.org/10.1177/09567976211059502>
- Bruch, E. E., & Newman, M. E. J. (2018). Aspirational pursuit of mates in online dating markets. *Science Advances*, 4(8), eaap9815. <https://doi.org/10.1126/sciadv.aap9815>
- Bruch, E. E., & Newman, M. E. J. (2019). Structure of online dating markets in US cities. *Sociological Science*, 6, 219–234. <https://doi.org/10.15195/v6.a9>
- Burton, A. M., Haley, W. E., & Small, B. J. (2006). Bereavement after caregiving or unexpected death: Effects on elderly spouses. *Aging & Mental Health*, 10(3), 319–326. <https://doi.org/10.1080/13607860500410045>
- Byron, P., Albury, K., & Pym, T. (2021). Hooking up with friends: LGBTQ+ young people, dating apps, friendship and safety. *Media, Culture & Society*, 43(3), 497–514. <https://doi.org/10.1177/0163443720972312>
- Carr, D. (2003). A “good death” for whom? Quality of spouse’s death and psychological distress among older widowed persons. *Journal of Health and Social Behavior*, 44(2), 215–232. <https://doi.org/10.2307/1519809>
- Carr, D. S. (2004). Black/white differences in psychological adjustment to spousal loss among older adults. *Research on Aging*, 26(6), 591–622. <https://doi.org/10.1177/0164027504268495>
- Carr, D. (2020). Psychological resilience in the face of later-life spousal bereavement. In A. V. Wister, & T. D. Cosco (Eds.), *Resilience and aging: Emerging science and future possibilities* (pp. 157–174). Springer International Publishing.
- Carr, D., House, J. S., Willis, P. W. I., Nesse, R. M., & Kessler, R. C. (2001). Psychological adjustment to sudden and anticipated spousal loss among the older widowed. <http://deepblue.lib.umich.edu/handle/2027.42/142767>
- Carr, D., & Moorman, S. M. (2011). Social relations and aging. In R. A. Settersten, & J. L. Angel (Eds.), *Handbook of sociology of aging* (pp. 145–160). Springer.
- Carver, K., Joyner, K., & Udry, J. R. (2003). National estimates of adolescent romantic relationships. In *Adolescent romantic relations and sexual behavior* (pp. 23–56). Psychology Press.
- Castro, Á, & Barrada, J. R. (2020). Dating apps and their socio-demographic and psychosocial correlates: A systematic review. *International Journal of Environmental Research and Public Health*, 17(18), 6500. <https://doi.org/10.3390/ijerph17186500>
- Coduto, K. D., Lee-Won, R. J., & Baek, Y. M. (2020). Swiping for trouble: Problematic dating application use among psychosocially distraught individuals and the paths to negative outcomes. *Journal of Social and Personal Relationships*, 37(1), 212–232. <https://doi.org/10.1177/0265407519861153>
- Collins, W. A., Welsh, D. P., & Furman, W. (2009). Adolescent romantic relationships. *Annual Review of Psychology*, 60, 631–652. <https://doi.org/10.1146/annurev.psych.60.110707.163459>
- Communities of Opportunity. (2024, November 4). Communities of Opportunity. <https://www.coopartnerships.org>
- Delicate, A., Ayers, S., & McMullen, S. (2018). A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship. *Midwifery*, 61, 88–96. <https://doi.org/10.1016/j.midw.2018.02.022>
- Doss, B. D., Cicila, L. N., Hsueh, A. C., Morrison, K. R., & Carhart, K. (2014). A randomized controlled trial of brief coparenting and relationship interventions during the transition to parenthood. *Journal of Family Psychology*, 28(4), 483–494. <https://doi.org/10.1037/a0037311>
- Doss, B. D., & Rhoades, G. K. (2017). The transition to parenthood: Impact on couples’ romantic relationships. *Current Opinion in Psychology*, 13, 25–28. <https://doi.org/10.1016/j.copsyc.2016.04.003>
- Edelstein, R. S., & Chin, K. (2018). Hormones and close relationship processes: Neuroendocrine bases of partnering and parenting. In *Routledge international handbook of social neuroendocrinology* (pp. 281–297). Routledge.
- Fagundes, C. P., Brown, R. L., Chen, M. A., Murdock, K. W., Saucedo, L., LeRoy, A., Wu, E. L., Garcini, L. M., Shahane, A. D., Baameur, F., & Heijnen, C. (2019). Grief, depressive symptoms, and inflammation in the spousally bereaved. *Psychoneuroendocrinology*, 100, 190–197. <https://doi.org/10.1016/j.psyneuen.2018.10.006>
- Farrell, A. K., Imami, L., Stanton, S. C. E., & Slatcher, R. B. (2018). Affective processes as mediators of links between close relationships and physical health. *Social and Personality Psychology Compass*, 12(7), e12408. <https://doi.org/10.1111/spc3.12408>
- Farrell, A. K., Stanton, S. C. E., & Sbarra, D. A. (2022). Good theories in need of better data: Combining clinical and social psychological approaches to study the mechanisms linking relationships and health. *Perspectives on Psychological Science*, 17(3), 863–883. <https://doi.org/10.1177/17456916211027563>
- Federal Interagency Forum on Child and Family Statistics (2023). *America’s Children: Key National Indicators of Well-Being, 2023*. U.S. Government Printing Office.
- FIGUEREIDO, B., FIELD, T., DIEGO, M., HERNANDEZ-REIF, M., DEEDS, O., & ASCENCIO, A. (2008). Partner relationships during the transition to parenthood. *Journal of Reproductive and Infant Psychology*, 26(2), 99–107. <https://doi.org/10.1080/02646830701873057>

- Filice, E., Abeywickrama, K. D., Parry, D. C., & Johnson, C. W. (2022). Sexual violence and abuse in online dating: A scoping review. *Aggression and Violent Behavior, 67*, 101781. <https://doi.org/10.1016/j.avb.2022.101781>
- Finkel, E. J., Eastwick, P. W., Karney, B. R., Reis, H. T., & Sprecher, S. (2012). Online dating: A critical analysis from the perspective of psychological science. *Psychological Science in the Public Interest, 13*(1), 3–66. <https://doi.org/10.1177/1529100612436522>
- Gass-Sternas, K. A. (1995). Single parent widows: Stressors, appraisal, coping, resources, grieving responses and health. In *Single parent families* (pp. 411–445). Routledge.
- Gouin, J.-P., & Dymarski, M. (2024). Couples-based health behavior change interventions: A relationship science perspective on the unique opportunities and challenges to improve dyadic health. *Comprehensive Psychoneuroendocrinology, 19*, 100250. <https://doi.org/10.1016/j.cpnec.2024.100250>
- Hansson, R. O., & Stroebe, M. S. (2007). *Bereavement in late life: Coping, adaptation, and developmental influences* (pp. xi–219). American Psychological Association.
- Henry, N., & Powell, A. (2018). Technology-facilitated sexual violence: A literature review of empirical research. *Trauma, Violence, & Abuse, 19*(2), 195–208. <https://doi.org/10.1177/1524838016650189>
- Hobbs, M., Owen, S., & Gerber, L. (2017). Liquid love? Dating apps, sex, relationships and the digital transformation of intimacy. *Journal of Sociology, 53*(2), 271–284. <https://doi.org/10.1177/1440783316662718>
- Holt-Lunstad, J. (2023). National health guidelines for social connection: What is the evidence in support and what might the guidelines say? *Policy Insights from the Behavioral and Brain Sciences, 10*(1), 41–50. <https://doi.org/10.1177/23727322221150204>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7*(7), e1000316. <https://doi.org/10.1371/journal.pmed.1000316>
- Holtzhausen, N., Fitzgerald, K., Thakur, I., Ashley, J., Rolfe, M., & Pit, S. W. (2020). Swipe-based dating applications use and its association with mental health outcomes: A cross-sectional study. *BMC Psychology, 8*(1), 22. <https://doi.org/10.1186/s40359-020-0373-1>
- Indrio, F., Dargenio, V. N., Marchese, F., Giardino, I., Vural, M., Carrasco-Sanz, A., Pietrobelli, A., & Pettoello-Mantovani, M. (2022). The importance of strengthening mother and child health services during the first 1000 days of life: The foundation of Optimum health, growth and development. *The Journal of Pediatrics, 245*, 254–256.e0. <https://doi.org/10.1016/j.jpeds.2022.03.001>
- Infurna, F. J., & Luthar, S. S. (2017). The multidimensional nature of resilience to spousal loss. *Journal of Personality and Social Psychology, 112*(6), 926–947. <https://doi.org/10.1037/pspp0000095>
- Jacobs, S. (1993). *Pathologic grief: Maladaptation to loss* (pp. xv–388). American Psychiatric Association.
- Kershaw, T., Murphy, A., Lewis, J., Divney, A., Albritton, T., Magriples, U., & Gordon, D. (2014). Family and relationship influences on parenting behaviors of young parents. *Journal of Adolescent Health, 54*(2), 197–203. <https://doi.org/10.1016/j.jadohealth.2013.08.012>
- Kiecolt-Glaser, J. K., Gouin, J.-P., & Hantsoo, L. (2010). Close relationships, inflammation, and health. *Neuroscience & Biobehavioral Reviews, 35*(1), 33–38. <https://doi.org/10.1016/j.neubiorev.2009.09.003>
- Klass, D., & Steffen, E. M. (2018). *Continuing Bonds in Bereavement: New Directions for Research and Practice*. Routledge/Taylor & Francis Group.
- Kristensen, P., Weisæth, L., & Heir, T. (2012). Bereavement and mental health after sudden and violent losses: A review. *Psychiatry: Interpersonal and Biological Processes, 75*(1), 76–97. <https://doi.org/10.1521/psyc.2012.75.1.76>
- Lally, J. R., & Mangione, P. (2017). Caring relationships: The heart of early brain development. *Young Children, 72*(2), 17–24.
- Lee, G. R., & DeMaris, A. (2007). Widowhood, gender, and depression: A longitudinal analysis. *Research on Aging, 29*(1), 56–72. <https://doi.org/10.1177/0164027506294098>
- Lee, C., & Ryff, C. D. (2016). Early parenthood as a link between childhood disadvantage and adult heart problems: A gender-based approach. *Social Science & Medicine, 171*, 58–66. <https://doi.org/10.1016/j.socscimed.2016.10.028>
- Leschak, C. J., & Eisenberger, N. I. (2019). Two distinct immune pathways linking social relationships with health: Inflammatory and antiviral processes. *Psychosomatic Medicine, 81*(8), 711–719. <https://doi.org/10.1097/PSY.0000000000000685>
- Michigan SmartZones | Areas of Innovation & Entrepreneurship. (n.d.). Ann Arbor SPARK. Retrieved November 15, 2024, from <https://annarborusa.org/about/michigan-smartzones/>
- Morrigan, B., Keesing, S., & Breen, L. J. (2022). Exploring the social networks of bereaved spouses: Phenomenological case studies. *OMEGA - Journal of Death and Dying, 85*(2), 268–284. <https://doi.org/10.1177/0030222820944062>
- Nagata, J. M., Balasubramanian, P., Shim, J. E., Talebloo, J., Yen, F., Al-shoaiabi, A. A. A., Shao, I. Y., Ganson, K. T., Testa, A., Kiss, O., & Baker, F. C. (2024). Social epidemiology of online dating in U.S. early adolescents. *BMC Research Notes, 17*(1), 145. <https://doi.org/10.1186/s13104-024-06777-w>
- O'Connor, M.-F., & Seeley, S. H. (2022). Grieving as a form of learning: Insights from neuroscience applied to grief and loss. *Current Opinion in Psychology, 43*, 317–322. <https://doi.org/10.1016/j.copsyc.2021.08.019>
- Office of the Surgeon General (OSG) (2023). *Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory*. US Department of Health and Human Services.
- Ornstein, K. A., Aldridge, M. D., Garrido, M. M., Gorges, R., Meier, D. E., & Kelley, A. S. (2015). Association between hospice use and depressive symptoms in surviving spouses. *JAMA Internal Medicine, 175*(7), 1138–1146. <https://doi.org/10.1001/jamainternmed.2015.1722>
- Pietromonaco, P. R., & Collins, N. L. (2017). Interpersonal mechanisms linking close relationships to health. *American Psychologist, 72*(6), 531–542. <https://doi.org/10.1037/amp0000129>
- Powers, S. M., Bisconti, T. L., & Bergeman, C. S. (2014). Trajectories of social support and well-being across the first two years of widowhood. *Death Studies, 38*(8), 499–509. <https://doi.org/10.1080/07481187.2013.846436>
- Pronk, T. M., & Denissen, J. J. (2020). A rejection mind-set: Choice overload in online dating. *Social Psychological and Personality Science, 11*(3), 388–396. <https://doi.org/10.1177/1948550619866189>

- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin, 140*(1), 140–187. <https://doi.org/10.1037/a0031859>
- Rosenfeld, M. J., & Thomas, R. J. (2012). Searching for a mate: The rise of the internet as a social intermediary. *American Sociological Review, 77*(4), 523–547. <https://doi.org/10.1177/0003122412448050>
- Rosenfeld, M. J., Thomas, R. J., & Hausen, S. (2019). Disintermediating your friends: How online dating in the United States displaces other ways of meeting. *Proceedings of the National Academy of Sciences, 116*(36), 17753–17758. <https://doi.org/10.1073/pnas.1908630116>
- Sasson, I., & Umberson, D. J. (2014). Widowhood and depression: New light on gender differences, selection, and psychological adjustment. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 69B*(1), 135–145. <https://doi.org/10.1093/geronb/gbt058>
- Saxbe, D., Rossin-Slater, M., & Goldenberg, D. (2018). The transition to parenthood as a critical window for adult health. *American Psychologist, 73*(9), 1190–1200. <https://doi.org/10.1037/amp0000376>
- Sen. Blumenthal, R. [D-C. (2023, December 13). *Text - S.1409—118th Congress (2023-2024): Kids Online Safety Act (2023-05-02)* [Legislation]. <https://www.congress.gov/bill/118th-congress/senate-bill/1409/text>
- Sharabi, L. L., Ryder, C. V., & Niess, L. C. (2023). A space of our own: Exploring the relationship initiation experiences of lesbian, gay, bisexual, transgender, queer, intersex, and asexual dating app users. *Journal of Social and Personal Relationships, 40*(7), 2277–2297. <https://doi.org/10.1177/02654075221143790>
- Siflinger, B. (2017). The effect of widowhood on mental health—an analysis of anticipation patterns surrounding the death of a spouse. *Health Economics, 26*(12), 1505–1523. <https://doi.org/10.1002/hec.3443>
- Singham, T., Bell, G., Saunders, R., & Stott, J. (2021). Widowhood and cognitive decline in adults aged 50 and over: A systematic review and meta-analysis. *Ageing Research Reviews, 71*, 101461. <https://doi.org/10.1016/j.arr.2021.101461>
- Slatcher, R. B., & Selcuk, E. (2017). A social psychological perspective on the links between close relationships and health. *Current Directions in Psychological Science, 26*(1), 16–21. <https://doi.org/10.1177/0963721416667444>
- Son, K. (2024). The origin of social policy for women workers: The emergence of paid maternity leave in western countries. *Comparative Political Studies, 57*(1), 69–100. <https://doi.org/10.1177/00104140231169024>
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet, 370*(9603), 1960–1973. [https://doi.org/10.1016/S0140-6736\(07\)61816-9](https://doi.org/10.1016/S0140-6736(07)61816-9)
- Szepeswol, O., Simpson, J. A., Griskevicius, V., Zamir, O., Young, E. S., Shoshani, A., & Doron, G. (2022). The effects of childhood unpredictability and harshness on emotional control and relationship quality: A life history perspective. *Development and Psychopathology, 34*(2), 607–620. <https://doi.org/10.1017/S0954579421001371>
- Tomfohr-Madsen, L. M., Giesbrecht, G. F., Madsen, J. W., MacKinnon, A., Le, Y., & Doss, B. (2020). Improved child mental health following brief relationship enhancement and co-parenting interventions during the transition to parenthood. *International Journal of Environmental Research and Public Health, 17*(3), 766. <https://doi.org/10.3390/ijerph17030766>
- Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin, 119*(3), 488–531. <https://doi.org/10.1037/0033-2909.119.3.488>
- Umberson, D., Olson, J. S., Crosnoe, R., Liu, H., Pudrovska, T., & Donnelly, R. (2017). Death of family members as an overlooked source of racial disadvantage in the United States. *Proceedings of the National Academy of Sciences, 114*(5), 915–920. <https://doi.org/10.1073/pnas.1605599114>
- U.S. Census Bureau (2020a). *Population under age 18 declined last decade*. Census.Gov. Retrieved December 6, 2024, from <https://www.census.gov/library/stories/2021/08/united-states-adult-population-grew-faster-than-nations-total-population-from-2010-to-2020.html>
- U.S. Census Bureau (2020b). *U.S. older population grew from 2010 to 2020 at fastest rate since 1880 to 1890*. Census.Gov. Retrieved December 6, 2024, from <https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>
- Van Den Heuvel, M. I. (2022). From the Womb into the world: Protecting the fetal brain from maternal stress during pregnancy. *Policy Insights from the Behavioral and Brain Sciences, 9*(1), 96–103. <https://doi.org/10.1177/23727322211068024>
- Vandeweerd, C., Myers, J., Coulter, M., Yalcin, A., & Corvin, J. (2016). Positives and negatives of online dating according to women 50+. *Journal of Women & Aging, 28*(3), 259–270. <https://doi.org/10.1080/08952841.2015.1137435>
- Whisman, M. A., & Baucom, D. H. (2012). Intimate relationships and psychopathology. *Clinical Child and Family Psychology Review, 15*(1), 4–13. <https://doi.org/10.1007/s10567-011-0107-2>
- Willis, D. W., & Eddy, J. M. (2022). Early relational health: Innovations in child health for promotion, screening, and research. *Infant Mental Health Journal, 43*(3), 361–372. <https://doi.org/10.1002/imhj.21980>