International Perspectives on Aging 26
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Personality and Healthy Aging in Adulthood

New Directions and Techniques

Springer

International Perspectives on Aging

Volume 26

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ISSN 2197-5841 ISSN 2197-585X (electronic)
International Perspectives on Aging
ISBN 978-3-030-32052-2 ISBN 978-3-030-32053-9 (eBook)
https://doi.org/10.1007/978-3-030-32053-9

This Springer imprint is published by the registered company Springer Nature Switzerland AG.
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Acknowledgments

The current volume represents the product of a workshop on Personality and Healthy Aging hosted at the University of Zurich, due to the generous funding from the Swiss National Science Foundation.

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Chapter 1
An Introductory Overview on Personality and Healthy Aging: Setting a Foundation for the Current Volume

Patrick L. Hill and Mathias Allemand

The importance of promoting healthy aging has never been clearer. Individuals are living longer lives than ever before, which places greater importance on identifying factors that promote health maintenance and improve quality of life. Though the final endpoint may be the same for all, individuals differ greatly in the extent to which they enact healthy lifestyle behaviors across the lifespan, and in their likelihood for experiencing negative health risks. In recent decades, efforts to identify why some individuals experience more or less positive aging trajectories have pointed to the value of considering personality science. Though the notion that individuals' personality dispositions are valuable for predicting health outcomes is not new (for a review of the classic work on trait anger and hostility, see Siegman, 1994), what has changed in recent years is (a) our definitions, taxonomies, and understanding of personality dispositions, (b) the knowledge base regarding why and for whom personality characteristics lead to healthier aging outcomes, and (c) the methodological and analytic approaches taken for studies in this field.

The current volume reflects an effort to present new findings, developments, and techniques in order to continue progress for research on personality traits and healthy aging. The focus is less on absolute coverage of any one domain of research or methodological expertise, and instead is intended to provide a smattering of new ideas and theoretical insights from some of the researchers at the forefront of the field. It is difficult to situate the included chapters within broad domains, given that

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P. L. Hill, M. Allemand (eds.), *Personality and Healthy Aging in Adulthood*, International Perspectives on Aging 26,
https://doi.org/10.1007/978-3-030-32053-9_1

each chapter touches upon both advances in measurement and advances in theory. First, authors will discuss their ongoing efforts to move beyond the personality taxonomies and self-report methods that may have unduly handicapped the precision with which we can predict healthy aging outcomes. Building from this background, researchers from both within and outside psychology present new methods and analytic techniques to add to the researchers' toolbox. Second, across entries, the authors will consider explanatory frameworks that expand upon existing models in order to further our understanding of when, for whom, and why personality constructs predict aging trajectories. Prior to these chapters, though, we first provide a brief overview of the existing knowledge and frameworks on personality and healthy aging and, in so doing, alert the reader to areas of need that will be addressed in the current volume.

1.1 What Is Personality and What Is a Personality Trait?

The definition of personality science comes as a double-edged sword for researchers, as it typically is described as simply "the study of the person" (Funder, 1997). Such a broad definition is advantageous insofar that it allows for a wide array of constructs and individual differences to fall within the umbrella of personality. For instance, one model, known as the neo-socioanalytic framework (Roberts, Wood, & Caspi, 2008; Roberts & Jackson, 2008), outlines that a full account of personality includes assessing an individual's traits, motives, values, cognitive and functional abilities, subjective life narrative, reputation among others, and sense of self and identity. Moreover, this model recognizes that all constructs are inherently contextualized within social roles and cultural expectations, as well as that genetic and physiological mechanisms underlie several of these dimensions. Such an approach to personality science is beneficial as it acknowledges that individual differences across a wide variety of psychosocial variables are important for studying the person. However, it also becomes immediately problematic insofar that no single study can capture all aspects of personality. Thus, it is difficult to ascertain and define the unique contributions of any subset of variables, given that each grouping (traits, motives, abilities, etc.) are inherently intertwined with all other variable clusters.

Accordingly, personality researchers typically focus on one or two subsets of dispositional characteristics, with the knowledge that several aspects of the person must remain unassessed in any given study. Within the realm of health psychology and healthy aging, most researchers have targeted personality traits as the primary dispositional category of interest. Reasons behind this choice have been discussed in greater detail elsewhere, but we focus our discussion here on three primary benefits of trait-based research into healthy aging. First, a wealth of research has focused on demonstrating that personality trait domains often can be found in cultures across the world (John, Soto, & Naumann, 2008), insofar that when we describe the people in our lives, we typically do so by focusing upon similar characteristics or qualities. Second, based on this cross-cultural work, trait taxonomies

have been developed that capture the similarities in personality descriptors used worldwide, which have identified five (John et al., 2008) or six (Ashton & Lee, 2007) primary trait dimensions, allowing greater possibilities for research conducted in one study to be replicated or generalized to other contexts. Third, and perhaps most important, personality traits are relatively simple to assess compared to other aspects of personality science, such as life narratives, or constructs that move beyond the individual-level, such as cultural expectations or societally-prescribed roles. Because of these attributes, the trait approach to personality science has been primary for research into health psychology in recent decades (Hampson, 2012), and as such will predominate most chapters in this book.

Another factor contributing to the dominance of the trait approach to personality has been the evolving definition of "trait" in the field. In earlier work, personality traits were viewed as relatively unmalleable constructs whose prediction of behavior varied little across contexts (Costa & McCrae, 1992). More contemporary trait definitions note that personality traits reflect *relatively* stable constructs that hold some influence on behavior across situations and settings (e.g., Roberts, 2009). Indeed, several studies have now demonstrated that normative changes on personality traits occur throughout adulthood (Roberts, Walton, & Viechtbauer, 2006), and individuals hold the capacity for trait change even relatively later in life (Small, Hertzog, Hultsch & Dixon, 2003). Allowing for the possibility of trait change presents immense value for healthy aging researchers because traits are no longer immoveable constructs that may "doom" one to negative outcomes throughout life. Instead, the current zeitgeist is that evidence for personality trait stability and change is available across the lifespan, and the question now is whether we can begin targeting personality trait change in efforts to promote healthy aging outcomes (e.g., Mroczek, 2014).

For all these reasons, there has been a prevalent and potentially undue focus on personality traits as the primary focus of research. A common theme across chapters in the personality measurement section will be identifying the drawbacks to the often overly simplistic efforts to understand the person through the methods common today, such as the typical focus on capturing all individuals' personality profiles using their scores on only five or six trait domains. Though there is inherent value in employing a relatively limited number of domains, chapters in this section will discuss how greater predictive precision for health and aging outcomes will naturally come when targeting "lower-order" or more specific traits. In other words, if the focus is to improve effect size magnitudes and producing aging interventions targeted to specific personality profiles, then we may wish to employ trait taxonomies that allow for greater nuance and specificity at the cost of including longer and more thorough assessment inventories.

1.2 Innovative Methodological and Analytic Techniques for Studying Personality and Healthy Aging

It is difficult to provide an overview for all the measurement and analytic issues present in the field, and thus we focus here on presenting three of the more common critiques of the literature, which will be addressed throughout the chapters in this and other sections of the book. First, and perhaps most common, the field of personality science has been rightly criticized for an undue reliance on self-report methods for understanding the person. Though self-reports are valuable and provide unique information to other methods (Paulhus & Vazire, 2007), there is a clear need to examine alternative methods for capturing personality constructs that are less subject to self-report biases. Similar claims can be made regarding a number of health constructs; self-reported health is a particularly valuable predictor of objective health markers such as later mortality risk (Idler & Benyamini, 1997), but it too can suffer from issues of reporter effects. Accordingly, researchers have sought to address these issues by moving toward alternative approaches to capturing personality and health data, including efforts to understand the person's behavior through frequent measurement assessments. In addition, several chapters will advance these arguments by considering personality dynamics and behavioral manifestations of personality. Indeed, the study of the person needs to account for how every individual interacts with events in daily life, as well as the fact that every individual experiences state-level fluctuations on any given trait across days (e.g., Fleeson, 2001), which will serve as a foundation for discussing current technological advances in the study of personality and healthy aging.

Second, despite the obvious need to move beyond single-sample, single-culture studies, research in the field has been dominated by these types of studies, largely due to the difficulty with assessing participants across multiple countries. This is not to say that single-sample studies have limited value; in fact, they can provide immensely important information on what predicts healthy aging within a given setting. However, before recommending a certain dispositional characteristic, such as being conscientious, as a uniform and widespread promoter of healthy aging, researchers need to compare findings across multiple settings and cultures. This point is made explicit in models of personality discussed above (Roberts et al., 2008) and elsewhere (McAdams & Pals, 2006), and it is particularly important for the study of healthy aging, as the expectations for aging and roles for older adults differ widely across cultures. Accordingly, it would be problematic to suggest that any personality disposition will be uniformly valuable for healthy aging without thorough comparisons across samples from different countries. Though such comparisons are markedly challenging, several chapters herein will discuss analytic approaches toward this end.

Third, a frequent discussion throughout all chapters will be how to actually operationalize "healthy aging." The World Health Organization (WHO) has defined it as "the process of developing and maintaining the functional ability that enables well-being in older age" (World Health Organization, 2019). Though this definition is

valuable insofar that it moves beyond the outdated approaches that focus solely on absence of ailments, the WHO definition presents inherent difficulties in capturing all aspects of aging individuals, including their physical mobility, decision-making skills, social contribution, and relationship interactions in daily life. That said, this definition points to the clear relevance of personality science to the study of healthy aging, as personality constructs influence all these domains of life. The question confronting researchers then is, what is "the" outcome of interest when attempting to understand the promotion of healthy aging? Rather than make any recommendations or suggestions on the conceptualization of healthy aging in this introduction, we leave it to the individual chapters to discuss their efforts to address this markedly difficult question.

1.3 Connecting Personality Constructs to Healthy Aging Outcomes

Given that most chapters will focus on traits, we focus our discussion in the remainder of this introduction on personality traits, with the recognition that a primary need for future research is to better address the "other" elements of personality science when investigating links between personality and healthy aging. Personality traits are thought to reflect relatively enduring patterns of thoughts, feelings, and behaviors (Roberts, 2009), and thus researchers are presented with three pathways through which to consider how personality traits predict health and well-being outcomes. Fewer studies have investigated how the cognitions associated with personality dimensions are explanatory mechanisms for personality-health associations (though see Ferguson, 2013, for a theoretical framework that considers cognitive explanatory mechanisms), and more work is needed. Toward this end, multiple chapters in the current volume will focus on how personality traits and personality-related behaviors are associated with cognitive outcomes, with a focus on explaining recent work showing that personality dimensions may prove valuable for predicting normative and non-normative cognitive decline with aging.

Affective pathways linking personality to health have been discussed more frequently in the literature, often focusing on trait neuroticism. Neuroticism can be defined as the tendency to report greater anxiety, depression, and emotional lability in daily life (John et al., 2008). Those who are higher on this trait also experience more negative health outcomes (Hampson, 2012). One potential explanation is that individuals higher on neuroticism experience more negative affect, which then leads to worse health and wellbeing. Similarly, it may be that neuroticism is associated with worse stress reactivity, which in turn leads to problematic aging and health outcomes. These pathways may help explain part of the dramatic economic impact of neuroticism on health care costs at the societal-level (Cuijpers et al., 2010). Affective well-being and its role in personality-aging associations will be discussed across multiple chapters.

Though work has considered affective pathways linking personality to healthy aging, the primary focus in the field thus far has been on behavioral mechanisms. Health psychologists have focused on understanding how to promote healthier lifestyle behaviors largely since the inception of that field, and it is perhaps the most intuitive route by which to understand why personality influences health and well-being. Indeed, any demonstration that a variable predicts who is more likely to smoke or exercise has clear ramifications for understanding why that variable is associated with better or worse health outcomes. Accordingly, the "classic" models linking personality to health often focused on behavioral explanations. For instance, Adler and Matthews (1994) posited that health behavior serves as a central mediator between personality traits and health outcomes, and also recognized that social behaviors and activities (another trait-related behavior) can provide an indirect route to health. More contemporary models also place a central focus on behavioral explanations linking personality to health, outlining a wide variety of important health-relevant actions potentially influenced by one's personality (Ferguson, 2013).

Spurred by these and other models, a wealth of studies have demonstrated that personality traits are consistent predictors of the frequency of health behavior enactment (for a review, see Hampson, 2012). In this discussion, the trait of conscientiousness has taken center stage, a trait that is defined as a propensity toward being self-controlled, organized, and industrious (Roberts, Jackson, Fayard, Edmonds, & Meints, 2009). Meta-analytic work demonstrates that conscientious individuals report a greater likelihood of reducing negative health behaviors, such as smoking and drug use, and are more likely to enact positive health behaviors, such as activity engagement and better diet (Bogg & Roberts, 2004). Accordingly, theoretical and empirical work has presented the case for conscientiousness as a central concern for public health professionals (Bogg & Roberts, 2013).

A central theme for several chapters across this volume will be to build upon these models linking personality to healthy aging, particularly with a focus on how to contextualize them within a lifespan developmental perspective. All too often, work in the field has focused on relatively simplistic explanations, such as linking personality to a single behavioral mechanism as an explanation for effects on health or healthy aging. Moreover, several studies fail to even formally test mediation to understand whether indirect effects through tested mechanisms provide explanatory value for later healthy aging. With respect to making theoretical advances for the literature, the current chapters will take up the aims of (a) linking personality to multiple behavioral, affective, and cognitive explanatory mechanisms, (b) developing the arguments for how these effects play out across the lifespan, and (c) contextualizing these models within cultural or developmental settings.

1.4 Conclusion

In sum, we hope to have provided the case for employing personality science in the study of healthy aging, while introducing some of the primary conversations and difficulties in the field today. In the three sections to follow, we have collected the thoughts from central and up-and-coming researchers in the field, in order to spark new discussions and avenues for future research. Though the questions presented above are complicated and difficult, we hope that the chapters in the current volume motivate the reader to continue addressing these issues, by providing innovative and unique approaches to tackling a central concern in today's increasingly aging society, namely: How can we help individuals maintain their functioning and well-being as they continue adding years to their lives?

References

Adler, N., & Matthews, K. (1994). Health psychology: Why do some people get sick and some stay well? *Annual Review of Psychology, 45*, 229–259.

Ashton, M. C., & Lee, K. (2007). Empirical, theoretical, and practical advantages of the HEXACO model of personality structure. *Personality and Social Psychology Review, 11*, 150–166.

Bogg, T., & Roberts, B. W. (2004). Conscientiousness and health-related behaviors: A meta-analysis of the leading behavioral contributors to mortality. *Psychological Bulletin, 130*, 887–919.

Bogg, T., & Roberts, B. W. (2013). The case for conscientiousness: Evidence and implications for a personality trait marker of health and longevity. *Annals of Behavioral Medicine, 45*(3), 278–288.

Costa, P. T., Jr., & McCrae, R. R. (1992). Four ways five factors are basic. *Personality and Individual Differences, 13*, 653–665.

Cuijpers, P., Smit, F., Penninx, B. W., de Graaf, R., ten Have, M., & Beekman, A. T. (2010). Economic costs of neuroticism: A population-based study. *Archives of General Psychiatry, 67*(10), 1086–1093.

Ferguson, E. (2013). Personality is of central concern to understand health: Towards a theoretical model for health psychology. *Health Psychology Review, 7*, S32–S70.

Fleeson, W. (2001). Toward a structure-and process-integrated view of personality: Traits as density distributions of states. *Journal of Personality and Social Psychology, 80*, 1011–1027.

Funder, D. C. (1997). *The personality puzzle*. New York, NY: W. W. Norton & Co..

Hampson, S. E. (2012). Personality processes: Mechanisms by which personality traits "get outside the skin". *Annual Review of Psychology, 63*, 315–339.

Idler, E. L., & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior, 38*, 21–37.

John, O. P., Naumann, L. P., & Soto, C. J. (2008). Paradigm shift to the integrative big five trait taxonomy. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (3rd ed., pp. 114–158). New York, NY: Guilford Press.

McAdams, D. P., & Pals, J. L. (2006). A new big five: Fundamental principles for an integrative science of personality. *American Psychologist, 61*, 204–217.

Mroczek, D. K. (2014). Personality plasticity, healthy aging, and interventions. *Developmental Psychology, 50*, 1470–1474.

Paulhus, D. L., & Vazire, S. (2007). The self-report method. In R. W. Robins, R. C. Fraley, & R. F. Krueger (Eds.), *Handbook of research methods in personality psychology* (pp. 224–239). New York, NY: Guilford Press.

Roberts, B. W. (2009). Back to the future: Personality and assessment and personality development. *Journal of Research in Personality, 43*, 137–145.

Roberts, B. W., & Jackson, J. J. (2008). Sociogenomic personality psychology. *Journal of Personality, 76*(6), 1523–1544.

Roberts, B. W., Jackson, J. J., Fayard, J. V., Edmonds, G., & Meints, J. (2009). Conscientiousness. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of individual differences in social behavior* (pp. 369–381). New York, NY: The Guilford Press.

Roberts, B. W., Walton, K. E., & Viechtbauer, W. (2006). Patterns of mean-level change in personality traits across the life course: A meta-analysis of longitudinal studies. *Psychological Bulletin, 132*, 1–25.

Roberts, B. W., Wood, D., & Caspi, A. (2008). The development of personality traits in adulthood. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (3rd ed., pp. 375–398). New York, NY: Guilford Press.

Siegman, A. W. (1994). Cardiovascular consequences of expressing and repressing anger. In A. W. Siegman & T. W. Smith (Eds.), *Anger, hostility, and the heart* (pp. 173–197). Hillsdale, NJ: Erlbaum.

Small, B. J., Hertzog, C., Hultsch, D. F., & Dixon, R. A. (2003). Stability and change in adult personality over 6 years: Findings from the Victoria longitudinal study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(3), P166–P176.

World Health Organization. (2019). *What is healthy ageing?* Retrieved from https://www.who.int/ageing/healthy-ageing/en/

Chapter 2
Integrating Personality and Relationship Science to Explain Physical and Mental Health

Hannah Brazeau and William J. Chopik

In traditional vows, married couples often make the promise to care for one another "in sickness and in health". This vow expresses that romantic partners should remain committed to each other regardless of the obstacles that life puts in their way, including when one member of the relationship has compromised health. However, this vow seems to suggest that ill health is a condition that develops and occurs outside the context of a romantic relationship, which a couple must then manage as a unit. In the current chapter, we will highlight how this could not be further from the truth. In fact, an individual's mental and physical health can depend on the quality of these social relationships. But how exactly do these processes occur? We will argue that the personality characteristics that each partner brings to a relationship play a role in shaping how an individual interprets and experiences their relationships, which inevitably influences one's health. Although there are large literatures examining the associations of health with personality and interpersonal relationships independently, there are also many opportunities for these two areas of psychology to intersect in an attempt to explain the health consequences of romantic relationships as they occur across the lifespan.

In the current chapter, we describe how personality and close relationship processes may interact to influence mental and physical health. We begin with a discussion of how our romantic relationships contribute to our health and how personality can predict some of the relationship outcomes that are important in this connection. Next, we showcase some of the prominent models enabling researchers to characterize how personality and relationship factors may interact to influence health. We close with a discussion of the unanswered questions that will help to direct future

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P. L. Hill, M. Allemand (eds.), *Personality and Healthy Aging in Adulthood*,
International Perspectives on Aging 26,
https://doi.org/10.1007/978-3-030-32053-9_2

research examining the combined impact that personality and relationships has on health.

2.1 How Do Our Romantic Relationships Impact Our Mental and Physical Health?

Before discussing how it is that personality and romantic relationships may interact to influence health, we must first demonstrate that: (1) our romantic relationships play an important role in determining physical and mental health, and (2) personality plays a role in determining the behaviours and experiences people have in their romantic relationships that are important to the relationship-health link. In this section, we will address the first point by describing the impact that our romantic relationships have on physical and mental health through-out the lifespan before outlining how it is that these relationships have this effect.

For decades, researchers have argued that social relationships and interactions are a basic human need that is crucial to living a happy and healthy life (e.g., Baumeister & Leary, 1995; Holt-Lunstad, Smith, & Layton, 2010). Romantic relationships are often used to vouch for this argument as those involved in a committed romantic relationship generally live longer, healthier and more satisfying lives than their noncommitted peers (Bennett, 2006; Dupre, Beck, & Meadows, 2009; Rogers, 1995). In particular, individuals in romantic relationships tend to report considerably better self-reported physical health (Lui & Umberson, 2008; Rohrer, Bernard, Zhang, Rasmussen, & Woroncow, 2008; Umberson, 1992), as well as better emotional well-being and greater life satisfaction (Bookwala & Schultz, 1996; Gove & Tudor, 1973; Horwitz, White, & Howell-White, 1996; Kessler & Essex, 1982; Tucker, Friedman, Wingard, & Schwartz, 1996; Wadworth, 2016). These effects are especially large when comparing married individuals to those who are widowed and divorced (compared to single), as the breaking of relationship bonds can have strong negative impacts on self-reported physical and mental health (Rook & Zettel, 2005; Williams & Umberson, 2004). Older adulthood is a period of the lifespan in which this association is especially critical as widowhood is typical in this age-group and older adults generally tend to already have poorer health when compared to younger adults. However, perhaps one of the most significant health benefits associated with being in a committed relationship is the minimized probability of developing a variety of acute and chronic physical and psychological conditions (Datta, Neville, Kawachi, Datta, & Earle, 2009; Nilsson, Engstrom, & Hedblad, 2008; Umberson, Williams, Powers, Liu, & Needham, 2006). This includes a substantially lower morbidity and mortality risk for cardiovascular disease and cancer, which represent two of the leading causes of death in North America (Centers for Disease Control and Prevention, 2017; Canada, 2015), as well as lower risk of anxiety and mood disorder diagnosis (see Umberson & Williams, 1999; Waite & Gallagher, 2000, for reviews), which are among the most common mental health disorders. In sum, there

is a substantial body of research indicating that being involved in a romantic relationship can be beneficial for both physical and mental health. But how is it that romantic relationships have these effects on our health?

Of course, it is not merely an individual's relationship status that impacts health, instead it is the experiences within and the quality of these relationships that influence health status (Gottman & Notarius, 2002). Indeed, many theoretical models linking relationships and health propose that the behaviours and outcomes experienced within a relationship are essential components in predicting health outcomes (Kiecolt-Glaser & Newton, 2001; Pietromonaco, Uchino, & Dunkel Schetter, 2013). This notion is supported by research indicating that having a happier and more satisfying relationship tends to coincide with living a happier and healthier life in all age groups. Specifically, those in satisfying relationships tend to report having better physical health and fewer health ailments (Bookwala, 2005; Miller, Dopp, Myers, Stevens, & Fahey, 1999; Robles, Slatcher, Trombello, & McGinn, 2014; Wickrama, Lorenz, Conger, & Elder, 1997), as well as greater psychological well-being and fewer depressive symptoms than those who are relatively unsatisfied in their relationships (Proulx, Helms, & Buehler, 2007; Whisman, 2001). Beyond relationship satisfaction, positive relationship experiences (e.g., social support, intimacy, physical touch) also have beneficial effects on physical and mental health. These positive experiences are said to alleviate the effect of stress on various psychosocial and physiological pathways that influence health (e.g., Slatcher & Selcuk, 2017). For instance, romantic partners experience lower cortisol levels on days when they engage in more physical touch (i.e., holding hands, hugging) with their spouses (Ditzen, Hoppmann, & Klumb, 2008). However, not all relationships are classified as being satisfying or characterized by positive relationships experiences. So the question becomes, when an individual is involved in an unsatisfying relationship, what happens to their physical and mental health?

As you may have expected, just as a happy and well-adjusted relationship is beneficial to health, an unhappy or poorly functioning romantic relationship can be harmful to health (Robles & Kiecolt-Glaser, 2003). In fact, individuals who are not satisfied in their romantic relationships are more likely to report experiencing a variety of physical and mental health conditions including cardiovascular disease, anxiety disorders, and depression (Frech & Williams, 2007; Hawkins & Booth, 2005; Overbeek et al., 2006). Further, negative relationship experiences (e.g., anger, relationship conflict, hostility, criticism) have also been shown to undermine health (Bookwala, 2005; Choi & Marks, 2008). This may occur because problematic social interactions can evoke negative psychological and physiological responses, which if chronically activated are associated with future health difficulties. For instance, negative relationship experiences, such as conflict and relationship strain, are associated with physiological markers of stress and detriments in immune system functioning that undermine later physical health (Kiecolt-Glaser, 2018; Kiecolt-Glaser et al., 2005; Miller et al., 1999; Robles & Kiecolt-Glaser, 2003). Similarly, these negative relationship interactions are associated with psychological distress and depression, which can have adverse impacts on long-term mental health (Fincham & Beach, 1999; Proulx et al., 2007).

The breadth of research reviewed above communicates the substantial impact that our romantic relationships have on our physical and mental health. In particular, we have outlined how relationship quality and the experiences that one has within a romantic relationship influences whether the relationship will be a benefit or a detriment to one's health. But what are the factors that determine whether an individual will have a satisfying and functional romantic relationship? To answer this question, we will now examine the ways in which personality affects relationships and relationship quality.

2.2 Can Personality Determine Who Flourishes or Flounders Within a Relationship?

The previous section demonstrated that the behaviours and experiences that one has within a romantic relationship have a substantial impact on one's health. However, that was only one piece of the puzzle as we also specified that we had to demonstrate that personality can determine the behaviours and experiences that an individual will likely have in their romantic relationships. In this section, we will discuss how two theories of personality can be used to influence the relationship behaviours and outcomes that we just demonstrated have considerable impact on physical and mental health.

Often our personalities play a role in how we interpret and behave within interpersonal situations. Thus, not surprisingly, personality traits are suggested to predict relationship quality, relationship experiences, relationship dissolution, and marital divorce (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007; Robins, Caspi, & Moffitt, 2002). In fact, it is estimated that up to 60% of the variance in marital quality and 25% of the variance in divorce risk can be explained by the personality traits of the spouses involved in the relationship (Jocklin, McGue, & Lykken, 1996; Russell & Wells, 1994; Solomon & Jackson, 2014). The research linking personality to relationship experiences has primarily focused on the impact that constructs from *attachment theory* and *the Big Five model* have on relationship behaviours and outcomes. Although we acknowledge the large literature investigating other individual differences in relationship research (e.g., self-esteem, narcissism; Murray, Rose, Bellavia, Holmes, & Kusche, 2002; Brunell & Campbell, 2011), we will concentrate on discussing the influence that attachment and the Big Five personality traits have on the relationship experiences that we previously established were associated with health. However, before we begin, it should be noted that since these individual difference factors are believed to be relatively stable over time, the impacts that attachment and the Big Five traits have on relationship processes tends to be fairly stable across relationships and the lifespan.

2.2.1 Adult Attachment

Attachment theory is one of the only prominent theories of personality that was designed with interpersonal interactions specially in mind. The original purpose of attachment theory was to describe and explain the close, emotional bond that develops between an infant and his or her primary caregiver (Bowlby, 1969). However, it was quickly expanded to describe adulthood relationships as the attachment processes responsible for the bonds that develop between adults were deemed to be similar to the ones responsible for the bond that develops between an infant and caregiver (Bowlby, 1969; Fraley & Shaver, 2000; Hazan & Shaver, 1994). Regardless as to whether we are referring to children or adults, the underlying notion behind attachment theory is the same: individuals develop an *attachment orientation*—patterns of interpersonal cognitions, emotions, and behaviors—based on their unique interactions and experiences with attachment figures. It is these attachment orientations that guide how an individual interprets and behaves within their close relationships (Fraley & Shaver, 2000; Shaver & Mikulincer, 2007). In adulthood, people are thought to vary on two independent dimensions of attachment, which determine their attachment orientation: (a) attachment anxiety, which refers to the tendency to ruminate and be obsessively worried about close relationships due to fears of rejection and abandonment, and (b) attachment avoidance, which involves the tendency to experience discomfort in situations of physical and emotional closeness or dependence (Brennan, Clark, & Shaver, 1998; Campbell & Marshall, 2011; Fraley & Shaver, 2000). Individuals who report high levels of either attachment anxiety or avoidance are said to display an insecure attachment orientation, whereas those who report low levels on both dimensions are thought to exhibit attachment security, which refers to the tendency to feel comfortable with interpersonal closeness as well as independence. Now that the basis of attachment theory has been established, we can discuss how each attachment orientation can shape the relationship experiences that are significant to the connection between relationships and health. In particular, we will focus on relationship quality (i.e., relationship satisfaction and commitment) and stability.

When evaluating the impact that attachment has on relationships, researchers often focus on whether or not people are happy with and committed to their partner (i.e., relationship quality; Etcheverry, Le, Wu, & Wei, 2013). This focus has consistently demonstrated that individuals higher on attachment insecurity experience lower levels of relationship satisfaction in romantic relationships compared to those with greater attachment security (see Mikulincer & Shaver, 2016 for detailed review). In fact, these individuals report lower daily relationship satisfaction (Campbell, Simpson, Boldry, & Kashy, 2005; Lavy, Mikulincer, & Shaver, 2013; Neff & Karney, 2009), and tend to be less satisfied with their relationships in the first 3 years of marriage (Davila, Karney, & Bradbury, 1999). The negative impact