Introduction

At the Crossroads

Over the past 20–30 years, dyadic research has evolved from a niche area of focus on interdependent familial relationships (mostly marital and sibling) primarily using actor–partner interdependence models (APIMs) to an interdisciplinary field with its own theories and concepts and a range of sophisticated and comprehensive methods. In particular, dyadic health science, which focuses on the dyadic experience of health and illness, has made enormous contributions to our understanding of health and illness within a relational context. Indeed, the body of research within dyadic health science has gained such attention that funding agencies (e.g., the National Institutes of Health) have issued multiple calls for research in this specific area, and scholars from disciplines not traditionally trained in relationship research are rapidly moving into the field. This momentum and excitement for dyadic health science has been referred to as a "golden age" by Wilson, Novak, and colleagues (2024, p. 1).

Although it is an exciting moment in the history of a field that was long misunderstood as just a method or deemed unnecessary, there are challenges ahead for a science growing so rapidly. Formal training and coursework in the theories and methods of dyadic health science are still primarily situated in niche areas and disciplines, making it difficult for many students and researchers to become experienced in this area, and in some cases, even know where to begin or whom to connect with. Indeed, as seasoned dyadic scientists, questions about where to get started and learn more are some of the most frequent we field. National and international organizations such as the Dyadic Health Research special interest group in the Gerontological Society of America (GSA), the International Association for Relationship Research (IARR), the National Council on Family Relations (NCFR), the NIA-funded Massachusetts General Hospital Roybal Center for Behavioral Dyadic Research in Alzheimer's Disease and Related Dementias (ADRD), and consortiums such as the Dyadic Coping research group are focused on the support and advocacy of dyadic health research. However, the demand for

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the skills, knowledge, and theoretical grounding far outpaces the capacity of what is currently available. If the field of dyadic health science is to continue to grow and benefit from interdisciplinary and diverse perspectives that will directly impact the innovations of tomorrow broadly, resources are needed to provide an overview of the history of the field and how it has evolved; guide people through the theories, methods, and cutting-edge research in the field; and discuss the future directions and challenges the field faces. We believe this book can serve as one such resource.

WHAT IS DYADIC HEALTH SCIENCE?

Given the rich and multidisciplinary influences on the field of dyadic health science over the past several decades, the variety of health and illness contexts studied, and that the field itself has evolved in its definitions, we feel it is important to be clear about how we are defining and conceptualizing dyadic health science in this volume. Guided by Wilson, Novak, and colleagues (2024), our definition of dyadic health science centers on three key elements: (1) the research is focused on dyads in close, enduring relationships; (2) the goal of the research is to optimize the health and well-being of the dyad; and (3) the research is grounded in a dyadic theoretical framework. Dyadic health science is, therefore, at the intersection of relationship science and health/health behavior science, with relationship science, in particular, providing the foundation for the importance of studying health and illness from a relational context.

Relationship science is primarily focused on interpersonal relationships and relational outcomes (e.g., relationship functioning). In contrast, health and health behavior science are primarily focused on the individual's experience of health, changing health behaviors, and managing illness and symptoms. Dyadic health science leverages these distinct fields to provide informed, novel approaches and theoretical understanding of how two people experience and navigate health and illness together within the context of their existing relationship. As recently noted by Huelsnitz and colleagues (2022), dyadic health science is vital to successfully optimize the health of dyads while ensuring that no harm is done to the relationship. For example, focusing solely on behavior change within dyads without acknowledgment or understanding of interpersonal contexts and essential elements of relationship science can result in interventions that change health behaviors but negatively impact the relationship. Such interventions are unlikely to be adhered to or sustained and, therefore, could not be considered beneficial. One in four adults in the United States provides care to someone, and decades of research confirm the importance of relationships to health and the interdependence of partners' health. Thus, we believe the time is right to provide a volume that

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guides researchers to build upon this salient work so they too can make important and sound contributions to dyadic health science.

OUR APPROACH

There have been many books published on topics relevant to couples and relationships over the decades, with several books in the last decade that encompass aspects of dyadic research; far fewer have focused on dyadic methods and analysis (Dyadic Data Analysis published in 2006 is still viewed as the essential text in this respect; Kenny et al., 2006). The majority of books published on broad dyadic research in the past decade have focused almost entirely on romantic couples and stress, concepts of dyadic coping and relational outcomes, and primarily reference research in relationship science and psychology. Although these books have made important and needed contributions and have some overlap with content included in the current volume (we include references to several throughout this book), the current book stands apart from the work available in several ways. First, this book provides the reader with an overview of the established and emerging theories and methods in dyadic health science, exemplars from the current state of the science in key health conditions, examples of established and emerging dyadic health interventions, and current and future challenges and directions within the field. Second, this book does not solely focus on romantic couples, but also represents research focused on adult care dyads (e.g., parent–adult child dyads navigating illness). Third, we provide a historic context of how the interdisciplinary field of dyadic health science evolved over time and encompasses important elements of relationship science, psychology, family science, caregiving research, nursing, and health-related fields focused on the management of health and illness, and the science of behavior change. Finally, this book takes a novel approach by not only reviewing the history of dyadic health science but also including the voices of dyadic researchers who differ in stages of career, disciplines, and/or background as they reflect on their journey into the field, the theories and methods they have found most helpful, their advice for new dyadic researchers, what excites them most about the field, and what they see as the biggest challenges for the field moving forward.

Our goals for this book are threefold: (1) to serve as a resource for those new and emerging in the field; (2) to provide a summary of where we currently are; and (3) to summarize some of the challenges facing the field. This book will accomplish these goals with a series of chapters written by three established dyadic health researchers who have extensive experience mentoring students and early-career faculty from multiple disciplines into this area of research. Indeed, our mentoring experiences and the unmet needs we see in those new to the field, both within the United States and

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internationally, served as the catalyst for the proposed book. In writing a volume like this, we fully acknowledge that it is not possible to include all of the relevant work in the field, as much as we would like to. In making decisions about the contributions to include in the book, we were guided by a strong commitment to including the work and voices of a group of dyadic health researchers, who were diverse in discipline, stage of career, sex, race, and ethnicity, and country of origin. In writing these chapters, our assumption is that readers will have a basic understanding of traditional research methods and designs for studying individuals. We build upon this core knowledge (and include resources for those who may need a primer or two) to discuss the key elements of high-quality dyadic research and interventions, and the advantages of using dyadic theories.

Similarly, for a volume on dyadic health science, there is the question of how many health conditions to cover and what approach would be most helpful to the reader to achieve the goals we have for the volume. It is true that we are seeing dyadic research moving into numerous health conditions and health contexts, which is exciting. However, the vast majority of high-quality dyadic health research in adults is still currently situated in the areas of cancer, cardiovascular disease, early-stage ADRD, and adults experiencing health challenges (e.g., overweight, smoking). Our intention is thus not to be exhaustive in covering all health contexts and conditions, nor to be exclusive, but to provide the reader with exemplars of dyadic health science. This allows us to demonstrate the essential elements of high-quality dyadic research, some of the current exciting research that often cuts across health conditions, and to encourage readers to cross-pollinate beyond their chosen health condition or context.

Our novel approach to this book also included conducting interviews with a sample of 22 dyadic researchers. For a list and brief biography of these researchers, please see the end of this introduction. Each interview was conducted by one of the authors of this book, and with the permission of the interviewee, we recorded the audio of the interview for transcription purposes. Each interview focused on the same set of questions, but the format was conversational and often led to other follow-up questions and discussion about dyadic health science. The list of questions can be found at the end of this introduction. In selecting whom to interview, we wanted to capture the trajectory of dyadic health science from a time when primarily social psychologists were building the plane while they flew it and rarely described what they were doing as dyadic research, through the early 2000s when dyadic methods and theories were emerging and more commonly used, to the last five to ten years when there have been many new exciting innovations and increasing numbers of researchers from many disciplines contributing to the field. It was also important to us to represent diverse voices in the field, and

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we wanted our list of interviewees to vary by discipline, sex, race, ethnicity, country of origin, and area of focus as much as possible. Our initial list of potential interviewees included over 70 names. Indeed, every time we discussed the list, we added more potential names, and every time we interviewed someone, we also added more names. Much as we wanted to continue to interview people, we had to turn our attention to the writing of the book.

Our first group of interviewees involved 10 well-established, seasoned voices in dyadic health research from different disciplines, who began their research journeys before 2000 (Bodenmann, Bolger, Carr, Karney, Kayser, Kenny, Laurenceau, Martire, Northouse, and Umberson). They were chosen for their contributions, either theoretical, methodological, substantive, or a combination thereof. We conducted these interviews as we were planning the outline for this book. Their insights and reflections about the origins of the field and how it has evolved were incredibly helpful and affirming as we submitted the proposal for the book to Cambridge University Press. To note, five established scholars whom we initially reached out to either declined to participate or were unavailable. The second group of interviewees involved seven mid-career dyadic health researchers from different disciplines (Badr, Buck, Chopik, Monin, Randall, Trivedi, and Yorgason), who have made important contributions across health and illness contexts and have been influential in the direction of the field. Finally, we interviewed a third group of five dyadic health researchers (Bonds Johnson, Han, Pauly, Polenick, and Wilson), who began their independent careers in dyadic health research within the past ten years. They were also chosen to represent the recent theoretical, methodological, and substantive innovations in the field and for their calls for new directions.

All of these interviews provided us with rich insights into the history and evolution of the field and validated our perceived need for this volume and the themes and topics we cover. We have tried to incorporate as many of their reflections as possible throughout the book. We believe their words add richness and an experiential feel to the content of each chapter. All included quotes were approved for inclusion by each researcher prior to publication. Finally, whenever we include a quote from an interview transcript, we also provide the name of the researcher, their academic rank at the time of the interview (some of these ranks have since changed – the list of researchers at the end of this introduction includes their current academic ranks as of the spring of 2025), and the discipline within which the researcher received their training (most commonly the discipline of their PhD or the combination of two primary degrees per the scholars' request). We hope that you enjoy the words of these researchers and their collegial spirit as much as we did.

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We believe this book will be of interest to a broad audience of graduate students and researchers across disciplines, both those new to the field and those who are well-established. We now provide an overview of the chapters contained in the book.

CHAPTER CONTENT

Part I: Origins, Influences, and Journeys in Dyadic Health Science

Chapter 1 provides an overview of the origins of dyadic health science, some of the key milestones over the last several decades, and how the field has evolved over time. We include several examples of journeys into dyadic research from the interviews we conducted to illustrate the range of pathways into the field and some of the seminal influences on those we interviewed. Finally, we include our own individual journeys into dyadic health research and highlight some of the researchers who influenced us to provide some context and positionality for the remainder of the book and the content we chose to include.

Part II: Theories, Frameworks, and Methods

In this second section of the book, we introduce the reader to dyadic theories and methods used in dyadic health science. Chapter 2 starts with a historical overview of the development of dyadic health theories, frameworks, and concepts before providing four examples of well-established theories used in dyadic health science. Resources for further reading and examples of dyadic health science that have been guided by each theory are provided. Chapter 3 focuses on emerging dyadic health theories and frameworks developed over the last ten years. We provide descriptions for seven of the many theories and frameworks that now exist and, where possible, references to published studies that test each one.

Chapter 4 provides an accessible overview of some key components/decisions involved in designing a dyadic study, including a focus on both primary and secondary data approaches. Chapters 5 and 6 round out this section by providing accessible overviews of the approaches to analyzing dyadic data. Chapter 5 focuses on quantitative dyadic analyses and includes approaches that can assess self and partner influence, macro- and microlevel repeated measures designs, dyadic typologies, and analysis of (dis)similarity and (in)congruence. Chapter 6 focuses on qualitative and mixed-methods approaches and includes considerations for designing interviews and analyses that center the dyad at each stage of the research process.

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Part III: Current and Exciting Research in Dyadic Health Science

In this third section, we include two chapters to capture some of the current science and knowledge in dyadic health intervention science and also some of the exciting recent trends in dyadic health science. Chapter 7 focuses on dyadic health science interventions. This chapter provides a brief historical overview of the evolution of dyadic health science interventions and presents the current knowledge base in key areas of health behavior change, cancer, ADRD, and chronic illness broadly. We then provide the reader with specific examples of high-quality established and emerging dyadic health science interventions in each of the aforementioned areas. This chapter highlights the importance of dyadic theories and methods in designing high-quality dyadic health interventions to solidify the cohesion between sections of the book. Chapter 8 focuses on exciting recent research and directions in the field. We highlight both the recent directions that we, ourselves, find promising and share what the scholars we interviewed also find exciting. This chapter sets up the final section of the book that looks toward the future of the field.

Part IV: Where Do We Need to Go in Dyadic Health Science and How Do We Get There?

The last two chapters of the book are future-oriented and build upon previous chapters to raise some of the current challenges the field is facing and strategies for moving forward. Specifically, Chapter 9 discusses several of the broad current challenges within dyadic health science and proposes future directions and strategies for how the field can begin to address these challenges to ensure the science stays relevant and innovative. Finally, in Chapter 10, we turn to the importance of mentoring and supporting those new to dyadic health science, whether as an early-career or established researcher new to dyadic research. We provide advice about how to get started and build a program of research in dyadic health science, based on our experience mentoring dyadic researchers and the advice shared by the 22 scholars we interviewed. Additionally, we include a list of organizations that hold scientific conferences where dyadic health researchers often present their work. We also include a list of the publicly available datasets that include dyadic health data to help scholars get started.

Finally, each chapter in the book contains a section at the end called "Most Proud Of" where we include the voices of our interviewees and the research they highlighted that they were most proud of being involved in.

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DYADIC RESEARCHERS INTERVIEWED

Hoda J. Badr, PhD, Professor, Epidemiology & Population Sciences, Baylor College of Medicine, Houston, TX, USA. My research mission is to develop and evaluate interventions to help patients and their family members cope with the symptoms and psychological demands of cancer and its treatment. My work spans the entire cancer prevention and control continuum and includes studies of couples coping with preneoplastic conditions, patients receiving curative cancer treatment and their informal caregivers, and families coping with advanced cancers.

Identified Discipline: Social Psychology

Guy Bodenmann, PhD, Professor, Department of Psychology, University of Zurich, Zurich, Switzerland. My research focuses on stress and dyadic coping in couples, prevention of relationship distress, parental conflict and child outcomes, and couple relationships and well-being.

Identified Discipline: Clinical Psychology

Niall Bolger, PhD, Professor, Department of Psychology, College of Arts and Sciences, Columbia University, New York, NY, USA. My areas of specialization are social psychology of close personal relationships and quantitative psychology. I have spent my career studying adjustment processes in couples in the lab, in daily life, and during significant life stressors. I have relied on intensive longitudinal methods such as daily diary reports and psychophysiological assessments to do this. These methods have led me to become an expert in analyzing intensive longitudinal dyadic data.

Identified Discipline: Social Psychology

Kalisha Bonds Johnson, PhD, RN, PMHNP-BC, Assistant Professor, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA. My research focuses on improving the quality of life and eliminating healthcare disparities of African American persons living with ADRD and their family care partners. Through the development of culturally responsive, dyadic interventions, my program of research will improve the decision-making experiences within the dyad and between these families and their primary care providers.

Identified Discipline: Nursing

Harleah G. Buck, PhD, RN, Sally Mathis Hartwig Professor in Gerontological Nursing, College of Nursing, University of Iowa, Iowa City, IA, USA. I am one of the early leaders in examining dyadic (person with heart failure/informal care partner) mechanisms in self-care. Historically, self-care was conceptualized as an individualistic process. My work in this area has influenced other investigators to examine heart failure self-care from a dyadic perspective, changing the science.

Identified Discipline: Nursing

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Deborah Carr, PhD, A&S Distinguished Professor of Sociology and Director, Center for Innovation in Social Science, College of Arts & Sciences, Boston University, Boston, MA, USA. I am a sociologist of aging and the life course. My collaborators and I have used dyadic data to understand the gendered dynamics of marriage among older adults, and the ways that social support in marriages can protect against (or even exacerbate) distress when one or both spouses experience physical disability.

Identified Discipline: Sociology

William J. Chopik, PhD, Associate Professor of Psychology, Department of Psychology, Michigan State University, East Lansing, MI, USA. I focus on how factors both inside and outside of people contribute to how they experience close relationships. That often involves examining the effects of spousal influence and characteristics on health and well-being across the lifespan.

Identified Discipline: Social/Personality Psychology

Sae Hwang Han, PhD, Assistant Professor, Department of Human Development and Family Sciences, University of Texas at Austin, Austin, TX, USA. My research focuses on dyadic processes in family caregiving and couple relationships, emphasizing their implications for health and well-being. In the context of caregiving, I examine how a loved one's functional and cognitive decline in later life can serve as a chronic stressor that affects family members' mental health, while providing care itself may confer mental health benefits. Additionally, my work on couple dynamics explores how partners influence each other's health behaviors and outcomes through interdependent psychosocial resources, demonstrating how these relationships shape both individual and dyadic health trajectories over time.

Identified Discipline: Gerontology

Benjamin Karney, PhD, Professor, Department of Psychology, University of California, Los Angeles, CA, USA. My research centers on the formation and course of intimate relationships, with special interest in the early years of marriage. In recent years, I have been focusing on how stress and circumstances outside the relationship constrain and facilitate partners' ability to maintain their relationships, particularly in young married couples in low-income communities and in the military.

Identified Discipline: Social Psychology

Karen Kayser, PhD, MSW, Professor Emerita, Kent School of Social Work and Family Science, University of Louisville, Louisville, KY, USA. My research has focused on psychosocial oncology, dyadic coping, intervention research, and health disparities in cancer. I have published widely in the field of psychosocial oncology and was one of the founding members of the dyadic coping consortium and one of the editors of the seminal 2005 book *Couples Coping with Stress: Emerging Perspectives on Dyadic Coping* (with Revenson & Bodenmann).

Identified Discipline: Social Work/Psychology

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David A. Kenny, PhD, Distinguished Professor Emeritus, Psychological Sciences, University of Connecticut, Mansfield, CT, USA. My research focuses on interpersonal perceptions and agreement within pairs. I work extensively with dyadic and group data analysis, mediational analyses, and structural equation modeling. My analytic contributions include the APIM, the common fate model, and multiple instructional resources to help researchers adopt and apply these techniques.

Identified Discipline: Social Psychology

Jean-Philippe (J-P) Laurenceau, PhD, Unidel A. Gilchrist Sparks III Chair in the Social Sciences & Professor, Department of Psychological and Brain Science, University of Delaware, Newark, DE, USA. My research focus is on the processes by which relationship partners develop intimacy and how those processes can go awry. Most recently, I have been studying how partners influence each other within the context of daily life when coping with illnesses such as breast cancer and diabetes. I am also interested in using dyadic intensive longitudinal methods to study these topics.

Identified Discipline: Clinical Psychology

Lynn M. Martire, PhD, Professor, Department of Human Development and Family Studies, The Pennsylvania State University, University Park, PA, USA. My research program focuses on how family relationships affect, and are affected by, health and well-being in older adulthood. Much of this work incorporates experience sampling and longitudinal interviews to examine bidirectional associations between marital/spouse functioning and patients' mood, physical activity, and symptom severity in daily life.

Identified Discipline: Social and Health Psychology

Joan K. Monin, PhD, Professor, Social and Behavioral Sciences, Yale School of Public Health, Yale University, New Haven, CT, USA. My research examines how emotional processes affect health in older adult relationships. My research combines survey methods and laboratory experiments to understand the mechanisms (e.g., emotional contagion, cardiovascular reactivity) and moderators (e.g., gender, individual differences in attachment) involved in these processes. Currently, my research focuses on understanding how caregivers and care recipients support one another in the context of early-stage dementia.

Identified Discipline: Psychology

Laurel Northouse, PhD, RN, Professor Emerita, School of Nursing, University of Michigan, Ann Arbor, MI, USA. My early research described the experiences of cancer patients and their family caregivers coping with the effects of cancer. My later research concentrated on developing dyadic interventions (e.g., FOCUS) to improve the quality of life of cancer patients and their family caregivers and testing these interventions in randomized clinical trials.

Identified Discipline: Nursing

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Theresa Pauly, PhD, Assistant Professor, Department of Gerontology, Simon Fraser University, Burnaby, British Columbia, Canada. I study how partners' stress physiology is linked and how their health behaviors interact on a daily level, exploring both the positive and negative consequences of these dynamics. My research examines how these moment-to-moment exchanges influence long-term relationships and health outcomes, particularly in the context of psychosocial stress and healthy aging.

Identified Discipline: Health Psychology

Courtney A. Polenick, PhD, Associate Professor, Department of Psychiatry, University of Michigan Medical School, Ann Arbor, MI, USA. My research focuses on family relationships and caregiving in the context of complex care needs, including dementia and multimorbidity. I am particularly interested in understanding family and social influences in everyday life that shape the health and well-being of older adults and their care partners. My long-term goal is to inform interventions and policies that reduce stress and promote resilience among older adults living with complex care needs and their families.

Identified Discipline: Human Development and Family Studies

Ashley K. Randall, PhD, Professor, Senior Global Futures Scientist, School of Counseling and Counseling Psychology, Arizona State University, Tempe, AZ, USA. Applying a strength-based approach and global lens, my scholarship brings my expertise in family studies and human development to counseling psychology to examine couples' interpersonal emotion dynamics during times of distress.

Identified Discipline: Family Studies and Human Development

Ranak Trivedi, PhD, Associate Professor and Associate Division Chief, Division of Public Mental Health and Population Sciences, Department of Psychiatry and Behavioral Sciences, Stanford University and Director of Education and Training and Core Investigator, Center for Innovation to Implementation, VA Palo Alto Health Care System, CA, USA. I am a clinical health psychologist and health services researcher with expertise in improving chronic illness self-management by improving the communication, collaboration, and stress management of patient-caregiver dyads, and by incorporating the cultural context into interventions. I have used diverse study designs and both qualitative and quantitative methods to conduct dyadic research.

Identified Discipline: Clinical and Health Psychology

Debra Umberson, PhD, Professor, Department of Sociology, Center on Aging & Populations Sciences, University of Texas at Austin, Austin, TX, USA. My research focuses on same-sex and different-sex marital dyads, and how partners influence each other's health, healthcare, and well-being over the life course. I collect dyadic longitudinal survey and daily diary data.

Identified Discipline: Sociology

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Stephanie J. Wilson, PhD, Assistant Professor, Department of Psychology, University of Alabama at Birmingham, Birmingham, AL, USA. I study how the dynamics of close dyadic relationships shape how people age, for better and worse. This involves capturing behavioral patterns, emotional responses, autonomic activity, and biological changes in the lab and daily life, and tracking how these associations unfold over minutes, hours, days, months, and years to ultimately influence the long-term course of health and well-being. I aspire to channel this understanding into scalable interventions that harness the profound influence of close dyadic relationships to make life healthier, happier, and more meaningful.

Identified Discipline: Human Development and Family Studies/Psychoneuroimmunology

Jeremy B. Yorgason, PhD, Professor and Associate Director, School of Family Life, Brigham Young University, Provo, UT, USA. Much of the dyadic research that I have conducted has focused on how couples manage health symptoms and chronic illness. I have used a daily diary design in many of my studies, but have also used panel longitudinal methods to explore how health/illness affects relationships over time. Some of my newer research has explored dyadic health behaviors such as sleep patterns and quality, as well as conjoint dyadic exercise. From my work, it seems clear that romantic partners influence and are influenced by each other's health.

Identified Discipline: Human Development and Family Studies/Marriage and Family Therapy

LIST OF INTERVIEW QUESTIONS

Your Path to Dyadic Research

(1) How do you define dyadic research?
(2) What first started your interest in dyadic research?

Your Experiences as a Dyadic Researcher

(3) Thinking about your work today, briefly, what is your focus/interest area within dyadic research?
(4) What are the methods and theories that you find most helpful in examining your focus area?
(5) What is the dyadic research you are most proud of that you have either led or been involved with?

Your Thoughts on the Future of Dyadic Research

(6) What 2–3 things most excite you about current/emerging dyadic research?
(7) Where do you think we need to go as a field?

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(8) What 2–3 pieces of advice would you have for someone who is just entering the field of dyadic research?
(9) Who else should we try to talk to about dyadic research?
(10) And finally, is there anything else that you think we should know or that you would like to share with us?

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