Health Newsletter

-Generali China GBD

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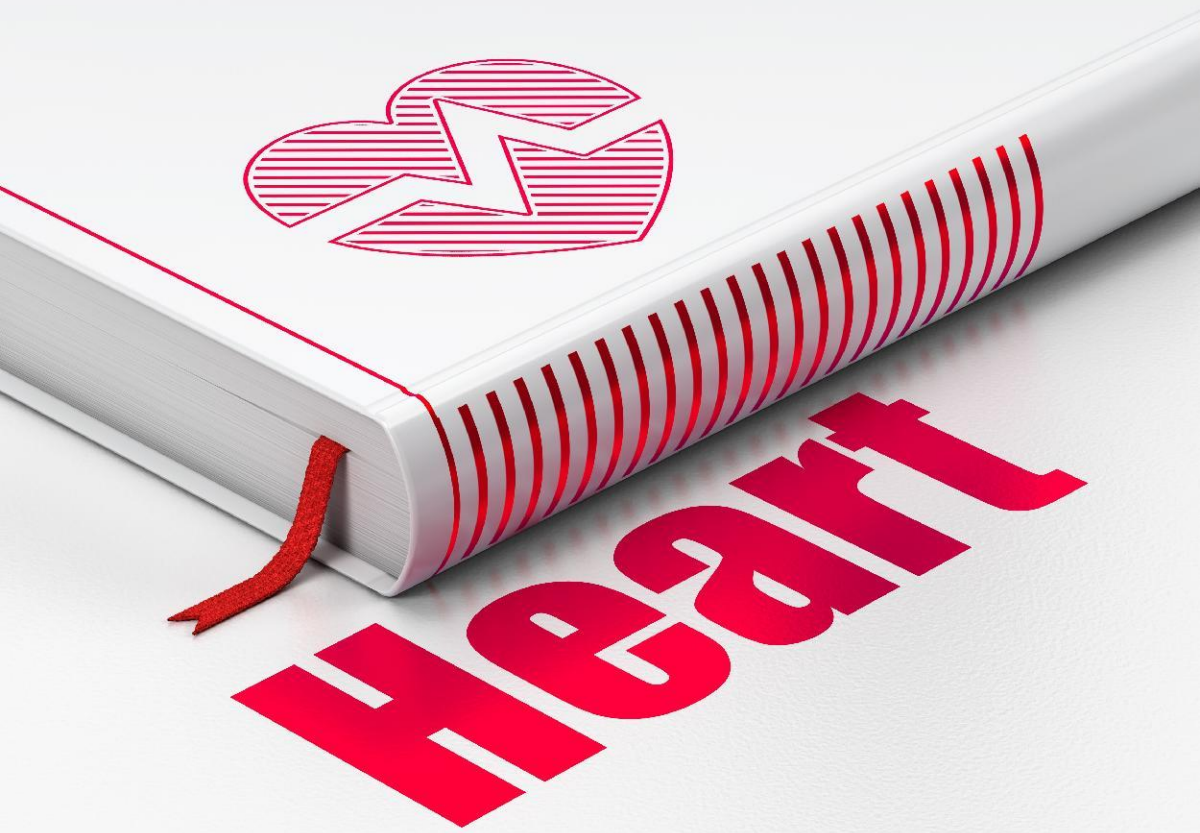
Steady Steps, Deep into Spring

April is a season of quiet rooting and growth. Without fanfare, all things move forward in a silent relay of renewal. In such a time, we, too, begin to find our own rhythm—tending to both body and life with greater care, settling into the flow of our days with steadiness and intention.

In this issue of Health Monthly, we begin with one of the body's most fundamental systems: heart health. Focusing on the risks of sudden cardiac events and their daily management, we aim to turn prevention into practical, actionable steps. From there, we look at how the body changes over time—exploring women's physical and emotional adjustment during menopause, and the role of strength training in supporting healthy aging and maintaining functional stability, so that "how we grow older" becomes something we can actively shape. At the same time, nutrition remains the foundation that sustains it all. We highlight a variety of vitamin D–rich foods to help build a more solid base for everyday health. Beyond the body, our relationships also shape our overall well-being. As our psychology feature suggests, the capacity to love may matter more than mere compatibility in determining how far a relationship can go.

Health is not a short-term effort, but a capacity that can be sustained over time. It asks how we understand the limits of our bodies, and how we continue to invest and respond—within relationships, and across the span of our lives.

May this April find you moving forward with both endurance and restraint—ready to set out, yet mindful of when to pause. In each breath, may you hold your own rhythm firmly in hand.



Understanding Cardiovascular Diseases: Reflections on the Sudden Death of a Popular Influencer

Recently, the well-known online influencer suffered sudden physical discomfort after routine running and unfortunately passed away due to sudden cardiac death. This sudden tragedy quickly topped the hot searches on major social platforms, triggering strong national concern and profound reflection on cardiovascular emergencies such as myocardial infarction and sudden cardiac death.

In traditional public perception, heart disease is often exclusive to the elderly, who believe young people are strong and resistant to heart diseases. However, Sudden cardiac death is spreading to young groups at an alarming rate. Regardless of age and occupation, as long as people neglect heart health and overdraw their bodies for a long time, they may face fatal cardiac risks.

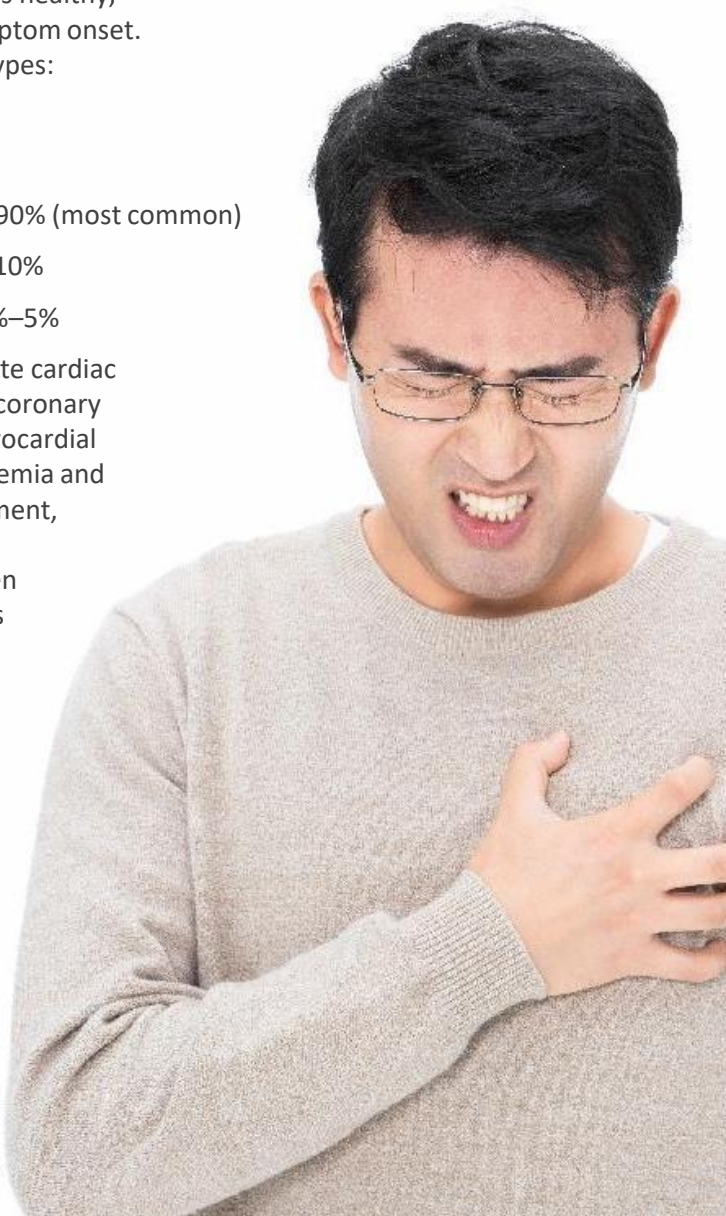
Public Health Challenges

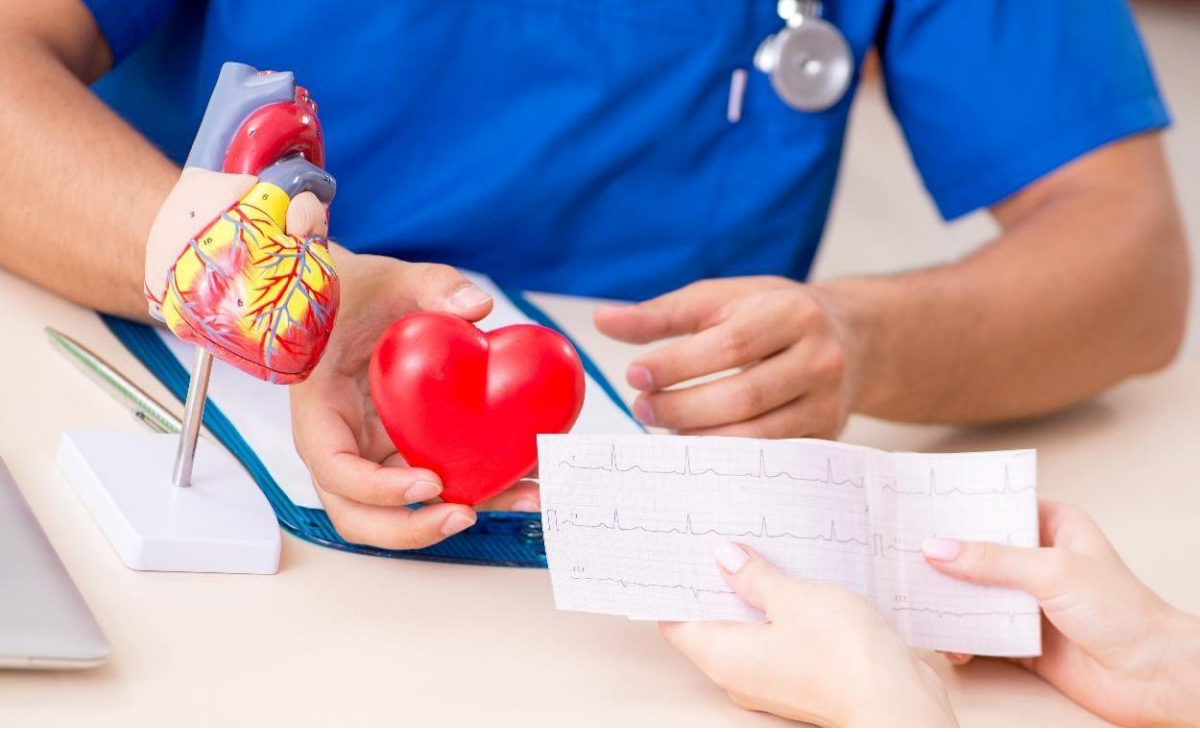
According to the latest data released by the National Center for Cardiovascular Diseases, cardiovascular disease has become the leading cause of death among Chinese residents, far exceeding malignant tumors, respiratory diseases and other diseases. The number of existing patients has exceeded 330 million, including 11.39 million coronary heart disease patients and more than 13 million stroke patients. Two out of every five deaths are due to cardiovascular disease.

More worryingly, the incidence of cardiovascular disease in China is rising continuously and showing a significant younger trend. The number of young and middle-aged people in their 30s and 40s suffering from sudden myocardial infarction and sudden death is increasing year by year. Sudden death is defined as sudden, non-traumatic death from natural causes in a person who is previously healthy or appears healthy, usually within 24 hours of symptom onset. It is clinically classified into 3 types:

- Sudden cardiac death: 80%–90% (most common)
- Sudden cerebral death: 5%–10%
- Sudden pulmonary death: 1%–5%

Myocardial Infarction is an acute cardiac emergency caused by sudden coronary artery occlusion, leading to myocardial necrosis due to persistent ischemia and hypoxia. Without timely treatment, it can rapidly trigger malignant arrhythmia and result in sudden cardiac death. Bad living habits such as staying up late for a long time, high-intensity work pressure, sedentary lifestyle, lack of exercise, high-oil, high-salt and high-sugar diet, smoking and drinking are the core reasons for the high incidence of cardiovascular disease, and also the main triggers for young people's cardiac function damage and sudden emergencies.





Pathogenesis

The core pathogenesis of cardiovascular disease is atherosclerosis, a long-term, hidden and progressive pathological process. Risk factors such as hypertension, hyperlipidemia and hyperglycemia will continuously damage the vascular endothelial cells of the human body, making the originally smooth inner wall of blood vessels rough and damaged. Lipids, cholesterol and other substances in the blood will continuously deposit on the damaged parts, gradually forming yellow atherosclerotic plaques.

As the plaques grow larger and harder, the vascular lumen will gradually narrow, blood flow is blocked, and important organs such as the heart and brain cannot obtain sufficient oxygen and nutrient supply, leading to a series of lesions. According to the degree of vascular stenosis, it can be divided into three stages:

•Mild stenosis (<50%), most patients have no obvious symptoms and are easily ignored

•Moderate stenosis (50%-69%), patients will have chest pain and tightness, shortness of breath, palpitations and other discomfort after exercise and fatigue

•Severe stenosis (≥70%), patients will have persistent chest pain at rest or after light physical activity, the risk of myocardial infarction and sudden death will increase sharply.

Once the plaque suddenly ruptures to form a thrombus, or a malignant arrhythmia (VF) occurs suddenly, the heart will stop pumping blood instantly, causing sudden cardiac death, with extremely short rescue time and high mortality.

Common Causes & High-Risk Factors

The onset of cardiovascular disease results from the combined effects of controllable and uncontrollable risk factors. Identifying your personal risk factors is the first step toward effective prevention.

Controllable Risk Factors

- Hypertension, hyperlipidemia, and diabetes (the “three highs”)
- Overweight and obesity, especially abdominal obesity
- Long-term smoking (including second-hand and third-hand smoke)
- Excessive alcohol consumption
- A sedentary lifestyle with lack of regular exercise
- Chronic mental stress, anxiety, and depression
- Long-term late nights, insufficient sleep, and sleep apnea
- Excessive intake of salt, fat, sugar, and trans fats; insufficient dietary fiber
- Long-term exposure to severe air pollution (kitchen fumes, dust, industrial pollution)
- Hyperhomocysteinemia and hyperuricemia
- Chronic immune-mediated inflammatory diseases, chronic kidney disease, non-alcoholic fatty liver disease

Uncontrollable Risk Factors：

- Age
- Sex (higher incidence in men; risk increases sharply in women after menopause)
- Family history of premature coronary heart disease (first-degree relative: male <55 years or female <65 years with CHD, myocardial infarction, sudden cardiac death, or revascularization)
- Familial hypercholesterolemia
- Hereditary connective tissue diseases

Early Symptoms & Warning Signs

There are signs before the onset of cardiovascular disease, the danger signals sent by the body are often ignored, eventually leading to disease deterioration. Mastering the ability to identify early symptoms is the key to seizing the golden treatment time and staying away from sudden death. Typical cardiovascular disease symptoms include persistent chest tightness and pain, palpitations, shortness of breath and dyspnea, dizziness and fatigue, inexplicable cold sweats, radiating pain in shoulders and back, which will be significantly aggravated after fatigue, exercise and emotional excitement.

At the same time, there are a large number of atypical manifestations of cardiovascular disease, especially more common in women, the elderly, diabetic patients and young groups, including: unexplained toothache, sore throat, neck tightness, upper abdominal distension and discomfort, nausea and vomiting, extreme fatigue, waking up at night, etc. Many people mistake these symptoms for fatigue, stomach problems, colds, delaying the best time for medical treatment. Once any of the above discomforts occur, especially if they persist or recur, be sure to seek medical attention timely.

Scientific Prevention & Health

Daily Lifestyle Intervention

Daily living habits are the foundation of heart health, and a scientific lifestyle needs to be adhered to for a long time:

- Diet management: Strictly follow the principles of low salt (daily salt intake ≤5g), low fat and low sugar, reduce the intake of fried food, processed meat, desserts and drinks, eat more whole grains, fresh fruits and vegetables, deep-sea fish and nuts, and reject trans fats
- Regular exercise: Adhere to at least 150 minutes of moderate-intensity aerobic exercise every week, such as brisk walking, jogging, swimming, cycling, avoid long-term sitting, and refrain from sudden high-intensity strenuous exercise, warm up before exercise
- Weight management: Control BMI within the healthy range of 18.5-24.9
- Healthy schedule: Ensure 7-8 hours of high-quality sleep every day, strictly prohibit staying up late for a long time and reversing day and night, so that the heart can get full rest
- Good habits: Quit smoking completely, stay away from second-hand smoke, limit alcohol intake,
- Emotion management: Learn to regulate emotions, release pressure, maintain an optimistic attitude

Core Screening Recommendations

Regular screening is the core method for detecting early cardiac lesions and halting disease progression. Different screening strategies can be adopted for people at varying risk levels, which may be implemented by referring to the table below or following the advice of a specialist：

Categories：Low risks

Target Population： Cardiovascular 10-year risk<5.0%

Screening items：

- •Lifestyle assessment, blood pressure measurement , Lifestyle assessment, blood pressure measurement
- •Blood glucose test, lipid profile, renal function , Every 3-4year

Categories：Moderate risks

Target Population： Cardiovascular 10-year risk 5.0%~9.9%

Screening items：

- •Lifestyle assessment, blood pressure measurement, blood glucose test, lipid profile, renal function, ECG , Every 1-2year

Categories：High risks

Target Population： Cardiovascular 10-year risk≥10%Or lifetime cardiovascular risk≥ 32.8%

Screening items：

- •Lifestyle assessment, blood pressure measurement, blood glucose test, lipid profile, renal function, ECG , Annually
- •Echocardiography, vascular ultrasound, Holter ECG, coronary artery calcium score, coronary angiography, etc.As directed by treating doctor

Population with high risks should strengthen the screening frequency, complete a comprehensive cardiovascular evaluation every year, must complete specialized non-invasive cardiac screening every year, and strictly take medicine as directed by the doctor to control the "three highs" indicators, do not stop or reduce drugs without permission. For people who have already experienced discomfort, do not wait for the screening cycle, and should go to the cardiology department for examination immediately.

Mother’ s Day

Health Guide for Menopausal Women

May 10, 2026, is Mother’s Day. On this day dedicated to women, we should focus more on the health of middleaged women, commonly known as “menopause”. Many women see menopause as a sign of aging; others panic excessively as if it were a disease. In fact, menopause is not an illness but a natural, unavoidable stage in every woman’s life.

With longer life expectancy, women live about 30 years after menopause, nearly one-third of their lifespan. The average age for Chinese women to begin entering the perimenopausal period is 46 years, the average age of menopause is between 48 and 52 years, and approximately 90% of women experience menopause between the ages of 45 and 55. During this period, natural ovarian decline causes hormonal fluctuations and systemic changes. Longterm neglect greatly raises risks of osteoporosis, cardiovascular disease, mood disorders, and other chronic conditions.

Physiological Mechanism during Menopause

Menopause is essentially ovarian failure. The fluctuating decline and deficiency of estrogen cause menopausal symptoms in women, such as menstrual irregularities, hot flushes and sweating, sleep disturbances, mood changes, and generalized musculoskeletal pain. Furthermore, long-term estrogen deficiency increases the risk of metabolic diseases, including abnormal calcium, glucose, and lipid metabolism, such as osteoporosis and cardiovascular and cerebrovascular diseases.

The traditional term "climacteric" is a broad definition of a female physiological stage, referring to the special transition period from the reproductive phase to old age. Currently, "climacteric" is mostly used for public health education.

Key Health Challenges for Menopausal Women

More than 80% of women develop one or more symptoms during the menopausal transition.

Vasomotor symptoms

The most typical are hot flashes and night sweats: sudden upper body heat, facial flushing, and heavy sweating. Night attacks severely disrupt sleep, causing daytime fatigue and poor concentration, with an average duration of some years.

Neuropsychiatric symptoms

Hormonal fluctuations directly alter brain neurotransmitters, leading to **anxiety, depression, irritability, and low mood,** along with "brain fog," memory loss, slower responses, and sleep disorders—major drivers of poor quality of life.

Genitourinary Syndrome of Menopause

Estrogen deficiency thins and atrophies vaginal and urethral mucosa, causing vaginal dryness, burning, dyspareunia, frequency, urgency, and recurrent urinary tract infections, severely affecting daily life and intimacy.

Increased longterm chronic disease risks

Longterm low estrogen accelerates bone loss, sharply raising osteoporosis and fragility fracture risk; it also disrupts blood lipids and reduces vascular elasticity, increasing coronary heart disease and stroke risk; it promotes abdominal fat accumulation, raising diabetes and metabolic syndrome risk.

Scientific Health Management Guidelines

Daily Health Management

Healthy Diet： A Mediterranean Diet is recommended: plenty of vegetables, fruits, lowfat dairy, whole grains, and soy; moderate fish, poultry, eggs, and lean meat; avoid smoking and restrict alcohol (≤15g ethanol/day). Ensure 1000–1200mg of calcium daily plus vitamin D to prevent bone loss.

Regular exercise： Do at least 150 minutes of moderate aerobic exercise weekly, and 2–3 strength sessions to build muscle, boost bone density, and improve mood and sleep.

Medical Intervention: MHT & Non-Hormonal Therapy

Menopausal Hormone Therapy (MHT)

According to the Chinese Guidelines for Menopause Management and MHT 2023, MHT is the comprehensive medical treatment for estrogen deficiency disorders and the most effective option for hot flashes and night sweats.

Core Benefits:

- Rapidly relieves vasomotor symptoms, sleep disorders, and mood issues
- Prevents rapid postmenopausal bone loss and reduces osteoporosis & fracture risk
- Effectively improves genitourinary syndrome (GSM)

Key Advice:

- Optimal window: Age <60 or <10 years since menopause MHT has the most favorable benefit-risk ratio for relieving vasomotor symptoms, reducing bone loss, and preventing fractures.
- Must be prescribed by a doctor; never selfmedicate.Women with a uterus need adequate progestogen for endometrial protection
- Transdermal estrogen (gel/patch) is preferred for high thrombosis risk, cholelithiasis, abnormal liver and kidney function, or stable systemic lupus erythematosus (SLE) cases

Absolute contraindications:

Confirmed or suspected pregnancy, breast cancer, active thrombosis within 6 months, unexplained vaginal bleeding, severe liver/kidney dysfunction

NonHormonal Therapies

For women with MHT contraindication, not suitable for or refuse, or those only need mild symptoms relief. Nonhormonal drugs include SSIR/SNRI, gabapentin, NK3 receptor antagonists relieve hot flashes. Others include phytoestrogen (soy isoflavones), acupuncture, mindfulness, CBT for symptoms relief.

Mental Health and Family Support

Mood swings in menopause are hormonedriven physical reactions that require selfacceptance and external support:

- Selfregulation: accept physical changes, stabilize mood through meditation, mindfulness, and hobbies to reduce internal stress
- Family support: understanding, patience, and open communication from partners are the most powerful antidotes to anxiety and loneliness
- Professional help: for depression lasting more than 2 weeks, severe insomnia, or uncontrollable mood swings, seek combined gynecological and psychological care promptly.

Scientific management, standardized medical care, and warm family support can effectively relieve discomfort, reduce chronic disease risks, and protect longterm health. This Mother's Day 2026, may every woman be treated gently and learn to treat herself well, walking through this important life stage calmly and gracefully.

8 Ways Strength Training Can Help You Age Stronger and Healthier

When most people think of anti-aging, they imagine pricey skincare or do-it-all supplements—but strength training may be one of the most powerful ways to keep your body and mind youthful. It can help preserve bone density, protect your heart, sharpen your brain, and even extend your lifespan. And it's never too late to start: older adults who begin resistance training see major improvements in strength, mobility, and energy within just a few months.1 Here are seven science-backed ways that you can age better with strength training.

You'll Stave off Bone Loss—and Injury

If you think resistance training only strengthens muscles, you'd be wrong—it's great for bone strength too, which you also lose as you age. "Loading your bones helps reduce your rate of bone loss as you get older," said Machowsky.

It can also kickstart bone formation: Research shows that just one year of heavy resistance training helped spur short-term bone formation in older adults.

Mild impact activities—think: hopping, running, or skipping—are best here, but those things take a good amount of balance, strength, and joint integrity. With strength training, older adults can reap those benefits with fewer risks, said Machowsky.

You'll Keep More Muscle

Sarcopenia, or age-related muscle loss, starts in your thirties and ticks up in your sixties and seventies—and strength training is a first-line treatment for it.

"Strength training can help maintain lean muscle in people who are aging," said Jason Machowsky, RD, CSCS, an exercise physiologist and board-certified sports dietitian.

Having more muscle as you age can also reduce your risk of falls and injuries. Research shows people with sarcopenia are significantly more likely to experience injury-inducing falls than those without it.

Extra muscle mass can improve your posture as well, which is another key to avoiding injury with age.

You Could Live Longer and Healthier

onset of various age-induced conditions, like cardiovascular disease and type 2 diabetes. But research shows strength training can help cut back on that low-grade cellular inflammation and reduce your risk of disease.

Other research also ties strength training to a reduced risk of cancer and dying from any disease.

Your Heart Will Stay Strong and Healthy

Cardio is important for heart health, but so is resistance training—it's actally one of the best forms of movement to keep your cardiovascular system strong.

Not only has strength training been associated with improved blood pressure and cholesterol, but it may also help prolong your life: When done twice or three times a week, weight training was shown to reduce the risk of death from heart disease in women, compared to women who didn't weight train at all.

Your Brain Will Stay Sharp and Focused

Remember: Your brain is a muscle too, and research shows that regular strength training can help stave off cognitive impairment.

Specifically, resistance training can help protect the hippocampus (the part of your brain responsible for learning and memory) and precuneus (the part that fuels memory) against atrophy, while boosting white matter in adults with mild cognitive impairment.

Plus, Machowsky said exercise of any kind can help promote blood flow to your brain, which might make you feel sharper overall.

Your Skin Might Actually Improve

There's no cure-all cream or powder to reverse the hands of time, but strength training might also carry skin benefits.

As you age, your skin loses elasticity, as well as some of the structure and thickness of the dermis, the middle layer of skin. But recent research shows that resistance training can actually "rejuvenate" skin, helping to significantly improve skin elasticity, upper dermal structure, and dermal thickness.

You May Lose (or Better Maintain) Weight

As you age, your metabolism slows down, and you might gain weight (or have a harder time keeping weight steady). But “having more muscle and regularly [strength] training can help with overall daily calorie burn and weight management,” said Machowsky.

Strength training may also have an regulating blood sugar levels—research shows that the more muscle mass a person has, the better their response to insulin. Insulin resistance, on the other hand, is linked to weight gain as well as prediabetes and type 2 diabetes.

You’ ll Have More Energy

Energy levels typically decrease with age due to a slower metabolism, reduced muscle mass, and age-related health conditions.

But strength training could boost your energy levels. “When you strength train, your energy is improved due to better circulation, a release of endorphins, and an increased metabolism,” said Machowsky.

Research also notes that muscle strength can be a major predictor of a person’s ability to execute ADL, or activities of daily living, effectively—things that get tougher with age.

It’s Never Too Late to Start

Strength training might seem like a form of exercise associated with bodybuilders and seasoned athletes, but it’s never too late to pick up a routine and start seeing improvements in your health at any age.

Your best bet for starting a routine that sticks? Ease into it. “If people haven’t been exercising at all and are older or frailer, then it’s important to start with training for balance and flexibility/mobility and then moving on to strength,” said Hollis Day, MD, MS, MHPE, Chief of Geriatrics at Boston Medical Center.

“Even starting as little as once a week can be helpful, and gradually build up [from there], said Day. “And make sure you’re targeting your upper and lower body.”

While strength training can certainly increase your longevity and ensure you live longer, it can also ensure those extra years are active, enjoyable, and spent doing what you love.

7 Foods With More Vitamin D Than Eggs

One egg provides about 6% of the recommended daily intake of vitamin D.There are many other foods that are more vitamin D-rich than eggs, including salmon, trout, and fortified milks and mushrooms.These foods also contain health-boosting nutrients, including omega-3 fatty acids, protein, and more.

A large egg contains about 1.1 micrograms (mcg) of vitamin D, or roughly 6% of the Daily Value (DV).1 While eggs provide some vitamin D, several other foods contain significantly more. Here are seven foods that deliver more vitamin D than eggs.

Cod Liver Oil

Vitamin D: 34 mcg, 170% DV

Serving size: 1 tablespoon

Cod liver oil is one of the richest dietary sources of vitamin D. A tablespoon of cod liver oil covers 170% of the DV, making it an excellent source.In addition to packing significantly more vitamin D than eggs, cod liver oil is rich in the omega-3 fatty acids docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), which have powerful anti-inflammatory properties.

Rainbow Trout

Vitamin D: 16.2 mcg, 81% DV

Serving size: 3 ounces cooked

A 3-ounce serving of cooked rainbow trout covers over 80% of your daily vitamin D needs. Also, it delivers a hearty dose of omega-3s, zinc, selenium, and B12, making it an all-around nutritious protein source.Fatty fish such as rainbow trout obtain vitamin D by eating organisms that have produced the nutrient through sunlight exposure. That vitamin D then builds up in the fish's fatty tissues, which is why fatty fish are among the richest natural sources of vitamin D.

Salmon

Vitamin D: 14.2 mcg, 71% DV

Serving size: 3 ounces cooked

A 3-ounce serving of salmon delivers over 70% of your daily needs for vitamin D.In addition to vitamin D, salmon is high in protein, B vitamins, potassium, selenium, and the carotenoid antioxidant astaxanthin. Astaxanthin is a pigment that gives salmon its pink color and also has cellular-protective properties.

Sardines

Vitamin D: 2.4 mcg, 12% DV

Serving size: 4 sardines

In addition to their high levels of protein, calcium, B12 and selenium, sardines are a good source of vitamin D, with a serving of four sardines packing 2.4 mcg, 12% of the DV. Because they're rich in protective nutrients, research suggests that eating sardines regularly may help lower the risk of conditions such as heart disease and type 2 diabetes.

UV-Exposed Mushrooms

Vitamin D: 9.2 mcg, 46% DV

Serving size: ½ cup cooked

Getting enough vitamin D from food can be challenging for people following plant-based diets, since most rich sources are animal products. Fortunately, certain types of mushrooms are exposed to ultraviolet (UV) light during or after harvesting, which stimulates vitamin D production in the mushrooms. A ½ cup of cooked UV-exposed mushrooms contains nearly half of the DV.

Fortified Milk

Vitamin D: 2.9 mcg, 15% DV

Serving size: 1 cup

On its own, milk is not a good source of vitamin D. However, milk is fortified with vitamin D to boost its levels of this essential nutrient. A cup of fortified milk contains 15% of the DV, making it a great source. Milk is also high in calcium, a mineral that's needed for nerve function and bone mineralization.

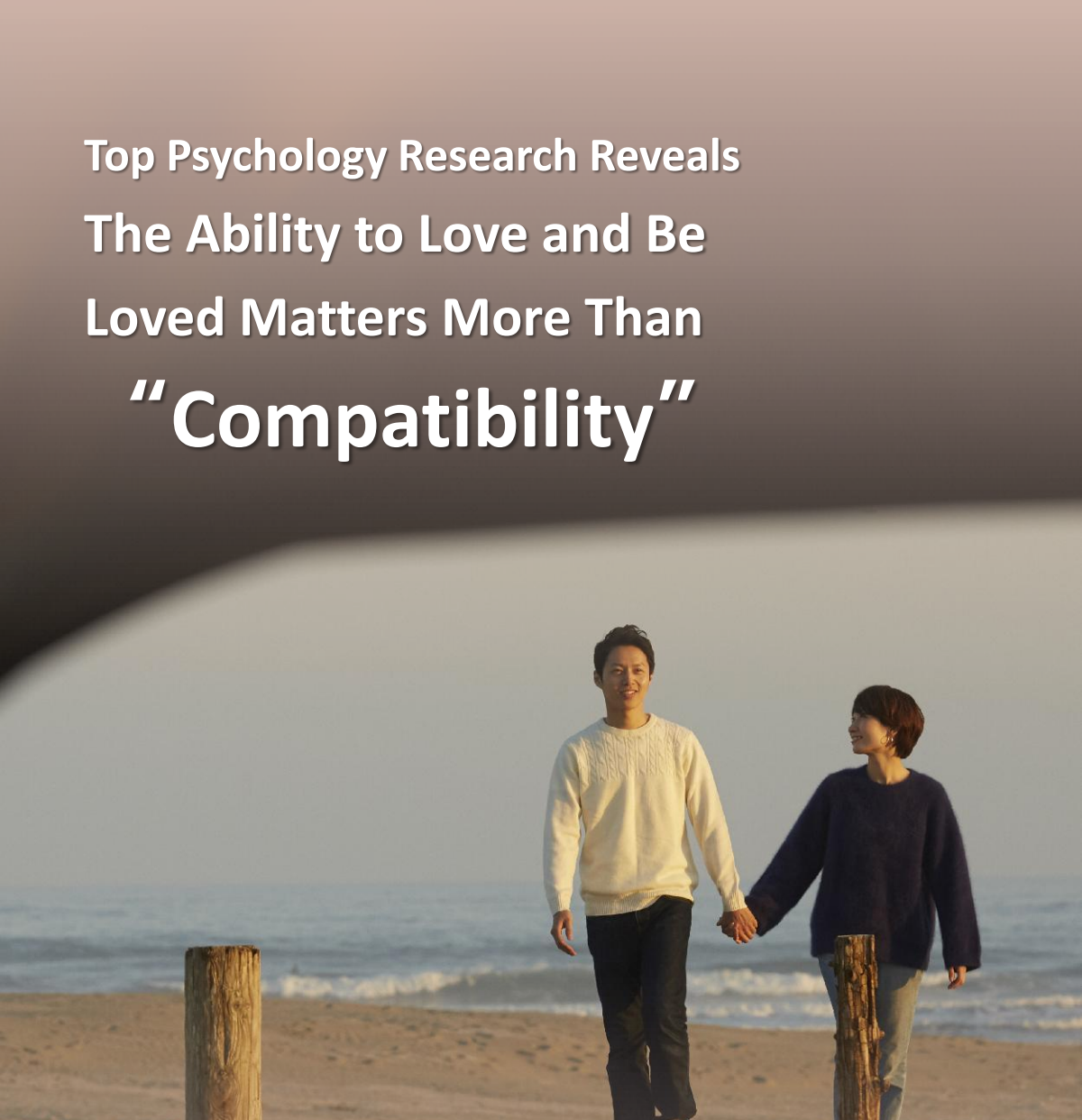
Fortified Plant-Based Milk

Vitamin D: 3 mcg, 15% DV

Serving size: 1 cup

Many plant-based milks, like soy and almond milks, are fortified with vitamin D and can be a much better source than eggs. For example, a cup of Silk Original Soy Milk contains 15% and 35% of the DV for vitamin D.Soy milk delivers a meaningful amount of protein. An 8-ounce serving of Silk Original Soy Milk contains 8 grams of protein, making it a solid protein option for those following plant-based diets.

Top Psychology Research Reveals The Ability to Love and Be Loved Matters More Than "Compatibility"



In recent years, MBTI-style "matching theories" have surged in popularity. From unresolved romances in films and TV dramas to personality algorithms on dating apps, we seem eager to use a few letters to calculate that one person who is "naturally compatible" with us.

But are partners better off being similar or complementary?

Do personality differences really determine the fate of a relationship?

In this article, we set aside pop psychology and marketing rhetoric, and turn instead to three studies published in top psychology journals to uncover the scientific truth behind similarity and compatibility.

Humans Are Inherently “Self-Loving”: We Fall for Those Who Are Like Us

A common saying goes, “opposites attract.” Introverts are drawn to extroverts; impulsive people need gentle partners to balance them out.

Yet large-scale data suggests the opposite:we tend to choose people who are similar to ourselves.

A 2023 study published in Nature Human Behaviour analyzed nearly 80,000 couples from the UK Biobank, examining correlations across 133 traits, including health, psychology, demographics, and behavior (Horwitz et al., 2023).

Even after controlling for broad population factors such as birth date, birthplace, ethnicity, and ancestry, partners still showed statistically significant correlations across 118 traits—over 97% of which were positively correlated.

To test whether this pattern holds across cultures, researchers also reviewed 199 prior studies spanning different eras and regions, involving millions of couples. The results again showed positive correlations across 22 core traits.

In other words, we are more likely to form relationships with people who resemble us—especially in:Political beliefs 、 Religious values 、 Education level 、 Intelligence 、 Lifestyle habits (e.g., smoking, drinking)

Of course, this does not mean complementarity does not exist. In fact, for certain traits—such as aspects of personality (e.g., extraversion, neuroticism, agreeableness) and emotional characteristics (e.g., depression)—correlations are weaker, suggesting that differences may be more acceptable in these areas.

In rare cases, such as hearing ability or sleep patterns, partners may even show negative correlations.

This aligns with a widely held intuition:“similar at the core, complementary at the edges.”

After all, complete similarity is unrealistic. As long as two people share core values and a common direction, differences in how they get there can be a strength rather than a flaw.

Where Does Similarity Come From? Selection, Convergence, or Breakup?

If similarity is so common, a natural question follows:

Do we choose similar partners, or do we become similar over time?

Psychologists have proposed four hypotheses:

- Selection hypothesis: We choose partners who are already similar to us
- Convergence hypothesis: Partners grow more alike over time
- Complementarity breakup hypothesis: Dissimilar couples are more likely to break up
- Divergence breakup hypothesis: Initially similar couples drift apart and eventually separate

A 2025 longitudinal study published in the Journal of Personality and Social Psychology followed 1,180 newly cohabiting couples over 16 years (van Scheppingen et al., 2025).

Using advanced statistical modeling, researchers tracked both initial similarity and how personality traits evolved over time.

The findings were striking:

☑ Selection hypothesis supported

Partners already showed significant similarity in personality within the first year of living together—suggesting we select similar individuals from the start.

✕ No support for convergence

Over the next 16 years, similarity did not increase; if anything, it slightly decreased. Partners do not necessarily grow more alike over time.

✕ No support for complementarity breakup

Initial similarity did not predict whether couples would break up.

✕ No support for divergence breakup

Among couples who did separate, similarity remained relatively stable rather than declining over time.

In short: similarity is built into our initial choices.

We are not becoming like each other—we are drawn to those who are already like us.

Interestingly, this extends beyond personality. Research shows that people are also more attracted to partners who resemble them physically (Luo & Klohnen, 2005; DeBruine, 2004).

The so-called “couples who look alike” phenomenon may, in fact, reflect a subtle preference for our own features.

Beyond Matching: The Ability to Love and Be Loved

If we tend to choose similar partners, does that mean greater similarity leads to greater happiness?

Can relationship success really be predicted by matching two people's traits through an algorithm?

A 2020 study published in PNAS, involving 86 researchers and 43 longitudinal datasets from around the world, used machine learning to explore this question (Joel et al., 2020).

After testing thousands of variable combinations, the conclusion was clear:What matters most is not who we are, but how we relate to each other.

Models based solely on relationship dynamics explained relationship quality better than those including personality traits. Adding individual traits did not significantly improve predictive power.

The five strongest predictors of relationship quality were:

- Perceived partner commitment (e.g., “My partner wants us to stay together forever”)
- Gratitude (e.g., “I feel lucky to have my partner”)
- Sexual satisfaction
- Perceived partner satisfaction
- Conflict frequency

In contrast, objective factors such as marriage, cohabitation, or

having children had minimal explanatory power.

This suggests that how a relationship is lived and experienced outweighs structural conditions or personality matching.

That said, individual traits still matter. Models based solely on personal characteristics explained nearly 20% of relationship quality.

Notably, one’s own traits mattered far more than one’s partner’s traits.

In other words:who I am matters more than who my partner is.

Our emotional state, attachment style, and overall life satisfaction shape our ability to give and receive love—and thus shape our relational experience.Love is not about finding a perfectly matching puzzle piece.It is about two independent individuals learning, over time, how to hold each other, understand each other, and grow together.

Ultimately, what makes a relationship meaningful is not how similar we are, but this:I am willing to move toward you—and you are willing to receive me.

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