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Volume 48

Number 2

June 2007

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Depression and the Psychological Benefits of Entering Marriage*

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Journal of Health and Social Behavior 2007, Vol 48 (June): 149–163

Past research has consistently documented the positive relationship between a transition to marriage and psychological well-being. In this study, we separate the depressed from the nondepressed to assess whether the benefits marriage has for psychological well-being depend on premarital depression. We also examine whether the effect of marital quality in moderating the psychological consequences of marriage differs for the depressed and the nondepressed. Results indicate that, on average, those who were depressed prior to marrying report larger psychological gains from marriage than those who were not depressed. The role of marital quality in moderating the effect of marriage on psychological well-being is similar for previously depressed and previously nondepressed respondents. These findings call into question the assumption that marriage is always a good choice for all individuals. What appear to be strong average benefits of marriage are actually highly dependent on a range of individual, interpersonal, and structural characteristics.

Although hundreds of studies clearly show that marriage is strongly and positively associated with psychological well-being for men and women (Williams 2003; Simon 2002; Horwitz, White, and Howell-White 1996; Booth and Amato 1991; Horwitz and White 1991; Gove, Hughes, and Style 1983), emerging evidence indicates that these benefits do not apply equally to all individuals. To date, no prior research has examined whether those who were depressed prior to entering marriage receive the same psychological benefits from marriage as those who were not depressed. We

hypothesize that depressed individuals receive few or no psychological benefits from entering marriage, in part because the depression of one spouse and the demands it places upon the marriage undermine marital communication and marital quality. We analyze two waves of data from the National Survey of Families and Households to test this hypothesis. We focus on a transition to marriage rather than on marital status itself to control for premarital levels of depression. We also separate those who are depressed prior to entering marriage from the nondepressed and compare their later levels of depression to similar individuals who remain continually unmarried.

THE MENTAL HEALTH BENEFITS OF MARRIAGE

On average, the currently married report higher levels of psychological well-being (measured by lower rates of depression, substance abuse, and alcoholism) than never-married, divorced, widowed, or separated individuals. Moreover, several longitudinal studies find that transitions into marriage are associated

* Earlier versions of this paper were presented at the March 2006 annual meeting of the Population Association of America in Los Angeles, California, and the August 2006 annual meeting of the American Sociological Association in Montreal, Quebec. The authors wish to thank Dr. Elizabeth Menaghan, Dr. Sharon Sessler, and our anonymous reviewers for their helpful comments. Address correspondence to Adrienne Frech, Department of Sociology, The Ohio State University, 300 Bricker Hall, 190 N. Oval Mall, Columbus, OH 43210 (email: frech.36@sociology.osu.edu).

with declines in depression among women and declines in alcohol use and abuse among men (Williams 2003; Simon 2002; Simon and Marcussen 1999; Marks and Lambert 1998; Waite 1995). However, other studies indicate that entering marriage is associated with negligible and insignificant changes in psychological well-being, at least among younger adults (Horwitz and White 1991). Inconsistencies of this sort may partly reflect the fact that, in focusing on the average effects of marriage on health and well-being, researchers have not yet specified the range of factors that moderate this association.

Surprisingly little research has examined to whom and under what circumstances marriage actually confers mental health benefits. The research that exists in this emerging area suggests a great deal of variability in the benefits of marriage. For example, although men and women receive similar psychological benefits from marriage (Williams 2003; Simon 2002; Marks and Lambert 1998), the impact of transitions into marriage on mental health varies by age and race. Women over age 40 benefit more from remarriage than their younger (ages 19–34) counterparts (Marks and Lambert 1998). Regarding race, marital status differences in mental health are greater among whites than among blacks (Williams, Takeuchi, and Adair 1992a).

In addition to sociodemographic factors, marital quality is also an important moderator of the link between marriage and mental health. In a recent longitudinal study of the mental health benefits of transitions into marriage by gender, Williams (2003) found that married individuals who report low levels of marital quality report higher levels of distress than their continually unmarried counterparts. As a result, individuals who report above-average marital quality are the only group experiencing mental health gains in marriage (Williams 2003). Additionally, Horwitz and colleagues (1996) found that the length of the marriage, the strength of social support from friends and relatives, economic wealth, and the presence of children did not significantly affect mental health gains in marriage once marital quality was taken into account.

Research that continues to clarify how and why the benefits of marriage are conferred upon individuals is important because this body of research as a whole is sometimes interpreted as evidence that all individuals can expect to

benefit from marriage. An emerging body of research indicates that this is not the case. Continuing this examination of the differential benefits of marriage among various groups, we separate those who were depressed prior to marrying from those who were not depressed, and we compare the psychological well-being of each group after entering marriage to that of their continually unmarried counterparts.

Marriage and Psychological Well-Being: The Importance of Prior Mental Health

There is ample reason to believe that depressed men and women will not report the same gains in psychological well-being after marrying that nondepressed men and women report. An individual's psychological distress affects that individual's subjective views of the marriage, as well as communication between partners within the marriage (Bradbury, Fincham, and Beach 2000; McLeod and Eckberg 1993; Moffit, Spence, and Goldney 1986). For depressed individuals, all of these factors can undermine the psychological benefits of marriage. Even if depressed spouses receive the same levels of emotional support from marriage, they may be less likely than others to enjoy psychological benefits from this support (Bradbury et al. 2000; McLeod and Eckberg 1993). In addition, a depressed spouse may require more caring and support than the other spouse is able or expects to provide, and a depressed spouse may provide little support in return (Turner and Turner 1999; McLeod and Eckberg 1993).

Variations in spousal reliance can create strain within the marriage as one spouse cares for the other without an equal return of emotional support. Because depressed persons are predisposed to having poor marital communication and a negative view of intimate relationships (Segrin et al. 2003; Johnson and Jacob 1997; Moffit et al. 1986), they may experience worse marital quality and, therefore, fewer psychological benefits of marriage (Katz and Beach 1997). In addition, a depressed spouse can increase the depression of his or her spouse through emotional contagion, a nonspecific "catching" of the depression of a loved one (Joiner 1994; Hatfield, Cacioppo, and Rapson 1993). Marital quality, then, is lowered for both spouses. All of these factors may reduce the psychological benefits of marriage for depressed individuals.

In a novel study on the concordance of depression among married couples, McLeod and Eckberg (1993) found that couples with at least one depressed spouse report lower levels of marital satisfaction than couples in which neither spouse is depressed. Both spouses in a married couple with at least one depressed member were also more likely to report that they were less satisfied with their marriage and that a spouse was more demanding than couples in which neither spouse was depressed. Interestingly, the authors did not conclude that couples with two depressed spouses have significantly worse marital quality than couples where only one spouse is depressed. This is important because it suggests that the presence of only one depressed spouse may be enough to harm the quality of the marriage for both.

Given that the psychological benefits of marriage depend on marital quality (Williams 2003), McLeod and Eckberg's (1993) observation that depression undermines marital quality strongly suggests that depressed individuals may receive few benefits from marriage—a premise that assumes that marital quality is equally important for all those who enter into marriage, regardless of premarital levels of depression. However, McLeod and Eckberg's (1993) study was not designed to test either of these hypotheses, and we are aware of no studies since theirs that have done so. Our models will first test these ideas by distinguishing those who are depressed prior to entering marriage from the nondepressed and comparing their subsequent levels of depression to those of similar individuals who remain continually unmarried. Second, we will attempt to replicate prior research, showing that, for the average adult, the psychological benefits of marriage depend on the quality of the marriage. Finally, our models will consider one of two possible roles of marital quality in explaining any differential psychological benefits of marriage for the depressed compared to the nondepressed.

Marital quality may act as either a mediator or a moderator of the association between premarital levels of depression and the psychological benefits of a transition into marriage. Marital quality acts as a mediator if the depressed receive fewer psychological benefits from marriage than the nondepressed, and this is explained to some extent by the poorer marital quality of the depressed. Such an association would be consistent with findings in previous studies suggesting that depressed spouses

worsen the quality of a marriage (McLeod and Eckberg 1993), and it would show that this lower marital quality prevents the depressed from benefiting psychologically from that marriage. Testing the mediator hypothesis requires that we first demonstrate that the depressed receive significantly fewer psychological benefits from marriage than the nondepressed (our second hypothesis described below).

The other possibility we consider is that marital quality moderates the association of a transition into marriage with psychological well-being, but that it operates differently for the depressed and the nondepressed in structuring the psychological benefits of marriage. This hypothesis is most relevant if we find, contrary to our central hypothesis, that depressed individuals receive equal or greater benefits of marriage compared to their nondepressed counterparts. Recall that prior research indicates that depressed individuals have lower levels of marital quality than their nondepressed counterparts and that, on average, poor marital quality undermines the psychological benefits of marriage (Williams 2003; McLeod and Eckberg 1993). Depressed individuals could still receive greater or similar psychological benefits from marriage compared to their nondepressed counterparts, despite lower average levels of marital quality, if such benefits are less dependent on marital quality among the depressed. Substantial evidence indicates that depression is associated with high levels of social isolation (Steinhausen, Haslmeier, and Metzke 2006; American Psychiatric Association 2000), and social isolation, in turn, further undermines psychological well-being (Kawachi and Berkman 2001). Thus, the companionship provided by marriage may offer substantial benefits to the well-being of depressed individuals, even in the absence of high levels of marital quality.

Hypotheses

We develop a set of hypotheses that directly address this new direction in research on marital status and mental health. Because research has consistently demonstrated the mental health benefits of a transition to marriage, we expect that, controlling for baseline differences in depression, men and women who experience a transition to marriage will (on average) report better psychological well-being than the continually unmarried (hypothesis 1). How-

ever, if high levels of marital quality are necessary for a spouse to benefit psychologically from marriage relative to the continually unmarried, then the depression of that spouse can compromise the psychological benefits of marriage through a decrease in communication, excessive emotional neediness shown by the depressed spouse, and lowered marital quality reported by both spouses (Williams 2003; Horwitz, McLaughlin, and White 1997; Hatfield et al. 1993; McLeod and Eckberg 1993; Moffit et al. 1986). Therefore, we predict that depressed individuals who transition to marriage will not report better psychological well-being after marrying than the depressed who remain continually unmarried. In contrast, those who are not depressed prior to marrying will report better psychological well-being after marrying than their continually unmarried, nondepressed counterparts (hypothesis 2).

Prior research indicates that a single depressed individual within a marriage is enough to disrupt marital quality for both individuals (McLeod and Eckberg 1993). Therefore, any differences between depressed and nondepressed individuals in the psychological benefits they receive from marriage may be due in part to marital quality. We first attempt to replicate prior research which indicates that, among all couples, marital quality moderates the psychological well-being benefits of marriage (hypotheses 3–4). Men and women who transition to marriage and experience high levels of marital happiness (hypothesis 3) or low levels of marital conflict (hypothesis 4) should report better psychological well-being at time 2 than the continually unmarried.

Our remaining hypotheses pertaining to marital quality depend on our findings for hypothesis 2. If the depressed receive fewer psychological benefits from marriage than the nondepressed, then we expect that adding marital happiness (hypothesis 5) or marital conflict (hypothesis 6) to the model as a mediator will reduce or eliminate the observed difference between the depressed and the nondepressed in the psychological benefits of marriage. If we find that the depressed report similar or greater benefits from marriage compared to the nondepressed, these hypotheses will test the idea that marital quality differentially moderates the association of a transition into marriage with psychological well-being for the depressed compared to the nondepressed. Marital quality may be less important in structuring the psy-

chological benefits of marriage for depressed individuals compared to nondepressed individuals, and this may explain why the depressed receive similar or greater psychological benefits from marriage despite lower levels of marital quality.

Gender Differences in Depression and Marital Quality

Past research suggests that the role of prior depression may differ for men and women. Compared to men and nondepressed women, depressed women are more reliant on close friends and relatives (Turner and Turner 1999; Joiner 1994). Women's depression also fluctuates with changes in marital quality more than men's depression does (Horwitz et al. 1997). Additionally, Tower and Kasl (1995) find that, among elderly couples, men's depression explains three times the variation in women's depression and marital quality that women's depression explains in men (7.5% vs. 1.9%). To account for these gender differences, we initially conducted separate analyses for men and women. However, these models revealed no significant gender differences in the role of premarital depression in structuring the psychological benefits of marriage, or in any of our models following this main finding. For these reasons, we present models that combine men and women. Interaction terms testing for gender differences in the results presented here were not significant and were not included in the models that follow.

DATA AND MEASUREMENTS

The National Survey of Families and Households

The National Survey of Families and Households (NSFH) is a nationally representative panel study with two waves of data available for the full baseline sample (Sweet and Bumpass 1996). A randomly selected head of household and several "focal" children were interviewed for the first wave from 1987 to 1988, with an overall response rate of 75 percent (Sweet and Bumpass 1990). Interviews were conducted for the second wave of the NSFH from 1992 to 1994. Seventy-seven percent of the respondents interviewed in wave 1 remained in wave 2, although not all of these respondents provide the data necessary for this analysis. Attrition between wave 1 and wave 2 occurred disproportionately among minorities,

the unmarried, the depressed, and young adults (Simon 2002). We expect that greater attrition by the unmarried and the depressed make our findings more conservative than they would be if these respondents had been retained in subsequent waves. We first limited the sample to those respondents who were unmarried at T1. All respondents married at T1 (including those who exited out of marriage at T2) were dropped ($n = 6,877$). Second, we excluded respondents over the age of 55 ($n = 1,664$) because few adults over age 55 experienced a transition into marriage. Third, we excluded those respondents missing data on psychological well-being at T1 ($n = 234$) or T2 ($n = 1,091$). The final sample includes 3,066 cases. Attrition occurring disproportionately among those groups included in our sample could mean that our sample is slightly less depressed and somewhat older than the population to which we generalize our findings.

Independent Variables

Psychological well-being. The Center for Epidemiological Studies Depression Scale (CES-D) is a 20-item self-enumerated test that measures the frequency of an individual's symptoms of depression (Radloff 1977). The NSFH abbreviates this scale to twelve items¹ and extends its original 0–3 scale to a 0–7 scale measuring the number of days in the last week a respondent experienced distress. We aggregate these 12 items into a single continuous T2 depression scale with scores ranging from 0 to 84. We construct a dichotomous measure for the main respondent's T1 depression. The dichotomous variable separates individuals who are depressed from individuals who are not.

Our decision to dichotomize T1 respondent depression while keeping T2 depressive symptoms as a continuous variable rests on a theoretical and methodological distinction between depression as a measure of psychopathology and depression as an indicator of the absence of psychological well-being. Consistent with prior research, our hypotheses state that transitions into marriage will generally be associated with improved psychological well-being (i.e., a decline in the overall level of depressive symptoms as measured by the continuous CES-D scale). However, we also expect that the extent of the increase in psychological well-being associated with a transition into marriage will differ depending upon whether a respondent exhibits a relatively extreme level

of depression that likely approximates the severity of symptoms seen among those with a diagnosis of clinical depression. For this reason, we employ dichotomous measures of T1 depression.

We code main respondents (men and women) as depressed at T1 if they score 23 or more points on the abbreviated CES-D scale in the NSFH. Although these cutoffs differ from the traditional cutoff of 16 used in the original 20-item version of the CES-D, they represent a point estimate (20%) of overall depression rates at any given time in the United States (American Psychiatric Association 2000). Additionally, the traditional cutoff of 16 applies to a 0–3 scale of responses, while the NSFH uses a 0–7 scale to measure the frequency of each symptom of depression in the last week. The cutoff used in this analysis separates the scores at and above the 80th percentile in the full first wave of the NSFH age 55 and below (before sample deletions were made), a percentile cutoff identified by Ensel (1986) and used by Koropeckyj-Cox (1998) to identify probable cases of clinical depression.²

Although the CES-D is not used to diagnose individuals with depression, it is a well-validated and widely used indicator of mental health status in general populations. Researchers using the CES-D have noted its reliability in predicting diagnoses of clinical depression (Koropeckyj-Cox 1998; Roberts and Vernon 1983). Those men and women who are referred to as “depressed” or “previously depressed” in this study are not necessarily clinically depressed; however, they are experiencing symptoms of depression that are more frequent and more severe than those experienced by the remainder of the population.

Marital transitions. A marital transition occurs when an unmarried individual at T1 (this includes never-married, widowed, separated, and divorced individuals) marries and remains married to the same spouse by the time of the T2 interview. We code a marital transition as a dummy variable for which marrying by T2 = 1. We compare those who report a marital transition to the continually unmarried. Dummy variables are added to the analysis to control for respondents who were unmarried but divorced, separated, or widowed at T1.

Marital quality (at T2). Measures of marital happiness and marital conflict are used to measure marital quality. These measures have been used in previous NSFH research on marital

quality (Skinner et al. 2002; Brown and Booth 1996), and they remain excellent measures of respondents' overall assessments of their marriages. While these previous studies use four and five indices (respectively) of marital quality, we retain the two indices that most directly capture the emotional support or strain experienced in marriage. Previous research indicates that the psychological benefits of marriage are conferred primarily through (and depend on) the level of emotional support exchanged within the marriage (Ross, Mirowsky, and Goldstein 1990). The negative psychological consequences of emotional strain are well-established (Walen and Lachman 2000).

Marital happiness is measured using three questions that assess a respondent's overall happiness with his or her marriage, with a spouse's love and affection, and with a spouse's understanding (loads as one factor, $\alpha = .89$). Scores range from 1 (very unhappy) to 7 (very happy), with a total range of scores between 3–21. Marital conflict is measured through the frequency (1 = never and 6 = almost every day) of disagreements that a couple has about money, sex, and the time spent together (loads as one factor, $\alpha = .69$). Both scores are standardized, with all average scores and the continually unmarried coded as zero.

Control Variables

We control for a number of variables associated with changes in depression and entry into marriage. These include age (Horwitz et al. 1996; Mirowsky 1996), full- or part-time employment (Bird 1997; Turner 1995; Ross et al. 1990; Jackson 1985; Cleary and Mechanic 1983; VanFossen 1981), the number of children under age 18 in the home (Horwitz et al. 1997; Ross, Mirowsky, and Goldstein 1990; Cleary and Mechanic 1983), education (Williams et al. 1992a, 1992b; Kessler 1982), and race (Waite 1995; Williams 1992b). We also control for the duration of marriage (measured in months) from the month of marriage to the month of the T2 interview. Marital duration is then standardized, with the average length of marriage (about three years) and all those continually unmarried coded as zero.

Selection Bias

Researchers often point to the importance of selection bias in explaining the psychological benefits couples report through marriage. For example, the greater psychological well-being

of the married compared to the unmarried could be due in part to a lower propensity of depressed individuals to marry in the first place. Past research examining the role of selection bias in the association between depression and marriage has been inconclusive (Horwitz et al. 1996; Forthofer et al. 1996; Mastekaasa 1992; Horwitz and White 1991), with the most recent work (Simon 2002) concluding that mental health does not predict an individual's selection into marriage.³ Age, race, gender, education, the presence of children, and income do predict entry into marriage (Simon 2002; Mirowsky 1996; Waite 1995; Williams et al. 1992a). This analysis controls for these variables. Although some researchers find that selection effects are unlikely, it does remain possible that men and women who are not psychologically distressed are more likely to enter into and benefit from marriage. Controlling for time 1 depression decreases the probability of selection bias, but selection effects may still be taking place.

Analytic Approach

We conduct analyses using ordinary least squares regression in Stata 8. Data are not weighted because NSFH oversampling is controlled for through age, race, and marital status controls. Supplementary analyses indicate that weighting the data does not change the results presented here. All coefficients are of a similar magnitude and in the same direction.

Unweighted means and standard deviations of all variables in the analysis are shown in Table 1.

RESULTS

Model 1 of Table 2 confirms results that have been established in prior research (Williams 2003; Simon 2002; Horwitz et al. 1996; Booth and Amato 1991; Horwitz and White 1991; Gove et al. 1983). Controlling for baseline differences in depression, those who experience the transition into marriage report better psychological well-being than their continually unmarried counterparts. Those who marry by T2 report average levels of depression 3.42 points lower than the continually unmarried. This supports hypothesis 1.

To test hypothesis 2, model 2 includes a term for an interaction between T1 depression and a transition to marriage. Do the psychological benefits commonly associated with a transition to marriage depend on prior depression at T1?

TABLE 1. Unweighted Means and Standard Deviations of All Variables by a Transition to Marriage

	Continually Unmarried	Marital Transition	Combined
T2 depressive symptoms	17.38 (17.67)	12.66 (13.54)	16.08 (16.76)
T1 depression (1 = depressed)	30%	26%	29%
Female (1 = female)	66%	57%	64%
Marital happiness (standardized)	.00 (.00)	.00 (1.00)	.00 (.52)
Marital conflict (standardized)	.00 (.00)	1.00	.00 (.52)
Marital duration (standardized)	.00 (.00)	.00 (1.00)	.00 (.52)
Age	34.02 (10.00)	29.57 (8.00)	32.80 (9.70)
High school diploma (reference category)	52%	55%	53%
Below high school (1 = no high school diploma)	17%	11%	15%
Some college (1 = postsecondary education)	15%	14%	15%
College grad or higher (1 = BA, MA, other professional)	16%	20%	17%
Unemployed (reference category)	27%	18%	25%
Part-time employment (1 = employed part time)	11%	12%	11%
Full-time employment (1 = employed full time)	62%	70%	64%
Children (number of resident minors)	.74 (1.11)	.64 (.96)	.71 (1.07)
Divorced/separated (1 = divorced/separated)	46%	45%	46%
Widowed (1 = widowed at T1)	6%	2%	5%
Non-white (1 = non-white)	39%	18%	33%
N	2,221	845	3,066

Including this interaction term tests whether the psychological well-being benefits associated with a transition to marriage are afforded differently to depressed and nondepressed respondents. With the added interaction, we see that the psychological benefits of marriage are strongest among those who were depressed at T1. The previously depressed report symptoms of depression that are an average of 7.56 points lower than their continually unmarried counterparts ($-1.87 + -5.69$), controlling for baseline differences in depression. Among the nondepressed, the difference in T2 psychological well-being between those who transition into marriage and those who remain unmarried is substantially smaller (-1.87), although statistically significant ($p < .05$).

This finding is contrary to our hypothesis 2 prediction that the previously depressed would not report better psychological well-being relative to the continually unmarried. It appears that the previously depressed benefit substantially from marriage. These results also clarify past research suggesting that, on average, persons who marry report better psychological well-being than their unmarried counterparts. Once those who are depressed prior to marriage are separated from those who are not, the nondepressed do not appear to benefit psychologically from marriage as much as those who

are previously depressed. Marriage has unique effects on individuals, depending on the presence of depression prior to marrying. Supplemental analyses not included here test the robustness of this finding by including a term for an interaction between a continuous measure of depression at T1 and transition into marriage. We find results similar to those presented here.

In model 3, an internal moderator represents the interaction between a marital transition and marital happiness at T2, allowing us to test hypothesis 3. Do the benefits marriage has for psychological well-being depend on the happiness of the marriage? Internal moderators add an interaction term to an independent variable (in this case, the transition to marriage) to test whether a third variable (here, marital happiness) moderates the psychological benefits of marriage normally attributed to a marital transition alone (Mirowsky 1999). To construct this internal moderator, T2 marital happiness is standardized, with all average scores (and all who are continually unmarried) coded as zero. Coding the continually unmarried at the mean of zero and interacting marital happiness with a transition into marriage allows us to: (1) determine whether differences in T2 depressive symptoms between those who transition into marriage and those who remain unmarried de-

TABLE 2. Results of Ordinary Least Squares Regression Predicting Time 2 Depressive Symptoms (N = 3,066)

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
<i>Independent variables</i>							
T1 depressed (0 = not depressed)	9.46*** (.64)	10.91*** (.73)	10.91*** (.73)	10.98*** (.72)	10.91*** (.73)	10.98*** (.72)	10.97*** (.72)
Transition into marriage (0 = continually unmarried)	-3.42*** (.66)	-1.87* (.76)	-1.74* (.76)	-1.76* (.76)	-1.74* (.76)	-1.77* (.80)	-1.71* (.76)
Female	2.38*** (.63)	2.45*** (.63)	2.45*** (.63)	2.52*** (.62)	2.45*** (.63)	2.51*** (.63)	2.51*** (.63)
Age	-1.11** (.04)	-1.11** (.04)	-1.10** (.04)	-1.09* (.04)	-1.09* (.04)	-1.09* (.04)	-1.09* (.04)
Less than high school	3.62*** (.86)	3.57*** (.86)	3.62*** (.85)	3.62*** (.85)	3.62*** (.85)	3.31*** (.85)	3.38*** (.85)
Some college	-.66 (.83)	-.67 (.83)	-.54 (.83)	-.69 (.83)	-.55 (.83)	-.70 (.83)	-.62 (.83)
College degree	-1.31 (.80)	-1.35† (.80)	-1.31 (.80)	-1.20 (.80)	-1.31 (.80)	-1.21 (.80)	-1.21 (.80)
Part-time employment (0 = not employed)	-2.94** (1.04)	-3.02* (1.04)	-2.97** (1.03)	-3.10** (1.03)	-2.97** (1.03)	-3.11** (1.03)	-3.05** (1.03)
Full-time employment (0 = not employed)	-2.34** (.72)	-2.33** (.72)	-2.36** (.71)	-2.30** (.71)	-2.36** (.71)	-2.30** (.71)	-2.31** (.71)
Number of co-resident minors	1.15*** (.29)	1.16*** (.29)	1.12*** (.29)	1.18*** (.29)	1.12*** (.29)	1.18*** (.29)	1.15*** (.29)
Non-white	2.25*** (.63)	2.22*** (.63)	2.22*** (.62)	2.05*** (.62)	2.22*** (.62)	2.04** (.62)	2.09** (.62)
Widowed	.79 (1.53)	.88 (1.53)	.78 (1.52)	.73 (1.52)	.78 (1.52)	.75 (1.52)	.70 (1.52)
Divorced/separated	.85 (.74)	.82 (.74)	.77 (.73)	.76 (.73)	.76 (.73)	.77 (.73)	.73 (.73)
<i>Interactions</i>							
Marital transition × marital duration	-.77 (.54)	-.97† (.54)	-1.24* (.54)	-1.11* (.54)	-1.24* (.54)	-1.10* (.54)	-1.24* (.54)
Marital transition × T1 depression	—	-5.69*** (1.42)	-6.18*** (1.42)	-6.34*** (1.42)	-6.17*** (1.42)	-6.44*** (1.42)	-6.50*** (1.42)
Marital transition × marital happiness	—	—	-2.69*** (.54)	—	-2.77*** (.65)	—	-1.50* (.59)
Marital transition × marital conflict	—	—	—	3.48*** (.54)	—	3.23*** (.63)	2.83*** (.60)
Marital transition × T1 depression × marital happiness	—	—	—	—	.23 (1.13)	—	—
Marital transition × T1 depression × marital conflict	—	—	—	—	—	.93 (1.20)	—
R ²	.15	.15	.16	.16	.16	.16	.17
Constant	15.86	15.35	15.36	14.82	15.36	14.84	14.91

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests)
 Note: Numbers in parentheses are standard errors.

pend on the T2 marital quality of those who marry, thus permitting us to (2) examine whether increases or decreases in marital happiness significantly add to or detract from the psychological benefits of marriage.

Consistent with prior research, the significant negative coefficient for the marital transition \times T2 marital happiness interaction term indicates that, controlling for baseline differences in depression, the greater psychological well-being of those who transition into marriage compared to those who remain unmarried depends on marital happiness. Among both the previously depressed and the previously nondepressed, those with average levels of marital happiness experience significantly fewer depressive symptoms at T2 than their unmarried counterparts (-1.74 for the nondepressed and $-6.18 + -1.74 = -7.92$ for the depressed). However, the negative coefficient for the marital transition \times marital happiness internal moderator indicates that these average differences in T2 depressive symptoms are greatest for those who enter marriages characterized by high levels of marital happiness and smallest among those who enter marriages with the lowest levels of marital happiness.

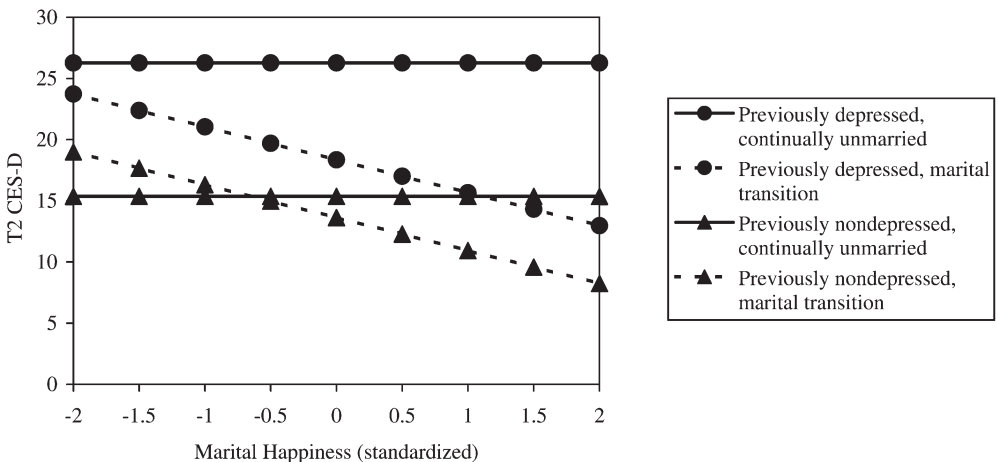
In model 4, an additional internal moderator represents the interaction between a marital transition and marital conflict at T2; this allows us to test hypothesis 4. Do the benefits that marriage has for psychological well-being depend on the level of conflict in the marriage? As with marital happiness, T2 marital conflict is an internal moderator. It is standardized, with all average scores and the continually un-

married coded as zero. The significant positive coefficient for the marital transition \times T2 marital conflict interaction term indicates that, controlling for baseline differences in depression, the benefits of marriage for psychological well-being depend on the level of marital conflict. As marital conflict increases, the benefits of marriage for psychological well-being diminish.

We hypothesized that marital quality should play an important role in the association of prior depression with the psychological benefits of marriage. Because we find that the previously depressed actually receive greater psychological benefits from marriage than their nondepressed counterparts (despite having lower marital quality), marital quality is unlikely to be a mediator of this association. Instead, we test in models 5 and 6 whether marital happiness and marital conflict moderate the psychological benefits of marriage differentially for the depressed compared to the nondepressed. In model 5 we include a three-way interaction between a marital transition, depression at T1, and marital happiness at T2. This allows a test of hypothesis 5, the hypothesis that the role of marital happiness in moderating the psychological benefits of marriage differs for depressed and nondepressed individuals. This three-way interaction term is not significant. As shown in model 3, the psychological benefits of marriage depend on marital happiness, and this does not differ for depressed and nondepressed individuals.

Figure 1 illustrates the average predicted T2 depressive symptoms of unmarried and mar-

FIGURE 1. Predicted Average T2 Depressive Symptoms, by Transition to Marriage and Marital Happiness



ried adults at various levels of marital happiness. For the unmarried, estimated T2 depressive symptoms were calculated by solving the model 5 regression equation, substituting the mean for all control variables. A similar approach was used to calculate T2 depressive symptoms for those who experienced the transition to marriage, except separate values of T2 depressive symptoms were calculated at a range of values of T2 marital happiness. Separate plots are shown for those who were depressed at T1 and those who were not depressed. The parallel lines for the depressed and the nondepressed who transition into marriage demonstrate that marital happiness is equally important for both groups in structuring the psychological benefits of marriage.

Model 6 includes a three-way interaction between a marital transition, depression at T1, and the level of marital conflict at T2. This tests hypothesis 6, the hypothesis that the role of marital conflict in moderating the psychological benefits of marriage differs for depressed and nondepressed individuals. This three-way interaction term is also not significant. The psychological benefits of marriage depend on marital conflict, and this does not differ for depressed and nondepressed individuals. Figure 2 illustrates the average predicted T2 depressive symptoms of the continually unmarried and married by T1 depression status at various levels of marital disagreement. Similar to Figure 1, the parallel lines representing the previously depressed and the previously nondepressed who transition into marriage indicate that marital conflict is equally important for both

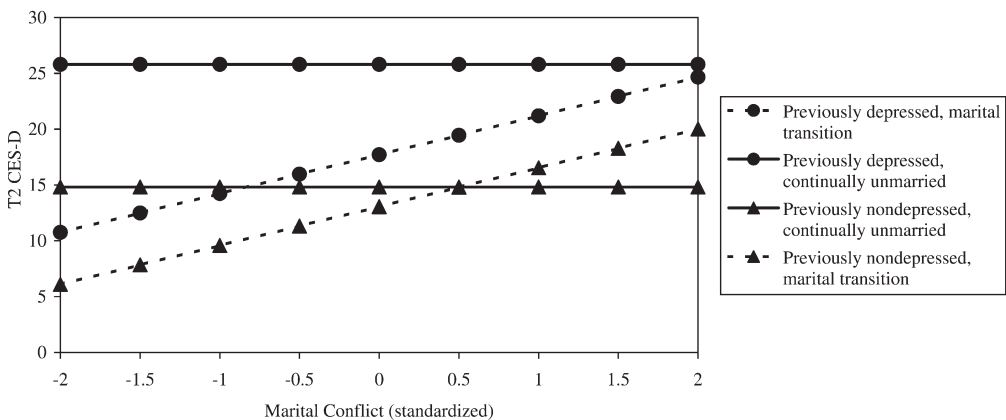
groups in determining the psychological benefits of marriage.

Model 7 includes all significant interactions from the previous models. Here we see results similar to those in previous models. All previously significant interaction terms remain statistically significant. In sum, previously depressed individuals receive greater psychological benefits from entering marriage than their previously nondepressed counterparts, but this is not because marital quality plays a less important role in shaping the benefits of marriage for the previously depressed. The psychological benefits of marriage are highly dependent on marital quality, and this is equally true for the depressed and the nondepressed.

DISCUSSION AND CONCLUSIONS

The effect of a transition into marriage on psychological well-being has been of great interest among researchers. Whereas many studies have focused on the average benefits of marriage for psychological well-being, we have found that those who were depressed prior to marrying experience greater benefits than those who were not depressed. That depressed men and women benefit from a transition to marriage is surprising, but there are several reasons why this could be the case. Our initial predictions that the depressed would not benefit from marriage were based on prior research indicating that the depressed have poorer marital quality and view their marriage more negatively than a nondepressed spouse. However, marriage provides a range of economic and psychosocial benefits to individuals, and many of these may not depend on mar-

FIGURE 2. Predicted Average T2 Depressive Symptoms, by Transition to Marriage and Marital Conflict



ital quality. For example, in addition to the emotional support provided by a spouse, particularly in satisfying marriages, marriage also provides day-to-day companionship and lowers social isolation. Marriage can also link individuals to a wider network of friends and relatives (Waite and Gallagher 2000).

Thus, marriage provides a level of companionship that a depressed person may need more than a nondepressed person. Lin and Ensel (1984) find some support for this assertion; they report in a longitudinal study on depression mobility that a stable or expanded network of social support has a stronger impact on the previously depressed than on the nondepressed. In the same vein, a sense of "mattering to others" decreases depressive symptomatology (Taylor and Turner 2001). A transition into marriage may give a depressed person the sense that he or she matters to a spouse and to new social ties, whereas someone who was not depressed prior to marrying may have always felt that he or she matters to others.

Previous research has demonstrated that high levels of depression have a negative effect on marital quality for both spouses (McLeod and Eckberg 1993). Our analyses both confirm and build on this finding. Although supplemental analyses do show that the previously depressed in this study have slightly but significantly worse marital happiness than the nondepressed ($p < .05$), our models 5–6 show that there are no interactive effects among premarital levels of depression, marital quality, and a transition to marriage. The previously depressed benefit more from marriage than the nondepressed, even though their marital quality is slightly worse. Further, we find no evidence that the role of marital quality in moderating the psychological consequences of marriage differ for the previously depressed compared to the nondepressed.

The causal mechanisms through which premarital levels of depression affect the psychological benefits of marriage are incomplete without detailed information on the characteristics of the spouse. Although we assumed that premarital levels of depression compromise marital quality through lowered levels of communication and contagion of depression for the nondepressed spouse, it appears that other factors are at work in increasing the psychological well-being of a depressed individual through marriage. Our analysis does not consider the depression levels of the spouses or their reports

of marital quality. Spousal depression could contribute significantly to the respondent's psychological well-being after marrying, regardless of the premarital levels of depression. Spousal depression could also contribute to a respondent's perception of marital quality. While this information is available in the NSFH, there are too few cases to allow for a thorough analysis of the effects of spousal depression on the main respondent. Future research should take into account comprehensive data from both spouses to better understand the mechanisms through which psychological well-being is affected by a transition into marriage.

Overall, we find that men and women report very similar patterns in the relationships among prior depression, a transition to marriage, and psychological well-being. Depressed men and women both experience greater psychological benefits from a transition to marriage than their nondepressed and continually unmarried counterparts. The role of marital quality (measured by both marital happiness and marital conflict) in moderating the association of a marital transition with psychological well-being also follows a similar pattern in men and women; all men and women benefit significantly more from a transition into marriage at high levels of marital happiness or low levels of marital conflict. This finding is consistent with prior research (Williams 2003). Finally, for both men and women, the effects of entering marriage on the psychological well-being of the previously nondepressed are quite modest, especially when compared to the effects of marriage among the previously depressed.

Women express psychological distress through depression at a rate far greater than men (Umberson and Williams 1999; Horwitz et al. 1996; Mirowsky 1996). Men are much more likely to externalize distress through alcoholism or violence (Simon 2002). Scholars have recently argued that this makes depression a less accurate indicator of psychological distress in men than in women. Although several scholars recommend that alcoholism in men and depression in women ought to be considered equivalent measures of psychological well-being, such a separation could be problematic in the NSFH. The NSFH uses the CES-D (see measurements) to assess the frequency of a person's symptoms of depression in the last week. Because the CES-D is an indirect as-

assessment of psychological distress (it does not ask respondents whether they have been diagnosed as or believe that they are clinically depressed), depression and alcoholism cannot be fairly compared from T1 to T2 using NSFH data. The NSFH1 lacks an indirect test for alcoholism, as it requires an individual to admit at T1 that he or she is an alcoholic.⁴ Further, too few men and women who experienced a transition to marriage admitted that they were alcoholics at T1 to permit a comparison between men and women using separate measures of psychological distress.

It is important to note that in our sample, those who have transitioned to marriage have been married for five years at most, and we exclude from the analysis those who enter and exit marriage between waves. Our models control for marital duration in months, and we do see a small but significant ($p < .10$ to $p < .05$) drop in depressive symptoms at T2 for each month married beyond the mean of about three years. Future research should consider how the previously depressed and nondepressed benefit as their marriages progress and whether marriages with a depressed spouse are more likely to end in divorce. It could also be the case that the previously depressed spouse begins to give more social or economic support to the other spouse after their initial gains in psychological well-being. Alternatively, the birth of a child or other life event could cause a new depressive episode.

Also, there likely is heterogeneity among the depressed. Future research should consider factors that predict marriage among the depressed. It is also important to widen the scope beyond a transition to marriage and to look at events that are most likely to lead to depressive episodes across the life course. If a transition to marriage seems to have positive results, then what other life events are likely to result in psychological well-being gains among the depressed, and what life events are likely to result in a drop in psychological well-being?

A final consideration is the measurement of depression. Although the CES-D is a widely used and valid tool for measuring symptoms of psychological distress, some scholars advocate the use of a true diagnostic measure of several indicators of psychological distress (Umberson and Williams 1999; Williams et al. 1992a; Williams et al. 1992b). The Diagnostic Interview Schedule (DIS) of the National Institute of Mental Health tests for current and lifetime

incidence of clinical depression, alcohol abuse, phobias, panic disorder, and schizophrenia (Williams 1992a). Using the DIS in a study like this one may significantly reduce gender bias created by only testing for depression, because the DIS tests for illnesses that occur often in men and women.

In conclusion, this research has contributed to the larger body of research on psychological well-being and the transition to marriage by showing that men and women who are depressed prior to marrying report larger psychological gains from marriage than those who are not depressed. In addition, the emotional support a spouse provides, measured through the happiness and the level of conflict in a marriage, contributes significantly to the psychological well-being benefits of marriage. In sum, our research indicates that what appear to be strong average mental health benefits of entering marriage are highly dependent on both prior depression and marital quality. Future research should continue to identify additional individual, interpersonal, and structural characteristics that shape the psychological consequences of marriage.

NOTES

1. The NSFH abbreviated CES-D asks, "How many days during the past week did you: (1) feel bothered by things that usually don't bother you, (2) not feel like eating, your appetite was poor, (3) feel that you could not shake off the blues even with help from your family or friends, (4) have trouble keeping your mind on what you were doing, (5) feel depressed, (6) feel that everything you did was an effort, (7) feel fearful, (8) sleep restlessly, (9) talk less than usual, (10) feel lonely, (11) feel sad, (12) feel you could not get going."
2. Koropecj-Cox (1998) identified a score of 22 as the 80th percentile cutoff in her analyses of persons ages 50–84 in the NSFH1.
3. Mastekaasa (1992) found that individuals with more positive reports of mental health are more likely to marry. In a survey of young adults, Horwitz and White (1991) did not find evidence that depressed men or women were less likely to marry, but they did find that alcohol abuse delayed marriage in men and women. Horwitz et al. (1996) conducted separate analyses by gender and found that depressed women are

most likely among adults to delay entry into marriage. Forthofer et al. (1996) report that among young adults (younger than 19 years), psychiatric disorders are positively correlated with early marriages, especially for women.

4. The NSFH2 includes an indirect test for alcoholism by asking individuals how many days a month they consume five or more drinks. Because this question is only asked in the second wave of the NSFH, we cannot compare responses before and after a marital transition.

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