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Author(s): Shelia R. Cotten

Source: *Family Relations*, Vol. 48, No. 3 (Jul., 1999), pp. 225-233

Published by: National Council on Family Relations

Stable URL: <http://www.jstor.org/stable/585631>

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Marital Status and Mental Health Revisited: Examining the Importance of Risk Factors and Resources*

Shelia R. Cotten**

Much of the research on the relationship between marital status and mental health has only looked at married versus "nonmarried" groups. This research examines differences among marital groups and examines how distress is distributed among these groups. Although friend/relative support, self-esteem, and mastery are important for each marital group, patterns for other resources are not as consistent. Even when controlling for psychosocial resources, married and never married women and non-whites have higher distress levels.

Researchers report that married people have better mental and physical health than nonmarried people. Explanations for this finding range from the importance of another in the household, to the social control and regulatory functions provided in marriage, to the importance of a built in source of support (Umberson, 1987; Gove, Style, & Hughes, 1990). A problem with much of the research on marital status and health is that many researchers only look at married versus nonmarried groups. All single people are grouped into one "nonmarried" group. This process makes an assumption that this group is homogeneous.

The first stage of this research examines differences in the life experiences, stressors, and resources of marital groups and concludes that they may be diverse enough, in fact, to warrant maintaining their separateness in the research process. The second stage of this research illustrates how psychological distress is socially distributed within and across four marital status groups: married, separated/divorced, widowed, and never married. This part of the research demonstrates the importance of maintaining distinctions among marital groups, as the pathways to distress appear to vary among these groups.

The Importance of Marital Status

Marital status is often included as a control variable in mental health studies with two categories (married and nonmarried). The never married, separated, divorced, and widowed are grouped into one category (e.g., "singles or nonmarried"). This classification system makes implicit assumptions about the nature of "singlehood." Regardless of "single" status, this approach would suggest that the life experiences of never married, separated, divorced, and widowed people would be very similar. This perspective leads to a loss of precision in outcome assessment and may potentially lead to incorrect and/or inconclusive results with regards to the importance of marital status.

Marital states are specific forms of social relationships which reflect social locations and are associated with the types of resources, supportive functions, and interactions which are available for individuals. People in different marital status groups differ both in the types of strains to which they are exposed and also in the extent to which the same strains affect their well-being. Social resources may be more commonly available to the married than to the nonmarried, and these resources help manage the psychological distress that can result from life problems (Turner & Lloyd, 1998).

Being married involves being in a legal, formalized relationship. In this sense, individuals are embedded in a network (i.e., a spouse, in-laws, possibly children, etc.). The potential exists for social support from these generally strong ties. These network members provide a variety of functions which influence an indi-

vidual's sense of self and his or her resulting well-being. They may aid in the detection of problems, prohibit some types of behaviors (Umberson, 1987), and find sources of care and assistance when problems arise. Spouses and other family members serve as sources of beliefs and values, validators of identity, and they may remind individuals of their worth and achievements. Having a stable and clear self-image is a major source of fortitude when struggling with life's stresses.

These interactions help keep emotional responses within manageable bounds, possibly by strengthening feelings of mastery and self-esteem or by helping to objectify problems and monitor emotional responses (Kessler & Essex, 1982). According to Pearlin and Johnson (1977),

. . . marriage can function as a protective barrier against the distressful consequences of external threats. Marriage does not prevent economic and social problems from invading life, but it apparently can help people fend off the psychological assaults that such problems otherwise create. (p. 717)

We should not assume that all of these interactions actually occur or that they are all positive. However, being married ensues the possibility and potential for them to exist. This is not always the case with formerly married and never married individuals.

The ending of a marriage through separation or divorce disrupts relationships in almost all sectors of life. Marital disruption may create an emotional vulnerability to role stresses (Aseltine & Kessler, 1993) and divorced people are purported to have worse mental health because of the stresses and strains associated with role changes and transitions (Brown & Foye, 1984). The most consequential of these factors are thought to be: (a) changes in social support/relationships; (b) changes in finances; (c) changes in child care, housework, and work demands; and (d) changes in residence.

*This research was supported, in part, by a post-doctoral fellowship from the Office of Academic Affairs, U.S. Department of Veterans Affairs. An earlier version of this paper was presented at the Seventh International Conference on Social Stress Research, May 1998, in Budapest, Hungary. The *Americans' Changing Lives: Wave I (1986)* data utilized in this research were made available by the Inter-University Consortium for Political and Social Research. Neither the collector of the original data nor the Consortium bears any responsibility for the analyses or interpretations presented here. I would like to thank Barbara Risman, Donald Tomaskovic-Devey, Eric R. Wright, and Russell Burton for comments on earlier drafts.

**Address correspondence to: Shelia R. Cotten, Department of Sociology and Anthropology, University of Maryland, Baltimore County, 1000 Hilltop Circle, Baltimore, MD 21250; e-mail: cotten@umbc.edu

Key Words: marital status, psychological distress, psychosocial resources, social support.

(*Family Relations*, 1999, 48, 225-233)

Access to immediate relationships and supports, and to a broader assortment of organizational and interpersonal ties is often diminished (House, 1987). Social resources change: friendships change in character and may fade entirely; relations with children are likely to undergo changes; and self-esteem may diminish. Divorced people may have lost important sources of self-validation and worth with the loss of spouses, they may be in a state of self-concept re-evaluation or transformation, and the regulatory and control functions provided by spouses are no longer present. Often separation and divorce results in economic strains and hardships as a marital unit becomes two separate entities.

These disruptions often give rise to feelings of marginality, disorientation, and confusion that occur when formerly relied upon resources are no longer available (Weiss, 1976). Distress is often highest immediately before and after a divorce. Pearlin and Johnson (1977) state that it is a combination of greater exposure and greater emotional reactivity which explains why unmarried people have higher levels of psychological distress than married people.

In some ways, widowed people are a unique group. They have fulfilled the societal standard for marriage. They may not have experienced the negative consequences of divorce. For the majority, death of a spouse occurs later in life when the event may be more expected and/or likely to occur. Networks and supportive relationships have been formed over the course of a lifetime. Widowed people continue to have three support networks (their own family, their spouse's family, and the network they created throughout their marriage) in which they are embedded to draw upon in times of crises and in times of normality. In many ways, widowed people may be more similar to married people in terms of support and well-being than any other marital group.

Never married individuals differ from both the married and formerly married in terms of strains, resources, interactions, and social relationships. On average, never-married people are younger than other marital groups. This may influence the access and activation of support, economic resources, and perceptions of health. Obviously, no spouse (present or past) exists to provide an immediate reference group member. Social support has to be activated. This may require more of an effort on the individual's part and may involve activating weaker ties than those found in a marital relationship.

A challenge for unmarried individuals may be the development of strong social networks and supportive relationships. People's self-concepts depend on other people's responses to them (Cooley, 1964). Friendships with others who are like oneself and/or are significant others are an important source of self-worth (Cockrum & White, 1985), and a source for validating that singlehood is an acceptable status. In the past, family and religious involvement provided singles with opportunities to meet other singles for friendship, dating, and the development of social networks and reference groups. Families, in today's society, are smaller and are spread over longer distances, and religious involvement has decreased. This has led to decreased opportunities for singles to meet, interact, and form networks of interpersonal relations with other singles via traditional avenues. Although alternative approaches to meeting people for dating and mating have become more prominent (e.g., the use of matchmaking services, videodating, personal ads, and singles' groups), DeWitt (1992) states that an unmet need for companionship is common among singles.

Related to this idea is the issue of living with someone or living alone. Singles (both never-married and formerly married)

may live alone for longer periods than married people. Researchers suggest that a person who lives alone may be isolated from important social and economic ties which are usually centered on the home and family (Mirowsky & Ross, 1989). These ties can create feelings of security and belonging. Other researchers (Gove, Hughes, & Style, 1983; Hughes & Gove, 1981) have shown that married people are in better mental health than both unmarried people who live alone or with others. Marriage itself has a beneficial effect on mental health. This familiar arrangement functions as a private world which provides meaning and support for individuals (Gove et al., 1983).

Although socially approved alternatives to marriage, such as nonmarital cohabitation, may now provide some of the benefits which were once only available in marriage (Glenn & Weaver, 1988), cultural expectations still exist that men and women will marry at some point in their lives. Our socialization suggests that the marital role is expected and intended. In contrast to marriage, singlehood is seldom a target of socialization. Skills for managing singleness that might be derived from socialization have to be developed through other means or not at all. One result of this is that the role of a single person in our society is not clearly defined. Various factors may intervene to mitigate or to increase role strain associated with being single. These include the extent to which individuals have control over the decision for singleness, the perceived permanency of the status, the degree of anticipatory socialization, perceptions of singleness held by significant others, and the availability of social support for singles (Keith, 1980).

As illustrated, the social locations in which people of varying marital statuses exist are diverse. The experiences, interactions, and resources which result from being in each of these social positions is disparate enough to warrant examining them separately. With this as a background, the present study investigates the relationship between risk factors, resources, and psychological distress for married, separated/divorced, widowed, and never married groups.

Risk Factors, Resources, and Well-Being

Marital status, gender, age, socioeconomic status, and race are generally considered to be risk factors for depression (Turner & Marino, 1994; Cotten, Burton, & Rushing, 1998; Turner & Lloyd, 1998). Although marital status is often treated as a married-nonmarried dichotomy by researchers, some studies indicate that psychological distress is not socially distributed the same across these groups. For example, Gove and Shin (1989) report that the well-being of the divorced and widowed is worse than that of the married and the never married. Cotten (1997) finds similar results for separated and divorced groups, but finds that widowed people may be closer to married people in their levels of psychological distress. Turner and Lloyd (1998) report that previously married and never married have higher levels of depression when compared to the married. However, Umberson, Chen, House, Hopkins, and Slaten (1996) find negligible marital status differences in depression when controlling for a variety of types of both positive and negative relationships.

The findings regarding gender, age, socioeconomic status, and race are more consistent. Research shows that women consistently report higher levels of distress than men (Mirowsky & Ross, 1995), and studies of age and mental health often report curvilinear relationships with younger and older people often reporting higher levels of psychological distress than do their middle aged counter-

parts (Mirowsky & Ross, 1989; Turner & Lloyd, 1998). Research also shows that higher socioeconomic status and being White are associated with lower levels of psychological distress and better health and well-being (Mirowsky & Ross, 1989). The interrelationships among race and socioeconomic status, however, are complex. Minorities are more likely to be in lower socioeconomic classes and they also experience more physical and mental health problems.

Researchers have begun to examine the process through which these risk factors come to affect health and well-being and what resources are beneficial for negating the negative implications of these factors (House & Mortimer, 1990; House et al., 1994). House and colleagues suggest that lower levels of social resources increase the risk of distress. The resources of mastery, self-esteem, and social support have been directly associated with psychological distress and they are possible mediators of the effects of stressors on psychological distress (Rosenberg, 1985; Rosenfield, 1989; Turner & Noh, 1983; House et al., 1994). Can these resources help to negate the negative manifestations associated with being in "risky" social status positions in our society? And, are they beneficial for each marital group?

Mastery relates to the relevance and significance of personal agency. It "concerns the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled" (Pearlin & Schooler, 1978, p. 5). Self-esteem is "the evaluation which the individual makes and customarily maintains with regard to himself or herself: it expresses an attitude of approval or disapproval toward oneself" (Rosenberg, 1965, p. 5). Research has shown that self-esteem and mastery can affect the number and type of stressful events which are confronted, the ways individuals go about resolving problems, and resiliency levels during times of crisis (Turner & Roszell, 1994).

Social support is a complex construct. Two of the main dimensions of social support include structural and functional measures. Structural measures assess the existence or the extent of social support or the characteristics of individual social networks (Snapp, 1989). Similar to Durkheim's theory of anomie, "social embeddedness" or "social integration" provides the individuals with normative stability and a sense of order which is important for well-being (Thoits, 1982). Functional measures evaluate the types or sources of the provided support (Cohen & Syme, 1985). Researchers distinguish between perceived and received support. Four basic types have been described in the literature: emotional support, informational/cognitive support, social companionship, and instrumental/material support (Snapp, 1989). Of these types, the importance of emotional support has most often been advanced (Turner & Lloyd, 1998).

Although a complex construct with a variety of dimensions, social support has been shown to have direct and/or buffering effects in the relationship between stress and distress. Support may relate to health in a directly beneficial way regardless of the level of stress experienced or it may have more health-enhancing effects during times of high stress (i.e., interactive effects) (Wills, 1985). Although it is still debatable when and how social support plays direct versus mediating effects, it is evident that most studies observe one or the other of these effects (Turner & Marino, 1994).

Inequalities in the larger social world contribute to the differences in social resources and psychological distress for members of different marital groups. Location in the social world influences the probability of encountering stressors, which influence the probability of becoming emotionally distressed (Aneshensel,

1992). It is through these inequalities that resources come to play an important role in the relationship between marital status and mental health. Inequalities may be more likely to affect particular groups of people because these people are in positions of greater exposure and vulnerability (e.g., they are in "riskier" positions). To a degree, people experience low levels of resources because they are poor and/or less educated.

And to say that people are less educated or poor is to say something not only about them as individuals, but more importantly about the social structures and conditions in which they live and work (Kohn & Schooler, 1983) (House et al., 1994, p. 229).

In summary, while researchers have emphasized the importance of the stratification system in influencing health and well-being, few researchers have explored how this results in differential opportunities and constraints which impact health and well-being for people of varying marital groups. The present study builds upon this work to look at how risk factors and resources are associated with psychological distress for different marital groups.

Based upon the theoretical and empirical background which suggests that the life experiences of nonmarried groups are heterogeneous, it seems appropriate to think that the pathways to distress may vary for these groups. In other words, all sub-groups of nonmarrieds are not expected to manifest the same predictors of distress. However, given the importance of inequalities, we would expect that people within each marital group who are in disadvantaged social locations will report the highest levels of psychological distress. Being female, of low socioeconomic status, nonwhite, and younger should result in higher distress scores. People with lower levels of resources (self-esteem, mastery, and social support) should also report higher levels of distress. Resources should mediate the effects of risk factors on depression. This research will help determine which factors are most important for influencing psychological distress across and within marital groups.

Methods

Data

The data analyzed in this study are from *Americans' Changing Lives (ACL): Wave 1* (House, 1986), which was carried out by the Survey Research Center at the University of Michigan. The ACL study focuses on stressful life circumstances, social relationships, and health status and functioning over the life course. Sampling consisted of a multi-stage stratified area probability sample of noninstitutionalized persons aged 25 and over living in the United States. The sample design included four distinct selection stages: (a) probability proportionate to size (PPS) selection of U.S. Standard Metropolitan Statistical Areas (SMSA's) and non-SMSA counties; (b) area segments within sampled primary sampling units (PSU's); (c) systematic selection of housing units from the sample area segments; and (d) selection of survey respondent(s) within housing units (House, 1986). Face-to-face interviews were conducted between May and October of 1986. The response rate for this study equaled 70% among sampled households and 68% among sampled individuals (multiple individuals being interviewed in some households). The sample size equals 3,617. The ACL survey design focuses on the individual respondent as the unit of analysis.

Measures

Psychological distress. Psychological distress is assessed as depressive symptomatology. This dimension represents the primary subject of much of the available contemporary research on the topic of psychological distress. Depressive symptomatology is assessed through the use of the eleven item Iowa version of the Center for Epidemiologic Studies Depression Scale (CES-D). This scale is a widely-used and highly reliable index of depressive symptomatology (Radloff, 1977; Devins & Orme, 1985). Individual scale questions include how often during the past week the respondent: felt depressed; felt everything was an effort; experienced restless sleep; could not get "going"; was happy (codes reversed); felt lonely; felt people were unfriendly; enjoyed life (codes reversed); did not feel like eating, appetite was poor; felt sad; and felt that people disliked him/her. Response categories for each question consisted of the following: (1) *hardly ever*; (2) *some of the time*; and (3) *most of the time*. A composite depression symptoms index was constructed with high values on this index indicating a high level of depression for the respondent ($\alpha = .83$). Unless otherwise noted, all scales were created by summing item responses and transforming scores to z-scores.

Marital status. Marital status is determined through one question: Are you currently married, separated, divorced, widowed, or have you never been married? Four marital status groups are examined and compared in the analyses: married, separated/divorced, widowed, and never married. Separated and divorced respondents are combined due to the smaller sample sizes and the theoretical expectations of similar life experiences among these two groups. Some might suggest the importance of looking at non married respondents who report living in an intimate relationship. The number of respondents in this study who reported this arrangement equaled ninety-eight. They were not included as a separate analytic category due to the small number of cases.

Risk factors. Four risk factors (gender, age, SES, and race) which locate people within positions in the social structure are examined (Turner & Marino, 1994). Gender is categorized as either male or female. A conventional age category classification (25–34, 35–44, 45–54, 55–64, 65–74, and 75 and older) (House et al., 1994) is used for some of the descriptive analyses, while a continuous measure of age is used in regression analyses. Race is categorized as nonwhite and White. The Duncan Socioeconomic Index value (based upon 1970 census occupational codes) is used, with high scores equating to higher socioeconomic status. If the respondent is both retired and working now, the value for the job (s)he had before retirement is used. If the respondent is not working now, his/her previous job is used for classification purposes.

Resources. Self-esteem and mastery have been shown to be health-protective factors which help to lessen the impact of stressors, and the reliability and validity of these resource measures have consistently been reported (House et al., 1994). The self-esteem measure is derived from Rosenberg's (1965) self-esteem scale. Three items comprise the self-esteem index: I take a positive attitude toward myself (codes reversed); At times, I think I am no good at all; All in all, I am inclined that I am a failure. High values indicate higher levels of self-esteem ($\alpha = .58$). The mastery measure is an index derived from Pearlin, Lieberman, Menaghan, and Mullan's (1981) mastery scale. This index was constructed in the same way as the self-esteem scale ($\alpha = .53$). High values represent high levels of mastery. Two items are used in this scale:

Sometimes I feel that I am being pushed around in life; There is really no way I can solve the problems I have.

Three dimensions of social support are examined (perceived support, social integration, and social network characteristics). Two sources of perceived support are assessed: spouse (for married respondents; $\alpha = .67$) and friend/relative ($\alpha = .68$). An index of perceived support was constructed for each source from the responses to four items asking how much each source of support (a) makes you feel loved and cared for (codes reversed), (b) is willing to listen when you need to talk about your worries or problems (codes reversed), (c) makes too many demands on you, and (d) is critical of you or what you do. Responses for the four questions for each source of support are (1) *a great deal*, (2) *quite a bit*, (3) *some*, (4) *a little*, and (5) *not at all*. High scores on each index indicate positive support from that source.

Measures of informal and formal integration, derived from the work of Veroff, Douvan, and Kulka (1981), are examined. The index of informal social integration assesses contact with friends, neighbors, or relatives in a typical week and includes responses to two items regarding the frequency of (a) talking on the telephone and (b) going out together or visiting in each other's homes ($\alpha = .48$). Response categories ranged from more than once a day to never (1–6). Response categories for the second item include: (1) *more than once a week*; (2) *once a week*; (3) *2 or 3 times a month*; (4) *about once a month*; (5) *less than once a month*; and (6) *never*. The codes were reversed for each of these questions. The index of formal integration assesses frequency of attending (a) meetings or programs of groups, clubs, or organizations that you belong to and (b) religious services ($\alpha = .56$). Response categories for each question ranged from more than once a week to never (1–6). Codes were reversed for both questions. High scores represent high levels of integration for both types of integration.

Two measures of social network characteristics assess the number of persons the respondent can call on for help/advice (range 0–40) and the number of persons with whom the respondent can share feelings (range 0–7+). Social network measures are often seen as problematic in studying social support. These characteristics may be measured on different scales and they may reflect diverse conceptual aspects of networks rather than one unique dimension of support.

The alpha coefficients for self-esteem, mastery, and some of the support measures are lower than desired. This may be due to the inclusion of positively and negatively worded items in some of the scales. According to House et al. (1994), although the internal consistency is reduced, the validity and over-time reliability may be enhanced given the intermingling among items in the interview. Each of the variables produces effects that are generally in the expected direction and are often significantly associated with other theoretically relevant factors.

Risk factors, psychosocial resources, and social support are the three groups of theoretically relevant factors which are expected to be associated with psychological distress in the current study. The groups of factors are examined individually and jointly to determine how they influence psychological distress for each marital status group.

Analytical Procedures

Ordinary least squares (OLS) regression is used to examine how psychological distress is socially distributed within marital status groups. A series of OLS regression models are estimated to

Table 1
Means and Standard Deviations for Variables for Total Sample and by Marital Groups^a

Study Variables	Total Sample (N = 3,617) Mean	Married (N = 1,977) Mean	Separated/ Divorced (N = 582) Mean	Widowed (N = 655) Mean	Never Married (N = 403) Mean	Significance Across Marital Groups
Risk Factors:						
Female (%)	62 (.48)	55 (.50)	69 (.46)	84 (.37)	54 (.50)	***
Age	54 (17.62)	52 (16.25)	48 (14.87)	71 (11.01)	40 (16.20)	***
SES ^b	381 (240.13)	411 (238.23)	348 (233.46)	319 (229.45)	373 (250.89)	***
White (%)	64 (.48)	73 (.44)	51 (.50)	60 (.49)	47 (.50)	***
Social Support:						
Informal Social Integration	-0.05 (1.04)	-0.08 (.99)	-0.02 (1.07)	0.07 (1.08)	-0.11 (1.13)	**
Formal Social Integration	0.07 (1.01)	0.13 (1.00)	-0.10 (1.03)	0.15 (1.03)	-0.17 (.94)	***
Friend/Relative	0.06 (1.03)	0.09 (.95)	-0.17 (1.13)	0.35 (.97)	-0.21 (1.19)	***
# Persons Advise	8.38 (8.24)	9.12 (8.62)	7.28 (7.22)	7.48 (7.96)	7.76 (7.78)	***
# Persons Share Feelings	2.20 (1.05)	2.32 (1.77)	2.22 (1.78)	2.03 (1.78)	1.99 (1.77)	***
Psychosocial Resources:						
Self-Esteem	-0.00 (1.02)	0.05 (.97)	-0.09 (1.13)	0.01 (1.00)	-0.13 (1.15)	***
Mastery	-0.07 (1.05)	0.01 (1.00)	-0.27 (1.09)	-0.09 (1.11)	-0.16 (1.05)	***
Psychological Distress:						
Depression	0.11 (1.06)	-0.09 (.93)	0.43 (1.24)	0.22 (1.03)	0.44 (1.16)	***

^aStandard deviation in (.). ^bSample size equals 3,455 for SES measure due to deletion of missing observations.

p* < .05. *p* < .01. ****p* < .001.

examine the differential effects of blocks of theoretically distinct factors. Model 1 begins with the inclusion of gender, age, socio-economic status, and race. They are included in Model 1 because they represent social locations in the stratification system which may affect opportunities for interaction and resource acquisition. They are seen as risk factors for psychological distress (Turner & Marino, 1994; Cotten, Burton, & Rushing, 1998). Model 2 includes risk factors and psychosocial resources. The third model includes risk factors, resources, and social support measures. Due to the potential direct and buffering effects, social support is added last.

A full model, with interaction terms by marital statuses, was originally estimated with pooled data from the total sample. The results of this model indicated that significant interactions existed among different marital groups (results available upon request). Based upon these results and the theoretical differences between marital groups, I estimated separate models for married, separated/divorced, widowed, and never married respondents.

Results

Approximately 55% (*n* = 1,977) of the sample reported that they are currently married; 16% (*n* = 582) separated/divorced; 18% (*n* = 655) widowed; and 11% (*n* = 403) report being never married. Table 1 presents means and standard deviations for model variables for the total sample and by marital groups. Over half of the total sample and each marital group are female. Mean ages range from a low of 40 for the never married to a high of 71 for the widowed. SES is highest among the married and lowest among the widowed. Informal integration, formal integration, and friend/relative support are highest among the widowed and lowest among the never married. Number of people you can turn to for advice and share feelings with are both highest among the

married. Psychosocial resources are highest and depression is lowest among the married group.

Table 2 presents mean CES-D scores by gender, age, marital status, socioeconomic status, and race. T-test and ANOVA results largely reproduce the distributions of psychological distress found by previous researchers (see Turner & Marino, 1994 for example). Women, separated/divorced, younger, low SES, and nonwhite respondents report higher levels of depressive symptoms than their counterparts.

Table 2
Depressive Symptoms by Demographic Characteristics

	Mean CES-D Score	N
Total	0.11	3,617
Male	-0.03	1,358
Female	0.19	2,259
p:	< .001	
24-34	0.26	740
35-44	0.18	592
45-54	0.08	389
55-64	0.00	685
65-74	-0.01	765
75 and Older	0.18	446
p:	< .001	
Married	-0.09	1,977
Separated/Divorced	0.43	582
Widowed	0.22	655
Never Married	0.44	403
p:	< .001	
Low SES	0.39	1,142
Low to Middle SES	0.15	1,120
Upper-Middle SES	-0.13	960
High SES	-0.23	395
p:	< .001	
White	-0.02	2,323
Nonwhite	0.35	1,294
p:	< .001	

Table 3
Regression of Depressive Symptoms on Risk Factors and Resources for Marital Groups^{ab}

CES-D Depression:	Married (N = 1,908)			Separated/Divorced (N = 571)			Widowed (N = 586)			Never Married (N = 390)		
	Model 1	2	3	Model 1	2	3	Model 1	2	3	Model 1	2	3
Female	0.13**	0.07*	0.12**	0.26*	0.14	0.14	-0.07	-0.14	-0.09	0.35**	0.21*	0.27**
Age	0.07	0.04	0.06	0.10	0.05	0.05	-0.03	-0.05	-0.03	0.15	0.09	0.12
SES	-0.00***	-0.00*	-0.00	-0.01	-0.00	-0.00	-0.01*	-0.01	-0.00	-0.00	-0.00	-0.00
White	-0.08	-0.05	-0.02	-0.08	-0.05	-0.04	-0.08	-0.06	-0.04	-0.03	-0.05	-0.03
Self-Esteem	-0.00***	-0.00*	-0.00	-0.00***	-0.00	-0.00	-0.00**	-0.00	-0.00	-0.00*	-0.00	-0.00
Mastery	-0.13	-0.05	-0.04	-0.19	-0.05	-0.03	-0.12	-0.02	-0.01	-0.12	-0.02	-0.03
Informal Integration	-0.22***	-0.23***	-0.22***	-0.02	-0.08	-0.07	-0.10	-0.01	-0.01	-0.38**	-0.29**	-0.27**
Formal Integration	-0.11	-0.11	-0.10	-0.01	-0.03	-0.03	-0.05	-0.00	-0.00	-0.16	-0.12	-0.17
Friend/Rel. Support		-0.27***	-0.24***		-0.38***	-0.37***		-0.25***	-0.23***		-0.33***	-0.32***
# Advise/Help		-0.28	-0.24		-0.35	-0.34		-0.24	-0.22		-0.33	-0.32
# Share Feelings		-0.23***	-0.19***		-0.35***	-0.32***		-0.30***	-0.27***		-0.37***	-0.33***
Spouse Support		-0.25	-0.20		-0.31	-0.28		-0.31	-0.28		-0.33	-0.29
R ²			-0.04*			0.00			-0.03			0.01
Adjusted R ²			-0.04			0.00			-0.03			0.01
			-0.09***			0.01			-0.05			-0.07
			-0.10			0.01			-0.05			-0.05
			-0.11***			-0.10*			-0.12**			-0.15***
			-0.11			-0.09			-0.11			-0.15
			-0.00			-0.01			-0.01*			0.00
			-0.04			-0.06			-0.08			0.01
			-0.00			-0.01			-0.00			0.01
			-0.01			-0.01			-0.00			0.02
			-0.11***									
			-0.13									
R ²	.044	.243	.296	.047	.357	.372	.032	.231	.260	.087	.390	.413
Adjusted R ²	.042	.241	.291	.040	.350	.359	.026	.223	.246	.077	.380	.395

^aStandardized coefficients follow unstandardized coefficients. ^bN = 3,455 for the total sample size due to listwise deletion of missing data.
 p* < .05. *p* < .01. ****p* < .001.

Married Respondents

Table 3 presents the results of the regression models for each marital status group. Results of Model 1 indicate that married respondents who are female, younger, low in socioeconomic status, and nonwhite have significantly higher depression levels than their counterparts. Approximately 4% of the variation in depression for married people is explained by the risk factors in this model.

Model 2 illustrates that the risk patterns from Model 1 remain consistent. However, the inclusion of self-esteem and mastery reduces the coefficient for gender by 46%. Low levels of self-esteem and mastery are significantly associated with depression among married people. The amount of explained variation in depression scores increases to 24%.

Model 3 includes risk factors, resources, and support measures. Married women and nonwhites have higher depression scores than their counterparts. Four of the six support measures are associated with depression scores. Married people with lower levels of informal integration, formal integration, friend/relative support, and spouse support have higher depression levels. Self-esteem and mastery have the strongest standardized effects on depression scores. Approximately 30% of the variation in depression scores is being explained by the variables in this model.

When social support is controlled (Model 3), gender differences in depression increase by 71%. This suggests that women's greater involvement in relationships may actually increase their distress. Social support appears to mediate the high levels of depression experienced among younger and lower socioeconomic status married people. A modest amount of the effect of self-esteem (11%) and mastery (17%) on depression is attributable to the inclusion of social support in Model 3. The results indicate that the inclusion of resources cannot fully account for the relationship among risk factors and depression for the married group.

Separated/Divorced Respondents

The results for the separated and divorced group (see Model 1) show that females and those with low socioeconomic status tend to have higher depression scores than their male and higher SES counterparts. Less than 5% of the variation in depression scores is explained by the risk factors.

Model 2 shows that low self-esteem and mastery are associated with high levels of depression. The inclusion of self-esteem and mastery appears to account for the higher levels of depression among women and lower SES separated/divorced people. The explained variation level increases to approximately 36%.

Psychosocial resources and friend/relative support are associated with depression in Model 3, when controlling for support and risk factors. The inclusion of social support plays a minimal role (less than 10%) in explaining the effects of self-esteem and mastery on depression. Self-esteem and mastery appear to be instrumental factors for decreasing depression among separated and divorced people. The level of explained variation increases minimally with the inclusion of social support measures.

Widowed Respondents

Model 1, for the widowed group, shows that widowed respondents who are young and have low socioeconomic status have higher depression levels than their counterparts. Less than 4% of the variation is explained by the risk factors alone. When psychosocial resources are included (Model 2), the effects of the risk factors are eliminated. As with the previous two marital groups, self-esteem and mastery appear to mediate the negative manifestations for the widowed of being in "risky" social status positions in our society. In addition, widowed respondents with low self-esteem and low mastery have higher depression levels than those with higher levels of these resources. The amount of explained variation increases to 23%.

Model 3, which includes the social support measures, shows that psychosocial resources, friend/relative support, and number of people from whom one can seek advice/help are significantly associated with depression among widowed respondents. The inclusion of social support accounts for very little of the effects of self-esteem and mastery on depression (10% or less). Psychosocial resources remain the major predictors of depression among widowed respondents in Model 3.

Never Married Respondents

In the never married group, Model 1 shows that gender (female) and race (nonwhite) are associated with higher depression levels. Gender and race continue to be associated with depression in Model 2; however, the gender coefficient is reduced by 40% and the race coefficient by almost 24%. The effect of SES is accounted for by the inclusion of these resources. Low self-esteem and low mastery are associated with higher depression levels. The amount of explained variation in depression scores increases substantially (to 39%) in Model 2.

The gender, race, and psychosocial resource patterns remain in the final model. Friend/relative support is the only support measure to be significantly associated with depression levels among never married respondents. The lower the level of friend/relative support, the higher the level of depression. Measures of psychosocial resources have the largest effects on depression levels. As with the married group, the inclusion of social support actually increases the gender coefficient by almost 29%, while minimally reducing the race coefficient. In addition, social support accounts for minimal amounts of the explanatory power of self-esteem and mastery (3% and 11% respectively). Social support appears to mediate very little of the effects of being in "risky" social status positions on depression. The explained variation increases to approximately 41% in Model 3 for the never married group. The results for the never married group indicate that the inclusion of resources cannot fully account for the relationship among risk factors and depression.

Discussion

In this research, I have attempted to illustrate the theoretical differences among marital groups and explore whether the pathways to distress are different among these groups. This research expands upon previous research in two specific ways. First, it incorporates the psychosocial resources of self-esteem and mastery, in addition to a variety of social support resources. Although many studies look at either self-esteem and mastery or social support resources, few combine these to look at their combined effects on psychological distress. As the research illustrates, self-esteem and mastery appear to play a much stronger role in relation to psychological distress than do any of the social support resources used in this study. Second, the distinctions between separated/divorced, widowed, and never married show that there are differences in distress levels among these three groups. Previous research which has combined these groups may be underestimating the depression levels for separated/divorced respondents and overestimating the depression levels among widowed respondents. By combining separated and divorced into one group, the present study may also be underestimating the depression levels among separated respondents.

Although the cross-sectional nature of the associations precludes the determination of causality, several compelling findings

emerge from this research which suggest that further examination is needed. First, the results imply that social support has little positive effect on depression over and above the effects of self-esteem and mastery. In fact, for married and never married women social support appears to be associated with an increase in their burden. Future research which examines the negative and positive aspects of support may help to elucidate why this is the case for married and never married women.

Second, although social support may be minimally associated with decreases in depression in this sample, it appears that particular types of support are more beneficial than others. Researchers have reported that perceived support measures are the most reliable and valid indicators of social support. For each marital status group, perceived friend/relative support is significantly associated with depression. It appears to connote something that other support measures do not. Friend support is different from support provided by other sources in that it is voluntary in nature and it is subject to fewer structural and normative constraints (Matt & Dean, 1993; Adams & Blieszner, 1989; Antonucci & Jackson, 1987). Friends may provide a nonjudgmental source of support and provide support because they choose to, not because it is expected. Other types of support are not filling this same role.

Informal and formal integration are significantly and negatively related to depression among married respondents. The integration measures assess how often respondents talk on the phone or get together with friends/relatives (informal integration) and attend meetings or religious services (formal integration). By virtue of having three networks (their family, their spouse's family, and the one they have created throughout their marriage), married people may be more integrated into organizations and the community than members of other marital status groups. From the measures used, we cannot assess whether the benefits of integration are due to the associated identities, the roles taken on, or the interaction that takes place in meetings, religious services, or conversations. However, the importance of support measures among married people suggests that they have access to more support and/or they have more variation in the quality of support because they have more supportive connections.

The third implication of this work concerns the importance of psychosocial resources within and across marital groups. Mastery and self-esteem are the strongest predictors of depression in each model and they mediate the effects of risk factors on depression. They account for between 20% and 30% of the explained variation in depression scores, depending upon the marital group examined. They appear to be particularly important social resources for separated/divorced and never married respondents. Related to this is the finding of how little traditional categories (gender, age, SES, and race) explain depression, despite their master status for other forms of inequality (like income and prestige). It may be that self-esteem and mastery play a greater role when lower levels of support are available (e.g., in the absence of embedded networks associated with marriage).

Self-esteem and mastery account for a substantial percent of the effect of gender on depression across marital groups. This implies that women's lower levels of self-esteem and mastery may impair their psychological well-being. Variations in a sense of mastery and self-esteem may affect how individuals perceive, react to, and attempt to resolve problems (Turner & Roszell, 1994). As Mirowsky and Ross (1989) suggest, a sense of control encourages active problem solving. A consequence of a lack of con-

trol and low self-esteem is an increased vulnerability to the negative effects of stressors. Individuals with higher levels of these resources are more likely to have skills which help negate the strength and importance of difficult circumstances. For nonmarrieds, nonwhites, and females, the "typical environment may be less responsive and thus less generative with respect to the acquisition of a sense of mastery or control" (Turner & Roszell, 1994, p. 189).

Some might argue that self-esteem and mastery are closely related to depression and that they may be symptoms of depression as much as they are predictors of depression. It is certainly likely that some item complexity (i.e., empirical overlap) exists between the indicators of depression and these psychosocial resources. According to Burton (1998), this overlap is a "natural" byproduct of the theoretical construction of these measures. We would like to think that these constructs are theoretically unique. Results (available from author) of a principal component factor analysis with varimax rotation illustrate that nine of the eleven depression items load on a first order component which is unique from the other. However, two depression items load on both self-esteem and mastery (separate analyses). These items reflect the happiness and enjoying life questions. Although this suggests that there may be some construct overlap, this appears to be minimal. To further clarify these issues, I deleted these two items from the depression scale and reestimated the final model for each of the marital groups (results available from author). The substantive results remain very similar to those in Table 3. Self-esteem and mastery continue to be the most strongly associated with the depression outcome.

The temporality among psychosocial resources and depression is also an issue. It is certainly likely that psychosocial resources and depression are related in complex ways. I would suggest that what is paramount is that we see the strong relationships between these factors. Future work in this area with longitudinal data will allow for further clarification of these temporality issues.

The fourth implication of this research is that psychological distress is distributed differently depending upon the marital group examined. This finding is one of the most significant of the study. Numerous researchers over the years have grouped separated, divorced, widowed, and never married people into one group—the nonmarried. They assume that members of these groups are homogeneous enough to group them together. This is an incorrect assumption. The social locations in which members of these groups exist and their resulting life experiences are very diverse. Knowing these differences can help with intervention efforts. For all marital groups, self-esteem, mastery, and friend/relative support are important for mediating the effects of being in risky social status positions. For married people, staying involved/integrated is also important for decreasing distress. Widowed people need someone they can call on for advice and help. Developing calling trees and making networks known and available may be important to decreasing vulnerability among widowed people. Decreasing societal inequalities may be key for diminishing distress for married and never married women and nonwhites.

Given the age of this data, some might suggest that these results should be interpreted with caution. It is unclear whether these patterns will remain with newer data. I would suspect that similar patterns would be found with newer data, given the continuing importance of marriage in American society.

The Future

Studies which incorporate more micro level indicators of inequalities may be promising avenues for future research. The current study incorporates a macro level indicator of socioeconomic status. The current measure reflects structural aspects of social class. A more micro level indicator might manifest differences which the present measure can not. In particular, measures of perceived economic hardship may illuminate the everyday hardship which members of different marital groups experience.

Additional work on the conceptualization and measurement of social support is also needed, especially for particular groups in society. What are the processes involved in interaction and becoming integrated into families, groups, and communities? Some of the measures used in this study assess how often respondents get together with friends or relatives, or attend meetings and religious services. With increasing technology, these indicators may need to be revised. Must one actually get together, in person, to experience social integration? The internet age has created a variety of opportunities for interaction which didn't previously exist. People communicate on-line with others. These communications may provide support which isn't being tapped with traditional integration measures. Perhaps we should be asking how often people "interact" with others, what is entailed in these "interactions," and the quality of these "interactions" rather than stating limited pre-determined forms of interaction. Rethinking these questions may illuminate additional types and sources of social integration not previously examined and the processes through which integration develops for people of varying marital statuses.

Qualitative studies are also needed which examine the meaning of social support for men and women. Umberson et al. (1996) found gender differences in the form and content of social relationships, suggesting that men and women have different relationship experiences. It may be that men and women conceive of support differently. If this is the case, we may need gender specific measures of support which reflect these different conceptualizations or we may need more inclusive measures, designed to reflect a broader range of support characteristics.

These research questions provide promising avenues for understanding the interrelationships among resources, well-being, and the social location of marital status. As social scientists we must go beyond the taken for granted empirical relationships and explore how inequalities in everyday lived experience contribute to health and well-being for people of varying social statuses.

References

- Adams, R. G., & Blieszner, R. (1989). *Older adult friendships*. Newbury Park: Sage.
- Aneshensel, C. S. (1992). Social stress: Theory and research. *Annual Review of Sociology*, 18, 15-38.
- Antonucci, T. C., & Jackson, J. S. (1987). Social support, interpersonal efficacy and health. In L. L. Carstensen & B. A. Edelman (Eds.), *Handbook of clinical gerontology* (pp. 291-311). New York: Pergamon.
- Aseltine, R. H., & Kessler, R. C. (1993). Marital status and depression in a community sample. *Journal of Health and Social Behavior*, 34, 237-251.
- Brown, B. B., & Foye, B. F. (1984). Divorce as a dual transition: Interpersonal loss and role restructuring. In V. Allen & E. van de Vliert (Eds.), *Role transitions* (pp. 3-18). New York: Plenum.
- Burton, R. P. D. (1998). Global integrative meaning as a mediating factor in the relationship between social roles and psychological distress. *Journal of Health and Social Behavior*, 39, 201-215.
- Cockrum, J., & White, P. (1985). Influences on the life satisfaction of never-married men and women. *Family Relations*, 34, 551-556.

- Cohen, S., & Syme, L. S. (Eds.). (1985). *Social support and health*. Orlando, FL: Academic.
- Cooley, C. H. (1964). *Human nature and the social order*. New York: Scribner's.
- Cotten, S. R. (1997). *Marital status and mental health revisited: Examining the importance of risk factors, resources, and social support*. (Doctoral Dissertation, North Carolina State University, Raleigh, NC)
- Cotten, S. R., Burton, R. P. D., & Rushing, B. (1998, August). *Relationship quality, resources, and psychological distress among married people*. Paper presented at The Society for the Study of Social Problems' annual meetings, San Francisco, California.
- Devins, G. M., & Orme, C. (1985). Center for epidemiological studies depression scales. In D. J. Keyser & R. C. Sweetland (Eds.), *Test critiques, vol. 2* (pp. 144-160). Kansas City: Test Corporation of America.
- DeWitt, P. M. (1992, April). All the lonely people. *American Demographics*, 44-48.
- Glenn, N. D., & Weaver, C. N. (1988). The changing relationship of marital status to reported happiness. *Journal of Marriage and the Family*, 50, 317-324.
- Gove, W. R., & Shin, H. (1989). The psychological well-being of divorced and widowed men and women. *Journal of Family Issues*, 10(1), 122-144.
- Gove, W. R., Hughes, M., & Style, C. B. (1983). Does marriage have positive effects on the psychological well-being of the individual. *Journal of Health and Social Behavior*, 24, 122-131.
- Gove, W. R., Style, C. B., & Hughes, M. (1990). The effect of marriage on the well-being of adults: A theoretical analysis. *Journal of Family Issues*, 11, 4-35.
- House, J. S. (1986). *Americans' Changing Lives: Wave I*, Computer File, 1986. Ann Arbor, MI: Survey Research Center [producer], 1989. Ann Arbor, MI: Inter-University Consortium for Political and Social Research [distributor], 1990.
- House, J. S. (1987). Social support and social structure. *Sociological Forum*, 2, 135-146.
- House, J. S., & Mortimer, J. (1990). Social structure and the individual: Emerging themes and new directions. *Social Psychology Quarterly*, 53, 71-80.
- House, J. S., Lepkowski, J. M., Kinney, A. M., Mero, R. P., Kessler, R. C., & Herzog, A. R. (1994). The social stratification of aging and health. *Journal of Health and Social Behavior*, 35, 213-234.
- Hughes, M., & Gove, W. R. (1981). Living alone, social integration, and mental health. *American Journal of Sociology*, 87, 48-74.
- Keith, P. M. (1980). Two models of singleness: Managing an atypical marital status. *International Journal of Sociology of the Family*, 10, 301-310.
- Kessler, R. C., & Essex, M. (1982). Marital status and depression: The role of coping resources. *Social Forces*, 61, 484-507.
- Kohn, M. L., & Schooler, C. (1983). *Work and personality: An inquiry into the impact of social stratification*. Norwood, NJ: Ablex.
- Matt, G. E., & Dean, A. (1993). Social support from friends and psychological distress among elderly persons: moderator effects of age. *Journal of Health and Social Behavior*, 34, 187-200.
- Mirowsky, J., & Ross, C. E. (1995). Sex differences in distress: Real or artifact? *American Sociological Review*, 60, 449-468.
- Mirowsky, J., & Ross, C. E. (1989). *Social causes of psychological distress*. New York: Aldine de Gruyter.
- Pearlin, L. I., & Johnson, J. S. (1977). Marital status, life strains, and depression. *American Sociological Review*, 42, 704-715.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, 19, 2-21.
- Pearlin, L. I., Lieberman, S. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rosenberg, M. (1985). Self-concept and psychological well-being in adolescence. In R. L. Leahy (Ed.), *The development of the self* (pp. 205-246). Orlando, FL: Academic Press.
- Rosenfield, S. (1989). The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior*, 30, 77-91.
- Snapp, M. B. (1989). *Towards race, class, and gender inclusive research on stress, social support, and psychological distress: A critical review of literature*. Memphis, TN: Center for Research on Women, Department of Sociology and Social Work, University of Memphis.
- Thoits, P. A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. *Journal of Health and Social Behavior*, 23, 145-159.
- Turner, R. J., & Lloyd, D. A. (1998, May). *The stress process and the social distribution of depression*. Paper presented at the Seventh International Conference on Social Stress Research, Budapest, Hungary, 1998.
- Turner, R. J., & Marino, F. (1994). Social support and social structure: A descriptive epidemiology. *Journal of Health and Social Behavior*, 35, 193-212.
- Turner, R. J., & Noh, S. (1983). Class and psychological vulnerability among women: The significance of social support and personal control. *Journal of Health and Social Behavior*, 24, 2-15.
- Turner, R. J., & Roszell, P. (1994). Psychosocial resources and the stress process. In W. R. Avison & I. H. Gotlib (Eds.), *Stress and mental health: Contemporary issues and prospects for the future*. New York: Plenum.
- Umberson, D. (1987). Family status and health behaviors: Social control as a dimension of social integration. *Journal of Health and Social Behavior*, 28, 306-319.
- Umberson, D., Chen, M., House J. S., Hopkins, K., & Slaten, E. (1996). The effect of social relationships on psychological well-being: Are men and women really so different? *American Sociological Review*, 61, 837-857.
- Veroff, J., Douvan, E., & Kulka, R. A. (1981). *The inner American: A self-portrait from 1957-1976*. New York: Basic.
- Weiss, R. S. (1976). The emotional impact of marital separation. *Journal of Social Issues*, 32, 135-145.
- Wills, T. A. (1985). Supportive functions of interpersonal relationships. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (pp. 61-82). New York: Academic.

Shelia R. Cotten, having just completed a post doctoral fellowship in health services research, will be an Assistant Professor in the sociology department at the University of Maryland, Baltimore County beginning this Fall. Her research goals focus on understanding the social epidemiology of health and linking structural factors to systems of social support and health.

Received 12-14-1998

Revised & Resubmitted 4-28-1999

Accepted 5-4-1999