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Socioeconomic variation in the association of marriage with depressive symptoms

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A B S T R A C T

Although the health-relevant resources that marriage is argued to provide vary by socioeconomic status (SES), little research has examined whether the association of marriage with psychological well-being varies by SES. Focusing on depressive symptoms as an outcome and using a two-stage Heckit procedure with multilevel modeling, results from analyses of four waves of data ($n = 4340$ person-waves) from the American Changing Lives Survey (ACL) shows that differences in depressive symptoms between never-married and married adults varies by adjusted household income. Depressive symptoms are highest among the never married, and differences from the married greatest, at the lowest levels of income. As income increases these differences are eliminated. The conditioning effect of income is partially mediated by financial security, self-efficacy, and social support from friends and relatives. The implications of these findings for U.S. marriage promotion policies are discussed.

1. Introduction

Marriage is argued to enhance adults' psychological well-being through gains in health-relevant resources (for review see Williams et al., 2010) that directly enhance psychological well-being and also protect it by reducing vulnerability to stressors (Cohen and Wills, 1985; Link and Phelan, 1995; Turner and Brown, 2010). However, the degree to which these resources are provided, and hence the degree to which one's psychological well-being benefits from marriage, likely varies by socioeconomic status (SES), since access to important health resources depends on SES (Edin and Kefalas, 2011; Hogan et al., 1993; Sarkisian and Gerstel, 2008; Taylor and Seeman, 1999; Turner and Brown, 2010; Turner et al., 1995).

Despite differences across SES in access to health relevant resources, and federal family policies like the *Healthy Marriage Initiative* that encourage marriage among disadvantaged populations, little research has examined whether the association of marital status with psychological well-being varies across socioeconomic status. Rather, most research on the association of marital status with psychological well-being reports only average statistical associations (for review see Williams et al., 2010) that may mask heterogeneity in mental health outcomes. Moreover, although the association of marriage with psychological well-being may vary by SES, how it varies is less than clear as some theory and research suggests that the benefits of marriage may increase with SES due to increases in the provision of health resources (Dew, 2007; Waite, 1995; Williams, 2003), while others suggest it may decrease with SES due either to a decline in these resources (Gerstel and Sarkisian, 2006; Simon and Marcussen, 1999; Sarkisian and Gerstel, 2008) or because they become gratuitous at high levels of SES (Cohen and Wills, 1985). This leads to two central questions that guide this study:

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Research Question 1: Do differences in psychological well-being between married and never married individuals vary by socioeconomic status?

Research Question 2: If so, what health resources may explain this variation?

To answer these questions, we use data from the first four waves of the American Changing Lives Survey (ACL) – a panel study of U.S. adults that spans 25 years of data collection. We examine differences in depressive symptoms between married and never-married adults, and assess whether these differences are moderated by a measure of adjusted household income that accounts for economies of scale. The focus is on the married compared to the never married rather than the divorced and widowed since the aim is to assess the mental health benefits of marriage which should not be conflated with the mental health costs of marital loss or dissolution. Analyses are conducted using a two-stage Heckit procedure and multilevel modeling techniques that can account for differential selection into marriage, change in marital status and depressive symptoms over time, include both time varying and time invariant variables, and assess unobserved variation both across and within individuals in the sample.

2. Background

2.1. *The association of marriage with psychological well-being*

Those who are never married exhibit significantly lower psychological well-being than the currently married (for review, see Williams et al., 2010). The married not only exhibit more positive indicators of mental health like life satisfaction (Uecker, 2012) and happiness (Lee and Bulanda, 2005; Stack and Eshleman, 1998) than the never married, but they also demonstrate fewer indicators of psychological distress and mental illness such as depressive symptoms, anxiety, and drug/alcohol abuse (Frech and Williams, 2007; Horwitz et al., 1996; Scott et al., 2010; Uecker, 2012). Because it is the most widely available and broadly used indicator, most studies on marriage and psychological well-being focus on depressive symptoms. Although some of the association between marriage and psychological well-being stems from selection of the more healthy into marriage, selection explains only a small part of this association (Hope et al., 1999; Mastekaasa, 1992). In general, scholars agree that marriage has at minimum a small, positive, causal effect on one's psychological well-being (for review see Williams et al., 2010).

At its core, marriage matters for health because it is social support. Social support is a fundamental cause of health not only because it directly improves health, but also because it buffers the negative effects of stressors on health (Cohen and Wills, 1985; Link and Phelan, 1995; Turner and Brown, 2010). As detailed by Cohen and Wills (1985), social support is a multi-dimensional construct that consists of social integration on the one hand, and social support resources such as emotional/esteem support, informational support, financial/material support, and social companionship, on the other.

Social integration directly affects health, while support resources serve to buffer the negative health effects of stressors (Berkman et al., 2000; Cohen and Wills, 1985). According to fundamental cause theory (Link and Phelan, 1995) socioeconomic status and social support are fundamental causes of health and illness because they determine access to care and treatment, knowledge about healthy behaviors and health risks, and exposure to risk factors and stressors. In his foundational work, Durkheim (1951) noted that social integration directly affects health as those who are socially isolated are at increased risk of psychological distress and suicide (Berkman et al., 2000). Social support resources, on the other hand, intervene in individuals' reactions to stressors, affecting how individuals appraise and cope with them (Pearlin et al., 1981). Individuals with more financial, emotional, and instrumental support are less vulnerable to stressors and experience greater physical and psychological well-being as a result (Aneshensel, 1992; Martikainen and Valkonen, 1998; Rector and Roger, 1997). In addition, social support increases personal stress buffering resources like self-efficacy, mastery, and self-esteem that also lead to decreased vulnerability to stressors and better health (Kessler and McLeod, 1985).

Consistent with Cohen and Wills' conceptualization of the relationship between social support and health, marriage scholars have proposed that marriage provides individuals with various types of resources that reduce vulnerability to stress and directly improve psychological well-being (see Waite, 1995). First, marriage is argued to increase financial support. The married may benefit from economies of scale that reduce per person expenditures on food, shelter, heating, etc. (Chevan, 1996; Waite, 1995), in addition to access to partner's pensions and health insurance and additional income that may be spent directly on health and health services. Second, spouses can provide emotional support to one another that enhance one's sense of mattering, self-efficacy, self-esteem, and mastery (Marks, 1996; Kessler and Essex, 1982). Last, marriage is argued to increase social integration and support (both emotional and instrumental) from one's social network (Ross, 1995; Waite, 1995).

Although the married exhibit fewer depressive symptoms than the never married, we suspect that the association of marriage with depressive symptoms varies by socioeconomic status. Most studies on the association of marriage with depressive symptoms report only average statistical effects (for review see Williams et al., 2010), which assumes that the relationship is universal. That is, they do not indicate whether there is variation across groups in the extent to which people benefit positively from marriage. When research does look at potential moderators, it demonstrates that the association of marital status with depressive symptoms is highly variable and dependent on several factors such as marital quality (Umberson et al., 2006; Williams, 2003), meeting desires for marriage timing (Carlson, 2012), mental health history (Frech and Williams, 2007), and parental status (Williams and Dunne-Bryant, 2006).

Research on the moderating effects of SES for the association between marriage and depressive symptoms is scant. To date research in this area has been largely limited to analysis of the moderating effect of SES on divorce. This small body of research shows that those with higher levels of SES (e.g., education, income) fare better following marital dissolution than those of low SES (Booth and Amato, 1991; Wang and Amato, 2000). To date only one study that we could identify has examined SES differences in mental

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