

“Explaining the Psychological Benefits of Marriage among the Previously Depressed”

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Although many studies clearly show that transitions into marriage are strongly and positively associated with psychological well-being (Williams 2003; Simon 2002; Marks and Lambert 1998), emerging evidence indicates that these benefits do not apply equally to all individuals. The psychological benefits of marriage are known to depend on age at marriage, race, and marital quality (Williams 2003; Marks and Lambert 1998; Williams et al. 1992). In addition, Frech and Williams (forthcoming) recently found that, relative to their continually unmarried counterparts, those who are depressed prior to marrying benefit more from a transition into marriage than those who are not depressed. I use the first two waves of the National Survey of Families and Households (NSFH) to investigate why, relative to their continually unmarried counterparts, the depressed benefit from marriage more than the non-depressed.

Ross, Mirowsky, and Goldstein (1990) argued that the psychological well-being benefits of marriage are related to the emotional and financial resources marriage provides. Although contact with friends and other relatives improves psychological well-being for both men and women (Umberson et al. 1996), emotional support from a spouse (measured through marital quality) appears to reduce symptoms of depression over and above the effect of social support received from others (Horwitz et al. 1996). Previous studies have also established that, on average, the married are wealthier, experience fewer symptoms of depression, and are physically healthier than the unmarried, and that the psychological and physical health benefits of a transition into marriage increase as marital quality increases (Umberson et al. 2006, Williams 2003, Simon 2002, Waite 1995). Therefore, while it may be true that improvements in emotional support and economic status over time may reduce symptoms of depression among all

individuals, these improvements are especially important to explaining how individuals benefit from a transition into marriage. It is the aim of this analysis to test whether the effect of changes in specific dimensions of emotional and financial resources, or individual expectations regarding these resources, also explains why the depressed benefit more than the nondepressed from a transition into marriage.

Several documented differences between the depressed and the non-depressed shed light on why the depressed might benefit more than the non-depressed from a transition into marriage. First, the effect of expectations about the benefits of marriage among the depressed may differ significantly from those who are not depressed, which may lead to different experiences in the early years of a marriage. Smith and Marcussen (1999) found that beliefs about the desirability of marriage (measured prior to marrying) contributed significantly to changes in psychological well-being after a transition into marriage. Those who believed prior to marrying that marriage was desirable were more positively affected by a transition into marriage. Similarly, the changes in one's life that are expected to occur through marriage may alter post-marriage behavior or attitude, resulting in lowered symptoms of depression after marriage. The depressed may be more affected by expectations about the way their lives will (or will not) change once they marry. This could be equally true if their expectations about marriage are high or low. High expectations, realized through improvements in one's life after marrying, could result in a greater psychological benefit of marrying relative to continually unmarried counterparts. Low expectations could lead the depressed to benefit from even very subtle improvements in one's life after marrying.

Second, marriage may provide a level of companionship or a network of support that a depressed person needs more than a non-depressed person. This companionship and support

comes not only from the new spouse, but also from the expanded network of family and friends that accompanies a transition into marriage (Waite and Gallagher 2000). 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 non-depressed. An increase in the social support received by relatives outside the home, friends, and neighbors after transitioning into marriage may explain the greater psychological benefits of marriage among the depressed.

Third, a sense of ‘mattering to others’ also decreases depressive symptomatology (Taylor and Turner 2001). When one feels that the help or advice he or she provides is necessary and important to others, symptoms of depression are lowered relative to those who do not feel similarly (Taylor and Turner 2001). A transition into marriage may give a depressed person the sense that he or she matters to a spouse and new social ties, whereas someone who was not depressed prior to marrying may have always felt that he or she matters to others. ‘Mattering to others’ may explain the difference between the previously depressed and the nondepressed in the psychological benefits of a transition into marriage if the depressed benefit more from giving support to others after they marry. Although the giving of support does not precisely encapsulate the *feeling* of ‘mattering’ as operationalized by Taylor and Turner (2001), it does tap into the behavior (helping others) that leads to a sense of feeling needed and appreciated.

Finally, the depressed may be more affected by increases in economic status commonly associated with a transition into marriage (Waite 1995). The depressed typically earn less than the non-depressed (Lerner et al. 2004), and the psychological well-being impact of a positive change in income or wealth after marrying may be far greater among the previously depressed. Changes in wealth and income over time have been shown to contribute significantly to patterns

of depression and self-rated health (Martikainen et al. 2003; Marmot et al. 1997). Researchers have not, however, tested whether a transition into marriage combined with an increase in income (relative to household size) benefits the depressed more than the non-depressed.

Data and Measures

The models that follow use Wave 1 and Wave 2 of the National Survey of Families and Households (NSFH). The NSFH is a nationally representative panel study with two waves of data available for the full baseline sample (Sweet and Bumpass 1996). Seventy-seven percent of the respondents interviewed in Wave 1 (1988/1989) remained in Wave 2 (1992/1993), 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). The sample is limited 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, respondents over the age of 55 (N=1664) were dropped because few adults over age 55 experienced a transition into marriage. Third, those respondents missing data on psychological well-being at T1 (N=234) or T2 (N=1091) were dropped. Finally, those missing data on T1 and T2 measures of social support given and received were dropped (N=322). The remaining sample includes 2,744 respondents. Models also control at baseline for a number of variables known to be associated with changes in depression and transitions into marriage.

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. I aggregate these 12 items into a single continuous T2 depression scale with scores ranging from 0 to 84. I construct a dichotomous measure for the main respondent’s T1 depression. The dichotomous variable separates individuals who are depressed from individuals who are not. The 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.

I 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. A marital transition is coded as a dummy variable where marrying by T2 = 1. I 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.

Social Support. Changes in social support given and received are measured using a series of questions which, as a whole, assess the practical and advisory support the respondent has given to and received from persons not living with the respondent. The respondent was asked whether he or she gave or received help in the last month with transportation, child care, repairs, work around the house, or advice. This help may have been received from or given to parents/adult children, siblings, coworkers, friends, or neighbors. Social support given and received scores are summed, the T1 value is subtracted from T2, and the change scores are standardized with a mean of zero and a standard deviation of one. All respondents, regardless of a transition into marriage, are asked about their social support environment at both waves of the NSFH. ($\alpha = .60$ for social support given and $\alpha = .56$ for social support received)

Marital Expectations. Unmarried respondents under the age of 35 (cohabiting or not) are asked at Wave 1 whether several aspects of their lives would be worse, the same, or better if they were to get married ($\alpha = .86$). These aspects include standard of living, economic security, overall happiness, freedom to do what one wants, sex life, economic independence, relationship with one's parents, and emotional security. Scores are summed and standardized with a mean of

zero and a standard deviation of one. Higher scores indicate higher expectations. Analyses using marital expectations do not include the entire sample of 2,744, as those respondents age 36-55 at baseline were not asked questions about their marital expectations. N=1731 when including marital expectations.

Economic status. Change in income is measured using T1 and T2 income-to- needs ratios, which are calculated by dividing a respondent's income by the official poverty line for the respondent's household size at the time of the interview (U.S. Census Bureau 2004). A score of 1 indicates that household income is equal to the official poverty level of that household size. An increase over time in the income-to-needs ratio means that a household has become more financially secure over time, taking into account any change in household size.⁴ As with other measures, the T1 value is subtracted from T2, and the difference is standardized with a mean of zero and a standard deviation of one.

Table 1 includes the means and standard deviations of all variables included in the analyses that follow by a transition into marriage. Model 1 of Table 2 describes the main findings of Frech and Williams' (forthcoming) study, which acts as the baseline model for the hypothesis tests that follow. Controlling for premarital depression, and relative to their counterparts who remain continually unmarried, the depressed benefit more from marriage than the non-depressed. The following models examine possible mechanisms through which the depressed benefit more from marriage than the non-depressed. Marital expectations (T1), social support given (T2-T1), social support received (T2-T1), and income-to-needs ratio (T2-T1) will each be added as mediators to the baseline model to test whether each of these changes over time add to our understanding of how the psychological well-being benefits of marriage are differently conferred to the previously depressed and non-depressed.

Results

The first hypothesis, that the larger psychological well-being gains in marriage among the depressed are related to differences in the effect of a change in social support received over time, is not supported. In Model 2 of Table 2, adding social support received (T2-T1) to the baseline model does not reduce the T1 depression X marital transition coefficients, nor is it a statistically significant predictor of depressive symptoms at T2 after other variables are controlled for at their means.

Model 3 of Table 2 does not provide support for the second hypothesis, which posits that the benefits of a transition into marriage are conferred through social support given over time, or ‘mattering to others’. Model 3 of Table 2 shows a significant direct effect of social support given (T2-T1) on depressive symptoms at T2, where an increase in support given is, on average, associated with a significant decrease in symptoms of depression, controlling for other variables at their means. However, adding social support given to the baseline model does not help to explain why the depressed benefit from a transition into marriage.

Model 4 of Table 2 tests whether the psychological benefits of a transition into marriage are explained by the expectations one has of marriage at baseline³. However, including one’s expectations of marriage does not explain the greater magnitude in psychological benefits of marriage among the previously depressed. Thus, the depressed benefit more than the non-depressed from marriage, and their expectations of marriage (at least among those under age 35) do not explain this association.

Adding a change in income-to-needs ratio over time to Model 5 of Table 2 is significant but does not affect the interaction between premarital depression and a transition into marriage. In other words, controlling for other variables at their means, an increase in the income-to-needs

ratio is associated, on average, with lower depressive symptoms at T2, but does not reduce the significance of the coefficient of interest.

Discussion

This study sought to identify the mechanisms through which, relative to their continually unmarried counterparts, those who were depressed prior to marrying benefit from marriage more than those who were not depressed. Several hypotheses relating to the economic and social support one gains in marriage were tested, as were expectations about the benefits that marriage would provide. Overall, the significance of coefficients denoting the benefits of marriage among the previously depressed and non-depressed remained stable after the inclusion of the hypothesized mediating factors. This would indicate that the previously depressed benefit more relative to their continually unmarried counterparts than the previously non-depressed, and these gains are not related to changes in social support given or received, expectations about marriage, or changes in economic status. There are several explanations as to why none of the hypothesis tests showed conclusive results.

First, although previous models (Frech and Williams forthcoming) predicting the benefits of marriage among the previously depressed and nondepressed did not find significant gender variation regarding the magnitude of the psychological benefits of marriage, the possibility remains that these benefits may operate through largely different pathways. Future analyses will consider what processes might operate only among men or among women, and estimate future models separately by gender. Women may benefit more from a sense of mattering to others (Taylor and Turner 2001) or increases in economic status, while men may benefit more from more frequent contact with new friends and relatives (Umberson et al. 1996).

Second, the NSFH does not include enough cases from the available spouse data to allow for a thorough analysis of a spouses' contribution to the main respondent's depressive symptoms after a transition into marriage. Spouses' characteristics, such as depressive symptoms, physical health, and recent life events likely contribute significantly to the main respondent's depressive symptoms.

Third, the conceptual models presented as explanations as to why the depressed benefit more from marriage do not precisely match the measures used in the empirical tests. Although marital expectations translates clearly from a conceptual model into an empirical model, the measures of social support used in this analysis may not be sufficient to measure mattering to others, receiving support from others, or an expansion of a social network over time. For example, 'mattering to others' as measured in this study does not match the operationalization used in Taylor and Turner's (2001) original study documenting the importance of mattering. The measures used in Taylor and Turner's study are not available in the NSFH. Instead, a change in social support given (T2-T1) was used to estimate whether a change in giving support to others explained why the depressed benefit more from marriage than the nondepressed. Giving support to others should be associated with gains in psychological well-being in the same way that feeling one is needed or of help to others (the measure Taylor and Turner used) is associated with improved well-being. Indeed, findings supported those of Taylor and Turner (2001); a one standard deviation increase in social support given over time was associated with a significant decrease in symptoms of depression over time.

However, at very high levels of giving, the measure used in this study could predict more frequent symptoms of depression if one becomes stretched too thin or feels unacknowledged for the help he or she gives to others. Those who are depressed at baseline may be experiencing a

situation similar to this, meaning that a decrease in support given would be more beneficial to psychological well-being after a transition into marriage. Both strains and benefits in giving social support have been documented in previous research on support and psychological well-being (Thoits 1995). More precise measurement in future analyses could yield more promising results regarding whether the previously depressed differ in the amount of support giving that is beneficial or problematic after a transition into marriage.

Overall, this study sought to explain why the depressed benefit more from a transition into marriage relative to their continually unmarried counterparts than the previously nondepressed. Further refinement of measurement and a reassessment of available literature are the next steps to understanding the disparity between the depressed and nondepressed following a transition into marriage.

TABLE 1: Unweighted means and standard deviations of all variables by a transition to marriage

	Continually Never-Married	Marital Transition	Combined
T2 Depression	17.48 (17.72)	12.47 (13.24)	16.08 (16.74)
T1 Depression (1=Depressed)	.30 (.46)	.27 (.44)	.29 (.45)
Female (1=Female)	.66 (.47)	.55 (.50)	.63 (.48)
Marital Expectations at T1 (standardized)	-.01 (1.03)	.00 (.92)	-.01 (.99)
Social Support Given T2-T1 (standardized)	-.06 (.99)	.15 (.99)	.00 (1.00)
Social Support Received T2-T1 (standardized)	-.07 (1.00)	.18 (.99)	.00 (1.00)
Income to needs ratio T2-T1 (standardized)	.11 (1.05)	.45 (1.24)	.20 (1.11)
Age	33.84 (9.91)	29.51 (7.90)	32.63 (9.59)
Below high school education (1= no high school diploma)	.16 (.37)	.11 (.31)	.15 (.36)
Education: Some college (1=post-secondary education)	.15 (.35)	.14 (.34)	.14 (.35)
Education: College grad or higher (1=BA, MA, other professional)	.16 (.37)	.20 (.40)	.17 (.38)
Part-time Employment (1=employed part-time)	.11 (.31)	.12 (.32)	.11 (.31)
Full-time Employment (1=employed full-time)	.63 (.48)	.69 (.46)	.65 (.48)
Children (number of resident minors)	.75 (1.13)	.64 (.96)	.72 (1.09)
Divorced/Separated (1=divorced/separated)	.46 (.50)	.46 (.50)	.46 (.50)
Widowed (1=widowed at T1)	.05 (.22)	.02 (.15)	.04 (.20)
Non-white (1=non-white)	.39 (.49)	.17 (.38)	.33 (.47)
N	1976	768	2744

TABLE 2: OLS regression predicting T2 symptoms of depression

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Independent Variables						
T1 Depression [0 = Not Depressed]	10.96*** (.77)	10.96*** (.77)	10.98*** (.77)	10.00*** (1.00)	10.94*** (.77)	10.94*** (.77)
Transition into marriage [0 = continually never-married]	-2.65** (.76)	-2.55** (.81)	-2.51** (.81)	-3.04** (.95)	-2.31** (.81)	-2.32** (.81)
Female	2.33*** (.66)	2.34*** (.66)	2.35*** (.66)	1.79*** (.82)	2.52*** (.67)	2.51*** (.66)
Age	-.11** (.04)	-.10** (.04)	-.10** (.04)	-.04 (.08)	-.11** (.04)	-.11** (.04)
Less than high school	3.86*** (.91)	3.87*** (.91)	3.86*** (.91)	4.45*** (1.16)	3.92*** (.91)	3.93*** (.91)
Some college	-.31 (.87)	-.30 (.87)	-.27 (.87)	-.18 (1.11)	-.21 (.87)	-.22 (.87)
College degree	-1.07 (.84)	-1.06 (.84)	-1.03 (.84)	-.45 (1.11)	-.84 (.86)	-.87 (.85)
Cohabiting at T1 [0= not cohabiting]	2.83** (.87)	2.77** (.87)	2.80** (.87)	2.28* (.98)	2.63** (.87)	2.63** (.87)
Part-time employment [0 = not employed]	-2.99** (1.09)	-3.01** (1.09)	-3.02** (1.09)	-2.82* (1.36)	-2.90** (1.09)	-2.90** (1.09)
Full-time employment [0 = not employed]	-2.30** (.76)	-2.29** (.76)	-2.28** (.76)	-2.45** (.94)	-2.17** (.76)	-2.18** (.76)
Number of co-resident minors	1.08*** (.31)	1.07*** (.31)	1.07** (.31)	1.38** (.41)	1.11*** (.31)	1.10*** (.31)
Non-white	2.43*** (.66)	2.39*** (.66)	2.41*** (.66)	2.42** (.85)	2.34*** (.66)	2.35*** (.66)
Widowed	2.61 (1.65)	2.62 (1.65)	2.57 (1.65)	6.71* (3.33)	2.53 (1.65)	2.52 (1.65)
Divorced/Separated	1.19 (.77)	1.17 (.77)	1.14 (.77)	1.11 (.97)	1.14 (.77)	1.12 (.77)
Interactions						
Marital transition X T1 depression	-5.08** (1.47)	-5.06** (1.46)	-5.11*** (1.46)	-4.42* (1.73)	-5.13*** (1.46)	-5.13*** (1.46)
Hypothesis Tests						
Social Support Received (T2-T1)		-.41 (.30)				
Social Support Given (T2-T1)			-.62* (.30)			-.62* (.30)
Marital Expectations (T1)				-.04 (.39)		
Income-to-Needs (T2-T1)					-.60* (.27)	-.60* (.27)
T1 Income Imputed (1=imputed)					.23 (.69)	.23 (.69)
R ²	.16	.16	.16	.16	.16	.16
N	2744	2744	2744	1731	2744	2744
Constant	14.86	14.82	14.77	13.71	14.77	14.87

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. Koropeckyj-Cox (1998) identified a score of 22 as the 80th percentile cutoff in her analyses of persons ages 50–84 in the NSFH1.
- 3 Note that this model contains only 1731 observations because this question is only asked of respondents under the age of 35. A baseline model with the same sample size is not included here because it does not differ significantly from the baseline model presented with the full sample.
- 4 Approximately 30% of cases in this sample are missing income data at T1. Rather than lose a significant portion of the sample (over 800 cases), income is imputed using the Stata command ‘impute’ and T1 data on sex, race, age, level of education, full- or part-time employment, and number of children. Income at T2 is available without missing cases using the NSFH ‘best measures constructed’ data, which includes a measure of T2 income for all respondents. A dummy variable denoting that income has been imputed is also added to this model.

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