

## CHAPTER IV

### THE EFFECTS OF MARRIAGE ON MENTAL HEALTH

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**M**arriage may have important influences on mental health. A happy marriage may provide substantial emotional benefits. For many people, marriage creates an important sense of identity and self-worth (Gove et al. 1990). Moreover, a spouse may provide emotional intimacy and support, fulfilling an essential human need for connection (House et al. 1988). Consequently, married people may be happier, more satisfied, and less depressed than those who are unmarried. These emotional benefits may, in turn, improve their physical health, by reducing the toll stress, depression, and other mental health problems can take on physical well-being.

In this chapter, we focus on one particular dimension of mental health—depressive symptoms. This focus is appropriate, for several reasons. First, depression is one of the most common psychiatric disorders and can be highly debilitating (Kessler et al. 1994; Menaghan and Lieberman 1986; Turner and Lloyd 1999). Second, depression is highly correlated with physical health outcomes (Ross et al. 1990), as well as other psychiatric disorders (Kessler et al. 1994), making it of particular interest for our review. Finally, because of their malleability, depressive symptoms may be particularly sensitive and responsive to marriage and changes in marital status, increasing the likelihood of finding significant effects of marriage on this health outcome.

We begin this chapter by discussing how marriage can be both a cause and an effect of mental health status and the challenges that poses for estimating the effect of marriage on mental health outcomes. We then summarize four recent studies of the effect of marriage on depressive symptoms, all four of which use the same large, longitudinal, and nationally representative research sample. Next, we summarize the findings of several other recent studies that examine the effect of marriage and marital transitions on depressive symptoms. We end the chapter by summarizing results across all these studies.

#### **THE LINK BETWEEN MARRIAGE AND MENTAL HEALTH**

Marital status may both affect mental health and be affected by it. In particular, marriage may reduce depressive symptoms through its effects on social support and intimate

connection. It is also possible, however, that those with fewer depressive symptoms may be more likely to get and stay married, because they may be viewed as more attractive marriage partners. Moreover, this selection of less depressed people into marriage may explain all or part of the correlation between marital status and depression. Therefore, only studies that carefully address and control for selection can provide persuasive evidence of a causal effect of marriage on depressive symptoms.

In general, studies relying on cross-sectional data cannot isolate the effect of marriage on depressive symptoms, because these studies cannot adequately control for the differences in background characteristics between those who marry and those who do not. Studies that use longitudinal data are better able to control for possible selection of those with better mental health into marriage in one of two ways: (1) by controlling for measures of baseline mental health, or (2) by focusing on changes in depressive symptoms associated with transitions into or out of marriage.

Even studies based on longitudinal data can have limitations, however. For example, in some studies of this type, controls for “baseline” mental health may involve measures from an arbitrary point (often the first year of data collection) that may have occurred before marriage for some sample members and many years after marriage for others. Controlling for baseline health in this way may cause some of the positive impacts of marriage on alleviating depressive symptoms to be obscured. In particular, if the positive effect of marriage on mental health is cumulative, using a baseline measure of mental health collected after some sample members have married will generate estimates of the effect of marriage on depressive symptoms that omit the potential benefits of marriage from these earlier years.

Focusing on the effects of marital transitions eliminates this potential problem but may introduce others. Moreover, these potential problems may bias estimates of the effect of marriage in both positive and negative directions. For example, depressive symptoms may rise before a marital breakup as the quality of the marriage declines. Therefore, the change in depressive symptoms from a period shortly before the divorce to a period shortly after may underestimate the effect of the change in marital status on this outcome, because the effect of the divorce on these symptoms began before the divorce occurred. Similarly, improvements in mental health may occur in the period leading up to a marriage, because the person may have already entered into a committed and happy relationship and thus be experiencing mental health benefits. In this case, the change in depressive symptoms around the time of marital entry may underestimate the effect of marriage on depressive symptoms.

Focusing on marital transitions may also lead to an overestimation of the effect of marriage on depressive symptoms. The mental health benefits of marriage may be most pronounced in the early years of marriage and may diminish over time. Similarly, divorce and widowhood could cause a spike in depressive symptoms (which later moderate), as people must contend with upheaval and loss. Focusing on the periods immediately after these marital status changes may overstate the long-term impact of these transitions on depressive symptoms.

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Some researchers have compared the mental health of those who are stably married (for example, over a five-year period) to those who remain unmarried for a number of years to estimate the “steady-state” effect of marriage on depressive symptoms. Unless adequate controls for baseline mental health are used, however, this methodology suffers from the same limitations as cross-sectional analysis, because those with better mental health may be more likely than others to get and stay married.

In this review, we focus on studies that estimate the effects of marriage on depressive symptoms by either (1) examining the link between marital transitions and depression, or (2) using controls for baseline mental health and comparing the depressive symptoms of those in stable marital states. Although these techniques are imperfect, the results are highly suggestive of the effects of marriage. In particular, these studies consistently find that transitions into marriage are associated with reductions in depressive symptoms, while transitions out of marriage are associated with increases in them.

### **RESULTS FROM THE NATIONAL SURVEY OF FAMILIES AND HOUSEHOLDS**

Few data sets offer longitudinal data on marital status and depressive symptoms. The National Survey of Families and Households (NSFH), a nationally representative sample with two waves of data collection (1988-1989 and 1992-1994), is a rare exception. For this reason, many researchers have used it to examine the potential effects of marriage on depressive symptoms. Among the many studies that have used NSFH data to examine the link between marriage and depression, we have selected four recent ones that use strong methodologies that focus on the effects of marital transitions. These studies also compare the depressive symptoms of the stably married to those of the stably unmarried to provide additional evidence of whether marriage affects the prevalence of depressive symptoms. To highlight that these studies all use the same data set—and therefore do not offer wholly independent verification of a link between marriage and depression—we discuss the findings of these four studies together. Table IV.1 summarizes these studies and their results.

To measure the prevalence of depressive symptoms, these studies all use the Center for Epidemiological Studies-Depression (CES-D) index, a count of various depressive symptoms from the past week.<sup>1</sup> In addition, they all use both waves of the NSFH and control for baseline CES-D scores. Other covariates differ somewhat across the studies, though all include control variables associated with depressive symptoms. As Table IV.1 illustrates, the studies also vary somewhat in how they define their samples and which groups they compare to each other when determining the influence of marriage on depressive symptoms.

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<sup>1</sup> The CES-D is a commonly used scale that discriminates between clinical and general depression, is sensitive to levels of severity, and has adequate test-retest reliability (Radloff 1977).

**Table VI.I. Selected Studies Using The National Survey of Families and Households to Examine the Effects of Marriage On Depressive Symptoms**

Study	Analytic Sample	Comparisons	Reference Group	Conclusions
Kim and McKenry 2002	Those with one marital or cohabitation transition (excluding widowhood), those 75 years old or younger	Eight marital status and cohabiting groups (for example, never married cohabiters who marry)	Continuously married	Remaining divorced and transitioning to divorce increases CES-D; entry into first marriage decreases CES-D. Baseline CES-D not associated with divorce.
Lamb et al. 2003	Never married or cohabiting by wave 1 and ages 18 to 35. Only one transition between waves 1 and 2	Those who entered cohabiting or marital relationship by Wave II	Continuously unpartnered	Entry into marriage decreases CES-D, more so for those who do not cohabit before marriage.
Marks and Lambert 1998	At wave 1, 19 to 34 or 40 to 60 years old	10 marital status categories, including those with more than one transition	Continuously unmarried	Being continuously unmarried leads to greater increase in CES-D. Transitioning to divorce increases CES-D. Effects may be stronger for younger people. Entering first marriage decreases CES-D.
Simon 2002	No restrictions	Marital loss, marital gain	Continuously married (for marital loss effect); continuously unmarried (for marital gain effect)	Marital loss increases CES-D, more for women. Marital gain decreases CES-D, though not for widowed. CES-D associated with later divorce.

These studies consistently indicate that marriage is associated with reductions in depressive symptoms. The fact that these studies reach similar conclusions suggests that this result is robust to variations in the choice of covariates, the particular estimation technique used, and the specific sample included in the analysis. We summarize the findings of these studies here:

- ***Marital entry decreases depressive symptoms.*** This result holds whether the comparison group is the continuously married (Kim and McKenry 2002; Marks and Lambert 1998) or the continuously unmarried (Lamb et al. 2003; Simon

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2002). There is some evidence, however, that remarriage is less beneficial than first marriage (Kim and McKenry 2002) and that marriage preceded by cohabitation also is less beneficial (Kim and McKenry 2002; Lamb et al. 2003).

- ***Marital dissolution increases depressive symptoms, particularly for women.*** Marital loss increases depressive symptoms, relative to the increases experienced among those who remain married (Kim and McKenry 2002; Marks and Lambert 1998; Simon 2002). Furthermore, two of the studies suggest that the impact is greater for women than men (Marks and Lambert 1998; Simon 2002). However, another finds no gender difference (Kim and McKenry 2002).
- ***Those who are stably unmarried experience larger increases in depressive symptoms than do those who are stably married.*** Those who remained unmarried over the five-year follow-up period experienced larger increases in depressive symptoms than did similar people who were stably married over this period (Kim and McKenry 2002; Marks and Lambert 1998; Simon 2002).
- ***Depressive symptoms do not affect the likelihood of marriage.*** These studies consistently find that the initial prevalence of depressive symptoms does not affect the likelihood of marrying over the five-year follow-up period (Kim and McKenry 2002; Lamb et al. 2003; Simon 2002). The results were mixed, however, concerning whether those with more depressive symptoms were more likely to divorce, with one study finding that depressive symptoms increased the odds of divorce (Simon 2002) and another finding no effect (Kim and McKenry 2002).

## RESULTS FROM ADDITIONAL DATA SOURCES

Although the studies of NSFH discussed in the previous section consistently point to an effect of marriage on the prevalence of depressive symptoms, it is important to examine the link between marriage and depression in other data sets to test the robustness of this result. Therefore, in this section, we summarize results from three other recent studies that use different data sets to examine the effect of marriage on depressive symptoms. One of these studies uses a different national sample; the other two use regional samples. To adjust for the possible selection of those with better mental health into marriage, these studies all use longitudinal data and control for baseline mental health.

Horwitz and his colleagues (1996) examine a sample of New Jersey adolescents and young adults and compare the depressive symptoms of those who were continuously never married over a seven-year follow-up period to those who entered marriage during this period. Consistent with the NSFH studies, they find that, after controlling for prior symptoms, those who married and stayed married had significantly fewer depressive symptoms than similar people who did not marry. Unlike the NSFH studies however, the Horwitz et al. study finds that only men experience reductions in depressive symptoms associated with marriage; the study finds no significant effect of marital entry on the depressive symptoms of women.

Johnson and Wu (2002) analyze data from a national probability sample of married adults to examine the effects of divorce on psychological distress. The data set, which tracked sample members over a 12-year period through four rounds of data collection, is representative of all married adults ages 19 to 55 in 1980. Johnson and Wu find that levels of unhappiness and distress increased in the years before divorce and remained elevated after dissolution. These patterns are similar for men and women.

Aseltine and Kessler (1993) examine a sample of married adults in the Detroit area to look at the effects of divorce on depressive symptoms. They find that those who divorced experienced larger increases in symptoms of distress than did similar sample members who remained married. These researchers control for prior depressive symptoms. Therefore, they may underestimate the effect of marital dissolution on depressive symptoms, if these symptoms increase in anticipation of the divorce. Unlike the Johnson and Wu study, the Aseltine and Kessler study finds that the effect of divorce on depressive symptoms is greater for women.

Both these studies find that the effect of divorce on depressive symptoms is long-lasting and does not appear to be a temporary “spike” in symptoms. Aseltine and Kessler (1993) find that depressive symptoms remain higher than pre-breakup levels up to three years after marital dissolution. Similarly, Johnson and Wu (2002) conclude that the number of years following disruption does not significantly reduce distress levels. The authors argue that the chronic stressors and strains associated with divorce, such as loss of a partner’s income or single parenting, lead to long-term distress. Accordingly, these authors find that distress levels decline only upon remarriage or the formation of a cohabiting relationship (Johnson and Wu 2002).

## **SUMMARY OF RESULTS**

The current research suggests that marriage—particularly transitions into and out of marriage—affects depressive symptoms for both men and women. In particular, marital entry decreases depressive symptoms, while marital dissolution increases them. Studies suggest that increases in depressive symptoms after divorce are long-lasting and that the prevalence of these symptoms remains elevated years after the marital breakup. In addition, studies that compare the mental health of stably married adults to those who are stably unmarried find that those who remain stably married have fewer depressive symptoms (and smaller increases in these symptoms over time) than do similar adults who remain stably unmarried—even after controlling for baseline mental health. Moreover, studies based on national data find little evidence that those with fewer depressive symptoms are more likely to marry, suggesting that studies comparing the depressive symptoms of the stably married to the stably unmarried should produce reasonable estimates of the effect of marriage on depressive symptoms.

More research—based on additional longitudinal data sets that offer more detailed histories of mental health changes and changes in marital status—is needed to confirm these patterns. To the best of our knowledge, however, more detailed national data are not

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currently available. Nonetheless, the research that is currently available tells a consistent story—that, for both men and women, being married reduces the prevalence of depressive symptoms.