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Marital Transitions, Marital Beliefs, and Mental Health*

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In this paper, we examine whether people's beliefs about the permanence, desirability, and importance of marriage moderate the impact of marital transitions—including marital losses and gains—on depression, a disorder associated with both marital status and role transitions. Using two waves of panel data from the National Survey of Families and Households (N = 10,005), we find that a marital loss results in increased symptoms, whereas a marital gain results in decreased symptoms. We also find, however, that the negative effects of a marital loss are greater for people who believe in the permanence of marriage than they are for those who do not. Conversely, the positive effects of a marital gain are greater for people who believe in the desirability and importance of marriage than they are for those who do not. Our results highlight the potential utility of more systematically incorporating people's beliefs—and sociocultural factors more generally—into theory and research on the impact of stressors on mental health.

While stress researchers have acknowledged the potential importance of people's beliefs about social roles—and sociocultural factors more generally—for explaining variation in the impact of role transitions on mental health, assessments of individuals' beliefs and empirical tests of their significance are extremely limited. In this paper, we use panel data from a large nationally representative sample of adults to examine whether people's beliefs about the permanence, desirability, and importance of marriage moderate the impact of marital transitions, including marital losses and gains, on depression. We propose that the negative psychological effects of a marital loss are greater for individuals who believe in the per-

manence of marriage than they are for those who do not hold these beliefs. We also argue that the positive emotional effects of a marital gain are greater for persons who believe in the desirability and importance of marriage than they are for those who do not have these beliefs.

BACKGROUND

Although life events scholars have conceptualized role transitions as a major source of stress which result in psychological disorder, a large body of empirical research documents considerable variation in the mental health effects of these eventful stressors. Epidemiological studies consistently show that even culturally undesirable life events—such as separation or divorce—do not always have adverse emotional consequences for individuals, and that there is only a modest association between exposure to stressful life events and psychological or psychiatric disorder (Aneshensel 1992; Thoits 1983, 1995b).

The search for the underlying causes of the differential impact of life events has produced three main theoretical approaches which

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emphasize either the characteristics of the event itself, the characteristics of the person experiencing the transition, or the social context surrounding the stressor. Although they differ with regard to which factor is important, all of these approaches assume that the magnitude of the association between event exposure and psychological or psychiatric symptoms increases when either the types of events, the person's coping and social support resources, or the event contexts are considered.

Approaches for Explaining the Differential Psychological Impact of Life Transitions

The first theoretical approach contends that events vary in their stressfulness and emotional effects because of differences in characteristics such as their desirability, controllability, predictability, and magnitude (Thoits 1983). Research based on this approach finds that certain types of events (e.g., undesirable and uncontrollable ones) are more damaging for mental health than others (Dohrenwend 1974; Thoits 1983) and that distinguishing positive from negative events strengthens the association between event exposure and symptoms (Dohrenwend 1974; Shrout et al. 1989). In a parallel manner, life-course scholars show that characteristics of role transitions such as their timing, sequencing, expectedness, and normativeness moderate their impact and help explain variation in the psychological consequences of status (or role) transitions (George 1993).

The second approach to the problem of the differential psychological impact of stressful life events focuses on characteristics of the person experiencing the life transition. According to this theoretical approach, variation in the effects of eventful (and chronic) stressors is a function of variation in people's response (i.e., their vulnerability) to stressors. Numerous studies indicate that individuals and groups vary in their possession of personal and social resources such as mastery, self-esteem, and social support which buffer the negative impact of stressors (Aneshensel 1992; Kessler, Price, and Wortman 1985; Pearlin and Schooler 1978; Thoits 1995b).

More recently, a third theoretical approach has emerged, one which attributes variation in the mental health consequences of life events to variation in the larger social context sur-

rounding stressors. Advocates of this approach argue that the social circumstances in which events occur are crucial for explaining variation in their psychological impact because they shape the personal meaning and emotional significance of stressors. The aspects of social context that have been shown to moderate the impact of life events on symptoms include individuals' financial resources (Brown and Harris 1978, 1989), their level of prior stress in the role (Wheaton 1990), and their exposure to subsequent role strain (Umberson, Wortman, and Kessler 1992). For example, Wheaton (1990) showed that a role loss such as a divorce is less distressing to individuals who had previously experienced a high level of marital stress than for those whose marital history was less stressful. Similarly, Umberson et al. (1992) found that widowhood is more depressing to people who experience subsequent financial and household strain than for those who do not confront these stressors.

However, while they highlight the centrality of social factors for the etiology of mental illness, contextually based studies have focused on structural—and have overlooked more sociocultural—aspects of context such as people's values and beliefs (Aneshensel and Pearlin 1987). The failure to consider sociocultural factors in general, and people's beliefs about social roles in particular, could have serious consequences for theory and research in this area insofar as it results in underestimates of the contribution of social conditions to stress and mental illness.

A few scholars have acknowledged the potential importance of values and beliefs in the stress process. For example, Pearlin (1989) wrote that individual's values (which are shaped by their structural locations) influence the extent to which experiences are perceived as stressful and may therefore help explain individual (and group) differences in the impact of events (and strains) on symptoms. Still, with the exception of just a few studies, assessments of people's values and beliefs, and empirical tests of their significance, are very limited. Some evidence of the centrality of beliefs is evident in research on religious beliefs (McIntosh, Silver, and Wortman 1993) and beliefs people hold about the world, such as whether it is controllable, predictable, safe, benevolent, and just (Janoff-Bulman 1992; Kessler et al. 1985; Lerner 1980; Silver and Wortman 1980). Although they tend to be

based on small, non-representative samples and examine beliefs which reflect individual (i.e., social psychological) traits rather than collective (i.e., cultural) systems, these studies indicate that people's beliefs moderate the meaning and impact of negative experiences on mental health.

The notion that values and beliefs are pivotal in the stress process is most clearly articulated in some qualitative research on sex differences in the mental health effects of role occupancy and role loss, which has focused on broad sociocultural beliefs. For example, Riessman (1990) assessed gender differences in the emotional significance and psychological impact of divorce by examining men's and women's beliefs about the permanence, importance, and functions of marriage. Along similar lines, Simon (1995) assessed gender differences in the significance and impact of multiple role involvements by examining men's and women's beliefs about the obligations underlying their work and family identities. Overall, this research finds that gender variation in the mental health consequences of both role involvement and role loss can be traced to men's and women's beliefs about social roles. However, because these studies are also based on small, nonrepresentative samples, we presently do not know whether individual's beliefs about roles—and sociocultural factors more generally—actually help explain variation in the mental health effects of life transitions.¹

The Importance of Beliefs for Explaining Variation in the Impact of Role Transitions

What are beliefs and how do they influence psychological well-being? We use the term beliefs to refer to cognitions that involve understandings and convictions about some aspect of reality. Sociological research on beliefs (e.g., beliefs about inequality, sex-roles, and marriage and the family) indicates that while people's beliefs reflect culturally shared systems of meaning they also vary according to personal experience, group membership, and the prevailing social climate (Hunt 1996; Kluegel and Smith 1986; Oropesa 1996; Thornton, Alwin, and Camburn 1983; Thornton 1985). We argue, as do others (e.g., Brown and Harris 1978, 1989; Lazarus and Folkman 1984; Pearlin 1989), that beliefs are

important for stress and mental illness because they serve as a perceptual lens through which life events are interpreted and they influence the extent to which they are appraised as beneficial, benign, or harmful. An implication of this argument is that life events are particularly stressful and distressing when they threaten people's deeply held beliefs. For example, a loss event—such as separation or divorce—may be more harmful for individuals who believe in the permanence of marriage than for those who do not hold these beliefs. Given this reasoning, a role gain—such as marriage—may be more beneficial for individuals who believe in the desirability and importance of marriage compared to those who do not have these beliefs. In other words, variation in people's beliefs about roles may help explain variation in the mental health effects of life events, especially those involving role (or status) transitions.²

In this paper we use panel data from a large, nationally representative sample of adults to assess whether people's beliefs about the permanence, desirability, and importance of marriage (measured in 1987–88) moderate the impact of marital transitions, including marital losses and gains, on mental health (between 1987–88 and 1993–94). We hypothesize that:

H₁: The negative psychological effects of a marital loss are greater for people who believe in the permanence of marriage than for those who do not hold these beliefs; and

H₂: The positive psychological effects of a marital gain are greater for persons who believe in the desirability and importance of marriage than for those who do not have these beliefs.

Note that our hypotheses assume that individuals enjoy better mental health when their behavior is consistent with their beliefs than when their behavior and beliefs are inconsistent. Our thesis, therefore, parallels Ross, Mirowsky, and Huber's (1983) regarding the emotional benefits derived from consistency between married people's preferences for paid work and their employment status. Both of these arguments are rooted in social psychological theories which claim that cognitive consistency is crucial for the development and maintenance of well-being (see Abelson et al. 1968). However, in contrast to Ross and her

colleagues, who focused on preferences, we focus on the underlying beliefs that shape preferences.

Admittedly, individuals' beliefs about social roles—and in this case, their beliefs about the marital role—are only one set of beliefs which accompany life (and marital) transitions, but we focus on this relationship because it illustrates the significance of people's beliefs—and sociocultural factors more generally—for stress and mental illness. While marital beliefs are arguably personal and individualistic, people's beliefs about marriage also reflect larger and deeply embedded cultural themes about the spousal role and the institution of marriage.

Thus, in addition to further specifying the social context surrounding marital transitions which influences their meaning, emotional significance, and psychological impact, a goal of our research is to assess whether people's beliefs about roles—and sociocultural factors more generally—help explain variation in the mental health impact of role transitions. Although we focus on the mental health effects of only one particular life event and only one small set of beliefs, our results have broad implications for the study of stress and mental illness.

METHODS

Data

To examine the potential importance of people's beliefs for stress and mental illness—and to test our hypotheses—we conducted analyses on two-waves of panel data from the National Survey of Families and Households (NSFH), which is based on a national probability sample of 10,005 adults in the United States. These data are well-suited for our analyses because we can examine *change* in mental health as a function of *change* in marital status between 1987–1988 (Time 1) and 1993–1994 (Time 2). These data also allow us to assess the extent to which people's beliefs at time 1 (T1) influence their *selection* out of (or into) different marital statuses by time 2 (T2), as well as the extent to which beliefs at T1 *moderate* the impact of marital transitions on change in mental health.

The first wave of interviews was conducted with individuals aged 19 and over from 13,017 households, which included an oversampling

of minorities and single parents (see Sweet, Bumpass, and Call (1988) for a detailed description of the design and content of the NSFH). The response rate at T1 was 74 percent. The second wave of interviews was conducted with 10,005 of these respondents (see Sweet and Bumpass 1996). Excluding people who had died ($N = 763$), the response rate was 82 percent. Logistic regression analyses (not shown) indicate that a number of factors measured at T1 significantly predict attrition from the study by T2, including marital and employment status, gender, age, race, education, household income, and depression. People who were unmarried and unemployed at T1 were more likely to leave the study, as were males, older people, nonwhites, people with lower levels of education, people with higher levels of income, and people with higher levels of depression. Due to oversampling at T1, the panel contains relatively high proportions of racial minorities and single parents; however, it is possible that the sample underrepresents the unmarried and unemployed, as well as men, older persons, people with lower levels of education, and people with higher levels of income and depression. Results of analyses based on stably unmarried persons and those who had a marital gain should be interpreted cautiously in light of the greater attrition of respondents who were unmarried at T1.

Measures

Mental health. The outcome variable we focus on is depression, a type of mental illness that has long been associated with marital status, life events, and role transitions (Pearlin and Johnson 1977; Thoits 1983; Wheaton 1990). The NSFH included 12 items from the Center for Epidemiological Studies Depression Scale (CES-D), a commonly used measure with high construct validity and internal consistency (Radloff 1977). Respondents were asked about how many days in the past week they had experienced the following: “bothered by things that usually don't bother you;” “felt lonely;” “felt you could not shake off the blues, even with the help of your family or friends;” “sleep was restless;” “felt depressed;” “felt that everything you did was an effort;” “felt fearful;” “had trouble keeping your mind on what you were doing;” “talked less than usual;” “did not feel like eating, or

your appetite was poor;" "felt sad;" and "could not get going." Item responses (0 to 7 days) were summed; scores on this measure ranged from 0 to 81 (Cronbach's alpha = .93). Because we are interested in a *change* in depression between the two time periods, all of the multivariate analyses include respondents' levels of depression at T1.

Marital transitions. To examine the effects of marital transitions on depression, we computed two dichotomous marital transition variables. Our measure of "marital loss" is based on people who were either stably married (coded 0) or had a marital loss (coded 1) between 1987–88 and 1993–94. Our measure of "marital gain" is based on stably unmarried persons (coded 0) or those who had a marital gain (coded 1). Although our primary interest is to investigate the *combined* effects of marital transitions and marital beliefs on depression, we also contribute to a central debate in this area by examining the *main* effects of marital transitions on *change* in mental health.

Marital beliefs. We assessed respondents' beliefs about the permanence of marriage at T1 by examining how strongly they disagreed (coded 1) or agreed (coded 5) with a statement about the permanence of marriage: "Marriage is a lifetime commitment which should never be ended except under extreme circumstances." We assessed their beliefs about the desirability and importance of marriage at T1 by examining how strongly they disagreed (coded 1) or agreed (coded 5) with a statement about the importance of marriage: "It's better for a person to get married than to go through life single."

Control variables. To control for other sources of variation in depression, we included in all analyses several sociodemographic variables: respondent's age, education, household income, employment and parental status at T2, race, and gender. We measured age and education in years, income in dollars, and race, gender, employment, and parental status as dichotomous variables (nonwhite = 1; female = 1; employed = 1; parent = 1). Consistent with several studies on parenthood and psychological well-being (e.g., McLanahan and Adams 1987; Umberson and Gove 1989), we considered respondents to be parents if they had at least one child under the age of 18 living at home.

Analysis Sample and Approach

Excluding respondents who had experienced multiple marital transitions between the two time periods, whose marital status was ambiguous at either point in time, who were widows at T1 or T2, and who did not have complete information on the dependent variable, our analyses are based on a sample of 7,919 individuals.³ For clarity of interpretation, separate analyses are conducted on two subsamples: (1) the stably married (N = 4,402) combined with those who had a marital loss through either separation or divorce (N = 494); and (2) the stably unmarried (N = 2,084) combined with those who had a marital gain (N = 939).

RESULTS

Respondent Characteristics by Marital Transition Status

In Table 1 we present means and standard deviations of all variables separately for each subsample. The first panel compares the characteristics of respondents who were stably married with those who experienced a marital loss between T1 and T2; the second panel contrasts the characteristics of respondents who were stably unmarried with those who had experienced a marital gain. There are four points of interest in this table.

First, Table 1 indicates, not surprisingly, that during the five year period, marital transitions were much less common than stability of marital status. While four-fifths of the respondents were either stably married (56%) or stably unmarried (26%), only one-fifth had experienced a marital loss (6%) or marital gain (12%) between 1987–88 and 1993–94.

Second, Table 1 shows several significant sociodemographic differences between respondents whose marital status remained stable and those who experienced a marital transition. The first panel indicates that, in contrast to the stably married, persons who had a marital loss are younger, have lower levels of household income, are more likely to be employed, and are less likely to have minor children living at home. The group of respondents who had a marital loss also contained a higher proportion of nonwhites. The second panel shows that, when compared to the stably unmarried, indi-

TABLE 1. Means and Standard Deviations of Study Variables by Marital Transition Status (N = 7,919)

Variables	Marital Loss			Marital Gain		
	Stably Married	Marital Loss	Difference	Stably Unmarried	Marital Gain	Difference
	Mean (S.D.)	Mean (S.D.)	<i>P</i> Value	Mean (S.D.)	Mean (S.D.)	<i>P</i> Value
	N = 4,402	N = 494	N = 4,896	N = 2,084	N = 939	N = 3,023
Age (T2)	46.93 (13.76)	39.91 (10.04)	.000	42.86 (13.58)	35.71 (8.56)	.000
Education (T2)	13.05 (2.88)	12.78 (2.62)	.050	12.79 (2.75)	13.36 (2.64)	.000
Household Income (T2)	\$51,382 (43,258)	\$32,302 (28,314)	.001	\$29,990 (29,080)	\$50,352 (35,771)	.000
Race (nonwhite = 1)	.16 (.37)	.25 (.44)	.000	.38 (.49)	.20 (.40)	.000
Gender (female = 1)	.55 (.50)	.54 (.50)	NS	.65 (.48)	.56 (.50)	.001
Employment Status (T2) (employed = 1)	.61 (.49)	.68 (.47)	.003	.65 (.48)	.77 (.43)	.000
Parental Status (T2) (parent = 1)	.55 (.50)	.43 (.50)	.000	.29 (.46)	.56 (.50)	.000
Depression (T1)	11.91 (14.62)	16.51 (16.01)	.000	17.81 (17.81)	17.52 (17.71)	NS
Depression (T2)	11.84 (14.17)	19.99 (18.89)	.000	16.89 (17.46)	12.87 (13.82)	.000
Marriage Lifetime Commitment (T1)	4.05 (1.06)	3.83 (1.16)	.000	3.59 (1.24)	3.75 (1.18)	.001
Better to be Married (T1)	3.46 (1.08)	3.30 (1.03)	.001	3.00 (1.17)	3.20 (1.07)	.000

Note: *P* values are based on two-tailed tests.

viduals who had a marital gain are younger, have higher levels of household income and education, and are more likely to be employed and have dependent children at home. Relative to the stably unmarried, the group who had a marital gain also contained a higher proportion of white persons.

Third, Table 1 also reveals significant differences between individuals whose marital status was stable and those who experienced a marital transition in terms of their depression at T1 and T2. Consistent with social selection arguments that mental health problems precede marital dissolution through separation and divorce, respondents who had a marital loss by T2 were significantly more depressed at T1 than the stably married (see Booth and Amato 1991). Alternatively, these respondents may have been more depressed at T1 because they were already undergoing the process of marital dissolution (see Menaghan 1985). Moreover, respondents who had a marital loss were significantly more depressed at T2 than the stably married, suggesting that separation and divorce also result in increased levels of psychological distress. This is consistent with

social causation arguments (Aseltine and Kessler 1993; Kessler and Essex 1985; Menaghan and Lieberman 1986; Pearlin and Johnson 1977).

Also consistent with social causation arguments, as well as the little existing empirical work on the effect of marital gain on mental health (Horwitz, White, and Howell-White 1996a), respondents who got married were significantly less depressed at T2 than those who remained unmarried. However, in contrast to social selection arguments which assume that highly distressed individuals are less likely than emotionally healthy people to get married in the first place (Mastekaasa 1992), it appears that respondents who had a marital gain did not significantly differ from the stably unmarried in terms of their symptoms of depression at T1. Finally, Table 1 reveals significant differences between people whose marital status was stable and those who experienced a marital transition with respect to their marital beliefs. Not surprisingly, individuals who had a marital loss were *less* likely than the stably married to believe in either the permanence or the desirability and importance

of marriage. In a parallel manner, persons who had a marital gain were *more* likely than the stably unmarried to believe in the desirability and importance as well as the permanence of marriage. Taken together, these associations provide preliminary support for social causation arguments about the relationship between marital status and mental illness. These findings also suggest, however, that people's beliefs about marriage are another important factor influencing their selection into *and* out of different marital statuses.⁴

We mentioned earlier that while people's beliefs reflect culturally shared systems of meaning, sociological research indicates that people's beliefs also vary according to personal experience, group membership, and the prevailing social climate (Hunt 1996; Kluegel and Smith 1986; Thornton 1985). Indeed, some authors (e.g., Pearlin 1989) argue that individuals' values and beliefs are shaped by their structural positions and circumstances. It is, therefore, useful to next assess the relationship between people's beliefs about marriage and structural factors that also influence the impact of marital transitions on mental health. Table 2 presents regression coefficients for the two belief items regressed on the sociodemographic variables we include in our analyses.

Although the associations between structural factors and marital beliefs vary somewhat depending on the particular dimension of beliefs under investigation (i.e., the permanence versus desirability and importance of

marriage), Table 2 indicates that people who are older and have less education more strongly believe in the permanence, desirability, and importance of marriage, as do unemployed persons and males. Coefficients for age, education, employment, and gender are negative and significant for both belief items (coefficients for race are only significant for marital commitment whereas coefficients for household income and parental status are only significant for marital importance). Not surprisingly, Table 2 also shows that married persons believe in the permanence, desirability, and importance of marriage more strongly than unmarried individuals.⁵

The Effects of Marital Loss and Marital Gain on Depression

Before turning to our hypotheses about the significance of people's beliefs for explaining variation in the impact of role transitions on mental illness, we first investigate whether a marital transition between T1 and T2 is linked to a change in depression during this time frame in a multivariate framework. We conducted two parallel sets of analyses in which we regressed respondent's level of depression at T2 on background variables described earlier, on their level of depression at T1, and on whether they experienced a marital transition. Results of analyses for marital loss are shown in equation 1 of the first panel in Table 3;

TABLE 2. Unstandardized Regression Coefficients for Marital Beliefs at Time 1 (N = 7,919)

	Reported Belief that Marriage is a Lifetime Commitment	Reported Belief that it is Better to be Married
Age (T1)	-.002* (.001)	.010*** (.000)
Education (T1)	-.028*** (.005)	-.033*** (.004)
Household Income (T1)	-.014*** (.004)	.002 (.004)
Race (nonwhite = 1)	.020 (.031)	.112*** (.029)
Gender (female = 1)	-.186*** (.026)	-.385*** (.025)
Employment Status (T1) (employed = 1)	-.170*** (.030)	-.102*** (.028)
Parental Status (T1) (parent = 1)	-.068** (.027)	-.019 (.026)
Marital Status (T1) (married = 1)	.417*** (.029)	.304*** (.027)
Intercept	4.384	3.429
R ²	.046	.090

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests)

Note: Standard errors are in parentheses.

TABLE 3. Unstandardized Regression Coefficients for Depression at Time 2 (N = 7,919)

	Marital Transition = Loss (N = 4,896)			Marital Transition = Gain (N = 3,023)		
	(1)	(2)	(3)	(1)	(2)	(3)
Age	-.067*** (.020)	-.073*** (.020)	-.073*** (.020)	-.095*** (.025)	-.097*** (.025)	-.101*** (.025)
Education	-.329*** (.077)	-.334*** (.077)	-.325*** (.077)	-.503*** (.111)	-.507*** (.111)	-.489*** (.111)
Household Income	-.134** (.050)	-.125** (.051)	-.120* (.051)	-.325** (.112)	-.312** (.114)	-.310** (.114)
Race (nonwhite = 1)	1.464*** (.529)	1.468** (.528)	1.455** (.528)	1.808** (.614)	1.802** (.614)	1.780** (.616)
Gender (female = 1)	2.385*** (.400)	1.935*** (.422)	1.957*** (.423)	2.079*** (.609)	2.363** (.749)	2.579*** (.758)
Employment Status (employed = 1)	-2.524*** (.448)	-2.619*** (.448)	-2.605*** (.448)	-3.943*** (.628)	-3.981*** (.630)	-3.957*** (.630)
Parental Status (parent = 1)	.138 (.514)	-.109 (.519)	-.135 (.519)	.974 (.655)	.937 (.657)	.922 (.657)
Depression (T1)	.332*** (.014)	.333*** (.014)	.334*** (.014)	.295*** (.016)	.295*** (.016)	.295*** (.016)
Marital Transition (transition = 1)	5.959*** (.678)	3.557*** (.995)	-1.327 (2.071)	-3.031*** (.670)	-2.582** (.962)	.589 (1.810)
Female x Marital Transition	—	4.300** (1.307)	4.718*** (1.313)	—	-.800 (1.226)	-1.136 (1.234)
Lifetime Commitment	—	—	.125 (.196)	—	—	—
Better Married	—	—	—	—	—	.524 (.285)
Lifetime Commitment x Marital Transition	—	—	1.275** (.423)	—	—	—
Better Married x Marital Transition	—	—	—	—	—	-1.010* (.479)
Intercept	15.923	16.672	15.447	23.426	22.593	21.604
R ²	.179	.180	.182	.184	.184	.186

* $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed tests)

Note: Standard errors are in parentheses.

analyses for marital gain appear in equation 1 of the second panel of Table 3. Note that all analyses in the first panel focus on people who had a marital loss compared to people who were stably married, while all analyses in the second panel focus on people who had a marital gain compared to those who remained unmarried; therefore, a positive coefficient for each marital transition variable indicates an increase—while a negative coefficient indicates a decrease—in symptoms between T1 and T2 compared to people whose marital status was stable between T1 and T2. There are several findings in equations 1 of this table.⁶

First, in this national sample of adults, depression is significantly related to age, education, household income, race, gender, and employment status. Consistent with findings from cross-sectional research (Aneshensel, Rutter and Lachenbruch 1991; Turner, Wheaton, and Lloyd 1995), people who are older, who have higher levels of education and household income, and who are employed

exhibit significantly less change in depression from T1 to T2, as do white respondents and males. Also consistent with several cross-sectional studies on parenthood and mental health (McLanahan and Adams 1987) is the finding that the relationship between parenthood and change in psychological well-being is not statistically significant. Not surprisingly, people's level of depression at T1 significantly predicts their level of depression at T2, a finding which may reflect the chronicity of depression (see Kessler et al. 1994).

Moreover, equation 1 of the first panel indicates that people who experienced a marital loss exhibited a significant increase in symptoms compared to stably married persons. This finding is consistent with studies on the emotional effects of separation and divorce (Aseltine and Kessler 1993; Menaghan and Lieberman 1986; Wheaton 1990). Our findings are also consistent with the few existing longitudinal studies on the psychological effects of marital gain (Horwitz et al. 1996a).

In contrast to individuals who were stably unmarried, equation 1 of the second panel shows that people who had a marital gain exhibited a significant decrease in symptoms. Taken together, these findings indicate that marriage (and marital gain) are emotionally beneficial, while the lack (or loss) of marriage is psychologically harmful.

Gender Differences in the Effects of Marital Transitions on Depression

Because several studies have found gender differences in the effects of both marriage and marital loss on depression (Aseltine and Kessler 1993; Gove 1972; Gove and Tudor 1973; Radloff 1975; Riessman 1990; Umberson et al. 1992), we added interaction terms for gender and each of the two marital transition variables to equation 1. Results of these analyses are shown in equation 2 of Table 3. Here, a positive coefficient indicates that marital transitions are more depressing (or beneficial) for females than for males, whereas a negative coefficient indicates they are more depressing (or beneficial) for men than for women.

Although a number of scholars have argued that the mental health benefits of marriage are greater for men than for women (Gove and Tudor 1973; Radloff 1975)—and, by extension, that a marital loss is more depressing to males than to females (Riessman 1990; Umberson et al. 1992)—our results do not support this argument. Men are neither more depressed by a marital loss nor more benefited by a marital gain than are women. In fact, the only significant gender-by-marital transition status interaction term is for marital loss. However, this coefficient is positive rather than negative, indicating that women are actually more depressed by the loss of the spousal role than are men—a finding that is consistent with more recent research findings (e.g., Aseltine and Kessler 1993; Horwitz, White, and Howell-White 1996b).

Explaining Variation in the Impact of Role Transitions on Mental Health

Having established that a marital transition between T1 and T2 is linked to a change in mental health, we now turn to our hypotheses that people's beliefs about marriage moderate

the impact of marital loss and marital gain on depression and help explain the differential effects of life events on mental health. To examine these hypotheses, we computed interaction terms for marital beliefs and the marital transition variables. These interaction terms are included in equation 3 of Table 3 along with the main effects of marital beliefs.

Overall, results of equation 3 analyses in the first panel of Table 3 provide support for our first hypothesis. Although beliefs about the permanence of marriage in and of themselves do not affect change in depression between T1 and T2, the experience of a marital loss through separation or divorce is more depressing for individuals who believe that marriage is a lifetime commitment than those who do not. As expected, the interaction term for beliefs about the permanence of marriage and marital loss is both significant and positive.

Support for our second hypothesis is evident in equation 3 of the second panel of Table 3. While beliefs about the desirability and importance of marriage do not have a main effect on change in depression between T1 and T2, the mental health advantage of a marital gain is greater for people who believe that it is better to go through life married than for those who do not hold these beliefs. The interaction term for this dimension of marital beliefs and marital gain is both significant and negative.

Taken together, these results indicate that people's beliefs about marriage—which is just one small set of beliefs about social roles and just one small component of the broader socio-cultural context surrounding life events—moderate the impact of marital transitions on mental health and help explain variation in their psychological effects.^{7, 8}

Gender Differences in the Relationships Between Transitions, Beliefs, and Mental Health

Having shown that marital beliefs moderate the impact of marital transitions on depression and help explain variation in the effects of marital loss and marital gain on mental health, we conducted a final set of analyses which examined whether marital beliefs have differential effects for men and women who had experienced a marital transition. In order to assess gender differences in the relationships among marital transitions, marital beliefs, and mental

health, we added a two-way interaction term for gender and marital beliefs and a three-way interaction term for gender, marital transition status, and marital beliefs to equation 3.

These analyses (not reported) indicate that when sociodemographic and other factors (e.g., employment status) are held constant, men and women do *not* significantly differ in terms of their beliefs about either the permanence or the desirability and importance of marriage. These analyses further reveal that there are *no* significant gender differences in the relationship between marital transitions, marital beliefs, and mental health.

In Table 4 we report the net effect of marital transitions on change in depression between T1 and T2 at each level of marital beliefs, separately for males and females. Very briefly, Table 4 illustrates that the increase in depression following a marital loss is greater for men and women who strongly agree that marriage is a lifetime commitment than for those who do not. In contrast, the decrease in depression following a marital gain is greater for males and females who strongly agree that it is better to go through life married than single than for those who do not. That is, the negative impact of a marital loss and, conversely, the positive impact of a marital gain on mental health are substantially greater for people who believe in the permanence, desirability, and importance of marriage than for individuals who do not hold these beliefs about the spousal role and the institution of marriage.

DISCUSSION AND CONCLUSION

While the study of stress provides a unique opportunity to enhance our understanding of the relationship between social conditions and individual well-being, stress research has been criticized for paying insufficient attention to larger social contexts that are related to variation in the occurrence and consequences of life events (Brown and Harris 1978, 1989; George 1993; Jacobson 1989; Pearlin 1989; Thoits 1995b). In response to this criticism, sociologists have turned their attention from the characteristics of persons and events to the social contexts surrounding stressors. However, to date, contextually based studies have focused almost exclusively on structural aspects of context, and have overlooked more sociocultural aspects. Moreover, although some stress researchers have acknowledged the potential importance of individuals' beliefs for explaining variation in the impact of role transitions on mental health, assessments of beliefs and empirical tests of their significance have been quite limited.

In our paper we used two waves of panel data from a national survey to empirically test whether people's beliefs about the permanence, desirability, and importance of marriage moderate the impact of marital transitions—including marital losses and gains—on depression, a disorder associated with marital status, life events, and role transitions. Drawing on previous studies of the relationship between social roles and mental health, we hypothesized that the negative effects of a marital loss are greater for individuals who believe in the permanence of marriage than for

TABLE 4. The Net Effect of Marital Transitions on Change in Depression Between T1 and T2 at Each Level of Marital Beliefs by Gender (N = 7,919)

Reported Level of Marital Beliefs	Men	Women
Lifetime Commitment	Marital Loss	Marital Loss
1	-.052	4.666
2	1.223	5.941
3	2.498	7.216
4	3.773	8.491
5	5.048	9.766
Better Married	Marital Gain	Marital Gain
1	-.421	-1.557
2	-1.431	-2.567
3	-2.441	-3.577
4	-3.451	-4.587
5	-4.461	-5.597

those who do not hold this belief. Extending these insights, we also hypothesized that the positive effects of a marital gain are greater for those who believe in the desirability and importance of marriage than for those who do not hold these beliefs. An assumption underlying our hypotheses is that individuals experience better mental health when their behavior and beliefs are *consistent* than when they are *inconsistent*.

Our results were largely consistent with previous research, but there were some exceptions. For example, consistent with studies on the relationship between marital status and mental health (Pearlin and Johnson 1977; Thoits 1986), we found that marriage is beneficial for individuals. Consistent with longitudinal studies on the emotional effects of separation, divorce, and widowhood (Menaghan and Lieberman 1986; Umberson et al. 1992; Wheaton 1990), we also found that people who had experienced a marital loss through separation or divorce exhibited an increase in depression. We also find the first evidence from a nationally representative sample that a marital gain results in a decrease in symptoms.

However, although a number of scholars have argued that the mental health benefits of marriage are greater for men than for women (Gove 1972; Gove and Tudor 1973; Radloff 1975), and that being unmarried or experiencing a marital loss is more distressing for males than for females (Riessman 1990; Umberson et al. 1992), our results did not support these arguments. The only significant gender difference that was evident in this national sample indicated that women are more depressed by the loss of the spousal role than were men, a finding that is also evident in some recent longitudinal studies on the psychological impact of separation and divorce (Aseltine and Kessler 1993; Horwitz et al. 1996b).

Most importantly, our analyses revealed that people's beliefs about marriage are an additional aspect of the social context surrounding marital transitions which influence their meaning, emotional significance, and psychological impact. Recall that the negative effects of a marital loss are greater for people who believe in the permanence of marriage than for those who do not. Conversely, the positive effects of a marital gain are greater for people who believe in the desirability and importance of marriage than for those who do not. Together,

these results provide support for the idea that people's beliefs about social roles moderate the impact of role transitions and help explain variation in the effects of life events on mental health.

One could argue that the patterns we presented are of limited theoretical and substantive importance, since our analyses focused only on marital transitions and are based only on two beliefs about the spousal role and the institution of marriage. However, we contend that individuals' beliefs about marriage are just one small subset of beliefs that stress-researchers should take into account. Reflecting the focus on structural factors in this area, large, national data sets that include strong measures of mental health and role transitions unfortunately do not also include a broad range of beliefs that may be linked to mental health.

In addition to further specifying the *social* conditions affecting the *consequences* of life events for mental illness, our results provide indirect support for the assumption underlying our central hypothesis that individuals enjoy better mental health when their behavior and beliefs are *consistent* than when they are *inconsistent*. Our findings, therefore, parallel those reported by Ross, Mirowsky, and Huber (1983) regarding the emotional benefits derived from consistency between people's preferences for paid work and their employment status. Although an examination of the relationships among marital beliefs, marital status, and subsequent marital transitions was beyond the scope of this particular paper, supplemental analyses revealed that respondents who believed in the permanence of marriage at T1 were *less* likely to have had a marital loss, whereas respondents who believed in the desirability and importance of marriage at T1 were *more* likely to have had a marital gain. Insofar as *consistency* between individuals' beliefs and behavior is important for the development and maintenance of their well-being, as our results suggest they are, we are currently investigating whether a marital transition (or the lack thereof) results in *change* in beliefs about marriage *over time*. The findings from this next study should help us further specify the *social* conditions that influence people's *beliefs* about marriage and should provide insight into the continued interplay between individual's structural circumstances and their beliefs over the life-course.

On the whole, then, our results suggest that people's beliefs about social roles—and socio-cultural factors more generally—are important for explaining variation in the impact of life events on mental health. At the same time, because our analyses focus on only one type of life event and on only one small set of beliefs, we presently cannot determine the applicability of this argument to a broader range of life events and sociocultural factors. For example, is the transition to parenthood more beneficial for the mental health of individuals who highly *value* children than for those who do not? Likewise, is a job loss less distressing for people who believe they *should not* work outside the home than for those who think they *should* hold a job? Finally, is women's greater vulnerability to network events actually due to their empathy for others, as Kessler and McLeod (1984) suggest? While our results lead us to expect such findings, answers to these questions await further research.

Finally, while our analyses focused on people's beliefs about marriage, which are arguably personal and individualistic, it is highly likely that individuals' beliefs are shaped by their structural circumstances and reflect broader cultural themes and content. In fact, by highlighting the significance of individuals' beliefs for the etiology of mental disorder, our approach may provide an interpretive framework for understanding historical change in the relationship between marital status and mental health. Our results suggest that marriage is especially beneficial (and a marital loss is especially harmful) for mental health during historical periods when beliefs about the permanence, desirability, and importance of marriage are culturally *strong* and *pervasive*. Current debates about the emotional costs and benefits of marriage for men's and women's psychological well-being rarely consider their fundamental beliefs about the spousal role and the institution of marriage.

Overall, although we focused on the effects of one particular life event and one small set of beliefs on symptoms of depression, our results have broad implications for the study of stress and mental illness. Our results indicate that future theory and research on the etiology of mental disorder should consider sociocultural as well as social-structural factors surrounding life events and role transitions. We believe that scholarly efforts to fully identify the social conditions affecting the impact of stressors on

mental health will continue to be incomplete without considering these additional factors.

NOTES

1. In a large, quantitative study, Kessler and McLeod (1984) argued that undesirable network events (i.e., undesirable events that occur to people in one's social network) are more distressing to women than to men because females are socialized to *value* empathy. However, while their argument is provocative, the authors did not actually examine men's and women's values and, therefore, did not test this hypothesis.
2. To a certain extent, our argument about the significance of beliefs in the stress process echoes Thoits' argument about identity-relevant stressors. According to Thoits (1991, 1995a), undesirable events are more distressing when they affect a role-identity that is salient for a person's self-conception than when they affect a nonsalient identity. In this framework, role-identities can be thought of as values pertaining to the self. However, in contrast to Thoits, who focused on self-values, we focus on people's beliefs about social roles that influence the degree to which they perceive the corresponding role-identity as salient in the first place.
3. We excluded widows from our analyses because, unlike separation and divorce, widowhood is a life event that typically occurs later in the life-course and is a marital loss over which individuals have no control. Given its uncontrollability, we do not expect that people's beliefs about the permanence of marriage exacerbate the negative impact of marital loss through death. Results of analyses based on the total sample, which included widows (not reported), differed somewhat from those presented in the paper.
4. A series of logistic regression analyses (not reported) confirm that people's level of depression and their beliefs about marriage in 1987–88 are important determinants of their selection *out of* and (to a certain extent) *into* marriage by 1993–94. For example, although depression at T1 did not predict a marital gain by T2, respondents with higher levels of depression at T1 were significantly more likely than those with lower symptom levels to have had a marital

- loss. Moreover, individuals who strongly believed in the permanence of marriage were significantly *less* likely to have separated or divorced—whereas people who strongly believed in the desirability and importance of marriage were significantly *more* likely to have married—than those who did not hold these beliefs. Tables for these supplemental analyses are available upon request.
5. Because this analysis investigates the relationship between respondent's beliefs about marriage and their structural locations, all variables are based on information obtained at T1.
 6. Excluding respondents who had missing data on the dependent variable, all reported regressions are based on mean-substitution case-selection criteria. We also conducted auxiliary analyses (not shown) that included dichotomous variables indicating whether or not a case was assigned the mean due to missing data. The inclusion of these variables in equations did not affect the substantive results discussed throughout the paper.
 7. We also estimated models that controlled for the main effects of respondents' coping and social support resources at T1, as well as the interactions between respondents' coping and social support resources at T1 and their marital transition status. These supplemental analyses—which were based on single-item measures of self-esteem, mastery, and emotional support—indicated that the inclusion of these items did not change the substantive conclusions of this paper. These tables are available upon request.
 8. We also conducted Table 3 analyses on the total sample, which includes widows. Consistent with our reasoning for excluding widows from reported analyses in the first place these auxiliary analyses (not shown) revealed that, while the benefits of marital gain continue to be significantly greater for individuals who believe in the desirability and importance of marriage than for those who do not, people's beliefs about the permanence of marriage do not significantly exacerbate the negative emotional impact of marital loss. In other words, beliefs about the permanence of marriage are significant only for individuals who had a marital loss

over which they have some *control*. These tables are available upon request.

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