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# Nonmarital Romantic Relationships and Mental Health in Early Adulthood: Does the Association Differ for Women and Men?

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## Abstract

Although social scientists have long assumed that intimate social relationships are more closely associated with women's than men's mental health, recent research indicates that there are no gender differences in the advantages of marriage and disadvantages of unmarried statuses when males' and females' distinct expressions of emotional distress are considered. These findings have led to the conclusion that there has been a convergence in the importance of intimate relationships for men's and women's mental health. However, these patterns may not be evident for nonmarital romantic relationships among current cohorts of young adults. In this article, we examine the associations among several dimensions of these relationships and symptoms of both depression and substance abuse/dependence in a diverse sample of young adults in Miami, Florida. We find gender differences that vary across dimensions of relationships: While current involvements and recent breakups are more closely associated with women's than men's mental health, support and strain in an ongoing relationship are more closely associated with men's than women's emotional well-being. Our findings highlight the need to consider the period in the life course as well as experiences of specific cohorts of men and women when theorizing about gender differences in the importance of intimate relationships for mental health.

## Keywords

intimate relationships, mental health, young adulthood

Although social scientists have long assumed that intimate social relationships are more closely associated with women's than men's mental health, an accumulating body of evidence reveals no gender differences in the advantages of marriage and disadvantages of unmarried statuses when males' and females' distinct expressions of emotional distress are considered. Similar findings have emerged from research on the association between the quality of marital relationships and mental health; the emotional benefits of partner support and costs of partner strain are evident for symptoms of depression among women and substance problems among men. These recent findings have led to the conclusion that there has been a convergence in the importance of intimate social relationships for men's and women's mental health.

While provocative, these patterns may not be evident for nonmarital romantic relationships in early adulthood, a topic that has received little theoretical and empirical attention. Drawing on two theoretical perspectives—developmental and life course—we argue that a focus on these relationships among men and women on the cusp of adulthood provides a useful vantage point for evaluating existing hypotheses about gender differences in the

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importance of intimate relationships for mental health. As developmentalists point out (e.g., Erickson 1982), establishing and maintaining relationships with romantic partners—central developmental activities in early adulthood—are likely to be important for emotional well-being. However, as life course scholars note (Elder 1974), the transition to adulthood unfolds within sociocultural contexts that vary across cohorts. Compared to their earlier counterparts, current cohorts of men and women experience a prolonged period of intimacy exploration prior to marriage. The life course perspective sensitizes us to the possibility of variation across cohorts in the meaning and emotional significance of nonmarital intimate relationships, including differences between women and men. These relationships may be more closely associated with women's than men's mental health during the transition to adulthood, as earlier theories argue. Conversely, there may be no gender differences in this association in the early adult years, as the convergence hypothesis posits. Alternatively, some dimensions of these relationships may be more important for young women's mental health, while others may be more important for young men's.

In this article, we evaluate these different theoretical possibilities by assessing—for the first time to our knowledge—whether several dimensions of nonmarital romantic relationships are associated with symptoms of depression and substance abuse/dependence in a recent cohort of young adults. Our analyses do not allow us to disentangle whether the gender patterns we observe are due to the developmental period or the meaning and emotional significance of nonmarital romantic relationships for current cohorts of young women and men. They do, however, highlight the need to incorporate both developmental and life course perspectives when theorizing about gender differences in the importance of intimate relationships for mental health.

## THEORETICAL BACKGROUND AND EVIDENCE

### *Gender, Intimate Social Relationships, and Mental Health*

A topic that has preoccupied sociologists is whether intimate relationships are important for mental health, and whether they are differentially important for women and men. The majority of studies on this topic have focused on the association between marital status and emotional

well-being. Research consistently shows that married people report less psychological distress than those who have never married, those who are divorced, and those who are widowed (Barrett 2000; Marks and Lambert 1998; Menaghan and Lieberman 1986; Waite and Gallagher 2001). Scholars attribute these patterns not only to the stress-inducing nature of marital loss but also to married persons' greater social, psychological, and economic resources. Moreover, an accumulating body of evidence reveals no gender difference in the association between marital status and mental health when males' and females' distinct expressions of distress are considered; the advantages of being (or becoming) married and disadvantages of being (or becoming) single are evident for symptoms of depression among women and substance abuse among men (Barrett 2000; Simon 2002; Umberson et al. 1996; Williams 2003).

Parallel findings have emerged from research on the association between the quality of marital relationships and mental health. Supportive marriages are associated with higher levels of well-being, while strained ones are related to decreased psychological functioning (Umberson et al. 1996; Williams 2003). These studies also indicate that the benefits of marital support and costs of marital strain do not differ for women and men; support and strain are associated with depression among women and substance problems among men.

Compared with research on marriage, fewer studies examine the association between nonmarital intimate relationships and mental health among adults, and those studies that do exist tend to compare adults in cohabiting relationships to those in married relationships rather than to those not currently in intimate relationships (Brown 2000; Marcussen 2005). The one exception is Ross's (1995) study, which finds that—irrespective of cohabitation status—romantically involved adults are less depressed than their uninvolved peers. However, this study provides little insight into potential gender differences in the association between these relationships and mental health.

In contrast to research on adults, the small body of work on intimate relationships and mental health in adolescence has produced less consistent results. While some studies find that these relationships enhance adolescents' emotional well-being (Coleman 1961; Connolly and Goldberg 1999), others indicate that they increase depression and substance problems (Davila et al. 2004; Joyner and Udry 2000). Other scholars also observe inconsistencies with respect to gender differences in this

association. Although the negative effect of romantic involvements on depression is greater for girls than for boys, there is no gender difference in their effect on substance abuse (Joyner and Udry 2000). Research also finds no gender differences in the association between partner support and strain among adolescents (LaGreca and Harrison 2005).

Taken as a whole, we draw three conclusions from this body of empirical work. First, intimate relationships are associated with enhanced emotional well-being in adulthood, though not necessarily in adolescence. Second, partner support is associated with increased psychological functioning, while partner strain is associated with decreased functioning. Third, these various dimensions of intimate relationships do not appear to be more closely associated with females' than males' mental health when gendered expressions of emotional distress are considered. These findings—which contrast sharply with earlier theories positing that intimate social relationships are more closely associated with women's than men's mental health—have led some scholars to conclude that there has been a convergence in the importance of intimate relationships for women and men (Simon 2002; Umberson et al. 1996; Williams 2003). However, major gaps in our knowledge exist. We do not know the extent to which non-marital romantic relationships are important for emotional well-being during the transition to adulthood, and whether they are differentially important for young women and men.

### *Early Adulthood*

Often referred to by developmental psychologists as emerging adulthood (Arnett 2004; Côté 2000) and the transition to adulthood by life course sociologists (Buchmann 1989; Furstenberg et al. 2004; Settersten, Furstenberg, and Rumbaut 2005), early adulthood is considered a distinct new period in life (Furstenberg et al. 2004). Early adulthood typically begins after high school and ends when men and women experience major life transitions, including settling into a permanent job, setting up an independent household, and assuming other adult social roles, such as marriage and parenthood. In contrast to earlier generations which transitioned to adulthood in their early twenties, the majority of young adults today complete this transition in their mid- to late twenties. The postponed entry into adulthood is a result of both the need for more education and training to compete in the job market and the corresponding increases in

the age of marriage. However, the timing and sequencing of adult role transitions increasingly vary within and across successive cohorts, creating greater individualization and heterogeneity in the experience of young adulthood (Buchmann 1989; Côté 2000; Elder 1974; Settersten et al. 2005).

In light of the challenging, uncertain, and transitional nature of this period of life, it is not surprising that young adults face elevated risk of depression and substance problems (Mrazek and Haggerty 1994; Kessler et al. 1994). In the 1990s this finding sparked a flurry of studies on mental health during the transition to adulthood, many focusing on variation in the emotional well-being of young adults with different work, school, and family situations. For example, studies show that work and student roles, as well as supportive family relationships, decrease the risk of depression and substance problems (Aseltine and Gore 1993, 2005; Barrett and Turner 2005). Despite the proliferation of studies focusing on social factors that influence young adults' mental health, researchers have not examined the emotional impact of non-marital intimate relationships. The lack of research on this issue is surprising since these relationships are salient in the lives of young adults, with implications for their identity, self-concept, and psychological well-being.

While there is a dearth of research in this area, we do know some things about intimate relationships during the transition to adulthood. This prolonged and varied period in the life course is characterized by identity exploration, a focus on the self, and forging new relationships. As they are working or studying, or both—and becoming independent from their parents—young adults are experimenting with romantic partners (Carver, Joyner, and Udry 2003; Meirer and Allen 2008). Indeed, developmental psychologists tell us that establishing and maintaining romantic relationships are pivotal developmental activities in the lives of young adults (Arnett 2004; Erickson 1982). Forming an emotional connection to a romantic partner provides an important social identity, contributes to a positive self-conception, and is a source of social integration during this period of the life course (Meirer and Allen 2008; Montgomery 2005). Young adults seek companionship, emotional security, love, and physical intimacy from romantic partners, with the ultimate goal of finding a long-term mate.

Offering a different picture, England, Shafer, and Fogarty's (2008) work on current cohorts of college students reveals a "hooking-up culture" in which

many young men and women engage in casual sex without romantic involvement. College students, however, exhibit different behaviors from other young adults. A study based on the National Longitudinal Survey of Adolescent Health (Add Health) finds that the majority of young adults reported having a "special romantic relationship" in the past 18 months (Raley, Crissey, and Muller 2007). Although experimentation with romantic partners is normative for current cohorts of young adults, these relationships are nevertheless emotionally significant during this protracted period of intimacy.

### *Hypotheses*

Because the formation and maintenance of intimate relationships are central and culturally valued developmental activities during the transition to adulthood, we expect that they are important for mental health. To the extent that romantic relationships provide a valued social identity, enhance feelings of self-worth, and are a source of social integration, we expect that current romantic involvement is associated with enhanced emotional well-being, and that a recent breakup is associated with worse mental health. Insofar as a supportive partner bolsters an existing identity and feelings of self-regard, we expect that this dimension of an ongoing relationship is associated with increased emotional well-being. By the same token, because partner strain threatens a valued identity and erodes feelings of self-worth, we expect that this dimension is associated with decreased mental health in the early adult years.

There are three different theoretical possibilities with respect to gender differences in the association between nonmarital romantic relationships and mental health among young adults. Based on earlier theories of gender development, the first hypothesis predicts that these relationships are more closely associated with young women's than men's emotional well-being. Socialization theorists have long argued that females place greater value on intimate relationships in childhood, adolescence, and adulthood than do males, which results in their greater importance for females' than for males' identity, self-conception, and mental health throughout the life course (Chodorow 1978; Simon, Eder, and Evans 1992; Thorne 1993). Structural theorists also argue that these relationships are more closely associated with women's than men's emotional well-being, but these theorists focus on gender inequality in the economy, which renders women more financially and emotionally dependent on relationships

than are men (Cancian 1987; Hochschild 1983). These theories portray women as more preoccupied with being in a romantic relationship and more attuned to the quality of an ongoing relationship than are men. These gendered orientations to intimate relationships should be especially pronounced in early adulthood, a developmental period when gender differentiation is at a peak (Barrett and White 2002).

The second hypothesis predicts that there are no gender differences in the association between these relationships and mental health in the early adult years. Based on recent findings for marital status and emotional well-being, scholars have argued that changes in gender roles over the past several decades have led to a convergence in the importance of intimate relationships for women and men (Simon 2002; Umberson et al. 1996; Williams 2003). The second half of the twentieth century witnessed profound increases in divorce and women's employment, resulting in the majority of women—married or single—working outside the home (Padavic and Reskin 2002). Coming of age in this context, recent cohorts of women are less dependent on marriage for self-conception and economic security compared to earlier cohorts of women, and recent cohorts of men are more emotionally invested in marital relationships than earlier cohorts of men. These changes in the family and workplace may have resulted in the "undoing of gender," as Risman (2009) suggests. Although gender inequality in the workplace and family persist (Bianchi, Robinson, and Milke 2006; Cotter, Hermsen, and Vanneman 2004), current cohorts of young men and women should be similarly affected by these relationships during the transition to adulthood.

The third possibility is that gender differences in this association are more complex than either of these hypotheses suggest, due to subtle differences in the meaning and emotional significance of these relationships for current cohorts of young women and men. Since our culture continues to emphasize the importance of being in a relationship for females' identity and feelings of self-worth, a current romantic involvement and recent breakup—i.e., relationship status—may be more closely associated with women's than men's mental health. Gender differences in the association between relationship status and emotional well-being may also result from the persistence of gender inequality in the family and economy, which could lead women to anticipate economic dependence on these relationships. In contrast, partner support and strain—i.e., the quality of ongoing relationships—may be

more closely tied to men's than women's identity, feelings of self-worth, and mental health. This possibility is consistent with Giordano, Longmore, and Manning's (2006) qualitative study of gender and the meaning of adolescent romantic relationships, which revealed that boys are more invested than girls in ongoing relationships, and that boys have less confidence navigating those relationships (also see Korobov and Thorne 2006). Similar to their adolescent (and adult) counterparts, romantic partners may be young men's only sources of intimacy—in contrast to young women, who tend to have close relationships with family members and friends. In other words, it is possible that some dimensions of these relationships are more important for women's mental health, while others are more important for men's in the early adult years.

### *Research Questions*

We assess these different theoretical possibilities by examining the extent to which several dimensions of nonmarital intimate relationships are important for men's and women's mental health during the transition to adulthood. We examine symptoms of depression and substance abuse/dependence in order to capture men's and women's distinct emotional responses to a current romantic involvement and a recent breakup, as well as support and strain in an ongoing romantic relationship.

Two questions guide our research. First, are current romantic involvements as well as recent breakups associated with young adults' mental health, and do these associations differ for women and men? Second, are partner support and strain in ongoing intimate relationships associated with young adults' mental health, and do these associations differ for women and men?

## **METHODS**

### *Data*

Our analyses are based on the first wave of data from a recent study of young adults in Miami-Dade County, Florida. The purpose of the study was to assess stress exposure and mental health during the transition to adulthood. This study built on a prior three-wave investigation of a representative sample of adolescents in the Miami-Dade public school system (see Vega and Gil 1998 for details). A sample of 1,683 young adults (1,273 men and 410 women) who participated in the earlier study was invited to participate in the follow-up study. Because the original sample

underrepresented females, a supplementary sample of 517 females was randomly drawn from the Miami-Dade County 1990 sixth and seventh grade class rosters—both of which comprised the sampling frame of the original study. Of the 2,200 contacted persons, 1,803 were interviewed between 1997 and 2000, when they were 18 to 23 years old (93 percent of them were between 19 and 21). While the overall response rate of the young adult study was 70 percent, participation was greater among the original respondents (76%) than the supplementary sample of young women (58%). Two years later, a second interview was administered to 1,205 of the 1,438 respondents who were contacted, producing a response rate of 84 percent for the panel.

Previous analyses (Turner and Gil 2002) indicate no significant differences in the family characteristics and behaviors that are relevant to mental health between respondents who participated in the original and follow-up studies. Comparisons of the characteristics of the young adult sample and the population from which it was drawn indicate that it is representative of Dade County with respect to socioeconomic status (SES) and race-ethnicity. Miami is unique in that it includes roughly equal percentages of non-Hispanic whites, African Americans, Cubans, and other Caribbean-basin Hispanics. The females in the supplementary sample are, however, more likely than those in the original study to be from families with lower SES. Given the differential response rates of the SES subgroups within the supplemental sample, our findings may overrepresent the experiences of less-advantaged young women. To correct for this sample bias, we control for SES in all of our analyses. Tests (available upon request) indicated that the key patterns discussed in this article operate similarly for lower- and higher-SES respondents. Our analyses are based on data that were weighted to population values for Dade County with respect to gender and race-ethnicity. Although it is smaller than the Add Health sample, the Dade County Young Adult Study has information on several dimensions of nonmarital intimate relationships that is not available in Add Health. While we have no reason to expect that the patterns we report are unique to our respondents, the reader should bear in mind that our results are only generalizable to young men and women in Miami.<sup>1</sup>

### *Measures*

We assess depressive symptoms using a modified version of the 20-item Center for Epidemiologic

Studies Depression Scale (CES-D; Radloff 1977), which asks how often in the past month respondents experienced each symptom (not at all = 1, occasionally = 2, frequently = 3, almost all of the time = 4). The reliability is .87, with scores ranging from 20 to 73. Because this measure is skewed, we use a log transformation in the analyses.

We assess symptoms of substance abuse/dependence with a 20-item count of problems in role performance from respondents' drinking and/or drug use, as well as their dependence on substances in the past month. This measure allows us to differentiate casual substance use—common in young adulthood (Aseltine and Gore 2005; Wechsler et al. 1995)—from problematic substance use. The reliability is .80, with scores ranging from 0 to 14. To reduce skewness, we use a log transformation of symptoms. Although studies find that depression and substance abuse are co-occurring problems during the transition to adulthood (Aseltine, Gore, and Colten 1998), the correlation between these two mental health problems in our sample suggests minimal comorbidity ( $r = .17$ ).

We examine two variables that assess relationship status and two that assess the quality of an ongoing relationship. Our measure of a romantic involvement is a dichotomous variable indicating whether the respondent is currently involved in a romantic relationship (yes = 1). Our measure of a recent breakup is a dichotomous variable indicating whether the respondent experienced a romantic breakup in the previous year (yes = 1). Our measure of partner support is a scale based on six items capturing respondents' perceptions of supportive interactions with their partner ( $\alpha = .84$ ), with scores ranging from 1 to 5. Our measure of partner strain is a scale based on five items that capture respondents' perceptions of negative interactions with their partner ( $\alpha = .75$ ), with scores ranging from 1 to 3.

All analyses include the following sociodemographic variables as controls. Respondents' age and level of completed education are continuous variables. We capture family socioeconomic status with a composite score based on parents' income level, occupational prestige, and educational attainment (Hollingshead 1957). Scores on these three status dimensions were standardized, summed, and divided by the number of dimensions for which data were available. Respondents' current role involvements are assessed with dichotomous variables: student (student = 1), employed (employed = 1), and parent (parent = 1).<sup>2</sup> Finally, we assessed race-ethnicity and gender with sets of

dichotomous variables (African American = 1, Hispanic = 1, female = 1).

### Analysis Sample

Because a goal of our study is to assess whether nonmarital intimate relationships are associated with young adults' mental health at a single point in time—rather than whether they act on their mental health over time—we focus on the Time 1 sample. In addition to excluding respondents who are currently ( $N = 126$ ) or formerly ( $N = 45$ ) married,<sup>3</sup> we omitted those with missing data on marital status ( $N = 2$ ), race-ethnicity ( $N = 17$ ), and depressive symptoms ( $N = 4$ ), which resulted in an analysis sample of 1,611 respondents.

Our cross-sectional analyses obviously prevent us from determining the causal direction of the association between dimensions of nonmarital relationships and mental health. Relationship status and quality may be causes as well as consequences of emotional well-being. To explore these possibilities for romantic involvement, we conducted longitudinal analyses (available upon request). These analyses indicated that respondents who were not romantically involved at Time 1 but were in a relationship at Time 2 did not report a significant decrease in either depression or substance problems compared to those who were uninvolved at both points in time. These findings contrast with research reporting that becoming married improves mental health (Simon 2002). They also reveal that respondents' level of depression at Time 1 did not predict whether they were romantically involved at Time 2, though higher levels of substance problems significantly increase the odds of being in a relationship at Time 2. While these results suggest complexity in the social causation and selection processes underlying the association between romantic involvement and mental health among young adults, more elaborate tests of these hypotheses await further research. Our results should be interpreted as a snapshot of the importance of these relationships for emotional well-being during the early adult years.

## RESULTS

Table 1 presents the means of all variables used in the analyses for the total sample and separately for men and women. The first column shows that a large proportion of our young adult respondents are students (65%) and working (72%). Reflecting

**Table 1.** Means and Standard Deviations of Analysis Variables by Gender

	Total	Men	Women
Age	19.93 (.91)	19.91 (.85)	19.96 (.98)
Family SES	.08 (.98)	.06 (.93)	.10 (1.04)
Education	11.91 (.97)	11.99 (.84)	11.83 <sup>a</sup> (1.11)
Student (%)	.65	.68	.63 <sup>a</sup>
Paid worker (%)	.72	.74	.71
Parent (%)	.14	.07	.22 <sup>a</sup>
Romantically involved (%)	.57	.51	.63 <sup>a</sup>
Recent breakup (%)	.36	.34	.38
Depressive symptoms	33.24 (8.39)	31.43 (7.26)	35.27 <sup>a</sup> (9.21)
Substance abuse and dependence symptoms	.60 (1.54)	.71 (1.62)	.48 <sup>a</sup> (1.41)
Partner support <sup>b</sup>	4.48 (.60)	4.49 (.56)	4.48 (.64)
Partner strain <sup>b</sup>	1.26 (.39)	1.21 (.33)	1.30 <sup>a</sup> (.44)
N	1,611	903	708

Notes: Analysis of variance techniques are used (standard deviations of continuous variables are in parentheses).

<sup>a</sup>Significantly different from men,  $p < .05$ .

<sup>b</sup>Analyses are limited to respondents who are currently in a romantic relationship ( $N = 396$ , men;  $N = 393$ , women).

national trends in the increased age of childbearing (Furstenberg et al. 2004), only 14 percent are parents. Not surprisingly, many of our respondents are experimenting with intimate relationships and partners. While over half (57%) are in a current romantic relationship, more than one-third (36%) experienced a breakup in the previous year. One-fifth (21%) of the respondents who are currently romantically involved also experienced a breakup in the past year (not shown in table).

Male and female respondents differ in several ways. Men have higher levels of education, are more likely to be students, and are less likely to be parents than women. A larger percentage of women are currently in a romantic relationship; and, among those who are currently involved, women report more partner strain than do men. Gender differences in mental health are consistent with other studies of young adults, such as Add Health (Hagan and Foster 2003): Women report more depressive symptoms than men, while men report more substance abuse/dependence than women.

### Relationship Status and Mental Health

Our first set of analyses examines whether current romantic involvements and recent breakups are associated with young adults' emotional well-being, and if these associations differ for women and men. Using OLS, we regress each mental health problem on respondents' sociodemographic characteristics and then on whether they are

currently in a relationship or experienced a recent breakup. In addition to models entering these two relationship status variables separately, we examine whether the expected associations are observed when both variables are included in the same model. To assess gender differences in these associations, we examine models that contain interaction terms for gender and each relationship status variable. We present the results of these analyses in Table 2 for depression and Table 3 for substance abuse/dependence.

Paralleling prior research on young adults, Table 2 indicates that women, respondents with less education, and those who are neither employed nor in school report more depressive symptoms than their male, better-educated, and involved counterparts (model 1). Departing from prior research (Gore and Aseltine 2003), there are no depression differences between white and both black and Hispanic young adults. Consistent with our expectations, current relationships are associated with fewer (model 2), while recent breakups are associated with more (model 3), depressive symptoms. In the model including both indicators of relationship status (model 4), the negative association between current involvement and depression is not significant; this finding suggests that the lower levels of depression reported by the romantically involved are largely explained by their lower likelihood of having experienced a recent breakup. We further find that the association between a current involvement and depression does not significantly

**Table 2.** OLS Regression of Depressive Symptoms on a Current Romantic Involvement and a Recent Breakup

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Female (0, 1)	.10*** (.01)	.11*** (.01)	.10*** (.01)	.10*** (.01)	.09*** (.02)	.08*** (.01)
African American <sup>b</sup> (0, 1)	.01 (.02)	.01 (.02)	.02 (.02)	.02 (.02)	.02 (.02)	.02 (.02)
Hispanic <sup>b</sup> (0, 1)	-.01 (.02)	-.01 (.02)	-.00 (.02)	-.00 (.02)	-.00 (.02)	-.00 (.02)
Age	-.01 (.01)	-.01 (.01)	-.00 (.01)	-.00 (.01)	-.00 (.01)	-.00 (.01)
Family SES	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01* (.01)
Education	-.02** (.01)	-.02** (.01)	-.03*** (.01)	-.03*** (.01)	-.03*** (.01)	-.03*** (.01)
Student (0, 1)	-.04** (.01)	-.04** (.01)	-.04** (.01)	-.04** (.01)	-.04** (.01)	-.04** (.01)
Paid worker (0, 1)	-.03* (.01)	-.03* (.01)	-.03* (.01)	-.03* (.01)	-.03* (.01)	-.03* (.01)
Parent (0, 1)	-.02 (.02)	-.01 (.02)	-.02 (.02)	-.02 (.02)	-.01 (.02)	-.01 (.02)
Romantically involved (0, 1)		-.05*** (.01)	—	-.02 (.01)	-.02 (.02)	-.01 (.01)
Recent breakup (0, 1)			.10*** (.01)	.09*** (.01)	.09*** (.01)	.06*** (.02)
Female × Romantically involved					.02 (.02)	—
Female × Recent breakup						.07** (.02)
N	1,611	1,611	1,611	1,611	1,611	1,611
Adjusted R <sup>2</sup>	.07	.08	.11	.11	.11	.12

Notes: <sup>a</sup> log (symptoms + 1); <sup>b</sup> White = reference group  
 \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

differ for women and men (model 5). The relationship between a recent breakup and depression is, however, significantly greater for women than for men (model 6).

Turning to substance abuse/dependence, Table 3 indicates that men, whites, and those with less education report more symptoms than their female, nonwhite, and better-educated counterparts (model 1), which is also consistent with prior research. In contrast to our results for depression, current romantic involvements are not associated with problematic substance use (model 2). However, our results for recent breakups and this measure of mental health problems parallel those for depression: Experiencing a breakup in the past year is associated with significantly more substance abuse/dependence (model 3), and this association persists when a current romantic involvement is included in the model (model 4). We further find that the association between a current involvement (model 5) and substance abuse/dependence (but not the association between a recent breakup and substance abuse/dependence) is significantly greater for women than for men (model 6).

Taken together, these analyses indicate that nonmarital romantic relationships are important for mental health during the transition to adulthood.

Current involvements are associated with less psychological distress, and recent breakups are associated with more distress. Our analyses also reveal that relationship status is more important for young women's than for young men's emotional well-being. A recent romantic breakup is associated with more depression for women than for men, and a current romantic involvement is associated with fewer substance problems for women. These gender patterns provide some support for the hypothesis that posits a closer association between these relationships and women's than men's mental health.<sup>4</sup>

### Relationship Quality and Mental Health

Our second set of analyses focuses on whether partner support and strain are associated with young adults' emotional well-being, and if these associations differ for women and men. Here, we use OLS regression on the subsample of respondents who are currently involved in an intimate relationship ( $N = 789$ ).<sup>5</sup> We report results for depressive symptoms in Table 4 and those for substance abuse/dependence in Table 5.

Table 4 shows that, among romantically involved young adults, women and less-educated

**Table 3.** OLS Regression of Substance Abuse and Dependence Symptoms on a Current Romantic Involvement and a Recent Breakup

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Female (0, 1)	-.09*** (.03)	-.09*** (.03)	-.10*** (.03)	-.10*** (.03)	-.03 (.04)	-.13*** (.03)
African American <sup>b</sup> (0, 1)	.33*** (.04)	-.33*** (.04)	-.32*** (.04)	-.32*** (.04)	-.32*** (.04)	.32*** (.04)
Hispanic <sup>b</sup> (0, 1)	-.15*** (.04)	-.15*** (.04)	-.15*** (.04)	-.15*** (.04)	-.15*** (.04)	-.15*** (.04)
Age	-.03 (.01)	-.03 (.01)	-.03 (.01)	-.03 (.01)	-.02 (.01)	-.03 (.01)
Family SES	.03 (.02)	.03 (.02)	.02 (.02)	.02 (.02)	.02 (.02)	.02 (.02)
Education	-.07*** (.02)	-.07*** (.02)	-.07*** (.02)	-.07*** (.02)	-.07*** (.02)	-.07*** (.02)
Student (0, 1)	-.05 (.03)	-.05 (.03)	-.05 (.03)	-.05 (.03)	-.05 (.03)	-.05 (.03)
Paid worker (0, 1)	-.04 (.03)	-.04 (.03)	-.03 (.03)	-.03 (.03)	-.03 (.03)	-.03 (.03)
Parent (0, 1)	-.04 (.04)	-.03 (.04)	-.04 (.04)	-.04 (.04)	-.04 (.04)	-.04 (.04)
Romantically involved (0, 1)		-.03 (.03)		.01 (.03)	.06 (.04)	.01 (.03)
Recent breakup (0, 1)			.12*** (.03)	.12*** (.03)	.12*** (.03)	.08* (.04)
Female × Romantically involved					-.12* (.05)	
Female × Recent breakup						.09 (.05)
N	1,611	1,611	1,611	1,611	1,611	1,611
Adjusted R <sup>2</sup>	.07	.07	.08	.08	.08	.08

Notes: <sup>a</sup> log (symptoms + 1); <sup>b</sup> White = reference group  
 \* $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

respondents report more depression than men and the better-educated (model 1). Moreover, both dimensions of an ongoing intimate relationship are significantly associated with symptoms: As expected, partner support (model 2) is associated with less, and partner strain is associated with more (model 3), depression. Moreover, both support and strain remain significant in the model that includes both of these dimensions of an ongoing romantic relationship (model 4). We further find that the associations of each of these relationship variables with depression do not differ for women and men; partner support is associated with fewer symptoms (model 5), while partner strain is associated with more symptoms (model 6), and this is the case for both genders.

Table 5 indicates that male, white, and less-educated romantically involved young adults report more substance abuse/dependence than their female, nonwhite, and better-educated peers (model 1). Similar to our results for depression, partner support is associated with fewer (model 2), and partner strain is associated with more (model 3), substance problems. While support remains significant in the model that includes both relationship measures, partner strain becomes nonsignificant (model 4). Finally, and in contrast to our results for depression, we find significant gender difference in the associations between both partner support and strain with substance abuse/

dependence (models 5 and 6). However, the association between these dimensions of an ongoing relationship and substance problems is greater for men than for women.

Overall, these analyses—in contrast with those examining the association between relationship status and mental health—provide no support for the hypothesis that romantic relationships are more closely associated with women's than men's emotional well-being, nor do they garner support for the convergence hypothesis predicting no gender difference in these associations. Rather, it appears that young men benefit more than women from support, and that they are more harmed than women by strain in ongoing romantic relationships.<sup>6</sup>

## CONCLUSION AND DISCUSSION

Although social scientists have long assumed that intimate relationships are more important for women's than men's mental health, recent research indicates that the emotional advantages of marriage (and marital support)—and disadvantages of unmarried statuses (and marital strain)—do not differ for women and men when gendered expressions of psychological distress are considered. These findings have led to the conclusion that there are no gender differences in the importance of intimate relationships for women and men.

**Table 4.** OLS Regression of Depressive Symptoms on Partner Support and Strain among the Romantically Involved

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Female (0, 1)	.12*** (.02)	.12*** (.02)	.11*** (.02)	.11*** (.01)	.24* (.11)	.13** (.05)
African American <sup>b</sup> (0, 1)	.04 (.02)	.03 (.02)	.03 (.02)	.03 (.02)	.03 (.02)	.03 (.02)
Hispanic <sup>b</sup> (0, 1)	.01 (.02)	.01 (.02)	.01 (.02)	.01 (.02)	.01 (.02)	.01 (.02)
Age	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)
Family SES	-.01 (.01)	-.02 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)
Education	-.03** (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)	-.01 (.01)
Student (0, 1)	-.03 (.02)	-.01 (.02)	-.02 (.02)	-.02 (.02)	-.02 (.02)	-.02 (.02)
Paid worker (0, 1)	-.02 (.02)	-.03 (.02)	-.04* (.02)	-.04* (.02)	-.04* (.02)	-.04* (.02)
Parent (0, 1)	-.01 (.02)	-.02 (.02)	-.02 (.02)	-.02 (.02)	-.02 (.02)	-.02 (.02)
Partner support		-.10*** (.01)	—	-.05*** (.01)	-.04* (.02)	-.05*** (.01)
Partner strain			.19*** (.02)	.14*** (.02)	.14*** (.02)	.16*** (.03)
Female × Partner support					-.03 (.02)	—
Female × Partner strain						-.02 (.04)
N	789	789	789	789	789	789
	.10	.17	.19	.21	.21	.21

Notes: <sup>a</sup> log (symptoms + 1); <sup>b</sup> White = reference group

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

However, we suggested that this conclusion is premature since these patterns may not be evident for nonmarital romantic relationships among current cohorts of young adults. We found the absence of research on this topic surprising in light of the developmental importance of these relationships in early adulthood as well as the protracted period of intimacy exploration among recent cohorts.

Developmental and life course perspectives led us to predict that nonmarital romantic relationships are important for emotional well-being in early adulthood. Consistent with our expectations, current romantic involvements are associated with fewer depressive symptoms (although not fewer symptoms of substance abuse/dependence); recent romantic breakups are associated with more symptoms of both mental health problems. Although we could not directly assess this possibility, it is likely that current involvements are associated with enhanced mental health because they provide a valued social identity, increase feelings of self-worth, and are a source of social integration during the transition to adulthood. Recent breakups may be associated with worse mental health because they threaten a valued identity, undermine feelings

of self-worth, and disrupt social relations in the early adult years. Our analyses further revealed that the association between recent breakups and depression, and current involvements and substance problems, are greater for women than for men. The substance abuse/dependence finding for current involvements is surprising, as it runs counter to gender-typical expressions of psychological distress. Nevertheless, these results for relationship status do not support the convergence hypothesis predicting no gender differences in the importance of intimate relationships for mental health. They are, however, consistent with earlier theories positing a stronger association between intimate relationships and mental health for women than for men.

The second set of analyses indicated that support and strain in an ongoing relationship are associated with depression and substance abuse/dependence in expected ways. Partner support may be associated with better mental health because it bolsters an existing identity and feelings of self-worth. Partner strain may be associated with poorer emotional well-being because it threatens a valued identity and feelings of self-worth. We also found

**Table 5.** OLS Regression of Substance Abuse and Dependence Symptoms on Partner Support and Strain among the Romantically Involved

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Female (0, 1)	-.15*** (.04)	-.15*** (.04)	-.17*** (.04)	-.16*** (.04)	-.123*** (.27)	.21 (.12)
African American <sup>b</sup> (0, 1)	-.26*** (.06)	-.27*** (.05)	-.27*** (.05)	-.27*** (.05)	-.28*** (.05)	-.27*** (.05)
Hispanic <sup>b</sup> (0, 1)	-.10* (.05)	-.10* (.05)	-.10* (.05)	-.10* (.05)	-.11* (.05)	-.10* (.05)
Age	-.03 (.02)	-.03 (.02)	-.03 (.02)	-.03 (.02)	-.02 (.02)	-.03 (.02)
Family SES	.03 (.02)	.03 (.02)	.04 (.02)	.03 (.02)	.03 (.02)	.04 (.02)
Education	-.07*** (.02)	-.05*** (.02)	-.06*** (.02)	-.05*** (.02)	-.05*** (.02)	-.05*** (.02)
Student (0, 1)	.03 (.04)	.04 (.04)	.03 (.04)	.04 (.04)	.05 (.04)	.04 (.04)
Paid worker (0, 1)	-.03 (.04)	-.04 (.04)	-.04 (.04)	-.04 (.04)	-.03 (.04)	-.03 (.04)
Parent (0, 1)	.03 (.05)	.02 (.05)	.02 (.05)	.02 (.05)	.03 (.05)	.02 (.05)
Partner support		-.13*** (.03)	—	-.09*** (.04)	-.22*** (.05)	-.10*** (.03)
Partner strain			.17*** (.05)	.10 (.05)	.13* (.05)	.28*** (.08)
Female × Partner support					.24*** (.06)	—
Female × Partner strain						-.29** (.09)
N	789	789	789	789	789	789
Adjusted R <sup>2</sup>	.07	.09	.08	.09	.11	.10

Notes: <sup>a</sup> log (symptoms + 1); <sup>b</sup> White = reference group

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

gender differences in the association between these dimensions of relationships and substance problems. However, the advantages of partner support and disadvantages of partner strain are more closely associated with men's than women's mental health. These findings contrast not only with the hypothesis based on earlier theories positing a closer link for women than for men, but also the more recent convergence hypothesis of no gender differences.

Taken together, our findings suggest greater complexity than predicted by either of the two existing hypotheses about gender differences. The nature of the association varies across dimensions of these relationships: Young women are more reactive to relationship status, while young men are more reactive to the quality of ongoing relationships. A current romantic involvement and recent breakup may be more closely associated with the mental health of young women because they have a greater impact on women's identity and feelings of self-worth. The stronger association between relationship status and women's mental health also may reflect their projected economic and emotional dependence on these relationships, a result of the persistence of gender inequality in the family and the economy. In contrast, young

men's mental health may be more closely linked to support and strain in an ongoing relationship because they have a greater impact on men's identity and feelings of self-worth. As we noted earlier, this interpretation is consistent with Giordano et al.'s (2006) study, which revealed that boys are not only more invested in ongoing romantic relationships but also have less confidence navigating them than do girls. Another interpretation is that young men are more reactive to the quality of ongoing relationships because romantic partners are their primary sources of intimacy, in contrast to young women who tend to have intimate relationships with family and friends. It is also possible that the association between partner support and substance abuse/dependence among men reflects their partner's control over this problematic behavior (Umberson 1987). Future research should focus on why some dimensions of these relationships matter more for young women's mental health and others matter more for young men's.

Although our data do not reveal why young men and women are differentially reactive to these various dimensions of nonmarital intimate relationships, they support Aneshensel's (1992) argument that the effects of stress are highly specific and depend on the characteristics of the person, the

stressor involved, and the mental health problem considered. By documenting young men's greater reactivity to these dimensions of an ongoing nonmarital romantic relationship, our article also adds to the accumulating body of evidence indicating that intimate social relationships are not more important for women's than men's emotional well-being. At the same time, our findings for young adults depart somewhat from recent research on marital relationships and mental health, which finds fewer gender differences than we do.

There are several possible explanations for these differences. The first explanation is that there may be subtle variations in the importance of nonmarital intimate relationships for men's and women's identity and self-conception that do not exist in marital relationships. In other words, differences in the meaning and emotional significance of nonmarital and marital relationships may account for these different findings. A second explanation is that gendered orientations to intimate relationships—which develop in early childhood and adolescence—may be more pronounced in early adulthood than in later adulthood, as developmentalists suggest. That is, developmental differences between our young adult respondents and older adults may account for different findings. A third explanation is that our findings may be capturing social change in the meaning and emotional significance of intimate relationships for this cohort of young men and women, change which may or may not extend into marriage. We hope that gender and mental health scholars will evaluate these different possibilities in future research.

As we noted earlier, the unique race-ethnic composition of Miami and overrepresentation of less-advantaged women in our sample limit the generalizability of our findings. While we have no reason to expect that the patterns we uncovered are unique to young adults in Miami, further examination using national data is required to determine the robustness of our conclusions regarding gender differences in the association between nonmarital intimate relationships and emotional well-being for current cohorts of young adults. Additionally, our cross-sectional analyses prevented us from determining the causal direction of the associations between the various dimensions of romantic relationships and mental health. Longitudinal analyses of current cohorts of young men and women as they transition into and out of nonmarital—and eventually marital—relationships would provide greater insight into causality.

Despite these limitations, our article sheds light on the association between nonmarital romantic relationships and emotional well-being among men and women on the threshold of adulthood, and it contributes to broader ongoing theoretical debates about gender differences in the importance of intimate relationships for mental health. We concur with other scholars that existing theories overstate the greater importance of these relationships for women's than for men's emotional well-being. At the same time, our findings highlight the need to consider both period in the life course and experiences of specific cohorts of men and women when theorizing about gender differences in the importance of intimate social relationships for mental health.

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## NOTES

1. Comparison of the Miami respondents and respondents who were between 18–23 years during the third wave of Add Health indicates that the groups are similar with respect to the percentage employed, though a larger percentage of our respondents are in school and a smaller percentage have ever been married, which may reflect the age composition of our sample (93% of our respondents are 19–21). The parents of our respondents have less education than the parents of Add Health respondents, which may reflect the disproportionate representation of females from lower SES families in our sample. National estimates of the prevalence of romantic relationships based on the first two waves of Add Health (Carver et al. 2003) indicate that by 18 over half of the respondents had been in a romantic relationship, though a greater percentage of females (75%) than males (64%) reported romantic experience. We find comparable patterns in the Miami sample. Studies based on Add Health

- report minimal SES differences in romantic relationship experience by age 18 (Meirer and Allen 2008), suggesting that our sample—which overrepresents females from low SES families—may not over (or under) represent women who are currently involved in a romantic relationship or experienced a recent breakup.
2. To preserve cases, we assigned modal values to respondents who had missing data on parental (N = 2), student (N = 64), and employment (N = 74) status, and the mean value on family SES (N = 3). Supplemental analyses (available upon request) that excluded missing cases on these four variables were similar to the results of analyses we present.
  3. Paralleling national trends in the postponement of marriage until the mid- to late-twenties (Furstenberg et al. 2004), only 7 percent of the Miami respondents are married. Auxiliary analyses (available upon request) indicate that the married respondents do not significantly differ from respondents currently involved in a nonmarital romantic relationship with respect to depression and substance abuse/dependence. Because the first wave of data does not include information about respondents' living arrangements, we were not able to differentiate those who were cohabiting with their romantic partner from those who were not. Consistent with Ross's (1995) study, supplemental analyses of the Time 2 data (available upon request), which includes this information, indicate no significant difference between romantically involved respondents who were and were not cohabitating with their partners with respect to either measure of mental health.
  4. Ancillary interactional analyses (available upon request) indicate that a current involvement does not buffer the positive association between a recent breakup and both depression and substance abuse. Additional interactional analyses (available upon request) reveal that there is no race-ethnic variation in the associations between a current romantic involvement and recent breakup for either mental health problem. Moreover, gender differences in the associations between a recent romantic breakup and depression as well as a current romantic involvement and substance problems hold for white, African American, and Hispanic young adults.
  5. The second set of analyses omits 119 respondents with missing data on partner strain. A comparison of respondents with and without missing data on this variable revealed that the omitted respondents are more likely to be students, less likely to be parents, and report more depressive symptoms than the respondents included in these analyses. Our results

may, therefore, underestimate the association between partner strain and depression. The two groups did not differ on substance abuse/dependence, partner support, gender, race-ethnicity, or family SES.

6. Supplemental interactional analyses (available upon request) indicate that there are no significant race-ethnic variations in the associations between these dimensions of an ongoing romantic relationship and either mental health problem. Moreover, there are no significant gender by race-ethnic differences in the associations between partner support and strain with symptoms of depression and substance abuse/dependence. Additionally, the associations between these two dimensions of an ongoing relationship and substance abuse/dependence—which are significantly greater for young men than for young women—do not differ by race-ethnicity.

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