

Revisiting the Relationships among Gender, Marital Status, and Mental Health¹

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Three decades ago, Gove introduced his sex-role theory of mental illness, which attributes women's higher rates of psychological distress to their roles in society. Central to his hypothesis is that marriage is emotionally advantageous for men and disadvantageous for women. This article revisits this topic with data from the National Survey of Families and Households. The analyses indicate that the emotional benefits of marriage apply equally to men and women, but that men and women respond to marital transitions with different types of emotional problems. The implications of these findings for future research on gender and mental health are discussed.

INTRODUCTION

It has been 30 years since Gove (1972; Gove and Tudor 1973) introduced his influential sex-role theory of mental illness, which argued that the female preponderance of psychological distress in the United States since World War II is due to the unrewarding and stressful nature of women's social roles in contemporary U.S. society. His theory rested on the assumption that marriage is advantageous for men's mental health but

¹ I am grateful to Bruce Dohrenwend, Ranae Evenson, Jennifer Glass, Allan Horwitz, Brian Powell, Sarah Rosenfield, Peggy Thoits, and the *AJS* reviewers for their many contributions to this article. I am also thankful to Larry Bumpass and James Sweet of the Center for Demography and Ecology at the University of Wisconsin–Madison for making the National Survey of Families and Households available. The NSFH was funded by a grant (HD21009) from the Center for Population Research of the National Institute of Child Health and Human Development. This research was completed with the support of a postdoctoral fellowship from the National Institute of Mental Health (Mental Health Services and Systems Research Training Program MH16242). An earlier version of this paper was presented at the 2000 meetings of the American Sociological Association in Washington, D.C. Direct correspondence to Robin Simon, Institute for Health, Health Care Policy, and Aging Research, 30 College Avenue, Rutgers University, New Brunswick, New Jersey 08901-1293. E-mail: rsimon@rci.rutgers.edu

disadvantageous for women's. The evidence Gove used to support his theory was based on a review of 17 studies conducted since World War II, which found that women have higher rates of mental illness only among the married and that in all other marital statuses men's distress exceeds women's. Although Gove's article shaped the course of decades of theory and research on gender and mental health, it has been the subject of debate—with some of the most trenchant commentary appearing in this very journal (see Dohrenwend and Dohrenwend 1976). Two main criticisms are at the center of this debate.

First, Gove relied on cross-sectional studies, which made it impossible to adjudicate between his social-causation hypothesis and the alternative social-selection hypothesis, which argues that men and women differentially select into and out of marriage on the basis of their mental health status. Critics have argued that gender differences in distress among the married and the unmarried may reflect selection factors whereby emotionally healthy men are more likely to select into marriage and emotionally healthy women are more likely to select out of marriage, in the first place. Second, Gove drew conclusions from studies that include female types of emotional problems, such as depression, and exclude male types of emotional problems, such as substance abuse. According to the Dohrenwends (1976), studies based on psychological problems that are more common among females are likely to overestimate women's distress and underestimate men's. Unfortunately, these methodological and conceptual limitations are evident in much subsequent research on the relationships among gender, marital status, and mental health (Aneshensel 1992; Aneshensel, Rutter, and Lachenbruch 1991; Lennon 1987; Simon 1998).²

However, in addition to these methodological and conceptual criticisms, Gove's thesis is debated on substantive grounds. Even if his central assumption was correct in the 1970s, scholars question its accuracy at the close of the 20th century, given social changes that have occurred over the last quarter of the century in men's and women's social roles, as well as in marital patterns in the United States. In fact, despite a wealth of

² Gove was further criticized for his definition of mental illness, which conflates severe psychiatric disorders with mild psychological problems (Dohrenwend and Dohrenwend 1976) as well as for relying on findings from studies of individuals in treatment, which are confounded by the fact that women are more likely than men to seek treatment for mental illness (Fox 1980; Warheit et al. 1976). In this article, I focus on studies that have examined gender and marital-status differences in self-reports of psychological symptoms in the general population and, unless otherwise noted, do not discuss studies that have examined gender and marital-status differences in clinically defined psychiatric disorders.

research on this topic, scholars continue to disagree about the consequences of marriage for men's and women's mental health.

In this article, I revisit the relationships among gender, marital status, and mental health in the United States using two waves of panel data from a recent national sample, with special attention given to the types of emotional problems associated with both males and females. Overcoming the limitations of previous work, I assess whether marriage is currently emotionally advantageous for men and disadvantageous for women, as well as question the wisdom of focusing exclusively on social roles for explaining gender differences in psychological distress among adults.

BACKGROUND

Research on the Relationships among Gender, Marital Status, and Mental Health

Since Gove's publication, dozens of studies have examined gender differences in mental health by focusing on self-reports of emotional problems in the nontreated (i.e., the general) population. Most of this research is based on cross-sectional data from community samples of individuals who report the frequency or intensity in which they experience psychological symptoms such as nonspecific distress, anxiety, and depression. What does the plethora of studies find with respect to Gove's theoretical and substantive claims? Overall, the past 30 years of research has produced three main findings regarding the relationships among gender, marital status, and mental health.

First, in contrast to Gove's argument that marriage is beneficial for men's mental health and detrimental for women's, research consistently indicates that marriage is associated with enhanced mental health for men *and* women. Studies that have focused on marital-status differences in well-being among men and among women (i.e., marital status within gender analyses) show that regardless of gender, married people enjoy better mental health than unmarried (including never and formerly married) persons (Kessler and McRae 1984; Pearlin and Johnson 1977; Thoits 1986; Waite and Gallagher 2000). However, while studies based on cross-sectional data are informative, they cannot be used to rule out the alternative social-selection hypothesis that mentally ill persons are less likely to get married in the first place. Subsequent longitudinal studies that have examined this issue find that social causation and selection processes are at work, and that mental health is a consequence as well as a cause of marital status (Booth and Amoto 1991; Mastekaasa 1992).

Second, and again in contrast to Gove's claims, research consistently

indicates that women report more mental health problems than men, irrespective of marital status. Studies that have focused on gender differences in psychological well-being among the married and among the unmarried (i.e., gender within marital-status analyses) find that women report greater distress than comparable men in *all* marital-status categories (Fox 1980; Radloff 1975; Warheit et al. 1976). However, because most of these studies are based on emotional problems typically experienced by females and do not consider emotional problems typically experienced by males, it is likely that they overestimate women's distress and underestimate men's (Aneshensel et al. 1991; Dohrenwend and Dohrenwend 1976; Horwitz, White, and White 1996*b*; Lennon 1987; Simon 1998).

Third, research has been less consistent with regard to the *interaction* between gender and marital status and whether the mental health advantage of marriage is greater for men. While several studies suggest that men derive more emotional benefit from marriage (Aneshensel et al. 1991; Kessler and McRae 1984; Menaghan 1989), others imply that women are the true mental health beneficiaries of marriage (e.g., Thoits 1986). However, here again, because most of these studies are based on cross-sectional data and types of psychological problems typically experienced by females, they provide limited insight into whether marriage (or the lack thereof) actually has different emotional consequences for women and men.

Research that has examined the impact of marital transitions with longitudinal data has also produced inconsistent results. Some studies find that divorce and widowhood are more harmful for men (Umberson, Wortman, and Kessler 1992), while others show that women are more distressed by marital loss (Aseltine and Kessler 1993; Menaghan and Lieberman 1986; Simon and Marcussen 1999). The handful of studies that have assessed the effects of marital gain indicate that marriage reduces the distress of men and women, but that there are no sex differences in the emotional benefits of marriage (Horwitz et al. 1996*b*; Simon and Marcussen 1999). Moreover, in a recent study based on the National Survey of Families and Households, Marks and Lambert (1998) show that individuals who transitioned out of marriage report more, while people who transitioned into marriage report less, depressive symptoms than continuously married persons. Marks and Lambert also find that while marital loss is more depressing for women, there are no gender differences in the impact of marital gain. However, while informative, this study provides no insight into whether persons who transitioned into marriage are less depressed than unmarried, including never and previously married, people.

On the basis of their extensive review of studies on this topic, Waite and Gallagher (2000) recently concluded that the mental health benefits

Gender, Marital Status, and Mental Health

of marriage currently apply equally to women and men (also see Waite 1995). However, once again, because most of these studies include emotional problems common among females and exclude those common among males, they also provide an incomplete picture of the relationships among gender, marital status, and mental health (for exceptions, see Horwitz et al. [1996*b*], Riessman and Gerstel [1985], and Riessman [1990]).

It is important to acknowledge the many contributions feminist scholars have made to theory and research on this topic. For example, in her early discussion of the future of marriage, Bernard (1972) also argued that marriage is emotionally advantageous for men and disadvantageous to women, which she attributed to gender inequality in power and authority in both the family and society. While feminist scholars continue to stress the linkages between families and wider systems of male domination for understanding gender inequality in a variety of contexts, they now criticize the early emphasis on sex roles and sex-role socialization in favor of explanations that emphasize micro- and macroprocesses of categorization and stratification by gender (see Ferree 1990; Ferree, Lorber, and Hess 1999; Lopata and Thorne 1978; Osmond and Thorne 1990; Reskin 1988; Risman 1987; Stacey 1993; Stacey and Thorne 1985; West and Zimmerman 1987). According to the new gender theory, gender is a lifelong process that reflects and reproduces structural differentiation in which males have material and ideological advantages over females. However, although feminist scholars now argue that gender is socially constructed and that a variety of gendered roles offer rewards and costs to women *and* men, an implication of the new gender theory is that the emotional benefits of marriage continue to be fewer for women in light of pervasive structural inequality and female subordination in contemporary American society (England 2000; Thompson and Walker 1989).

Ironically, although the past few decades of research have provided little empirical support for Gove's sex-role theory of mental illness, theories which argue that differences in the nature of men's and women's social roles are the primary determinants of gender differences in mental health continue to dominate sociological research on gender and mental health. However, while role explanations are compelling and have advanced our understanding of some linkages between social structure and individual well-being, or what Mills (1959) called the "intersections of social structure and biography," epidemiological evidence over the past quarter of a century, coupled with recent findings on adolescents, calls into question the wisdom of focusing exclusively on social roles for explaining gender differences in mental health among adults in the United States today.

Evidence of Male and Female Types of Emotional Problems

Epidemiological research on both lifetime and recent prevalence rates of mental disorders consistently demonstrates that while women have higher rates of affective and anxiety disorders (and their psychological corollaries of nonspecific distress, anxiety, and depression), men have higher rates of antisocial personality and substance abuse dependence disorders (and their psychological corollaries of antisocial behavior and drug/alcohol problems; Dohrenwend et al. 1980; Meyers et al. 1984; Robins et al. 1984; Robins and Regier 1994). In fact, epidemiologists have concluded that when male and female types of psychiatric disorders and psychological problems are all considered, there are no gender differences in overall rates of mental illness among adults in the United States today.³

Moreover, research on adolescent mental health documents that gender differences in specific types of emotional problems emerge prior to the acquisition of adult social roles. Studies that compare boys and girls in early, middle, and late adolescence reveal that girls report more symptoms of distress, anxiety, and depression, while boys report more antisocial behavior and substance problems (Avison and McAlpine 1992; Gore, Aseltine, and Colten 1992).

Finally, and consistent with epidemiological studies, findings from the National Co-Morbidity Study (Kessler et al. 1993, 1994) indicate that there are no gender differences in the overall prevalence of mental disorders but that there are gender differences in the prevalence of specific types of disorders. Consistent with the recent research on adolescents, the National Co-Morbidity Study also reveals that female's greater self-reported feelings of depression and male's greater self-reports of substance problems begin to appear in adolescence—before they have assumed their adult social roles (also see Avison and McAlpine 1992; Gore et al. 1992).

To the extent that gender differences in the prevalence of specific emotional problems are evident in adolescence—as this recent research indicates—we cannot continue to attribute gender differences in mental health in adulthood solely to differences between men's and women's

³ Unfortunately, epidemiological studies generally do not provide information about the distribution of male and female types of mental disorders across all marital statuses. However, one study that examined black-white differences in the relationship between marital status and psychiatric disorders revealed a complex pattern with respect to gender differences in the relative rates of disorder for unmarried compared to married blacks and whites (William, Takeuchi, and Adair 1992). While separated and divorced black men, never-married black men, and widowed black women are worse off than their respective black peers, the opposite patterns are evident for whites. Although this study focused on clinically defined severe psychiatric disorders, these findings suggest that the relationships among gender, marital status, and self-reports of mild psychological problems may also vary by race.

roles in society. Rather, gender differences in mental health among adults in the United States should be reinterpreted as a function of gender-linked emotional socialization, which predisposes males and females to respond to stress throughout the entire life course with sex-typical emotional problems (also see Aneshensel et al. 1991; Aneshensel 1992; Horwitz et al. 1996*b*; Lennon 1987; Rosenfield, Vertefuille, and McAlpine 2000; Simon 1998).

Drawing on insights from the sociology of emotion, I argue that embodied in U.S. emotional culture are beliefs about the “proper” emotional styles of males and females, as well as norms that specify “appropriate” feeling and expression for men and women (Gordon 1981, 1989; Hochschild 1975, 1979; Simon and Kanellakos 2001; Smith-Lovin 1995; Thoits 1989). A consequence of gender-linked emotional socialization is that females learn to express distress through internalizing emotional problem, such as depression, while males learn to express distress vis-à-vis externalizing emotional problems, such as substance abuse. Insofar as males and females manifest distress with different types of emotional problems, role arguments are most useful for explaining differences in mental health among men and among women (i.e., *within* gender variation), whereas socialization arguments are most useful for explaining *gender differences* in mental health among persons who hold the same configuration of social (including marital) statuses (i.e., *between* gender variation).

I also argue that in order to more fully understand the relationships among gender, marital status, and mental health in the United States today, studies must simultaneously (a) include the types of emotional problems associated with males *and* females, (b) be based on cross-sectional *and* longitudinal analyses of recent national data, (c) examine the emotional impact of marital loss and marital gain on men and women compared to their stably married *and* stably unmarried counterparts, and (d) investigate the alternative hypothesis that women differentially select into and out of marriage on the basis of their mental health status. Such an analysis is critical not only for conceptual, methodological, and theoretical reasons, but also on substantive grounds. Historical changes in men’s and women’s social roles over the last quarter of the 20th century have resulted in changes in marital patterns among males and females in the United States (Oppenheimer 1994; Spain and Bianchi 1996). Therefore, since the time Gove introduced his sex-role theory of mental illness, changes may have occurred in the nature, meaning, and significance of marriage and the consequences of marital status for men’s and women’s mental health.

In this article, I overcome the conceptual and methodological limitations of previous work on this topic by revisiting the relationships among gender, marital status, and mental health using panel data from a recent national sample of adults, with special attention given to the types of

emotional problems associated with males and females in the United States. Consistent with emotional-socialization arguments, I hypothesize that (1) in all marital statuses women report more depression than men and men report more substance abuse than women. Consistent with role theoretical claims, I also hypothesize that (2) married people report fewer symptoms of depression and substance problems than the unmarried, net of other factors. Moreover, I hypothesize that (3) marital loss has harmful, while marital gain has beneficial, consequences for men's *and* women's mental health. Insofar as males and females respond to stress with sex-typical emotional problems, I further hypothesize that (4) when there are gender differences in the impact of marital transitions, the greater impact on men or women will be evident only for symptoms associated with their gender. Finally, I investigate—for the first time with recent national data—whether alcohol-abusing men are more likely to select out of marriage, and depressed women are more likely to select into marriage, than their nondistressed counterparts. Overall, in addition to contributing to our understanding of the relationships among gender, marital status, and mental health in the United States today, by examining social-causation and social-selection hypotheses, my research sheds new light on whether marriage (or the lack thereof) is a cause or consequence of mental illness and whether there are gender differences in the selection into and out of marriage on the basis of mental health.

METHODS

Data

I conducted my analyses on two waves of data from the National Survey of Families and Households (NSFH), which is based on a recent national probability sample of adults in the United States (Sweet and Bumpass 1996). The first wave of interviews (time 1) was administered in 1987–88 with individuals ages 19 and over from 13,017 households, which included an oversampling of minorities and single parents. The response rate at time 1 (T1) was 74%. The second wave of interviews (time 2) was administered in 1992–94 with 10,005 respondents. Excluding people who had died ($N = 763$), the response rate at time 2 (T2) was 82%. Logistic regression analyses (not shown) indicate that several factors measured at T1 significantly predict attrition 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 men, older people, nonwhites, persons with lower levels of education, and persons with higher levels of income and depression. Due to oversampling at T1, the panel contains relatively high

proportions of racial minorities and single parents; however, the sample may underrepresent the unmarried and unemployed, as well as men, older persons, people with lower levels of education, and persons with higher levels of income and depression. Results of analyses, especially those based on people who are stably unmarried or who had a marital gain between T1 and T2, should be interpreted with some caution in light of the greater attrition of respondents who were unmarried at T1.

Measures

Depression.—The NSFH includes 12 items from the Center for Epidemiological Studies Depression Scale (CES-D), a commonly used measure of depressed mood that has high construct validity and internal consistency (Radloff 1977). At T1 and T2, respondents were asked how many days in the past week: “you were bothered by things that usually don’t bother you?”, “you felt lonely?”, “you felt you could not shake off the blues, even with the help of your family or friends?”, “your sleep was restless?”, “you felt depressed?”, “you felt that everything you did was a effort?”, “you felt fearful?”, “you had trouble keeping your mind on what you were doing?”, “you talked less than usual?”, “you did not feel like eating, your appetite was poor?”, “you felt sad?”, and “you could not get going?” Item responses (zero–seven days) were summed. Scores on these measures range from 0–81 (Cronbach’s $\alpha = .93$).

Alcohol abuse.—The NSFH includes one measure of alcohol abuse at T1 and two measures of alcohol abuse at T2. The T1 measure of alcohol abuse is based on a question that asked respondents whether they had a drinking problem (yes = 1). The first measure of alcohol abuse at T2 is based on a question that asked respondents the number of days in the previous month they had five or more drinks. Scores on this measure range from 0–30 days. I also computed a second measure of alcohol consumption at T2 by multiplying the number of days in the past month the respondent had a drink by the number of drinks he or she reported having on those days (see Berkman and Breslow 1983; Umberson et al. 1996). Scores on this measure range from 0–360. Because results for both of the T2 measures are very similar, I report only those for alcohol abuse since it is most similar to the T1 measure.

In this article, I investigate the relationships among gender, marital status, and mental health *at T2* as well as *over time*. I therefore computed two sets of marital-status variables.

Stable marital status.—In order to examine marital-status differences in distress at a *single point in time*, I computed four dummy marital-status variables based on respondents whose marital status was stable over the study period. “Married” (coded “1”) consists of persons who were

married at T1 and T2, “never married” (coded “1”) is based on respondents who had never married, “separated or divorced” (coded “1”) consists of people who were separated or divorced at both points in time, and “widowed” (coded “1”) is based on individuals who were widows at each interview.

Marital transition status.—In order to examine the impact of marital loss and marital gain on individuals’ mental health *between T1 and T2*, I computed two dichotomous marital-transition status variables. Similar to Marks and Lambert’s study (1998), my measure of “marital loss” is based on respondents who were stably married (coded “0”) or who had a marital loss (coded “1”) during the five-year study period. However, unlike their study that compares individuals who had a marital gain to stably married persons, my measure of “marital gain” consists of (and compares) stably unmarried people (coded “0”) and those who had a marital gain (coded “1”).

Control variables.—All analyses include a dichotomous variable for gender (female = 1). To control for sources of variation in depression and alcohol abuse other than gender and marital-status, analyses also include respondent’s age, race, education, and household income, as well as their employment and parental status (all measured at T2). I measure age and education in years; income in dollars; and race, employment, and parental status as dichotomous variables (nonwhite = 1, employed = 1, parent = 1).⁴ Furthermore, because some authors report a nonlinear relationship between age and depression (Mirowsky and Ross 1992), the analyses include a term for age-squared.⁵ Finally, to assess gender differences in distress among respondents whose marital status was stable, as well as among those who experienced a marital transition during the study, I computed gender interactions for all (i.e., both sets) of the marital-status variables.

Analysis Sample and Data Analysis

Excluding respondents whose marital status was ambiguous at T1 or T2 and who did not have complete information on all analytic variables, the

⁴ Although dichotomizing the sample into white/nonwhite categories for race is admittedly not an ideal way to measure racial differences in mental health (see Williams et al. 1992), only including blacks in the analyses would have substantially reduced the number of cases for each marital-status subgroup and compromised the stability and reliability of all coefficients involved. Consistent with several other studies on parenthood and well-being (McLanahan and Adams 1987), I coded respondents as parents if they had a child under 18 at home.

⁵ All analyses presented in this article were also conducted without the term for age-squared. The exclusion of this variable from analyses (not reported) did not change the substantive results.

Gender, Marital Status, and Mental Health

analysis sample is based on 8,161 individuals. I conduct two different sets of analyses. The first set is cross-sectional and assesses the associations between marital status and depression and alcohol abuse at T2 among respondents whose marital status was stable throughout the study period ($N = 6,612$). The second set of analyses is longitudinal and assesses the effects of marital loss and marital gain on change in depression and alcohol abuse between T1 and T2. For clarity of interpretation, the marital transition analyses are conducted on two subsamples composed of (1) stably married respondents ($N = 4,125$) and those who had experienced a marital loss ($N = 629$), and (2) the stably unmarried ($N = 2,487$) and persons who had experienced a marital gain ($N = 920$).⁶

Table 1 presents respondent characteristics by marital status and gender within marital status. Table 1 shows that while stability of marital status is much more common than change in marital status, the sample includes a relatively large number of people who had experienced a marital transition. Although four-fifths (81%) of the respondents are either stably married or unmarried, one-fifth had a marital loss or marital gain. Among those whose marital status is stable, 62% are married, 15% are never married, 14% are separated or divorced, and 8% are widowed. The subsample of persons who had a marital transition is composed of 40% who had a loss and 60% who had a gain, respectively.

Table 1 also shows marital status differences in sociodemographic characteristics such as age, race, education, household income, and parental status among respondents whose marital status is stable. Among other things, the stably married have higher household incomes than the stably unmarried and are more likely to have children at home. Table 1 further shows sociodemographic differences between persons who had a marital transition and those who did not. Compared to the stably married, people who experienced a marital loss have lower household incomes and are less likely to have children at home. In contrast, persons who experienced a marital gain have higher household incomes and are more likely to have children at home than stably unmarried individuals.

Finally, table 1 illustrates that within each marital-status category males and females differ, particularly with respect to household income, as well as employment and parental status. Among the stably married, husbands are more likely to be employed. Among the stably unmarried, women have lower household incomes and, with the exception of widowed per-

⁶ Considering the relatively short time between the two waves of the NSFH (i.e., a five-year period), the longitudinal analyses I present do *not* control for the number of years since respondents experienced their marital transition because there was considerable missing data on this variable. The inclusion of this variable in auxiliary analyses (not shown) did not significantly change the substantive results.

TABLE 1
 SOCIODEMOGRAPHIC CHARACTERISTICS OF SAMPLE BY MARTIAL STATUS AND GENDER WITHIN MARTIAL STATUS

SOCIODEMOGRAPHIC CHARACTERISTICS	STABLY MARRIED			STABLY SEPARATED/ DIVORCED			STABLY WIDOWED			STABLY NEVER MARRIED			MARITAL LOSS			MARITAL GAIN		
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women
Age	46.6	48.0	45.5	48.7	50.6	48.1	70.9	71.1	70.9	37.2	35.9	38.2	46.8	45.3	47.7	36.7	37.1	36.4
Race:																		
White (%)	84.3	82.8	85.5	66.5	67.5	66.1	74.1	71.4	74.5	58.8	69.6	49.7	76.0	76.0	76.0	81.0	83.5	79.0
Other (%)	15.7	17.2	14.5	33.5	32.5	33.9	25.9	28.6	25.5	41.2	30.4	50.3	24.0	24.0	24.0	19.0	16.5	21.0
Education	13.1	13.3	13.0	12.5	12.6	12.4	10.8	10.6	10.8	13.2	13.3	13.1	12.4	12.5	12.4	13.45	13.67	13.29
Household income ...	53,009	54,320	52,080	31,844	42,615	29,852	24,977	33,931	23,563	29,003	44,286	22,371	32,081	42,921	27,842	51,077	50,208	51,770
Employed (%)	61	71	54	64	62	64	20	21	19	68	75	62	57	61	54	74	85	66
Children	56	54	57	33	11	41	6	6	5	25	6	41	34	19	44	54	43	63
N	4,125	1,879	2,246	939	231	708	549	70	479	999	454	545	629	242	387	920	406	514

NOTE.—N = 8,161. Age and education are given in mean years, and household income is given in mean dollars. Children is the percentage of respondents with children under the age of 18 at home.

Gender, Marital Status, and Mental Health

sons, are more likely to have children at home. Similarly, among respondents who had experienced a marital loss, women who became separated or divorced and widowed have lower household incomes and are more likely to be living with children than similar men. However, relative to their male counterparts, women who had experienced a marital gain are less likely to be employed and more likely to have children at home.

RESULTS

Gender Differences in the Associations between Marital Status and Mental Health

The first set of analyses focus on gender and marital-status differences in mental health among persons whose marital status was stable over the study period. Table 2 contains results of dummy-variable analyses in which respondent's levels of depression and alcohol abuse at T2 are regressed on two sets of variables. In order to assess variation in distress among the stably unmarried, I include three dummy variables that consist of never married, separated or divorced, and widowed persons; the stably married are the reference category. Although these analyses are cross-sectional, they go beyond those in previous studies because they are conducted on a national sample of men and women who have been in their current marital status for a minimum of five years and include male- and female-typical problems. A number of findings are evident in table 2.

Consistent with previous cross-sectional research on depression and my first hypothesis, model 1 indicates that women report significantly more symptoms of depression than men, even after controlling for socio-demographic variables, as well as employment, parental, and marital status. Model 1 also shows sociodemographic differences in depression; consistent with other studies, nonwhites and persons with lower levels of education and family income report significantly more depressive symptoms than whites and those with higher levels of education and family income. Also consistent with prior work, the employed report significantly less depression than the nonemployed and parenthood is not significantly associated with depression. Model 1 further shows marital-status differences in depression; consistent with my second hypothesis, stably never married, separated or divorced, and widowed persons report significantly more depressive symptoms than the stably married, net of these other factors. However, although Gove (and others) claimed that being unmarried is associated with more distress for men and less distress for women, model 2 reveals that the associations between marital status and depression do not significantly differ for women and men. In other words,

TABLE 2
UNSTANDARDIZED COEFFICIENTS FROM REGRESSIONS OF DEPRESSION AND ALCOHOL ABUSE ON GENDER, MARITAL STATUS, AND CONTROL VARIABLES AMONG RESPONDENTS WHOSE MARITAL STATUS WAS STABLE

	DEPRESSION		ALCOHOL ABUSE	
	Model 1	Model 2	Model 3	Model 4
Female (0, 1)	2.84*** (.39)	2.56*** (.47)	-1.03*** (.06)	-.81*** (.08)
Age .....	.78 (.88)	.70 (.88)	-.06 (.15)	-.03 (.15)
Age ²	-.19* (.08)	-.19* (.08)	-.02 (.01)	-.02 (.01)
Nonwhite (0, 1)	1.86*** (.46)	1.82*** (.47)	-.30*** (.08)	-.29*** (.08)
Education	-.55*** (.07)	-.55*** (.07)	-.07*** (.01)	-.07*** (.01)
Household income	-.20*** (.06)	-.20*** (.06)	-.01 (.01)	-.01 (.01)
Employed (0, 1)	-3.58*** (.43)	-3.61*** (.43)	-.06*** (.07)	-.02 (.07)
Parent (0, 1) .....	.63 (.48)	.50 (.50)	-.23** (.08)	-.17* (.08)
Never married (yes = 1)	3.03*** (.64)	2.24*** (.90)	.34*** (.11)	.57*** (.15)
Separated/divorced (yes = 1)	4.27*** (.57)	3.89*** (1.05)	.39*** (.09)	1.15*** (.18)
Widowed (yes = 1)	1.60* (.80)	1.80 (1.84)	.49*** (.13)	1.28*** (.31)
Female × never married .....	...	1.34 (1.08)	...	-.36* (.18)
Female × separated/divorced ...	...	.58 (1.22)	...	-1.07*** (.20)
Female × widowed .....	...	-.10 (1.95)	...	-.99** (.32)
Adjusted R ² .....	.08	.08	.06	.06

NOTE.—Numbers in parentheses are SEs. The married are the reference (i.e., omitted) category. *N* = 6,612.

* *P* < .05, two-tailed tests.

** *P* < .01.

*** *P* < .001.

unmarried men are not significantly more depressed than unmarried women.⁷

⁷ Supplemental analyses (not reported) reveal employment- and parental-status variation in the association between being unmarried and depressive symptoms. The relationship between depression and being separated or divorced is significantly greater for nonemployed than employed people; and all unmarried persons living with dependent children (i.e., never married, separated or divorced, and widowed parents)

Gender, Marital Status, and Mental Health

Moreover, consistent with prior work and my first hypothesis, model 3 indicates that regardless of sociodemographic factors, as well as employment, parental, and marital status, men report significantly more alcohol abuse than women. Model 3 also reveals sociodemographic differences in alcohol abuse. Persons with lower levels of education (but not household income) report significantly more drinking problems than those with higher levels of education, and nonwhites report significantly less alcohol abuse than whites. Interestingly, employment is not significantly associated with alcohol abuse, though parents report significantly less alcohol abuse than nonparents. Model 3 further shows marital-status differences in alcohol abuse. Consistent with my second hypothesis, stably never married, separated or divorced, and widowed persons report significantly more alcohol problems than stably married people, net of these other factors. However, and in contrast to depression, the associations between marital status and alcohol abuse significantly differ for men and women. Consistent with Gove's sex-role theory of mental illness, model 4 reveals that unmarried men report more drinking problems than unmarried women.⁸

In sum, these analyses provide support for emotional-socialization arguments, which claim that males and females manifest psychological distress with different types of emotional problems. Regardless of marital status, women report more depression than men and men report more alcohol abuse than women.⁹ At the same time, these analyses provide support for role-theoretical claims that marital roles are associated with enhanced mental health. Net of other factors, stably unmarried persons report more symptoms of depression and more alcohol problems than stably married people. Finally, these analyses provide mixed support for Gove's sex-role theory of mental illness. Although there are no significant gender differences in the associations between marital status and de-

report significantly higher symptom levels than similar unmarried persons not living with children. In other words, while employment buffers, parenthood exacerbates, the negative association between being unmarried and this type of emotional distress. (Tables available upon request.)

⁸ Auxiliary analyses (not shown) indicate that there are no significant interactions between marital status and either parental or employment status for this manifestation of emotional distress.

⁹ It is, of course, entirely possible that women's higher levels of depression and men's greater alcohol abuse not only reflect gender-linked emotional socialization, but also reflect biological differences that predispose males and females to manifest distress with different types of mental health problems. Unfortunately, my data do not allow me to adjudicate between these two different, though not necessarily mutually exclusive, interpretations of gender differences in the expression of emotional problems. See Parry (2000) and Cadoret et al. (2000) for provocative discussions of biological (i.e., hormonal and genetic) influences on mood disorders and substance abuse among females and males.

pression, being unmarried is more closely associated with alcohol abuse for men than for women. Together, these findings strongly suggest that the benefits of marriage for depression apply equally to women and men, whereas the benefits of marriage for alcohol abuse are greater for men than for women.

However, while these cross-sectional analyses shed light on the relationships among gender, marital status, and mental health at a single point in time in a recent nationally representative sample of adults, they do not provide answers to other important questions regarding the relationships among gender, marital transitions, and mental health over time. For example, are there gender differences in the mental health consequences of marital transitions? If so, is the greater impact of a marital transition on men or women evident only for sex-typical emotional problems? Relatedly, are there gender differences in the causes of marital transitions? If so, are depressed women more likely and alcohol-abusing men less likely to become and remain married in the first place? To answer these questions, I now turn to longitudinal analyses.

Gender Differences in the Mental Health Consequences of Marital Transitions

Although Gove did not explicitly theorize about the mental health consequences of marital transitions for men compared to women, an implication of his sex-role theory that has received some scholarly attention is that marital loss is more harmful, and conversely, marital gain is more beneficial, for men's than women's mental health. To investigate these possibilities for the first time with male and female types of emotional problems in a national sample, table 3 focuses on the impact of marital loss, and table 4 focuses on the impact of marital gain, on women and men.

Tables 3 and 4 present the results of dummy variable analyses in which I regress respondent's level of depression and alcohol abuse at T2 on two sets of variables. In order to assess variation in emotional distress among persons who experienced a marital loss, I include two dummy variables in table 3 analyses that consist of people who became separated or divorced and widowed; in these analyses, the stably married are the omitted category. To assess variation in mental health among people who had a marital gain, I include three dummy variables in table 4 analyses that consist of previously never married, separated or divorced, and widowed persons; the stably unmarried are the reference category in these analyses. Because the purpose of these analyses is to assess whether change in mental health between T1 and T2 is a function of change in marital status during this time frame, these models all include respondent's level of

Gender, Marital Status, and Mental Health

TABLE 3
UNSTANDARDIZED COEFFICIENTS FROM REGRESSIONS OF DEPRESSION AND ALCOHOL ABUSE ON GENDER AND MARITAL LOSS AMONG RESPONDENTS WHO WERE MARRIED AT T1

	DEPRESSION		ALCOHOL ABUSE	
	Model 1 ^a	Model 2 ^a	Model 3 ^a	Model 4 ^a
Female (0, 1)	2.25*** (.40)	1.86*** (.43)	-.82*** (.08)	-.81*** (.08)
T1 depression/alcohol abuse ^b ...	.33*** (.01)	.33*** (.01)	1.60*** (.30)	1.59*** (.30)
Marital loss from separation/ divorce (yes = 1)	5.59*** (.70)	3.70*** (1.02)	.44*** (.12)	.62*** (.18)
Marital loss from widowhood (yes = 1)	4.23*** (1.10)	2.80 (2.42)	.07 (.20)	-.47 (.43)
Female × marital loss from separation/divorce .....	...	3.43*** (1.34)	...	-.31 (.24)
Female × marital loss from widowhood .....	...	1.89 (2.66)	...	.65 (.47)
Adjusted R ² .....	.18	.19	.06	.06

NOTE.—Numbers in parentheses are SEs. The stably married are the reference category. *N* = 4,754.
^a Each model controls for sociodemographic variables including age, race, education, and household income, as well as respondent's employment and parental status at T2.
^b Respondent's level of depression at T1 is included in the depression models and whether they reported alcohol problems at T1 is included in the alcohol abuse models.
* *P* < .05, two-tailed tests.
** *P* < .01.
*** *P* < .001.

distress at T1. While not shown, all models also include sociodemographic variables examined earlier, as well as respondent's employment and parental status at T2. There are several noteworthy findings in these tables.

Model 1 of table 3 indicates, not surprisingly, that respondent's symptoms of depression at T1 significantly predict their symptoms at T2. Moreover, and consistent with longitudinal studies (e.g., Horwitz et al. 1996b; Menaghan and Lieberman 1986) and my third hypothesis, the loss of the spousal role increases depression. Compared to the stably married, persons who had a marital loss from either separation and divorce or widowhood reported a significant increase in depressive symptoms between T1 and T2. However, there is no support for the argument that a marital loss is more depressing for men. In fact, model 2 reveals that women are significantly more depressed by separation and divorce. That is, that ad-

TABLE 4
UNSTANDARDIZED COEFFICIENTS FROM REGRESSIONS OF DEPRESSION AND ALCOHOL ABUSE ON GENDER AND MARITAL GAIN AMONG RESPONDENTS WHO WERE UNMARRIED AT T1

	DEPRESSION		ALCOHOL ABUSE	
	Model 1 ^a	Model 2 ^a	Model 3 ^a	Model 4 ^a
Female (0, 1)	2.10*** (.58)	2.41*** (.71)	-1.28*** (.11)	-1.42*** (1.33)
T1 depression/alcohol abuse ^b .....	.29*** (.01)	.29*** (.01)	2.62*** (.33)	2.61*** (.33)
Marital gain from previously never married (yes = 1)	-3.88*** (.86)	-3.38*** (1.16)	-.24 (.16)	-.34 (.22)
Marital gain from previously separated/divorced (yes = 1)	-2.65** (.86)	-2.08 (1.34)	-.28 (.16)	-.67** (.25)
Marital gain from previously widowed (yes = 1)	-3.80 (2.38)	-3.22 (3.90)	-.22 (.45)	-1.05 (.74)
Female × marital gain from previously never married .....	...	-.98 (1.54)	...	.21 (.29)
Female × marital gain from previously separated/divorced ...	...	-.92 (1.67)	...	.64* (.32)
Female × marital gain from previously widowed .....	...	-.87 (4.92)	...	1.30 (.93)
Adjusted R ² .....	.18	.18	.09	.09

NOTE.—Numbers in parentheses are SEs. The stably unmarried are the reference category. *N* = 3,407.

^a Each model controls for sociodemographic variables including age, race, education, and household income, as well as respondent's employment and parental status at T2.

^b Respondent's level of depression at T1 is included in the depression models and whether they reported alcohol problems at T1 is included in the alcohol abuse models.

* *P* < .05, two-tailed tests.

** *P* < .01.

*** *P* < .001.

vantages of being married and disadvantages of becoming unmarried are greater for women when considering depression.¹⁰

¹⁰ Additional analyses (not reported) show that respondent's parental and employment status at T1 moderate the negative impact of a marital loss from separation and divorce. On one hand, parents were significantly more depressed by separation and divorce than nonparents. On the other hand, employed persons were significantly less depressed by separation and divorce than nonemployed individuals. It thus appears that parenthood exacerbates, while employment buffers, the negative impact of this type of marital loss on this type of emotional distress. (Tables available upon request.)

Gender, Marital Status, and Mental Health

If men are more distressed by marital loss—as Gove’s sex-role theory implies—their mental health disadvantage should be evident when a male-typical emotional problem is examined. Turning to alcohol abuse, model 3 indicates (again, not surprisingly) that respondent’s alcohol abuse at T1 significantly predicts their alcohol abuse at T2. Moreover, and consistent with previous work (e.g., Horwitz and White 1991; Horwitz et al. 1996*b*) and my third hypothesis, the loss of the spousal role increases alcohol problems. Compared to the stably married, persons who had a marital loss from separation and divorce (but not from widowhood) reported a significant increase in alcohol abuse between T1 and T2. However, there is no indication in model 4 that marital loss is more distressing for men, with respect to alcohol abuse. That is, the advantages of being married and disadvantages of becoming unmarried for alcohol abuse apply to women *and* men.¹¹

In short, while marital loss is distressing, there is no evidence in this national sample of adults to support the hypothesis that marital loss is more distressing for men, even when a male-typical emotional problem is examined. On the contrary, the above analysis indicates that women are actually more depressed by separation and divorce. However, while these analyses are informative, it is also useful to assess the psychological impact of a marital gain compared to being *continuously unmarried*, as well as gender differences in the mental health consequences of marital gain. Although Gove’s sex-role theory implies that the emotional advantages of marital gain are greater for men, this hypothesis has, to date, not been examined with male and female types of emotional problems in a national sample.

Consistent with my third hypothesis, model 1 of table 4 shows that marital gain reduces depression, though significantly so only for certain groups of people. Compared to the stably unmarried, previously never-married people who married and formerly separated or divorced persons who remarried reported a significant decrease in depressive symptoms between T1 and T2. Moreover, model 2 shows that the emotional advantages of marital gain are *not* significantly greater for men than for women. Although negative in sign, the interaction terms for gender and each marital gain dummy variable are not significant—at least not for this manifestation of emotional distress. In contrast to the implications of

¹¹ Results of supplemental analyses for alcohol abuse (not shown) are consistent with those for depression discussed above; parenthood exacerbates, while employment buffers, the negative emotional impact of marital loss through separation and divorce. (These tables are also available upon request.)

Gove's early sex-role theory, these findings clearly indicate that the benefits of marital gain for depression apply equally to women and men.¹²

Turning to alcohol abuse, model 3 shows that marital gain does not reduce this type of emotional distress. In contrast to my third hypothesis, people who experienced a marital gain do not report a significant decrease in alcohol abuse relative to stably unmarried persons. However, model 4 reveals that the modest reduction in alcohol abuse among previously separated and divorced persons who remarried is significantly greater for men than for women. This finding is consistent with the implications of Gove's thesis and indicate that the benefits of marital gain for alcohol abuse—a male type of emotional problem—are greater for men than for women.¹³ This finding is also consistent with my fourth hypothesis, which states that when there are gender differences in the impact of marital transitions, the greater impact on men or women will be evident only for sex-typical emotional problems.

In brief, there is evidence in this national sample of adults that marital gain is emotionally beneficial for certain groups of people (i.e., previously never married, as well as formerly separated or divorced persons) and for certain types of emotional problems (i.e., feelings of depression). Moreover, there appears to be some support for the notion that the psychological advantages of marital gain are greater for men. While there are no significant gender differences in the benefits of marital gain for symptoms of depression, the modest benefits of remarriage among persons who had previously been separated or divorced are significantly greater for men, with respect to alcohol abuse.

Taken together, these longitudinal results provide support for both role and emotional socialization explanations of the relationships among gender, marital transitions, and mental health. While marital loss has negative consequences for individuals' mental health, marital gain has positive consequences for their emotional well-being. Moreover, when there are gender differences in the psychological impact of marital transitions, their greater impact on men or women is only evident for sex-typical emotional problems. The greater negative emotional impact of marital loss on

¹² Compared to findings for marital loss, additional analyses (not reported) indicate that neither respondent's employment nor parental status at T1 moderates the impact of a marital gain on symptoms of depression with one exception: the modest emotional benefits of marital gain for previously widowed persons are significantly greater for those who are unemployed than for those who are employed. This finding should, however, be interpreted cautiously due to the small number of cases in the subgroup ($N = 56$), which may render this coefficient unstable and unreliable.

¹³ Auxiliary analyses (not shown) also indicate that neither respondent's employment status nor their parental status at T1 moderates the impact of a marital gain on this type of emotional distress.

women is evident for depression, whereas the greater positive emotional impact of marital gain on men is evident for alcohol abuse. However, beyond providing evidence for these two distinct though complimentary theoretical explanations, my findings also provide additional support for recent claims that the emotional advantages of being or becoming married—and the emotional disadvantages of being or becoming unmarried—apply to men *and* women.

Gender Differences in the Causes of Marital Transitions

Having examined gender differences in the consequences of marital loss and marital gain for male and female types of emotional problems, I now examine a final, yet pivotal, set of issues. That is, I assess—again for the first time with national data—whether individuals who have mental health problems are less likely than those who do not to either remain or become married in the first place. I also assess whether men and women differentially select out of or into marriage on the basis of their mental health status. Since men and women manifest distress with different types of emotional problems, it is possible that depressed women and alcohol-abusing men are less likely than their nondistressed counterparts to either become or remain married.

Table 5 presents the results of logistic regression analyses in which I regress whether respondents had experienced a marital transition during the study period on two sets of variables. Models 1 and 2 assess the determinants of marital loss. Because widowhood is a marital loss over which people have little, if any, control, these analyses exclude respondents who lost their spouse through death ($N = 173$) and are, therefore, based on stably married persons and those who had separated or divorced by T2. Models 3 and 4 assess the determinants of marital gain and are based on all stably unmarried persons and all respondents who had a marital gain by T2.

While Gove's sex-role theory of mental illness argues that marital status—and, by extension, marital transitions—have different consequences for men's and women's mental health, the alternative hypothesis is that men and women differentially select out of and into marriage on the basis of their prior mental health status. Recall that since his article first appeared in the literature, scholars have argued that men who have mental health problems may "select out" of marriage, whereas women who have mental health problems may "select into" marriage, in the first place. Thus, rather than attributing gender differences in the relationships between marital status and mental health to social causation processes—as Gove's theory does—it is possible that social selection processes actually account for gender differences in these relationships. In table 5, I examine

TABLE 5
UNSTANDARDIZED COEFFICIENTS FROM LOGISTIC REGRESSIONS OF MARITAL LOSS AND MARITAL GAIN ON GENDER, DEPRESSION, ALCOHOL ABUSE, AND CONTROL VARIABLES AT T1

	MARITAL LOSS ^a		MARITAL GAIN ^b	
	Model 1	Model 2	Model 3	Model 4
Female (0, 1)	-.14 (.11)	-.07 (.77)	-.30** (.10)	-.36 (1.38)
Age	-.05*** (.01)	-.05*** (.01)	.06*** (.00)	-.03*** (.01)
Nonwhite (0, 1) .....	.47*** (.12)	.25 (.18)	-.89*** (.10)	-.75*** (.16)
Education	-.05** (.02)	-.05* (.03)	.02 (.02)	.02 (.03)
Household income	-.00 (.02)	-.00 (.02)	.13** (.05)	.4 (.05)
Employed (0,1) .....	.01 (.13)	-.44* (.22)	.35** (.11)	.61** (.20)
Parent (0, 1)	-.05 (.11)	-.05 (.16)	.37*** (.10)	.72*** (.22)
Depression .....	.13*** (.04)	.17*** (.04)	.02 (.02)	.01 (.04)
Alcohol problems .....	.85** (.32)	.60 (.37)	-.22 (.27)	-.45 (.32)
Female × depression .....	...	-.01 (.01)	...	.00 (.05)
Female × alcohol problems ...	...	1.28 (.75)	...	.76 (.58)
Adjusted R ² .....	.07	.07	.15	.15

NOTE.—Numbers in parentheses are SEs. All variables included in these analyses are based on information obtained at T1.

^a The marital loss analyses exclude the 173 respondents who were widowed between T1 and T2. *N* = 4,581.

^b *N* = 3,407.

* *P* < .05, two-tailed tests.

** *P* < .01.

*** *P* < .001.

this alternative social-selection hypothesis with respect to marital loss and marital gain for male and female types of emotional problems. A number of findings are evident in this final table.

First, model 1 indicates that respondent's age, race, and education all predict whether they had a marital loss through separation or divorce. Consistent with demographic research, younger, nonwhite, and less-educated persons are significantly more likely to become separated and divorced than older, white, and more-educated people. Interestingly, and in contrast to some demographic research, neither respondent's employment nor parental status predicts marital loss. Moreover, prior mental

Gender, Marital Status, and Mental Health

health status predicts marital loss. Consistent with social-selection arguments (Booth and Amato 1991; Mastekaasa 1992), persons who reported symptoms of depression and alcohol problems at T1 are significantly more likely to have separated and divorced by T2 than persons who did not report these problems. However, while these findings provide support for social-selection arguments, it is also possible to interpret them from a social-causation framework; these respondents may have reported more depression and drinking problems at T1 because they were already experiencing stress that precipitates separation and divorce (see Menaghan 1985). Although my data unfortunately do not allow me to adjudicate which, if any, of these interpretations is more accurate for marital loss, there is no indication in model 2 that men and women differentially select out of marriage on the basis of their mental health status.

Second, model 3 indicates that respondent's age, race, household income, and gender predict whether they had a marital gain. Consistent with demographic research, younger and white persons, as well as those with higher household income and men, are significantly more likely to marry (and remarry) than older and nonwhite people, those with lower household income, and women. Moreover, and in contrast to marital loss, respondent's employment and parental status predict whether they had a marital gain; parents and employed persons are significantly more likely to get married (or remarried) than nonparents and nonemployed people. Model 3 further shows that neither depression nor drinking problems predict marital gain. Thus, there is no support for social-selection arguments of the relationship between marital status and mental health with respect to marital gain. Last, and most relevant for this article, model 4 reveals that there are no gender differences in the selection into marriage on the basis of prior mental health.¹⁴

Overall, these concluding analyses indicate that social-selection and social-causation processes underlie the relationship between marital loss and mental health. Persons who separated or divorced by T2 reported more depression and drinking problems at T1 than those who remained married. However, while these individuals' symptoms may have contrib-

¹⁴ While table 5 indicates that men and women do not differentially select out of or into marriage on the basis of their prior mental health status, supplemental analyses (not reported) reveal significant gender differences in the relationship between certain sociodemographic characteristics and marital transitions. Younger and less-educated men are more likely than their female peers to separate and divorce. In contrast, nonwhite women and women who have higher household incomes are more likely than their male counterparts to have separated and divorced. The only significant gender difference in the relationship between sociodemographic characteristics and marital gain is with respect to age. In this case, younger men are more likely than younger women to have had a marital gain.

uted to their subsequent loss, it is possible that they also reflected marital difficulties that typically precede separation and divorce. In contrast, social causation processes alone appear to account for the relationship between marital gain and mental health since individuals' symptoms at T1 did not play a role in whether they got married (or remarried) by T2. Finally, there is no evidence to support the hypothesis that men and women differentially select out of or into marriage on the basis of their mental health, and this finding holds for female and male types of emotional problems. Depressed women and alcohol-abusing men are neither more nor less likely to remain or become married.

CONCLUSIONS AND DISCUSSION

For three decades, sociologists have debated about the consequences of marriage for men's and women's mental health. Overcoming the limitations of previous research, I revisited the relationships among gender, marital status, and psychological well-being. I argued that such an investigation was necessary not only for conceptual, methodological, and theoretical reasons, but also on substantive grounds, since profound social changes have occurred in men's and women's roles and in marital patterns, which may have altered the nature, meaning, and significance of marriage and the consequences of marital status, for men's and women's mental health.

Results of cross-sectional analyses provided support for emotional-socialization arguments, which claim that males and females respond to stress and manifest distress with different types of emotional problems. At the same time, these analyses provided support for role-theoretical claims that marriage is associated with enhanced mental health.

Results of longitudinal analyses provided further support for role-theoretical claims that social roles in general, and marital roles in particular, have consequences for mental health. Marital loss increases, whereas marital gain decreases, emotional distress—though these relationships are statistically significant only for certain groups of people and for certain types of emotional problems. These analyses also indicated that when there are gender differences in the emotional impact of marital transitions, their greater impact on men or women is evident only for sex-typical emotional problems. These findings suggest that women's symptoms of depression and men's alcohol problems are *functional equivalents* and that there is a relationship between marital status and externalizing emotional problems for men that was unarticulated in prior theory and research.

The last set of analyses investigated, for the first time with national data, the alternative social-selection hypothesis, which claims that individuals who have mental health problems are less likely than those who

do not to either remain or become married. These analyses also examined whether there are gender differences in the causes of marital transitions and if distressed men select out of, while distressed women select into, marriage. Results for marital loss indicated that married respondents who subsequently separated and divorced report more depression and alcohol problems at T1 than those who remained married. However, I interpreted these results as providing support for *both* social selection and social causation hypotheses of the relationship between marital status and mental health. While it is likely that married people's depression or alcohol abuse contribute to marital problems and precipitate marital dissolution, it is equally likely that their distress reflects extant marital problems that typically precede separation and divorce (Riessman 1990). These findings strongly suggest that social-selection and social-causation processes are complex and that the direction of causality of the relationship between marital loss and mental health cannot easily be disentangled—even in longitudinal research (Menaghan 1985, 1989; Menaghan and Lieberman 1986; Mastekaasa 1992; Horwitz and White 1991; Horwitz et al. 1996a).

In contrast to marital loss, results for marital gain provided support for only social-causation arguments since unmarried respondents' mental health status had no bearing on whether they subsequently married. It thus appears that distressed persons are not more likely to select out, and emotionally healthy people are not more likely to select into, marriage—at least not with respect to depression and alcohol abuse. Finally, there was no evidence to support the notion that men and women differentially select out of and into marriage on the basis of their mental health. That is, depressed women and alcohol-abusing men are neither less nor more likely to have remained or become married than nondepressed women and nonalcohol abusing men.

Taken as a whole, my analyses do not support Gove's early sex-role theory of mental illness, which claimed that marriage is emotionally advantageous for men and disadvantageous for women. My analyses also do not support the implications of the new gender theory, in which the psychological benefits of marriage are thought to be fewer for women than for men. On the contrary, my findings indicate that the emotional benefits of being married, and emotional costs of being unmarried, apply to women and men in the United States today. However, even though Gove's sex-role theory does not apply to contemporary women and men, my results do not imply and cannot speak to its accuracy earlier in the 20th century when the historical conditions under which he derived his hypotheses were in place. Indeed, Gove's theory was intended to be a *historically specific* theory about the nature and consequences of men's and women's marital roles from World War II through the 1970s—a

historical period in which men's and women's roles both within and outside of marriage were more narrowly defined than they are today.

In addition to providing a more thorough and nuanced understanding of the relationships among gender, marital status, and mental health in the United States today, my research calls into question the wisdom of focusing exclusively on differences in the nature of men's and women's social roles in general, and marital roles in particular, for explaining gender differences in mental health among adults. My results indicate that role *and* emotional-socialization explanations are important for understanding the relationships among gender, marital status, and mental health. Consistent with role-theoretical claims, my analyses clearly showed that marriage (and marital gain) is emotionally beneficial, whereas the lack (or loss) of marriage is emotionally harmful, for men and women. However, because women report more depression and men report more substance abuse in all marital statuses—as my analyses also showed—gender differences in mental health among adults should be interpreted as a function of the emotional-socialization experiences of males and females that predispose them to respond to stress throughout the entire life course with sex-typical (i.e., externalizing vs. internalizing) emotional problems. In fact, my results illustrate that role arguments are most useful for explaining differences in mental health among men and among women, while emotional-socialization arguments are most useful for explaining gender differences in mental health among persons who hold the same configuration of social (including marital) statuses.

Therefore, rather than continuing to focus primarily on differences in the nature of men's and women's social roles, it would be far more productive for future theory and research on gender and mental health to concentrate on why males respond to stress with externalizing emotional problems such as alcohol abuse, whereas females respond to stress with internalizing emotional problems such as depression? Although I do not have data that bear on this issue, theory and research on the sociology of emotion points to some promising new directions for future work.

According to several emotions scholars (e.g., Gordon 1981; Hochschild 1979; Smith-Lovin 1995; Thoits 1989), societies contain emotion cultures that consist of collectively shared and deeply embedded beliefs and norms about emotion. For instance, included in Americans' emotion culture are beliefs about the proper emotional styles of males and females, as well as feeling and expression norms that specify that females should, and men should not, be emotional. Our emotional culture also includes feeling and expression norms that specify the emotions males and females should (and should not) feel and express. For example, we believe that females could (and in certain situations should) feel sad and males could (and on some occasions should) feel anger (Ross and Mirowsky 1984; Simon and Ka-

nellakos 2001). Sociologists of emotion further argue that individuals begin to acquire gender-linked cultural knowledge about emotion in childhood and adolescence through emotional socialization, and that this learning process continues into adulthood (Gordon 1989; Pollack and Thoits 1989; Simon, Eder, and Evans 1992).

The next step for theory and research on gender and mental health is to examine Americans' beliefs about the "proper" emotional styles of males and females, as well as norms that specify "appropriate" emotion and expression for men and women. Sociologists should also study the socialization processes through which boys and girls learn to express emotional problems in gender-appropriate ways and the consequences of affective deviance for males and females of all ages (see Richman 1988; Rosenfield 1982; Rosenfield et al. 2000; Thoits 1985). This research would help elucidate the links between our emotional culture and sex-typical manifestations of emotional problems. By the same token, scholars should also consider the interplay between social and biological factors for understanding gender-differentiated expressions of psychological distress, as well as identify the ways in which ongoing features of contemporary social structures contribute to gender variation in both the expression and experience of emotional problems.

Finally, although my research points to some new questions and directions for future work on gender and mental health, it also provides an opportunity to take stock of the nature, meaning, and significance of marriage for men and women at the close of the 20th century. The last 30 years have been a period of tumultuous social change in men's and women's roles and in marital patterns in the United States. There is currently greater involvement of men and women in both the family and workplace, as well as greater fluidity of marital status over the life course of males and females, respectively. Corresponding to these role-related changes are changes in the cultural meaning of marriage; while marriage was once perceived as a permanent bond that was broken by death, it is now viewed as a temporary bond that could be severed through separation and divorce. Although I cannot say that these social changes have altered the consequences of marriage for men's and women's mental health, my results provide further evidence for recent claims (Waite and Gallagher 2000; Waite 1995) that the emotional advantages of marriage apply *equally* to men and women. My results also suggest that there is currently gender equality in the emotional costs of marital loss and the emotional benefits of marital gain—with the exception of separation and divorce. The emotional disadvantages of separation and divorce are greater for women with respect to depression, whereas the emotional benefits of marital gain among the previously separated and divorced are greater for men with respect to alcohol abuse.

APPENDIX

TABLE A1
 MEANS AND SDs FOR DEPRESSION AND ALCOHOL ABUSE AT T1 AND T2 BY MARITAL
 STATUS AND GENDER WITHIN MARITAL STATUS

	DEPRESSION		ALCOHOL ABUSE	
	T1	T2	T1	T2
Stable marital statuses (<i>N</i> = 6,612):				
Stably married (<i>N</i> = 4,125)	11.885 (14.581)	11.662 (13.957)	.012 (.109)	.542 (2.261)
Males (<i>N</i> = 1,879)	10.185 (13.768)	9.697 (12.374)	.023 (.150)	.935 (3.067)
Females (<i>N</i> = 2,246)	13.307 (15.084)	13.306 (14.960)	.003 (.056)	.213 (1.133)
Never married (<i>N</i> = 999)	17.335 (17.315)	15.922 (16.727)	.023 (.150)	1.100 (3.245)
Males (<i>N</i> = 454)	15.247 (15.926)	13.163 (14.267)	.037 (.190)	1.813 (4.110)
Females (<i>N</i> = 545)	19.075 (18.226)	18.220 (18.225)	.011 (.104)	.505 (2.114)
Separated/divorced (<i>N</i> = 939) ...	18.142 (18.076)	17.314 (17.837)	.029 (.167)	.736 (2.854)
Males (<i>N</i> = 231)	16.039 (15.895)	14.403 (16.269)	.082 (.275)	2.130 (5.006)
Females (<i>N</i> = 708)	18.828 (18.692)	18.264 (18.230)	.011 (.106)	.281 (1.345)
Widowed (<i>N</i> = 549)	15.058 (17.004)	13.996 (16.217)	.009 (.095)	.302 (2.312)
Males (<i>N</i> = 70)	9.443 (11.840)	11.671 (13.542)	.029 (.168)	1.857 (6.101)
Females (<i>N</i> = 479)	15.879 (17.491)	14.336 (16.557)	.006 (.079)	.075 (.592)
Marital transitions (<i>N</i> = 1,549):				
Marital loss (<i>N</i> = 629)	16.010 (16.628)	19.008 (18.286)	.022 (.148)	.967 (3.447)
Males (<i>N</i> = 242)	15.384 (17.289)	16.000 (16.489)	.041 (.199)	1.703 (4.297)
Females (<i>N</i> = 387)	16.401 (16.211)	20.889 (19.106)	.010 (.101)	.507 (2.693)
Marital gain (<i>N</i> = 920)	17.666 (17.871)	12.564 (13.731)	.024 (.153)	.889 (2.951)
Males (<i>N</i> = 406)	15.399 (17.497)	10.330 (11.814)	.037 (.189)	1.485 (4.031)
Females (<i>N</i> = 514)	19.457 (17.976)	14.329 (14.849)	.014 (.116)	.418 (1.507)

NOTE.—*N* = 8,161.

Gender, Marital Status, and Mental Health

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