

Marital Strain and Depressive Symptoms Among African Americans

Verna M. Keith & Romney S. Norwood

The significance of marriage for the psychological well-being of African Americans is well documented in the literature. Compared to the unmarried, especially those who are separated or divorced, married African Americans are happier, more satisfied with life, and are at lower risk for psychiatric disorders (e.g., Broman, 1988; Williams, Takeuchi, & Adair, 1992). The effects of marital quality on the psychological well-being of married African Americans, however, has not been studied as extensively. Research of this type is especially important for the African American community given that poor marital quality may also contribute to marital dissolution. Using the stress perspective as a guiding framework, this paper conceptualizes poor marital quality as a chronic strain (Pearlin, et al., 1981) and investigates its effects on depressive symptoms among African Americans.

Background--Marital Quality and Psychological Well-Being

Research indicates that some persons are unwilling or unable to divorce even though their marriages are not happy. Heaton and Albrecht (1991) point out that it is often assumed that persons who chose to remain married derive satisfaction from the relationship, especially during the current period of high divorce rates and the emphasis on self-fulfillment. However, in a study of marital stability, these researchers found that a significant minority (7%) of persons reported that their marriages were very unhappy, but that they had no plans to divorce. Thus, although we can assume that those couples who are most unhappy or dissatisfied with their marriages eventually divorce, at any given time a significant minority find themselves in stable but unhappy marriages. Research by Broman (1993) suggests that this may be particularly applicable to African American couples. He reported that African Americans experience greater strains and more unhappiness in marriage than whites. Lower levels of spousal support and financial satisfaction among African Americans made a significant contribution to these racial differences. Broman speculates that persons may remain in unhappy marriages owing to financial restraints or to prevent disruption of children's lives.

A number of studies indicate that marital quality plays a significant role in psychological well-being. Indeed, Gove and his colleagues (1983) make a convincing argument that it is a good marriage which accounts for the psychological advantages observed among the married rather than marriage per se. They reported that males and females in unhappy marriages experience lower satisfaction, less happiness, and higher rates of psychological distress than their happily married counterparts. Williams (1988) found that high marital quality was positively associated with self-esteem and happiness but negatively associated with depression, anxiety, and poor health. The positive relationship between marital quality and mental health is also found among African Americans. Renne (1971), in a large study of Alameda County, California residents, also found that unhappily married African Americans and Whites of both sexes were more disadvantaged in physical and mental health than were those happily married. Glenn and Weaver (1981) also reported that marital happiness is the most significant factor contributing to global happiness among African American males and females. Thus, the psychological well-being of African Americans is enhanced by a satisfactory marriage and threatened by an unsatisfactory one.

Documenting the effects of marital quality on subjective well-being is an important step in advancing our

understanding of the general relationship between marriage and mental health. However, further research is needed to elaborate upon how unhappily married persons cope with marital problems short of separation and divorce.

The stress perspective may be useful for understanding the relationship between marital quality and mental health. According to the stress framework, ongoing strains in major roles represent stressors that can erode positive psychological functioning (e.g., Pearlin et al., 1981). The perspective also argues that psychosocial resources (e.g., social support and a sense of mastery) and effective coping techniques protect some individuals from the injurious effects of stressors (Thoits, 1995). In this study we treat marital problems as one source of ongoing role strain that can erode psychological well-being and result in depressive symptoms. We investigate three resources that may assist persons in coping with marital strain—mastery, emotional support, and number of organizational affiliations.

Under ideal circumstances, the marital role is important for identity and for producing a sense of belonging. It is also a primary source for deriving self-esteem, and part of our sense of mastery and control comes from successfully meeting the obligations attached to the marital role (Gove, Style, & Hughes, 1990). Pearlin and his colleagues (1981) demonstrated that chronic strains increase the risk of depressive symptoms by reducing feelings of mastery. Thus, persons who experience marital strain, but who are able to maintain a strong sense of mastery, are less likely to suffer emotionally. A considerable body of research has also established that persons who have emotional support from family and friends are less likely to succumb to the damaging effects of stressors (see Cohen & Wills, 1985). Further, several studies have demonstrated that family and friendship ties are significant for the well-being of African Americans (e.g., Ellison, 1990; Dressler, 1985). The evidence supporting the stress buffering effects of voluntary organizational affiliations among African Americans, on the other hand, is mixed (see Brown et al., 1992). However, participation in voluntary organizations may be an especially important avenue for coping with marital problems given that it increases the time spent away from home.

Marital Strain and Depressive Symptoms--Data & Results

The data for this study are taken from Wave One of the Americans Changing Lives Survey, a multi-staged national probability sample collected in 1986 under the auspices of the Institute for Social Research at the University of Michigan (see Broman, 1988). The analyses presented here are based on African Americans who were legally married or in long-term common law marriages. The age range is restricted to those under 60 to reduce the bias associated with the dissolution of unhappy marriages over time. Initially, 312 African Americans met these qualifications. Missing data, however, reduced the numbers for multivariate analyses to 290. Depressive symptoms are measured with the 11 item CES-D depression scale (range 11-33). Marital strain is measured using a 5-item scale (range 7 to 31); mastery is measured with a 2-items index (range 2-8); emotional support is measured with a 2-items (range 2-10); and organizational affiliations range from 1-5. The control variables are: age, the Nam-Powers SES index, employment status, number of children under aged 6, and perceived financial strain. Complete information on measures are available from the authors.

The bivariate results indicate that marital strain is associated with higher levels of depression. Persons low in marital strain (7 and under) report an average score of 11.5, those with medium strain (8-14) report an average of 13.3, and those with high levels of strain (15 and above) report an average of 15.0 on the CES-D scale. Higher depression scores are also associated with being female, young, lower SES,

being unemployed or not in the labor force, having more children under aged 6, greater financial strain, a greater number of voluntary associations, lower levels of support, and lower levels of mastery.

The multivariate analyses reveal that marital strain is associated with higher levels of depression ($\beta=.34$) even when age, being female, socioeconomic status, employment status, financial strain, and number of children under 6 are controlled. Organizational affiliations, added in the next step, has a negative effect on depressive symptoms ($\beta= -.13$) but does not alter the coefficient for marital strain. Greater emotional support (i.e, the extent to which friends and relatives makes one feel loved and cared for) has a negative effect on depression ($\beta= -.12$), and the coefficient for marital strain decreased from .34 to .32). Mastery is added to the equation next. Persons who feel that they have the ability to solve problems and who do not feel pushed around in life, have lower levels of depression. Entering mastery into the equation, reduces the coefficient for marital strain to .20. However, marital strain is still significant. None of the interaction effects between marital strain and the three coping resources are significant, indicating that neither organizational affiliations, social support, and mastery buffers marital strain in the conventional sense. However, further elaboration did indicate that marital strain has a negative effect on social support and mastery. These indirect effects accounted for about 27% of the total effect of marital strain on depressive symptoms.

The stress perspective provides some insight on the relationship between marital strain and psychological well-being. Marital strain is associated with lower levels of mastery and social support which, in turn, is associated with higher levels of depressive symptoms. Further research is needed to confirm these results using more refined measures of support and mastery and with a larger sample size. In addition, other coping resources should be explored.

References

- Broman, C. (1988). Satisfaction among Blacks: The significance of marriage and parenthood. *Journal of Marriage and the Family* 50:45-51.
- Broman, C. (1993). Race differences in marital well-being. *Journal of Marriage and the Family*, 55:724-732.
- Brown, D., Gary, L., Green, A., & Milburn, N. (1992). Patterns of social affiliation as predictors of depressive symptoms among urban blacks. *Journal of Health and Social Behavior*, 33:242-254.
- Cohen, S., & Wills, T. (1985). Stress, social support, and the buffering process. *Psychological Bulletin* 98:310-357.
- Dressler, William W. 1985. Extended family relationships, social support, and mental health in a Southern Black community. *Journal of Health and Social Behavior* 26:39-48.
- Glenn, N., & Weaver, C. (1981). The contribution of marital happiness to global happiness. *Journal of Marriage and the Family*, 43:161-168.
- Gove, W. ., Hughes, M. & Style, C. (1983). Does marriage have positive effects on the well-being of the individual? *Journal of Health and Social Behavior*, 24:122-131.
- Gove, W., Style, C., & Hughes, M. (1990). The effects of marriage on the well-being of adults: A theoretical analysis. *Journal of Family Issues*, 4-35.
- Ellison, C. G. (1990). Family ties, friendships, and subjective well-being among Black Americans. *Journal of Marriage and the Family*, 52, 298-310.

- Heaton, T. & Albrecht, S. (1991). Stable unhappy marriages. *Journal of Marriage and the Family*, 53:747-758.
- Pearlin, L., Lieberman, M., Menaghan, E., Mullan, J. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.
- Renne, K. (1971). Health and marital experience in an urban population. *Journal of Marriage and the Family*, 33:338-348.
- Thoits, P. (1995). Stress, coping, and social support process: Where are we? What next? *Journal of Health and Social Behavior*, Extra Issue:53-79.
- U.S. Bureau of the Census. (1992). Marital status and living arrangements: March 1992. *Current Population Reports, Series P20, No. 468*. Washington, DC: USGPO.
- Williams, D., Takeuchi, D., & Adair, R. (1992). Marital status and psychiatric disorders among Blacks and Whites. *Journal of Health and Social Behavior*, 33:140-157.
- Williams, D. G. (1988). Gender, marriage, and psychosocial well-being. *Journal of Family Issues*, 9:425-468.