# Marital Status and Social Well-Being: Are the Married Always Better Off?

Adam Shapiro · Corey Lee M. Keyes

Accepted: 8 October 2007/Published online: 25 October 2007

© Springer Science+Business Media B.V. 2007

**Abstract** The positive link between marriage and physical and psychological well-being is well established, but whether marriage is associated with social well-being is not. Using nationally representative data from the MIDUS study (N = 3,032), the present study examines the degree to which there are marital status differences in perceived social well-being, to what extent marital histories affect perceived social well-being, and the degree to which findings vary between social well-being and psychological well-being outcomes. We find that married persons do not have a decisive social well-being advantage over unmarried persons. However, married persons do have a significant social well-being advantage over non-married cohabitors. Additionally, marital history matters little to the perceived social well-being of our respondents. Comparisons with psychological well-being measures indicate substantial differences in the effect of marital status on individual-level well-being.

**Keywords** Marriage  $\cdot$  Marital status  $\cdot$  Well-being  $\cdot$  Health  $\cdot$  Family  $\cdot$  Social well-being  $\cdot$  Psychological well-being  $\cdot$  Cohabitation  $\cdot$  Divorce

# 1 Introduction

A substantial body of research from the U.S. and other countries documents the sizeable physical and psychological well-being advantages that married persons have over their nonmarried counterparts. Married adults report lower rates of mental illness and higher rates of indicators of mental health than never married and previously married adults. The rate of 12-month major depression disorder is 1.5% for married adults, 2.4% for never married adults, 4.1% for adults divorced once, 5.1% for cohabiting adults, and 5.8% for adults divorced twice (Robins and Regier 1991). In addition, married adults in Norway

A. Shapiro (⊠)

Department of Sociology & Anthropology, University of North Florida, 1 UNF Drive, Jacksonville,

FL 32224, USA

e-mail: ashapiro@unf.edu

C. L. M. Keyes

Emory University, Atlanta, GA, USA



report substantially higher levels of avowed happiness and satisfaction with their lives than nonmarried adults (Mastekaasa 1994). In short, married adults are better off than nonmarried in terms of physical health and subjective quality of life.

The benefits of marriage have been explained via its status as a structural form of social support (e.g., House et al. 1988). Marriage represents a social contract that bonds individuals together in an intimate relationship that can be stress-buffering and socially integrative. Classic studies operationalized social support via marriage (as well as civic and religious participation), finding that married adults were at reduced risk for premature mortality and physical morbidity (e.g., cardiovascular disease) (see Stroebe and Stroebe's 1995 review). In short, marriage purportedly confers social integration to its participants, providing them with a feeling of belonging and purpose (Waite and Gallagher 2000), primarily through kin-based social networks. As such, marriage would be hypothesized to promote an individual's sense of social well-being.

Despite the voluminous literature that links marital status to physical and psychological well-being, there have been literally no studies that explore the connection between marital status and individual-level social well-being. Additionally, research on marital status and health has been limited by the focus on one's current marital status, rather than consider how marital histories may moderate the impact of one's current status.

The paucity of research on social well-being has hampered our full understanding of the social processes of health, given that the World Health Organization (1948) has identified social well-being as a key component in an individual's overall health. Additionally, when social well-being is studied, it is generally operationalized by objective and societal-level indicators such as Gross Domestic Product (Andrews and Withey 1976) and behavioral measures such as community or group memberships (Coleman 1988; Putnam 2000). Although there are literatures that analyze forms of individual-level social well-being, such as perceived social support (Canty-Mitchell and Zimet 2000; Cornman et al. 2003). However, when marital status differences are examined, studies on perceived social support vary widely in whether married persons fare better than non-married persons (see review by Barrett 1999). The main drawback of this literature, however, is that the locus of well-being (social support) tends to draw from a relatively narrow field of social relationships, namely friends and family. Moreover, as will be discussed later, social well-being can be defined more broadly as both social support and social adjustment (McDowell and Newell 1987). Thus, studies of social support do not fully account for the full range of social well-being. Other individual-level studies of social well-being tend to examine anomie and alienation (Mirowsky and Ross 1989; Seeman 1959). Keyes (1998) has found that anomic correlates only modestly with only two of five measures of social well-being used in the present study.

This study investigates the influence of marital status and marital history on individual-level social well-being using a representative sample of adults in the U.S. We propose three major research questions. First, are there marital status differences in perceived social well-being? Second, how do marital histories across the life course influence perceived social well-being? Third, how do estimates of the effect of marital status on social well-being compare to other measures of well-being?

# 1.1 Defining Social Well-Being

For the past five decades, the World Health Organization (1948) has identified social well-being as a central component of an individual's overall health. However, social well-being has been operationalized in a myriad of ways that have occluded the state of social health



in the United States. On one hand, many studies have operationalized social well-being using objective criteria such as Gross Domestic Product (GDP) that reflect the relative prosperity of communities and societies (Andrews and Withey 1976). On the other hand, more recent work has operationalized social well-being in terms of behaviors that reflect community and organizational participation and membership (Coleman 1988; Putnam 2000).

Measuring social well-being as individual perceptions is of key importance to the field. According to Larson (1996), "the key to deciding whether a measure of social well-being is part of an individual's health is whether the measure reflects internal responses to stimuli—feelings, thoughts and behaviors reflecting satisfaction or lack of satisfaction with the social environment" (p. 186). Generally speaking, individual-level social well-being can be conceptualized as having two facets: Social adjustment and social support (McDowell and Newell 1987). Social adjustment refers to the subjective satisfaction with relationships or the performance of social roles. Social support refers to the quality and number of persons whom an individual trusts and can rely on, as well as the degree to which one is needed and matters to others and society (see also Larson 1993). Thus, social well-being can be defined as an individual's appraisal of their social relationships, how others react to them, and how they interact with social institutions and community (Keyes 1998; Larson 1993).

## 1.2 Theoretical and Empirical Literature on Marital Status and Social Well-Being

Although no studies to date have examined how marital status influences perceived social well-being, a voluminous literature on the effects of marriage on physical and mental health yields some insights. This literature finds that married persons have greater psychological and physical well-being than their single counterparts (Glenn and Weaver 1988; Kessler and Essex 1982; Shapiro 1996; Stroebe and Stroebe 1995). Two primary explanations have been advanced in an attempt to understand the advantage of married persons over single persons: Social causation explanations (the resource hypothesis and the strain/crisis hypothesis) and selection explanations.

The resource hypothesis suggests that being married entails certain resources that may potentially lead to a greater sense of social well-being. For example, the economic resource advantages of married persons have been well documented. In addition, the benefits of marriage derive from its status as a structural form of social support. Because marriage represents a social contract and offers its members a sense of permanence, belonging and purpose (see Waite and Gallagher 2000), married persons are purportedly more socially enmeshed in supportive networks than non-married persons. Indeed studies have found that married persons have larger social networks (Hurlbert and Acock 1990) and greater social support (Kessler and McLeod 1985; Pearlin and Johnson 1977) than unmarried persons. Married persons are also more likely than non-married persons to live in suburban locations (Fields and Casper 2001) and to participate in organized religion (Nock 1998). Thus, previous research would support the hypothesis that married persons will report greater social well-being than unmarried persons.

The strain/crisis hypothesis suggests that marital status differences in social well-being stem from the strains and concomitant network disruptions associated with marital disruption. Divorce is associated with the loss of joint (marital) social networks, which tend to be magnified by conflicts of loyalty (Kalmijn and Broese van Groenou 2005). Marital disruption through divorce and widowhood has also been linked to economic distress for



women in particular, which may impact women's social participation—many forms of social participation cost money (Kalmijn and Broese van Groenou 2005; Umberson et al. 1992).

Another important element to the strain/crisis hypothesis concerns the duration of strains. Recent research on mental health has suggested that the effects of marital disruption are relatively acute and that either time since marital disruption and/or remarriage will alleviate these stressors and reverses the negative effects of marital disruption. Remarriage has been found to reverse declines in social integration (Kalmijn and Broese van Groenou 2005) and economic strain (Shapiro 1996) associated with divorce. Ross (1995) also finds that the negative effects of widowhood on depression decline as time since widowhood passes.

The *selection explanation* suggests that marital status differences in well-being are not the result of a causal effect of being married (or unmarried), but rather from the differential selection of those individuals with high well-being into marriage and those with low well-being out of or away from marriage. Thus, given the interconnectedness of physical, psychological, and social well-being (Keyes 1998), it is plausible to assume that those with avoidant personalities and/or histories of mental or physical illness may indeed be more likely to report problematic social relationships and consequently lower perceived social well-being.

Several studies have lent credence to selection arguments (Davies et al. 1997; Mastekaasa 1992, 1994). Mastekaasa (1992) found that subjective well-being and life satisfaction predicted the probability of eventual marriage among Norwegians. Moreover, early life experiences which may be associated with social well-being have been shown to affect the probability of marriage and divorce. For example, Davies et al. (1997) found that many divorced women in their study reported a history of depression and problematic relations with their family of origin. While the selection argument has generally been refuted as the primary explanatory mechanism for marital status differences in well-being (Glenn and Weaver 1988; Marks 1996), it has increasingly been argued that both selective and causal pressures help explain marital status differences in well-being (c.f., Booth and Amato 1991). Thus, it is important to account for potential selective and causal pressures when examining the link between marital status and individual well-being.

A good deal of attention has also been paid to gender differences in the effect of marital status on health. Stemming from Jessie Bernard's notion of "his" and "hers" marriages, there has been a sizable literature which demonstrates that the health benefits of marriage, and the burdens of singlehood, may be greater for men than women. However, more recent research suggests that both men and women benefit from marriage, but they differ in the way in which individual symptomology is manifest. In analyzing the gendered mental health outcomes of marital transitions, for example, Simon (2002) finds that transitions out of marriage are associated with higher rates of alcohol use for men and higher rates of depression for women. Thus, our analysis considers how marital status differences in perceived social well-being vary by gender.

Another important consideration in understanding of the correlates of marital status concerns non-marital cohabitation. Ross (1995) notes that we should consider cohabitation as part of a continuum of attachment that includes marriage. This is supported by studies that find few mental health differences between married and cohabiting persons (Horwitz and White 1998; Ross 1995). However, there is also reason to believe that the nature of cohabitation itself may have negative consequences of individuals' social well-being. It has been suggested that cohabitation is an "incomplete institution" and as such, is associated



with stigma that may exclude cohabitors from the larger society (Nock 1995; Waite and Gallagher 2000). Indeed, Stets (1991) finds that while cohabitors are more likely than married persons to be tied to informal networks, this may be a compensatory mechanism for being estranged from society. While cohabitors' involvement in informal networks may be enough for their social integration, they may not fully participate in broader social interactions because they may avoid involvement with those individuals or groups who restrict their behavior (Stets 1991). Therefore, we hypothesize that cohabitors will report lower perceived social well-being than married persons.

# 1.3 Reconsidering Marital Status and Social Well-Being: A Life Course Perspective

It may be far too simplistic to contend that social well-being can be understood in terms of one's current marital status alone. While marital status encompasses one's current roles and interactions, the examination of marital statuses ignores the potential transitions into and out of marriage and essentially treats all persons as "transitionless" individuals. Marital histories are life course counterparts of marital status (Barrett 2000). A life course examination of marital histories presumes that marital transitions are frequently represented in one's marital history and there is some evidence for increasing prevalence of marital transitions. For example, slightly more than 15% of all Americans over the age of 15 have been married at least twice, and nearly one-third of Americans between 50 and 59 years of age have been married at least twice (Kreider 2005). Therefore, we suggest that an examination of individual marital histories will also help further understand the patterns of perceived social well-being by marital status.

From a life course perspective, there is good reason to believe that the examination of marital histories would influence perceived social well-being in different ways than simply by examining marital status alone. The life course paradigm has long argued that individuals' life (marital) trajectories must be explicitly considered when examining dimensions of individual health throughout the life course (O'Rand 1996), as the temporality of life transitions is of central importance to individual well-being. More specifically, the life course perspective assumes that transitions that occur earlier in life will have bearing on later life well-being vis-à-vis the accumulation of stressors and resources as well as the timing of subsequent transitions.

Our emphasis on life course experiences leads to the hypothesis that those who are stably married without disruption would have the maximum accumulation of social well-being over time. Consequently it is plausible that those who have experienced a martial disruption at some point in their lives could compromise their social well-being. For example, it has been documented that divorce alters one's social networks and relationships with others even years after the divorce itself (Wallerstein et al. 2000). It is also possible to hypothesize that multiple transitions out of marriage compound the negative consequences of disruptions on perceived social well-being. Barrett (2000) finds that marital histories moderate the protective effects of marriage. In particular, remarriages provide fewer protective effects against mental illness.

In sum, extant studies of the benefits of marriage are insufficient because they do not investigate whether marriage also confers greater individual-level social well-being. As such, studies that examine the influence of marital status on health have failed to capture the myriad of ways in which individuals evaluate their place in society. Using a nationally



representative sample, we consider marital status variations in perceived social well-being. Moreover, we also examine the consequences of individuals' marital histories to gain a better understanding of how life course trajectories of social roles influence perceptions of social well-being.

## 2 Methods

## 2.1 Sample

Data are from the *Midlife in the United States* (MIDUS) survey conducted by the Mac-Arthur Foundation's Research Network on Successful Midlife Development. MIDUS is a national probability sample, drawn with random digit dialing procedures, consisting of English-speaking, noninstitutionalized adults, aged 25–74, residing in the 48 contiguous states, and whose household included at least one telephone. The first stage of the multistage sampling design selected households with equal probability via telephone numbers. Disproportionate stratified sampling was used at the second stage to select respondents. The sample was stratified by age and sex, with over-sampling of males between the ages of 65 and 74. Working non-household (e.g., business) numbers were eliminated by definition, and working numbers that were unsuccessfully contacted 10 times were also eliminated.

Adults who agreed to participate were administered a computer-assisted telephone interview lasting 45 minutes on average and were then mailed two questionnaire booklets requiring about 1.5 hours on average to complete. All participants were offered \$20 and a copy of a final study monograph as incentives for participation. With a response rate of 70% for the telephone phase and a response rate of 87% for the self-administered questionnaire phase, the overall response rate (those completing both the telephone interview and the self-administered questionnaire) was 61% with a sample size of 3,032 respondents. Field procedures lasted approximately 13 months and were begun in 1994 and concluded in 1995.

Descriptive analyses are based on the weighted sample to correct for unequal probabilities of household and within household respondent selection. The sample weight post-stratifies the sample to match the proportions of adults according to age, gender, education, marital status, race, residence (i.e., metropolitan and non-metropolitan), and region (Northeast, Midwest, South, and West) based on the October 1995 Current Population Survey. Findings were unchanged by whether the sample was weighted; all descriptive analyses present the findings based on the weighted sample. The sampling design involved some complexities that could introduce design effects that inflate standard error estimates. However, simulations using jackknife repeated replications (see Kish and Frankel 1974) on an array of variables revealed very small standard error inflation of design-based estimates, eliminating the need to adjust statistical tests for design effects in these data.

## 2.2 Dependent Variables

The primary outcome of interest in the present study is social well-being. The MIDUS questionnaire contains five scales that have been operationalized based on validation from Keyes (1998). These scales correlate, but do not overlap, with existing measures of psychological and global well-being. Each scale consists of three items that were summed, with response format ranges from 1 (strongly disagree) to 7 (strongly agree). Respondents



were asked to respond to each item by evaluating the degree to which the statement represented how they typically feel, think, or behave. A detailed listing of the items in each scale is presented in Appendix 1. Some items have been reverse coded to make positive and negative dimensions consistent. Thus, higher scores indicate higher levels of social well-being. Due to extremely low internal reliability the social acceptance scale was not used in this analysis, thereby leaving four scales for the analysis.

The scale of social integration reflects the quality of one's relationship to his/her society and community. Individuals who are socially integrated feel that they have a sense of belonging in the world and occupy social positions that make them feel a connection to their social world. The social contribution scale reflects the extent to which individuals feel they are making a significant contribution to the world around them. The scale of social actualization is the evaluation of the potential of society. It is the belief that society has the potential to become a better place for citizens to live and that the collective has the potential for positive change. The social coherence scale reflects an individual's ability to make sense of a very complex world and to understand and predict what is happening around them. Social coherence is analogous to meaningless in life (i.e., Mirowsky and Ross 1989).

In order to determine the extent of high or low levels of well being across dimensions, we computed two variables based on an aggregation of the individual social well-being scales discussed in the preceding paragraph. *High-level* social well-being is a count (0–4) of the number of dimensions of social well-being on which respondents' reports are in the upper tertile. *Low-level* social well-being is a count (0–4) of the number of dimensions on which respondents' reports are in the lower tertile of each scale. The internal reliability of the overall social well-being scale is .81.

We also conduct a comparability analysis in which to contrast social well-being with another individual-level well-being measure, psychological well-being. We felt that this was an important step given that social well-being is a related but distinct component of psychological well-being (Keyes 2002). In this analysis we utilize a *total social well-being* index ( $\alpha = .71$ ), an additive index of each of the social well-being scales above. The *total psychological well-being* index is based on the work of Ryff (1989; Ryff and Keyes 1995). The total psychological well-being index is an additive index of six subscales of well-being ( $\alpha = .76$ ) representing different dimensions of the construct. These dimensions of well-being include self-acceptance, mastery, purpose in life, personal growth, positive relations with others, and autonomy. This measure has shown high validity and internal reliability in national surveys (Ryff and Keyes 1995).

# 2.3 Independent Variables

The primary independent variable of interest is marital status. Additionally, we were also interested in capturing some of the nuances of marital history in our measure of marital status. Because there is considerable disagreement as to the well-being of non-marital cohabitors (e.g., Horwitz and White 1998; Ross 1995; Waite and Gallagher 2000), we include cohabitors as a separate subcategory to replicate this finding for measures of social well-being. Given that marital histories of cohabitors are highly varied, it would be ideal to separately analyze those who are cohabiting following divorce, cohabiting following widowhood, and cohabiting and never married. Unfortunately, sample size restrictions made such categorization prohibitive. Non-married respondents were asked the following



question to ascertain their cohabitation status: "Are you currently living with someone in a steady, marriage-like relationship?" Responses to this question were dummy coded.

The final classification of marital status included currently married and cohabiting individuals: stably married (currently married never divorced), currently remarried, never married cohabitors, and previously married cohabitors. Also included were non-married and non-cohabiting persons: never married, currently divorced (one divorce), currently divorced (two or more divorces), and widowed. Unfortunately, there were too few cases of persons who had experienced multiple widowhoods for separate analyses.

Basic control variables include age in years, sex, race, and socioeconomic status. Each of these variables has been found to be predictive of social well-being in prior work (Keyes 1998; Keyes and Shapiro 2004). Because studies of marital status and health indicate potential selection effects, as discussed earlier, we include a control for mental health at age 16 to account for the potential selection of those who may be prone to low social well-being, regardless of marital status. Those with poor mental health early in life may lead to having weak social connections. Mental health at age 16 is a measure which asks respondents to evaluate their mental health (1 = poor 5 = excellent) when they were 16 years old. We also control for parental status (1 = parent 0 = non-parent), which has been shown to be predictive of well-being (Umberson and Gove 1989). Socioeconomic status was measured by the revised version of the Socioeconomic Index [SEI] (Hauser and Warren 1996). The SEI is a weighted average of occupational education and income that corresponds to occupational prestige ratings in the 1980 Census. The 1980 SEI is used because few changes were made in occupational classifications between the 1980 and 1990 Census. The range of scores for the SEI varies between 0 and 100. The SEI score assigned for each respondent was the higher of his or her own job or the job of his or her spouse, whichever was higher. We believe this operationalization to be most reflective of respondents' socioeconomic class given that marital partners' earnings may highly discrepant. In the event that the spouse was unemployed, the respondent's SEI score from his or her previous job was used (see also Turner et al. 1995). We also considered the role of respondents' time in current status (in years). Because time in current status was not significant and also increased the risk of colinearity with age in multivariate models, we included only age as a covariate.

# 2.4 Analytic Strategy

We use OLS regression to estimate models predicting total social and psychological well-being. Because the aggregate social well-being measures are counts and are non-normally distributed, we use Poisson regression to estimate models predicting the number of dimensions respondents report high-level and low-level social well-being. Poisson regression is appropriate for count data (e.g., 0, 1, 2, 3...) and produces robust parametric estimates as does OLS in the linear regression model. The Poisson regression model estimates conditional means of the counts and can be described as follows:

$$E[y_i|x_i] = \exp(\beta_1 + \beta_2 x_{2i} + \cdots + \beta_k x_{ki}),$$

where  $E[y_i|x_i]$  represents the conditional mean of the number of social well-being scales a respondent reports being in the top or bottom tertile;  $x_i$  is the *i*th respondent characteristic;



 $x_{ki}$  is the *i*th respondent characteristic up to the *k*th variable. Coefficients are interpreted such that the effect of the independent and control variables can be computed as:  $100 \times [\exp(\text{coefficient}) - 1]$ . This demonstrates the effect of a one-unit change in an independent variable on the conditional mean of the overall social well-being scale.

Given that this study is assessing the applicability of the 'marriage advantage' hypothesis to perceived social well-being, we use the first married as the reference category. Nevertheless, we estimated regression models using cohabitors as the reference category in ancillary analyses. We found that cohabitors fared worse than the divorced in terms of high social well-being, low level social well-being, social actualization and social coherence. Cohabitors also fared worse than the never married in terms of social coherence and low level social well-being. Cohabitors fared worse than the widowed in terms of social actualization and low level social well-being. We also ran analyses in which the married (first or higher order marriages) were omitted. There were no significant differences in substantive findings.

The multivariate models contain the main effects of marital status. In ancillary analyses (not shown) we tested the moderating effect of age and duration on the marital status/wellbeing relationship. Since these interaction terms did not add to model fit or to the substantive conclusions of this study, we did not include them in our final analysis. Finally, because gender has been found to moderate the marital status/well-being relationship, we include an interaction model by adding the term marital status × gender.

#### 3 Results

In our first set of analyses detailed in Table 1, we present bivariate analyses of individual and aggregated perceived social well-being by marital status and sex. Results in Table 1 provide significant insight into group differences in social well-being. First, there is evidence of a significant marriage advantage when compared to cohabitors for many of the outcome measures. There are more significant differences between first married persons and cohabitors among men than women. Among males, formerly married cohabitors report lower social contribution and social integration, and are in fewer upper tertiles of social well-being indices than their first married counterparts. Males who are never married cohabitors report lower social integration than first married males. Among women, formerly married cohabitors report lower social integration than their first married counterparts. Second, among the individual social wellbeing items, marriage advantages were most clearly pronounced for social integration. With the exception of widowed persons and never married females, married persons reported higher social integration than cohabitors, the divorced, and the never married regardless of sex. When marital history was examined, advantages of first married persons were more pronounced for men. First married men had significantly higher social integration than all other marital history categories, except those divorced two or more times and the widowed.

We now turn to the multivariate models that build on the bivariate findings from Table 1. Table 2 presents the results of Poisson regression models that predict high-level and low-level social well-being. We find that the primary marital status differences in well-being emerge between cohabitors and first married persons (omitted category). As seen in Model 1, formerly married cohabitors are significantly less likely to report high level social well-being than their first married counterparts. Being a formerly married cohabitor is associated with a 24.4% ( $100 \times [e^{-.28} - 1]$ ) decline in the number of dimensions of



Table 1 Unadjusted means of perceived social well-being by marital status/history

	Perceive	Perceived social well-being	being									
	High		Low		Coherence	es	Actualization	ation	Contribution	tion	Integration	_
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Marital history												
First married	2.02	1.74	69:	.83	.19	20	60:	05	.05	.03	.13	.15
Remarried	1.76*	1.76	.78	.91	80.	20	04	02	00.	.03	04*	.01
Cohabiting never married	1.82	4.	76.	1.15	.26	39	19	37	.04	11	20*	17
Cohabiting formerly married	1.11*	1.25	.33	1.50	.02	24	23	15	07*	32	39**	38**
Divorced once	1.86	1.66	.75	1.06**	.31	15	01	15	02	04	19**	11**
Divorced twice	2.23	1.58	.67	1.08	.12	32	.15	17	.26	12	03	15**
Never married	1.60**	1.89	77.	69:	.15	.01**	08	.02	.03	.21**	37**	05
Widowed	1.58	1.88	.93	1.01	13	28	80.	09	29	35**	.01	.20

 $^*p < .05, ^{**}p < .01$  Note: Asterisks indicate a significant mean difference as compared with the first married



**Table 2** Poisson regression estimates of high-level and low-level social well-being by marital status/history

Variable	High social well-l	peing	Low social well-being		
	Model 1	Model 2	Model 1	Model 2	
Cohabiting never-married	13 (.10)	18 (.17)	.44 (.13)**	.41 (.19)*	
Cohabiting formerly married	28 (.10)**	32 (.15)*	.17 (.12)	.12 (.16)	
Remarried	05 (.04)	.01 (.06)	.08 (.06)	.09 (.08)	
Divorced once	.05 (.04)	.07 (.06)	.07 (.06)	.13 (.08)	
Divorced 2+	.08 (.07)	.06 (.10)	.01 (.10)	.09 (.12)	
Widowed	.02 (.07)	.05 (.07)	04 (.09)	06 (.10)	
Never-married	08 (.06)	.06 (.07)	.05 (.09)	09 (.12)	
Male	.06 (.03)	.11 (.04)**	15 (.04)**	15 (.06)*	
SEI	.01 (.00)***	.01 (.00)***	01 (.00)***	01 (.00)***	
Black	.04 (.05)	.04 (.06)	07 (.08)	06 (.08)	
Other	.06 (.06)	.06 (.05)	12 (.08)	13 (.09)	
Mental health at age 16	.09 (.01)***	.09 (.01)***	10 (.02)**	10 (.02)***	
Parent	07 (.04)	07 (.04)*	.15 (.07)*	.16 (.07)*	
Age	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	
Cohabiting never married × male		.06 (.20)		.06 (.25)	
Cohabiting formerly married × male		.08 (.21)		.14 (.25)	
Remarried × male		10 (.08)		.02 (.12)	
Divorced once × male		04 (.09)		18 (.14)	
Divorced 2+ × male		.05 (.15)		25 (.22)	
Widowed × male		07 (.17)		.15 (.22)	
Never married × male		28 (.10)**		.29 (.15)	
Chi square/DF	2453.37/2902	2447.39/2895	3187.37/2902	3184.38/2895	

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

Note: Standard errors in parentheses

high-level social well-being relative those in their first marriage. In addition, never-married cohabitors are significantly more likely to report low-level social well-being (a 55.3% increase in the number of dimensions of low-level social well-being) than first married persons. Other significant predictors of well-being include socioeconomic status, mental health at age 16, and parental status.

Interactions between sex and marital status are added in Model 2 of Table 2. The significant interactions between never married and sex indicate that never married women have higher social well-being than never married men. There are no significant interactions between cohabitation and sex.

Our next analysis, presented in Table 3, is a comparative analysis of aggregated social and psychological well-being. The results for total social well-being suggest that the primary marital status difference is between cohabitors and first married persons. Being a cohabitor is associated with significantly lower total social well-being than first married persons. Model 2 shows that there is a significant and negative interaction effect between never married and male. This suggests that never married women report significantly higher social well-being than never married men.



Table 3	OLS regression	estimates of total	l social well-bein	g and total ps	sychological we	ell-bing by marital
status/his	tory					

Variable	Total SWB		Total PWB	
	Model 1	Model 2	Model 1	Model 2
Cohabiting never-married	-1.08 (.52)*	-1.41 (.78)	.03 (1.79)	-1.55 (2.72)
Cohabiting formerly married	-1.21 (.48)*	-1.15 (.65)	.11 (1.66)	2.35 (2.24)
Remarried	30 (.21)	18 (.31)	-1.05 (.73)	28 (1.08)
Divorced once	.12 (.24)	.12 (.30)	-2.78 (.82)***	-1.97 (1.05)
Divorced 2+	.22 (.38)	08 (.48)	-2.95 (1.31)*	-3.32 (1.67)*
Widowed	.22 (.22)	.34 (.38)	1.36 (1.19)	2.68 (1.32)*
Never-married	31 (.31)	.53 (.41)	-4.93 (1.07)***	-2.88 (1.41)*
Male	.44 (.15)**	.59 (.20)**	.85 (.52)	1.91 (.71)**
SEI	.07 (.01)***	.07 (.01)***	.19 (.02)***	.19 (.02)***
Black	.39 (.30)	.33 (.30)	2.07 (.1.02)*	1.99 (.1.03)*
Other	.51 (.29)	.52 (.29)	.23 (.97)	.25 (.97)
Mental health at age 16	.54 (.07)***	.54 (.07)***	2.57 (.25)***	2.57 (.25)***
Parent	47 (.22)*	50 (.22)*	-1.99 (.77)**	-2.11 (.77)**
Age	01 (.01)	01 (.01)	03 (.02)	03 (.02)
Cohabiting never married × male		.52 (1.00)		2.34 (3.44)
Cohabiting formerly married × male		17 (.96)		-4.89 (3.33)
Remarried × male		24 (.42)		-1.47(1.50)
Divorced once × male		.09 (.48)		-1.86 (1.66)
Divorced 2+ × male		.88 (.77)		1.24 (2.68)
Widowed × male		43 (.85)		-5.83 (2.94)*
Never married × male		-1.63 (.52)**		-4.13 (1.80)*
$R^2$	.09	.09	.10	.10

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

Note: Standard errors in parentheses

Analyses in Table 3 predicting total psychological well-being suggest that, unlike the results for social well-being, there are no significant differences between cohabitors and first married persons' psychological well-being. However, being divorced and never married is significantly and negatively associated with total psychological well-being. In Model 2, interactions between sex and widowed as well as sex and never married were significant and negative. This suggests that widowed women and never married women have significantly higher psychological well-being than widowed men and never married men.

### 4 Discussion

To date, we know little about how marital status contributes to individual-level social well-being. We utilized nationally representative data to investigate the extent to which marital status is linked to perceived social well-being. We also wanted to consider how the measurement of marital status—either as a single time-invariant status or considering individuals' marital histories—helped elucidate the connections between marital status and perceived social well-being. Lastly, we compared results from our measure of social well-being against a more established measure of psychological well-being.



# 4.1 Is There a Marriage Advantage in Perceived Social Well-Being?

Contrary to our expectations, the preceding analyses suggest that the purported advantages that married persons have over non-married persons in other realms of health are not as strong or as consistent when examining perceived social well-being. Overall, there is no evidence that being married (versus single) is unequivocally linked to greater perceived social well-being. In fact, for most of the social well-being outcomes, there are relatively few differences between married and non-married respondents. This supports the work of Depaulo and Morris (2005) and lends credence to arguments for the declining importance of marriage to individual well-being (i.e., Glenn and Weaver 1988; Ryan 1998). Taken to another level, the findings of the present study support the contention that single (divorced, widowed, and never married) persons' evaluation of their social networks and social selves differs little from that of married persons.

We also find that never married men report significantly lower perceived social well-being than their female counterparts. This finding supports the notion that marriage is of central importance to adult male development and well-being (Nock 1998). This finding is somewhat puzzling in that while it is often discussed that marriage opens new social opportunities for men, it is also plausible that marriage may be an isolating experience for men. The process of dyadic withdrawal suggests that the formation of intimate relationships such as marriage initiates a process of increasing reliance on and time spent with the partner and family relatives and less reliance on and time with friends and other non-kin relationships (Slater 1963). Moreover, married people tend to participate in fewer and more family-focused activities (Munch et al. 1997). What remains unclear is if large and broad networks provide individuals with a greater sense of social well-being that those with smaller and more intimate networks.

These findings in conjunction with the minimal marriage advantage already reported offers support to the notion that singlehood may indeed be functional for individuals and that the oft-cited negative health implications of singlehood may simply not apply to individual-level social well-being. Indeed, in their recent article, DePaulo and Morris (2005) contend that there has been an implicit bias against singlehood in the academic literature. They argue that we often fail to realize that both singles and couples benefit from having broad and significant social networks. Taken together, it seems plausible that marital status is only one in a series of social network indicators that influences perceptions of social well-being.

## 4.2 The Case of Non-Marital Cohabitors

Although we find only a modest social well-being advantage for married persons over single persons, there is more consistent evidence that cohabitation is associated with reports of lower social well-being than marriage. While the bivariate analyses suggest a clearer negative effect of cohabitation on perceived social well-being, this study indicates that cohabitors report consistently lower perceived social well-being than the married even after controlling for key variables. This finding contradicts those studies that find few if any differences in the well-being of married and cohabiting persons (e.g., Horwitz and White 1998; Ross 1995). Additionally, the average levels of perceived social well-being reported by cohabitors are also lower than those reported by the divorced, and to a lesser extent, lower than the never-married and widowed. This finding contradicts Kurdek's (1991) findings regarding the relationship between cohabitation and mental health. Additionally,



there is no discernable pattern of whether formerly married cohabitors are worse off than never married cohabitors.

Why do cohabiting persons fare worse than their married counterparts? One line of reasoning suggests that cohabitation represents an "incomplete institution", whereby it lacks formalized norms and its inhabitants are subject to social stigma (Nock 1995; Waite and Gallagher 2000). Unlike many countries around the world, cohabitors in the U.S. do not have the same rights as the married. The resulting societal marginalization could be particularly detrimental to cohabiting persons' perceived social well-being.

Additionally, the association between cohabitation and perceived social well-being may be an artifact of selection, whereby individuals with lower social well-being may self-select to cohabitate rather than marry. The selection explanation has been utilized in the examination of the relationship between cohabitation and divorce rates (e.g., DeMaris and Rao 1992). This body of research finds that individuals who choose to cohabit have more liberal orientations toward marriage and family life and are more accepting of divorce as an alternative to a poor marriage. Longitudinal studies are ultimately needed to determine causal or selective effects of cohabitation.

# 4.3 How does Marital History Influence Perceived Social Well-Being?

We expected to find greater cumulative advantages of social well-being among the stably married when compared to those who have experienced multiple marital disruptions. We found little support for this hypothesis. These findings contradict those of prior studies (Barrett 2000; Kurdek 1991; Willetts et al. 2004). Interpreted from a strain/crisis perspective, it is possible that the disruptive effects of marital dissolution may be short-lived and dissolutions in and of themselves do not trigger negative perceptions of social well-being. This finding is further buttressed by our finding (from ancillary analyses) that time in current marital status explains the most variation in perceived social well-being. It is also plausible that these findings may be due to the very basic marital history data available in the MIDUS study. More detailed marital history data might allow us to parse out the effects of timing and duration of marriages and to better analyze life course disruptive events.

# 4.4 A Comparison of Social Well-Being with Psychological Well-Being

Because perceived social well-being has not been used as an outcome in studies of marital status and well-being, we believe it is important to compare this outcome with psychological well-being, which has been utilized in countless studies in this area. The findings for the effect of marital status on psychological well-being are largely consistent with prior studies in that those who are divorced and never married have significantly lower psychological well-being (Robins and Regier 1991). However, it is non-marital cohabitors who are most likely to report lower social well-being.

These empirical differences between subjective well-being measures are important for understanding the nature of mental health. These findings underscore the complexity of the concept of well-being, which has long been dominated in the family literature by measures of psychological well-being. Our findings suggest that it is reasonable to assume that an individual could simultaneously report high levels of psychological well-being and low levels of social well-being, highlighting the independence of these two indices of well-being. As Keyes (2002:209) argues, "there is more to functioning well in life than



psychological well-being." To fully understand the notion of flourishing we must take an integrated approach (both conceptually and methodologically). It may very well be that social well-being and psychological well-being measures are tapping into different features of individuals' mental health. Keyes (1998, 2002) has suggested that while psychological well-being may reflect the private and personal criteria, social well-being may reflect the public and social criteria whereby people evaluate their life functioning. Moreover, both individual-level social well-being and psychological well-being reflect an individual's adjustment to life and thus can be viewed as features of mental health (see Keyes 2002).

#### 4.5 Limitations and Directions for Future Research

A few notes of caution deserve mention at this point. First, because of the cross-sectional nature of this sample, we are unable to fully account for selective pressures into and out of marital statuses. It is quite possible that there is likely to be a selection effect in that those with greater social well-being and/or social resources may be most likely to marry and to remain married for long durations. Although the selection argument has generally been refuted as the primary explanatory mechanism for marital status differences in well-being (Glenn and Weaver 1988; Marks 1996), there are several studies that show that marriage is, in part, a selective process associated with prior resource advantage (Mastekaasa 1994). Although we attempted to account for selection in part by controlling for respondents' mental health at age 16, longitudinal data are needed to more fully account for selection. Second, despite what this study has accomplished, we still know relatively little as to what explains variation in social well-being. Marital status/history and other sociodemographic variables were only able to account for upwards of 10% of the variance in social wellbeing. A potential problem here could be the specification of regression models as there are variables that may be missing from these models that could help explain variation in perceived social well-being. It is plausible to suggest that variables which tap social networks might improve explained variance, however in ancillary analyses (not shown), social network and social participation measures were significant predictors of perceived social well-being, but they did not significantly contribute to explained variance. Although the present study is most concerned with a descriptive examination of marital status and perceived social well-being, future studies should be well served by a more explanatory investigation. Third, many of the null findings may be attributable to low statistical power. As a result, it is possible that there are unmeasured differences in perceived well-being of married and unmarried persons.

Future research should explore whether features of dyadic withdrawal (Slater 1963) may partially explain why the married do not enjoy a clear advantage in social well-being over the non-married. Our findings are consistent with research on the process of dyadic withdrawal where the formation of intimate relationships (e.g., dating or marriage) initiates a process of increasing reliance on and time spent with the partner and family relatives and less reliance on and time with friends and other non-kin relationships, particularly in the early years of the relationship. Second, to more fully understand how social well-being and marital status are connected, there needs to be a more careful examination of contextual effects. These contextual effects may take the form of dyadic processes at the individual level (i.e., marital quality) or community relations at the macro level (i.e., community contacts, volunteerism, etc.). It is likely that the connections between one's marital status and their social well-being can be better understood by examining these multi-level phenomena. Research examining such issues would be a logical next step. Additionally, this study also raises many more



questions about the role of cohabitation in contemporary family life. How and why are cohabitors different from single persons? What mechanisms explain cohabitors' lower social well-being compared to the married? Finally, given the relative parity of single and married persons, future research should consider the ways in which single persons display resiliency and organize their lives in meaningful and satisfying ways.

In sum, our study is the first to examine marital status differences in individual level social well-being. The findings presented here suggest that we reconsider the universality of marriage advantages in health. While not necessarily detrimental to individuals' perceived social well-being, it is clear from these findings there are few advantages to being married versus being single. Given the current focus of public policy on marriage promotion in the U.S., the findings of this study imply the use caution in considering marriage as a panacea for the ills of individuals. Finally, this study underscores the importance of utilizing expanded measures of health and marital status to better capture the breadth of individuals' experiences in various life dimensions.

**Acknowledgements** A prior version of this paper was presented at the 2002 Annual Scientific Meeting of the Gerontological Society of America. Special thanks participants of the 1999 & 2000 Midlife in the United States summer workshop for their ideas. The MIDUS study was funded by the John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development (MIDMAC).

# Appendix 1 Social Well-Being Scales: Items and Scale Reliabilities

Social coherence ( $\alpha = .64$ )

The world is too complex for me.

I cannot make sense of what's going on in the world.

I find it easy to predict what will happen next in society.

*Social integration* ( $\alpha = .73$ )

I don't feel I belong to anything I'd call a community.

I feel close to other people in my community.

My community is a source of comfort.

Social contribution ( $\alpha = .64$ )

I have something valuable to give to the world.

My daily activities do not produce anything worthwhile for my community.

I have nothing important to contribute to society.

Social actualization ( $\alpha = .64$ )

The world is becoming a better place for everyone.

Society has stopped making progress.

Society isn't improving for people like me.

#### References

Andrews, F., & Withey, S. (1976). Social indicators of well-being. New York: Plenum Press.Barrett, A. E. (1999). Social support and life satisfaction among the never married: Examining the effects of age. Research on Aging, 21, 46–72.



- Barrett, A. E. (2000). Marital trajectories and mental health. Journal of Health and Social Behavior, 41, 451–464.
- Booth, A., & Amato, P. (1991). Divorce and psychological stress. *Journal of Health and Social Behavior*, 32, 396–407.
- Canty-Mitchell, J., & Zimet, G. D. (2000). Psychometric properties of the multidimensional scale of perceived social supports in urban adolescents. American Journal of Community Psychology, 28, 391–400.
- Coleman, J. S. (1988). Social capital in the creation of human capital. American Journal of Sociology, 94, S95–S120.
- Cornman, J. C., Goldman, N., Glei, D. A., Weinstein, M., & Chang, M.-C. (2003). Social ties and perceived support: Two dimensions of social relationships and health among the elderly in Taiwan. *Journal of Aging and Health*, 15, 616–644.
- Davies, L., Avison, W. R., & McAlpine, D. D. (1997). Significant life experiences and depression among single and married mothers. *Journal of Marriage and the Family*, 59, 294–308.
- DeMaris, A., & Rao, V. (1992). Pre-marital cohabitation and subsequent marital stability in the United States: A reassessment. *Journal of Marriage and the Family*, 55, 399–407.
- DePaulo, B. M., & Morris, W. L. (2005). Singles in society and in science. Psychological Inquiry, 16, 57–83.
- Fields, J., & Casper, L. M. (2001). America's families and living arrangements: March 2000. Current Population Reports, P20-537. Washington, DC: U.S. Census Bureau.
- Glenn, N. D., & Weaver, C. (1988). The changing relationship of marital status and happiness. *Journal of Marriage and the Family*, 50, 317–324.
- Hauser, R. M. & Warren, J. R. (1996). A socioeconomic index for occupations in the 1990 Census. Working Paper #96-01. Center for Demography and Ecology, University of Wisconsin-Madison.
- Horwitz, A. V., & White, H. R. (1998). The relationship of cohabitation and mental health: A study of a young cohort. *Journal of Marriage and the Family*, 60, 505–514.
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241, S40–S45.Hurlbert, J. S., & Acock, A. C. (1990). The effects of marital status on the form and composition of social networks. *Social Science Quarterly*, 71, 163–174.
- Kalmijn, M., & Broese van Groenou, M. M. (2005). Differential effects of divorce on social integration. Journal of Social and Personal Relationships, 22, 455–476.
- Kessler, R. C., & Essex, M. (1982). Marital status and depression: The importance of coping resources. Social Forces, 61, 484–507.
- Kessler, R. C., & McLeod, J. D. (1985). Social support and mental health in community samples. In S. Cohen, & S. L. Syme (Eds.), *Social support and health* (pp. 219–240). New York: Academic Press.
- Keyes, C. L. M. (1998). Social well-being. Social Psychology Quarterly, 61, 121–140.
- Keyes, C. L. M., & Shapiro, A. (2004). Social well-being in the United States: A descriptive epidemiology (pp. 350–372). In O. G. Brim, C. D. Ryff, & R. C. Kessler (Eds.), How healthy are we?: A national study of well-being a midlife. University of Chicago Press.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207–222.
- Kish, L., & Frankel, M. R. (1974). Inference from complex samples. Journal of the Royal Statistical Society, 36, 1–37.
- Kreider, R. M. (2005). Number, timing, and duration of marriages and divorces: 2001. Current Population Reports, P70-97). Washington, DC: U.S. Census Bureau.
- Kurdek, L. A. (1991). The relationship between reported well-being and divorce history, availability of a proximate adult, and gender. *Journal of Marriage and the Family*, 53, 71–79.
- Larson, J. S. (1993). The measurement of social well-being. Social Indicators Research, 28, 285–296.
- Larson, J. S. (1996). The World Health Organization's definition of health: Social versus spiritual health. Social Indicators Research, 38, 181–192.
- Marks, N. F. (1996). Flying solo at midlife: Gender, marital status, and psychological well-being. *Journal of Marriage and the Family*, 58, 917–932.
- Mastekaasa, A. (1992). Marriage and psychological well-being: Some evidence on selection into marriage. *Journal of Marriage and the Family*, 54, 901–911.
- Mastekaasa, A. (1994). Psychological well-being and marital dissolution: Selection effects? *Journal of Family Issues*, 15, 208–229.
- McDowell, I., & Newell, C. (1987). Measuring health: A guide to rating scales and questionnaires. New York: Oxford.
- Mirowsky, J., & Ross, C. E. (1989). *The social causes of psychological distress*. New York: Aldine de Gruyter.



- Munch, A., McPherson, J. M. & Smith-Lovin, L. (1997). Gender, children and social contact: The effect of childrening for men and women. American Sociological Review, 16, 509–520.
- Nock, S. L. (1995). A comparison of marriages and cohabiting relationships. *Journal of Family Issues*, 16, 53–76.
- Nock, S. L. (1998). Marriage in men's lives. New York: Oxford University Press.
- O'Rand, A. M. (1996). The precious and the precocious: Understanding cumulative disadvantage and cumulative advantage over the life course. *The Gerontologist*, 36, 230–238.
- Pearlin, L., & Johnson, J. (1977). Marital status, life strains and depression. American Sociological Review, 42, 704–715.
- Putnam, R. (2000). Bowling alone: The collapse and revival of American Community. New York: Simon and Schuster.
- Robins, L., & Reiger, D. (1991). Psychiatric disorders in America: The epidemiological catchment area study. New York: Free Press.
- Ross, C. E. (1995). Reconceptualizing marital status as a continuum of social attachment. *Journal of Marriage and the Family*, 57, 129–140.
- Ryan, J. (1998). Marital status, general life satisfaction and the welfare state: A cross-national comparison. International Journal of Comparative Sociology, 39, 224–237.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 69, 1069–1081.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- Seeman, M. (1959). On the meaning of alienation. American Sociological Review, 24, 783-791.
- Shapiro, A. D. (1996). Explaining psychological distress in a sample of remarried and divorced persons: The influence of economic distress. *Journal of Family Issues*, 17(2), 186–203.
- Simon, R. (2002). Revisiting the relationships among gender, marital status, and mental health. American Journal of Sociology, 107, 1065–1099.
- Slater, P. E. (1963). On social regression. American Sociological Review, 28, 339–364.
- Stets, J. E. (1991). Cohabiting and marital aggression: The role of social isolation. *Journal of Marriage and the Family*, 53, 669–680.
- Stroebe, W., & Stroebe, M. (1995). Social psychology and health. Buckingham: Open University Press.
- Turner, R. J., Wheaton, B., & Lloyd, D. (1995). The epidemiology of social stress. American Sociological Review, 60, 104–125.
- Umberson, D., & Gove, W. R (1989). Parenthood and psychological well-being: Theory, measurement and stage in the family life course. *Journal of Family Issues*, 4, 440–462.
- Umberson, D., Wortman, C. B., & Kessler, R. C. (1992). Widowhood and depression: Explaining long-term differences in vulnerability. *Journal of Health and Social Behavior*, 33, 10–24.
- Wallerstein, J., Lewis, J., & Blakeslee, S. 2000. The unexpected legacy of divorce: A 25 year landmark study. Hyperion Books.
- Waite, L. (1995). Does marriage matter? Demography, 32, 483-507.
- Waite, L., & Gallagher, M. (2000). A case for marriage. New York: Doubleday.
- Willitts, M., Benzeval, M., & Stansfeld, S. (2004). Partnership history and mental health over Time. *Journal of Epidemiology and Community Health*, 58, 53–58.
- World Health Organization (1948). World Health Organization Constitution. Basic documents. Geneva.



Copyright of Social Indicators Research is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listsery without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.