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**COVENANT MARRIAGE, RELIGIOSITY AND
BLACK-WHITE RACE GAPS IN DEPRESSION**

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Covenant Marriage, Religiosity and Black-White Race Gaps in Depression

Abstract: We use a stress process model with a sample of Louisiana newlyweds to explore whether a more legally rigorous form of marriage, the covenant marriage option, substantially reduces depressive symptom disparities between Black and White husbands and wives. We find that Black and White wives share similar depressive symptom levels in the first few months of their marriage. Black husbands have significantly higher numbers of depressive symptoms than White husbands. The life stressor measures substantially mediate the race gap in depressive symptoms for husbands, while buffers have little effect. As compared to standard marriage, and controlling for diverse life stressor, buffer, and sociodemographic measures, covenant marriage buffers wives against depressive symptoms, though only weakly. Of key health policy relevance, covenant marriage has no effects on husbands' depressive symptoms. Additionally, covenant marriage has neither mediating nor moderating effects on reducing the race gap in depressive symptoms between Black and White husbands. Thus, while covenant marriage may either select on wives with better mental health or buffer against depressive symptoms for some wives, covenant marriage does not have advantages for husbands, and especially distressed Black husbands.

Keywords: depression, covenant marriage, race, stress process, religiosity

A U.S. health policy concern is the greater number of depressive symptoms, more chronic spells, and more frequent occurrences of depressive episodes among Blacks than Whites (Hughes & Thomas, 1998; Jones-Webb & Snowden, 1993; Riolo et al., 2005). Some argue these mental health deficits are tied to the lower rate of marriage and smaller proportion married in Black populations (Lamb, Lee, & DeMaris, 2004; Neff & Schluter, 1993). After all, the epidemiological literature consistently demonstrates that marriage has beneficial direct and selection effects on mental health. Those who marry (Waite, 1995; Waite & Lehrer, 2003), enjoy greater marital quality (Voydanoff & Donnelly, 1999), and remain married (K. Williams & Umberson, 2004) report fewer depressive symptoms. Unfortunately, the psychological advantages inherent in marriage are not shared equally by Blacks and Whites. In fact, numerous studies illustrate that Whites receive more positive mental health benefits from marriage than Blacks (Jones-Webb & Snowden, 1993; Lubin et al., 1988; D. R. Williams, Takeuchi, & Adair, 1992). Thus, research concludes that Blacks seem disadvantaged in terms of depression not only generally, but within marriage as well.

However, a significant lacuna in the literature is whether a more restrictive form of marriage may mediate race/ethnic differences in depression. Specifically, we examine whether the relatively new legal reform of covenant marriage not only serves as a strong buffer against depressive symptoms for all newlywed couples, but as a particularly strong buffer for Black newlywed husbands and wives. Covenant marriage was first passed in 1997 and marks a moment in history when couples can freely choose between two legal marital regimes – the prevailing standard one with no-fault divorce provisions or the more restrictive covenant marriage. Covenant marriage requires premarital and marital counseling, notarized affidavits that the spouses discussed their sexual, relationship, family, physical and mental health histories

prior to marriage, and sets fault-based limits on divorce with additional extended waiting periods (Sanchez et al., 2002). Research also demonstrates that selection effects operate, such that couples who elect covenant marriage rather than standard marriage are more religious, have less disruptive courtship histories, and better marital communication skills (Nock, Sanchez, & Wright, 2008). Hence, covenant marriage may provide spouses at risk of depression measurable protection because of its own supportive benefits as a stable form of the marriage institution as well as its synergistic ties to buffering religious institutions and practices.

Thus, we use a stress process mental health model to address how and whether race/ethnic gaps in depressive symptoms are conditioned by Blacks and Whites' differing base levels and responses to life and marital stressors and buffers, and whether covenant marriage especially ameliorates race gaps net of stressors and buffers. We are well-situated to explore the public health question of whether covenant marriage is more protective of the mental health of spouses, particularly Black spouses, because we have a unique sample of covenant and standard newlywed couples who married in the immediate months after the passage of Louisiana's covenant marriage law. These data contain a wealth of indicators about life stressors and burdens women and men bring to and experience in marriage, as well as the personal, social, and marital protective buffers which enhance mental resilience.

Race and Depression

Research indicates that Blacks report more symptoms and longer, more frequent spells of depression than Whites (Birditt & Antonucci, 2007; Hughes & Thomas, 1998; Jones-Webb & Snowden, 1993; Lubin et al., 1988; Riolo et al., 2005; Thomas & Hughes, 1986). Two correlates stand as significant explanations for race differences in depressive symptoms: the stressor of limited access to economic opportunity and the buffers of religiosity and religious practice

(Munford, 1994). Blacks in the United States are disadvantaged structurally, with comparatively limited access to wealth, economic security or assured upward social mobility to middle- and upper-classes (Oliver & Shapiro, 1995; Wilson, 1990). Indeed, while the average income of White families is three times higher than that of Black families, the average net worth of White families is 10 times higher (Krieger et al., 1993). Furthermore, research suggests that Blacks' lower base levels of economic security and their greater perceived anxiety about these financial stressors are associated with higher rates of depression compared to Whites (Thomas & Hughes, 1986; Wilson, 1991).

Religiosity buffers against depression for those who are actively involved in faith-based communities. Research demonstrates that religion serves both practical and symbolic purposes for alleviating risks of depression (Smith, McCullough, & Poll, 2003). First, religion integrates people into a safety net of responsive individuals which may help minimize illness, marital disharmony, and interpersonal conflicts associated with depressive symptoms (Hodges, 2002; Hongtu et al., 2007). Second, religion sends messages of altruism, support and fellowship which serve as psychosocial buffers which may alleviate mental distress (Hodges, 2002; Hongtu et al., 2007).

These protective buffering benefits of religion may be more pronounced among Black faith-based communities (Ellison, 1995). Black congregations generally hold more social service programs for their members compared to Whites, addressing especially mental health strains and Blacks' economic and social structural disadvantages (Ellison, 1995; Jones-Webb & Snowden, 1993). Churches within Black communities often supply members with mechanisms to express distress. Certain rituals and practices inherent in responsive preaching, music, and participatory celebratory worship provide opportunities to announce both personal triumphs and

private troubles as well as mental health problems (Griffith, Young, & Smith, 1984). In addition, Black churches often provide service delivery systems and linkages to formal services agencies, which can provide greater well-being (Taylor et al., 2000). Thus, religion as an institution and religiosity as a set of personal practices may buffer against depression in different ways for Black- as compared to White-dominated churches (Ellison, 1995).

Marriage and Depression

Research routinely finds that married individuals generally report fewer depressive symptoms than the unmarried (Kessler & Essex, 1982; Waite & Lehrer, 2003; Whisman, 2001). However, diverse and contentious literatures address why and under what conditions marriage influences mental health. Two competing, often overlapping arguments explain why marriage protects mental health. The first, marital protection, says that buffering mechanisms envelop married individuals in a healthier social context and set of practices as compared to the unmarried (Goldman, 1993; Goldman, Korenman, & Weinstein, 1995). Marriage as an institution provides greater resources for social support and public affirmation which are associated with positive mental well-being (Cotten, 1999; Turner & Marino, 1994).

The second argument, marital selection, says that those who marry are more robust and healthier than the unmarried (Mastekaasa, 1992). While the selection effect hypothesis has been tested longitudinally, the evidence is mixed (Cheung, 1998; Joung et al., 1998). Some research finds that the mentally and physically healthier do select into marriage (Waldron, Hughes, & Brooks, 1996), while others find strong effects of marriage itself on health and well-being (Joung et al., 1998). Some conflicting research even suggests that the less healthy, particularly those with greater risk of depression, select into marriage and that marriage then provides protective health benefits (Cheung & Sloggett, 1998; Modjoros, Boninger, & Fitzgerald, 2006; Whittington

et al., 2004). In sum, though the findings are mixed, research suggests that both mechanisms operate: the more mentally resilient select into marriage and marriage itself confers protective mental health benefits.

Accordingly, a wide-ranging body of research addresses the mechanisms by which marriage may influence mental health. This literature shows that marital quality conceptualized numerous ways has powerful effects. For example, empirical research clearly shows that married persons with greater emotional fulfillment (Beach et al., 2003; Fincham et al., 1997), non-distressed spousal relationships (Kim & McKenry, 2002; Simon, 2002), supportive communication (Schmaling & Jacobson, 1990; Uebelacker, Courtnage, & Whisman, 2003) and perceived equity in the division of domestic labor (Glass & Fujimoto, 1994; Voydanoff & Donnelly, 1999) report fewer depressive symptoms. The wider family network also influences potential stress with disapproval by in-laws, especially in conjunction with openly derisive contempt, associated with marital dissatisfaction and marital strain (Bryant, Conger, & Meehan, 2001; Horsley, 1997). However, note that wives routinely report more depressive symptoms than husbands, on average (Nolen-Hoeksema, 2001; Rosenfield, 1980). Additionally, the effects of marital quality on depressive symptoms are more pronounced for wives than husbands (Hawkins & Booth, 2005).

Last, day-to-day life stressors take a definite toll on mental health within marriage. Financial burdens are profound life stressors (Kessler & Essex, 1982; Pearlin & Johnson, 1977), and research indicates that life stressors are more numerous among the less financially secure (Aneshensel, 1992). Not surprisingly, research indicates a strong association between financial insecurity and depressive symptoms in marriage (Coyne, 1987; Vinokur, Price, & Caplan, 1996). Alcohol and drug abuse are associated with depressive symptoms as well, implicated either

causally or as a self-medicating coping mechanism (Carver, Scheier, & Weintraub, 1989; Schuckit & Hesselbrock, 2004).

The Stress Process Mental Health Model

The stress process model is a conceptual perspective which explores how life and relationship stressors may worsen mental health, whereas buffers may mediate or negate the corrosive effects of stressors (Pearlin et al., 1981). For example, life strains, such as unemployment or residence in an impoverished neighborhood may take a psychological toll (Massey, 2004) Wilson 1990), especially if these are chronic stressors (Katherndahl & Parchman, 2002). However, social support from family members or an active faith-based community may buffer some or all of the effects of these stressors on mental health (DeLongis et al., 2004; Mitchell, Cronkite, & Moos, 1983).

Sources of stress are categorized broadly as ranging from minor life strains through significant, sometimes cataclysmic experiences. In fact, eventful experiences are defined as anticipated or unanticipated events that may generate stress when an individual's coping mechanisms are overwhelmed. Eventful experiences may not always be negative, such as an illness, layoff or family conflict, but rather may be positive, such as a birth, home purchase, etc.

On the other hand, buffers are sources of resilience or support which mediate or negate the effects of life stressors on mental health. Buffers serve as a shield against the potential damaging effects of stress associated with a negative or positive life strain or eventful experience. Buffers exist at the personal, dyadic, familial, and community levels. Buffers act as coping mechanisms to mitigate the negative effects of stressors, but also may simply enhance quality of life in the absence of stressors. For instance, among newlyweds, significant buffers

against depressive symptoms may include a supportive extended family network and a warm intimate dyadic relationship.

We use this stress process model to study the context of potential race/ethnic differences in depressive symptoms among newlyweds. We explore race/ethnic differences in how personal and marital stressors are associated with depressive symptoms, and race/ethnic differences in how and whether wives and husbands marshal marital and social support buffers to soften the risk of depression. A key policy-relevant focus of this study is whether covenant marriage, independently and in combination with the greater religiosity and religious participation often associated with it, serves as a super-buffer against depressive symptoms for husbands and wives, but especially Black husbands and wives who face lower marital quality, greater economic burdens, and a more subordinate societal position, on average, than Whites.

Three guiding hypotheses structure our empirical analyses and they all begin with the proposition that Black husbands and wives may display more depressive symptoms at the start of their marriages than Whites. First, we hypothesize that life and marital stressors may reduce, but not eliminate race/ethnic gaps in depressive symptoms. Life and marital stressors may mediate the gap because of the differing base levels and composition of stressors for Blacks as compared to Whites. We also expect significant moderating effects. Black husbands' and wives' depressive symptoms may be exacerbated more sharply by life stressors. In essence, Black newlyweds may not only have quantitatively more stressors, but these stressors may be felt as qualitatively more corrosive, in the context of societal race discrimination and the more fragile state of the institution of marriage for Blacks than Whites.

Second, we hypothesize that buffers, particularly marital and religious buffers, may suppress depressive symptoms and mediate the race/ethnic gap, but we additionally expect a

race/ethnic moderating effect with family and religious buffers, if not covenant marriage. We expect a greater moderating effect of religious and family support buffers for Blacks because of their potentially greater reliance on these coping mechanisms in the face of significant strains associated with societal race discrimination. In contrast, covenant marriage may serve as a significant buffer against depressive symptoms for both Blacks and Whites, wives and husbands, because of its novelty as an emergent elite form of marriage and its attendant premarital and marital counseling requirements. Covenant marriage, as compared to standard marriage, may have seemingly superior built-in mental health advantages, though nothing in its legal features nor implementation seems to confer disproportionate buffers for Blacks as compared to Whites.

Last, we hypothesize that these multiple measures of stressors and buffers may not mitigate the race/ethnic gap in marital depression entirely. After controlling for the mediating and moderating effects of life and marital stressors, marital, religious and family buffers, and even socioeconomic attainment, we expect Black newlyweds still may report more depressive symptoms than White newlyweds. Critically, we hypothesize that covenant marriage will not have an appreciable effect on mitigating race/ethnic disparities in depressive symptoms.

Data

We use data from the 1998-2004 Marriage Matters project which includes a three-wave longitudinal survey of Louisiana newlywed covenant and standard couples married in the months shortly after the passage of covenant marriage (Nock, Sanchez, & Wright, 2008). The first wave response rate was 56%. The final data consist of 707 couples with 122 unmatched wives whose husbands did not complete a first wave interview and 21 unmatched husbands. We use first wave data for matched couples without missing information on the dependent and independent variables, for an effective sample size of 475.

Depressive Symptoms. We measure the husband's and wife's self-reported depressive symptoms with 12 items from the Center for Epidemiologic Studies Depression Scale (CES-D). The survey asked, "On how many days during the past week did you: feel bothered by things that usually don't bother you, not feel like eating, feel that you could not shake off the blues even with help from family and friends, have trouble keeping your mind on what you were doing, feel depressed, feel that everything you did was an effort, feel fearful, sleep restlessly, talk less than usual, feel lonely, feel sad and feel like you just could not get going?" The depressive symptoms indices sum the number of days of occurrence across these measures and ranges from 0-77 and 0-82 for husbands and wives, respectively.

Race/ethnicity. We measure self-reported race/ethnicity with dummy variables which consist of three categories: Non-Hispanic White, Black, and Other racial/ethnic combinations.

Life stressors. We measure husband's and wife's self-reports for four measures of life stressors. A *financial difficulties index* sums the following personal problems prior to marriage: no job; no car; no savings of more than \$1,000; no homeownership; a criminal record; more than \$500 in credit card debt; other significant debt; and personal bankruptcy. We measure husband's and wife's *self-rated health* with three dummy variables measuring health as Poor/Fair, Good, or Excellent. We measure the husband's and wife's *drinking and drug problems* with a dummy variable for whether the respondent reported a personal drinking or drug problem prior to marriage.

Last, we measure *childhood conflict indices* for husbands and wives from self-reports about fourteen childhood problems: violence between parents, violence directed at you, sexual abuse, severe depression, other mental illness, alcoholism, drug abuse, foul and abusive language, periods of unemployment, not enough money to make ends meet, serious physical

illness, not enough love in the home, high conflict between parents and name-calling/sarcasm. The indices sum the number of instances which were reported as a major problem and range from 0-14 and 0-12 for husbands and wives, respectively.

Marital stressors. We measure marital stressors with two items about satisfaction and conflict and two items about the presence of children at the start of their marriage. *Marital dissatisfaction indices* sum self-reports of either “dissatisfied” or “very dissatisfied” responses to eight domains in the marriage: the physical intimacy you experience; the love you experience; how conflicts are resolved; the degree of fairness in the marriage; quality of communication; economic well-being; the emotional intimacy you experience; and your overall relationship with your partner.

Marital disagreement indices measure any disagreement about the following seventeen issues: handling family finances; how we spend our leisure time; religious matters; showing physical affection; my friends; my partner’s friends; our sex life; philosophy of life; dealing with parents and in-laws; our aims and goals and things believed important; the amount of time we spend together; who does what around the house; how to raise children; whether to have children or more children; career decisions; your drinking/drug use; and your partner’s drinking/drug use. The indices sum the number of instances in which the spouses reported that they “sometimes disagree,” “frequently disagree,” “almost always disagree,” or “always disagree.”

We measure parental status through two measures of their shared children and residence with stepchildren. *Biological children* are measured as a dummy variable for whether the spouses have biological or adopted children at the start of their marriage. *Stepchildren in household* are measured by dummy variables for whether only the wife brings stepchildren into

the marital household; both spouses bring child/ren from previous relationship/s into the marital household or neither spouse brings co-residential children.

Marital buffers. *Covenant marriage* is a dummy variable that indicates whether the respondent is currently in a covenant marriage (1) or in a standard marriage (0).

Religious buffers. We measure the husband's and wife's self-reported religiosity and religious affiliation. *Religiosity indices* measure extreme forms of religious practice, summing the highest level of involvement across six items. Thus, *Religiosity* measures whether the respondent: attends religious services several times a week; prays several times a day; always attends services with the spouse; finds religious faith in own life extremely important; finds religious faith in the partner's life extremely important; and felt it was extremely important the both spouses felt the same way about religion when they were first thinking about marrying.

Religious affiliation measures broad categories of religious affiliation with dummy variables representing self-reported affiliation as an Evangelical Protestant, Mainline Protestant, Catholic or Other/None.

Family and social buffers. We measure family and social support buffers with three measures. Six-item *family marriage support* indices sum the number of instances spouses reported either "approval" or "strong approval" of the marriage from the following types of family members: father; mother; partner's father; partner's mother; brothers and sisters; and partner's brothers and sisters. We coded "do not know" and "inapplicable" (e.g., a parent died or no siblings) as valid non-responses.

Social connectedness indices sum the perceived frequency of participation in the following eight activities: going out to a restaurant together; bowling; golfing or other sports; going to a bar or tavern together; spending an evening with friends; visiting own relatives;

visiting partner's relatives; working together on a project; and engaging in outside interests together. The responses categories ranged from every day (6), several times a week (5), weekly (4), sometimes (3), rarely (2) and never (1). These indices sum these values and range from 11 to 43 for husbands and 12-48 for wives.

We measure *ability to share concerns with family or friends* as indices summing whether spouses ever solicit assistance in the form of support or advice from family or friends (i.e., seldom, often or regularly as opposed to never).

Sociodemographic controls. We use continuous measures of the *wife's age* and the *age difference* between spouses. The *Husband's Income* is a categorical measure of the husband's income from all sources last year before taxes and other deductions. The *Wife's Employment* is a dummy variable which measures the wife's full- or part-time employment (1) at first interview. *Self-Reported educational attainment* is a categorical measure of the husband's and wife's completed education at marriage.

Results

Racial/ethnic Differences in Marital Depressive Symptoms, Stressors and Buffers

Table 1 presents descriptive statistics for depressive symptoms, stressors, buffers and control variables for Black and White husbands and wives. The mean and proportionate significance tests reference race/ethnic differences within gender.

[Table 1 about here]

We find Black husbands and wives report significantly more depressive symptoms at the start of their marriages than Whites, though this race gap is much larger for husbands than wives. White husbands report the fewest depressive symptoms (8.6) followed by White wives (12.5).

Black wives and husbands report 15-16 symptoms, almost double the average depressive symptoms index of White husbands.

Black husbands and wives also consistently have more potential stressors than do White spouses. Race differences are significant for 6 of the 8 stressor indicators for husbands and 5 of 8 for wives. As compared to White husbands, Black husbands report significantly more premarital financial difficulties and childhood conflicts, are much more likely to have biological and/or stepchildren in the household at the start of the marriage, and experience more marital disagreements and dissatisfaction. Among the stressors, only perceived health and drug/alcohol problem reports are similar for Black and White husbands. Black wives report significantly more premarital financial difficulties, somewhat worse perceived health, more marital disagreements, and a greater likelihood of biological or stepchildren in the household. However, Black and Whites wives are not significantly different in their reports of drug or alcohol problems, childhood conflict, or marital dissatisfaction.

Black and White newlywed husbands and wives are more likely to share similar buffer characteristics. Of the 6 buffer indicators, we found significant race differences for only 2 items each for husbands and wives. As compared to Black husbands, White husbands report more family support of their marriage. As compared to Black wives, White wives are more likely to be covenant rather than standard married. Both White husbands and wives report significantly greater connection to social networks than do Blacks.

Among the control variables, we find no significant race differences for husband's income or wife's employment. However, for both husbands and wives, we find that Whites are significantly more likely to be in marriages in which the wife is younger and the age difference between spouses is larger than are Blacks. We also find that Black husbands are significantly

more likely to be lower-educated as compared to White husbands with the difference especially pronounced for less than high school attainments. Black husbands are three times more likely to have dropped out of high school and half as likely to be a college graduate, as compared to White husbands (15% vs. 5% and 15% vs. 35%, respectively).

The Stress-Process Model and Race/Ethnic Gaps in Marital Depressive Symptoms

Table 2 presents nested multivariate seemingly unrelated regression (SUR) models for husbands' and wives' depressive symptoms. SUR models offer two advantages for this analysis. First, the models are well-suited for simultaneously-analyzed equations which share similar unobserved errors. In this case, our matched couple samples of husbands and wives may share measurement error. Second, SUR models permit simple constraints tests of coefficients across equations, very similar to structural equation models, which allow us to test for similarity of effects between husbands and wives. For these analyses, we return to the full sample, incorporating 22 husbands and 33 wives of minority race/ethnicities other than Black.

[Table 2 about here]

The Centrality of Stressors for Race/Ethnicity Gaps in Husbands' Depressive Symptoms

First, and in strong contradiction to our hypotheses, we find no race/ethnicity effects on wives' marital depressive symptoms. The bivariate association in Model 1 is not significant, nor do the effects of race/ethnicity become significant in any subsequent nested model.

Second, we find significant effects of race/ethnicity on husbands' depressive symptoms. Model 1 indicates that the effect of being Black is associated with six additional depressive symptoms per week, as compared to being White, in the early days of marriage. However, Model 2 indicates that stressors largely mediate, but do not negate, the effects of race/ethnicity on husbands' depressive symptoms. The significant race/ethnicity effect reduces by half, once

stressors are included ($\beta = 6.29, p < 0.001$ vs. $\beta = 2.95, p < 0.05$). Model 3 indicates that buffers mediate the effects of race/ethnicity as well, but only weakly. In an analysis not shown, we switched the nested blocks of variables, entering buffers before stressors. Buffers alone mediated the effects of race/ethnicity by a third as compared to a half for stressors ($\beta = 4.69, p < 0.001$ vs. $\beta = 2.95, p < 0.05$). Importantly, Model 3 also demonstrates a substantial, significant race/ethnic difference in depressive symptoms for husbands, even after controlling for both stressors and buffers. However, Model 4 indicates that controls, especially associated with socioeconomic status, reduce the effects of race/ethnicity on husbands' depressive symptoms to non-significance. In an analysis not shown, we ran regressions without buffers and found that husbands' race/ethnicity effect also was reduced to non-significance, a further demonstration of the weak effects of buffers.

Taken as a whole, Model 4 conclusively demonstrates the dominant place of stressors in predicting both husbands' and wives' depressive symptoms, and the surprisingly weak role of buffers as protective resources. Several of the stressor measures are significant for husbands and wives, but only religiosity for husbands and covenant marriage and religious denominational affiliation for wives are significant buffers against depressive symptoms. Further, the effect of religiosity on husbands' depressive symptoms is counterintuitive, such that greater religiosity is associated with more depressive symptoms. For wives, we find a significant buffering effect of covenant marriage on depressive symptoms, controlling for stressors, religious and family buffers, and demographic and socioeconomic controls. But the weakly significant effect closely ties to religiosity and denominational affiliation, most probably due to the correlation between the selection effect of evangelical Protestants disproportionately electing covenant over standard marriage. The effect of covenant marriage on wives' depressive symptoms reduces to non-

significance when we remove religiosity and denominational affiliation from the equation (analysis not shown). Thus, covenant marriage serves to buffer the slightly elevated depressive symptoms among evangelical Protestant newlywed wives rather than as a more general protective form of marriage for all wives.

The Stress Process Model and Gender

Next, we explore whether effects of measures which are significant in either or both the husbands' and wives' equations can be constrained to be equal without substantially worsening model fit. We use the final model presented in Model 4 for these constraints. We can constrain the effects of self-rated health, drinking and drug problems and childhood conflict to be equal for husbands and wives. The significant effects of better health for reducing and of drinking and drug problems and childhood conflict for exacerbating depressive symptoms operate similarly for husbands and wives. The effects of marital disagreements and residential stepchildren can be constrained to be equal, as well. What initially presents as non-significant effects of stepchildren on husbands' depressive symptoms must be viewed tentatively. The constraints test indicates that residence with stepchildren increases depressive symptoms similarly for husbands and wives. On the other hand, we cannot constrain the effects of marital dissatisfaction to be equal without worsening model fit. The effects of marital dissatisfaction on depressive symptoms are about twofold larger for husbands as compared to wives.

The wife's employment can be constrained to be equal, but the buffering effect of wife's employment on wives' depressive symptoms becomes non-significant, as in the husbands' equation. In contrast, own education also can be constrained to be equal, but in this case, the significant buffering effects of educational attainment on depressive symptoms emerge for husbands, just as for wives.

We can constrain religiosity and covenant marriage to be equal across husbands' and wives' equations, with similar significant positive effects of religiosity on heightened depressive symptoms. In contrast, the effects of covenant marriage become non-significant in the constrained model which suggests that any potential buffering effects of covenant marriage for wives are brittle and weak.

In sum, the constraints tests leverage proof that stressors, buffers, and most socioeconomic indicators operate similarly for husbands and wives, with the exception of marital dissatisfaction which works more corrosively on husbands' depressive symptoms than wives'. A critical constraints test indicates no protective buffering effect of covenant marriage for either husbands or wives.

Moderating Effects of Race/Ethnicity

Last, our tests for interactions between race/ethnicity and stressors, buffers and socioeconomic controls provide mixed support for our hypotheses. For these analyses, we again used the final model as the base. In contradiction of our hypotheses, we found no significant race/ethnic interactions with the buffer measures. But in support of our hypotheses, neither did we find a significant race/ethnic interaction with covenant marriage.

In fact, across the three blocks of measures, we found only two significant race/ethnic interactions and both were with stressors. We found that not only does marital dissatisfaction exacerbate husbands' depressive symptoms more than wives', but additionally, an interaction effect shows more depressive symptoms among Black husbands as compared to White husbands, per unit of dissatisfaction. An unexpected interaction with drinking and drug problems indicates a potential self-medication effect of abuse on depressive symptoms among Black husbands. The combined main and interaction effects show that White husbands with drinking and drug

problems manifest the most depressive symptoms while comparable Black husbands manifest the least.

Conclusion

Overall, we find mixed support for the Stress Process Model. For wives, we do not find support for our hypotheses about race/ethnic differences in marital depressive symptoms or in response to stressors and buffers. Indeed, the Black and White wives in this sample begin their marriages with statistically similar reports of total numbers of depressive symptoms. We do find that stressors exacerbate depressive symptoms far more than buffers protect. Educational attainment and paid employment serve as strong buffers against depressive symptoms, though the effect of education is more robust. The core finding is that life and marital stressors significantly undermine newlywed wives' mental health, irrespective of race/ethnicity. Thus, for the case of depressive symptoms among wives, a gendered stress process perspective is more salient than one which focuses primarily on race/ethnicity.

For husbands, the Stress Process story differs in key ways. Critically, Black husbands report significantly more depressive symptoms than do White husbands, and stressors are extremely important mediators and moderators of this gap. Thus, our core hypotheses are supported to the extent that Black men's greater average stress load, in conjunction with the more corrosive effects of lower marital quality on their mental health, accounts for much of the race/ethnic gap in husbands' depressive symptoms.

Again, what contradicts our Stress Process Model is how little buffers come into play. Buffers have few, if any protective effects as mediators or moderators of marital depressive symptoms generally or race/ethnic gaps specifically. A further contradiction of our hypotheses, though conceptually consistent with the findings for stressors, is that the race/ethnic gap in

husbands' depressive symptoms does eventually disappear once both stressors and socioeconomic measures are controlled. The findings basically suggest that Black men's more numerous depressive symptoms in marriage are conditioned by their greater stress load, fewer socioeconomic resources, and heightened distressed response to lower marital quality, on average.

Finally, of key policy relevance, we find no mediation or race/ethnic moderation effects of the new covenant marriage option on husbands' depressive symptoms and only unstable small protective mediation effects for wives.

Discussion

We used a Stress Process Model with rich measures of the stressors, buffers and socioeconomic context of newlywed couples to address race/ethnic gaps in depressive symptoms. For our sample of Louisiana newlywed wives, we found no evidence of race/ethnic differences in depressive symptoms or in response to stressors and buffers. Key stressors strongly triggered and educational attainment buffered wives' depressive symptoms, but Black and White wives responded to stressors and buffers similarly.

However, our race-based perspective on the Stress Process Model described the race/ethnic gaps in husbands' depressive symptoms fairly well. We found significantly more depressive symptoms among Black husbands than White husbands. Most important, stressors as mediators and moderators were the dominant explanation. In fact, the race/ethnic gap in marital depressive symptoms could not be reduced to non-significance until both stressors and socioeconomic controls were in the final model.

Consistent with previous literature, we argue that this race/ethnic gap in husbands' depressive symptoms was primarily due to Black men's lower marital quality, higher economic

and life burdens and more marginalized position in society. As Hill (2007) notes, researchers must understand that the “important sociological context is that of institutionalized inequalities, which make marriages less satisfying and stable for certain groups,...[such as] disadvantaged racial minorities.” Blacks face structural disadvantages, such as a weak marriage market (Hill, 2007), discrimination in education and employment (Darity & Mason, 1998), and widespread racist practices and institutionalized racism which foster anxiety and depressive symptoms.

Our findings are consistent with this story. We found that the Black husbands had more stressors and lower educational attainment, and that the race/ethnic gap in depressive symptoms disappeared when these deficits were controlled. A pivotal finding was Black husbands’ much greater depressive response to lower marital quality. Overall, we found that even in the earliest days of marriage, which popular culture typifies as a “honeymoon,” Black husbands reported more dissatisfaction and greater depressive response to dissatisfaction than comparable White husbands.

Our study had several unique strengths. First, the survey included diverse measures of stressors, buffers and socioeconomic resources. Of exceptional benefit were the abundance of measures about religiosity and perceived qualities of the marriage. Second, we benefited from matched couple data which permitted us the opportunity to use a statistical technique to test for similarity of effects of stressors and buffers within couples. Last, our data allow us to answer an important policy question: Can a legal reform to marriage attenuate race/ethnic gaps in depression or alleviate marital depression generally?

Four important policy implications arise from this study. First, at least with respect to depression, covenant marriage does not buffer against depressive symptoms for husbands or wives, nor attenuate race/ethnic gaps in depression. Second, we argue that there are profound

policy implications surrounding the large effects of stressors as triggers of depressive symptoms, and the disheartening news about how little family and friends' approval and availability to share concerns and the couples' social connections mitigate the corrosive effects of these stressors. We had supposed wrongly that buffers against everyday stressors would operate strongly, especially for Blacks who may rely on religious and family institutions for care and mental health support (Griffith, Young, & Smith, 1984).

As we assess these life and marital stressors, we confront that poor health, drinking and drug problems, childhood abuse, marital unhappiness and stepchildren present major stressors to newlywed couples, even in the context of buffering resources and socioeconomic achievements. Note that premarital financial difficulties did not affect depressive symptoms, as compared to the real frustrations of experiencing marital discord, parenting non-biological children, and managing poor health and the consequences of childhood abuse. Third, policymakers must address the detrimental costs of marital dissatisfaction on Black men's mental health.

Fourth, we think a vital policy implication arises from the negative association between educational attainment and depressive symptoms. Our constraints tests indicated that husbands and wives similarly experience fewer depressive symptoms with greater education. We think this finding has enormous policy implications for the Black husbands in our study, and Black men generally. In this study, Black husbands were three times more likely to be high school dropouts and less than half as likely to be college graduates as compared to White husbands. In plain terms, in our sample, every Black male college graduate had a corresponding high school dropout. In contrast, there were seven White male college graduates for every White male high school dropout. The repercussions of these deficits mar the enjoyment of marriage and erode mental health.

Our study was not without limitations. First, given the positive association of religiosity and depressive symptoms among husbands, we may not have adequately tapped unmeasured characteristics associated with negative consequences of religiosity. For example, Ellison and Levin (1998) suggested that high levels of religiosity in the face of family conflict are highly detrimental. Religious persons may feel stigmatized for experiencing problems in family and personal life. Alternatively, they may feel disappointment in their faith which may cause stress. Thus, the usual buffer of religiosity may turn into a stressful response to life experiences.

Second, our study was cross-sectional and thus simply documented associations between the independent measures and depressive symptoms. However, in future research, this cross-sectional portrait of mental well-being in the earliest stages of marriage may be extended with longitudinal data from the Marriage Matters project to explore trajectories of marital depressive symptoms for these Black and White husbands and wives.

Our main contributions to research on race/ethnic differences in mental health in marriage demonstrated the diminished role of covenant marriage and other buffering resources and the strong negative effects of life and marital stressors, especially for Black husbands. A key contribution shows that the race-based Stress Process Model provides a more suitable explanation for husbands' rather than wives' depressive symptoms. Thus, future research should address the gendered mechanisms that override potential race/ethnic differences in wives' depression. But the most important avenue for future research should be the dynamics between marital dissatisfaction and depressive symptoms, and the processes or qualities which make marital dissatisfaction so much more consequential for Black husbands, as compared to White men and all women. This focus should be addressed with both qualitative data, as well as

quantitative, to investigate with Black husbands' own terms what substantially accounts for their greater dissatisfaction with marriage generally and their more negative mental health response.

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Table 1: Descriptive Statistics of Variables by Gender and Race

<i>Dependent Variable</i>	Husbands		Wives	
	Black	White	Black	White
Depressive Symptoms	15.08 (17.13)	8.63 (11.21) ***	15.88 (15.89)	12.47 (13.18) **
<i>Life Stressors</i>				
Financial Difficulties Index	2.98 (1.20)	2.20 (1.33) ***	2.94 (1.31)	2.31 (1.28) **
Self-Rated Health				
Excellent	34.62%	37.91% n.s.	22.92%	28.43% *
Good	46.15%	46.88%	52.08%	52.54%
Poor/Fair	19.23%	15.21%	25.00%	19.04%
Drinking/Drug Problems	7.69%	4.74% n.s.	2.08%	2.03% n.s.
Childhood Conflict Index	3.67 (3.16)	2.54 (2.85) **	4.15 (3.57)	3.18 (3.25) n.s.
<i>Marital Stressors</i>				
Marital Dissatisfaction Index	1.00 (1.73)	0.49 (1.02) **	0.77 (1.21)	0.58 (1.27) n.s.
Marital Disagreement Index	4.85 (4.02)	3.54 (3.23) **	4.94 (3.66)	3.12 (2.84) ***
Biological Children	19.23%	9.98% *	20.83%	10.66% *
Stepchildren in Household				
Wife's Stepchildren	17.31%	5.24% *	18.75%	6.09% *
Couple's Stepchildren	5.77%	2.99%	6.25%	3.05%
No Stepchildren	76.92%	91.77%	75.00%	90.86%
<i>Marital Buffers</i>				
Covenant Marriage	42.31%	48.63% n.s.	37.50%	46.19% *
<i>Religious Buffers</i>				
Religiosity Index	3.17 (2.18)	3.29 (2.35) n.s.	3.31 (1.91)	3.35 (2.31) n.s.
Religious Affiliation				
Evangelical Protestant	67.31%	59.85% n.s.	70.83%	64.21% n.s.
Mainline Protestant	3.85%	9.23%	4.17%	9.14%
Catholic	13.46%	21.45%	14.58%	19.80%
All Other/ None	15.38%	9.48%	10.42%	6.85%
<i>Family and Social Buffers</i>				
Family Marriage Support Index	6.48 (1.80)	7.18 (1.34) ***	6.92 (1.33)	7.08 (1.26) n.s.
Social Connectedness Index	48.50 (11.36)	51.80 (6.91) *	47.73 (11.22)	51.74 (6.89) ***
Ability to Share Concerns Index	2.13 (1.51)	2.36 (1.64) n.s.	2.71 (1.47)	2.75 (1.45) n.s.
<i>Control Variables</i>				
Wife's Age	31.06 (7.72)	28.31 (7.98) *	30.92 (7.61)	28.52 (7.84) *
Age Difference between Spouses	0.52 (4.05)	2.45 (4.63) **	0.81 (4.11)	2.43 (4.80) *
Income				
Less than \$10,000	15.38%	12.22% n.s.	14.58%	10.91% n.s.
\$10,000 - \$19,999	28.85%	18.95%	27.08%	19.04%
\$20,000 - \$29,999	19.23%	20.70%	20.83%	21.83%
\$30,000 - \$39,999	23.08%	21.20%	22.92%	21.32%
\$40,000+	13.46%	26.93%	14.58%	26.90%
Employment	78.85%	77.31% n.s.	75.00%	77.41% n.s.
Educational Attainment				
Less than High School	15.38%	5.24% **	10.42%	4.06% n.s.
High School	44.23%	37.91%	29.17%	33.25%
Some College	25.00%	21.95%	27.08%	26.14%
College Graduate	15.38%	34.91%	33.33%	36.55%
N	52	401	48	394

Source : Marriage Matters Data, 1999.

*** p < 0.001; ** p < 0.01; * p < 0.05.

Notes : Standard deviations are in parentheses. Asterisks indicate significant mean or proportionate racial differences among husbands or wives. n.s. = non significant.

Table 2: Seemingly Unrelated Regression Coefficients for Husbands' and Wives' Depressive Symptoms

	Model 1		Model 2		Model 3		Model 4	
	Husbands	Wives	Husbands	Wives	Husbands	Wives	Husbands	Wives
<i>Race/Ethnicity (White)</i>								
Black	6.29 ***	2.98	2.95 *	-1.20	2.87 *	-1.68	2.43	-1.59
Other	-0.05	0.89	-0.55	1.74	-0.62	1.52	-0.22	1.20
<i>Life Stressors</i>								
Financial Difficulties Scale			0.08	0.86 *	0.08	0.73	-0.03	0.43
Self-Rated Health (Poor/Fair)								
Excellent			-1.92	-3.70 *	-2.26	-3.46 *	-2.56	-3.74 *
Good			-2.91 *	-3.15 *	-2.97 *	-2.77 *	-3.24 *	-2.69 *
Drinking/Drug Problems			5.57 **	4.66	5.84 **	5.85	5.41 *	6.83 *
Childhood Conflict Scale			0.24	0.46 **	0.19	0.42 **	0.23	0.40 **
<i>Marital Stressors</i>								
Marital Dissatisfaction Scale			4.38 ***	2.21 ***	4.35 ***	2.21 ***	4.22 ***	2.44 ***
Marital Disagreement Scale			0.47 ***	1.01 ***	0.49 ***	1.02 ***	0.43 **	0.92 ***
Biological Children			-1.05	2.34	-1.25	1.72	-1.72	0.33
Step Children in Household (None)								
Wife's Stepchildren			1.49	4.92 *	1.43	4.51 *	1.91	5.36 **
Couple's Stepchildren			-2.87	5.32 *	-3.47	4.52 *	-2.21	6.26 *
<i>Marital Buffers</i>								
Covenant Marriage					-0.84	-2.41 *	-0.81	-2.51 *
<i>Religious Buffers</i>								
Religiosity Scale					0.61 **	0.16	0.49 *	0.18
Religious Affiliation (Evangelical)								
Mainline Protestant					1.01	-4.21 *	1.16	-3.80 *
Catholic					0.73	-1.10	0.64	-0.84
All Other/ None					1.05	-0.58	0.79	-1.12
<i>Family and Social Buffers</i>								
Family Marriage Support Index					-0.45	-0.05	-0.56	-0.20
Social Connectedness Index					0.00	-0.08	-0.01	-0.09
Ability to Share Concerns Index					0.30	-0.22	0.33	-0.31
<i>Control Variables</i>								
Wife's Age							-0.06	-0.16 *
Age Difference between Spouses							-0.10	-0.05
Husband's Income (< \$10,000)								
\$10,000 - \$19,999							0.06	-1.32
\$20,000 - \$29,999							-2.35	-1.67
\$30,000 - \$39,999							-1.50	-0.23
\$40,000+							-2.67	-1.23
Wife's Employment							-0.27	-2.01 *
Educational Attainment (Less than HS)								
High School Graduate							-1.15	-6.28 *
Some College							-0.68	-7.36 ***
College Graduate							-0.89	-5.56 *
Constant	8.69 ***	12.54 ***	5.97 ***	6.51 ***	6.64	12.87 **	13.52 ***	29.14 ***
F statistic	6.60 ***	1.43	17.33 ***	12.72 ***	10.83 ***	8.08 ***	7.47 ***	6.07 ***
Adjusted R-Squared	0.02	0.00	0.29	0.23	0.32	0.26	0.34	0.29
-2 Log Likelihood		7474.65		7200.69		7182.68		7157.21
N		475		475		475		475

Source : Marriage Matters Data, 1999.

*** p < 0.001; ** p < 0.01; * p < 0.05.