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**The Significance of Nonmarital Cohabitation:**

**Marital Status and Mental Health Benefits among Middle-Aged and Older Adults**

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RUNNING HEAD: Cohabitation and Mental Health

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### Abstract

*Objective.* According to the 2000 Census, about 1.2 million persons over age 50 are currently cohabiting. Do these unmarried cohabiting partnerships provide adults with mental health benefits that are similar to those enjoyed by marrieds? We extended prior work on marital status and depression by including cohabitation in our conceptualization of marital status. *Methods.* We used data from the 1998 Health and Retirement Study (N = 18,598) to examine the relationship between marital status and depressive symptoms among adults over age 50. We also examined gender differences in this association. *Results.* We found that cohabitators report more depressive symptoms, on average, than do marrieds, net of economic resources, social support, and physical health. Additional analyses revealed that only among men do cohabitators report significantly higher depression scores. Cohabiting and married women as well as cohabiting men experience similar levels of depression, and all of these groups report levels that are significantly higher than married men's.

Family structures and forms have become increasingly diverse over the past few decades. Americans continue to delay marriage entry, divorce rates remain high, and singlehood and unmarried cohabitation are increasingly common. Although there has been considerable attention to these patterns and their consequences among young and working-age adults (e.g., Espenshade, 1985; Oppenheimer, 1988; Smock, 2000), comparatively few researchers have investigated the implications of such trends among middle-aged and older adults. Several scholars have noted that a declining share of the older adult population will be married in the future (e.g., Allen, Blieszner, & Roberto, 2000; Cooney & Dunne, 2001; de Jong Gierveld, 2004). As baby boomers age into retirement and adults experience lengthening life expectancies, it is important to examine the consequences of the growing array of living arrangements for the mental health of middle-aged and older adults. We use data from the 1998 Health and Retirement Study to evaluate the significance of marital status and living arrangements for depression among adults ages 50 and over. In particular, we extend prior research by including unmarried cohabitators to determine whether intimate partnerships formed outside of marriage offer middle-aged and older adults protective effects similar to those of marriage.

### Background

The rapid growth in cohabitation has altered the family life course. Americans' attitudes toward cohabitation are increasingly favorable (Thornton & Young-DeMarco, 2001) and this affinity is reflected in their behavior. In 1970 there were about 500,000 cohabiting couples whereas today there are about 5 million (U.S. Census Bureau, 2001). The modal path to marriage is cohabitation. Indeed, recent declines in marriage are offset by corresponding increases in

cohabitation (Bumpass & Lu, 2000).

Apart from the rapid growth in cohabitation, the age structure of the U.S. is also changing. The number of persons over age 50 increased by 50 percent between 1970 and 2000 (2000 Census Summary File 1). This population is projected to grow 26 percent just in the next decade (Population Projections Program, Population Division, U.S. Census Bureau, Washington, D.C. Middle Series, 2001). Few studies have investigated nontraditional living arrangements among these adults, yet it is anticipated that this group will spend less time in marriage and more time in other family forms, such as cohabitation (Cooney & Dunne, 2001). Indeed, Allen et al. (2000, p. 913) assert “young adults are not the sole innovators in pioneering the changes taking place in family life today.” In this context, it is imperative that researchers examine all living arrangements among middle-aged and older adults, including cohabitation.

The growth in cohabitation coupled with the growth in the population over age 50 portends significant increases in cohabitation. Chevan's (1996) estimates from the 1960 and 1990 censuses suggest that cohabitation among persons ages 60 and older increased from slightly less than 10,000 in 1960 to more than 400,000 in 1990, although these figures are based on indirect measures of cohabitation. The 2000 Census indicates that over 1.2 million persons ages 50 and over are cohabiting. However, a recent review of intimate relationships in older adulthood revealed that “we have no research base on cohabiting unions in later life” (Cooney & Dunne, 2001, p.853). Indeed, our review of published studies on cohabitation among middle-aged and older people revealed only three (Chevan, 1996; de Jong Gierveld, 2004; Hatch, 1995). The work by Chevan and Hatch rely on indirect measures of cohabitation and use data from the 1960-1990 and 1980 censuses, respectively. Not only do these studies suffer from possible

underreporting biases, they are also limited by the narrow range of measures available in the Census to predict cohabitation experience. De Jong Gierveld's study examines sociodemographic determinants of repartnering (i.e., remarriage, cohabitation, or living apart together) among a sample of divorced and widowed middle-aged and older adults in the Netherlands. The robustness of her findings are compromised by both the small number of cohabitators in the sample (N=69) and the narrow range of predictors of repartnering.

Incorporating cohabitation in studies of marital status and well-being among middle-aged and older adults is important for at least two reasons. First, there are significant demographic processes unfolding that point to an increase in cohabitation among this group. This increase is likely to accelerate in the future as cohabitation has been common among baby boomers and cohabitation levels are actually higher among previously (versus never) married individuals (Bumpass & Lu, 2000; Cooney & Dunne, 2001).

Second, from a theoretical standpoint, cohabitation likely has a unique meaning and plays a different role in the life course of older versus younger adults (Chevan, 1996; Hatch, 1995). The motivations for cohabitation among middle-aged and older persons are likely to differ from those of young adults and thus the implications of cohabitation for the mental health of middle-aged and older adults also may be distinct. Unlike their younger counterparts, older adults—especially women—may not be as interested in marriage (Bulcroft & Bulcroft, 1991; Bulcroft et al., 1989; Chevan, 1996; de Jong Gierveld, 2004; Hatch, 1995; Talbott, 1998). Indeed, unmarried adults over age 60 are as likely to express an interest in cohabiting as they are in eventually getting married (Bulcroft & Bulcroft, 1991). Additionally, the disincentives for marriage are larger among middle-aged and older adults as they are especially likely to have

economic resources whose value may be diluted or compromised through marriage.

### Marital Status and Mental Health

Numerous studies have shown that marrieds enjoy higher levels of mental and physical health than their unmarried counterparts (e.g., Gove, Hughes, & Style, 1983; Gove, Style, & Hughes, 1990; Lamb, Lee, & DeMaris, 2003; Lee, Seccombe, & Shehan, 1991; Mirowsky & Ross, 1989; Rogers 1995; Ross, 1995). Moreover, it seems the positive benefits that accrue to marrieds are not merely an artifact of selection of the physically and mentally healthy into marriage (e.g., Gove et al., 1983; Gove et al., 1990; Hughes & Gove, 1981; Ross, Mirowsky, & Goldsteen, 1991; although for an exception see Mastekaasa, 1992). Instead, marrieds' greater economic resources and access to an intimate partner account for much of their advantage in psychological well-being (Hughes & Gove, 1981).

Cohabitors are more depressed than their married counterparts, on average (Brown, 2000; Horwitz & White, 1998; Lamb et al., 2003). The higher levels of depression among cohabitators versus marrieds reflect the greater instability characterizing cohabiting relationships (Brown, 2000). Nonetheless, cohabitators tend to report lower levels of depression and higher levels of happiness than singles (Kurdek, 1991). Whether these patterns are evident among middle-aged and older adults is unknown; we are not aware of any study of depressive symptoms in this population that explicitly examines cohabitators. To help formulate a framework for understanding the mental health of middle-aged and older cohabitators, we draw on the research that addresses the associations between marital status and depressive symptoms in later adulthood.

Research on mental health among middle-aged and older adults has emphasized the

consequences of widowhood, an experience that is especially common among women (Lee, Willetts, & Seccombe, 1998; Umberson, Wortman, & Kessler, 1992). Widowed persons are more depressed, on average, than their married and single counterparts and these marital status differences are larger among men than women (Cooney & Dunne, 2001; Lee et al., 1998, 2001; Umberson et al., 1992). This gender gap is a function of fewer social ties, more health problems, and a reluctance to ask for help that characterizes many widowers. The divorced report levels of depression that are similar to those of the widowed, which is not surprising when we consider the deleterious effects divorce can have on the accumulation of economic resources and the maintenance of social and familial ties (Cooney & Dunne, 2001; Hyman, 1983). Notably, never-marrieds exhibit fewer depressive symptoms than their divorced and widowed counterparts, although their levels of depression are somewhat higher than marrieds. As most never-marrieds do not have children, family support tends to be weak, but this is offset by extensive friendship networks (Cooney & Dunne, 2001).

#### Cohabitation among Middle-Aged and Older Adults

Prior research indicates that marital status differences in depression are primarily due to variation in economic resources, social support, and physical health (Cooney & Dunne, 2001; Lee et al., 1998, 2001; Umberson et al., 1992). We review the literature on how middle-aged and older cohabitators fare across these domains relative to other marital status groups to help us formulate hypotheses about how depression among cohabitators compares to that of persons with other marital statuses.

#### Economic resources

Chevan's (1996) analysis of cohabitation among older unmarried adults (ages 60 and over)

reveals that the poor and near-poor are more likely to be cohabiting than their nonpoor counterparts. The association between men's employment and cohabitation is unclear. Whereas Chevan (1996) finds that labor force participation is positively associated with cohabitation among men, Hatch's (1995) analysis of 1980 Census data indicates that cohabiting men are less likely to be working and have smaller incomes than either married or single men. Among women, cohabitators have higher levels of employment than marrieds or singles. Cohabiting women earn more than single women but less than married women. Other economic factors associated with cohabitation include renting (versus owning) a home, and receipt of entitlement income (Hatch, 1995). If cohabitators have fewer economic resources than marrieds, they will likely report more depressive symptoms.

### Social support

Social support is a key coping resource that helps to buffer stressful life events and experiences by promoting social integration. It appears that social support promotes the formation of intimate partnerships. Widows with close friends are more desirous of forming a new partnership than those without close friends (Talbot, 1998). And, organizational participation among older unmarries is positively associated with dating (Bulcroft & Bulcroft, 1991). Studies comparing the social support experienced by cohabitators versus marrieds show that cohabitators report less support (Stets, 1991). Weaker ties to others may contribute to reports of higher levels of depressive symptoms among cohabitators relative to marrieds. We anticipate that cohabitators will report fewer depressive symptoms than their unpartnered (i.e., widowed, separated/divorced, and never-married) counterparts primarily because single persons lack the social support that intimate partners provide.

### Physical health

Relative to marriage, cohabitation may be selective of individuals in worse health. Poor health may make one less attractive as a potential spouse, relegating less healthy individuals to a cohabiting union, which requires a weaker commitment from a partner. Hatch (1995) found that among older men, poor health is positively associated with cohabitation versus remaining single.

This finding is consistent with Talbott's (1998) contention that women do not wish to take on the burden of caregiving that marriage at older ages often entails for women, who are expected to be family caretakers, particularly when men's traditional familial obligation, namely economic provision, ends in old age. Moreover, poor health can increase stress in intimate relationships (Booth & Johnson, 1994) and it is also associated with depression. Little is known about the physical health of cohabitators, but to the extent that it is tied to economic standing and is related to attractiveness on the marriage market, we anticipate that cohabitators probably report poorer health than marrieds and this difference would partially account for their higher levels of depression.

### The Present Study

Our review of the literature leads us to expect that cohabitators will report more depressive symptoms than marrieds, on average. Relative to marrieds, cohabitators have fewer economic resources, lower levels of social support, and poorer health, all of which are positively related to depression. Whether cohabitators will report more depressive symptoms than other unmarrieds, including widows, divorced and separated persons, and never-marrieds, is less clear. Perhaps cohabitators will report fewer depressive symptoms than widowed and divorced individuals, who have experienced the trauma of marital dissolution through death or divorce, respectively. These

formerly partnered individuals probably have fewer resources and less social support, on average, than cohabitators. They may also be in poorer health. We anticipate that cohabitators' depressive symptoms are unlikely to significantly differ from never-marrieds, who are more depressed than marrieds, but less depressed than other unmarrieds (Cooney & Dunne, 2001). To test these hypotheses, we estimate a series of equations that initially model the association between marital status and depressive symptoms and then subsequently add respondents' ascribed demographic characteristics and finally these central factors related to older adult depression, including economic resources, social support, and physical health, to determine the extent to which we can account for variation in depression.

We also expect that cohabitation will be associated with higher levels of depression among women than men. Women tend to report more depressive symptoms than men, regardless of union status (Mirowsky & Ross, 1995; Gove, Style, & Hughes, 1990). Marriage appears to offer greater protective benefits for men as there are larger marital status differences in depression among men than women. Whereas unpartnered women's mental health is often compromised by economic strain, unpartnered men's mental health is undermined by low levels of social support (Cooney & Dunne, 2001). We investigate the role of gender in the marital status and depression relationship by evaluating the significance of a marital status by gender interaction effect and estimating separate models for women and men.

### Methods

We use data from the 1998 Health and Retirement Study (HRS). A nationally representative sample of the noninstitutionalized, the 1998 HRS is comprised of 21,384 persons born in 1947 and earlier. Thus, at the time of the 1998 interview, respondents were as young as 51. The 1998

HRS brings together a sizable continuous cohort of older Americans by combining four samples: the Asset and Health Dynamics Among the Oldest Old (AHEAD, born 1923 and earlier), the original 1992 HRS (born 1931-1941), and two new samples—War Babies (WB, born 1942-1947) and Children of the Depression Age (CODA, born 1924-1930). The 1998 HRS encompasses multiple domains of the lives of persons over age 50, including information on the cognitive, economic, health, work, and family statuses of respondents and their spouses or partners. The HRS emphasizes health and retirement decision-making as well as how adults and their families respond to declining health in later life. After deleting cases for which union status or depression is missing, the analytic sample size is 18,598.

### Measures

Depression. We use a nine-item depression scale that includes items from the CES-D scale (Radloff, 1977). Respondents are asked to report whether “much of the time during the past week you...” (1) felt depressed, (2) felt everything you did was an effort, (3) felt your sleep was restless, (4) were happy (reverse coded), (5) felt lonely, (6) enjoyed life (reverse coded), (7) felt sad, (8) couldn’t get going, and (9) had a lot of energy (reverse coded). Responses were coded 1 for yes and 0 for no. Values on the scale range from 1 to 10 (we added one to each respondent’s overall score to avoid zero values), with higher values indicating more depressive symptoms. The Cronbach’s alpha reliability coefficient for this scale is 0.77.

Marital status. HRS respondents report their marital status at the time of interview. Approximately 2.4 percent of the sample is cohabiting, yielding 449 cohabitators for analysis. About 64.4 percent of respondents are married, 10.4 percent are separated or divorced, 19.7 percent are widowed, and the remaining 3 percent are never-married. Closer inspection of the

cohabiting respondents reveal that a majority are separated or divorced (66 percent), followed by widowed (21 percent), and never-married (13 percent).

Economic resources. We include multiple measures of economic resources. *Education* is coded in years, and ranges from 0 (no formal education) to 17 (post-college, i.e., 17+ years of education). *Household income* is a constructed measure in the HRS data set that incorporates bracketed income responses using sophisticated imputation techniques. In the multivariate models, we use logged household income to correct for the skewness of this measure. *Employment status* is dummy coded as follows: employed full-time (reference), employed part-time, unemployed, and not working. *Retirement status* indicates whether the respondent is retired. We do not include this measure as part of the employment status variable because many respondents are technically retired but also working in a different job. We also include a series of variables to tap into receipt of various benefits, all of which are coded 1 for receipt and 0 otherwise: *Social Security*, *welfare*, *Veteran's Benefits*, and a *pension*.

Social support. Social support is gauged by several measures. *Neighborhood friends* is coded 1 if the respondent reports having good friends living in the neighborhood and 0 otherwise. *Give assistance* is a dummy variable coded 1 if the respondent answered affirmatively to this question: "Including help with education but not shared housing or shared food or any deed to a house, did you (or your spouse/partner) give financial help totaling \$500 or more to any of your children (or grandchildren)" in the past two years? Similarly, *receive assistance* gauges whether the respondent received at least \$500 in financial assistance from a child or grandchild in the past two years. *Children live within 10 miles* is coded 1 for those who report at least one child resides fewer than 10 miles from the respondent and 0 otherwise.

*Religiosity* taps the significance of religion in the respondent's life, ranging from (1) not too important to (3) very important.

Physical health. We use a global measure to capture the respondent's *physical health*. Respondents were asked: "Would you say your health is excellent, very good, good, fair, or poor?" Values range from 1 to 5, with higher values indicating poorer health.

Ascribed characteristics. We consider the following ascribed characteristics: gender, age, and race-ethnicity. Although they comprise only about one-quarter of the elderly population, men account for nearly 60 percent of cohabitators over age 60 (Chevan, 1996). Men report fewer depressive symptoms, on average, than do women (e.g., Mirowsky & Ross, 1995). We code *female* 1 for women and 0 for men respondents. Among older unmarrieds, age is negatively associated with cohabitation (Chevan, 1996). Age is also negatively related to depression (Mirowsky & Ross, 1989). *Age* is coded in years. Cohabitation is especially common among African Americans and Hispanics (Landale & Forste, 1991; Raley, 1996). As the older population becomes more racially and ethnically diverse with the changing composition of our population and the lengthening life expectancies of nonwhites, there is no reason not to expect that these groups will continue to be disproportionately likely to cohabit. African Americans are more likely to reside in cohabiting unions than whites but Hispanics do not differ (Chevan, 1996; Hatch, 1995). Race-ethnicity is also associated with depression; nonwhites report more depressive symptoms, on average, than do whites (Mirowsky & Ross, 1989). *Race-ethnicity* is dummy coded: non-Hispanic black, Hispanic, non-Hispanic other, and non-Hispanic white (reference).

Analytic Strategy

Our first step is to describe the weighted means of the variables used in the analyses, emphasizing variation across different marital statuses in depression and other relevant factors. We also examine marital status differences in depression by gender. Next, we estimate a series of ordinary least squares multivariate models of the relationship between marital status and depression. Our first model establishes the bivariate association between marital status and depression. In the second model, we introduce ascribed characteristics, including gender, age, and race-ethnicity. The third model includes the explanatory factors: economic resources, social support, and physical health. The fourth model introduces interaction terms for gender and marital status. We also estimate the first three models separately for women and men.

The complex sampling design of the HRS means that the sample is not self-weighting and standard errors need to be adjusted to correct for design effects. Consequently, all descriptive statistics and multivariate analyses that we present have been weighted. Corrected standard errors were calculated using STATA.

## Results

Table 1 shows the weighted means of all of the variables used in the analysis for both the total sample and separately by marital status. Cohabitors report significantly higher levels of depressive symptoms than marrieds. Cohabitors are less depressed, on average, than either the widowed or the divorced or separated, but are indistinguishable from the never-married. Since most cohabitators are formerly married, it may be that gaining a new partner represents an improvement for those who have lost a spouse through divorce or widowhood. However, cohabitation clearly does not convey the same advantage that marriage does, at least in terms of depressive symptoms.

Cohabitors tend to be slightly younger than persons in other marital statuses. Although females are disproportionately likely to be unpartnered, the sex distribution among cohabitators and marrieds is essentially even.

[TABLE 1 ABOUT HERE]

There are few marital status differences in education, although cohabitators do report significantly higher average education levels than widowed. About 41 percent of cohabitators are employed full-time, which is significantly higher than the proportions employed full-time among marrieds, widowed, and never-marrieds. Only about one-third of cohabitators report that they are retired, compared to over 40 percent of marrieds. Cohabitators are less likely to receive pension benefits than marrieds, divorcees, or widowed. Cohabitators and marrieds enjoy higher levels of household income than the unpartnered, but cohabitators' incomes are lower, on average, than marrieds'. Levels of social support vary somewhat by marital status such that cohabitators appear to be less likely to report having neighborhood friends, on average, than marrieds, widowed, and never-marrieds. Cohabitators are less likely to give or receive assistance than are either divorced and separated or never-marrieds. The importance of religion is lowest among cohabitators. Self-reported physical health ratings are worse for cohabitators than marrieds, although cohabitators report better health than the widowed and never-married.

There are several gender differences in the marital status and depression relationship. Table 2 shows mean levels of depression by union status separately for women and men. Cohabiting women report significantly more depressive symptoms than married women, but do not significantly differ from unpartnered women. This pattern suggests that cohabitation does not offer the same protective effects as marriage for women. Similarly, cohabiting men report

more depressive symptoms than married men. Additionally, cohabiting men report fewer symptoms than widowers. Among both men and women, cohabitators do not enjoy depression scores as low as marrieds. These patterns are denoted in Table 2 by asterisks. Bolded coefficients indicate significant differences between men and women within a marital status category. Women exhibit more depressive symptoms than men in both cohabiting unions and marriages. Among the unpartnered statuses, there are no significant gender differences in depression scores.

[TABLE 2 ABOUT HERE]

Model 1 of Table 3 shows the bivariate association between marital status and depression. Despite the presence of an intimate partner, cohabitators report more depressive symptoms than marrieds, on average. Although cohabitators report fewer depressive symptoms than widows, they do not significantly differ from either divorced or never-married persons. The addition of ascribed characteristics, including gender, race-ethnicity, and age, in Model 2 of Table 3, reduce the association between marital status and depression, but not to nonsignificance as marrieds continue to report fewer depressive symptoms than cohabitators. Women report more depressive symptoms than men. And, Non-Hispanic blacks, Hispanics, and others report more depressive symptoms than Non-Hispanic whites. Age is positively related to depression scores.

Model 3 of Table 3 introduces economic resources, social support, and physical health. The inclusion of these measures attenuates the association between marital status and depression, but the coefficient for marriage remains statistically significant. The higher average reports of depressive symptoms by cohabitators relative to marrieds are only partially an artifact of variation in economic resources, social support, and physical health. As anticipated, education and

income are negatively associated with depression. Persons who are not working report more depressive symptoms than those working full-time. Retirement is associated with fewer depressive symptoms, as is receipt of a pension. And, receipt of welfare assistance is positively associated with depressive symptoms. The presence of neighborhood friends is associated with fewer depressive symptoms. Similarly, the greater the significance of religion in one's life, the lower the depression score. Poor health is also positively associated with depressive symptoms.

In Model 4 of Table 3, we examine the significance of the interaction between gender and marital status in the full model. This set of interaction terms does not achieve significance, nor does it offer an improvement in fit over Model 3.

[TABLE 3 ABOUT HERE]

Still, the significant gender differences in depression documented in Table 2 coupled with findings from prior work that indicate some factors are more consequential for women's (e.g., economic resource) versus men's (e.g., social support) depression suggest that multivariate models should be estimated separately for women and men. We show these models in Table 4. For women, the first two models (Models 1a, 2a) appear very similar to those reported for the entire sample in Table 3. Cohabiting women report significantly more depressive symptoms than married women, but do not significantly differ from divorced, widowed, and never-married women (Model 2a). However, the inclusion of economic resources, social support, and physical health in Model 3a reduces the effect of marriage to nonsignificance. Supplemental analyses revealed that neither economic resources nor social support alone explain the marriage effect, although in combination, these factors do attenuate the effect. Physical health by itself is sufficient to explain the marriage effect ( $p=0.16$ , result not shown), suggesting that married

women's lower depression scores reflect better health relative to cohabiting women. This is likely to indicate a selection of healthier women into marriage and less-healthy women into cohabitation.

[TABLE 4 ABOUT HERE]

Among men, cohabitators report more depressive symptoms than marrieds but fewer symptoms than widowers. Cohabiting men's depression scores do not significantly differ from either divorced or never-married men's, on average, as shown in Model 1b in Table 4. The addition of ascribed characteristics in Model 2b does not attenuate these relationships. Similarly, the inclusion of economic resources, social support, and physical health in Model 3b does not appreciably alter the coefficients for marital status. Thus, whereas cohabiting and married women report similar levels of depressive symptoms when comparably healthy, among men cohabitation is associated with reports of more depressive symptoms than is marriage. Supplemental analyses (not shown) reveal that the union type difference among men is driven by the especially low depression scores enjoyed by married men. Cohabiting women, married women, and cohabiting men report similar levels of depressive symptoms, and all of these groups report higher average levels than married men.

#### Discussion

The marital status and living arrangements of America's middle-aged and older population are becoming increasingly diverse. Marriage is likely to be less common in the near future as baby boomers swell the ranks of the aged. Unmarried cohabitators, divorcees, and never-marrieds will constitute a larger share of this population. Consequently, it is important to examine the implications of nontraditional family structures and living arrangements for middle-aged and

older Americans. We used the 1998 Health and Retirement Study, a large, recent data set that is nationally representative of adults over age 50, to investigate the depressive symptoms of people in cohabiting unions relative to those who are married, divorced or separated, widowed, and never-married. Among these middle-aged and older adults, cohabitation is associated with reports of more depressive symptoms, on average, than marriage, which is consistent with earlier findings for younger adults (e.g., Brown, 2000; Lamb et al., 2003). Notably, this difference persists even after we account for economic resources, social support, and physical health, all of which vary by union type (i.e., cohabitation versus marriage) and are associated with depression scores. Cohabitors report fewer economic resources, less social support, and poorer physical health, on average, than do marrieds. The average levels of depressive symptoms reported by cohabitators do not appreciably differ from those reported by unpartnereds, including the widowed, divorced or separated, and never-married.

Our study also reveals important gender differences in the marital status and depression relationship such that marital status appears to be more consequential for men than women. Once we account for variation in economic resources, social support, and particularly physical health, women residing with a partner—whether married or cohabiting—report similar levels of depressive symptoms. Indeed, there are no significant differences in depressive symptoms according to marital status among women once these variables are controlled. Among men, on the other hand, the presence of an intimate partner is not sufficient to reduce depression scores. Instead, whether a man is involved in a cohabiting or marital relationship is pivotal. Married men enjoy significantly lower depression scores than cohabiting men, suggesting that cohabitation does not provide men with the same level of mental health benefits as marriage.

Why does cohabitation appear to operate similar to marriage among women yet seems an inferior substitute for marriage among men? First, married men are the distinct group, reporting significantly fewer depressive symptoms than either cohabiting men or cohabiting or married women. Second, it is possible that men and women view relationships differently. Women may be less interested in marriage than men because of the probability that they will need to provide care to an infirm husband (Talbot, 1998). Men, on the other hand, may anticipate needing the kind of care that wives traditionally provide. Nonetheless, women probably desire the companionship an intimate partner provides without the commitment entailed by formal marriage (cf. Talbot, 1998). Thus, among women, cohabitation may be an attractive alternative to marriage that offers similar benefits without the obligations of traditional, gendered exchange that is expected in marriage. Third, cohabiting men may not receive the same levels of caregiving from their partners as married men do from their spouses. Of course, the observed gender difference in the union type and depression relationship may be an artifact of selection. That is, depressive symptoms may predict marital status. It is impossible for us to sort out cause and effect in this cross-sectional study. Rather, we can only report associations between marital status and depressive symptoms. Ultimately, longitudinal studies are needed to sort out these competing post hoc explanations.

In addition to being unable to account for the possibility of selection, this study has another shortcoming: we are not able to evaluate the role of relationship quality in cohabitators' and marrieds' depression levels. Other research has demonstrated that the lower levels of psychological well-being reported by cohabitators are largely due to their greater perceived relationship instability (Brown, 2000).

To date, the focus of research on middle-aged and older adult well-being has been restricted primarily to the consequences of widowhood. This emphasis has obscured the dramatic shifts in family living arrangements that have occurred among all age groups. Middle-aged and older adults are increasingly likely to be unmarried and this trend is expected to intensify in the near future as a diverse group of Americans experience a wide array of living arrangements. Our findings demonstrate the importance of accounting for nontraditional living arrangements among persons over age 50. Among women, cohabitators and marrieds report similar depression scores once health is taken into account. In contrast, cohabitation is not equivalent to marriage in terms of mental health among men. Married men enjoy much lower average depression levels than cohabiting men. The next task for future researchers is to determine why men derive fewer mental health benefits from cohabitation than marriage.

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**Table 1. Weighted Means and Standard Errors by Marital Status**

<b>Variables</b>	<b>Cohabiting</b>		<b>Married</b>		<b>Divorced/ Separated</b>		<b>Widowed</b>		<b>Never Married</b>		<b>Total</b>	
	<b>MEAN</b>	<b>SE</b>	<b>MEAN</b>	<b>SE</b>	<b>MEAN</b>	<b>SE</b>	<b>MEAN</b>	<b>SE</b>	<b>MEAN</b>	<b>SE</b>	<b>MEAN</b>	<b>SE</b>
Depression	3.19	0.14	2.68 ***	0.02	3.41 *	0.07	3.56 **	0.06	3.24	0.12	2.97	0.02
Female	0.46	0.02	0.49	0.00	0.61 ***	0.02	0.82 ***	0.01	0.56 ***	0.03	0.57	0.00
Non-Hispanic White	0.77	0.03	0.87 ***	0.01	0.71 *	0.02	0.82 **	0.01	0.73	0.02	0.83	0.01
Non-Hispanic Black	0.12	0.02	0.06 ***	0.00	0.17 *	0.01	0.12	0.01	0.17	0.02	0.09	0.01
Hispanic	0.09	0.02	0.05 *	0.01	0.09	0.01	0.05 **	0.01	0.07	0.02	0.06	0.01
Other Race	0.02	0.01	0.02	0.00	0.03 *	0.01	0.02	0.00	0.03 *	0.01	0.02	0.00
Age	60.38	0.52	63.59 ***	0.17	61.20 ***	0.26	74.34 ***	0.22	64.02 ***	0.53	65.31	0.17
Education	12.40	0.21	12.71 *	0.09	12.32	0.09	11.32 ***	0.09	12.50	0.19	12.38	0.08
HH Income (\$1,000s)	58.21	6.04	67.53 **	1.91	34.76 ***	2.15	22.32 ***	0.64	30.53 ***	2.24	53.23	1.44
Employed Full-time	0.41	0.03	0.31 ***	0.01	0.40	0.01	0.08 ***	0.01	0.30 ***	0.02	0.28	0.01
Employed Part-time	0.10	0.02	0.12	0.00	0.13	0.01	0.09	0.01	0.12	0.02	0.11	0.00
Unemployed	0.03	0.01	0.01 *	0.01	0.02	0.02	0.00 **	0.00	0.03	0.03	0.01	0.00
Not Working	0.46	0.03	0.56 ***	0.01	0.45	0.01	0.83 ***	0.01	0.56 ***	0.03	0.60	0.01
Retired	0.34	0.03	0.41 **	0.01	0.32	0.01	0.63 ***	0.01	0.43 **	0.02	0.44	0.01
Social Security	0.46	0.04	0.54 ***	0.01	0.37 **	0.01	0.85 ***	0.01	0.47	0.03	0.58	0.01
Welfare Receipt	0.03	0.01	0.00 **	0.00	0.02	0.00	0.01 *	0.00	0.02	0.01	0.01	0.00
Veteran Benefits	0.06	0.01	0.08	0.00	0.03 **	0.00	0.07	0.00	0.04	0.01	0.07	0.00
Pension	0.24	0.03	0.38 ***	0.01	0.19 **	0.01	0.41 ***	0.01	0.25	0.02	0.35	0.01
Neighborhood Friends	0.52	0.04	0.67 ***	0.01	0.59	0.01	0.74 ***	0.01	0.65 *	0.02	0.67	0.01
Give Assistance	0.04	0.02	0.07	0.00	0.10 *	0.01	0.06	0.00	0.19 ***	0.02	0.08	0.00
Receive Assistance	0.01	0.01	0.01	0.00	0.05 *	0.01	0.02	0.00	0.04 *	0.01	0.02	0.00
Children <10 Miles	0.46	0.03	0.52	0.01	0.47	0.02	0.56 *	0.01	0.11 ***	0.01	0.51	0.01
Religiosity	2.21	0.04	2.49 ***	0.01	2.43 ***	0.02	2.64 ***	0.01	2.47 ***	0.03	2.51	0.01
Poor Health	2.85	0.06	2.69 **	0.02	2.90	0.03	3.05 **	0.02	3.00 *	0.06	2.80	0.01
<b>N</b>	<b>449</b>		<b>11981</b>		<b>1943</b>		<b>3669</b>		<b>556</b>		<b>18598</b>	

T Tests for Significant Differences from Cohabitors

\* p < 0.05    \*\*p < 0.01    \*\*\*p < 0.001

Means are weighted using the HRS person-level weight and standard errors are corrected for the complex sampling design.

**Table 2. Weighted Means (SE) of Depression by Marital Status and Gender**

<u>Marital Status</u>	<u>Women</u>			<u>Men</u>		
	<u>N</u>	<u>Mean Depression</u>	<u>SE</u>	<u>N</u>	<u>Mean Depression</u>	<u>SE</u>
Cohabiting	214	<b>3.329</b>	0.185	235	3.064	0.210
Married	6152	<b>2.870</b> ***	0.034	5829	2.496 **	0.024
Divorced/Separated	1261	3.509	0.074	682	3.255	0.113
Widowed	3030	3.531	0.059	639	3.678 ***	0.096
Never Married	334	3.371	0.147	222	3.080	0.173

T Tests for significant differences from cohabit \*  $p < 0.05$  \*\* $p < 0.01$  \*\*\* $p < 0.001$   
 Bolded coefficients indicate significant differences ( $p < 0.05$ ) between sexes within marital status

Means are weighted using the HRS person-level weight and standard errors are corrected for complex sampling design.

**Table 3.**  
**OLS Regression Models Predicting Depression**

Regressors	Model 1		Model 2		Model 3		Model 4	
	b	(SE)	b	(SE)	b	(SE)	b	(SE)
<b>Marital Status</b>								
Married	-0.508 ***	0.14	-0.475 ***	0.14	-0.286 *	0.12	-0.352 *	0.15
Divorced/Separated	0.224	0.14	0.151	0.15	0.153	0.12	0.170	0.19
Widowed	0.370 *	0.16	0.194	0.16	0.226	0.12	0.517 **	0.18
Never Married	0.057	0.17	-0.006	0.17	-0.043	0.14	-0.098	0.21
<b>Ascribed Characteristics</b>								
Female			0.288 ***	0.04	0.222 ***	0.03	0.168	0.22
Black			0.470 ***	0.06	0.024	0.05	0.022	0.05
Hispanic			0.967 ***	0.10	0.303 ***	0.08	0.305 ***	0.08
Other Race			0.390 *	0.16	0.078	0.11	0.074	0.11
Age			0.008 ***	0.00	-0.007 *	0.00	-0.007 *	0.00
<b>Economic Resources</b>								
Education					-0.049 ***	0.01	-0.048 ***	0.01
Household Income					-0.034 *	0.02	-0.037 *	0.02
Employed Part-time					-0.018	0.06	-0.032	0.06
Unemployed					0.373	0.21	0.364	0.21
Not Working					0.386 ***	0.05	0.367 ***	0.05
Retired					-0.254 ***	0.05	-0.250 ***	0.06
Social Security Receipt					-0.024	0.06	-0.024	0.06
Welfare Receipt					0.457 *	0.23	0.460 *	0.23
Veteran Benefits					0.078	0.06	0.068	0.06
Pension					-0.120 ***	0.03	-0.126 ***	0.03
<b>Social Support</b>								
Neighborhood Friends					-0.135 ***	0.03	-0.136 ***	0.03
Give Assistance					0.067	0.06	0.062	0.06
Receive Assistance					0.245	0.14	0.247	0.14
Children <10 Miles					0.010	0.03	0.008	0.03
Religiosity					-0.054 *	0.02	-0.051 *	0.02
<b>Physical Health</b>								
Poor Health					0.673 ***	0.02	0.674 ***	0.02
<b>Interaction Effects</b>								
Married x Female							0.139	0.22
Divorced/Separated x Female							-0.018	0.26
Widowed x Female							-0.333	0.25
Never Married x Female							0.103	0.27
Intercept	3.187 ***	0.14	2.388 ***	0.23	2.631 ***	0.29	2.646 ***	0.30
F	82.20 ***		54.15 ***		175.54 ***		134.4 ***	
R Squared	0.03		0.05		0.22		0.22	

\*p < 0.05    \*\*p<0.01    \*\*\*p<0.001

Analyses are corrected for the complex sampling design

**Table 4. OLS Models Predicting Depression for Women and Men**

Regressors	Women						Men					
	Model 1a		Model 2a		Model 3a		Model 1b		Model 2b		Model 3b	
	b	(SE)	b	(SE)	b	(SE)	b	(SE)	b	(SE)	b	(SE)
<b>Marital Status</b>												
Married	-0.459 *	0.18	-0.417 *	0.18	-0.200	0.16	-0.568 **	0.21	-0.533 *	0.21	-0.343 *	0.15
Divorced/Separated	0.180	0.18	0.134	0.18	0.150	0.16	0.190	0.23	0.181	0.24	0.174	0.18
Widowed	0.202	0.20	0.113	0.19	0.159	0.17	0.614 *	0.23	0.551 *	0.23	0.566 **	0.17
Never Married	0.043	0.21	-0.061	0.21	0.005	0.18	0.016	0.26	0.052	0.26	-0.105	0.20
<b>Ascribed Characteristics</b>												
Black			0.522 ***	0.09	0.036	0.08			0.391 ***	0.08	-0.021	0.07
Hispanic			1.049 ***	0.12	0.216	0.12			0.857 ***	0.15	0.399 **	0.13
Other Race			0.391	0.22	-0.031	0.17			0.391 *	0.18	0.170	0.13
Age			0.010 **	0.00	-0.006	0.00			0.007 *	0.00	-0.006	0.00
<b>Economic Resources</b>												
Education					-0.064 ***	0.01					-0.033 ***	0.01
Household Income					-0.036	0.02					-0.031	0.02
Employed Part-time					-0.097	0.08					0.101	0.09
Unemployed					0.168	0.28					0.586 *	0.28
Not Working					0.223 ***	0.06					0.814 ***	0.16
Retired					-0.162 **	0.06					-0.601 ***	0.17
Social Security Receipt					-0.060	0.06					-0.004	0.09
Welfare Receipt					0.362	0.26					0.590	0.44
Veteran Benefits					0.149	0.08					-0.005	0.11
Pension					-0.034	0.04					-0.246 ***	0.05
<b>Social Support</b>												
Neighborhood Friends					-0.142 **	0.04					-0.106 *	0.04
Give Assistance					0.112	0.09					0.012	0.09
Receive Assistance					0.246	0.15					0.221	0.28
Children <10 Miles					0.035	0.04					-0.018	0.05
Religiosity					-0.052	0.03					-0.048	0.03
<b>Physical Health</b>												
Poor Health					0.736 ***	0.02					0.586 ***	0.02
Intercept	3.329 ***	0.18	2.577 ***	0.28	2.823 ***	0.37	3.064 ***	0.21	2.493 ***	0.32	2.541 ***	0.48
F	44.30 ***		25.59 ***		101.86 ***		41.96 ***		33.50 ***		51.53 ***	
R Squared	0.02		0.04		0.22		0.04		0.05		0.21	

\*p < 0.05    \*\*p<0.01    \*\*\*p<0.001

Analyses are corrected for the complex sampling design.