

Part III.
**Gender, Ethnic and Racial Disparities
In Mental Health and Mental Disorder**

Section B.
**Stressful Family Contexts Linked to
Unmarried Parenting, Working Mothers and
Marital Instability in a Globalizing Society**

Chapter 11.

Family Relationships as Sources of Stress and Support: Making the Connection Between Work and Family Experiences¹

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Dorothy Parker has been quoted as saying, “Women and men, men and women-- it will never work.” Many feel the same pessimism about relationships between parents and children, as positive affect is abraded and worn down by the competing agendas and priorities of multiple generations, varying in age and gender, but held together by shared residence and family ties. Individuals continue to see family ties as important potential sources of existential meaning, life satisfaction, and happiness. Nevertheless, their actual experience in family interaction is often an uncertain and volatile mixture of contentment, disappointment, pride, and anxiety.

There is little doubt that the quality of family relationships contributes to individual well being, and much research has investigated this linkage between relationship quality and individual outcomes. Studies of family influences on children repeatedly find that what parents do with and for their children-- the materials they provide, the attention and warmth they display, and the investments of time and energy they make in their child-

¹ This chapter draws in part on several earlier papers, particularly Menaghan and Parcel 1991, 1995, Parcel and Menaghan 1994, and Menaghan 1994. Preparation of the chapter was supported in part by grants from the National Institutes of Health (HD23467, APR00961, MH54371). It was also improved by the comments of the workshop participants, particularly Leonard Pearlin.

ren-- are reflected in better outcomes (see for example, Belsky, 1984; Bradley & Caldwell, 1977, 1979; Crouter, Perry-Jenkins, Huston, & Crawford, 1989; Moore & Snyder, 1991; Parcel & Menaghan, 1994a; Patterson & Bank, 1989; Patterson, DeBaryshe, & Ramsey, 1989). Similarly, it is clear that disappointing, distant, and conflict-ridden relationships between spouses exact a powerful emotional toll on both spouses and children (Menaghan, 1983; Seltzer, 1994).

How do we account for the high frequency of troubled family relationships? Do family members' difficulties in sustaining positive interactions simply reflect the inherent difficulties of family life and individual personal shortcomings? Although these factors are important, I argue that it is important to look beyond the family itself and to pay attention to potential sources of problematic interaction between spouses and between parents and children that may reside in durable social and economic arrangements and cultural understandings that are embedded in larger social contexts. Over the last 7 years, I have been especially interested in understanding better how the larger social context-- particularly parental experiences in occupational life-- shapes family life and children's outcomes.

The Changing Social Context

Both work and family experiences have undergone enormous changes in this century. Today, we are in the midst of a revolution in family composition, gender roles, and responsibility for breadwinning and child rearing, and the impact of this revolution on the quality of individual and family lives is still uncertain. Increasing numbers of children are born to mothers and fathers who have no legal bond to one another. Among children born to married parents, a significant percentage experiences the disruption of their parents' marriage before they are grown. For both these reasons, increasing numbers of fathers live apart from their biological children. Both new marriages and entry into informal unions are increasingly common, and relationships between these "new" men

and the children already resident in the family must also be negotiated (Seltzer, 1994). In addition to these changes in residence, there have been great changes in the division of labor between men and women. Increasing numbers of mothers, living on their own, shoulder the total set of responsibilities for household work, nurturance, supervision and socialization of children, and breadwinning. When mothers do share household work, child rearing, and breadwinning with their children's fathers or with other men, the resulting division of labor is typically inequitable; yet, both men and women are reluctant to label it as such (Lennon & Rosenfield, 1994).

The opportunities and demands of the workplace are also shifting dramatically. Shifts away from manufacturing jobs and toward both more service jobs and more jobs demanding high levels of education and training mean that adults with poorer educational attainment face greater obstacles in obtaining employment. David Dooley refers to the "unwelcoming economy" that greets young workers today (Dooley & Prause, in press). Those who are employed often experience increased workloads created by employers' continued efforts to streamline by reducing the number of their employees. In rural and farming areas as well, formerly secure families face eroding incomes and uncertain futures (Conger & Elder, 1994; Lasley, Leistritz, Lobao, & Meyer, 1995).

As a result of these various changes, increasing numbers of individuals find it difficult to sustain family ties, and increasing numbers of families find it difficult to sustain a connection to the labor force that provides sufficient economic and non-economic returns for their families. More two-parent families follow a dual-earner pattern, committing more total hours to labor force participation and feeling increasingly short of time at home. Single-parent families, especially mothers rearing children alone, face still greater time shortfalls when they are employed, and even full-time female employment is no guarantee of an adequate family income.

Although extensive research has considered the effects of job loss and income shortages, I focus in this paper on variations in workplace conditions experienced by those who are employed, evaluating the consequences of parental occupational circumstances for both individual well-being and family interaction. It is increasingly clear that the possession of roles and statuses, as well as role gains and losses, has

varying effects depending on the quality of those roles (Aneshensel, Pearlin & Schuler, 1992; Wheaton, 1990). Both the quality, and the fact of employment, particularly maternal employment, affect family interaction. Stated negatively, parental work stressors, in part by undermining the parent's emotional well being, are linked to the quality and appropriateness of both husband-wife and parent-child interaction and these patterns in turn are linked to child outcomes. When occupational and economic stressors cause parents to be more distant, preoccupied, or impatient with their spouses and their children, stress on the family is reflected in more stressful environments within the family, providing an intergenerational bridge of emotional disadvantage.

Theoretical Background

I draw on both social stress and work socialization theory in making this argument. Social stress theories suggest that the connection between economic and occupational experiences and mental health outcomes has three key links. First, social stressors affect individual emotional well being; difficulties in roles that are highly salient to the self or threats to prized identities are particularly painful and threatening (Pearlin 1983, 1989; Pearlin, Lieberman, Menaghan & Mullan, 1981). Within American society, occupational success is normatively demanded of adult men, so it is reasonable to expect occupational problems to have a particularly strong impact on men. Over the last several decades, however, women's employment has also become increasingly normative, especially if they are unmarried, making this role increasingly salient for women as well. Thus, occupational difficulties are likely to threaten individual feelings of worth and competence and increase emotional distress.

Second, individual well being affects how one interacts with others, including family members. Individuals struggling with emotional turmoil or depression are less available for satisfying interaction and more prone to either withdraw from interaction or become aggressive and argumentative (see Menaghan, 1991; Piotrkowski, 1989). Such adults find

it difficult to be responsive and consistent in interaction with their spouse and children (see Downey & Coyne, 1990).

Third, distressing patterns of family interaction in themselves constitute an additional stressor that further undermines individuals' emotional equilibrium. For most adults, the perceived failure to sustain warm and supportive relationships with family members is itself threatening to their identity and exacerbates the emotional distress that may initially have been aroused by occupational problems. This role spillover from work to family can in turn evoke problems in workplace relations, feeding a negative spiral between work and family contexts.

Work socialization arguments, such as those proposed by Melvin Kohn and Carmi Schooler (1982, 1983; see also Miller, Schooler, Kohn, & Miller, 1979; Pearlin & Kohn, 1966), put less emphasis on how occupational conditions affect workers' emotional state and more on their effects on workers' values and attitudes about themselves and the world. These arguments emphasize that what one does on the job generalizes to other role performances and is critical in shaping adult attitudes and parent-child interaction. Work that offers more opportunity for judgment and self-direction seems to encourage greater intellectual independence, more liberal social views, and a greater questioning of received authority. When parents' work is more substantively complex and offers greater opportunities for self-direction, Kohn and Schooler find that parents place greater value on their children's development of self-direction, and they are less concerned with behavioral conformity per se. Thus, work conditions that increase the adult's sense of mastery and competence and permit greater autonomy will affect both what parents value for their children and how they treat them.

These two strands of theory-- work stress and work socialization-- are related: Since attitudes about self and society shape emotions, work that enhances certain attitudes is apt to be linked to greater emotional well-being as well. Stated negatively, work that is routine, heavily supervised, and low in autonomy and substantive complexity produces a sense of powerlessness and alienation that has multiple effects: it colors beliefs about the possibility of control in other aspects of life, arouses psychological distress (see Mirowsky & Ross, 1986, 1989; Rosenfield, 1989; Pugliesi, 1995), leaves parents less

able to be emotionally available to their children (Downey & Coyne, 1990), and makes spouses more prone to withdrawal from interaction and to expressions of anger and hostility within interactions (Elder, Conger, Foster, & Ardel, 1992; Pearlin & McCall, 1990; Repetti, 1989; Weiss, 1990). This potent combination of both attitudinal and emotional consequences is one reason why occupational complexity has been linked to such a wide range of outcomes, including psychological distress, alcohol use, and self-esteem (Lennon, 1994; Menaghan, in press). I focus in this paper on this aspect of mothers' working conditions and trace its impact on the quality of the home environments that employed mothers provide their young children and on their view of their marriages.

In examining linkages between occupational contexts and family outcomes, one must constantly keep in mind the likelihood of selection into stressful circumstances: Individuals are not randomly assigned to better or worse occupations or easier or more difficult family circumstances. Human capital arguments draw attention to the individual differences in intelligence, initiative, educational attainment, physical health, and social competencies that shape individuals' prospects in the labor force and in family life. The observed and unobserved variables that lead to a premature exit from high school, an early marriage or pregnancy, or an unfortunate partner choice are also important in explaining later outcomes. Recognizing such selection effects, research generally includes as controls an array of individual characteristics and resources when trying to assess the effects of occupational and economic factors on families and individual lives. Additive controls, however, may not capture likely interactions between social stressors and individual and family vulnerabilities or resources; the psychosocial and interpersonal strengths that adults bring to stressful situations make a difference in the way their family relationships are affected.

Group membership is also consequential for both accumulated psychosocial resources and occupational and family circumstances. Where societies are stratified by race and ethnicity, opportunities and advantages are enhanced for members of favored or dominant groups and constrained for others. Depending on the extent and nature of gender norms, men and women encounter differing obstacles and opportunities in the

workplace over and above those produced by individual differences in capabilities. Thus, it is important to consider such group selection effects by race and gender as well as individual ones when assessing the conditions under which social circumstances affect individual outcomes. More generally, changes over time in the health of the international, national, or local economy may amplify or dampen the strength of effects of individual variables.

These considerations suggest that, at any point in time, adult resources and work and family stressors interact in complex ways to shape family patterns and both adult and child outcomes. Occupational factors do not necessarily affect mothers and fathers similarly, nor will occupational conditions that positively affect individual well being also have positive effects on interaction between spouses, on relations between parents and children, and on child outcomes. Therefore, I focus on what my own and others' research suggests about the current linkages between social circumstances and parent-child relationships, and between parental occupational experiences and marital relationships, before examining implications for prevention and intervention.

The studies discussed here use the extensive information on both mothers and children available in the Child-Mother data sets of the National Longitudinal Surveys of Youth (NLSY). This data collection effort began in 1979 with a nationally representative sample of young men and women (aged 14 to 21 on January 1, 1979), with over-samples of ethnic minorities and economically disadvantaged groups; the total sample was over 12,000. Beginning in 1986, there have been biennial assessments of the children born to the female NLSY respondents; in 1992, more than 9,000 children were assessed. Thus, the data set contains an unparalleled wealth of background data on these mothers, collected on an annual basis, as well as detailed information about their children. It includes annual data on family composition and marital status, and for more recent years it also has information on mothers' emotional well being and on the quality of their relationships with their partners.

The Intergenerational Cascade: Occupational Effects on Parent-Child Interaction and Home Environments

In our early study of employed mothers and their young children aged 3 through 6, Toby Parcel and I considered the effects of both occupational and family circumstances on the quality of children's home environments (Menaghan & Parcel, 1991; Parcel & Menaghan, 1994b). Our primary dependent measure of home environments, drawn from Bradley and Caldwell's HOME scales (see Bradley & Caldwell, 1977, 1979; Bradley et al., 1988), emphasized three dimensions-- intellectual stimulation, maternal warmth and responsiveness, and the safety of the physical environment-- and included both maternal report and interviewer observations. The explanatory measures of social stressors included the quality of employment as indicated by variations in the substantive complexity of the occupation, level of wages, and usual work hours; the number of children with whom parents were coping; and variations in the number of and the relationships with other adults in the family household-- particularly whether the mother had a spouse, a male partner, or a female relative also in the household (all of the study children lived with their mothers). All of these analyses controlled for differences in maternal background, including early self-esteem, cognitive ability, and educational attainment, and in child characteristics, including ethnicity, gender, age, health problems, and birth weight.

The measure of occupational complexity used was constructed from the occupation-level data included in the Dictionary of Occupational Titles developed by the U.S. Department of Labor (1977) and then matched to the detailed U.S. Census three-digit occupational codes that were assigned in each wave to NLSY respondents who were employed. Because this measure is the same for all jobs classified within the same occupation, it contains more measurement error than would a measure constructed at the job level, which attenuates the strength of the relationships that we were able to observe. Analyses also included a measure of the wage level of the current job. This measure is an

indicator of the economic returns for the mother's time invested on the job and may also serve as a proxy for variation in job quality that is not captured by the occupation-level measure of substantive complexity. All analyses also controlled for work hours of the parents.

Consistent with our hypothesis, we found that, among these employed mothers, maternal work quality, as indicated by higher occupational complexity, predicted higher scores on a global measure of the overall quality of home environments. The same relationship can also be stated more negatively: Among employed mothers with young children at home, when opportunities for complexity and self-direction on the job were limited, their children's home environments were adversely affected. Higher family stress, as indicated by larger family size, also predicted lower quality of the home environments.

In more recent analyses, I have re-examined these issues with an expanded sample that included mothers who had 3- to 6-year-old children and were not working in 1986 as well as those who were employed (Menaghan, in press). Mothers' employment status interacted with their marital status, with employment having a more powerful effect when mothers were not married and, conversely, marriage having a larger positive effect when mothers were not employed. The positive effect of higher maternal wages reached statistical significance with this larger sample, and the effect was stronger for unmarried mothers. Thus, although occupational complexity had significant positive effects for both married and unmarried mothers, both the fact of employment and the wage levels of those employed had greater consequences, positive and negative, for unmarried mothers.

Combining these effects yields predicted differences in the quality of home environments, depending on a mother's marital status and her employment at differing levels of complexity and wages. Compared with those who were both unmarried and not employed, mothers employed at average jobs provided significantly more positive home environments, whereas those who were employed at jobs high in complexity and wages provided still more positive home situations. Those unmarried and employed at jobs low in occupational complexity and low in wages provided only marginally more positive home environments than unmarried mothers without any job at all. Thus, although being

employed had a positive effect for unmarried mothers, the strength of that effect varied depending on the quality of employment. Because differences in employment status and wage levels were narrower for married mothers, the family environments of married mothers who were not currently employed were little different from those provided by married mothers employed at average jobs and were similar to those provided by unmarried mothers employed at good jobs.

These effects were estimated in cross-sectional models, with additive and interactive controls for a range of maternal resources, including mothers' self-esteem and cognitive skills measured several years earlier. If our arguments regarding the causal impacts of social circumstances are correct, then changes in occupational and family circumstances should produce changes in family environments. Parcel and I conducted such analyses, using the larger and more heterogeneous sample of preschool-aged children with both initially employed and not employed mothers and following them over the next 2 years to 1988 (Menaghan & Parcel, 1995).

We found that recent changes in parents' occupational conditions-- in job complexity, wages, and hours-- had little impact on changes in home environments. This lack of impact seems to be partly due to the limited change in occupational conditions that occurs over a 2-year period. Even over longer periods, in fact, occupations and occupational conditions are likely to be fairly stable. Because they are less likely to fluctuate, their effects may accumulate slowly and be amplified with increasing duration, so that studies that consider effects for older workers who have experienced occupational conditions for longer durations may report stronger effects. Thus, it may make sense to focus on estimating duration-dependent effects of occupational conditions, as well as considering small changes in occupational conditions from one point to another.

Family changes were both more common and more consequential than occupational changes. Within those 2 years, 24% of the mothers had an additional child, 6% began a marriage, and 9% ended one. Both the birth of an additional child and the termination of a marriage were reflected in negative changes in family environments.

Changes in mothers' employment status were also common, with 17% beginning employment and 12% exiting from employment. Beginning employment also had significant adverse effects in our additive models compared with remaining employed at both time points, but this effect varied depending on other factors. When mothers began work in occupations that were above average in substantive complexity, there was no negative effect; indeed, the sign of the effect under these conditions was positive, although nonsignificant. However, when the mother's new employment was in an occupation with an average level of complexity, beginning employment had a significant negative impact. The effect was significantly more severe when mothers began working in jobs low in complexity, with the quality of home environments dropping nearly a third of a standard deviation. "Average" was defined in relation to the distribution of this sample of employed mothers; because they were young women who had begun childbearing early, their average occupational conditions were relatively low compared with the average for all occupations. Again, this pattern suggests that effects of mothers' employment status are not uniformly good or bad; it is necessary to consider the quality of that employment.

Compared with mothers who were employed at both time points, mothers who remained without employment during the 2-year study period also registered overall declines in the quality of family interaction. However, interactive tests showed that these overall negative effects were due to the sharp decline observed in the subset of mothers who were also persistently unmarried; this subgroup experienced a decline in home environments that was more than three times that experienced on average by other persistently unmarried mothers and more than nine times larger than that produced by persistent non-employment alone.

As in the cross-sectional models, the level of maternal wages was especially critical for unmarried mothers. These interactions suggest that, for employed mothers with young children, the effects of unmarried motherhood are partially dependent on the level of wages they are able to obtain. For mothers whose wage levels were relatively high (implying annual maternal earnings in this sample of \$19,760 in 1988), remaining unmarried had no significant negative impact on the trajectory of change in the quality of

their children's home environments, but for other unmarried mothers working at lower-wage jobs, home environments declined.

Thus, mothers rearing children alone may vary widely in the quality of home environments they are able to provide over time. In many cases they may face a painful dilemma. If they stay out of the labor force and remain unmarried, the persistence of low interpersonal and economic resources in the family seems to take a toll that damages the quality of children's home environments during their critical early school years. Yet, if the only alternative open to them is employment at a job with low wages and little complexity-- a likely scenario-- these mothers may gain relatively little.

The findings suggest that work and family circumstances combine in non-additive ways to shape the quality of family interaction, both cross-sectionally and over time; that mothers' occupational complexity has positive effects on children's environments; and that the absence of both marital and occupational roles is especially problematic. From a public policy perspective, this linkage suggests that efforts to ameliorate possible negative effects of family composition or mothers' marital status may usefully focus not only on family status but also on the quality of occupational experiences available to mothers. Of course, it may be no easier to intervene in the economy than to alter marriage, divorce, and childbearing patterns.

The Consequences of Occupational Conditions for Marital Interaction

Family interaction-- both between parent and child and between spouses-- is important in shaping child well being. In addition, the quality of relations between parents itself affects parent-child interaction (Menaghan, 1994). Thus, one plausible pathway by which occupational and economic arrangements affect children may be through their effects on interaction between husbands and wives and between men and women more generally. It is interesting that very little is known about whether or under

what conditions occupational circumstances affect marriage. The literature, as well as Parcel's and my empirical work, has emphasized effects of occupational conditions on individual well being and on parent-child interactions, but has seldom examined their implications for relationships between adult family members. Some interesting exceptions are Weiss (1990) and Pearlin and McCall (1990).

One might simply assume that occupational conditions that are beneficial for individuals-- particularly, greater occupational complexity and higher wage levels-- will also benefit family relationships, increasing children's material resources at home, improving mothers' well-being, and enhancing mother-child interaction. Our findings and those of others generally support this expectation when parent-child relationships are considered. However, the picture becomes more complex when the focus is narrowed to marital relationships themselves. Research on maternal employment status has suggested that employed mothers may be less satisfied with their marriages and that the fact of the wife's employment may be a source of strain between her and her partner. As I have discussed more fully elsewhere (Menaghan, 1994), greater female occupational attachment is likely to challenge old marital roles, family commitments, and family satisfaction. As work on the family farm or in production within households has given way for most men and for ever increasing numbers of women to individual job holding and wage earning, and as real wages, even for men's jobs, have fallen, wives' employment is increasingly necessary-- it now takes more than one wage earner to earn what one (male) wage earner used to earn. Thus, increasing numbers of men share at least part of their breadwinner role with their wives and face pressures to take a greater share in the domestic labor and child rearing. They also face increasing pressures to take their wives' employment preferences and employment trajectories more fully into account. Although the existence of such pressures reflects changing gender norms regarding employment, in some ways those changes seem to have (temporarily?) stranded society in a stalled or incomplete revolution (see Hochschild, 1990; Ross, Mirowsky, & Huber, 1983), without adequate changes in supporting or connected gender norms, particularly regarding how the domestic division of labor should be handled and how competing employment demands and aspirations should be adjudicated. When husbands had clear primary responsibility for providing for the family and uncontested dominance in family

decision making regarding employment, this cultural consensus often led wives to subordinate their own job interests to those of their husbands without much explicit bargaining. As normative support for such unspoken subordination erodes, however, husbands and wives who are both employed face greater overt conflict as they struggle to work out jointly satisfying occupational and family arrangements.

Such families have been labeled dual-earner, but researchers need to be careful to qualify that term's implied similarity in husbands' and wives' occupational roles even when both are employed. Wives' employment is more often part-time or part-year; it is more often interrupted by demands to care for ill, aged, or young family members (U. S. Bureau of the Census, 1987); and it tends to be concentrated in women's ghetto occupations (secretarial and clerical, retail sales, cashiers, beauty/cosmetics, and young children's education) at lower pay and lower complexity. Even when both are employed full-time, men tend to work longer hours, and women continue to perform the bulk of household labor as well as child care (Ferree, 1990). The dissimilarities in men's and women's occupational conditions and the absence of equality in domestic contributions reflect the slow rate of change in gender-differentiated and gender-stratified social roles, both in the workplace and in the household. Thus, in understanding how parental employment affects marital relationships, it is important to consider effects of occupational conditions and not merely the employment status of husbands and wives (see Lennon, 1994, and Pugliesi, 1995, who make similar arguments regarding employment and individual well-being).

I have explored the relationship between parents' occupational conditions and their marital quality in only one analysis thus far, of NLSY women in married couple families with 5- to 8-year-old children (Menaghan, 1994). All of the husbands and nearly two thirds of the wives were employed. The quality of the marriage was assessed in terms of the wives' report of the frequency of arguments and of positive interaction. Among employed wives overall, working in an occupation that offered greater complexity did not significantly reduce marital problems, except for providing some benefits for the subset of wives who initially had lower self-esteem and mastery. The effects of the husbands' occupational conditions on marital complaints differed when wives were and were not

employed themselves: Beneficial effects of husbands' occupational complexity were observed when their wives were not themselves employed, but were blunted when wives were also employed. This same interaction can also be interpreted in terms of the effects of wives' employment. The more complex the husband's occupation, the more that wives' employment was associated with greater marital complaints. Thus, the effects of wives' employment on their marriages seem to depend in part on their husbands' occupational demands and opportunities.

Why should the benefits of one's own and one's spouse's "good" jobs be so limited? One intriguing hypothesis is that, at least in the short term, occupational conditions that have positive effects on individual well being do not necessarily have the same favorable implications for marriages today. There are several reasons why this may be the case. First, work socialization arguments suggest that workplace opportunities to engage in more substantively complex work and to exercise judgment and self-direction will make both men and women less socially conservative and less tied to traditional solutions to problems (Miller et al., 1979); this change in turn may lead to greater questioning of previously accepted gender roles. Such increased willingness to consider more innovative and possibly more equitable divisions of labor within the family household has the potential to increase marital happiness, especially for wives. Yet, efforts to negotiate new arrangements may not be successful immediately, and in the meantime both partners may feel disadvantaged.

A second reason why better jobs may adversely affect marriage and family life involves the relative salience of work and family roles. Some authors suggest that family and domestic tasks may be less central for most American women than they have been in the past. In their book, *New Families, No Families?*, for example, Goldscheider and Waite (1991) worry that neither men nor women are emerging with the requisite skills or priorities to sustain a family household.

Such declines in domestic priorities may be amplified by specific employment experiences. Piotrkowski (1979) found that highly ego-enhancing occupations are likely to remain salient to the worker even when he or she is away from the workplace. And Peterson and Gerson (1992) suggested that, for both husbands and wives in dual-earner

families, having a job that provides more scope for decision making-- a proxy for greater occupational complexity-- increases workers' investment in the job. Yet, they also found that it reduces the willingness of workers-- both male and female-- to carry out domestic tasks. The implication is that more intrinsically interesting and complex occupations are more attractive to their role incumbents than are the necessary routines of household maintenance, and individuals employed in such occupations will seek to increase their involvement in the occupational sphere while resisting efforts to be drawn further into family tasks. Thus, it seems possible that the individual benefits of more complex occupational conditions may have offsetting effects that limit their potential to make a positive contribution to marital relations within the family.

These offsetting effects may be between one partner's employment status and the other partner's occupational conditions or, where both partners are employed, between each partner's occupational conditions. At least for families with young children, the combination of two highly complex occupations may pose dilemmas regarding allocation of work and family responsibilities and thus undercut their potential benefits for family interaction. Further research may help specify the conditions under which the individual benefits of greater occupational complexity are reflected in more positive marital interaction.

Work and Family: Joint Moderators of Stressor Impacts on Families

The rather complex picture that emerges from these various analyses suggests that linkages between parental working conditions and family outcomes are stronger under some circumstances than others. Drawing on analyses both of family interaction and marital quality and of the effects of occupational and family circumstances on children's behavioral and academic well being, I suggest in this section several tentative conclusions regarding research on work and family stressors and family well-being.

First, evaluations of maternal employment status-- either as a potential resource or as a potential stressor for families-- need to take into account variations in employment quality. Similarly, it is likely that maternal entrances to and exits from the labor force have differing consequences depending on the quality of maternal employment left or entered: Employment entry is more likely to be positive when the mother enters a more substantively complex occupation or one with higher wages, whereas exit from a job characterized by low wages, long hours, and less complex conditions is more beneficial than other exits. Such contingent effects should be anticipated and explicitly modeled in research efforts.

Second, when two parents are present and employed, the effects of one parent's working conditions are likely to vary depending on the working conditions of the other parent. Combinations that increase the overall demands of employment for the family will have more negative effects. This observance seems obvious in the case of work hours. For example, Parcel and I found that the combination of two parents being on overtime work schedules was associated with significantly more behavior problems for young children than when only one parent worked overtime hours. Yet, the same pattern of diminishing returns may also hold for other occupational conditions that have positive effects on individual well being. We have emphasized that these diminishing returns may be reflected in poorer marital quality; other findings suggest that they may also be detectable in children's outcomes. In contrast, the effects of one parent's stressful occupational conditions may be offset by positive features of the other's work. For example, fathers having less than full-time work-- generally an indicator of unwelcome underemployment-- had less negative impacts on the quality of children's home environments when mothers were employed (Menaghan, 1994).

Third, work and family conditions are likely to interact in their effects, and analyses must take these likely contingencies into account. Work-family combinations that increase the total set of family demands will be more negative than other combinations, so that otherwise positive working conditions may nevertheless carry some costs for family interaction in combination with specific family conditions. However, positive occupational circumstances may offset or soften the adverse repercussions of family

difficulties. For example, high-wage employment reduced the negative effects of remaining un-partnered on the quality of children's family environments. Thus, the intergenerational costs of adult social stressors may be dampened or amplified depending on the family demands and stressors simultaneously impinging on parent-workers.

Research that considers either working conditions or family circumstances in isolation from one another may yield misleading results. Rather, it must consider both work and family factors simultaneously and evaluate plausible interactions systematically. Where two parents are present, researchers should evaluate the effects of both husbands' and wives' employment patterns. In the non-experimental world in which we conduct studies of work and family life, it is also critical to take into account individual and group resources that are likely to be correlated with current circumstances. Finally, although a researcher may focus on one or another outcome in a specific study, taken together these studies should embrace multiple outcomes for multiple family members-- both adult and child well being, both spousal and parent-child relations-- because benefits for one person or relationship may not hold for others. This is a complex research agenda.

Implications for Prevention and Intervention

What are the implications of this line of research for efforts to enhance the quality of family interaction, to prevent negative outcomes, or to intervene in situations in which children or adults seem to be at high risk for trouble?

Clearly, the limited benefits of occupational complexity for marital relations that were found in my research need to be replicated in other studies and for couples with children of a wider age range. These findings suggest, however, that gender-linked expectations for marriage and the domestic division of labor continue to influence how occupational experiences affect marital satisfaction. I have suggested two possible explanations in this paper-- marital difficulties may reflect greater overt negotiation

efforts that are not (yet) successful, or they may reflect the reduced priority given to family tasks relative to occupational investments for both men and women. The type of social policy that might be beneficial depends on which of these explanations one emphasizes. Individual couples' efforts to negotiate new and more satisfying work-family arrangements may be aided by more explicit discussion and practice of conflict resolution strategies, as the many popular marriage enrichment approaches suggest. Societal-level changes in the conditions of employment might also reduce problems for all couples. One aspect that I have not emphasized here but that likely plays a large role in marital difficulties is the timing and scheduling of employment. Greater societal-level resolution of some of the structural dilemmas, such as the mismatch between work and school hours, the need for full-time work schedules to obtain job-linked benefits, high time and task overloads for individual workers, and norms requiring overtime schedules if one is a "serious" worker, is difficult to imagine and, in a time of downsizing and global competition, difficult to accomplish. However, despite the difficulties in envisioning change, it is worth emphasizing that current employment patterns and career trajectories contribute to the problems families face. Social policy-makers tend to expect individual families to each find their own way to deal with work-family dilemmas, without addressing how structural changes would ease the task for all families.

One set of decisions that individual families struggle with is whether and how much mothers should be employed when children are young. Of course, this very question, with its focus on mothers rather than fathers, reflects the continued norms that mothers be the primary caregivers and fathers the primary breadwinners. Past welfare policy has reflected this assumption by not requiring mothers with young children to work while providing some income benefits. Calls for reforms, however, suggest that both mothers and children would be better served by policies that require mothers to work. To what extent can the findings reviewed in this paper regarding maternal employment and children's family environments inform this debate?

In these survey data, it is clear that the quality of a mother's employment, as indicated by the substantive complexity of her occupation, affects her children's home environment. Similarly, the wage level she is able to obtain from employment matters

and is particularly critical for mothers rearing children on their own. These patterns immensely complicate any simple conclusions regarding whether maternal employment hurts or helps children. The emerging answer, which should not really be surprising, is that it depends on the nature and quality of that employment. From a social policy perspective, this answer suggests that one should be skeptical about the benefits for children that would accrue if “welfare to work” strategies were implemented until more is known about the wages that mothers would earn and the job conditions they would experience. At least for the NLSY mothers studied, unmarried mothers employed at low wages in low-complexity occupations were similar to those not employed at all in the relatively low quality of their children’s home environments, and both unmarried mothers who remained non-employed and those who moved from non-employment into employment at low wages and low complexity registered declines in home environments.

On the one hand, these findings do suggest that employment in good jobs can help; on the other hand, they also suggest that employment in bad jobs will not. It is difficult to be optimistic that the mothers currently receiving income, health coverage, and in-kind benefits from government programs would move into good rather than bad jobs. Mothers are selectively drawn into employment depending on the human capital they possess and the opportunities offered by the local job market; those who remain non-employed, especially those who are unmarried, are likely to have bleak prospects for employment in good jobs.

It is possible, as Parcel and I have noted elsewhere, that longer term follow-up studies would nevertheless show that employment even in relatively bad jobs may lead to better jobs and that the habits, routines, and demands of employment in the long term confer benefits on children and increase their own chances for economic self-sufficiency. The studies reviewed here have emphasized the short-term costs, not the potential long-term gains, of employment. A belief in such gains, combined with the costs emphasized here, would suggest social policies that increase the economic returns from employment and that facilitate upward occupational mobility. If changes in wage rates threaten to eliminate some entry-level jobs, as opponents of minimum wage increases have argued, and put undue burdens on individual employers, a compromise strategy would be

political action that decisively increases the federal program of earned income tax credits. This program rewards employment at the same time that it supplements the income obtained from work; reducing the sharp disparities in economic returns from work might reduce the associated disparities in children's home environments.

Such changes in taxation policy, however, would not alter the nature of most low-wage jobs in terms of substantive complexity and autonomy. Research findings have demonstrated that greater occupational complexity has individual benefits as well as benefits for children, so that alterations in job design and in the distribution of jobs that provide greater complexity for more workers is desirable. There is debate regarding how the distribution of jobs is changing, with some researchers emphasizing the de-skilling and routinization of formerly more complex and challenging jobs and others emphasizing the increasing complexity of available jobs. However, it seems clear that where choice is possible and conscious job design and redesign are occurring, the desirable direction of change is toward greater occupational complexity. Social policies should encourage that direction.

In some ways, the finding that work and family conditions interact, so that unmarried mothers with good jobs can nevertheless provide home environments that are little different from those provided by married mothers, suggests that family troubles may be partially alleviated by occupational and economic strategies and policies-- not merely by decrying current family composition. However, such changes would not be easy to accomplish, especially in an economic climate of global competition and job reduction and a political climate marked by aversion to re-distributive taxation strategies.

Although not a direct implication of these specific research findings, I suggest that researchers and social commentators should give more explicit attention to the linkages among larger social conditions, occupational and economic circumstances, and individual and family well being. Many individuals tend not to recognize occupational conditions as sources of difficulties in their own family lives, and this invisibility may itself contribute to their impact: Precisely because individual family actors find it difficult to discern the social and economic roots of problematic interaction, they can be bewildered by interpersonal difficulties and prone to attribute problems to personality flaws or moral

failings. Such global, internal attributions are themselves insidious influences on interaction. Thus, the recognition that occupational social contexts have the potential to affect individual adults' emotional well-being adversely and to make positive family interaction more difficult may enable families to make more accurate attributions about the sources of their troubles, even if they are unable to alter them.

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Chapter 12.

Family Structure and Mental Health¹

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One of the most significant structural changes in North American societies is the increase in the number of families headed by single mothers, which is due largely to rising rates of marital separation and divorce and an increase in the proportion of never-married single parents. These changes in family structure are more significant given the ever-increasing proportion of women in the labor force (Giele, 1988), a trend that has been especially pronounced among women with children (Bielby & Bielby, 1989). However, despite their labor force participation, a

¹ I wish to acknowledge the assistance of Donna D. McAlpine, Cathy F. Thorpe, Lorraine Davies, Kathy Nixon Speechley, and Terrance J. Wade. Each has made an important contribution to the work reported here. The research was supported by grants awarded to William R. Avison by the National Health Research and Development Program (NHRDP) of Health Canada (6606-4262-64/2), the Social Sciences and Humanities Research Council of Canada (410-94-0604), and by a Senior Research Fellowship from the Ontario Mental Health Foundation.

substantial proportion of single mothers suffer from significant socioeconomic disadvantage (Holden & Smock, 1991) largely as a result of being the sole wage earner in the household (McQuillan, 1990). Thus, many single mothers shoulder multiple burdens: At the same time that they assume all or most of the custodial and parenting responsibilities for their children, they frequently live in poverty while still undertaking the obligations of the work role.

It is by no means surprising then that these multiple sources of stress have a wide range of health consequences for single parents and their children. Indeed, there is widespread agreement in the scientific literature that single parenthood constitutes an important risk factor for mental health problems among parents and children. However, without a better appreciation of the web of social and psychosocial processes that surround the association between family structure and health outcomes, it seems unlikely that specific recommendations for preventive interventions can be made with any level of confidence.

In this paper, I summarize some of the most salient findings from a large study of families, half of which are headed by single mothers. My primary purpose is to draw attention to those social and psychosocial processes that identify promising points of intervention suggested by these findings, specifically, three thematic areas:

1. the links between family structure and exposure to an array of stressors that have significant consequences for health;
2. the pervasive effects of poverty in single-parent families on the health of parents and children; and
3. the roles that individuals' childhood and adolescent experiences play in influencing subsequent family structure and their consequences for current well-being.

Thinking About Family Structure

The study of family structure and its effects on family members' health was stimulated by increases in divorce rates and births outside of marriage in the 1960s and 1970s. Consequently, many early studies of family structure and health focused on the impact of separation or divorce on parents' and children's psychological well-being. Early studies of separated and divorced families clearly established that marital dissolution is often accompanied by increased levels of stress and strain that continue long after divorce (Hetherington, Cox, & Cox, 1979a, 1979b; Wallerstein & Blakeslee, 1989; Wallerstein and Kelly, 1975, 1980; Weiss, 1975). These investigations identified a broad array of financial, work, and childcare strains that have negative consequences for the lives of separated or divorced women and their children. Studies of women who had children outside of marriage have reported similar findings (Furstenberg & Brooks-Gunn, 1986; Rutter & Madge, 1976). Since these landmark studies, other investigations have enriched our understanding of problems encountered by single-parent families (e.g., Furstenberg, Brooks-Gunn, & Morgan, 1987; Furstenberg & Cherlin, 1991; Guidubaldi, Cleminshaw, Perry, Nastasi, & Lightel, 1986; Kurdek & Berg 1983; McLanahan, 1983, 1985; McLanahan & Sandefur, 1994; Peterson & Zill, 1986).

A review of this research reveals a subtle change in the focus of more recent work. Earlier research tended to examine processes of adjustment to the dissolution of a marriage or the adaptation of teenaged women to motherhood. Implicitly, if not explicitly, much of this work treated single parenthood as a transitional status, almost as if it were a temporary social location that was a deviant or at least devalued social identity. By contrast, recent work seems to conceive of single parenthood as one type of family structure, rather than as a temporary or transitional social status.

This shift in focus has important implications for psychosocial and health research. First, it recognizes that single parenthood is simply one type of family structure and directs attention to social processes and experiences that affect all families, rather than to circumstances that are specific to marital transitions. This in turn, allows for comparisons among individuals in different family structures in terms of factors that condition their entry into these structures and those that influence their exposure and response to stressful experiences.

A second implication of thinking about single parenthood as one variation in family structure is that it enables researchers to see it as a product or consequence of the confluence of other particular statuses and roles. The intersection of marital status and parenthood may produce diverse forms of family structure that vary in stability over time. The notion that single parent and two-parent families constitute two kinds of family structures enables researchers to begin thinking about the psychosocial consequences for individuals of these differing social positions. Thus the impact of family structure on stressful experience and its consequences can be examined in the same manner that the sociology of stress has considered the effects of other social roles and statuses. By identifying the factors that influence entries into and exits from marriage and the circumstances that lead to timing of births before or after marriage, researchers can better understand the processes that most affect the lives of single mothers.

This approach to the study of family structure is also consistent with current thinking in prevention. It avoids the pitfalls of thinking of single parenthood as a stigmatized or deviant social status that requires treatment. Instead, the notion that single parenthood is one of many different types of family structure is a reminder that there will be substantial variation in health outcomes among these families just as there are among two-parent families. It is important, then, to document how single-parent families emerge and to trace their social, psychosocial, and health consequences for parents and children. Investigations that do so are likely to identify important opportunities for primary prevention initiatives.

Family Structure, Stress, and Mental Health

Single mothers are at elevated risk for psychological distress and depression. Several studies have documented greater psychological distress among separated and divorced parents than among the married (Furstenberg & Cherlin, 1991; Guidubaldi, Cleminshaw et al., 1986; Hetherington et al., 1979a, 1979b; Kurdek & Berg, 1983; McLanahan, 1983; Peterson & Zill, 1986; Wallerstein & Blakeslee, 1989; Wallerstein & Kelly, 1975, 1980). For these researchers, marital dissolution is a precursor of chronic strains, such as economic hardship and social isolation. These stressors may continue for long periods after the time of separation and may manifest themselves in elevated levels of distress. For example, McLanahan (1983) found that separation and divorce trigger chronic stressors, such as income reduction and housing relocation. Kitson and Holmes (1992) reported that divorced individuals experienced more life events than married people do, particularly negative events involving loss. When children are involved, additional strains may be associated with separation or divorce. The custodial parent, usually the mother, assumes many household, financial, and emotional responsibilities previously shared by two parents (Kitson & Holmes 1992).

Although the link between single parenthood and depressive symptomatology or psychological distress has been well documented, relatively little research has examined the consequences of single parenthood for psychiatric illness. Brown and Harris (1978) have clearly documented how many of the social and economic consequences of single parenthood are risk factors for depressive illness. Weissman, Leaf, and Bruce (1987) compared rates of clinical depression between single and married mothers using data from the New Haven site of the Epidemiologic Catchment Area studies. Although they found no significant differences between these two groups in 6-month prevalence rates, among whites, single mothers were almost twice as likely to suffer from depression as married mothers (13.1% vs.

7.7%). To my knowledge, there are no large-scale studies that compare single parents and married parents on rates of alcohol or substance abuse.

Family Structure and Exposure to Stressors

In the mid-1970s and early 1980s, explanations of social differences in mental health outcomes emphasized the differential vulnerability of specific social groups to stressful experience. The idea that individuals occupying certain social statuses might be more likely to suffer stress can be found in Dohrenwend & Dohrenwend (1974) and Brown (1974); who discuss substantial variations in mental health outcomes among individuals experiencing the same stressful event. Examples in the sociological literature include Pearlin and Johnson's (1977) examination of differential responsiveness to stress and Kessler's (1979a, 1979b) explicit examination of the differential vulnerability hypothesis. Just a few years later, research in psychology by Lazarus (1981), Kobasa (1982), and Cohen and McKay (1984) examined such concepts as vulnerability and stress resistance. Since then, vulnerability to stressors has become a dominant theme in stress research across disciplines.

Recent work in the sociology of mental health has challenged the existence of any pervasive group differences in vulnerability, arguing instead that vulnerability effects are specific to the stressors considered, the outcomes examined, and the interaction of acute stressors and chronic strains. This perspective has been argued most eloquently by Pearlin (1989) and Aneshensel (1992); both suggest that social structure has important implications for the kinds of stressors experienced by people, the kinds of mediators that are available to them, and the ways in which stressors manifest themselves. Aneshensel, Rutter, and Lachenbruch (1991) have also argued that a distinctive feature of sociological analyses of stress is a focus on the ways in which social structure gives rise to stress and its various sequelae. In this

tradition, sociologists have been interested in how roles generate stressful circumstances.

Although there is ample evidence documenting higher levels of psychological distress among single mothers than among married mothers, I am unaware of any comprehensive tests of the relative power of differential vulnerability and differential exposure in accounting for this pattern. Indeed, although it seems clear that these families are exposed to elevated levels of ongoing stressors, the notion that women in single-parent families are less resilient to stress still seems to persist. However, much of the research in this area has not been based on population-based samples of single-parent families, and there has been a striking absence of any comparison sample of two-parent families. Of those studies that have been able to identify relatively large population-based samples of single-parent and two-parent families, few have collected information on a wide array of different stressful experiences. As well, any studies of family structure and stressful experience have employed very limited inventories of stressors, which severely limits their ability to estimate the effects of exposure on mental health outcomes. Moreover, in estimating the effects of differential vulnerability to stressors, it is important that the same domains of stressors be assessed among single parent and married mothers. Such designs constitute more rigorous tests of differential exposure and vulnerability to stress and avoid attributing unmeasured differences in stress exposure to differences in vulnerability (Turner, Wheaton, & Lloyd, 1995). For those who are interested in selecting among preventive interventions to enhance the well being of single parents, evidence of the relative advantages of reducing stress exposure as opposed to building resilience is crucial information.

Single Parenthood and Poverty

Among the many ongoing stressors to which single parent families are exposed, poverty may be the most pernicious. McQuillan (1992) has shown that increases in the labor force participation rate of married women has led to substantial increases in total household incomes among two-parent families, whereas demographic changes among single mothers have limited their family incomes. The result has been a consistently widening income gap between two-parent and single parent families. Consequently, poverty is substantially more prevalent among single-parent families than among two-parent families.

There can be little doubt about the pervasive effects of poverty on health. Horwitz (1984) has provided a comprehensive review of the literature that documents how socioeconomic disadvantage contributes to psychological distress among adults. More recent studies have reported elevated levels of depression and anxiety among men and women who are exposed to a variety of economic strains (Voydanoff & Donnelly, 1989). As well, there is evidence of significant negative associations between income and marital disruption and conflict (Conger et al., 1990; Liker & Elder, 1983). Although most studies of economic disadvantage and family relations have focused on interactions among spouses, poverty also seems to create difficulties in parent-child relationships.

Poverty erodes children's emotional well being as well. Results from some of the classic studies of children's mental health suggest that rates of emotional and behavioral problems are significantly higher among children from the most severely disadvantaged circumstances (Langner et al., 1974; Rutter, 1973; Rutter, Cox, Tupling, Berger, & Yule, 1975). The perhaps most comprehensive investigations of the association between social disadvantage and children's

mental health have been conducted by Offord et al. (1987) in the Ontario Child Health Study.

McLeod and Shanahan (1993) have argued for the need to consider the persistence of poverty in examining the relationship between socioeconomic disadvantage and children's mental health. Their analyses reveal that persistent poverty is associated with deteriorating parenting skills, which in turn contribute to children's emotional problems. Their results call attention to the need to examine the impact of poverty in the context of family processes.

Family Structure and Chains of Adversity

Sociological studies of mental health indicate much about how social roles and statuses are associated with a variety of health outcomes and the factors that mediate these relationships. However, as several sociologists have noted, much less is known about the individual psychosocial experiences and the structural conditions that may precede arrival into particular positions or statuses in adulthood (Kessler & Magee, 1994b; Pearlin, 1989).

The vast majority of studies of family structure focus almost exclusively on the sequelae of single parenthood. Substantially fewer studies consider earlier experiences and personal histories that are the pathways to single parenthood. This seems to be a curious omission: It is unlikely that becoming a single parent is any more random an event than getting married, getting a job, or becoming a parent in general. A more complete understanding of the role that family structure plays in the lives of individuals can only be attained by describing the processes that produce different family structures that in turn result in variations in individuals' well being. This approach conceives of family structure as both a social consequence of prior experience and a social determinant of subsequent psychosocial outcomes.

Research on adversity in childhood and adolescence and its impact on the timing of depression provides some clues about possible chains of experience that are antecedents of single parenthood. First, the initial onset of depressive disorder frequently occurs in childhood, adolescence, or early adulthood (Robins & Regier, 1991; Sorenson, Rutter, & Aneshensel, 1991). Second, the vast majority of current cases of major depression among adults are recurrences, rather than first episodes (Kessler & Magee, 1993, 1994a, 1994b). These observations suggest that some of the most important determinants of the onset of depression are experiences in individuals' childhoods or adolescence before their entry into single parenthood. Therefore, focusing only on the stressful consequences of single parenthood may provide only a partial explanation of the determinants of depression among these individuals. Indeed, such an approach neglects the prior experiences that individuals bring into their adult marital and parenting roles; that is, life histories that may either exacerbate or diminish their risk for depression.

Although the processes through which early childhood experiences shape events in later life are multiple, one plausible mechanism is through their impact on mental health. Childhood adversity has been shown to have long-term mental health influences (Turner & Lloyd, 1995). For example, parental divorce and parenting problems seem to be related to depression in adulthood (Tennant, 1988). Other research points to the impact of parental psychopathology as a risk factor for the onset of disorder in childhood (Avison & McAlpine, 1992; Fendrich, Warner, & Weissman, 1990; Gotlib & Avison, 1992). Furthermore, individuals with early onset of affective disorder are more likely to experience separation or divorce than those with later onset or no disorder (Turnbull, George, Landerman, Swartz, & Blazer, 1990).

These considerations make it clear that whether one is a single parent or a married parent may be influenced by a number of social and psychosocial factors in childhood and adolescence. These experiences in one's family of origin condition both the likelihood of experiencing emotional problems and the probability of being a single parent. It seems

then that adversity in one's family of origin, early role transitions, current family structure, and one's history of depressive episodes do not exist independently. The nature of their connections, however, continues to be elusive, warranting further attention (Rutter, 1989).

The Single-Parent Family Study

Overview

The data for this study come from a case-comparison study of single parent and two-parent mothers living in London, Ontario, Canada. The target population of single parents was all never-married, separated/divorced, or widowed women who lived with at least one child less than 17 years old.

The sampling frame was generated from a listing of the 1989 London Municipal Assessment File (MAF) containing an enumeration of every household in the municipality. An initial screening of the MAF generated a list of 5,419 households that appeared to include single mothers with at least one child under age 17. We stratified these lists of single-parent families (SPFs) into 13 geographic areas that reflected differences in household income to ensure an adequate representation of SPFs across socioeconomic circumstances. To generate a comparison sample of two-parent families (TPFs) matched by age and gender of the index child and by geographic area, we used a two-stage sampling strategy. First, we selected a random sample of all TPFs from the MAF stratified by the same 13 geographic areas as for the SPFs. In the second stage, we further stratified these families by age and gender of the oldest child. For each SPF, we then randomly selected a comparison TPF from the appropriate age-gender stratum.

Interviews were completed with 518 single mothers and 502 married mothers. The response rate among SPFs was 71.6 percent, and among TPFs it was 60.2 percent, for an overall rate of 65.5 percent. Based on what little information we had about families who refused to participate, we were reasonably confident that there are few biases due to non-response. No particular geographic area had significantly higher rates of refusal, nor was there an indication of any differences between responders and non-responders in maternal age or in the age or gender of the index child.

Eighteen months later, respondents were interviewed a second time. We were able to re-interview 472 of the original 518 single mothers, a retention rate of 91.1 percent. Our success rate for reinterviewing married mothers was 94.8 percent.

Measures

Field staff administered a 2-hour structured interview to mothers in their homes. The interview included measures on a wide range of areas, including socioeconomic circumstances, family history, psychosocial characteristics, life stressors, and mental and physical health.

Maternal mental health. Various dimensions of mothers' mental health were assessed. To measure major depressive disorder and dysthymia, we administered the relevant sections of the University of Michigan version of the Composite International Diagnostic Interview (CIDI; Kessler et al., 1994; Robins et. al., 1988). We assessed psychological distress using the well-known Centre for Epidemiologic study—Depression Scale (CES-D; Radloff, 1977). Anxiety was indexed with an abbreviated version of the trait version of the State-Trait Anxiety Inventory (Spielberger, Vagg, Barker, Dunham, & Westbury, 1980).

Children's mental health. Mothers completed the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983), a 113-item list of symptoms of emotional and behavioral problems. Standardized scores (or T scores) on internalizing and externalizing dimensions were constructed for specific age and sex groups according to CBCL algorithms.

Stress. Stressful life events were assessed using a 41-item life events checklist (Avison & Turner, 1988; Turner & Avison, 1992a, 1992b). Mothers also noted when each event occurred and responded to a series of probe questions on each event. For the present analyses, we used a count of events that had occurred to mothers in the past year. Financial strain was measured with a 13-item scale indicating the extent to which respondents had experienced difficulties in meeting financial commitments. Our measure of family caregiving strain consisted of seven questions concerning feelings of role burden or overload in caring for family members. These items were modifications of a scale developed by Pearlin, Mullan, Semple, and Skaff (1990) in their study of caregiving and the stress process. We revised these items so that they were more relevant to mothers' concerns about caring for their children. Work-home role strain among women who were working either part- or full-time at the time of the interview was indexed with five questions assessing the extent to which they experienced role conflicts between home and work.

Psychosocial resources. We focused on three major dimensions of psychosocial resource variables. Mastery was measured with Pearlin and Schooler's (1978) 7-item index indicating the extent to which individuals believe themselves to be in control of their lives. Self-esteem was assessed using Rosenberg's (1979) well-known 10-item scale. A global measure of perceived social support was included in this study to assess generalized perceptions of social support. The Revised Kaplan Scale (Turner, Frankel, & Levin, 1983) consists of eight vignettes describing individuals with various levels of support. Respondents indicated who they themselves most resembled with regard to social support.

Family Structure and Its Impact on Health

Socio-Demographic Characteristics

Table 1 shows a basic socio-demographic profile of the sample of SPFs and TPFs included in the first wave of the study. Single mothers were somewhat less well educated and have slightly fewer children than married mothers. They were also less likely to be employed either full- or part-time, and their household incomes were less than half of married mothers' incomes.

Never married mothers, in contrast to those who were separated or divorced, were considerably younger, much less likely to be employed, and had extremely low household incomes. They had slightly more education and somewhat smaller families than separated or divorced women.

A word of caution is required concerning the never-married mothers in this sample. Contrary to the popular conception, only 48 of the 116 never-married women were teenagers at the time of the birth of their first child. Rather, most of these women were formerly in common-law relationships and were now separated from their partners. Their low household incomes probably reflected the absence of legal entitlement to child support from their common-law partners.

Table 1
Socio-Demographic Characteristics of Single and Married Mothers

Variable	Married mothers Mean (SD)	Single mothers Mean (SD)	Never married mothers Mean (SD)	Separated/divorced mothers Mean (SD)
Age (years)	37.61 (61.9)	36.74 (.85)	32.01 ^b (5.82)	37.92 (6.47)
Education (years)	13.83 ^a (2.72)	12.72 (2.72)	12.97 ^b (2.73)	11.82 (2.48)
Number of Children	2.20 ^a (.85)	1.80 (.85)	1.57 ^b (.75)	1.86 (.87)
Employment ^c	.74 ^a	.60	.41 ^b	.65
Household income (Canadian dollars)	44.95 ^a (17.60)	20.52 (13.16)	14.64 ^b (8.92)	22.04 (13.60)
<i>n</i>	502	518 ^d	116	382

^a Difference from single mothers significant at $F \leq .001$.

^b Difference from separate/divorced mothers is significant at $p \leq .001$.

^c Employed full- or part-time = 1; else = 0.

^d Includes single, never married, and separated/divorced mothers.

It is also important to note the community context in which this study was conducted. The number of nonwhite individuals is very small in Canada, except in the major cities. According to 1991 Canadian census data, only 6 percent of the adult population of London, Ontario were members of nonwhite minority groups. This low percentage is reflected in our sample of families in which nonwhite minorities comprised only 7.7 percent of single mothers and 5.2 percent of married mothers.

One other observation deserves mention. During the interviews with separated or divorced mothers, we attempted to determine how long they had been single mothers. The average in our sample was slightly more than 7 years, which is consistent with our assertion that single parenthood ought to be considered more in terms of a relatively stable role set than as a transition status between separation or divorce and remarriage.

Mothers' Mental Health

Table 2 displays differences by family structure on an array of measures of mental health. The CES-D scores of single mothers were almost twice as high as those of married mothers. When we computed the proportion with scores of 16 or higher, a commonly used indicator of elevated risk of depressive disorder, the same pattern emerged. Although these two groups of women differed significantly on our measure of anxiety, the magnitude of difference was considerably smaller than for the CES-D.

From the CIDI, we estimated that 19 percent of single mothers met DSM-III-R criteria for major depressive disorder in the past year compared with only 4 percent of married mothers. Lifetime prevalence of depression was approximately three times higher among single mothers than among the married. In addition, single mothers are more than three times more likely than married mothers to report alcohol or drug abuse; however, the prevalence of substance abuse was still very low. Thus, across a wide array of mental health outcomes, we found convincing evidence that family structure is associated with maternal mental health problems.

Table 2
Differences in Mental Health Outcomes Between Single and Married Mothers

Variable	Married mothers Mean (SD)	Single mothers Mean (SD)	Never married mothers Mean (SD)	Separated/ divorced mothers Mean (SD)
CES-D score	7.12 ^a (8.62)	12.84 (11.96)	12.63 (10.07)	12.95 (12.43)
CES-D > 16 (percent)	.14 ^a	.31	.32	.31
Anxiety score	21.08 ^a (6.08)	24.50 (7.16)	24.47 (6.73)	24.55 (7.33)
Major depression last year (percent)	.04 ^a	.19	.22	.18
Major depression lifetime (percent)	.15 ^a	.43	.38	.49
Alcohol/drug abuse lifetime (percent)	.02 ^a	.07	.09	.06
<i>n</i>	502	518 ^a	116	382

^aDifference from single mothers significant at $F \leq .001$.

No such differences emerged when we compared never-married mothers with separated or divorced mothers. Clearly it is single parenthood rather than the pathway to that social circumstance that is associated with emotional distress and disorder.

Children's Mental Health

Table 3 presents comparisons of scores on the CBCL of children from SPFs and TPFs. In our design, we obtained maternal reports on the CBCL from all women whose oldest child was at least 4 years old. Where the oldest child was at least 11, we invited him or her to complete the Youth Self-Report form of the CBCL. Thus, for a significant segment of the sample, we have both maternal and child reports on the CBCL. We computed mean scores on the sum scale of internalizing and of externalizing symptoms. In addition, we computed T scores to estimate the number of children with symptom scores in the clinically significant range ($T \geq 63$).

In the maternal reports for all children, there were significant differences in means between children from SPFs and those from TPFs on both internalizing and externalizing scores. These differences were slightly less than half a pooled standard deviation in magnitude. When the percentages of children with clinically significant internalizing and externalizing problems were estimated, differences between SPFs and TPFs were extremely pronounced. On the basis of maternal assessments, over one third of children from SPFs had clinically significant internalizing or externalizing problems compared with approximately one sixth or fewer of children from TPFs. Stated differently, on the basis of maternal reports, children from SPFs were more than twice as likely as children from TPFs to have internalizing problems and were almost three times more likely to have externalizing problems.

Most researchers advocate the use of multiple informants in assessing children's mental health. The lower two panels of Table 3 present comparable data from mothers' reports and Youth Self-Reports for all children aged 11 to 17. Once again, maternal reports revealed substantial differences by family structure. However, children's reports of their own behavior reflected only modest, non-significant differences.

Table 3
Differences in Children's Mental Health by Family Structure

	Single-Parent Families		Two-Parent Families	
	Mean (SD) %	N	Mean (SD) %	N
Maternal reports:				
All children age 4–17				
Internalizing	58.3* (9.7)	514	54.1 (8.8)	469
Externalizing	57.6* (10.5)	514	52.9 (9.4)	469
Internalizing $T \geq 63$	35.4	514	16.4	469
Externalizing $T \geq 63$	34.4	514	13.9	469
Children age 11–17				
Internalizing $T \geq 63$	29.3	246	17.0	206
Externalizing $T \geq 63$	27.2	246	12.1	203
Youth self reports:				
Children age 11–17				
Internalizing $T \geq 63$	14.6	246	12.6	206
Externalizing $T \geq 63$	18.7	246	12.6	203

Note. T -scores of 63 or greater indicate that the child has scored in the range thought to be clinically significant on the Child Behavior Checklist.

* Significantly different from single-parent families and two-parent families ($p \leq .001$).

Because of these divergent patterns, it is extremely difficult to conclude from these data that children from SPFs are at significantly greater risk of mental health problems than are children from TPFs. Before such conclusions can be drawn, it will be necessary to rule out the possibility that the higher scores reported by single mothers are not influenced by their own levels of stress and distress.

Differential Exposure and Vulnerability to Stressors

Table 4 displays mean differences between single mothers and married mothers in their exposure to an array of stressful experiences. Single mothers were more likely than married mothers to have grown up in families where one or both parents suffered from a mental health problem. In terms of chronic stressors, it is not surprising that they reported almost twice as much financial strain as married mothers. In addition, they had significantly higher levels of caregiving strain and problems associated with work-home role conflict. Finally, they reported almost twice as many stressful life events, whether personally experienced or occurring to family or friends.

Comparisons of never-married mothers to separated or divorced women revealed no such pervasive differences in exposure to stressors. Indeed, the only significant difference that emerged was that never-married women were more likely to have had mothers who suffered from depression or substance abuse problems.

Table 4
Differences in Exposure to Stressors Between Single and Married Mothers

Stressors	Married mothers	Single mothers	Never married mothers	Separated/divorced mothers
Maternal psychopathology (percent)	21 ^a	31	43 ^b	29
Paternal psychopathology (percent)	26 ^a	36	41	32
Financial strain	7.47 ^a	13.68	14.62	13.48
Caregiver strain	16.00 ^a	18.43	18.13	18.49
Work-home role strain (standard deviation from mean)	-.31 ^a	.20	.34	.18
Stressful life events to self	2.31 ^a	4.26	4.32	4.30
Stressful life events to others	.49 ^a	.94	.75	.99
<i>n</i>	502	518 ^c	116	382

^a Difference from single mothers significant at $F \leq .001$.

^b Difference from separate/divorced mothers is significant at $p \leq .001$.

^c Includes single, never married, and separated/divorced mothers.

Multiple regression analyses revealed that the main sources of CES-D differences between single and married mothers were chronic strains associated with the caregiving role and work-home role conflict, as well as exposure to stressful life events.

Table 5 shows a decomposition of these effects to estimate how differential exposure to stressors accounts for the difference in CES-D scores between single and married mothers. The entries in the first row display the unstandardized and standardized regression coefficient for the simple (zero-order) regression of CES-D scores on family structure. The CES-D scores of married women were 5.72 points lower than those of single parents. Family structure accounted for approximately 7 percent of the variation in CES-D scores. In the next row, the inclusion of all demographic variables in the regression equation reduced the difference in CES-D scores to 4.76, a difference that remains statistically significant. These differences between single and married mothers in age, education, number of children, and employment reduced the difference in distress between these two groups by 16.78 percent.

In the rest of the table, we estimated the contribution that differential exposure to each of three groups of stressors (family history of psychopathology, chronic stressors, and life events) makes to the difference in CES-D scores. A history of family psychopathology only marginally reduced the difference in distress and accounts for only 2.80 percent of this difference after controlling for demographic variations. Clearly, differential exposure to chronic stressors and life events accounted for substantially more of this effect. Chronic stressors reduced the mean difference by 58.05 percent to 1.44, whereas life events explained 45.81 percent of this contrast effect. When all three sources of stress were included (as in Table 4), differential exposure to stressors accounted for over 75% of the difference in CES-D scores between single mothers and married mothers. These results also indicate that these two groups would not have significantly different levels of psychological distress if they were exposed to similar levels of stressors.

Table 5
Decomposition of Difference of Means on the Center for Epidemiologic Studies—Depression Scale Between Married and Single Mothers

Variables in Equation	Family type coefficient			Percentage accounted for
	<i>b</i>	<i>B</i>	<i>R</i> ²	
Zero-order	-5.72	-.26***	.07***	6.76
Demographic variables	-4.76	-.22***	.10***	16.78
CONTROLLING FOR DEMOGRAPHIC VARIABLES				
Family Psychopathology	-4.60	-.21***	.11***	2.80
Chronic stressors	-1.44	-.07*	.29***	58.05
Life events	-2.14	-.10**	.20***	45.81
All stressors	-.24	-.01	.34***	76.23

Note: *b* = unstandardized regression coefficient; *B* = standardized regression coefficient.

- $p \leq .05$. ** $p \leq .005$. *** $p \leq .001$.

Evidence of differential vulnerability to stressful experience can be obtained by comparing the rate at which stressors translate into distress for single mothers and married mothers. Analytically, this rate can be assessed by estimating statistical interactions between family type and each stressor on CES-D scores. When we computed these regression effects, the only significant difference in regression slopes occurred for caregiving strain. The significantly stronger coefficient among single mothers indicated that their levels of distress were more affected by this stressor than is the case for married women.

Thus, differences in family structure were associated with variations in exposure to ongoing stressors or strains and the experience of psychological distress. The elevated levels of distress reported by single mothers are largely a

function of this differential exposure to stressors. Indeed, these analyses provide very little support for the contention that distress among these women is attributable to some kind of greater reactivity or vulnerability to stressors.

What roles do psychosocial resources play in mediating or moderating the stress-distress relationship among single and married mothers? Elsewhere, I have reported that differences in both family structure and employment status are also associated with variations in levels of psychosocial resources (Avison, 1995; Avison & Thorpe, 1993). These results indicate that mastery, self-esteem, and social support buffer the effects of chronic strains on psychological distress. These moderating influences, however, do not seem to operate similarly.

Although mastery and self-esteem both moderate the effects of all types of stressors on distress regardless of family structure and employment status, the buffering effects of social support are quite different. Perceived social support moderates the effects of caregiving strains on distress only among employed women. Further, social support buffers the impact of work strain on distress only among married mothers. Thus, in the absence of the protective buffering effects of social support, it is not surprising that unemployed single mothers exhibit such high levels of distress.

It is also important to emphasize that household structure and employment status are significant determinants not only of stressful experience but also of individuals' psychosocial resources. Given the findings that these resources moderate the stress-distress relationship for all women in the above study, it seems important to understand the factors that produce variations in these psychosocial resources.

Table 6 presents some preliminary results that demonstrate how individuals' positions in the social structure and exposure to stressors affect their sense of mastery and self-esteem. Married mothers' mastery scores averaged 1.85 units higher than those of single mothers. Although better-educated women have significantly higher levels of mastery, this finding does not explain away the difference associated with family structure. Somewhat surprisingly, employment

status had no significant effect on mastery. In the final regression equation, each of the three measures of chronic strain had a significant negative impact on mastery. Moreover, the inclusion of these stressors explained away the difference due to family structure. Of these three types of chronic strain, the measure of problems in the caregiving role had the most important effect. It is also noteworthy that the impact of education on mastery persisted even when chronic strains were controlled.

In the lower panel of Table 6, similar analyses were computed with self-esteem as the dependent variable. Once again, married women and those with higher education levels had significantly higher levels of self-esteem. However, unlike the results for mastery, employment status also had a significant effect on self-esteem. With the inclusion of the chronic strain measures in the equation, the effect of family structure again disappeared, whereas the coefficient for education remained significant. Moreover, when the effects of chronic strains were controlled, the effect of employment status actually increased. Of the three chronic strain indexes, only caregiver strain had a substantial impact on self-esteem. The impact of work-home role strain was significant but modest, and financial strain was non-significant.

Table 6
Regression of Mastery and Self-Esteem Scores on Structural Variables and Strains

Variable	Mastery							
	I		II		III		IV	
	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>
Family Structure ^a	1.85**	.17	1.46**	.14	1.44**	.13	-.33	-.03
Age			-.00	-.00	-.01	-.01	-.06	-.07
Education			.34**	.18	.33**	.17	.27**	.14
Employment status ^b					.31	.03	.80	.07
Financial strain							-.12**	-.16
Caregiving strain							-.41**	-.36
Work-home role strain ^c							-.23**	-.11
Constant	23.88		19.98		20.09		33.46	
<i>R</i> ²	.03**		.06**		.06**		.27**	

Variable	Self-esteem							
	I		II		III		IV	
	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>	<i>b</i>	<i>B</i>
Family Structure ^a	3.08**	.21	2.62**	.18	2.50**	.17	.52	.04
Age			.07	.06	.05	.05	.00	.00
Education			.36**	.14	.31**	.12	.24*	.09
Employment status ^b							2.42**	.16
Financial strain							-.05	-.05
Caregiving strain							-.66*	-.42
Work-home role strain ^c							-.25**	-.09
Constant	37.15		30.50		31.00		47.73	
<i>R</i> ²	.05**		.07**		.08**		.29**	

Note. *b* = unstandardized regression coefficient; *B* = standardized regression coefficient.

^a 0 = single-parent family, 1 = two-parent family, ^b 0 = not working, 1 = working, ^c Measured as deviations from the mean of employed women

* *p* ≤ .01

** *p* ≤ .005

In this regard, Turner and Roszell (1994) have argued that the psychosocial resources that may be the most important for individuals' mental health are those linked to their positions in the social structure. They remind us of the importance of social status in the stress process. Not only do differences in social position expose individuals to greater or fewer numbers of stressful experiences, but these differences may also condition the development of psychosocial resources that enable individuals to cope with such stressors. This observation is a distinctive contribution of the sociological perspective to the stress process (Pearlin, 1989). To ignore the ways in which social status influences the experience of stressors and their mediation is to assume that human experience is considerably more homogeneous than may be the case (Avison & Gotlib, 1994).

Family Structure, Poverty, and Mental Health Outcomes

Poverty is a particularly important challenge to the well being of single-parent families. This study clearly indicates the inextricable link between family structure and socioeconomic disadvantage. Based on annual cost-of-living estimates, Statistics Canada determines the amount of money needed to keep a family above the poverty line. Using the 1990 criteria on the sample in this study, of the 278 families in poverty, 250 were single-parent families, and only 28 were two-parent families. Thus, we estimated the prevalence of poverty among single-parent families in our study to be 48.3 percent compared with only 5.6 percent among two-parent families.

It is important to understand the extent to which poverty exerts direct effects on various factors and the extent to which the impact of poverty on mothers and children is mediated by various factors. Evidence of important mediating factors may suggest important points of intervention or targets for health promotion initiatives.

Figure 1 is a rudimentary path diagram that specifies the links among poverty, family stressors, mothers' psychosocial resources, maternal depression, and children's behavioral and emotional problems. This model is based on several a priori assumptions. First, psychosocial mediators (mastery, self-esteem, and social support) intervene between family stressors and maternal and child outcomes. There are several alternative specifications that are also plausible, and there is substantial evidence that some important part of the causal sequence runs from stressors through psychosocial factors to distress (Aneshensel & Huba, 1984; Lin & Ensel, 1984; Turner, 1981, 1983; Turner & Noh, 1988). Moreover, one of the most comprehensive tests of alternative specifications (Ensel & Lin, 1991) presented strong evidence attesting to a similar causal structure. Second, the model does not include stress-amplifying effects or possible buffering effects of psychosocial mediators because tests of these interactions produced no significant results. Third, it assumes a simplistic causal ordering of variables in a recursive model.



Figure 1
 Predictors of Maternal Distress and Children's Behavioral Problems

Figure 1 clearly illustrates the wide-ranging effects of poverty on the lives of family members. Economic disadvantage increases families' exposure to stresses and strains, threatens mothers' sense of self, and ultimately manifests itself in psychological distress and parenting problems among mothers and mental health problems among children. The observation that so many adverse events are the consequences of poverty clearly substantiates the need to trace the effects of social structure and social experience on peoples' lives.

An important implication of these observed relationships is their consistency with one of the original tenets of the stress process formulation developed by Pearlin, Lieberman, Menaghan, and Mullan (1981): Stressors may generate other ongoing stressful circumstances. This idea has been developed more explicitly by Pearlin (1989) in his consideration of primary and secondary stressors. In the context of this study, poverty exposes individuals to an array of other stresses and strains that, in turn, create additional emotional problems. This proliferation of stress throughout the lives of socioeconomically disadvantaged individuals is an issue that deserves further investigation.

These results also attest to the intergenerational impact of poverty and of stressors generally. Menaghan (1994) has presented an interesting account of the impact of parental work stress on children's mental health outcomes. Her findings are consistent with other studies that have documented how parental risk and resistance factors influence their children's emotional health (Amato & Keith, 1991; Gotlib & Avison, 1993; Grych & Fincham, 1990).

Family Structure, Adversities, and Mental Health

A more complete understanding of the significance of family structure for women's mental health requires consideration of the dense web of causation that links experiences of childhood and adolescence with family structure and mental health. These considerations generate several predictions:

1. There will be higher 1-year prevalence rates of major depressive disorder among single parents than among married parents.
2. The majority of recent depressive episodes experienced by subjects in our study will be recurrent episodes.
3. Both childhood adversity and the current levels of stressors will explain the elevated levels of depression among single parents. The impact of childhood adversity will be largely indirect, through early onset of depression and through single parenthood. The effect of single parenthood will be largely indirect through current stressors.

In a recent paper, detailed findings were presented that confirm these patterns (Avison, McAlpine, & Davies, 1995). Figure 2 summarizes these results. This path diagram reveals several interesting patterns. Childhood adverse events have multiple indirect effects on recent depression, principally through their impact on early onset of depression, but also through single parenthood and operant stress (the sum of the standard scores of four dimensions of stress: stressful life events, financial strain, work-home role strain, and family caregiving strain). The model also depicts the impact that early onset of depression has on recent depression, both directly and indirectly, by increasing the probability of single parenthood and the experience of operant stress. In addition, the elevated rates of depression among single mothers are due primarily to the increased levels of operant stress to which these women are exposed. Taken together, all of the variables in this model account for 23 percent of the variance in recent depressive illness

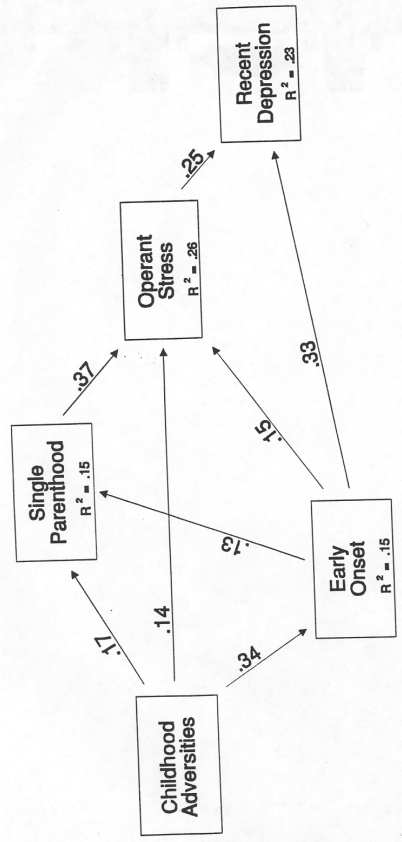


Figure 2
 Path Model Specifying Relationships Among Stressors,
 Single Parenthood, and Depression

among the women in this study.

Our findings are consistent with a growing body of research that emphasizes the importance of early experience in defining life trajectories. Both Rutter (1989) and Elder and Caspi (1988) have written extensively on these issues. More recently, systematic research efforts have clearly demonstrated that traumatic or adverse experiences in childhood have distal mental health consequences (Davies, Avison, & McAlpine, in press; Kessler & Magee, 1993, 1994b; Turner & Lloyd, 1995). These results provide some understanding of the pathways that link these early adversities with the experience of depressive episodes that may occur as much as three or four decades later.

Implications for Intervention

Although several important implications emerge from these analyses, I focus here on those related to prospects for health promotion and primary prevention. Many scientists have argued that health promotion and primary prevention programs are the most appropriate responses to these problems (Price, Cowan, Lorion, & Ramos-McKay, 1988; Rapoport, 1985). Indeed, given recent epidemiologic estimates of the prevalence of mental health problems among both adults (Kessler et al., 1994; Robins & Regier, 1991) and children (Offord et al., 1987) and the extremely large numbers of cases that go untreated, it seems clear that any attempt to deal with this substantial problem through traditional treatment approaches is likely to fail for lack of sufficient resources. Therefore, research on the impact of various risk and protective factors on mental health problems provides clues for effective intervention strategies.

Clearly the effects of single parenthood on the lives of family members are wide ranging. Economic disadvantage increases families' exposure to stresses and strains, threatens mothers' sense of self, and ultimately engenders distress among mothers and mental health problems among children. A closer examination of these results reveals at least three critical observations that are important in considering primary prevention. First, the higher levels of psychological

distress experienced by single mothers are related more strongly to their greater exposure to stress and strain than to personal deficits in social competence or resilience. Thus, single parenthood should be conceived more accurately as a risk factor for exposure to stress than as an indicator of personal vulnerability. Second, there is an especially important connection between single parenthood and poverty that cannot be ignored. Third, a significant number of single mothers have frequent adverse experiences that threaten their mental health. Therefore, interventions that focus solely on factors that occur after entry into single parenthood may fail to address a major source of stressful experience.

These observations clearly demonstrate that family structure has consequences for stress and distress. However, as McLanahan and Sandefur (1994) have pointed out, the problems of single parents are not substantively different from the problems of other families: They may simply be exposed to more of these difficulties or to greater levels of challenges. Thus, consideration of single parenthood in the context of family structure facilitates thinking in terms of processes that affect all families. In this context, intervention programs that address the needs of families in the community are preferable to interventions that target specific types of families because they address the entire social and community context in which families live. Such programs attempt to reduce exposure to life stress and improve family members' social and personal well being indirectly by changing the social systems or the social and economic conditions in which they live. This approach recognizes that individuals' social competence, their ability to learn, and their social and emotional well being are influenced greatly by their experiences at home, at school, and in their neighborhood (Durlak, 1985; Rapoport, 1985; Woodhead, 1988).

Until recently, few of these ecological or community-based programs had been tested carefully for their effectiveness. In recent years, however, there have been several reviews of a variety of ecological or community-based primary prevention initiatives (Hawkins & Catalano, 1990; Institute of Medicine, 1994; Ontario Ministry of Community and Social Services, 1989; Yoshikawa, 1994). These reviews clearly indicate that certain kinds of primary

prevention interventions have considerable promise if they address multiple risk factors, focus on multiple settings (the school, family, and neighborhood), and target neighborhoods or communities with high needs (areas with high percentages of single-parent families, low-income families, or cultural minorities). Such interventions encourage families and neighbors to work together to reduce their exposure to the more stressful aspects of their lives, especially those that affect children and that seem to have long-term effects on their lives. They also assist individuals and families in building stronger social relationships that may enhance their feelings of social support and sense of self. In short, the promise of ecological prevention programs is based primarily on their ability to intervene at multiple points in the stress process. The sociology of mental health can identify these points of intervention and specify the ways in which social structure has consequences for individuals' stressful experience and their psychological well-being.

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Chapter 13.

Stress and Coping in Divorce: Children and Developmental Trajectories

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A complex two-way street links the stress process to developmental trajectories. On the one hand, exposure to stressors at any early stage in the life course may influence later development; on the other hand, it is also likely that the course of trajectories will influence exposure to stressors at subsequent points in development, whether in childhood or adulthood. An awareness of these reciprocities between development and stress can help to illuminate each. This chapter examines mutual influences between stress and development, focusing on such patterns in the lives of children of parents who divorce. This developmental approach contributes useful concepts, methods, and data that enrich stress process theory and its applications. Such a perspective can also make us aware of issues and problems that require the attention of researchers, practitioners, and policy-makers. The chapter draws from a complex multidisciplinary literature on the effects of divorce on children, to illustrate some implications of the developmental perspective for the stress-and-coping framework.

Effects of Divorce

A now-classic review by Bloom, Asher, and White (1978) documented the increased morbidity and mortality associated with separation and divorce. The children of these disrupted marriages are truly at risk (Wertlieb, 1996). More recently, this finding was reinforced in a follow-up of “the Termites”-- participants in the Terman Life-Cycle study of over 1,000 gifted children, studied since their preadolescence in 1921 (Friedman, et al., 1995). In an archival, prospective cohort design, using hazard regression analysis (survival analysis) to predict longevity, Friedman and colleagues found that the children whose parents divorced faced a one-third greater mortality risk than those with parents who remained married until the child was 21 years old. Death of a parent had little effect. “Our analysis suggested that parental divorce was the key early social predictor of premature mortality throughout the life span” (p. 71). Duly noted by Friedman and colleagues, and consonant with the bioecological and life-course perspectives emerging in developmental science, the stress-and-coping processes now experienced by children likely differ from those of the “Termites,” but the health consequences of divorce are a continuing concern.

Significant numbers of U.S. children see their parents’ marriage end in divorce. Estimates range from 30 percent to 50 percent. The divorce rate for remarried couples (49%) is comparable to the estimate for first-marriage divorce rates (47%), thus exposing many children to the stress of a second or third parental divorce (Crosbie-Burnett, 1994). Clinical research and retrospective reports repeatedly implicate divorce as a turning point in the life of a family and its individual members (Clausen, 1990). As the “divorce revolution” (Council on Families in America, 1995) subsides, transforms, or shifts direction, reviews by key scholars permit a state-of-the-art account of the effects of divorce on children (Cherlin et al., 1991; Emery & Forehand, 1994; Furstenberg & Cherlin, 1991; Hetherington & Cingempeel, 1992). Both salutary and harmful effects are documented (Amato, 1993; Barber & Eccles, 1992; Zill, Morrison, & Coiro, 1993). Not all the consequences of divorce are necessarily negative; among the salutary effects that have been observed are a greater sense of responsibility and self-esteem that may emerge for some children in single parent, female-headed homes.

Also, children “may develop less gender-role stereotyped occupational aspirations and family values, which could lead to their increased success in the labor market” (Barber & Eccles, 1992, p. 122).

By and large, however, there is little doubt that parental divorce puts children at risk for behavioral and health problems well after the divorce has taken place. In their national survey of over 1,200 people, 152 of whom experienced the divorce of their parents before the age of 18 years, Amato and Booth (1991) found a range of outcomes and group differences. Those who experienced divorce showed lower levels of well being than those who grew up in continuously intact, happy families. Those who grew up in intact, unhappy homes also had reduced well being. If parental divorce was not associated with a decline in the quality of the relationship with parents and if a subsequent divorce was not encountered (a kind of “low-stress” divorce trajectory), the adult well being matched that of the non-divorced group and surpassed that of the intact, unhappy group.

In terms of group data on children whose parents divorce, negative effects are evident but do not show for all children. The overall effect sizes are statistically significant but relatively small, anywhere from .08 to .23 (Emery & Forehand, 1994). The emergence or reemergence of negative effects in adolescence or adulthood seems quite evident in the data from the current or recent adult populations (Amato & Keith, 1991a; Chase-Lansdale, Cherlin, & Kiernan, 1995; Kiernan, 1992; Zill et al., 1993). These effect sizes indicate that although divorce poses a general risk, its effects are not uniform. Instead, the life-course trajectories of children of divorce are diverse, influenced by many factors, including those depicted as elements of our stress-and-coping paradigm (Amato, 1993, 1994; Amato & Keith, 1991a, 1991b; Emery & Forehand, 1994; Hetherington and Cingempeel, 1992; Sandler, Tein, & West, 1994; Wertlieb, 1991). Moreover, the changing contexts, prevalence, and meaning of divorce are likely to influence its impact on future generations.

Thus, an emergent consensus sees divorce as a marker for a period of upheaval, distress, and decline in well being for most children. Preceding-, during-, and up to three years after- the marital dissolution, most children exhibit and experience a range

of symptoms, psychosocial problems, and challenges. A complex web of protective and risk factors shapes the form and longevity of these difficulties, including individual factors (such as gender, age, race, temperament, attitudes, and coping style), family factors (such as supportive parent-child relations, siblings, interparental conflict both before and after, quality and quantity of contact with the noncustodial parent, parenting styles, and economic decline), and extrafamilial or community support factors (such as contact with adult caretakers, social support, and group therapy) (Emery & Forehand, 1994).

Wheaton (1990) has demonstrated in a Canadian national survey some dimensions of the relief from chronic stress that can result from a stressful transition such as divorce, at least for the former marital partners. Though there are certainly instances where divorce produces a period of relief or happiness-- especially in cases of emotional or physical abuse, severe parental psychopathology, or substance abuse-- its immediate effect on most children is likely to be negative. When considering the longer-term aftermath of divorce, there is less consensus than that surrounding short-term consequences. Amato and Keith (1991a) in a meta-analysis of 37 studies conducted between 1952 and 1991 involving over 81,000 people conclude that "the long-term consequences of parental divorce for adult attainment and quality-of-life may prove to be more serious than the short-term emotional and social problems in children" (p. 40). Furstenberg and Teitler (1994), documenting the selective occurrence of divorce along with the well-documented destructive processes in both divorcing and non-divorcing problem marriages, suggest that this assessment could be premature. Certainly, the same dynamic web of risk and protective factors noted earlier influences the longer-term outcomes. Recent reviews acknowledge the considerable methodological and theoretical limitations under which data are generated as we pursue the question of the health consequences of divorce for children and as we map the long-term trajectories of their multiple, alternative developmental pathways.

Mediating Mechanisms

What mechanisms create and sustain the effects of parental divorce on children?

Amato and Booth (1991) partially supported 3 conceptual models:

...a *socialization model* emphasizing dysfunctional learning experiences ...as well as impaired parental attention and supervision; an *economic deprivation model* capturing the frequent decline in socioeconomic status and resources; and a *family stress model* that includes consideration of the variety of traumatic or challenging events and experiences faced by a child as parents divorce-- conflict, moving residences, loss of contact with immediate and extended family members, remarriage, etc.

Subsequent attention has focused on two particularly controversial concepts central to the question. Some researchers have proposed a “sleeper effect,” suggesting that such challenges as adolescence, adulthood, single-parent family life, or parental remarriage (or re-divorce) may trigger a delayed effect of parental divorce. Other researchers have centered on “intergenerational transmission” of divorce to portray some crucial dimensions of how lives are affected by parental divorce. .

Sleeper Effects

In their high-profile longitudinal clinical investigation of 60 families adjusting to divorce, Wallerstein and Blakeslee (1989) describe a “sleeper effect.” They found that more than half of the adolescent girls considered to be coping well at the time of their parents’ divorce exhibited a clinically significant, even “dangerous” decline in adjustment in early adulthood, at the ten-year follow-up. A few boys showed a similar pattern. With an implicit stress-and-coping framework, they map a set of life course trajectories in this way:

The cumulative effect of [their parents’] failing marriage and divorce rose to a crescendo as each child entered young adulthood. It was here, as these young men and women faced the developmental tasks of establishing love and intimacy that they most felt the lack of a template for a loving, enduring, and moral relationship between a man and a woman. It

was here that anxiety carried over from the divorced family relationships threatened to bar the young people's ability to create new, enduring families of their own. (pp. 299–300)

They further stated that a “significant number of young women are living with an intolerable anxiety about betrayal” (p. 62). Another study, considered more rigorous than the Wallerstein study, is the Kauai (Hawaii) Longitudinal Study that followed an entire 1955 birth cohort of 505 children through adulthood (Werner & Smith, 1992). Those individuals who experienced the dissolution of their own marriages by the follow-up at age 32 had a “vulnerability” most potently defined by having experienced a parental divorce or remarriage in childhood. Werner and Smith do not commit themselves to a “sleeper effect” explanation, but they profess to share a common concern with Wallerstein and Blakeslee (1989) . . .

[who] find in a clinical sample what we find in an entire birth cohort: The psychological effects of parental divorce extend into adulthood and can interfere with the establishment of a strong bond of commitment and intimacy for a significant minority of men and women. Because parental divorce is currently the most prevalent risk factor for children in our society, its long-term consequences for the children need more attention. (p. 198)

In the National Survey of Children, Zill et. al (1993) document a “marginally reliable” longitudinal gender interaction effect as a “sleeper effect,” whereby young women whose parents had divorced were more apt to have problematic relationships with their mothers, despite having had positive relations in adolescence. The Zill et al. study is not cited by Dunlop and Burns (1995) in the paper where they report that their ten-year longitudinal analysis found “no convincing support” for a sleeper effect (p. 375). The notion of a sleeper effect remains a challenge for those seeking to map the life-course trajectories of children whose parents divorce. However, a “delayed reaction” description does capture the experience of many individuals who describe their parents' divorce, suggesting that the effects of earlier stressor events are exacerbated by later developmental tasks.

Intergenerational Transmission of Divorce

The developmental trajectory reflecting a sleeper effect would portray a period of relative well-being on particular outcomes near the time of parental divorce and a subsequent decline, implicating a “turning point” as a deflector of the curve (Wheaton & Gotlib, 1996). As noted, this pattern is evident for some young people. Notions of the “intergenerational transmission” of divorce suggest a different perspective on the developmental trajectories of children whose parents divorce. Significant numbers of adults who experienced the divorce of their parents go through a divorce themselves. The phrase “intergenerational transmission” evokes both biogenetic and psychosocial hypotheses. The fact that parental divorce early in one’s life course replicates itself in adulthood is substantiated by numerous studies; however, the causal explanations and the associated depictions of trajectories and turning points are far from clear (Belsky & Pinsky, 1988; Keith & Finlay, 1988; Kitson, 1992; McGue & Lykken, 1992; McGue, 1994; White, 1990).

Constitutional factors in divorce.-- The genetics of divorce recently surfaced as a possible explanation. It is a relatively new research domain, but its findings are both robust and replicated, requiring the developmentalist and stress process researcher to consider it along with other conditions in multifactorial models (Reiss, 1995; Wertlieb, 1996). McGue and Lykken (1992) examined the observation that divorce runs in families by comparing 722 monozygotic twin pairs with 794 dizygotic twin pairs in the Minnesota Twin Registry, a traditional study design for behavior genetics. As expected, and consistent with previous literature, over 20 percent of these individuals had been divorced at least once and, as consistent with other estimates of the rate at which divorce runs in families, about 30 percent of the marriages of individuals with a divorced first-degree relative also ended in divorce. A substantially high risk of divorce, 45 percent, was evident when that relative was a monozygotic twin. A calculation using logistic regression weights for parental and twin divorce status yields a 77.5 percent predicted rate in the presence of divorce and a much smaller 5.3 percent

rate in the absence of twin and parent divorce. The findings have been replicated (Turkheimer, Lovett, Robinette, & Gottesman, 1992).

Like most behavior genetic findings, the implication is not that parental divorce or other developmental risks are “predestined” by virtue of the significant genetic component.

Any genetic influence on divorce is likely to be highly indirect, mediated by multiple physiological, neurochemical, and behavioral systems” (McGue, 1994, p. 110). Rather than as a trait that will inevitably unfold, this genetic evidence can be considered to specify certain ranges of pre-programmed pathways of change and development. For those who map trajectories for children whose parents divorce, using a stress-and-coping paradigm as a road map, “a behavioral genetic perspective may help explain why the effect of divorce on offspring functioning appears to be manifested prior to parental separation (Block, Block, & Gjerde, 1986) (an early expression of inherited factors that are associated with divorce in adulthood?), or why only a *small minority* [sic] of children appear to bear any long-term consequence as a result of parental divorce (heterogeneity due to genotype-environment interaction?)” (McGue, 1994, p. 111).

The microscopy of a genetic perspective prompts the telescoping of an evolutionary perspective, an elegant dialectic only recently being considered by family researchers as they embrace developmental and developmental psychopathological frames of reference. Relevant and provocative theory and data are marshaled by journalist Robert Wright (1994b) in his recent book, *The Moral Animal: Evolutionary Psychology and Everyday Life*. A dramatic *Time* magazine cover heralded publication of the book with a bold headline: “Infidelity: It may be in our genes,” and a suitable subtitle inside: “Devotion and betrayal, marriage and divorce; How evolution shaped human love” (Wright, 1994a). Drawing heavily from genetics, primatology, anthropology, and sexology, Wright describes evolutionary psychology and crafts a compelling set of scenarios documenting gender differences, courtship and marital behaviors, and other biopsychosocial processes central to analyzing the divorce process, its causes and effects on an individual child or an adult or a society. For instance, he cites work by Daly and Wilson (1988) explaining the negative impact on children of serial monogamy in terms of an “obvious” Darwinian prediction that stepparents will “tend to

care less profoundly for children than natural parents.” Given that parental investment is a precious resource and a basic buffer against stress, natural selection would “favor those parental psyches that do not squander it on nonrelatives” (p. 83)-- who, after all, do not carry the parent’s genes. A child is at considerably greater risk for abuse by a parent if living with a stepparent and a biological parent than if living with two biological parents.

This invocation of genetic, evolutionary, or constitutional factors as crucial elements of an explanatory framework is especially compelling in light of the power of the recent “cascade” theory of marital dissolution and stability proposed by Gottman (1993). In this theory, not only do psychophysiological processes measurable in the laboratory predict divorce, but they may also predict responsiveness to an explicit, cost-effective form of psychotherapy, minimal marital therapy. Data on children or life-span data are yet to be presented.

The psychosocial framework for divorce.-- Acknowledging the influence of heritability and evolution and integrating the more distal elements of sleeper effect hypotheses, a psychosocial framework for the intergenerational transmission of divorce has empirical support across several domains of theory and data. Again, we have available a well-executed meta-analysis alluded to earlier (Amato & Keith, 1991a) and subsequent debate (Amato, 1993; Demo, 1993; Furstenberg & Teitler, 1994; Kurdek, 1993) implicating a variety of social psychological processes in the increased prevalence of divorce among adults whose own parents divorced. Effect sizes are generally weak, but they appear larger among those with lower educational attainment, earlier entry into marriage, earlier childbearing, lower income, and lower socioeconomic well-being-- all potential experiences, even turning point markers, associated with divorce. Cherlin (1992) cautions us wisely, noting that in a key study (McLanahan & Sandefur, 1994) low income accounts for about half of the intergenerational effect and that most divorces do not transmit. Nonetheless, if ours is the “divorce generation” by virtue of its statistical profile, then what of the next generation, given the cross-generational transmission of divorce and the increasingly well-documented health consequences?

Certainly we have advanced in our capacity to describe relationships between stressful social conditions and health outcomes, with divorce a compelling example. We can celebrate progress in our “quest for the other 90% of the variance,” emphasized as a framework for stress-and-coping research (e.g., Haggerty et al., 1994; Robins & Rutter, 1990; Rolf, Masten, Cicchetti, Nuechterlein, & Weintraub, 1990). When this field was launched nearly two decades ago, the challenge to explain the complex relationships between early stressors and health and disorder at different phases of the life course was a central concern; Rutter (1981) articulated at least five main avenues for this linkage, alerting us to a range of processes and mechanisms that might be involved.

- First, for many, perhaps most, children, the stressors are disruptive and parental divorce is a marker in mapping their life-course trajectories (Wertlieb, 1991, 1996). Among the mechanisms for the impact of this early experience on adult health or adjustment is the persistence of some psychological or behavioral disorder, recognizing that its form may change and that its maintenance is not necessarily related to the initial cause or provocation. Dysfunction exhibited at the time of the divorce continues into the future.
- Second, an early experience, such as the divorce of one’s parents, might also be associated with bodily changes that influence later functioning in the health or behavior spheres. Burgeoning data in psychoimmunology implicate neuroendocrine processes in the stress process. Divorce researchers are beginning to integrate these mechanisms in theory and practice, as noted above (e.g., Gottman, 1993).
- A third mechanism hypothesized by Rutter (1981) was that “early events may lead directly to altered patterns of behavior which, although changed at the time of the event, take the form of an overt disorder only some years later” (p. 347). At that time, Rutter could point to no well-established example of this mechanism. Recent

work on post-traumatic stress disorder (PTSD) and on the effects of sexual abuse now provides good examples. Where PTSD or sexual abuse might be elements of the experience of some children when parents divorce, this mechanism may be a part of the process in limited ways, or perhaps more generally.

- The fourth and fifth avenues linking early experience with adult disorder are increasingly obvious when mapping developmental trajectories for children coping with parental divorce. Divorce involves changed family conditions that may predispose a child to later disorder. A divorce might be only one link in a continuing “chain of psychosocial adversities” (p. 347). This chain includes conditions and events prior to the divorce, as well as after. Earlier, we noted how poverty or impoverishment associated with divorce may be a key element in the bioecological context. If economic strains were elements of a causal chain leading to divorce, that such strains can continue or worsen might be considered in articulating this process.

Among the most complex processes implied in the present effort to link early experience with health outcomes are those documenting or speculating how early events alter sensitivity to stress or modify styles of coping. The impact of such changes may not be observable until subsequent contexts, exposures, or challenges provoke or evoke the relevant behavior. As noted in the earlier discussion of sleeper effects, a girl’s anxieties about relationships engendered by her parents’ divorce may only surface years later, as she contemplates entering her own marriage. A parent’s management of family conflict or divorce may shape the attitudes or skills a child will deploy when establishing a family later in life. Documenting and explaining the processes involved in these emerging anxieties or coping styles are key tasks in ongoing research.

Intervention Strategies

As a case example, the effects of divorce on children are a specific illustration of the general urgency and challenge of the basic research agenda in relating social stressors to resources and health consequences. The need to design, implement, and evaluate interventions is just as urgent and challenging. An emphasis on prevention is likely to be most effective in the long run, since the cross-fertilization between basic research and intervention is a hallmark of applied developmental science. This arena of divorce research is explored in several sources (Alpert-Gillis, Pedro-Carroll, & Cowen, 1989; Emery & Forehand, 1994; Gottman, 1993; Wertlieb, 1991, 1996). Scientific treatises (e.g., McLanahan & Sandefur, 1994; Stanley, Markman, St. Peters, & Leber, 1995) and white papers issued by such bodies as the Institute for American Values (Council on Families, 1995) and nonpartisan, nonprofit research organizations (e.g., Zill, 1995) provide a rich and varied menu of policy recommendations.

Stress and coping interventions. Returning to the general stress-and-coping framework, with its bioecological and life-course contexts, interventions on behalf of children and families aimed at limiting or preventing negative health outcomes are in order. The framework allows for targeting interventions in coherent and cost-effective ways (Kazdin, 1992). Specific examples, as well as conceptual and heuristic presentations of this approach, are increasingly evident in the literature (e.g., Aldwin, 1994; Brooks-Gunn, 1995; Kendall, Lerner, & Craighead, 1984; Tolan, Guerra, & Kendall, 1995; Sorenson, 1993; Winett, 1995)

The updated and elaborated stress-and-coping perspective provides a more realistic portrayal of the complexity of the divorce experience, the diverse set of stressors associated with divorce, and the range of alternative developmental pathways or trajectories it can create (Brody, Neubaum, & Forehand, 1988; Emery & Forehand, 1994; Wertlieb, 1991). Each of the cutting-edge themes enumerated by Haggerty et al. (1994)-- co-occurrence, inter-individual variation, intra-individual variation, cohort differences, linkage of diverse multiple stressors and diverse multiple outcomes and the processes and mechanisms that effect this linkage, as well as the potential for

prevention and intervention-- becomes manifest when considering the effects of divorce on children's outcomes. Most simply put, health policy and services, whether preventive or ameliorative, should aim to achieve the following:

- Reduce or alter the social stressors linked to health and illness.
- Enhance the coping processes of children and families.
- Build and strengthen the resources and protective factors demonstrated to influence stress-health processes.
- Limit or reduce risk factors implicated in these processes.

Consistent with this orientation is Winett's (1995) compelling generic framework for health promotion and disease prevention linked to Healthy People 2000. Its "developmental-ecological perspective" coincides with the stress-and-coping framework articulated in this chapter and places it in contemporary public health missions:

Developmental interventions. A developmental perspective suggests still other means of segmenting populations to better position, target, and distribute interventions, such as considering the cognitive social abilities of children, planning product offerings to fit needs at important milestones (e.g., move to a new school, the birth of a child, or retirement), and assessing how products can be redesigned and offered at appropriate times and settings for people at different developmental points. A developmental perspective also involves a careful examination of how settings can be modified through the consideration of public health measures and through ecological theory to benefit particular population segments.

The stress process, with its significant health consequences, is best understood in a developmental context. This perspective provides an opportunity for more complex mapping of various alternative developmental pathways informed by a set of concepts basic to the life-course paradigm-- notions of developmental transitions, trajectories, and turning points. (Cicchetti, 1994; Bronfenbrenner & Ceci, 1994; Clausen, 1995; Elder, 1995) How children adapt (or fail to adapt) to the stressful circumstances of parental divorce, the proliferation of stressors associated with this "historical" or "pivotal" event

in their lives, the orchestration of resources and moderators that shape the turning points or trajectories, and the range of “biopsychosocial” health outcomes are all the concern of researchers, service providers, and policymakers involved with stress and its health consequences. The stress-and-coping paradigm illustrated in the specific case of the effects of divorce on children suggests an agenda for continued basic research, as well as for research aimed at improving the health and well being of America’s children.

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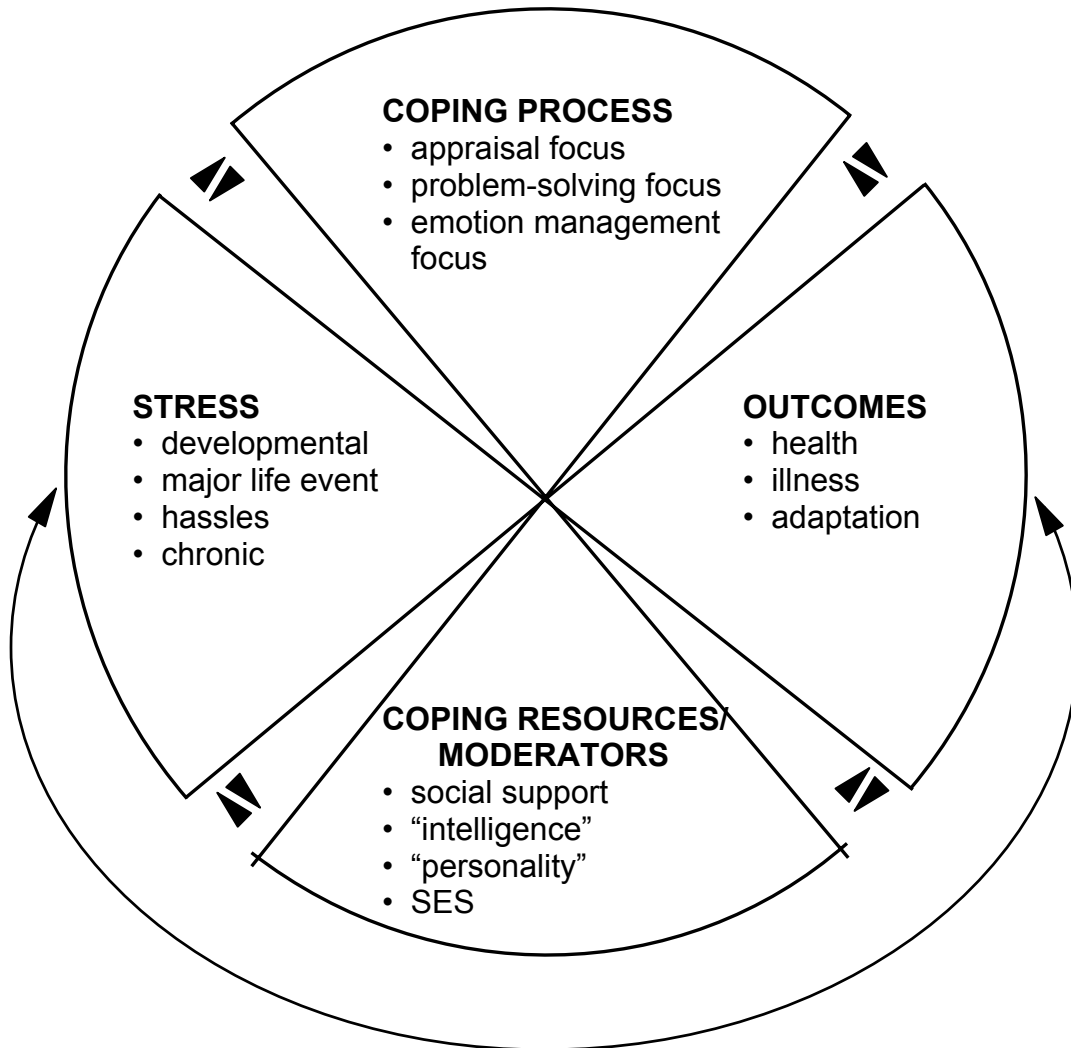
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Figure 1. Stress-and-Coping Paradigm



SES = socioeconomic status

New Directions. Toward the Prevention of Marital and Family Stress

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The purpose of this paper is threefold. First, I will briefly overview our work on the prevention of marital and family distress as well as a new study designed to test the extent we can disseminate the results of a divorce prevention program that has shown promise in a series of University based trials. Then I will comment from this *prevention* perspective on preceding chapters in this section. Finally, I will briefly consider a number of challenges that face the field of prevention science as we move forward.

The Social Costs of Divorce and Marital Distress

Although divorce rates have decreased throughout the 1980s and into the 1990s, couples marrying for the first time continue to face a 50% chance of divorce during their lifetime. Partners who divorce remarry at very high rates yet these new relationships are at just as high risk (or in some cases, higher risk) for divorce as first marriages (National Center for Health Statistics, in press). Wertleib in the preceding chapter has elaborated in detail on both the short-term and long-term implications of strained marriage and divorce for the children involved—including difficulties with intimate relationships, committing to marriage and remaining married. Yet, divorced partners do not appear to be "learning from their mistakes," and countless other couples never divorce but remain in distressed and/or abusive relationships (Notarius & Markman, 1993).

Destructive Relationship Conflict: A Generic Risk Factor

As highlighted in a recent National Institute of Mental Health (NIIMH) report on prevention, marital distress and destructive marital conflict (rather than divorce, per se) are major generic risk factors for many forms of dysfunction and psychopathology (Coie et al., 1993). In particular, marital distress has been linked to higher rates of depression in adults, especially women (Coyne, Kahn & Gotlieb, 1987), and to conduct disorders in children (Fincham, Grych & Osborne, 1993). Moreover, the destructive effects of marital distress on physical health (Kiecolt-Glasser et al., 1993) and decreased work productivity (Forthofer, Markman, Stanley, Cox, & Kessler, 1996) have recently been demonstrated.

Recent evidence suggests that *destructive conflict* is the key mechanism through which the effects of divorce and marital distress are transmitted to spouse and children (Fisher & Fagot, 1993; Grych & Fincham, 1990; Howes & Markman, 1989, Volling & Belsky, 1992). Destructive marital conflict is one of the leading risk factors for future divorce and marital distress. For example, future divorce and marital distress could be predicted with over 90% accuracy in at least two separate investigations based on how couples handle conflict, i.e., deficits in conflict management predict divorce (Gottman, 1994; Markman & Hahlweg, 1993), and we have identified four stable patterns of destructive arguing (escalation, invalidation, withdrawal, and pursuit withdrawal) that place a couple at risk for future marital problems. Longitudinal studies have found that it takes some time for these patterns to take their toll on marital happiness through the active erosion of love, sexual attraction, friendship, trust and commitment (Stanley, Markman, El Peters, & Leber, 1994a). These positive elements of relationships do not naturally diminish over time but are corroded by destructive arguing (Notarius & Markman, 1993).

The marital distress and divorce prevention program we have developed (PREP, Prevention and Relationship Enhancement Program) targets destructive conflict as one of the key patterns to correct and prevent. The key ingredient of our program is teaching couples skills for the constructive management of conflict. In addition, the program targets the enhancement of the positive aspects of relationships (commitment, friendship, fun, sensuality) as protective factors

for relationships. However, as suggested by our model of marital discord, it is the negative factors, not the positive factors, that strongly predict outcomes (Markman, Stanley, & Blumberg, 1994). A detailed presentation of our affect management model is found in Lindahl & Markman (1990). The two key points of our model are that partners need to learn how: 1) to express their own negative emotions constructively and 2) to listen well to their partner's expression of negative emotions.

Possibilities for the Prevention of Marital and Family Distress

The need for well-designed and empirically validated interventions to prevent marital distress is evident from the above review. Dysfunctional communication patterns are recognizable in premarital interaction (Stanley, et al., 1995), and once formed, such patterns are difficult to modify (Raush, Barry, Hertel, & Swain, 1974). Despite these facts, the primary method of intervention is to treat relationship problems after they have become severe enough for the couple to seek therapy, usually after there have been negative effects on spouses and children (Hahlweg & Markman, 1988). Moreover, with a few exceptions (including our current research program), previous research evaluating divorce prevention programs (e.g., Avery, Ridley, Leslie & Mulholland, 1980; Wampler & Sprenkle, 1980) has failed to demonstrate that the programs prevent distress and divorce because prior evaluations have relied on before-after- or short term follow-up (i.e., 1 year)- designs. In addition, few studies have used a comparison group that controls for attention and expectations.

The rationale for divorce and marital discord prevention is similar to that for other forms of prevention: efforts are directed toward modifying risk factors and enhancing protective factors that are associated with and predictive of successful adjustment before problems develop (Coie, et al., 1993; Felner & Jason, 1983; Muehrer, et al., 1993; Sandler, et al, 1992). We intervene during the "planning marriage" period because, during such transitions, motivation to learn new skills is relatively high, and destructive interaction patterns have not yet solidified (Bloom, 1985). We attempt to provide couples with foundations to build successful marriages and to prepare for and withstand the groundswells of marriage. Yet this is also a time of idealism, and happy couples do not feel the same type of motivation to seek intervention as distressed couples do. For this reason, it is critical to deliver preventive programs to couples in their community

context, which for the majority of marrying couples is their religious organization. Given the impact of destructive marital conflict on children, successful preventive interventions for couples should decrease the likelihood of mental health problems for children. This is an empirical question that we will be addressing in our current research program.

PREP is designed to teach couples to handle differences constructively (Markman, Floyd, Stanley & Storaasli, 1988; Renick, Blumberg, & Markman, 1992). The results of a series of studies evaluating the PREP intervention are promising: Intervention couples have lower rates of relationship breakup and divorce, higher rates of marital satisfaction, and lower rates of physical violence during the early stages of marriage (Stanley et al. 1995). Further, results indicate that couples can learn conflict management skills during the program (Floyd & Markman, 1981) and continue to use the skills over a 10 year period (Stanley et al., 1995). New data indicate that the degree to which couples learn the skills is associated with positive changes in satisfaction over time (Stanley et al., 1995).

In addition to the studies conducted in our lab, there have now been a number of other controlled intervention trials with PREP (see Renick et al., 1992, for a review). For example, we have been evaluating a German version of PREP that is being offered in some of the Catholic churches in Munich and Bavaria (Markman & Hahlweg, 1993). The results indicate that PREP couples showed significant gains in communication and conflict management skills from pre- to post- test (compared with control couples who received the typical intervention) and maintained these gains at the 1- and 3- year follow-ups (compared with their pretest scores and with controls). Moreover, PREP couples were significantly more satisfied with their relationship at the 3-year follow-up than controls (Thurmaier, et al. 1993). Similarly, in a large-scale study with an Australian sample of high-risk couples (e.g., children of divorce), Behrens & Halford (1994) have shown that PREP couples increased their use of conflict management skills from pre- to post- intervention compared with a randomly assigned information-only control group.

Building on these findings we are now moving to the next stage of our overall prevention research program: to evaluate the intervention with a large, well described population-- i.e., couples planning marriage in religious organizations (ROs)-- that provides a test with couples more representative of our ultimate targets.

Why Religious Institutions?

To fully realize the goal of preventing marital distress, we not only must have sound, tested interventions, these interventions must also make it into the hands of those motivated and capable of delivering them. For a number of reasons, the single largest array of institutions in our culture that are interested in preventing marital breakdown and capable of delivering interventions such as PREP are religious organizations:

1. Since 75% of couples get married in ROs (National Center for Health Statistics, in press), ROs represents a logical and natural access point for the delivery of premarital services to the majority of couples.
2.) ROs need no convincing regarding the importance of the task (Spilka, Hood, & Gorsuch, 1985)
3. For the most part, ROs are already heavily involved in the delivery of premarital training programs (e.g., Trathen, 1992) and therefore have a natural affinity for prevention-oriented services.
4. ROs have a tradition and structures for service delivery of premarital programs (Trathen, 1992).
5. ROs are deeply embedded in their respective cultures; Cultural resistances and barriers that other institutions (e.g., the mental health system) may encounter are likely to be greatly lessened (Bloom, 1985).

A major advantage of using ROs for recruiting couples is that clergy are a major conduit of contact and influence with members of ethnic minorities. As described later, this project developed out of a series of meetings with community leaders, including the minister of the largest local church that serves predominantly African-Americans and the minister of a large church that serves predominantly Hispanics. Indications of support are illustrated by contacts with the Black Church Initiative (funded by the Denver-based Peton Foundation) and other community leaders, and an initial survey has shown high levels of interest in the project from ROs that serve minority communities.

In sum, by targeting ROs, we can readily widen the potential impact of our intervention program by reaching large numbers of couples and reducing costs of the service. Couples will receive the program for free, and clergy and lay leaders will deliver the program as part of the services typically offered in the RO. The key questions for this next stage of our research are (a) how best to train clergy to deliver PREP without substantially reducing the effectiveness of the program, (b) how we can increase rates of marital satisfaction beyond those achieved by existing programs, and (c) how PREP program is ultimately accepted into the RO. Hence, we will focus on both the effectiveness of dissemination of the intervention in religious institutions ‘(compared with a control group of couples who receive standard premarital services without PREP) and the advancement of our understanding of the effectiveness of the intervention. To the extent that we can institutionalize a successful program for divorce and distress prevention in the community, we can have a major impact on the high rates of destructive marital conflict and divorce and their associated negatives effects (e.g., on child and adult mental health).

Re Working Wives and Single Parents

The continuing high rates of divorce and marital distress that focuses my research team are only one of several profound changes in family structure in North America that have important implications for programs designed to enhance family stability. Increases in and implications of women working outside the home comprise a second and related change. Increases in mating and childbirth without marriage comprise a third.

Women working outside the home. Rates of women working outside the home and rates of divorce have been linked because when women work outside the home, economic dependence on husbands decrease, thereby increasing the possibility for changes in relationships, including divorce. In fact, one of the best predictors of increases in divorce rates in cross-national studies in one generation is the number of women who go into the workforce in a previous generation. At the same time women working outside the home increases the need for partners to negotiate issues concerning who does what inside the home, including raising the children and who does what around the house (e.g., division of labor). In traditional marriages (father working outside the home; mother being a full-time homemaker), decisions in these areas were not often necessary: The default option was that the wife did it. In essence, one can express the changes in the American family over the last several decades by saying that we've gone from relationships

in which very little was negotiable to relationships in which nearly everything is negotiable (Notarius & Markman, 1993). However, there has not been a concomitant increase in skills provided to couples to enable them to negotiate the differences that have emerged. Thus it is not surprising that rates of marital distress and divorce have increased along with the need for prevention programs like PREP. However, the papers in this section provide some exciting empirical bases for future directions that prevention programs for couples and families can follow.

One of the major findings is that wives' work complexity seems to have a much stronger effect on the home environment (and by implication, child functioning) than husbands' work complexity. Specifically, women with low work complexity were part of families that provided less stimulating home environments for children. Further, women working outside the home, in general, are continuing to do most of the housework-- resulting in high levels of disagreement over who does what inside the home and high levels of mental health problems among women (Lennon & Rosenfield, 1994). Thus, in future prevention efforts we need to target the partner and child interactions of working women to reduce the risk of child mental health problems, mental health problems of women, and divorce or marital distress. Menaghan's work, for example, suggests that interventions that increase male involvement in homes should reduce family stress

In addition, Menaghan finds that the wives' work is "spilling over" to home, while the husbands' work is not. In contrast, we are finding that conflict at home predicts lost productivity at work for the husbands, but not for the wives (Forthofer et al., 1996). Thus one interesting hypothesis to elaborate and test in future research is that there is more spillover from home to work for husbands, but more spillover from work to home for wives. Avison's chapter raises the issue of how the stresses and strains that single parents experience may spill over to their children. To the extent that work stress spills over to children, then preventive interventions for families need to be extended to include how to deal with such stresses. Further, employers might well be interested in providing services to workers with families, since problems at home often spill over to work (see Forthofer et al., in press, for details. These interventions in the workplace ought to be developed and/or expanded to include families or couples (e.g, PREP) as well as single parents.

Single parents. Single parents have emerged as an alternative family form associated with high exposure to stress, as documented by Avison's work. His excellent chapter builds on other findings to show that single parents and children growing up in single-parent homes are at an increased risk for numerous problems. The major conclusion from Avison's chapter is that a single parent's risk appears to be due more to exposure to stress than to personal vulnerabilities. Wertlieb's discussion of mediating mechanisms, on the other hand, not only recognizes 'the variety of traumatic or challenging events and experiences faced by a child' as parents divorce and 'the frequent decline in socioeconomic status and resources', but also 'the dysfunctional learning experiences and impaired parental attention and supervision that affect socialization.' In terms of intervention, increasing personal strengths through individually oriented interventions is still a viable strategy, as is reducing life stressors through 'programs that support and supplement the care of single parents' (e.g., quality day care programs).

It is important to note that the majority of the single-parent families in Avison's (1996) Canadian sample emerged from the breakup of unmarried couples, not from mothers who were never emotionally involved with the child's father. Thus Avison's sample consisted of mothers who, without the benefit of a formal marriage, were in a long-term relationship, broke up, and probably suffered the same kinds of negative consequences that people in a traditional marriage suffer if their relationship ends.

When we work with single parents or single individuals who are about to become parents, we find that about 60% of those parents-to-be are in a partner relationship (St. Peters & Markman, 1995), as is the case, for example, in studies of African-American families (Brooks Gunn, personal communication, November 1995). At one point in that study, about 60% of the single parents were in important relationships. Thus the term "single parent" may be misleading in that the majority of non-married parents appear to be in a partnered relationship.

Further, many teen mothers are co-parenting with their own mothers. It is very interesting to note that when family researchers from the NIMH family research consortium watched taped interactions between teen mothers and their parents in African-American families and compared the interaction patterns with those of Anglo married couples, they observed the same types of constructive and destructive patterns of communication and conflict management.

Thus, in future prevention efforts we need to expand target populations for decreasing mental health risks faced by parents and their children to include people (a) co-parenting in a relationship without marriage and (b) co-parenting with mother's mother. The skills taught in programs like PREP should be tested with unmarried parents and their co-parenting partners.

In addition, building on Avison's finding concerning non-marital breakup as a significant pathway toward single parenthood, future prevention efforts might target non-marital couples and provide training in communication skills and conflict management. In addition to improving the family environment for children, such intervention efforts might improve couple satisfaction, increase commitment and increase the chances of marriage.

Clearly, religious organizations would not be the best target for such efforts. However, we have been successful in reaching mothers-to-be during the transition to parenthood through healthcare agencies (Clements & Markman, 1995; St. Peters & Markman, 1995).

A further aim of future work in our program is to try to increase the number of single parents getting married and having happy relationships, and to protect and preserve marriages when they do occur.

Finally, as noted by Avison (1996), all parents can benefit from training in parenting and relationship skills; I agree with his recommendation that we should not point to single parents as uniquely deficient in such skills.

Issues Faced by the Field of Prevention Science

The preceding chapters, indeed the whole volume on social conditions, stress, resources and health, nicely illustrate several important issues now facing the field of prevention science.

Dissemination Issues

A big issue is dissemination of intervention programs that have been shown to be effective in university-based clinical trials. As clearly noted by Muehrer and colleagues (1993), too often we stop after such trials and do not devote enough effort to placing these programs in the hands of service providers (including those who are not in the mental health field, such as health care workers and clergy) positioned to reach the families who are most at risk.

Common Ingredients Across Successful Interventions

Most successful prevention programs are likely to have common ingredients. Four such commonalities might well provide foci for future research:

- 1) They focus on modifying personal relationship (Emde, 1995),
- 2) They provide active suggestions, skills, and activities for participants
- 3) They provide a sense of efficacy or mastery (Notarius & Venzetti, 1993)
- 4) They focus on anticipating predictable stressful life events.

Men and Women in Families

Family problems cannot be understood or prevented without a clear understanding of how men and women handle conflict and intimacy. However, most discussions on this topic generate more heat than light. Both the popular and scientific literature often converge on the simplistic and I believe wrong, conclusions that usually "blame" either men or women (often men!) for family problems and suggest that women (and not their partners) are interested in preventive interventions. Space does not permit me to offer my perspective on these important issues (see Markman & Kraft, 1989; Notarius & Markman, 1994;), but I am optimistic that men and women can work things out and that both men and women are interested in participating in low-cost skills-based prevention programs delivered in community or work settings.

Large vs. Small Studies

There is a need for bridges between large-scale epidemiological studies relying on self-reports (represented by Avison's and Menaghan's studies) and smaller sample observational studies (represented by my own work) that sacrifice large sample sizes for increased richness and understanding of process and mechanisms. Finally, more opportunities are needed to brainstorm possible preventive implications of outstanding research programs like those of Avison and Menaghan.

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Commentary: Implications for Research in Family and Child Service Policy

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Listening to the workshop papers and reading the subsequent chapters has provided me an opportunity to think about what psychologists, sociologists, and economists have learned and to consider how that might apply to some of the programs in the Administration for Children and Families (ACF).

For me this has been a very heavy adventure. It has demonstrated that, collectively, we know a lot more than we apply in practice or in policy. It also has demonstrated that when we apply good sense or what seems to be good sense in developing policy and in practice, it is often based on partial knowledge, conjecture, or intuition.

Implicit for me has been the message that research not only contributes to the accumulation of knowledge for its own sake, but may also make a difference in how we relate to and care for people, and ultimately in the quality of their lives and our own.

The ACF is a sister agency to the National Institute of Mental Health and others in the Department of Health and Human Services. We administer programs to help ensure economic independence for needy families, as well as programs that seek to protect those who are vulnerable (e.g. children who may be abused or neglected, children who may have to be removed from their own homes or separated from their families) or those who are poor, disabled or otherwise in need of help from the public sector.

In our rhetoric we talk about: empowering families to help themselves and to achieve economic independence; strengthening families and communities so that they will have a healthy, supportive, and positive impact on the quality of adult lives and on the development of children; partnering with individuals, front-line service providers, communities and states,

Native American tribes, and others to achieve coordination, integration and ready access to services for those who need them.

We are ambitious in our goals, but our aspirations don't always play out. Our efforts at times lack the knowledge required for successful conceptualization or application. We administer a broad array of programs, which may soon be fewer and probably with less money. Some of our programs are entitlements such as Aid for Families and Dependent Children-- which has been of concern in some of the papers-- emergency services, and maintenance payments for children who are in foster care.

Some of our programs are grants-in-aid to the states. We administer community services block grants, social services block grants, and formula grants for child welfare services and for child abuse and neglect prevention and treatment services. We also fund grants directly to some nonprofit agencies; for example our Head Start Program is a directly funded grant to non-profit organizations.

Many of our programs carry discretionary monies with them. By and large, discretionary monies have been used to fund demonstration projects and program evaluation rather than research. Our program evaluations have used both experimental and non-experimental approaches.

For example, we are currently studying the implementation of Family Preservation and Family Support Services over a five-year period beginning in 1994 when the program was authorized. Changes that occur at the state, community, and front-line service levels will be studied systematically using non-experimental methods. We have used experimental approaches to study the JOBS program, and we typically require experimental methods and control groups in evaluating state demonstration programs when we grant waivers to existing laws or regulations. Such waivers are permitted under Section 1115 of the Social Security Act. Our agency considers and permits waivers under the AFDC program; the Health Care Financing Administration handles waivers of the Medicaid program. Waivers are funded as demonstration projects for serious study and evidence of cost neutrality over a five-year period.

How we use our discretionary monies is a reflection of the nature of our programs and our place in the Department as an essentially non-research organization. The expectation is that our sister agencies such as the National Institute of Child Health and Human Development, NIMH, the National Institute on Drug Abuse, and others will produce the necessary information under research conditions.

Our unwritten and too often neglected charge is that we will work together with the research arms of the Department both to bring that research knowledge to bear on our programs and to help determine the research questions to be pursued within those organizations.

No doubt more needs to be done to improve the use of knowledge gained through research and to inform researchers of the most pressing research questions salient to improving policies and practice. This is not a new thought, and the task is not easy. We each see the world through our own lenses and with our own blinders. And as it turns out, researchers have lots of answers and policy makers have lots of questions. But so far our experience in matching the two has been spotty. Several of you have alluded to the rather extensive literature on stress and depression. If you look at the populations we serve, in virtually all of our programs, large percentages of people are depressed, but we have yet to marry your knowledge with our need to help those families as well as we might.

Apart from many lost opportunities to help those whom we serve, both researchers and policy makers may lose the opportunity to further our work through the impending budget unless we are more effective in demonstrating the value of our work. Apart from political and ideological pressures with which we may not know how to deal, or which we believe to be outside of our control, we are not prepared to tell our story well in justifying the continuation or modification of particular avenues of research or programming.

I have been trying to think through how we might build on each other's knowledge and experience. The workshop experience was too intense, with too much to absorb in too little time. Part of that time I was playing catch-up with the researchers' use of language; some of the nuances went right by me.

At other times I felt frustration that such rigor had been applied to confirm points through research that seemed self-evident to me, while answers were lacking on what might be done to remedy the problem. For example, we know that the percent of children born out-of-wedlock increased dramatically between 1975 and 1992, that many of these children were born of teen

parents, that many are being raised in single-parent families, and that many live in poverty. We can measure the stresses that this produces for both parent and child. We know that the quality of life for these individuals is often compromised. But, it is not enough to say that we need prevention programs or that we should intervene.

We know that financial aid helps some, but that's not enough. The JOBS program, which we administer, helps some with education, skills training, job search and placement, and childcare. But to the extent that the program succeeds in matching individuals to jobs, the resulting jobs are typically low paying, without benefits or potential for growth, and not satisfying to those who are employed. Somehow people don't last in those jobs. We need to frame the questions better so that together we can arrive at more informed solutions.

I would like to highlight two areas in which the ACF has begun to set targets with which I think you can help us. One of our targets is to promote parental responsibility for the emotional and financial support of children. We want to improve paternity establishment and to increase child support collections, assuming such responsibility is a first step towards more responsible parenthood.

At first glance, this may sound fairly simple. You ask the young woman to identify who fathered her child; get a court order for child support; wait for payment. When payment is received, you reduce her AFDC benefit. If he doesn't pay, you put the fellow's picture on the Internet. This is not meant to be facetious. In the state of Massachusetts, the ten most deadbeat dads are on the Internet. Their pictures and their bios are there. At any rate, if the dad is turned in to the collection agency, you get him.

But will this reduce out-of-wedlock births? Will it provide greater financial support and reduce the stresses on the single parent and her child? Will it help reduce the national debt? Probably not. Researchers and policy makers know that it's a lot more complicated than that.

Some young men have fathered multiple children with multiple women. Some women have children who were fathered by different men. The relationships and dynamics among these varied individuals are complicated. We have no idea what the effect is of insisting on payment when there is no money. For example, what might this mean for siblings? So far, our approach has been simple: just get out there and try to get the money. Our aspirations for responsible parenthood are more complex.

A second set of targets for us concerns the safety and well being of children. We want to reduce the number of deaths due to child maltreatment. We want to reduce the number of children who must be removed from their home for their safety. We want to strengthen families so they can better care for themselves and their children.

The Family Preservation and Family Support Program mentioned earlier is built on the notion that intensive services, tailored to individual families and provided over a 6-8 week period at a point of crisis, -- for example when the child is at imminent risk of removal from the home-- will prevent the child's removal and fix the family. Such a program could be better informed with research knowledge.

It is in these two areas that I would suggest that researchers and ACF policy makers come together to talk through the issues and to explore how we can join what you know from your research and experience with what we are trying to do.