Serial Cohabitation and Mental Health in Emerging Adulthood

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The prevalence of cohabiting unions has increased within the United States with many young adults reporting entrance into cohabiting unions rather than marital unions as their first union entrance (Bumpass & Lu, 2000). Additionally, the rates of serial cohabitation, defined as cohabiting with more than one partner, have also risen (Lichter & Qian, 2008). As cohabiting unions have previously been associated with increased depressive symptoms (Lamb, Lee & DeMaris, 2003), even after accounting for selection effects (Brown, 2000), serial cohabitation may put an individual at risk for further declines in mental health. Yet, little is known about the impact of serial cohabitation on mental health; entrance into an initial cohabitation may not be driving the negative association between cohabiting unions and mental health, rather, it may be that serial cohabitation is the driving factor. Furthermore, each subsequent cohabiting union may influence mental health differently. Drawing on Rauer, Karney, Garvan, and Hou's (2008) use of three distinct models (additive, saturation, and exacerbation), we examine how serial cohabitation is associated with mental health. The additive model presumes that each additional cohabiting union would be associated with a decline in mental health. The exacerbation model suggests that initial forays into cohabitation would not be associated with mental health problems, but mental health problems would peak after several failed cohabitating unions. The saturation model suggests that mental health would decline following initial cohabiting unions, but after an initial decline, future unions would have little impact on mental health. Using a contemporary sample of emerging adults, we conduct one of the first explorations into the influence of serial cohabitation on mental health.

The current study used data from the National Longitudinal Survey of Youth 1997 (NLSY97), a nationally representative sample of youth born between 1980 and 1984 in the U.S.

and designed to examine employment and educational experiences, family and community backgrounds, and family formation patterns of youth. We used data from the 2002, 2004, 2006, and 2008 survey years. Out of the initial 8,984 respondents the sample size was restricted to those that reported mental health symptoms (n = 8,482), those that had ever entered into a cohabiting union (n = 4,524), and those that were not missing any control data (n = 3,593).

Serial cohabitation was assessed in the 2002, 2004, 2006 and 2008 survey years. Respondents indicated the number of total cohabitation experiences, responses ranged from 0 to 7 reported cohabitations. Current cohabitation status was also assessed in the corresponding survey years. Current cohabitation status was measured as whether or not the respondent was in a current cohabitation, coded 0 (no) or 1 (yes). Mental health was also assessed in the 2002, 2004, 2006, and 2008 survey years. Respondents rated the incidence of the following symptoms on a scale of 1 to 4 where 1 = All of the time and 4 = None of the time: "How much of the time during the last month have you, 1) "been a very nervous person?" 2) "felt calm and peaceful?" 3) "felt downhearted and blue?" 4) "been a happy person?" 5) "felt so down in the dumps that nothing could cheer you up?" Responses were reverse coded for questions 1, 3, and 5 and scale items were averaged to produce the mean mental health score; higher values indicated poorer mental health. Scale reliabilities at each year were acceptable, ranging from $\alpha = .77$ to .82. Our preliminary analysis used pooled fixed effects regression, which controlled for all time-invariant characteristics; thus, the only controls used in the model were the time-varying indicators of age, education, income, and presence of biological children in the household.

Pooled fixed effects regression was used to examine the influence of serial cohabitation on mental health. Contrary to our expectations, preliminary results indicated that serial cohabitation was associated with increased mental health ($\beta = -0.05$, p < .05). To further examine

this association, an interaction term between cohabiting union status and number of reported cohabitations was included in the analysis. Results indicated that mental health differed for those in a current cohabiting union and those in higher-order cohabiting unions (see Table 1). In our preliminary exploration of the saturation, exacerbation, and additive models, we included interaction terms between the number of cohabiting unions and transition into serial cohabitation (marked as either transitioning from a first cohabiting union to a second union, or transitioning from a second union to higher order cohabiting union). Our interactions were insignificant providing support for the additive model; the number of cohabiting unions did not moderate the association between transitioning into a serial cohabitation and mental health status. Prior to PAA, analyses are planned to further investigate the nature of the association between serial cohabitation and mental health over time by 1) incorporating data from 2010, 2) using multiple imputation to impute missing data, and 3) further exploring the additive, saturation, and exacerbation models.

References

- Brown, S. L. (2000). The effect of union type on psychological well-being: Depression among cohabitors versus married. *Journal of Health and Social Behavior*, 41, 241-255.
- Bumpass, L. & Lu, H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies*, *54*, 29-41.
- Lamb, K. A., Lee, G. R., & DeMaris, A. (2004). Union formation and depression: Selection and relationship effects. *Journal of Marriage and Family*, 65, 953-962.
- Lichter, D. T., & Qian, Z. (2008). Serial cohabitation and the marital life course. *Journal of Marriage and Family*, 70, 861-878.
- Ramsey, J. B. (1969). Tests for specification error in classical linear least squares regression analysis. *Journal of the Royal Statistical Society*, *31*, 350–371.
- Rauer, A. J., Karney, B. R., Garvan, C. W., & Hou, W. (2008). Relationship risks in context: A cumulative risk approach to understanding relationship satisfaction. *Journal of Marriage and Family*, 70, 1122-1135.

Table 1

Pooled fixed-effects regression predicting mental health declines (n = 3,593)

Variables	В	SE B	β	В	SE B	β
Total number of serial cohabitations ¹	-0.05*	0.02	0.95	-0.02	0.02	0.98
Cohabiting union status	-0.02	0.02	0.98	-0.01	0.02	0.99
Total cohabitations*Cohabiting status				-0.05*	0.02	0.95
Control Variables						
Income	0.01	0.01	1.01	0.01	0.01	1.01
Education	-0.04	0.02	0.96	-0.04	0.02	0.96
Age	-0.15**	0.05	0.86	-0.15**	0.05	0.86
Parity	0.01	0.02	1.01	0.01	0.02	1.01
Year						
2004	0.22*	0.10	1.25	0.22*	0.10	1.25
2006	0.48*	0.20	1.62	0.48*	0.20	1.62
2008	0.83**	0.30	2.29	0.83**	0.30	2.29
R^2		0.02			0.02	

Note. * p < 0.05. ** p < 0.01. *** p < 0.001. ¹Total number of serial cohabitations is number of cohabitations reported for those who have ever cohabited.