

Marriage and mental health

Does marriage improve the mental health of men at the expense of women? DAVID DE VAUS investigates whether this widespread belief is supported by data from the 1997 National Survey of Mental Health and Wellbeing of Adults.

In 1972 Jessie Bernard coined the now famous phrase “his and her marriage”. By this she meant that a man experiences his marriage very differently from the way a woman experiences her marriage. Bernard argued that men do well out of marriage while women marry at considerable cost to themselves. She especially pointed to the way in which marriage advantaged the mental health of men and damaged that of women (Bernard 1976).

At much the same time as Bernard was writing, American sociologist Walter Gove (1972) reported on research from which he argued that: “In modern western societies women have higher rates of mental illness than men . . . This difference can be attributed to the role of married women . . . Married women have noticeably higher rates of mental illness than married men. In contrast . . . when single women are compared with single men, divorced women with divorced men, and widowed women with widowed men, these women do not have rates of mental illness that are higher than their male counterparts. In fact, if there is a difference

within these marital categories, it is that women have lower rates of mental illness.”

It is not certain whether or not Bernard and Gove were correct about the effect of marriage on men and women in North America in the 1960s since their evidence is incomplete and can be interpreted in different ways (Fox 1980). Nevertheless, this view of the effect of marriage on men and women has been enormously influential and has become part of the “common knowledge” about marriage: men do well from marriage and women do poorly.

This view continues to be repeated today. Only recently Susan Maushart argued that: “Marriage makes life much, much better for men and only somewhat better for women – and with significant and telling exceptions. One of those exceptions is mental health . . . Marriage not only fails to protect the mental health of women, there is evidence that it is a direct risk factor for depression.”

Does Bernard’s description of marriage as an institution that promotes the mental health of men at the

MEASURES AND QUESTIONNAIRE

The measures used in this article are based on (World Health Organization 1992) definition of mental disorder that involves: “the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with the interference with personal functions. Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder.”

The Australian Bureau of Statistics 1997 National Survey of Mental Health and Wellbeing of Adults was careful to use the above standard definition of mental disorders and standard criteria for classifying people as suffering from a disorder. It asked about symptoms and related matters for the 12-month period prior to interview. Thus the results reported here indicate the incidence of disorders in a person’s recent past rather than over his or her lifetime.



expense of women apply to contemporary Australian marriages?

Survey of adults' mental health

Fortunately we are in a position to provide some clear answers to these questions. In 1996 the Australian Bureau of Statistics conducted the *National Survey of Mental Health and Wellbeing of Adults* (ABS 1999), in which personal interviews were conducted with a random sample of 10,641 adult Australians. This survey is the largest study of mental health ever conducted in Australia and is one of the most comprehensive in the world.

Because the study is based on a probability sample, the results can be generalised to the Australian population and thus provide the first chance to gain an accurate picture of the prevalence of mental health disorders in Australia. The study asked about people's marital status, their family structure and related matters, and so we no longer have to rely on the picture painted in

North America in the 1960s. For the first time we can reliably assess whether there is any evidence to support the belief that contemporary Australian marriage damages the mental health of women and improves that of men.

It should be clear what is meant by mental health. Too many studies have confused the ideas of happiness or satisfaction with mental health (Glenn 1975). They are not the same thing. When Bernard writes of the mental health cost of marriage she correctly insists that mental health is about clinical disorders such as depression, anxiety disorders, phobic disorders, rather than happiness or life satisfaction.

As Weisman and Klerman (1977) argue, women are more likely than men to be depressed, regardless of whether they are married or not. Yet Tarvis (1992) and Gilligan (1982) argue that it is not certain whether this is because women really are more depressed or because of a gender bias in the way depression is measured. It may well be that depression measures are only sensitive to the way in which women *express* depression.

The survey did not have well proven measures of psychotic disorders or personality disorders, so the analysis focuses on four main classes of mental disorders – mood, anxiety, drug and alcohol disorders.

The survey used classification criteria from the two standard mental health classification systems: ICD-10 – the World Health Organisation Classification of Mental and Behavioural Disorders (World Health Organization 1992); and DSM-IV – the Diagnostic and Statistical Manual of Mental Disorders (fourth edition) (American Psychiatric Association 1994).

The questionnaire used in the personal interview had an equally distinguished pedigree. The instrument used a modified version of the Composite International Diagnostic Interview (CIDI). This instrument was initially produced by the World Health Organisation and the United States Alcohol, Drug Abuse and Mental Health Administration in the 1980s. CIDI has an excellent inter-rater reliability, good test-retest reliability, and validity (Andrews and Peters 1998). The instrument can be downloaded from www.who.int/msa/cidi/downloadCIDI.htm.

However, mental health is not merely about depression, as so many writers seem to assume. Depression is just one of many different types of mental disorders. When considering whether marriage leads to more mental disorders among women than men it is particularly important to ensure that a *range* of mental disorders is examined (Horwitz and White 1991; Horwitz, et al. 1996).

The ABS survey on mental health measured the incidence of the main forms of mental illness where it was anticipated that the prevalence would be at least one per cent of the population and where the interview method they used would be an appropriate way of detecting the disorder. It asked about symptoms and related matters for the 12-month period prior to interview. Thus the results reported here indicate the incidence of disorders in a person's recent past rather than over his or her lifetime. (See accompanying box for detail of measures and questionnaire used in the survey.)

The survey enables us to look at the range of most common mental disorders – mood, anxiety, drug and alcohol disorders (Table 1) – and move away from the dependence on simple, one-dimensional measures of mental wellbeing or distress. In studies of male and female differences this is particularly important since it

Table 1 Mental disorders used in the survey and their classification

Class	Specific disorders
Mood disorders	Depression; Bipolar; Mania; Dysthymia
Anxiety disorders	Agoraphobia; Social phobia panic disorder; Generalised anxiety disorder; Obsessive compulsive disorder; Post traumatic stress
Drug disorders	Disorders of misuse and/or dependence of opioids, cannabinoids, stimulants and sedatives or hypnotics
Alcohol disorders	Misuse and/or dependence on alcohol

Note: For further information on these disorders see: (World Health Organization 1992); and (American Psychiatric Association 1994).

Table 2 Disorder by gender (percentage with disorder)

	Disorder type					N
	Mood %	Anxiety %	Drug %	Alcohol %	Any %	
Male	4.8	7.7	2.9	9.7	16.5	4705
Female	8.3	13.1	1.5	4.0	16.0	5036
% diff (M-F)	-3.5***	-5.4***	+1.4**	+5.7***	+0.5	

* p<.05; ** p<.01; *** p<.001
Source: National Survey of Mental Health and Wellbeing of Adults, ABS 1997.

Table 3 Disorder by marital status (percentage with disorder)

	Disorder type					N
	Mood %	Anxiety %	Drug %	Alcohol %	Any %	
Married	5.1	9.0	1.3	5.0	13.5	6680
Divorced/ separated	12.8	18.9	2.4	9.1	25.1	1413
Widowed	4.1	6.1	0.2	0.9	6.6	904
Never married	9.9	13.1	6.6	13.3	24.8	1644
	0.12***	0.12***	0.14***	0.14***	0.16***	

* p<.05 ** p<.01; *** p<.001;
Source: National Survey of Mental Health and Wellbeing of Adults, ABS 1997.

is possible that while women are more prone to some mental disorders, men may be more prone to others. If there are distinctive ways in which men and women display psychological distress it is important to be able to pick up symptoms in both men and women.

Gender and mental disorders

Table 2 lists the rates of mental disorders of men and women based on symptoms within the previous 12 months. It reports disorders classified into one of four broad classes of disorder noted above, as well as also indicating whether a person suffered from *any* disorder in the four classes. The bottom row of the table indicates the difference between male and female rates of the disorder: negative figures in this row mean that women are more at risk than men of this type of disorder, and positive figures mean that men are more at risk.

The table reveals three important things about gender and the risk of mental disorders. First, there seem to be “female disorders” and “male disorders”. Women are more prone than men to mood and anxiety disorders while men are more prone to alcohol and drug disorders. Second, for each disorder the gender difference is statistically significant. Women are almost twice as likely as men to suffer mood and anxiety disorders while men are roughly twice as likely as women to suffer substance use disorders. Third, men and women are equally at risk of having a disorder. Although men and women have different types of disorders they are just as likely as each other to have at least one disorder – 16.6 per cent of men and 16 per cent of women had all the symptoms of at least one classified disorder within the 12 months prior to interview.

Marital status and disorders

Table 3 shows that the risk of a person suffering a mental disorder differs substantially depending on their marital status. It shows several important ways in which the risk of suffering from a mental disorder is patterned by a person's marital status.

First, married people are the least likely to suffer from any particular class of disorder or from any disorder overall. Second, divorced and separated adults are the most prone to mood and anxiety disorders. Third, never married adults are the most at risk of drug and alcohol disorders.

The relatively low risk of married people suffering from a mental disorder is not quite what we might have expected if Bernard's, Gove's and Maushart's views about the damaging effect of marriage are correct. But they may still be right. The figures may reflect a huge benefit that men receive from marriage which cancels out the negative effect of marriage on the mental wellbeing of married women.

To test whether marriage benefits the mental health of men and women differently the impact of marriage must be examined separately for men and women.

Gender, marriage and mental health

Before looking at the results it is worth listing the types of results that could be expected if Bernard's picture of 1960s marriage applies to today's Australian men and

women. Bernard argues that: single¹ women have *better* mental health than single men (that is, without marriage women do better than men); married² women have *worse* mental health than married men (that is, marriage reverses the initial mental health advantage that women have without the destructive influence of marriage); married men have *better* mental health than single men (that is, men gain from being married); and married women have *worse* mental health than single women (that is, marriage leads to a deterioration in the mental health of women).

Gove (1972) further argues that gender-based differences in mental health are due to the differences caused by marriage. He therefore anticipates that: single men and women will display identical levels of mental disorders; and only among married men and women will there be differences between the mental health of men and women – with married women being at greater risk than married men.

Table 4 reports the survey findings for each disorder type (rows) separately for men and women. Each column allows a comparison of the rates of a particular disorder among men and women who have the same marital status. Thus the top right-hand figure of 3.6 means that 3.6 per cent of *married males* have a mood disorder. The figure of 6.5 indicate that 6.5 per cent of *married females* have a mood disorder. By comparing the male and female percentages within the one marital status (column) it can be seen whether men and women with the same marital status have the same risk of a particular mental disorder. The percentage difference row records the percentage difference in male and female risks of the disorder within each marital status. Negative figures mean that women are at greater risk than men, and positive figures mean the men are at greater risk.

Comparing figures across columns, within a row, allows us to see to what extent the risk of disorder differs according to a person's marital status. Each row allows this comparison to be restricted to one sex at a time. Thus the top row shows the risk of mood disorders among males according to their marital status: 3.6 per cent of married males suffer from mood disorders, 9.6 per cent of divorced males suffer in this way, and 6.3 per cent of never married males have a mood disorder. The final figure (Cramer's V) provides a way of telling whether the differences for males across marital status categories are large enough to be statistically significant.

Table 4 provides important information that has very clear implications for the picture of "his and her marriage" painted by Bernard and others. The simplest way of using this table is to deal with the predictions of Bernard and Gove one by one.

Prediction 1: Single women have better mental health than single men

As far as mood and anxiety disorders are concerned the prediction is clearly not true. Not married women (divorced/separated and never married) are more at risk of mood and anxiety disorders than not married men. Of divorced women, 14.9 per cent suffered from a mood disorder compared with 9.2 of divorced men. Similarly, 22.3 per cent of divorced women compared with 13.1 per cent of divorced men suffered from an anxiety disorder. Among never married men and women a similar pattern prevails. This means that, at least as far as mood and anxiety disorders are concerned, single women are worse off than single men. Even before they marry (see figures for never married), women are at greater risk of these disorders.

Bernard's argument appears correct regarding substance abuse. Single women have a much lower risk of these disorders than single men. Never married men are

Disorder	Gender	Married	Divorced/ separated	Widowed	Never married	Cramer's V
		%	%	%	%	
Mood	Male	3.5	9.2	3.0	7.3	0.10***
	Female	6.5	14.9	4.3	12.5	0.13***
	% difference (M-F)	-3.0	-5.7	-1.3	-5.2*	
Anxiety	Male	6.2	13.1	6.6	10.3	0.09***
	Female	11.6	22.3	6.0	16.1	0.14***
	% difference (M-F)	-5.4***	-9.2***	+0.6	-5.8***	
Drug	Male	1.7	2.3	0.6	8.4	0.15***
	Female	0.9	2.5	0.1	4.7	0.11***
	% difference (M-F)	+0.8	-0.2	+0.5	+3.7***	
Alcohol	Male	7.5	13.8	1.2	17.1	0.14***
	Female	2.8	6.4	0.8	9.3	0.13***
	% difference (M-F)	+4.7***	+7.4***	+0.4	+7.8***	
Any	Male	13.2	23.3	7.8	26.2	0.15***
	Female	13.8	26.1	6.4	23.3	0.17***
	% difference (M-F)	-0.6	-2.8	+1.4	+2.9	
N	Male	3183	520	166	836	
	Female	3497	893	738	808	

*p<.05; ** p<.01; p<.001.
Source: National Survey of Mental Health and Wellbeing of Adults, ABS 1997.

almost twice as prone as never married women to drug disorders, and more than 70 per cent more likely to have an alcohol disorder. Divorced men are at more than 2.5 times the risk of alcohol disorders as divorced women.

The fact that women who are not married have lower rates of substance abuse than not married men, while consistent with Bernard, is insufficient to prove her point. Bernard's point is that marriage reverses the mental health position of men and women – that where women do better before marriage (or out of marriage) they will do worse when married. But this does not happen. As far as substance disorders are concerned, married women continue to be less at risk compared with married men (and compared with single women for that matter).

When the risk of having any disorder is considered, single men and women are at equal risk. About a quarter of divorced men and divorced women had suffered from at least one disorder in the previous 12 months. Among the never married, 26.1 per cent of men and 22.4 per cent of women had suffered a disorder. The differences between the rates of these men and women were not statistically significant.

Table 5 Risk of disorder for selected categories of men and women (per cent)

	Mood %	Anxiety %	Drug %	Alcohol %	Any %
1 Married full-time mothers	9.3	15.5	1.2	2.4	17.5
2 Married working mothers	6.3	9.7	0.7	3.0	12.2
3 Married working fathers	3.6	6.1	1.6	8.3	13.9
4 Married working women, childless	5.4	10.7	0.7	3.7	13.9
5 Married full-time housewives, childless	9.2	16.1	2.8	4.1	18.0
6 Single working mothers	16.1	23.8	3.3	7.4	26.0
7 Single not working mothers	17.4	26.3	2.9	11.0	22.3
8 Single working women, childless	13.0	16.0	8.4	8.4	22.3
9 Single, not working man, childless	14.0	17.7	10.2	2.3	36.3

Source: National Survey of Mental Health and Wellbeing of Adults, ABS 1997. These figures have been extracted from a number of complex multiway cross-tabulations which contain a great deal of detail and useful information. They are available from David de Vaus' web site: www.social-research.org

Prediction 2: Married women have worse mental health than married men

The pattern for married women and married men is exactly the same as for not married men and women. That is, married women are more at risk of mood and anxiety disorders than are comparable men. Married men are more prone than married women to substance disorders. Overall, when all the disorders are examined married men and married women had the same risk of disorders – men and women simply had different types of disorders.

The finding that the gender pattern in mental disorders is identical for single men and women as for married men and women is important. It means that marriage itself is almost certainly not responsible for the different male and female rates of disorder. Regardless of whether they are married or not, men and women have different risks and types of disorders.

Prediction 3: Married men have better mental health than single men

True. On every measure of mental wellbeing married men did better than the divorced, separated and never married men. Widowed males have lower rates of disorders than married men, but when age differences between widowed and married men are adjusted this difference disappears.

Prediction 4: Married women have worse mental health than unmarried women

Not true. With the exception of widows, married women have the best mental health of all the women. When age differences are adjusted married women have better mental health than widows as well. The better mental health of married men compared with single men needs to be viewed in the light of this finding that married women also have better mental health than single women.

Prediction 5 (Gove): Men and women who are not married have identical levels of mental disorders

Since Gove argued that marriage is responsible for male and female differences in mental health, then single men and women should have identical rates of mental disorder. We have already seen that as far as specific disorders are concerned this is not true. However, Gove is correct when the risk of any disorder is considered. Within each marital status men and women have the same risk of having at least one disorder.

Table 6 Any disorder by marital, parental and employment status

Any disorder		Not working				Working				eta	P
		1 Single		2 Couple		3 Single		4 Couple			
		%	n	%	n	%	n	%	n		
No children	Male	36.3	215	23.1	117	26.2	752	13.6	697	0.20	.000
	Female	34.3	201	18.0	316	22.3	645	13.9	757	0.16	.000
Children	Male	32.8	64	27.8	180	22.4	125	13.9	1529	0.17	.000
	Female	32.0	281	17.5	657	26.0	366	12.2	1246	0.19	.000
sig		eta=.05 p=.58		eta=.10 p=.01		eta=.05 p=.21		eta=.02 p=.54			

* p<.05; ** p<.01; *** p<.001; Note: Excludes widowed and those over 60 years of age.

Prediction 6 (Gove): Only among married men and women will there be differences between the mental health of men and women – with married women being at greater risk than married men.

The support for prediction five means nothing unless prediction six is also true. However, prediction six does not hold up. While married men and women have different rates of specific disorders they are at the same risk of having at least one disorder. The pattern of gender differences for specific disorders and for any disorder is the same between single men and women as between married men and women. There is nothing distinctive about the gender differences in mental disorders among married people.

Discussion

Even though people continue to repeat Bernard's and Gove's argument, it should come as no surprise that their portrayal does not apply 30 years later. In those 30 years there has been a marriage revolution. Marriage rates have declined, there is less pressure to marry, it is much easier to end a damaging relationship, fertility has sharply declined, women can more readily control their fertility, childlessness has increased, and the participation of women in the (part-time) workforce has steadily increased.

What is surprising is the tenacity with which so many people uncritically apply Bernard's thesis about the mental health costs and benefits of marriage to the contemporary situation.

Part of Bernard's argument was that marriage damaged women because of the role of full-time housewife that so often accompanied 1960s marriages. She wrote in *The Future of Marriage* (1972: 63) that: "Wives are driven mad, not by men but by the anachronistic way in which marriage is structured today – or rather the life style which accompanies marriage today and which demands that all wives will be housewives. In truth, being a housewife makes women sick."

Further, Bernard (1972: 61-62) writes: "It is being relegated to the role of housewife rather than marriage itself which contributes heavily to the poor mental and emotional health of married women . . . The comparison shows that wives that are rescued from the isolation of the household by outside employment show up very well."

Since fewer married women are now full-time housewives, it is not surprising that we do not see the same gendered effect of marriage as previously may have been the case.

Both Gove and Bernard also argue that looking after children adds to the mental health cost of marriage for women. Bernard (1972: 62) writes that "marriage typically eliminates much of her way of life . . . and children deliver the coup de grace".

If Bernard was right about the damaging effect of being a full-time housewife and mother we should still be able to detect this today among married women that fit Bernard's 1960s profile – married full-time housewives with children. Table 5 indicates the risks of each type of mental disorder for married full-time mothers (row 1) and provides selected comparisons for people with different profiles.

Do "wives who are rescued from the isolation of the household by outside employment show up very well" as Bernard states? Are women who are

"rescued" from motherhood at less risk than those who are mothers?

Not really. Although there is some evidence that is consistent with Bernard's view (for example, the married full-time mother is more at risk of anxiety disorders than the married working mother) the weight of the evidence does not fit her picture of the at risk married full-time mother. The married full-time mother is no more at risk of mood, drug or alcohol disorders than the married working mother or the childless full-time housewife – children do not seem to add to the risk of mental disorders for married housewives. The married full-time mother is at less risk of mental disorders than lone mothers, both working and not working – marriage reduces the risk of mental disorders compared to lone mothers.

Also the married full-time mother is at much less risk than the single working woman who has no children; workforce participation and the absence of children and marriage is associated with considerably greater risk of mood, anxiety and substance use disorders among women. The married full-time mother is at much less risk of suffering from any disorder compared with any of the not married groups.

Gender, marriage, employment and parenthood

The comparisons above look at the way in which four different factors – gender, marriage, working and parenthood – affect the risk of suffering from a disorder. How important is each of these factors in mental disorders? Is gender important? Does marriage combined with being female increase the risk of disorders? How important is working? Does working have a positive effect on mental health as Bernard supposes? How much difference do children make?

Table 6 examines the role of these four factors in the risk of having suffered from at least one mental disorder in the previous 12 months. This somewhat complex table is worth examining closely. Since working, marriage, being a parent, and gender are all interrelated, it can be difficult to work out which factors are really contributing to the risk of mental health. For example, is the risk of a disorder for full-time married mothers due to being female? Is it because she is not working? Is it because she is caring for children? Or is it because she is married? The table allows us to isolate the overall importance of each of these four factors separate from the other factors.

The table tells a clear story. The percentages are quite similar within any particular column. The percentages in column 1 are for people who are neither working nor married. The risks of a mental disorder for these people are relatively high – especially when compared with the other columns. Notice though, that among these people who are neither married nor working, the risk of a mental disorder is much the same regardless of whether they are male or female or whether or not they have children (percentage within the column).

Column 4 indicates the disorder risk of the married employed people. These risk figures are all relatively low. When people are both married and employed they have the lowest risk of a mental disorder. Again, the risk figures in this column are the same down the column.

This means that among the employed married people, gender and parenthood do not affect the disorder risk. If you are employed and married the risk of having a mental disorder is the same regardless of whether you are a man or a woman, a parent or not.

The two middle columns provide a similar picture. Column 3 shows that the disorder risk of single working people is higher than for the married working people, but lower than for the not working people – particularly for those not working and single. The risk figures are much the same down this column – again indicating the unimportance of gender and parenthood for disorder risk.

Column 2 shows that the risk factors for the married but not working people are similar to the other columns. However in this column the percentages differ more from one another and the significance figure at the bottom means that these differences are statistically significant. The noticeable figure in this column is the very high risk percentage for married fathers without a job, – 27.8 per cent of whom suffer from a disorder, especially anxiety disorders. Were it not for this high figure we would say that, for the married not working people, gender and parenthood is irrelevant to the risk of mental disorders for these adults.

Another way to read this table is to follow the rows across the table. The first row shows the mental disorder risks for men without children. Each cell of the row indicates the risks for these men under different conditions. His risks are greatest when he is single and not employed, and least when he is married and working.

Each row shows the risks for different groups of men and women: childless men, childless women, fathers and mothers. For each group the risk of mental disorders is linked to whether or not they are working and whether or not they are married.

Taken overall, Table 6 shows that gender, on its own, contributes nothing to the risk of a mental disorder (although it does affect the type of disorder to which people are prone). Parenthood contributes nothing to the risk of a mental disorder, but whether or not a person works is important – workforce participation reduces the risk of mental disorders, and does so equally for men and women, parents and non-parents. The table shows that marital status is linked to the risk of a mental disorder, with married people being at less risk than single people.

Two of the various interesting specific figures shown in Table 6 are relevant to the thrust of this paper. First, the women who were at least risk of a mental disorder were married, working and had children in the household. The next least at risk women were the married full-time mothers. Second, the people most at risk were men without marriage, children or job. They were closely followed by other unmarried men and women without jobs.

Marriage and mental health

Does marriage “drive women crazy”? Do the kids make mothers crazy? It does not appear so. Children do not seem to affect the mental health of either mothers or fathers. Marriage seems to have the same mental health effect on both men and women and that is in the direction of protecting them against mental disorders. Having a job makes a big difference. A job is especially

important for the mental wellbeing of married men, but also benefits the mental health of women.

Bernard may have been right when she wrote about the mental health cost of marriage for women in 1960s North American marriages, although the evidence in this paper about the relative mental health of married full-time mothers raises doubt about whether her claims were correct even then.

However, the results from this contemporary survey of mental health and wellbeing in Australia are unequivocal about the general situation in contemporary Australian families. When a range of types of mental disorders are considered, marriage reduces the risk of mental disorders for both men and women. Although married men and women risk different types of disorders, this has nothing to do with them being married.

Regardless of whether they are married or not, women are more at risk than men of mood and anxiety disorders, and men are more at risk than women of drug and alcohol disorders. Married men and women face the same risk of a mental disorder, and children do not increase this risk for either mothers or fathers.

Notes

- 1 Single, in this article, includes separated, divorced, widowed and never married.
- 2 Married includes both legal and de facto marriages.

References

- ABS (1999), “National Survey of Mental Health and Wellbeing of Adults: Users Guide”, Australian Bureau of Statistics, Canberra.
- American Psychiatric Association (1994), *Diagnostic and Statistical Manual of Mental Disorders* (4th edn), American Psychiatric Association, Washington.
- Andrews, G. & Peters, L. (1998), “The psychometric properties of the Composite International Diagnostic Interview”, *Social Psychiatry and Psychiatric Epidemiology*, vol. 33, pp. 80-88.
- Bernard, J. S. (1976), *The Future of Marriage*, Penguin, Harmondsworth UK.
- Fox, J. W. (1980), “Gove’s specific sex role theory of mental illness”, *Journal of Health and Social Behaviour*, vol. 21, pp. 260-267.
- Gilligan, C. (1982), *In a Different Voice: Psychological Theory and Women’s Development*, Harvard University Press, Cambridge, Mass.
- Glenn, N. D. (1975), “The contribution of marriage to the psychological wellbeing of males and females”, *Journal of Marriage and the Family*, vol. 37, pp. 594-600.
- Gove, W. R. (1972), “The relationship between sex roles, marital status and mental illness”, *Social Forces*, vol. 51, pp. 34-44.
- Horwitz, A. V. & White, H. R. (1991), “Marital status, depression and alcohol problems among young adults”, *Journal of Health and Social Behaviour*, vol. 32, pp. 221-237.
- Horwitz, A. V., White, H. R. & Howell-White, S. (1996), “Becoming married and mental health: a longitudinal study of a cohort of young adults”, *Journal of Marriage and the Family*, vol. 58, pp. 895-907.
- Maushart, S. (2001), *Wifework: What Marriage Really Means for Women*, Text Publishing, Melbourne.
- Tarvis, C. (1992), *The Mismeasure of Women*, Simon and Schuster, New York.
- Weissman, M.M. and Klerman, G.L. (1977), “Sex differences in the epidemiology of depression”, *Archives of General Psychiatry*, vol. 34, pp. 98-111.
- World Health Organisation (1992), *The ICD-10 Classification of Mental and Behavioural Disorders*, World Health Organisation, Geneva.

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