Published in final edited form as:

Soc Probl. 2008 May 1; 55(2): 238–253. doi:10.1525/sp.2008.55.2.238.

Family Transitions and Adolescent Severe Emotional Distress: The Salience of Family Context

Amy G. Langenkamp and

University of Texas at Austin, Department of Sociology & Population Research Center

Michelle L. Frisco

Penn State University, Department of Sociology

Abstract

We use the life course perspective to argue that family transitions like divorce and remarriage are turning points in adolescents' lives and that emotional distress associated with these events are shaped by the circumstances surrounding them. Using the National Longitudinal Study of Adolescent Health (Add Health), we explore how family transitions net of family structure are related to two types of emotional distress, acute depressive symptoms and excessive binge drinking, and whether family context moderates these associations. We find that going through a family transition is related to both outcomes, but only under certain circumstances. As maternal-adolescent emotional distance increases, the probability of severe emotional distress following a family transition increases. In addition, transitioning out of a single mother versus a mother-father household is related to a lower probability of reporting acute depressive symptoms.

Keywords

family structure; family transitions; maternal parenting; binge drinking; depressive symptoms

As the American family has changed, family transitions such as divorce have become more normative experiences for young people (Amato 2000). The body of research on family structure and youth outcomes is quite rich, and the majority of this research finds negative social and psychological consequences of not living with both biological parents (e.g. Amato and Booth 1997; Cherlin and Furstenberg 1994; Wallerstein, Lewis, and Blakeslee 2000). Emerging literatures also have begun to investigate how family transitions (Cavanagh and Huston 2006; Ram and Hou 2003; Sun 2001; Wu and Thomson 2001), family instability (Wu 1996), and new family forms like cohabitation (Manning, Smock, and Majumdar 2004; Raley and Wildsmith 2004) shape youth outcomes.

We draw on the life course perspective to build on the growing body of research addressing family transitions. This perspective views major life events like changes in family structure as potentially crucial turning points (Ravanera, Rajulton, and Burch 2004) and recognizes that the context of the change plays an important role in its consequences (George 1993). Therefore, we investigate whether recent family transitions, defined in this study as changes in family structure, are related to severe emotional distress net of family structure itself. We also consider whether the family context of these transitions moderates their impact. More specifically, we assess whether types of transitions and maternal-adolescent emotional

distance shapes the experience of family transitions and severe emotional distress immediately following this life event.

Prior research has importantly assessed how family structure trajectories and family instability can influence individuals throughout the life course (Cavanagh and Huston 2006; Wu and Thomson 2001). Our study contributes to this growing literature by focusing on family transitions as recent, discrete events, which helps shed light on an intermediate step in this path towards cumulative disadvantage. In addition, we extend research on new family forms (see Raley and Wildsmith 2004 for an example) by considering how distinct types of family transitions may also impact adolescents differently.

Background

Family Transitions and Family Context

One primary tenet of the life course perspective is that people's lives are lived interdependently in a context of shared relationships (Elder 1998). Thus, family transitions may influence adolescents' emotional well-being because changes in parents' marital status are shared experiences between parents and their adolescent children. Adults involved in union dissolution or formation usually have a choice in the event, but their children often do not. This lack of control coupled with the changes that commonly accompany family transitions (e.g., residential and school mobility, the presence of stepsiblings) can lead to times of transitions becoming crisis periods in adolescents' lives (Morrison and Cherlin 1995).

Overall, research on family structure and family transitions has found that "unlinking" lives is difficult for young people. Youth with divorced parents are more likely to be distressed than those living with both biological parents (e.g. Amato and Booth 1997; Aseltine 1996; Hoffman 2002; Videon 2002). Research also points to a cumulative disadvantage associated with experiencing multiple family transitions (Cavanagh and Huston 2006; Wu and Thomson 2001). That being said, there are mixed findings about the long-term consequences of family transitions like divorce. Some research finds that adolescents' eventually recover (Emery 1999), but other studies find negative consequences that last well into adulthood (Amato 2000).

A key factor in whether family transitions have both short- and long-term consequences may be the circumstances surrounding them. One important consideration is the type of household out of which adolescents' transition. For example, having one's biological father leave the household may be more distressing for a teen than having a stepfather leave or enter the household. Thus, we hypothesize that in the short-term, the divorce of one's parents may be more difficult than other types of family transitions.

Another important consideration is adolescents' emotional distance from their parents following a family transition. Close social relationships have been identified by life course researchers as key factors influencing how life transitions affect individuals (George 1993) and a key resource for coping with stressful life events (Ensel and Lin 1991). Maternal-adolescent emotional distance may be particularly important since mothers are more likely than fathers to be the primary residential parent when family structure changes (Arditti 1999). In addition, despite rising trends in father involvement, fathers are less involved than mothers in their adolescent children's lives and adolescents still report being more attached to mothers than fathers (Williams and Kelly 2005). Strong maternal-adolescent bonds are also generally related to a lower likelihood of substance use (Bahr, Hoffmann, and Yang 2005) and depressive symptoms (Garber, Robinson, and Valentiner 1997). All of these factors lead us to hypothesize that maternal-adolescent emotional distance may moderate

associations between experiencing family transitions and severe adolescent emotional distress.

Emotional Distress

We focus on severe emotional distress during adolescence because of its significance as a social problem during this life course stage and its implication for well-being throughout the adult life course. In addition, emotional distress often begins during adolescence (Kessler et al. 1994), most likely because this stage in the life course has become more stressful in general as the transition to adulthood has become individualized and less chronological.

An important internalized gauge of emotional distress is the manifestation of severe depressive symptoms, a growing phenomenon among U.S. adolescents (National Institute of Mental Health 2001), and among female teens in particular (Nolen-Hoeksema 1994). During the teen years, depressive symptoms are associated with lower self-esteem, poor school performance, and poor interpersonal relationships (Compas, Connor, and Hinden 1998). Emotional distress can also be expressed as risky externalized behaviors such as abuse of alcohol, or excessive binge drinking (Crosnoe, Muller, and Frank 2004; Schulenberg, O'Malley, and Bachman 1996). Adolescent alcohol use and abuse is becoming more normative, but the behavior is still problematic (Schulenberg, Maggs, and O'Malley 2003); abuse of alcohol impedes judgment and can be physically harmful (Center for Disease Control and Prevention 2001). Although binge drinking has traditionally been more common among male adolescents (Windle, Mun, and Windle 2005), female binge drinking rates are approaching their male counterparts (U.S. Department of Health and Human Services 2006).

Both indicators of emotional distress carry negative consequences that can last well into adulthood (Schulenberg et al. 2003) and may be especially likely if distress is severe (Uhlenberg and Mueller 2003). Therefore, minimizing emotional distress during adolescence is key to emotional well-being throughout the adult life course (Crawford, Cohen, and Brook 2001).

Research Goals and Expectations

The life course perspective and prior research lead us to expect that family transitions are related to severe emotional distress net of family structure itself. We also suspect that the family context of these transitions is a crucial factor. More specifically, we expect that the type of family transition made, such as divorce versus remarriage or cohabitation, will influence the association between family transitions and severe emotional distress. In addition, maternal-adolescent emotional distance after a family transition is expected to shape relations between family transitions and emotional distress. Finally, we consider whether associations between family transitions and emotional distress vary by gender. However, gender differences are not necessarily hypothesized given the mixed research on whether outcomes associated with family structure are different for young men and women (see Hines 1997 for a review), and the different tendencies of male and female adolescents to externalize and internalize emotional distress (Cohen et al. 1993; Nolen-Hoeksema 1994).

Data and Methods

Sample

Add Health is a school-based survey of adolescents in 7th through 12th grade from 134 public, private, and parochial schools (Harris et al. 2003). Respondents were drawn from a random sample of high schools stratified by region, urbanicity, size, type, racial composition, and grade level. Project investigators first collected data using in-school

questionnaires ($n = 90,118$). A nationally representative sample of students in participating schools also took part in an in-home interview in 1994-5 ($n = 20,745$). All students except for graduating high school seniors were followed up during a second wave of data collection in 1996 ($n = 14,738$).

Add Health is an excellent data source for our project. It was specifically designed to study adolescent health and well-being, so it contains excellent measures of family structure, parenting and emotional distress. In addition, data were collected during two waves in concurrent academic years, allowing a focus on the short-term effects of recent family transitions.

To be included in our final analytic sample ($n = 10,969$), respondents had to participate in the Wave I and Wave II in-home surveys, report information on household composition at each wave, report information used to construct both of our indicators of severe emotional distress, and have a valid sampling weight. Lastly, we restrict our analyses to adolescents who live with their mother at both waves so that maternal-adolescent distance represents relationships with residential mothers only. Excluding the small proportion of adolescents not living with their biological mothers at both survey waves could lead to some bias in results, but we suspect that it has no effect or leads to more conservative findings. Although some research finds no differences between young people in father-headed versus mother-headed households (Demuth and Brown 2004), adolescents living with their fathers often do so because of extenuating circumstances (Greif 1997) and may be more troubled than those living in single mother households (Buchanan, Maccoby, and Dornbusch 1996).

Measures

Acute Depressive Symptoms—During the Wave II interview, adolescents responded to questions based on fifteen CES-D items asking how often they: were bothered by things; didn't feel like eating; were too tired to do things; found it hard to get started doing things; had trouble focusing; talked less than usual; thought their life had been a failure; felt depressed; felt that they could not shake the blues; felt lonely; felt people were unfriendly to them; felt sad; felt people disliked them; felt life was not worth living; and felt fearful. Responses range from 0 (indicating never/rarely) to 3 (indicating most/all of the time). We sum these items and higher scores on this scale indicate higher reports of depressive symptoms ($\alpha = .77$), which represents occasional feelings of distress and not a clinical diagnosis for depression.

This is one of the most commonly used measures of depressive symptoms employed by researchers who study mental health and has excellent psychometric properties (Radloff 1977). The variable is highly skewed, yet when analyzing Add Health data, it is transformed in some cases (Videon 2002) but not others (Joyner and Udry 2000). In our study, we are concerned with predicting when adolescents are especially troubled. We therefore construct a dichotomous indicator of depressive symptoms that indicates whether adolescents' score on the CES-D scale is at least one standard deviation above the mean level of depressive symptoms reported by our sample. This represents a score of at least 12 on the CES-D scale. In our sample, 14.7% report a score of 12 or higher.

Excessive Binge Drinking—We use responses to three questions asked at Wave II to assess adolescents' alcohol use. A screener question asks adolescents if they drink. Then, respondents are asked how often in the past 12 months they drank five or more drinks in a row: every day or almost every day; 3–5 days a week; 1–2 days a month; once a month or less; 1–2 days in the past 12 months; or never. The third question has the same response categories and asks adolescents how many days in the past 12 months they have gotten drunk or “very high” on alcohol. We sum responses to create a measure of binge drinking (α

= .98), which is an approach used by other researchers measuring binge drinking with Add Health (Wilder and Watt 2002). This measure also captures adolescents' externalization of emotional distress well since it accounts for both frequent and excessive drinking. Similar to our measure of acute depressive symptoms, we wanted to predict *excessive* binge drinking. Therefore, we again construct a dichotomous variable that indicates whether adolescents are binge drinking at a level that is one standard deviation or more above the mean of the rest of our sample, or a level that signifies severe distress or crisis. This level of drinking indicates a score of 3.9 or higher on our binge drinking scale. On the two primary components of this scale, this would indicate that adolescents are getting very high on alcohol or drinking at least 5 drinks a week at least 2–3 days per month. These were behaviors reported by 15.7% of our sample.

Family Transitions and Family Structure—Adolescents were asked to report all household members during the Wave I and Wave II Add Health interviews. From this information, researchers can operationalize detailed measures of family structure. We construct the most common residential mother household types at both waves; adolescents could be living with their biological (or adoptive) mother and father (reference), their mother only, their mother and a stepfather or their mother and her cohabiting partner. Wave I indicators of these household types serve as control variables in our analysis. When adolescents did not live in the same type of household at Wave I and II, we classified them as having experienced a family transition, our primary independent variable of interest. We originally constructed a series of measures that would allow us to disentangle predicted effects of moving into and out of different household types separately, but this resulted in categories with too few cases to produce reliable estimates. However, we can use interaction terms between Wave I family structure and experiencing a family transition to assess estimated effects of moving out of different household types.

Wave II Maternal-Adolescent Emotional Distance—The Add Health data contains many indicators of parenting. To fully capture the range of parenting activities at Wave II parsimoniously, we took the lead of research that utilizes one composite measure of parent-adolescent emotional distance to tap multiple components of parenting and parent-adolescent relationships (Crosnoe 2004; Crosnoe and Elder 2004).

The studies cited in the previous paragraph assess adolescents' emotional distance from all residential parents (e.g. both parents if they are both in the household, or adolescents' mother or father only if they are living in a single parent household). We modify this variable so that it focuses specifically on *maternal*-adolescent emotional distance, using questions asked about adolescents' residential mothers. We focus on Wave II emotional distance to gauge maternal-adolescent relationships after a possible family transition and assess whether it can help alleviate negative mental health consequences of experiencing this event.

This variable is based on four standardized composite scales that indicate adolescent-reported lack of maternal bonding, communication, shared activities and family cohesion. A higher value on each of these scales indicates greater distance from one's mother. To construct the final indicator of maternal-adolescent emotional distance, we sum and take the average of the four standardized composite scales just described. Because this variable is constructed from standardized scales, its distribution is relatively normal ($\bar{x} = .03$, $SD = .48$). After weighting, this measure has a mean of zero and a standard deviation of .01. Values on the scale above zero represent higher than average levels of maternal-adolescent emotional distance, while scores below zero represent lower than average levels of maternal-adolescent emotional distance.

This is the same process used by Robert Crosnoe (2004) and Robert Crosnoe and Glen Elder (2004), with one exception. We exclude the parent-reported indicator of bonding from our variable for both substantive and practical reasons. We are only interested in adolescents' perspective on parenting, since it is their assessment that will shape emotional distress the most. In addition, parents reported this information during the Wave I interview but were not followed up in Wave II. See Crosnoe (2004) for a detailed appendix that explains how to construct parent-adolescent emotional distance and the questions used to construct this composite measure.

Other Measures Used in Analyses—We control for several family-level variables and sociodemographic characteristics of respondents associated with family structure, maternal-adolescent emotional distance and severe emotional distress. They include dummy variables representing respondents' racial or ethnic identity (reference = non-Latino White), respondents' age, mothers' education level, and family income measured in U.S. dollars. We also control for the duration of time (in months) between interviews. In addition, we include an indicator of whether respondents moved to a lower income neighborhood between waves because this is an event that often accompanies family transitions and could partially explain why adolescents may become distressed. It is also our only good indicator of change in financial status since family income is not measured at Wave II. We replace missing values of all independent variables using mean or mode substitution and evaluate whether missing data bias our results with dummy variables representing these cases. Statistically significant dummy variables are retained in models predicting severe emotional distress. See Appendix A for descriptive statistics of all measures used in analyses.

Plan of Analysis—We begin our analyses by showing bivariate associations between family transitions, family structure and severe emotional distress. This allows us to present an initial picture of how family instability is related to acute depressive symptoms and excessive binge drinking. We then estimate a series of weighted logistic regression models predicting internalization and externalization of emotional distress. We present three models. The first model shows associations between family transitions and severe emotional distress when we account for family structure and our other control variables. Next, we include Wave II maternal-adolescent emotional distance and residential mobility to a lower income neighborhood in our model to begin to show whether family context plays a role in associations between family transitions, family structure and severe emotional distress. Our third model includes any statistically significant interaction terms that show how family context shapes associations between family transitions, family structure and severe emotional distress. All of our analyses are weighted and corrected for design effects (Chantala and Tabor 1999).

In addition to analyses presented here, we conducted supplementary analyses using lagged dependent variable models by controlling for Wave I indicators of severe emotional distress in models predicting the Wave II outcomes. Results were relatively similar to those presented here, with one exception that is highlighted in the discussion section. We report findings from models predicting severe emotional distress at Wave II rather than changes in distress because the change model introduces a level of complexity into the meaning of results since adolescents can both become severely distressed or exit out of this status between waves.

Results

Family Instability and Severe Emotional Distress

We begin by presenting bivariate associations between family structure, family transitions, and severe emotional distress at Wave II in Table 1. Differences in the proportion of adolescents in each family structure type who report severe emotional distress indicate that those living with both biological parents at Wave I are least likely to report acute depressive symptoms. We see less variation in excessive binge drinking, but adolescents living with both parents or with a single mother are less likely to report excessive binge drinking than those living with a cohabiting mother or with their mother and a stepfather.

Findings in Table 1 also reveal that adolescents who experience a family transition are more likely to report acute depressive symptoms than those who do not experience a family transition, but reports of excessive binge drinking do not vary by family transition status. When we compare the proportion of adolescents who report severe emotional distress by family transition status and family structure type, we see that approximately 20% and 17% of teenagers who experience a family transition report acute depressive symptoms and excessive binge drinking. An almost identical proportion of adolescents living with single mothers at Wave I report severe emotional distress and a *greater* proportion of adolescents in mother/cohabiting partner households report these outcomes. This supports the growing body of research indicating the strong association between maternal cohabitation and negative adolescent outcomes (Manning et al. 2004; Raley, Frisco, and Wildsmith 2005).

Acute Depressive Symptoms

Table 2 presents logistic regression coefficients and standard errors from multivariate models predicting whether adolescents reported acute depressive symptoms at Wave II. Model 1 indicates that, contrary to expectations, experiencing a family transition is not directly associated with this indicator of emotional distress net of family structure and other control variables. Family structure is related to this outcome; compared to adolescents living with their mothers and fathers, those living in all other household types are predicted to be more likely to report acute depressive symptoms. We also find that maternal-adolescent emotional distance is positively associated with reporting acute depressive symptoms, as expected and shown in Model 2.

The final model in Table 2 suggests that family transitions are related to acute depressive symptoms among adolescents under certain conditions. Statistically significant interaction terms in Model 3 suggest that family structure and maternal-adolescent emotional distance both moderate this association.

We find that adolescents living with a single mother at Wave I who transition into a different household type by Wave II are significantly less likely to report acute depressive symptoms than adolescents who transition out of mother/father households. Transitioning from a single mother household could include parental reunification, a mother's remarriage or her entry into a cohabiting union. In each scenario, a father or father-figure enters the household. The odds of reporting acute depressive symptoms by family transition status also increase as maternal-adolescent emotional distance increases.

We calculated predicted probabilities to better depict these findings, which are shown in Figures 1 and 2. Figure 1 shows adolescents' predicted probability of reporting acute depressive symptoms at Wave II by experiencing versus not experiencing a family structure transition and by family structure type when all other variables in Model 3 are held constant at their mean (continuous variables) or mode (categorical variables). This figure suggests that transitioning from a single mother versus a mother-father household has significantly

different estimated effects on severe emotional distress. The predicted probability of reporting acute depressive symptoms is *smaller* among the former group. Among adolescents who do not experience a family transition, the predicted probability of reporting acute depressive symptoms is greater among those not living with both biological parents and is largest for those living with a cohabiting mother.

Figure 2 depicts how the predicted probability of reporting acute depressive symptoms by family transition status also varies as maternal-adolescent emotional distance increases. Below a score of 0 on the emotional distance scale, there is no significant difference in acute depressive symptoms between those who do and do not experience a family transition, but this difference increases and becomes statistically significant as maternal-adolescent emotional distance increases. Figure 1 also suggests that the negative predicted effect that greater maternal-adolescent distance has on acute depressive symptoms increases more quickly among adolescents who experience a family transition than among those who do not.

Excessive Binge Drinking

We now turn to results from weighted logistic regression models predicting excessive binge drinking. As shown in Model 1 of Table 3, we find no direct association between experiencing a family transition and externalized emotional distress, measured as excessive binge drinking, but adolescents in mother/stepfather, mother only, and mother/cohabiting partner households at Wave I are all more likely to report excessive binge drinking at Wave II than those living with their mother and father. We also find that maternal-adolescent emotional distance is positively associated with reporting excessive binge drinking at Wave II.

In addition, Model 3 illustrates that family context again plays an important role in associations between family transitions and severe emotional distress. Figure 3 illustrates these findings as predicted probabilities. Similar to results from models predicting acute depressive symptoms, Figure 3 also suggests that at levels above 0 on the maternal-adolescent emotional distance scale, experiencing a family transition increases the predicted probability of reporting excessive binge drinking to a greater degree than when adolescents do not experience a family transition; and at levels below 0 on this scale, experiencing a family transition results in a lower probability of reporting excessive binge drinking than not experiencing a family transition. Supplementary analyses reveal that there are only statistically significant differences in the curves representing the estimated probability of excessive binge drinking by experience of a family transition when maternal-adolescent emotional distance is above .55 (mean = 0). Adolescents must therefore be above average on the maternal-adolescent emotional distance scale to have a significantly higher probability of reporting of excessive binge drinking.

Discussion

One of the primary expectations of this study was that family transitions, which are major turning points, would be related to adolescent emotional distress above and beyond family structure itself. We do find bivariate differences between experiencing a family transition and one measure of severe emotional distress (acute depressive symptoms), but there were no statistically significant associations in multivariate models that include Wave I family structure and other control variables. Family structure itself operated as expected given prior research.

This is not to say that family transitions are not related to adolescents' well-being immediately following the disruption. We found, as the life course perspective would

suggest, that the context of family transitions shapes their consequences. Because of the critical nature of familial relationships in life course research (Elder 1998), we expected that adolescents who were more distant from their mothers during family transitions may fare worse in their aftermath. Indeed, maternal-adolescent emotional distance moderates associations between experiencing family transitions and indicators of severe internalized and externalized emotional distress.

Another aspect of family context also moderates associations between family transitions and acute depressive symptoms—the type of family transition made. Transitioning out of single mother household is predicted to be *less distressing* than transitioning out of a mother/father household. This could suggest one of three things. First, a male figure's entry into the household could be good for adolescents' emotional health. Given the body of research on the negative association between living with a stepfather and adolescent outcomes, this seems unlikely (see Cherlin and Furstenberg 1994 for a review). What is more likely is that the exit of biological fathers from adolescents' households is more traumatic than the entrance of stepfathers (or other male figures). This is consistent with Donna Ruane Morrison and Andrew J. Cherlin's (1995) work on the crisis period following parental divorce. It is also possible that adolescents living with a single mother have already experienced at least one family transition and/or other stressors such as economic hardship or multiple residential moves; young people often detach themselves from troubled family environments, which helps to minimize vulnerability to further family stressors (Wallerstein and Kelly 1980).

Given previous research on gender and emotional distress, we tested whether the associations explored in this study varied by gender. Our only evidence of any gender differences in severe distress come from main predicted effects showing that female adolescents are more likely to report acute depressive symptoms than male adolescents. We found no gender differences in excessive binge drinking and there were no significant gender differences in associations between family transitions, maternal-adolescent emotional distance and severe distress even after testing three-way and four-way interactions between gender and the above measures.

Finally, we present models showing Wave II levels of severe emotional distress, though analyses were also conducted using lagged dependent variable models and change scores. Supplementary analyses using lagged dependent variable models and change score produced largely similar results to those shown here with one exception. When predicting acute depressive symptoms, the interaction between experiencing a family transition and maternal-adolescent emotional distance has a p-value of .09, which is not small enough to denote statistical significance in a sample size this large. This suggests that prior acute depressive symptoms are more important in predicting current acute depressive symptoms than maternal-adolescent emotional distance following a family transition.

As with any study, limitations must be considered when interpreting results. First, data used for our study were collected during approximately one year of time, which allows us to isolate the immediate consequences of family transitions on adolescent well-being. However, we recognize that family transitions are processes—not single events—that disrupt individuals' lives (Manning et al. 2004; Wu and Thomson 2001). Relationships between family members continually change, particularly as they adjust to life after family transitions. We therefore underscore that our results only address short-term distress associated with family transitions.

Second, our indicator of maternal-adolescent distance is measured at the same time as severe emotional distress, which in the case of binge drinking reflects behavior in the last year.

Thus, it is possible that both of our outcomes, but excessive binge drinking in particular, could influence maternal-adolescent emotional distance. However, our theoretical frame offers evidence that relations presented likely operate in the direction assumed here. Readers should keep this in mind when interpreting our findings.

Third, several lines of investigation were beyond the scope of our study, but should be explored in future research. We do not account for mothers' marital histories. Findings must be interpreted as distress following the most recent family transition adolescents experienced, even though we recognize that there are cumulative effects of long-term family instability that arise from experiencing multiple family transitions (Wu 1996). In addition, we concentrate solely on maternal-adolescent emotional distance because paternal custody following a family transition is still far less common. This does not negate the importance of adolescents' relationships with biological fathers and new male figures when family transitions occur. Finally, we do not assess whether associations in this study vary by race/ethnicity although we realize that minority teenagers are more likely to live in households without their fathers, effective parenting strategies differ by race and ethnicity, and prevalence of our markers of adolescent emotional distress vary by race and ethnicity (Blum et al. 2000; Hines 1997).

Conclusion

Despite limitations, our study contributes new evidence to the body of research concerning the role of the family in the early life course and how family transitions and maternal parenting shape adolescent severe emotional distress. By focusing on family transitions as a major turning point in children's lives and the salience of family context during changes in family structure, we show that family transitions generally are not related to adolescent emotional distress. Instead, it is the context of family transitions that give them meaning. For example, our results reinforce the notion that mothers can help adolescents cope with family transitions by maintaining close affective ties with them. They also underscore the difficulty of any family structure change for adolescents. In general, our findings highlight the complexity of understanding how contemporary American family life influences adolescent well-being and the need for studies that keep variations in the context of adolescents' family experiences at the forefront of research agendas. These types of studies will help uncover how families can best help adolescents avoid severe distress as household composition becomes more varied and malleable.

Acknowledgments

This research was partially funded by a grant from the National Science Foundation under grant REC-0126167 (PI Chandra Muller) to the Population Research Center, University of Texas at Austin, the Robert Wood Johnson Foundation, and a grant from the National Institute of Child Health and Human Development under grant R01-HD050144 (PI Gary Sandefur). Opinions reflect those of the author and do not necessarily reflect those of the granting agency. In addition, this study uses data from The National Longitudinal Study of Adolescent Health a research program designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris, and funded by grant P01-HD31921 from the National Institute of Child Health and Human Development, with cooperative funding from 17 other agencies. The authors would like to thank Marcy Carlson, Shannon Cavanagh, Samuel Field, Michael Hughes, Catherine Rieggle-Crumb, Stephen Savitski, Kristi Williams, Rob Crosnoe, Chandra Muller and the anonymous reviewers for their comments on this manuscript.

References

- Amato, Paul R. The Consequence of Divorce for Adults and Children. *Journal of Marriage and the Family*. 2000; 62(4):1269–87.
- Amato, Paul R.; Booth, Alan. *A Generation at Risk: Growing Up in an Era of Family Upheaval*. Cambridge: Harvard University Press; 1997.

- Arditti, Joyce A. Rethinking Relationships Between Divorced Mothers and Their Children: Capitalizing on Family Strengths. *Family Relations*. 1999; 48(2):109–19.
- Aseltine, Robert H, Jr. Pathways Linking Parental Divorce With Adolescent Depression. *Journal of Health and Social Behavior*. 1996 Jun.37:133–48. [PubMed: 8690875]
- Bahr, Stephen J.; Hoffmann, John P.; Yang, Xiaoyan. Parental and Peer Influences on the Risk of Adolescent Drug Use. *The Journal of Primary Prevention*. 2005; 26(6):529–51. [PubMed: 16228115]
- Blum, Robert W.; Beuhring, Trisha; Shew, Marcia; Bearinger, Linda H.; Sieving, Renee E.; Resnick, Michael D. The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors. *American Journal of Public Health*. 2000; 90(12):1879–84. [PubMed: 11111260]
- Buchanan, Christy M.; Maccoby, Eleanor E.; Dornbusch, Sanford M. *Adolescents After Divorce*. Cambridge: Harvard University Press; 1996.
- Cavanagh, Shannon E.; Huston, Aletha C. Family Instability and Children's Early Problem Behavior. *Social Forces*. 2006; 85(1):551–81.
- Center for Disease Control and Prevention. Youth Risk Behavior Surveillance, U.S. 2001. Morbidity and Mortality Weekly Report: CDC Surveillance Series. 2001; 51(53–54):1–64.
- Chantala, Kim; Tabor, Joyce. Strategies to Perform a Design-Based Analysis Using the Add Health Data. Carolina Population Research Center, University of North Carolina; Chapel Hill: 1999.
- Cherlin, Andrew J.; Furstenberg, Frank F. Stepfamilies in the United States: A Reconsideration. *Annual Review of Sociology*. 1994; 20:359–81.
- Cohen, Patricia; Cohen, Jacob; Kasen, Stephanie; Velez, Carmen; Hartmark, Claudia; Johnson, James; Rojas, Mary; Brook, Judith; Streuning, EL. An Epidemiological Study of Disorders in Late Childhood and Adolescence: I. Age-and Gender-Specific Prevalence. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 1993; 34(6):851–67.
- Compas, Bruce E.; Connor, Jennifer K.; Hinden, Beth R. New Perspectives on Depression During Adolescence. In: Jessor, Richard, editor. *New Perspectives on Adolescent Risk Behavior*. New York: Cambridge University Press; 1998. p. 319–64.
- Crawford, Thomas N.; Cohen, Patricia; Brook, Judith S. Dramatic-Erratic Personality Disorder Symptoms: I. Continuity From Early Adolescence into Adulthood. *Journal of Personality Disorders*. 2001; 15(4):319–35. [PubMed: 11556699]
- Crosnoe, Robert. Social Capital and the Interplay of Families and Schools. *Journal of Marriage and Family*. 2004; 66:267–80.
- Crosnoe, Robert; Elder, Glen H. Family Dynamics, Supportive Relationships, and Educational Resilience During Adolescence. *Journal of Family Issues*. 2004; 25(5):571–602.
- Crosnoe, Robert; Muller, Chandra; Frank, Kenneth. Peer Context and the Consequences of Adolescent Drinking. *Social Problems*. 2004; 51(2):288–304.
- Demuth, Stephen; Brown, Susan L. Family Structure, Family Processes, and Adolescent Delinquency: The Significance of Parental Absence Versus Parental Gender. *Journal of Research in Crime and Delinquency*. 2004; 41(1):58–81.
- Elder, Glen H. The Life Course As Developmental Theory. *Child Development*. 1998; 69:1–12. [PubMed: 9499552]
- Emery, Robert E. *Marriage, Divorce, and Children's Adjustment*. California: Sage Publications, Inc; 1999.
- Ensel, Walter M.; Lin, Nan. The Life Stress Paradigm and Psychological Distress. *Journal of Health and Social Behavior*. 1991; 4:321–41. [PubMed: 1765624]
- Garber, Judy; Robinson, Nancy S.; Valentiner, David. The Relation Between Parenting and Adolescent Depression: Self-Worth As a Mediator. *Journal of Adolescent Research*. 1997; 12(1):12–33.
- George, Linda K. Sociological Perspectives on Life Transitions. *Annual Review of Sociology*. 1993; 19:353–73.
- Greif, Geoffrey L. *Out of Touch: When Parents and Children Lose Contact After Divorce*. New York, NY: Oxford University Press; 1997.

- Harris, Kathleen M.; Florey, Francesca; Tabor, Joyce; Bearman, Peter S.; Jones, Jo; Udry, J Richard. The National Longitudinal Study of Adolescent Health: Research Design. 2003. [Web Page]. Available at <http://www.cpc.unc.edu/addhealth/design>
- Hines, Alice M. Divorce-Related Transitions, Adolescent Development, and the Role of the Parent-Child Relationship: A Review of the Literature. *Journal of Marriage and the Family*. 1997; 59(2): 375–88.
- Hoffman, John P. The Community Context of Family Structure and Adolescent Drug Use. *Journal of Marriage and the Family*. 2002; 64(2):314–30.
- Joyner, Kara; Richard Udry, J. You Don't Bring Me Anything But Down: Adolescent Romance and Depression. *Journal of Health and Social Behavior*. 2000; 41(4):369–91. [PubMed: 11198563]
- Kessler, Ronald C.; McGonagle, Katherine A.; Zhao, Shanyang; Nelson, Christopher B.; Hughes, Michael; Eshleman, Suzanne; Wittchen, Han-Ulrich; Kendler, Kenneth S. Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States. *Archives of General Psychiatry*. 1994; 51:8–19. [PubMed: 8279933]
- Manning, Wendy D.; Smock, Pamela J.; Majumdar, Debarun. The Relative Stability of Cohabiting and Marital Unions for Children. *Population Research and Policy Review*. 2004; 23:135–59.
- Morrison, Donna Ruane; Cherlin, Andrew J. The Divorce Process and Young Children's Well-Being: A Prospective Analysis. *Journal of Marriage and the Family*. 1995; 57(3):800–12.
- National Institute of Mental Health. *Blueprint for Change: Research on Child and Adolescent Mental Health*. Washington, D.C: 2001.
- Nolen-Hoeksema, Susan. An Interactive Model of the Emergence of Gender Differences in Depression in Adolescence. *Journal of Research on Adolescence*. 1994; 4:519–34.
- Radloff, Lenore S. The CES-D Scale: A Self-Report Depression Scale for Research in the General Population. *Applied Psychological Measurement*. 1977; 1:385–401.
- Raley, R Kelly; Frisco, Michelle L.; Wildsmith, Elizabeth. Maternal Cohabitation and Educational Success. *Sociology of Education*. 2005; 78(2):144–64.
- Raley, R Kelly; Wildsmith, Elizabeth. Cohabitation and Children's Family Instability. *Journal of Marriage and the Family*. 2004; 66:210–19.
- Ram, Bali; Hou, Feng. Changes in Family Structure and Child Outcomes: Roles of Economic and Familial Resources. *The Policy Studies Journal*. 2003; 31(3):309–30.
- Ravanera, Zenaída R.; Rajulton, Fernando; Burch, Thomas K. Patterns of Age Variability in Life Course Transitions. *Canadian Journal of Sociology*. 2004; 29(4):527–42.
- Schulenberg, John; O'Malley, Patrick M.; Bachman, Jerald G. Getting Drunk and Growing Up: Trajectories of Binge Drinking and the Transition to Young Adulthood. *Journal of Studies on Alcohol*. 1996; 57:289–304. [PubMed: 8709588]
- Schulenberg, John; Maggs, Jennifer L.; O'Malley, Patrick M. How and Why the Understanding of Developmental Continuity and Discontinuity Is Important: The Sample Case of Long-Term Consequences of Adolescent Substance Use. In: Mortimer, Jeylan T.; Shanahan, Michael J., editors. *Handbook of the Life Course*. New York: Kluwer Academic Press; 2003. p. 413–36.
- Sun, Yongmin. Family Environment and Adolescents' Well-Being Before and After Parents' Marital Disruption: A Longitudinal Analysis. *Journal of Marriage and the Family*. 2001 Aug.63:697–713.
- U.S. Department of Health and Human Services. Binge Drinking in Adolescents and College Students. Retrieved July 7, 2006 (<http://ncadi.samhsa.gov/govpubs/rp0995/>)
- Uhlenberg, Peter; Mueller, Margaret. Family Context and Individual Well-Being. In: Mortimer, Jeylan T.; Shanahan, Michael J., editors. *Handbook of the Life Course*. New York: Kluwer Academic Press; 2003. p. 123–48.
- Videon, Tami. The Effects of Parent-Adolescent Relationships and Parental Separation on Adolescent Well-Being. *Journal of Marriage and Family*. 2002 May.64:489–503.
- Wallerstein, Judith; Lewis, Julia M.; Blakeslee, Sandra. *The Unexpected Legacy of Divorce: A 25 Year Landmark Study*. New York: Hyperion; 2000.
- Wallerstein, Judith S.; Kelly, Joan B. *Surviving the Breakup: How Children and Parents Cope With Divorce*. New York: Basic Books; 1980.

- Wilder, Esther; Watt, Toni T. Risky Parental Behavior and Adolescent Sexual Activity at First Coitus. *Milbank Quarterly*. 2002; 80(3):481–524. [PubMed: 12233247]
- Williams, Susan K.; Donald Kelly, F. Relationships Among Involvement, Attachment, and Behavioral Problems in Adolescence: Examining Father's Influence. *Journal of Early Adolescence*. 2005; 25(2):168–96.
- Windle, Michael; Mun, Eun Y.; Windle, Rebecca. Adolescent-to-Young Adulthood Heavy Drinking Trajectories and Their Prospective Predictors. *Journal of Studies on Alcohol*. 2005; 66(3):313–22. [PubMed: 16047520]
- Wu, Lawrence L. Effects of Family Instability, Income, and Income Instability on the Risk of a Premarital Birth. *American Sociological Review*. 1996; 61(3):386–406.
- Wu, Lawrence L.; Thomson, Elizabeth. Race Differences in Family Experience and Early Sexual Initiation: Dynamic Models of Family Structure and Family Change. *Journal of Marriage and the Family*. 2001; 63(3):682–96.

Appendix A. Weighted Descriptive Statistics for All Variables Used in Analyses

	Mean/Proportion	Standard Deviation
Acute depressive symptoms at Wave II	.15	
Excessive binge drinking at Wave II	.16	
Family transition by Wave II	.09	
Family structure, Wave I		
Mother/father (reference)	.63	
Mother/stepfather	.12	
Single mother	.22	
Mother/cohabiting partner	.03	
Maternal emotional distance, Wave II	.00	.01
Move to a lower income neighborhood by Wave II	.01	
Race/ethnicity		
Non-Latino White (reference)	.67	
Latino/a	.04	
African-American	.12	
Asian-American	.14	
Native American	.02	
Other race/ethnicity	.01	
Female	.50	
Wave I age	15.47	.11
Mother's highest education level	2.55	.05
Yearly family income	47.31	1.58
Time duration between waves	10.91	.09
N=		10,969

Note: Source- National Longitudinal Study of Adolescent Health

Figure 1. Predicted Probability of Reporting Wave II Acute Depressive Symptoms by Family Transition Status and Wave I Family Structure*

Notes: Source- National Longitudinal Study of Adolescent Health (Add Health)

Graph categories: adolescent lives with **2 par**=both parents; **step**=mother and stepfather;

mom=single mother; **cohab**=mother and cohabiting partner

R Reference category

*Category is significantly different from the reference category

Figure 2. Predicted Probability of Reporting Wave II Acute Depressive Symptoms by Family Transition Status and Wave II Maternal-Adolescent Emotional Distance

Note: Source- National Longitudinal Study of Adolescent Health (Add Health)

Figure 3. Predicted Probability of Reporting Wave II Excessive Binge Drinking by Family Transition Status and Wave II Maternal-Adolescent Emotional Distance
Note: Source- National Longitudinal Study of Adolescent Health (Add Health)

Proportion of Adolescents Reporting Severe Emotional Distress by Family Transitions and Family Structure

Table 1

	Acute depressive symptoms at Wave II	Excessive binge drinking at Wave II
Total sample	.15	.16
Family structure, Wave I		
Mother/father	.12	.15
Mother/stepfather	.16	.19
Single mother	.20	.15
Mother/cohabiting partner	.26	.20
Family transition by Wave II		
Yes	.20	.17
No	.14	.16
N		10,969

Note: Source- National Longitudinal Study of Adolescent Health

Table 2

Estimates from Models Predicting Acute Depressive Symptoms among Adolescents

	Model 1	Model 2	Model 3
Family transition by Wave II	.11 (.14)	.09 (.14)	.56 (.21) [*]
Family structure, Wave I (ref. = Mother/father)			
Mother/stepfather	.31 (.10) ^{***}	.31 (.10) ^{**}	.27 (.12) [*]
Single mother	.46 (.10) ^{***}	.42 (.10) ^{***}	.56 (.10) ^{***}
Mother/cohabiting partner	.80 (.21) ^{***}	.78 (.21) ^{***}	.87 (.31) ^{**}
Race/ethnicity (ref. = Non-Latino White)			
Latino/a	.52 (.15) ^{***}	.45 (.12) ^{***}	.45 (.12) ^{***}
African-American	.45 (.12) ^{***}	.30 (.30) ^{**}	.27 (.10) ^{**}
Asian-American	.30 (.09) ^{**}	.48 (.17) ^{**}	.46 (.17) ^{**}
Native American	.44 (.22)	.41 (.23)	.41 (.22) [*]
Other race/ethnicity	.97 (.25) ^{***}	.95 (.27) ^{***}	.92 (.27) ^{***}
Female	.19 (.07) ^{***}	.29 (.07) ^{***}	.29 (.07) ^{***}
Wave I age	.16 (.03) ^{***}	.15 (.03) ^{***}	.14 (.03) ^{***}
Mother's highest education level	-.17 (.04) ^{***}	-.13 (.04) ^{***}	-.14 (.04) ^{***}
Yearly family income	-.00 (.00)	.00 (.00)	.00 (.00) ^{***}
Time duration between waves	-.01 (.02)	-.01 (.02)	-.01 (.02)
Maternal emotional distance, Wave II		.57 (.09) ^{***}	.51 (.09) ^{***}
Move to a lower income neighborhood by Wave II		.27 (.31)	.28 (.30)
Family transition by Wave II [*] family structure, Wave I			
Family transition by Wave II [*] Mother/stepfather			-.24 (.37)
Family transition by Wave II [*] Single mother			-1.02 (.28) ^{***}
Family transition by Wave II [*]			-.67 (.46)
Mother/cohabiting partner			
Family transition by Wave II [*] maternal emotional distance, Wave II			.56 (.26) [*]
Intercept	-4.20 (.47) ^{***}	-4.12 (.49) ^{***}	-4.14 (.49) ^{***}
Pseudo R ²	.04	.05	.05

Note: Unstandardized regression coefficients and standard errors are shown. $N = 10,969$.

^{*}
 $p < .05$

^{**}
 $p < .01$

^{***}
 $p < .001$ (two-tailed test)

Table 3

Estimates from Models Predicting Excessive Binge Drinking among Adolescents

	Model 1	Model 2	Model 3
Family transition by Wave II	.03 (.13)	.02 (.13)	-.05 (.30)
Family structure, Wave I (ref. = Mother/father)			
Mother/stepfather	.27 (.11) *	.27 (.12) *	.27 (.12) *
Single mother	.24 (.10) *	.25 (.10) *	.25 (.10) *
Mother/cohabiting partner	.46 (.19) *	.45 (.20) *	.45 (.20) *
Race/ethnicity (ref. = Non-Latino White)			
Latino/a	-.33 (.13) **	-.33 (.13) *	-.33 (.13) *
African-American	-1.21 (.14) ***	-1.21 (.14) ***	-1.21 (.14) ***
Asian-American	-1.21 (.30) ***	-1.24 (.30) ***	-1.24 (.30) ***
Native American	-.08 (.26)	-.10 (.26)	-.11 (.26)
Other race/ethnicity	-.10 (.34)	-.11 (.34)	-.11 (.34)
Female	-.07 (.08)	-.02 (.09)	-.02 (.08)
Wave I age	.33 (.02) ***	.32 (.02) ***	.32 (.02) ***
Mother's highest education level	-.03 (.03)	-.01 (.03)	-.02 (.03)
Yearly family income	.00 (.00) ***	.00 (.00) ***	.00 (.00) ***
Time duration between waves	.00 (.02)	-.01 (.02)	.00 (.02)
Maternal emotional distance, Wave II		.30 (.08) ***	.25 (.09) **
Move to a lower income neighborhood by Wave II		-.16 (.30)	-.14 (.30)
Family transition by Wave II * maternal emotional distance, Wave II			.48 (.23) *
Intercept	-6.68 (.46) ***	-6.62 (.46) ***	-6.61 (.46) ***
Pseudo R ²	.06	.06	.06

Note: Unstandardized regression coefficients and standard errors are shown. $N = 10,969$.

*
 $p < .05$

**
 $p < .01$

 $p < .001$ (two-tailed test)