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Exploring Factors Associated with Depressive Symptoms in Young Adults from Divorced Families

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America is a society with a substantial divorce rate in which approximately four out of ten children, or 1 million children per year, have experienced divorce (U.S. Bureau of the Census, 2012). Of all the children who are born to married parents this year, half are likely to experience a divorce in their immediate family before they reach their 18th birthday (Centers for Disease Control and Prevention [CDC], 2014). The negative consequences that can stem from divorce often have a life-long impact on those individuals who experienced this event during their childhood or adolescence (Amato, 2001; Bing, et al., 2009; Bulduc et al., 2007; Kot & Shoemaker, 1999; Mullett & Stolberg, 2002; Ross & Miller, 2009).

The purpose of this study was to develop and broaden the empirical knowledge on relational factors clinically known to influence depressive symptoms in young adults from divorced families by looking at their perceptions, both past and present, regarding their attachment to family of origin following parental divorce and the importance of mentors in this context. Such knowledge is important for social works' aim to reduce depression that can occur in the context of interpersonal relationships following parental divorce. By identifying factors that contribute to depressive symptoms in young adults, this research study will help to identify protective factors for young adults from divorced families.

The study used a secondary data set from a nationally representative sample of 15,058 young adults (ages 18-39 years) collected in a survey from 2009 to 2011 in the U.S. at the University of Texas at Austin's Population Research Center (Regnerus, 2012). Within this sample, 2,978 (20%) of the young adults experienced parental divorce. A multiple regression

analysis was used to estimate models that predict depressive symptoms among the 2,978 young adults whose parents were divorced. The results revealed that three of the nine factors emerged as significant predictors of depressive symptoms. Current marital status emerged as the strongest predictor of depressive symptoms ($\beta = -.644, p < .003$) and showed that it is a moderator between predictors of depressive symptoms. The second strongest factor was current level of family negativity ($\beta = .512, p < .000$). The third strongest factor was current level of family support ($\beta = -.501, p < .000$). Overall, the model explained 75.5% of the variance in depressive symptoms for young adults in this study. These findings have implications for young adults from divorced families, social work clinical practice, education, research and policy.

This dissertation by Michele Cole fulfills the dissertation requirement for the doctoral degree in social work approved by Eileen A. Dombo, Ph.D., as Director, and by Lynn Milgram Mayer, MSW, PhD, and Melissa D. Grady, PhD., as Readers.

Eileen A. Dombo, Ph.D., Director

Lynn Milgram Mayer, Ph.D., Reader

Melissa D. Grady, Ph.D., Reader

Dedication

I dedicate this work to all of my clients who have given me the privilege of working with them; all the staff at CUA who have supported and encouraged me at my best and most difficult times; and to my young adult children: Katie Cole, Mary Cole, and Maggie Cole for their never failing understanding when I could not talk because I was at school or writing. They are the inspiration for all the work that I do.

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Chapter 1: Introduction

Background and Problem of the Study

America is a society with a substantial divorce rate in which approximately four out of ten children, or 1 million children per year, have experienced divorce (U.S. Bureau of the Census, 2012). Of all the children who are born to married parents this year, half are likely to experience a divorce in their immediate family before they reach their 18th birthday. Although the current number of divorced families is high, divorce is actually on a downward trend (Centers for Disease Control and Prevention [CDC], 2014).

Historically, the divorce rate has fluctuated. During the Depression, the divorce rate was .7%, and it is believed that this low number was the result of the expense associated with a divorce during a time when families were already struggling financially (Grail, 2009). An economically sound option was to abandon a family versus divorcing, which many men did for financial reasons. During the World War II years, there was a marriage boom as young men hurriedly married before they went off to war, followed by a divorce boom as “stranger-husbands” returned home (Grail, 2009). Following this period, in the 1960s and 1970s as women entered the workforce, some women were less likely to stay in a relationship for financial purposes (CDC, 2014). There was a steady increase in the divorce rate during these decades, reaching its highest rate of 52% in 1980 (Kelly, 2003), almost doubling the average rate (Wilcox, 2009). The most recent CDC (2014) statistics reported the annual national divorce rate to be 3.2% per thousand of those who were married in the population, which translates to close to 50% of all marriages ending in divorce.

Socioeconomic factors, such as increased poverty and lower levels of education in

communities and neighborhoods, may increase the likelihood of separation and divorce (CDC, 2012). Although divorce in America affects individuals from every ethnic background, religion, and socioeconomic status (Parke, 2003), some communities that already face discrimination and marginalization may be at higher risk of divorce. For example, the National Survey of Family Growth reports that African American women are more likely to experience marital separations and divorces and are less likely to remarry than are their White or Hispanic counterparts (Kelly, 2003). These factors may compound the potentially negative effects of divorce on the families and children who experience them (Parke, 2003).

With these high divorce rates, family structures have changed. For example, 43% of children growing up in America today are being raised without their fathers, and an estimated 75% of children with divorced parents have their mother as the sole head of household (CDC, 2014). Divorce also impacts the economic stability of families. For example, 28% of the children living with a divorced parent are in a household with an income below the poverty level (CDC, 2014). While similar estimates of how divorce impacts children exist, it is difficult to measure the exact number of children who are impacted by divorce because that data are no longer collected (CDC, 2015). In 1996, the CDC suspended detailed marriage and divorce data collection due to budgetary cuts; as such, the only data available are through states that collect it by compiling the number of people who are married with the number who are divorced within the state, but it does not account for children in the marriage (CDC, 2015). Therefore, in more recent years there has been limited information on children and divorce.

Children who experience parental divorce are 50% more likely to develop health problems than children from intact families (Angel & Worobey, 1988; Strohschel, 2005; Tucker

et al., 1997). In addition, children from families of divorce often exhibit difficulties in academic performance (Ashtone & McLanahan, 1991; Wolfinger, 2003), delayed psychological development (Kurdek et al., 1994), strained relationships with their family members (Hurre et al., 2006; Poortman & Voorpostel, 2009), and increased mental health issues (Angarne-Lindberg, 2009). Research has also documented that there are long-term effects of parental divorce, with consequences that can persist for many years (Amato, 2000).

Given the high prevalence of divorce and its potentially negative effects on children, such as depression, effective treatment for children of divorce who evolve to young adults of divorce is of great significance, particularly to professionals, including social workers, who work directly with these families and their members (CDC, 2014; Wolchik et al., 2000). Yet, much of the research that could be used to inform social workers has been conducted on children under the age of 18 (Wolchik et al., 2000). As a result, there is scant research on the effects of divorce on young or emerging adults. To date, no scholarly research has examined the intra-and extra-familial factors that cause or reduce depressive symptoms of young adults whose parents have divorced.

Purpose of the Study

To address this gap in the literature, this study aims to create new empirical knowledge by investigating whether family of origin factors or the use of mentors influence the level of depressive symptoms in young adults from divorced families. Currently, there is no study that investigates whether family of origin factors or the use of mentors influence the level of depressive symptoms in young adults from divorced families. Much of the research that is available on children from divorced families is focused on children who are under the age of 18

and it is not longitudinal. One of social work's ethical responsibilities is to build and develop new research knowledge (National Association of Social Workers, 2008, Standards, 5.02b); this is the goal of this research study. By identifying factors that contribute to depressive symptoms in young adults, this research study will help to identify protective factors for young adults from divorced families and will have implications for both practice and policy.

This study used a secondary data set from a nationally representative sample of 15,058 young adults (ages 18-39 years), which was collected in a survey from 2009 to 2011 at the University of Texas at Austin's Population Research Center (Regnerus, 2012). The original study for this secondary data research is the New Family Structure Study (NFSS), which is a comparative, social science data-collection project focused on American young adults (ages 18-39 years) who were raised in various types of family arrangements with varying household experiences (Regnerus, 2012).

Research Question

The research question that guided this study was: controlling for age, gender, race, education, and marital status of young adults from divorced families, does family of origin factors or the use of mentors influence the level of depressive symptoms in young adults from divorced families?

Hypothesis

The research hypothesis was: controlling for age, gender, race, education, and marital status of young adults from divorced families, depressive symptoms will be influenced by family of origin factors and the use of mentors.

Author's Interest in the Problem

As a clinician working with children, adolescents, young adults, and families for almost 20 years, I have seen in my practice many clients who are in the midst of separation and divorce or who are still processing the impact of divorce on their lives. Often, due to the prevalence of divorce in our society, there is a tendency for parents to downplay the impact it has on their families' lives. In my work, this often stems from parents' feelings of guilt from their failed marriage or their inability to have personal introspection due to their own depression regarding the divorce. In working with this population, I've sometimes witnessed that the children, adolescents, or young adults become the intermediaries with their parents, and my work has shown that the impact of the divorce has a rippling effect that can last for years. Other changes in the family, such as the introduction of another family member through a second marriage or partnership, can trigger a number of feelings in my clients, and it is at this point in my work as a clinician that I have clients seeking mental health treatment.

As an adult whose parents divorced when I was 8 years old, followed by my father divorcing a second time when I was 14 years old, this research has also been personal to me. The experience of divorce has informed my life, and I can still recall the stigma of being from a "broken family" in the 1970s. My ability to access research from the work I have done in my private psychotherapy practice, in addition to research articles that were published relating to this topic, have been invaluable in helping both myself and others. It is my hope that my own research will contribute to a body of literature that can help others navigate this transition in their lives.

Chapter Concluding Summary

With 50% of all marriages ending in divorce, it is possible that at least half of the children born to these marriages will experience a divorce before they reach the age of 18 (CDC, 2015). Due to budgetary cuts, in 1996 the CDC discontinued tracking divorce statistics that separated marriages that ended in divorce with children in the marriage from those without children in the marriage (CDC, 2015). Although the CDC does not currently track divorce statistics, it still identifies divorce as an adverse childhood event (ACE) that can lead to a host of challenges and consequences, including depression (Amato, 2000; CDC, 2015). Given the potentially negative impact of such a traumatic event, social workers and other professionals must understand and address the needs of the children in these families (CDC, 2014). As such, more research that can identify ways to reduce the potential negative impact of this ACE in young adults whose parents are divorced is needed. This dissertation addresses this critical gap in the literature by understanding what family of origin factors and/or whether the use of mentors influence the level of depressive symptoms among young adults who have experienced divorce. Such findings have the potential to inform practice and policy aimed at mitigating the impact of divorce on young adults.

The next chapter introduces the theoretical framework for the study and provides a comprehensive literature review of the factors that are associated with depressive symptoms in young adults. Chapter 3 provides the methodology, research design, and data analysis, followed by the study findings presented in Chapter 4. Chapter 5 summarizes the study and discusses the implications of the findings with regards to social work practice and policy.

Chapter 2: Review of the Empirical Literature

This chapter reviews the literature related to children and young adults affected by divorce, with a specific focus on attachment and mental health functioning manifested in depressive symptoms. In particular, the review explores relational factors clinically known to influence the human experience with depression. In addition, this literature review addresses each of the variables that were part of this study and the empirical literature found for that variable, connecting each with parental divorce for children and young adults from divorced families.

There is also a discussion regarding empirical findings and the importance of the strength and types of interpersonal relationships found to be protective factors consistent with attachment theory for young adults from divorced families (Cassidy & Shaver, 2016). This body of work explores the literature that links inter-personal relationships and mental health functioning (Ainsworth & Bowlby, 1991). Due to a lack of literature in the areas of young adults whose parents are divorced, this literature review is limited to the findings on children whose parents are divorced, and its connection to young adults must be extrapolated at this time. Finally, the chapter concludes with a rationale for the study and emphasizes the importance of examining the factors that may influence depressive symptoms in young adults.

Demographics of Divorce

Divorce rates have rose from .7% of all married households in 1900 to a high of 52.3% of all married households in 1980, corresponding with changes in how divorce is viewed (CDC, 2015; Berhman & Quinn, 1994). During this period of time, the largest increase in the divorce rate occurred between 1970 and 1980 (Wilcox, 2009), with the current rate at approximately

50% (CDC, 2015). Throughout the last four decades, the research on divorce has had different focuses, including attention placed on adults choosing to divorce in the early 1970s, to exploring awareness through empirical, clinical, and self-help divorce literature in the 1980s (Kelly, 2003). During the Depression divorce rates dropped, which was believed to be because getting a divorce was too expensive and many men took the cheaper route of leaving their families. During World War II, there was a marriage boom as young men hurriedly married before they went off to war, followed by a divorce boom as “stranger-husbands” returned home (Grail, 2009). Social trends, such as the increase of women in the workforce, have resulted in fewer women remaining married because of economic dependence (CDC, 2014).

Although there is some information about the divorce rates overall, it is currently difficult to estimate the exact number of children who are impacted by divorce because those numbers are no longer collected. In 1996, the CDC suspended collection of detailed marriage and divorce data due to budgetary cuts, so now the only data available are through states that collect it by compiling the number of residents who are married with the number who are divorced within the state (CDC, 2015).

Racial and Economic Differences

Race continues to be associated with economic disadvantage, and thus as economic factors have become more relevant to marriage and marital stability, the racial gap in marriage has grown. There are meaningful linkages between broad trends in marriage formation and stability and differences by race (McClendon et al., 2014). Through the mid-20th century in the United States, the vast majority of women married despite high levels of poverty. But as an individualistic ethos took hold, the dominant marriage model shifted from institutional marriage

based on gendered roles and economic cooperation to relatively fragile marriages based on companionship, and with this change, divorce rates began to climb (Cherlin, 2004). As a result, there have been rising divorce rates, and the ideal of individual self-sufficiency has prompted delays in marriage and high levels of marital instability (Duch, 2005). As women and couples became increasingly aware of marriage's fragility, investments in some marital relationships may have declined, which lowered the likelihood that they would last (Duch, 2005). The growth in the numbers of divorce may also have led some women and couples to be less willing to marry (Duch, 2005).

The racial differences in U.S. marriage patterns remain large. Among those who do marry, black women experience more marital instability than do white or Hispanic women. Approximately 60% of white women who have ever married are still married in their early 40s. When comparing this same population of white women to Hispanic women, Hispanics are still married at about 55%, and then black women are still married at about 45%. Among women who've experienced divorce, black women are more likely to have been married only once (58% versus 42% who have been married two or more times), whereas white women are more likely to have been married multiple times (59% versus 41% who married only once) (Raley et al., 2015). On average, black women are less likely to marry and to remain married than are white women. Second, although racial gaps in marriage persist across the educational distribution, they tend to be largest among people with the least education (McClendon et al., 2014). Moreover, for both black and white women, marriage rates appears to have begun to fall first among those with only a high school degree. These patterns have implications for change and variability in families that

can transcend racial differences in marriage (Torr, 2011), namely how the children within these families are affected by their parents' divorce.

Impact of Divorce on Children

Research has demonstrated that the impact of divorce on children whose parents divorced lasts into young adulthood. The negative consequences that can stem from divorce often have a life-long impact on those individuals who experienced this event during their childhood or adolescence (Amato, 2001; Bing, et al., 2009; Bulduc et al., 2007; Kot & Shoemaker, 1999; Mullett & Stolberg, 2002; Ross & Miller, 2009). Some of these consequences impact their interpersonal relationships, while others have an impact on their mental health functioning.

Comparisons Between Children From Intact Families Vs. Divorced That Leads Into the Impact of Divorce on Families

There are many potential possible reasons why the children of divorce show differences in certain areas of functioning compared to children of non-divorced families. One of the explanations is that children from divorced families report increased traumatic experiences compared to young adults of parents who remained married (Schaan & Vögele, 2016). This finding highlights the importance of focusing on the family characteristics and processes that may increase the risk for mental health disorders development. For example, family characteristics that may potentially mediate the relationship between negative consequences in parental divorce and a child's wellbeing could include the quality of the parent-child relationship and parental communication style (Rotunda et al., 1995; Thompson et al., 2017). Specifically, one influencing factor may be how a parent interacts with and cares for their child. If these mediators did play a role, it is possible that part of the traumatic event for the child is the parents'

inability to care for them as they once did before the divorce, and that parents who have intact marriages are able to better care for their child when they live together. Further, if the parents who are divorced can continue to foster a close, caring relationship with their child, it is possible that the consistency in caregiving would be enough to help mitigate the impact of trauma from the divorce.

Mental Health in General

Another possible consequence of divorce is the impact that divorce can have on the children's mental health. Studies have demonstrated that parental separation or divorce in childhood is a particular risk factor for depression or bipolar disorder in adulthood (Bohman, et al., 2017), with one study indicating that over 50% of young adults from divorced families experienced a major depressive episode (Trzesniewski et al., 2006). The depression they experience during adolescence can disrupt a successful transition into adulthood (Copeland et al., 2013; Costello et al., 2011), leading to a myriad of challenges and issues, including having difficulties with psychological functioning, developing interpersonal relationships, forming successful relations in marriages, parenting their own children, completing education, maintaining employment, and achieving life satisfaction (Aalto-Setälä et al., 2002; Trzesniewski et al., 2006; Van Voorhees et al., 2005).

While there are some general individually-based risk factors associated with experiencing a depressive episode, such as being female or non-white, having a lower socio-economic or educational status, abusing substances, and demonstrating delinquent behaviors (Kim et al., 2015), family experiences also play a significant role. For example, studies have shown that being raised in an unstable parental marital union with high family conflict and harsh insensitive

parental caregiving increases risk levels for depression (Kim et al., 2015; Lee et al., 2017). In fact, 67% of young adults from families with a contentious divorce experienced higher levels of depression than those from divorced families without acrimony (Baker & Ben-Ami, 2011). In contrast, baseline protective family factors associated with low or no depression include being raised in a two-parent home with a stable marriage, complemented by a sensitive and authoritative parenting style and feeling connected or attached to parents (Hurd & Zimmerman, 2014; Mossakowski, 2015). Positive perceptions of ones' parents and low conflict are associated with a more confident adjustment to young adulthood, and these perceptions promote internalization of beliefs that later guide prosocial behavior in adulthood (Gillath et al., 2016; Oxford et al., 2000).

The research that is available with children post-divorce demonstrates that they experience some negative mental health outcomes (Coleman & Glenn, 2010; Kushner, 2009). In contrast, children with intact living arrangements with both married parents are likely to fare better than in any other living arrangement (Teachman, 2008). The common variable in these studies is stability. Stability is a predictor of positive childhood outcomes, while instability due to changes in the home, school, or family structure are likely to have a negative impact on a child's development (Berger et al., 2008; Coleman & Glenn, 2010).

What is especially important to note is that when family support is insufficient, or not available, supplemental mentoring can improve wellbeing, social competence, academic performance, and employment outcomes, as well as reduce risky behaviors (Ahrens et al., 2008; DuBois et al., 2011; Rhodes & DuBois, 2008). In addition, having mentors or family and friends upon whom young adults can depend increases positive social support and self-esteem, which, in

turn, can lower the risk for depressive symptoms (Hurd & Zimmerman, 2014; Mossakowski, 2015; Tyler et al., 2018). At present, there is no other research that has examined which family or external familial factors are associated with, or reduce, depressive symptoms of young adults whose parents have divorced.

Depression Specifically

During the 2013 to 2016 time period, 8.1% of Americans aged 20 and over met the criteria for clinical depression in a given 2-week period. Worldwide, in 2017, an estimated 264 million people experienced depression (Richie & Roser, 2018). Major depression and depressive symptoms can be characterized as changes in mood in addition to presenting with cognitive and physical symptoms over a 2-week period (American Psychiatric Association, 2013). Depression and depressive symptoms can be found to differ in rates by age, sex, income, and health behaviors (Wells et al., 1989). In 2017, an estimated 264 million people in the world experienced depression (Richie & Roser, 2018). Further, major depression and depressive symptoms have been associated with greater functional impairment than any other chronic disease (including diabetes and arthritis) and can have a high societal cost (Kessler, 2012). Due to depression's high prevalence, its chronic nature in the world, as well as the impact it can have on other health issues, the World Health Organization ranked it as the single most burdensome disease when assessing the global burden of disease and risk factors as projected from years 1990 to 2020 (Murray et al., 1996). However, the association between depression and overall health outcomes suggests that screening and treating depression is a cost-effective tactic in reducing expenses due to comorbid health conditions (Rost et al., 2005).

Depression and depressive symptoms can be found to differ in rates by age, sex, income, and health behaviors (Wells et al., 1989). For example, depression has been diagnosed almost twice as often among women as among men (Blanco et al., 2010; Pratt & Brody, 2014). Racially, non-Hispanic Asian adults are reported to have the lowest prevalence of depression, a finding noted in other studies for the prevalence of depression and depressive symptoms and did not vary significantly among the other races and Hispanic-origin groups studied (Leong & Kalibatseva, 2011). Income also plays a role in being diagnosed with depression. For example, rates of depression among young adults is inversely correlated to family income; as their family income levels increased, their depression decreased and likewise increased as family income level decreased. Other studies on the impact of income have shown that men with family incomes at or above 400% of the federal poverty level (FPL) had the lowest prevalence of depression (2.3%), while women with family incomes below the FPL had the highest prevalence (19.8%). Women reported at 10.4% and were twice as likely as men at 5.5% to have depression. In those adults who reported as depressed, about 80% said they had at least some difficulty with work, home, or social activities due to their depressive symptoms. Also, from 2007-2008 and 2015-2016, the prevalence of depression among both men and women in the U.S. showed no significant changes (Center for Behavioral Health Statistics and Quality, 2016).

Age also plays a role in developing depression as an adult. Adults who self-reported symptoms of depression in their adolescence were more likely to have early adulthood depressive symptoms (major depression and dysthymia), comorbidity, psychosocial impairment, and problems with alcohol (Aalto-Setälä et al., 2002). Van Voorhees et al. (2005) researched beliefs and attitudes that are associated with the choice to accept the diagnosis of depression in

young adults. In this study of young adults, 26% of participants reported significant depressive symptoms and stated their intent to not accept their physician's diagnosis of depression. When a participant reported their intent to not accept their physician's diagnosis of depression, they stated it was due to their belief that they disagreed with the medication's ability to treat depression or that there was a biological cause for depression, and they agreed that they would be embarrassed if they were to tell a friend that they had a depression diagnosis. Hence, one can surmise that this study indicates that depressive symptoms and depression may be under-reported and go untreated in young adults.

Trauma

In addition to these challenges, as mentioned previously, some individuals identify their parents' divorce as a traumatic experience. The sense of trauma may stem from multiple factors, including the fact that the divorcing process itself can cause extreme stress not only for the child, but also for the parents, resulting in the parents being less attentive to the child's needs (Leopold, 2018). This can lead to parents' decreased ability to be emotionally available to their child due to their own depression, substance abuse, or anxiety. As the parents struggle with their own issues, there is the potential for emotional neglect as parents may actively put their child into difficult situations with the other parent. Adding to the emotional toll is that fact that some children of divorce may believe they are responsible for their parents' conflicts and feel triangulated between them, particularly if they are put into the position of being the messenger between parents (Shimkowski & Ledbetter, 2018). Furthermore, during times of intense emotional stress as the divorce progresses, this could lead to serious mental health problems for the parents, and they may not be attentive enough to fulfill a child's physical needs such as preparing meals,

going to the doctor, or buying clothes, all of which creates physical neglect to the child (Chaffin et al., 1996). In some more challenging cases, parents may turn to forms of physical punishment and/or abuse the child due to their own depression or stress surrounding the divorce (Cadoret, 1995; Chaffin et al., 1996; Clement & Chamberland, 2008; Crouch & Behl, 2001).

Relational – Future Adult Relationships

Another way that children of divorced parents report that they were impacted by their parents' divorce is in their adult relationships. For example, in one study the majority of the young adults who were interviewed reported that their parents' divorce was primarily a negative experience, in spite of the fact that they generally had a positive childhood experience when recalling their parents' divorce (Cartwright, 2006). When looking back, those who reported their parents' divorce as primarily a negative experience said they felt that the divorce contributed to low self-esteem, a lack of trust in oneself and others, difficulty in romantic relationships, pessimism about the institution of marriage, unstable living arrangements, challenges with sharing time at holidays, not having a good example of stable relationships, persistent family of origin conflict, financial stress, and the loss of important relationships with family of origin members (Cartwright, 2006). However, in spite of these negative outcomes, they expressed that they felt they benefited as well, regardless of the perceived negativity, by achieving resiliency, independence, happiness, a model of what not to do in their own relationships, and closer family relationships once the marital conflict from the divorce settled (Cartwright, 2006).

In addition, there is research that has documented young adults' differences in their relationship quality, whether with family members (Zill et al., 1993) or romantic partners (Tallman et al., 1999), among those children who have experienced parental divorce, regardless

of at what age it occurred. Thus, for young adults of divorce, it may be important to note the potential long-term consequences by looking at how it impacts their current marital status. It may be that parental divorce could impact whether a young adult decides to marry, cohabitate, or marry another child of divorce (Bumpass et al., 1991; Wolfinger, 2000). Further, it could impact an adult child of divorce by their experiencing anxiety, mistrust, and fear about the future success of their own marriage (Duran-Aydintug, 1997). When a young adult has a negative attitude about their parents' divorce, it could reduce the amount of time and effort they put into maintaining their own marriage, and this could increase the likelihood that they get divorced. Further, those with less successful marriages, or failed romantic partnerships, have correlated with higher risks for later life depression (Bulloch et al., 2009), which suggests that a long chain of consequences can persist into the later stages of the life course for young adults from divorced families.

Impact on Romantic Relationships

Within their romantic relationships, many children of divorce have noted the challenges in that they have in within these relationships (Cui & Fincham, 2010). In fact, when compared to adults whose parents remained married, young adults of divorced families tend to hold negative attitudes towards marriage (Cui & Fincham, 2010), experience more difficulties in romantic relationships (Amato & Sobolewski, 2001; Cartwright, 2006; Cui & Fincham, 2010; Lambert, 2007), and are more likely to experience their own divorce (Amato & DeBoer, 2001; Teachman, 2008). Yet, despite young adults' family of origin experiences, most young adults from divorced families view marriage as a lifelong commitment (Cunningham & Thornton, 2005). In addition, some young adults considered the experience of growing up in a divorced family as sensitizing

them to potential consequences of an unsatisfying marriage, which in turn heightened their vigilance in regard to their own relationships to help them to avoid experiencing a divorce themselves (Cartwright, 2006).

Parent-Child Relationships

In examining young adults who are children of divorce, it is important to examine the parents' potential to involve their children in their divorce process and consider the possible mental health impact on young adulthood. Separated or divorced parents often use alienation strategies, such as degrading one another or turning a child against the other parent (Baker & Ben-Ami, 2011). Children who experience parents' alienation tactics are likely to internalize the insults toward their other parent and may consequently believe they are not loved and/or that the divorce is their fault (Baker & Ben-Ami, 2011). In a study by Baker and Ben-Ami (2011) with an adult sample of those whose parents divorced before the age of 15, these authors assessed parent alienation strategies and the individuals who experienced parental alienation. This study demonstrated that the children who experienced alienation tactics by parents who divorced before the child reached the age of 15 had significantly lower self-esteem, higher rates of depression, more insecure attachment in relationships, and decreased self-sufficiency in adulthood.

These negative consequences that stem from the divorce then in turn can lead to additional difficulties for the young people. For example, young adults and adults who experience low self-esteem in adolescence are more likely to develop mental health problems, such as depression and anxiety, engage in criminal acts, and exhibit higher unemployment rates than young adults and adults who had high self-esteem (Trzesniewski et al., 2006). Adolescents

with low self-esteem, and hence likely depressive symptoms, are also less likely to earn a higher education degree in adulthood (Trzesniewski et al., 2006). Also, adolescents with depression are less likely to go to college than their high self-esteem counterparts, but there is little research that explores young adults with divorced parents who do attend college. Furthermore, there is little research on whether young adults from divorced families who attend college have different depression rate from those with intact families who attend college. Transitioning from elementary school to high school is likely to decrease self-esteem inherently and impact depressive symptoms, but there is little research to this extent regarding the high school to college transition (Wigfield & Eccles, 1994). Given these potentially negative outcomes, it is therefore especially important to understand what factors might moderate or mitigate the impact of divorce on the children.

One of these factors is the quality of the parent-child relationship. Earlier research has demonstrated that there is a correlation between the child's adult romantic relationships and the parental relationships (Johnson & Galambos, 2014). The quality of the parent-child relationship predicted the quality of the child's intimate relationship fifteen years later in life. For instance, if a child had a healthy relationship with their parent, they were more likely to have a healthy relationship with their adult romantic partner.

Other research has shown that when individuals from divorced families were tested on psychological wellbeing, their scores were in the below-average range when compared to individuals who had not experienced parental divorce (Amato & Booth, 1991). However, this research also showed that if the individual from a divorced family maintained a good relationship with their parents and there was low stress in their parents' divorce, then there were no

significant differences on average when measuring for social and economic success. These results were also supported by Trinder et al. (2008) whose research with children and adolescents from divorced families found that when there was low conflict between the parents when divorcing, these children and adolescents tended to cope well with the divorce. Further, there was little difference in developmental adjustment when comparing children of divorce to children from intact families.

Other research has shown that if a parent adjusted well to their divorce, it was more likely that the child would adjust well to the divorce. Further, if there was a disruption and the parent(s) and/or the children experienced depression due to the divorce, then the relationship was more likely to have negative consequences and impact both the parent and the child relationship and the child's romantic relationships into adulthood (Trinder & Kellet, 2008). According to Schindler and Coley (2012), how the parent adjusts to the divorce can influence how the whole family adjusts. Fathers who were involved (present, interested and supportive) in the lives of their children were less likely to separate from and were more likely to have a positive influence on their families despite the divorce. Further, if the mother had high levels of emotionality due to the divorce, they had a higher risk of impacting their children and the family as a whole in a negative way. Therefore, the parents' adjustment to the divorce can influence how the whole family adjusts to the divorce (Schindler & Coley, 2012).

Wallerstein and Lewis (2007) found that many parent-child relationships were not stable following a divorce, and the quality of the parent's relationship often varied from sibling to sibling. Father-child relationships were particularly unstable, as were the post-divorce relationships with former spouses. Further, the overall instability of parent-child relationships is

likely to be due to the low-quality relationships resulting from the stress and upheaval due to the parents' divorce. This stress can be further compounded when a stepparent is added to the equation, and this event can influence the biological parent and the parent-child relationship throughout their lives (Wallerstein & Lewis, 2007).

Positive Outcomes

While there are many negative effects of parental divorce that can be supported by research, there are also potential positive effects. When looking at parental divorce from this perspective, the positive effects could result from a marriage ending due to abuse, infidelity, and severe addictions. Further, less noticeable positive outcomes can be attributed to economic success due to increased confidence and independence from their ex-spouse (Amato & Booth, 1991; Mack, 2001). Amato and Booth go further to specifically discuss that when high conflict relationships dissolve, divorce can lead to new opportunities for the family. This can be seen in terms of increased economic success as well as creating space for the parents to establish more positive relationships with their children. Particularly, when looking at high conflict divorce where the father had dissolved the relationship with the child, reestablishing this relationship with the child of divorce can then be considered as a potential positive. Therefore, for the high conflict family, divorce should not be analyzed from just deficit terms (Arditti & Prouty, 1999).

Further, Mack (2001) found that parental divorce could foster greater confidence. When adults who experienced parental divorce were compared to adults from intact families, those adults from divorced families scored slightly higher on confidence levels. This may infer that children who have experienced divorce have learned survival techniques or they were forced to individuate better due to their need to be self-reliant and make their own decisions without a

parent always present. Therefore, the divorce actually helped to create more confidence in the young adult from a divorced family.

Young Adults – Missing From Research

A divorce is a life-changing event for both parents and children, and a substantial amount of research has focused on its impact and the mental health effects that divorce may have on the lives of children (Amato & Afifi, 2006). Family of origin refers to those with whom a person spends their childhood and adolescence or the first social group to which a person belongs, which is often a person's biological family or an adoptive family. This current study looked at family of origin factors that could impact mental health effects on children and young adults when divorce enters into their family of origin.

In general, the research that has been done has looked at the number of mental health effects and the social and emotional consequences of divorce on children. As a consequence of the divorce, the children from divorced families will tend to symptomize anger and hostility more often than children from intact families (Mack, 2001). Further, studies show that families of divorce tend to have less intact relationships in terms of closeness, distance, and distress when compared to intact families (Mack, 2001). However, there is more research needed to help to understand how both a divorce in a family of origin and those factors that are associated with divorce in families can influence future relationships.

At present, there is no other research that has examined which family or external familial factors are associated with, or reduce, depressive symptoms of young adults whose parents have divorced. A new stage of development that is at the forefront of research is the young adults of children of divorce (Cohen et al., 2003; Arnett, 2000). Young adults go through an array of

changes, including new responsibilities that come from living independently from parental guardians (Cohen et al., 2003). However, we also include in young adulthood those individuals who are seeking higher education and are not yet financially independent, have careers, or at the point where they are starting families. Lastly, it is of note that young adults who are experiencing parental divorce at this stage may experience mental health effects on their self-development (Cohen et al., 2003).

Given what is known about the high prevalence of divorce and its potential for negative mental health effects on children and young adults, effective treatment for children and young adults of divorce is of great significance. Prevention researchers have shown that interventions can improve post-divorce resilience as indicated by improved outcomes following the stress of parental divorce (Wolchik et al., 2002). In addition, there is less information about the needs of young adults following a divorce. Without such information, social workers and other professionals will be challenged to develop effective client-centered services for that population. To address this gap, this study included young adults 18-39 years of age and examined whether family of origin factors and/or the use of mentors influenced the level of depressive symptoms in this group of young adults from divorced families.

What Factors Influence Young Adults' Adjustment to Divorce

Consequences of Negativity on Parent and Young Adult Relationships

Cui et al. (2011) found that the parents' marriage quality before the divorce and the conflict around the divorce had a large impact on the children's romantic young adult relationships. Parental conflict accounted for as much as 50% of the variance of the child's adjustment (Cherlin et al., 1991). Those children who experienced violence and arguing in their

parents' relationship prior to the divorce of their parents were more likely to accept divorce in their own marital relationship. On the other hand, those who had experienced low conflict in their parents' marriage before the divorce had a more favorable view of marriage and did not consider divorce as an acceptable option. In addition, they also reported greater satisfaction in their own marriage. Thus, the level of conflict in the divorce and how a child reacts to the divorce have a large influence on how they will experience their own romantic relationships and marriages (Cui et al., 2011).

Parental Conflict – High Conflict has a Greater Influence on Adjustment to Divorce

The parental conflict caused by divorce is a factor that can have a significant impact on children (Kressel, 1988; Mack, 2001; Trinder et al., 2008; Wallerstein & Lewis, 2007). Oppawasky (2000) found that parental conflict due to divorce was positively related to an increased level of fear, sadness, shame, and hatred toward the parents. Further, parental conflict can be negatively associated with the academic success of children. As parental conflict increased, the child's self-esteem decreased. Feelings of hopelessness replaced feelings of positivity and this could, in turn, diminish a child's self-esteem. In addition, this study determined that once the children were grown, they had a desire and determination to move away from their divorced family of origin as soon as possible to escape the negativity (Oppawasky, 2000). Lastly, parental conflict and disagreement regarding parenting can also have mental health effects on children from divorced families. Trinder et al. (2008) indicated that if one parent suspected the other parent of negative parenting styles, abuse, or neglect, there were mental health consequences for the child's overall wellbeing whether or not the suspicions were founded.

Children form relationships with their parents, and how well their relationship sustains their parents' divorce can impact the quality of their relationship with either parent(s) as they move forward into their adult lives (Trinder et al., 2008). With that in mind, it is important to consider the quality of the relationship with both the custodial and noncustodial parent (Kalmijn, 2013; Kressel, 1988; Schindler & Coley, 2012). Generally, the relationship between a child and their parent(s) can be adversely affected by divorce (Mack, 2001; Wallerstein & Lewis, 2007). Often the damage to the relationship can be a result of the level of conflict before and after their parents' divorce and follow children of divorce into adulthood (Amato & Afifi, 2006; Cui et al., 2011).

Impact of Divorce on Young Adults' Relationships

Young adulthood can be a time where there are many decisions to be made. This developmental time period is when the prefrontal cortex, the main area of the brain where decision making takes place, is becoming fully developed (Pribram, 1997). Whether a young adult has a parent to rely upon to discuss and process their decision making could impact the next steps they take in their lives. Young adulthood is a time when young adults make decisions regarding their career, college, moving away from home, and romantic relationships (Broderick & Blewitt, 2015). In addition, as Erikson points out, this is the stage of intimacy versus isolation, a time when young adults are looking for intimacy and determining their own attachment to another human being, finding their sense of self, and developing the ability to navigate this stage successfully. If a young adult cannot navigate this stage successfully, it can lead to isolation (Erikson, 1963).

As discussed previously, divorce can have a negative impact on children's subsequent adult relationships. However, although there is research that has shown that parental divorce and conflict have a significant negative effect on romantic relationships, not all of the studies are clear on this topic. For instance, a study done by Shulman et al. (2001) suggested that parental conflict and parental divorce did not have a significant effect on young adults' romantic relationships. These researchers found that young adults who experienced parental divorce reported higher levels of friendship, enjoyment and intimacy and fewer problems in their romantic relationships. This could be the result of young adults from higher conflict families desire to distance themselves from the family by seeking romantic relationships. Although they may have experienced painful memories from their parents' divorce, they are able to recognize a greater need for change and have a positive outlook on the future. However, if a young adult does not process and recognize the trauma from their parents' divorce, it will likely surface later and lead to greater distrust in romantic relationships (Shulman et al., 2001).

The Use of Mentors

The use of mentors can be seen as an intervention strategy to address the needs of young people who require adult support and guidance during their developmental years. From a developmental standpoint, youths appear to benefit from participation in mentoring programs, and this can be seen from early childhood to adolescence and is not specific to a certain developmental phase. More than 5,000 mentoring programs are serving approximately three million youths in the United States alone (DuBois et al., 2011). Studies have revealed that there are significant positive developmental outcomes and associations for youth involvement in mentoring relationships. It is important that the mentoring relationship form a close and enduring

connection between the mentor and the youth in order to foster a positive developmental change. The effects of mentoring programs have been relatively small in magnitude. However, with the use of systematic programs that are run consistently, there is hope that the positive effects will increase. There is a gap in this area of research and practice due to the inability to recreate programs in a consistent way due to program maintenance costs (Rhodes & DuBois, 2008).

Other Factors

Post-Secondary Education

In a study done by Wallerstein and Lewis (2004), academically speaking, major differences arose between students from intact and divorced families at the onset of college. High school students with divorced parents were less likely to enter college, and those who did enter college were found to be significantly less likely to complete their four-year degree. Further, one-third of the subjects with divorced parents maintained, well into their adulthood, the attitude that if you didn't get married, then you were less likely to get divorced. These young adults in the study complained that they felt unprepared for marriage and had an intense fear of commitment, despite some who acknowledged that they were involved in a loving and harmonious relationship with another person for multiple years (Wallerstein & Lewis, 2004). Interestingly, another study found that the negative effects of parental divorce on young adults were greatly diminished when the mother remarried within a few years. Of those in the study, they reported that they did not experience long-term problems with self-confidence, peer relationships, social maturity, mental health, academic achievements, or vocational accomplishments (Neilson, 1999).

Impact of Age on Adjustment to Divorce

Looking at age, developmentally, the timing of a divorce can be seen to have different effects on children who experience parental divorce throughout their lifetime (Amato & Afifi, 2006; Dillman-Taylor et al., 2011; Kelly & Emery, 2003; Mustonen et al., 2011; Somody & Hobbs, 2006; Wallerstein & Lewis, 2007). Oppawasky (2000) reported that adolescents are in a very different developmental stage than younger children, and this can impact how they view the divorce. Adolescents often work to become more independent and have a desire to move out of their parents' home, whereas, younger children do not have the option of moving out, but may have to accept the family dynamic due to the divorce for much longer than the adolescent who is moving into young adulthood (Oppawasky, 2000). In addition, Amato and Afifi (2006) found that younger children had a harder time and generally a lower quality relationship with their parents than did older children of divorce.

How Males and Females Respond to Divorce

When considering gender differences and how parental divorce can impact males and females, it has been found that males often develop more agitated and aggressive behaviors following a parental divorce when compared to females (Undheim, 2005). In another study, both genders had significant levels of depression, while the females in the study showed higher levels of depressive symptoms when compared to males (Fackrell et al., 2011).

Race and Divorce

No existing explanation alone can fully account for racial gaps in marriage patterns. Also, no single theory can account for the change and variability in processes as complex as marriage formation and divorce (Duch, 2005). In studying racial differences in marriage, we can look at

societies changing family patterns and examine social class. Most of the recent research on the racial marriage gap focuses on relatively disadvantaged populations and on women (McClendon, et al., 2014). If we look at racial variability in marriage, and family change more broadly, in addition to marriage patterns among relatively well-off populations and men, this may help to develop an understanding of racial gaps in marriage patterns. Regardless of race, people with more education appear to be leading the trends with respect to marriage and marital stability. Generally, as marital stability, and eventually marriage formation, became more strongly linked to the transition into stable employment for both men and women, blacks' economic disadvantage became a greater impediment to marriage (Raley et al., 2015). The legacy of legal discrimination, as well as continued racial bias in friendship networks, residential preferences, and mate preferences, all contribute to racial inequalities within education groups (McClendon, et al., 2014).

Parental Romantic Relationships Can Impact Young Adults' Romantic Relationships – Marital Status

It is important to understand the influence of the parents' current romantic relationships and how these can impact the future romantic relationships of the child of divorce when they become a young adult. There is a strong correlation with the child's mother's current romantic relationship and their young adult romantic relationships as the resolution of the divorce experience (Shulman et al., 2001). Further, if the mother was often in a healthy relationship, then their young adult children were more likely to experience enhanced friendships, enjoyment, and intimacy, and fewer problems in their own romantic relationships. Likewise, if the mother was in

an unhealthy romantic relationship, this role model could impact how their young adult child explores and finds romantic relationships (Shulman et al., 2001).

Kalmijn (2013) found that children who experienced parental divorce had a stronger relationship with their residential parent, who was often the mother. One could speculate that the possible cause of the mother's current romantic relationship playing such a large role in the young adult of divorce's romantic relationship formation is due to the increased likelihood that the mother was the primary caregiver and the residential parent.

Theoretical Framework Informing the Study

In order to gain some understanding of how depressive symptoms are influenced by parental divorce, it may be helpful to review the role that attachment plays in both the development of children and adolescents and then the young adult relationship and depressive symptoms. Attachment theory can provide a helpful framework for clinical social work when working with young adults (Rutter, 1995). The origins of Attachment theory will be explored to gain further insight into the implications and impact divorce may have on children, adolescents, and young adults from divorced families. With this in mind, Attachment theory fits this study well. By looking at young adults from divorced families through the lens of attachment theory, social workers can find a starting place to work with this population with the hope of repairing possible ruptures in a client's attachment and/or create increased mental health stability for the clients we treat in this population.

Origins of Attachment Theory

John Bowlby developed Attachment theory and suggested that a caregiver could be a secure place for their infants to enable the infants to explore the world around them (Bowlby,

1973). Further, Bowlby saw humans as driven by relationships, particularly in infancy with their need to attach to a primary caregiver. He hypothesized that children are born with a predisposition to attach to a caregiver, and he went further to state that children will organize their behavior and thinking in order to be able to maintain those relationships. In addition, he believed that this relationship is key to a child's psychological and physical development. Attachment theory asserts that a child will maintain a caregiver relationship at the cost of their own functioning, and distortions in children's feelings and thinking can occur when a parent is not able to meet a child's needs for comfort, security, and emotional reassurance (Slade, 1999). There is strong empirical support for Bowlby's conviction that early family experience is related to later personality functioning and relationships (Amini et al., 1996; Sable, 2000). Lastly, theorists posit that adults have attachment needs similar to that of children and that adults will look to have their adult attachment needs met through relationships with romantic partners, peers, and family members (Feeney, 1999).

Ainsworth et al. (1978) studied the reactions of infants to the unexpected situation of their caregiver leaving them in a room and then returning. Further, Ainsworth et al. noticed that there were four types of behavior that the infants would use to cope with the caregiver. These attachment styles are secure, anxious-avoidant, anxious-ambivalent, or disorganized (Hesse, 2008), and most of the infants fell into one of these four types. The secure infant would cry when the caregiver left the room but was able to be calmed when the caregiver returned. The anxious-avoidant infant would cry and then look for a toy or object upon which to fixate, and when the caregiver returned, the infant would keep playing with the object. The anxious-ambivalent infant would cry when the caregiver left, and then when the caregiver came back, the infant would

continue to cry and have a difficult time being calmed. The disorganized infant behaved with a variation of the avoidant and anxious types.

If a child continues to live mainly with the primary caregiver following a parental divorce, then the attachment bond might continue to develop on the same pre-divorce trajectory. Children who spend less time with the primary caregiver following the parental divorce due to joint custody may experience more detrimental effects stemming from parental divorce. Decreased interaction could be interpreted as abandonment, thus fostering anxiety and avoidant behaviors characteristic of an insecure attachment (Farber & Wittenborn, 2010). Another possible explanation could be that frequent contact with both parents following divorce could foster or maintain secure attachments to both parents, and children in a predictable parenting arrangement could adjust to parental divorce better than children who do not have a predictable, stable visitation schedule (Bauserman, 2002; Farber & Wittenborn, 2010).

Research in the area of attachment and young adults shows that attachment styles developed in childhood are fairly persistent and play out later in life in their adult relationships (Hesse, 2008). Further, infants who took part in the experiment conducted by Ainsworth et al. (1978) were studied later in life, and those infants who developed a secure attachment were associated with higher quality relationships as young adults (Roisman et al., 2005). Those who developed an anxious attachment style were more likely to escalate a conflict, experience more distress post-arguments, and generally had a negative view of a conflict in relationships (Campbell et al., 2005). Those who developed an avoidant attachment style were generally less responsive to others' needs (Shallcross et al., 2011).

Young Adults and Attachment

The research in the area of attachment and parental divorce for young adults shows that parental divorce typically has a damaging effect on attachment (Crowell et al., 2009; Mahl, 2001).

However, there are differing opinions regarding this fact. For example, Washington and Hans (2013) found that those who experienced parental divorce had a similar attachment as those who had not experienced parental divorce. In addition, they found that if the participant who experienced parental divorce had an anxious attachment style, they were more likely to develop a secure attachment if they had a positive relationship with the nonresidential parent. Lastly, if the parents were able to provide a stable pattern of visitation and reduce the conflict between them, then the child's attachment improved (Washington & Hans, 2013).

In contrast, Crowell et al. (2009) found that young adults who experienced parental divorce were more likely to develop an insecure attachment style. This research also showed that there were gender differences among the children. The males expressed experiencing more issues around attachment due to their parents' divorce more than the females in this study. Further, the females expressed that after their parents' divorce, they continued to have difficulty adjusting, whereas the men reported to have the most difficulty during the divorce. However, all the participants in their study who reported they felt they had a secure attachment to one or both of their parents were less affected by their parents' divorce.

Attachment and Depressive Symptoms

When applying Attachment theory to young adults and adults alike, it is important to consider how childhood patterns of attachment present as relational and sometimes pathological (Dozier et al., 1999; Holmes, 2001; Slade, 1999). Further, Sable (2000) asserts that in childhood, environmental factors should be considered, such as inconsistent caregiving or rejection from the caregivers and negativity, and how these factors will impact healthy development. These environmental factors can introduce distortions and lack of coherence that impact the person's adult functioning. Symptoms that may arise for this population are often seen in terms of anxiety, depression, and anger and can disrupt personal bonds (Sable, 2000). This is significant for social work as it allows us to look at young adult and adult symptomology in terms of attachment. Young adult and adult symptoms of depression may be indicative of their problematic relational patterns stemming from their attachment styles, not just the potential biochemical imbalances that are suggested in scientific journals. The symptoms of depression that are presented may be the expressions of the young adults' or adults' relational isolation that was created due to difficult environmental factors in early relationships (Sable, 2000).

Chapter Concluding Summary

This chapter has investigated the current state of the literature, exploring family of origin factors and the use of mentors as variables that can be associated with depressive symptoms in young adults. Attachment theory has been provided as a framework from which to understand the cumulative and complex interaction of risk and protective factors of psychosocial interactions for children and adolescents who then become young adults from divorced families. The lack of research in this area investigating the influence of the family of origin and the use of mentors as

factors that influence depressive symptoms in young adults from divorced families demonstrates the clear need for this research study.

The next chapter will detail the methodology for this research study while focusing on the study design, sampling, limitations of the study, the study variables, and a description of all the study scales and the measures used, including the instrument validity and reliability information.

Chapter 3: Methodology

This chapter presents the study methodology and outlines in detail the study design and hypothesis. Both the study population and the sampling plan are explained. Conceptual and operational definitions of the variables are presented followed by reliability and validity data of the survey instrument.

Original Study, Sampling, and Data Collection

The study undertaken for this dissertation was a cross-sectional study utilizing secondary data from a nationally representative sample of 15,058 young adults (18-39 years of age). Data were collected via a survey from 2009 to 2011 in the United States at the University of Texas at Austin's Population Research Center. Specifically, the data used in the original study were derived from the survey collected for the New Family Structure Study (NFSS), which was a comparative, social-science data-collection project focused on American young adults (18-39 years of age) who were raised in various types of family arrangements with varying household experiences. The survey design team consisted of several leading family researchers in sociology, demography, and human development from the Pennsylvania State University, Brigham Young University, San Diego State University, the University of Virginia, and several from the University of Texas at Austin. The team of researchers who worked to design the survey remained available to other researchers involved in the project to discuss the project's sampling strategy and scope, and they continued to offer advice as questions arose over the course of the data collection process (Regnerus, 2012).

The University of Texas at Austin's Institutional Review Board approved the research study in 2009. The NFSS data was intended to be publicly accessible and was made so with

minimal requirements by mid-late 2012. The NFSS was supported in part by grants from the Witherspoon Institute and the Bradley Foundation (Regnerus, 2012). This researcher gained access to the dataset through the Inter-University Consortium of Political and Social Research. The de-identified data can be publicly obtained at the website of the Inter-University-Consortium for Political and Social Research: <https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/34392>.

The data collection itself was conducted by Knowledge Networks (KN). KN recruited the first online research panel, dubbed the *KnowledgePanel*, that was intended to be representative of the U.S. population. Subjects who comprised the *KnowledgePanel* were randomly recruited by telephone and mail surveys, and households were provided with access to the Internet and computer hardware if needed. The *KnowledgePanel* was used to collect these data and the process was based upon a sampling frame that included both listed and unlisted numbers, those without a landline telephone, was not limited to current Internet users or computer owners, and did not accept self-selected volunteers. These procedures resulted in a random, nationally representative sample of the American population (Regnerus, 2012).

The NFSS is noteworthy for several reasons. The first is that the original dataset was on young adults rather than children or adolescents. Second, it was a much larger sample with more data collected than nearly all of its peers. Finally, the dataset includes a weighted probability sample from which meaningful statistical inferences and interpretations can be drawn regarding numerous questions about respondents' social behaviors, health behaviors, and relationships (Regnerus, 2012).

Study Population

The NFSS sample consisted of 15,058 individuals who ranged in age from 18 to 39 years. For this study, the sample was limited to only those individuals whose parents were divorced, resulting in a sample of 2,988 participants or 20% of the total sample. To determine which individuals experienced divorce, participants were asked to respond to questions regarding their family structure, including whether they grew up in a family where they experienced stepparents, divorce, intact biological parents, adoption, or single parents.

Research Question

In this study, a secondary data analysis was conducted on factors specifically selected to answer the multivariate research question: controlling for age, gender, race, education, and marital status of young adults from divorced families, does family of origin factors, or the use of mentors, influence the level of depressive symptoms in young adults from divorced families?

Hypothesis

The hypothesis developed for the study was: controlling for age, gender, race, education, and marital status of young adults from divorced families, depressive symptoms will be influenced by family of origin factors and the use of mentors.

Study Variables

Dependent Variable: Depressive Symptoms

Depressive symptoms were measured by the total summated score of eight items from the original dataset and as seen in the Center for Epidemiologic Studies Depression Scale (CES-D 8) (Radloff, 1977). For the current study, the researcher used these questions to create a scale. This scale includes the eight items listed below with the new scale created for this study, and it is

named *FinalDepressionScale*. Each item is rated on a 3-point Likert scale, where a score of “1” reflects the lowest level and a score of “3” reflects the highest level of depression symptoms related response. Specifically, the respondents were asked to think about the past seven days and assess how often each one of the eight statements was true for them. The total score was calculated by adding up the responses for each item with a total higher score corresponding to a higher level of depressive symptoms. The reliability for the scale *FinalDepressionScale* was $\alpha = 0.65$.

Q76: Now, think about the past seven days. How often was each of the following things true about you?

Q76a: You were bothered by things that usually don't bother you.

Q76b: You could not shake off the blues, even with help from your family and your friends.

Q76c: You felt you were just as good as other people.

Q76d: You had trouble keeping your mind on what you were doing.

Q76f: You felt that you were too tired to do things.

Q76g: You felt happy.

Q76h: You enjoyed life.

Q76i: You felt sad.

Independent Variables – The Study Included Four Specific Predictor Variables

Past Level of Family of Origin Safety and Security. This variable was defined as the young adults' perceptions of the overall atmosphere in their family while they were growing up. It was calculated using the responses from the eight survey questions listed below. Each question was rated on a 5-point Likert scale, where a score of “1” means the respondent “strongly disagreed” and a score of “5” means that the respondent “strongly agreed” with the statement. The total score was calculated by adding up the responses for each item with a total higher score

corresponding to a higher level of perception of past family safety and security in their family of origin. A scale was created for this current study and named in the dataset as *ReallyFinalSafetySecurityScale*. The reliability for the scale *ReallyFinalSafetySecurityScale* was $\alpha = 0.897$.

Q 28: How much do you agree with the following statements about your family, based on your years growing up?

Q28a: My family relationships were safe, secure, and a source of comfort.

Q28b: We had a loving atmosphere in our family.

Q28c: All things considered, my childhood years were happy.

Q28g: My family relationships were confusing, inconsistent, and unpredictable.
(Recoded)

Q75c: I find it difficult to allow myself to depend on others. (Recoded)

Q75f: I am comfortable depending on others.

Q75h: I find that people are never there when you need them. (Recoded)

Q75n: I know that people will be there when I need them.

Past Mentor Support. This variable was defined by the young adults' perceptions as to whether they had an adult outside of a biological parent who made a positive difference in their lives. This variable was measured by a categorical dichotomous response (1 = Yes, 2 = No). This variable was recoded and labeled as *ReallyFinalMentor* in the current studies data set:

Q29: When you were growing up, was there an adult (other than a parent or step-parent) who did NOT live with you, but who you felt very close to, spent considerable time with, and who you think made an important positive difference in your life?

Current Level of Support from Family of Origin. This variable was defined by the young adults' perceptions regarding their judgments of six questions on their present-day level of supportive interactions with their parental figures of origin as listed below. Each item is rated on a 5-point Likert scale, where a score of "1" means "never" and a score of "5" means "always."

The total score was calculated by adding up the responses for each item with a total higher score corresponding to perceptions of their current support from their family of origin. A scale was created for this current study using the following question and named as *FamilySupportScale*.

The reliability for the scale *FamilySupportScale* was $\alpha = 0.895$.

Q 27: Using the same 5pt-scale spanning from ‘never’ to ‘always’ please answer the following questions about your CURRENT relationship with your Parent (1 & 2 are asked for a separate response in the survey)?

Q27a: How often do you talk openly with your Parent about things that are important to you?

Q27b: How often does your Parent really listen to you when you want to talk?

Q27c: How often does your Parent explicitly express affection or love?

Q27d: Would your Parent help you if you had a problem?

Q27e: If you needed money, would you ask your Parent for it?

Q27f: How often is your Parent interested in the things you do?

Q27g: Does your Parent show interest in your own children and family?

Current Level of Negativity Influenced by Family of Origin. This variable was defined by the young adults’ perceptions regarding their judgments of four questions which focused on the present-day level of negatively oriented interactions with their parental figures of origin. Each item is rated on a 5-point Likert scale, where a score of “1” means “never” and a score of “5” means “always.” The total score was calculated by adding up the responses for each item, with a total higher score corresponding to a perception that their current interactions with their family of origin were more negative. A scale was created for this current study using the following questions and named as *FamilyNegativityScale*. The reliability for the scale *FamilyNegativityScale* was $\alpha = 0.778$.

Q 28: How much do you agree with the following statements about your family, based on your years growing up?

Q28d: There are matters from my family experience that I'm still having trouble dealing with or coming to terms with.

Q28e: There are matters from my family experience that negatively affect my ability to form close relationships.

Q28f: I feel at peace about anything negative that happened to me in the family in which I grew up.

Q28 h: I feel like I cannot depend on my family.

Control Variables - Socio-Demographic Control Variables Included Age, Gender, Race, Education, and Participant's Marital Status

Age. Age is a continuous variable and was measured via self-report. It was measured in years and ranged from 18–39 years of age in the 2011 data set. The variable was labeled as PPAge in the data set and was continuous in nature.

Gender. Gender was a dichotomous variable defined as male (=1) or female (=2) and was measured via self-report and was labeled as PPGender.

Race. Participants self-identified as: 1 = White, Non-Hispanic, 2 = Black, Non-Hispanic, 3 = Other, Non-Hispanic, 4 = Hispanic, and 5 = 2+Races, Non-Hispanic. In the data, the original variable was categorical in nature and named PPETHM, was dummy coded for the current study and renamed FinalRace; 1=white (1), 2=other (2,3,4,5).

Education. Participants self-identified their level of educational achievement by categorical responses as: 1 = Less than high school, 2 = High school, 3 = Some college, and 4 = Bachelor's degree or higher. In the original dataset, this variable was labeled PPEDUCAT. Education was coded as a dummy variable for the current study and it was renamed PostEduc3: 1, 2=0 (Less than high school and High school) and 3, 4=1 (Some college or Bachelor's degree

or higher attained). This was done to take a closer look at those who went on to pursue post-secondary education and those who did not.

Current Marital Status. Participants self-identified their current marital status by the following categorical responses as: 1 = Married, 2 = Widowed, 3 = Divorced, 4 = Separated, 5 = Never Married, and 6 = Living with Partner. In the original dataset, this variable was labeled as PPMARIT, and was dummy coded for the current study, and renamed FinalPMaritalS: 1, 2,6=1 (Married, Widowed, and Living with Partner), and 3,4=2 (Divorced, Separated), and 5=3 for Never Married).

Classification Variable for the Family of Origin Parental Divorce Status. The variable for parental marital status was classified using Q4 from the survey as listed below. The data were filtered for the current study to only include participants whose parents were separated or divorced, was then dummy coded for this study, and renamed to ParentsMStatus: 2=1 (They are not married any longer-they're separated or divorced) and 1, 3, 4, 5=0 (Still married, deceased, living together while unmarried, and never married or lived together as a couple).

Q4: Were your biological parents ever married to each other?

1 = Yes, and they still are,

2 = Yes, but they aren't married any longer-they're separated or divorced,

3 = Yes, but they aren't married any longer - one or more of them is deceased,

4 = No, but they lived together as a couple while unmarried,

5 = No, they were never married to each other or living together as a couple,

6 = Don't Know

There were variable scales created from the questions within the original studies data set for the dependent variable and three of the predictor variables. After recoding the questions as

needed and creating the scales, the frequencies and scale reliability was run in order to determine the Cronbach Alpha for each scale. Cronbach's Alpha (α) Coefficient is the most used method of estimating the internal consistency reliability coefficient of a measuring test. Furthermore, the alpha coefficient was an indication of how well the questions correlate to one another and was used to assess the reliability of the scale and questions within the scale measures (Fields, 2013). A Cronbach Alpha (α) score from 0.65 thru 0.90 was acceptable, and the higher the Cronbach Alpha, the higher the scales reliability was considered to be (Lance, Butts & Michaels, 2006). As shown in Table 4.1, the Depressive Symptoms Scale $\alpha = .65$, with a Standard Deviation (SD) = 1.78, Mean (M) = 3.34, and the total number of items in the scale was 8. As for Past Family of Origin Level of Safety Security Scale the $\alpha = .85$, with a SD = 8.36, M = 31.19, and the total number of items in the scale was 9. For the Current Level of Family of Origin Support Scale the $\alpha = .89$, with a SD = 10.86, and M = 25.15, and the total number of items in the scale was 7. The last scale shown in Table 4.8 is the Current Level of Family of Origin Negativity Scale with the $\alpha = .78$, with a SD = 4.14, and M = 9.64, and the total number of items in the scale was 4.

Table 4.1

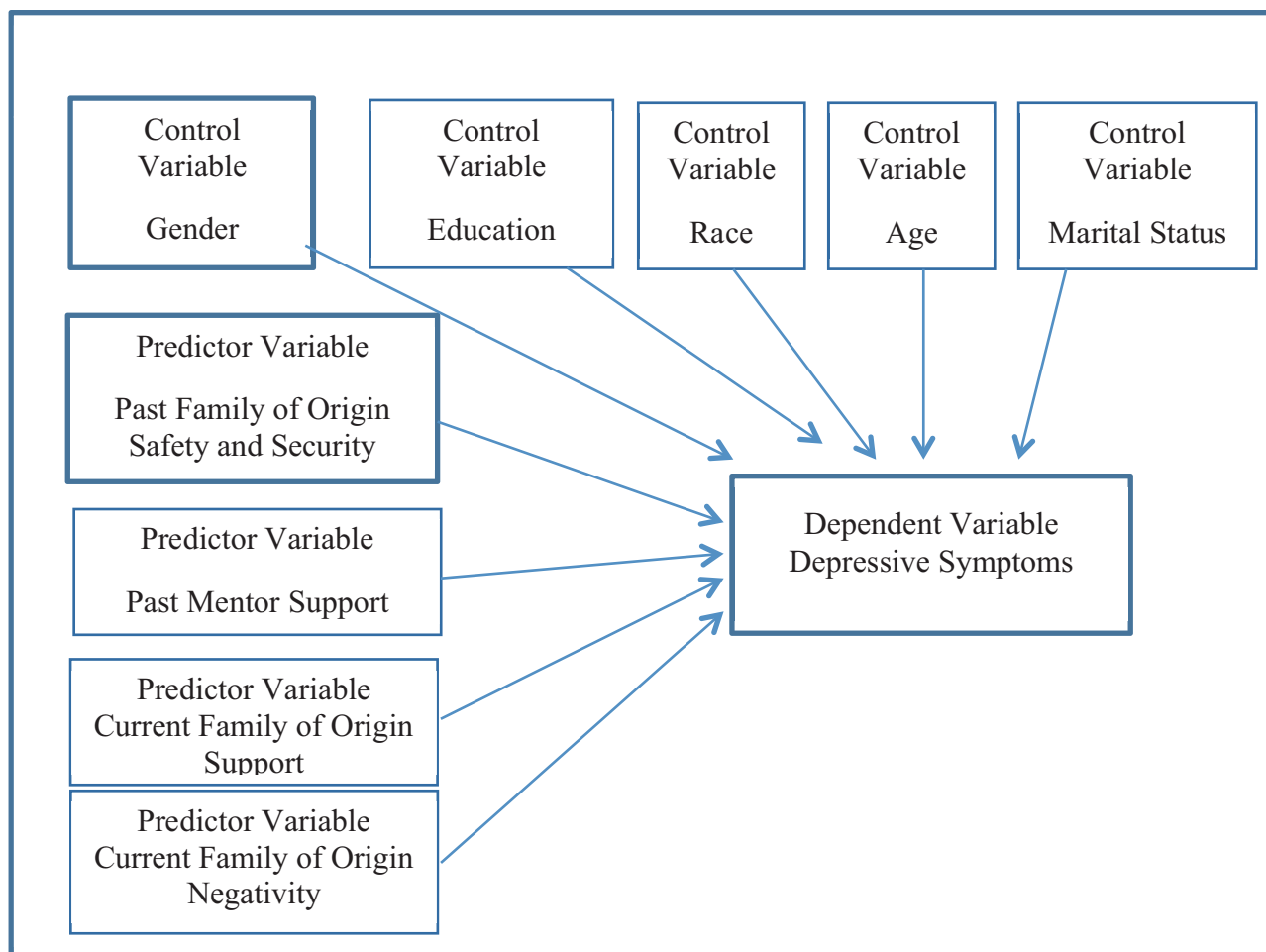
Cronbach's Alphas for Scales

Variable	Cronbach's	Standard	Mean	Number of
Depressive Symptoms Scale	0.65	1.78	3.34	8
Past Family of Origin Level of	0.85	8.36	31.19	9
Current Level of Family of	0.89	10.86	25.15	7
Current Level of Family of	0.78	4.14	9.64	4

Note. Data filtered for participants whose parents are divorced.

Figure 3.1

Study Graphic Model of Proposed Variable Relationships



Data Analysis

IBM SPSS (version 25.0) computer software was used to perform the data analyses with means and standard deviations for continuous variables and categorical variables. Bivariate correlations were examined among the relations of all the variables. The hypothesis was tested by using a stepwise multiple regression analyses (block method). Assessment diagnostics included multicollinearity and independence and normality of residuals. The multivariate

regressions controlled for co-factors and demographics by means of entry into the regression.

The betas, or standardized regression coefficients, examined the strength of statistically significant predictors of depressive symptoms in young adults at $p < 0.05$ of statistical significance (Fields, 2013). Cronbach's Alpha coefficients provided reliability of the total score for each subscale that was created within the larger instrument of the main measure.

Multiple regression analysis was used to estimate models that predict depressive symptoms among the 2,978 young adults whose parents were divorced. Multicollinearity was examined among all the variables. In all, nine factors were entered. Block one included age, gender, participants' marital status, race, and post-secondary education. Block two included Safety and Security Scale, Family of Origin Negativity Scale, Family of Origin Support Scale, and Past Mentor Support. The results were summarized into a parsimonious model that clearly outlined the variables that were most likely to predict depressive symptoms in young adults whose parents are divorced.

Human Subject Concerns

This research was a secondary analysis of an existing data set; the original study was granted approval by the University of Texas-Austin Committee for the Protection of Human Subjects. The de-identified dataset from that study was in the public domain, and it was available through the Inter-University-Consortium for Political and Social Research. Both the study protocol and the questionnaire were approved by the University of Texas at Austin's Institutional Review Board.

The data were intended to be publicly accessible and was made so with minimal requirements by mid-late 2012. Due to the ethical approval provided by other Universities and

stakeholders listed above, this study was submitted for an exemption to The Catholic University of America's Committee for the Protection of Human Subjects. As the research involved in the study is of existing data, documents, records, pathological specimens or diagnostic specimens, if the sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers lined to the subjects, The Catholic University of America approved this study with an exemption as a secondary data set that met this criteria.

Chapter Concluding Summary

This research performed a secondary data analysis using a cross sectional and correlational survey among young adults 18-39 years of age whose parents are divorced. This survey provides extensive data on the educational, mental health, and social outcomes among young adults. The present study examined the relationship between the predictor variables of social support (use of mentors), and past family support (safety and security), and past family negativity, and current family of origin support, with the dependent variable of depressive symptoms, while controlling for the variables of age, gender, race, education, and the participants current marital status. The model worked to explain the potential interactions of the predictors and control variables with depressive symptoms in young adults from divorced families. A multiple regression analysis was employed to provide descriptive statistics and examine the relationships among the variables. The findings of these analyses are described in the following Chapter 4.

Chapter 4: Findings

This chapter presents demographic data, descriptive statistics, findings, and multivariate analysis. The analysis was conducted in several stages using SPSS. The first stage involved analyzing the descriptive statistics to present the socio-demographic characteristics of the young adults in this sample affected by parental divorce. Second, the variable scales were created as described in Chapter 3. Finally, a multivariate regression was conducted to estimate the regression model that best predicts depressive symptoms in the participants.

Demographic Characteristics and Descriptive Statistics

The total sample size of young adults included in the New Family Structure Study (NFSS) (Regnerus, 2012) administered by the University of Texas at Austin's Population Research Center used in this study is 15,058. For this dissertation project, only subjects who responded as young adults whose parents were divorced were included in the sample. Using this filter, the total number of subjects who identified as a young adult (18-39 years of age) who responded to the question that their parents divorced was 2,978 or 20% of the sample. This study used a weighted post stratification weighing method from the demographic and geographic distributions for the non-institutionalized. A weight of 1 was used to run the analysis of frequencies, as suggested in the code book from the original study (Regnerus, 2012).

Within the sample, for this current study, over two-thirds identified as female (67.5%), with less than a third identifying as male (32.5%). Almost two-thirds of the sample identified as White (61.4%). The second highest respondent group was Hispanic at 15.7%. It is was a well-educated sample, with almost three-fourths (70.4%) reporting that they had some college or held at least a bachelor's degree. As described in Chapter 3, the sample was grouped into three

categories related to marital/partner status: participants who reported as married, living with a partner or widowed (58.4%); participants who were divorced or separated (4.3%); and participants who were never married (37.3%). Nearly half (45.4%) of the participants reported that they did have an adult outside of parental support who made a positive difference in their life, with 54.6% of the participants reporting that they did not have anyone they considered a mentor in their life (Table 4.16).

Table 4.2

Descriptive Statistics from the Sample

Variables	N	Minimum	Maximum	Mean	Mean S.E.	Std. Dev.	Variance
Age	2988	18	39	28.22	.116	6.363	40.486
Missing	10						
Valid N	2978						

Note. Data filtered for participants whose parents are divorced.

Table 4.3

Demographic Characteristics of the Sample

Variables		N	% wt
Age			
	18-24	1150	38.5
	25-31	790	26.4
	32-39	1048	35.1
Missing		10	
Total		2978	100.0
Gender			
	Male	971	32.5
	Female	2016	67.5
Missing		10	
Total		2978	100.0
Race			
	White	1836	61.4
	Black	416	13.9
	Other	143	4.8
	Hispanic	469	15.7
	Multiracial	124	4.1
Missing		10	
Total		2978	100.0
Education			
	< High School	234	7.8
	High School	649	21.7
	Some College	1172	39.2
	≥ Bachelor's	933	31.2
Missing		10	
Total		2978	100.0
Marital Status			
	Married	1218	40.8
	Widowed	7	.2
	Divorced	80	2.7
	Separated	48	1.6
	Never Married	1115	37.3
	Living with	520	17.4
Missing		10	
Total		2978	100.0

Note. Data filtered for participants whose parents are divorced.

Table 4.4

Age Frequencies of Participants

	Frequency	%	Valid %	Cumulative %
18	76	2.5	2.5	2.5
19	131	4.4	4.4	6.9
20	144	4.8	4.8	11.7
21	171	5.7	5.7	17.5
22	199	6.7	6.7	24.1
23	220	7.4	7.4	31.5
24	209	7.0	7.0	38.5
25	126	4.2	4.2	42.7
26	90	3.0	3.0	45.7
27	91	3.0	3.0	48.8
28	119	4.0	4.0	52.7
29	99	3.3	3.3	56.1
30	127	4.3	4.3	60.3
31	138	4.6	4.6	64.9
32	124	4.1	4.1	69.1
33	126	4.2	4.2	73.3
34	133	4.5	4.5	77.7
35	129	4.3	4.3	82.1
36	123	4.1	4.1	86.2
37	142	4.8	4.8	90.9
38	123	4.1	4.1	95.0
39	148	5.0	5.0	100.0
Total	2988	100.0	100.0	

Note. Data filtered for participants whose parents are divorced.

Table 4.5

Gender Frequencies of Participants

	Frequency	%	Valid %	Cumulative %
Male	971	32.5	32.5	32.5
Female	2016	67.5	67.5	100.0
Total	2987	100.0	100.0	
Missing	1	.0		
Total	2988	100.0		

Note. Data filtered for participants whose parents are divorced.

Table 4.6

Race Frequencies of Participants

	Frequencies	%	Valid %	Cumulative %
White	1836	61.4	61.4	61.4
Black	416	13.9	13.9	75.4
Other	143	4.8	4.8	80.2
Hispanic	469	15.7	15.7	95.9
Multiracial	124	4.1	4.1	100.0
Total	2988	100.0	100.0	

Note. Data filtered for participants whose parents are divorced.

Table 4.7

Education Frequencies of Participants

	Frequency	%	Valid %	Cumulative %
< High School	234	7.8	7.8	7.8
High School	649	21.7	21.7	29.6
Some College	1172	39.2	39.2	68.8
≥ Bachelor's Degree	933	31.2	31.2	100.0
Total	2988	100.0	100.0	

Note. Data filtered for participants whose parents are divorced.

Table 4.8

Current Marital Status Frequencies of Participants

	Frequency	%	Valid %	Cumulative %
Married	1218	40.8	40.8	40.8
Widowed	7	.2	.2	41.0
Divorced	80	2.7	2.7	43.7
Separated	48	1.6	1.6	45.3
Never Married	1115	37.3	37.3	82.6
Living with Partner	520	17.4	17.4	100.0
Total	2988	100.0	100.0	

Note. Data filtered for participants whose parents are divorced.

Testing the Hypothesis

The first step in the regression analysis process was to determine which of the predictor variables were significantly correlated with the dependent variable - depressive symptoms. In order to ensure that the data and model met the assumptions of the analyses used, descriptive statistics and graphs were generated to examine the data including normality of distributions, linear relationships between depressive symptoms and factors, normality of residuals, homoscedasticity, and multicollinearity. Measures of skewness and kurtosis, histograms, and Q-Q plots show the shapes of distribution of depressive symptoms, and the distributions were that of a normal curve. Pearson's correlation coefficients and scatterplots showed a linear relationship with depressive symptoms and predictor variables.

Table 4.9

Pearson's R Correlation Measure

Measure	1	2	3	4	5	6	7	8	9	10
1. Family Safety Security Scale	1									
2. Mentor	.116**	1								
3. Family Support Scale	.487*	-.020	1							
4. Age	.004	.043*	.074	1						
5. Gender	.153**	-.104**	.202	.002	1					
6. Race	.165**	.004	-.091	-.026**	.003	1				
7. Marital Status	-.037	-.035	-.279*	-.484**	-.047**	.101**	1			
8. Education	-.042	-.034	.055	-.322**	.040*	.043*	.255**	1		
9. Family Negativity Scale	.740**	-.038	-.222	-.035	.103**	.125**	.045*	.002	1	
10. Depression Scale	-.440	-.035	-.081	-.060**	.126**	.113**	.092**	.010	.414	1

** = $p < .05$. * = $p < .01$.

Bivariate Correlations and Procedures for Selected Variables

The stepwise multiple regression analysis was chosen due to its ability to estimate a regression model that best predicts levels of depressive symptoms among the young adults whose parents are divorced based on nine factors (Abu Bader, 2010). As required for a multivariate regression analysis, the categorical variable for this study with three or more levels were recoded prior to entering it in the regression analysis (Abu Bader, 2010). Of the nine factors, four were the main predictors (past level of safety and security from family of origin, past mentor support, current level of support from family of origin, and current level of negativity from family of origin). The five control variables included age, gender, race, and

marital status, and post-secondary education. All control variables were entered into the first block and were entered in order of their correlational strength with the dependent variable, depressive symptoms. The next block consisted of the scales created for predictor variables and were entered in order of correlational strength, which were past level of safety and security from family of origin, current level of family negativity from family of origin, current level of support from family of origin, and past mentor support. Once the significant predictors were identified, the regression analysis was re-run with all control variables and significant predictor variables.

Results of Hypothesis Testing

The results of the multiple regression analysis revealed that three of the nine factors emerged as significant predictors of depressive symptoms ($F = 19.269, p < .001$). As seen in Table 4.4, with a beta of $-.644 (p < .003)$, current marital status emerged as the strongest predictor of depressive symptoms and showed that it is a moderator between predictors of depressive symptoms. The second strongest factor was current level of family negativity ($\beta = .512, p < .000$). The third strongest factor was current level of family support ($\beta = -.501, p < .000$). Interestingly, past level of family of origin safety and security ($\beta = -.490, p < .007$) was a significant predictor, but it lost its significance when the current family negativity scale was added to the model. Overall, the model explained 75.5% of the variance in depressive symptoms ($R^2 = .755; df = 3; F = 19.269; p < .001$). The results of the stepwise block entry multiple regression analysis can be seen in Tables 4.10 through 4.13.

Table 4.10

Results of Multiple Regression Analysis—Model Summary with Excluded Variables
N=2978

Model Summary ^d		B	R ^{2a}	β	t	p
1	Marital Status	1.544	.380	-.644	3.44	.003 ^a
	Age			-.131	-.683	.505 ^a
	Gender			-.232	-1.09	.289 ^a
	Education			-.151	-.790	.441 ^a
	Race			-.037	-.150	.883 ^a
	Mentor			-.254	-1.34	.200 ^a
	Safety Security			-.490	-3.12	.007 ^a
	Family Negativity			.512	3.56	.003 ^a
	Family Support			-.545	-2.26	.038 ^a
2	Family Negativity	.310	.635	.512	3.55	.000 ^b
	Age			-.019	-.121	.905 ^b
	Gender			-.197	-1.22	.240 ^b
	Education			-.116	-.793	.440 ^b
	Race			.161	.840	.414 ^b
	Mentor			-.049	-.293	.774 ^b
	Safety Security			-.182	-.711	.488 ^b
	Family Support			-.501	-2.96	.010 ^b
3	Family Support	.030	.755	-.501	2.96	.000 ^c
	Age			-.226	-1.78	.097 ^c
	Gender			-.071	-.483	.636 ^c
	Education			-.067	-.543	.596 ^c
	Race			.065	.397	.697 ^c
	Mentor			-.078	-.569	.578 ^c
	Safety Security			-.261	-1.28	.220 ^c
F = 19.269						
^a adjusted R2						

a. Predictors: (Constant), Marital Status

b. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin

c. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin, Current Level of Support from Family of Origin

d. Dependent Variable: Depressive Symptoms

Note. Data filtered for participants whose parents are divorced. Data weighted by 1.

In the following model summary, Table 4.11 to 4.13, it is followed by footnotes, which represent the significant variables after each step was run. In sum, these tables state the results of the study and are described below.

Table 4.11

Results of Multiple Regression Analysis - Model 1 Summary^d

Model	R	R ²	Adjusted R ²	S.E. of the Estimate	R ² Change	F Change	df1	df2	Sig. F Change
1	.644 ^a	.415	.380	1.85821	.415	11.892	1	16	.003

a. Predictors: (Constant), Marital Status

d. Dependent Variable: Depressive Symptoms

Note. Data filtered for participants whose parents are divorced. Data weighted by 1.

Table 4.12

Results of Multiple Regression Analysis - Model 2 & 3 Summary^d

Model	R	R ²	Adjusted R ²	S.E. of the Estimate	R ² Change	F Change	df1	df2	Sig. F Change
2	.822 ^b	.676	.635	1.42663	.261	12.660	1	15	.003
3	.893 ^c	.797	.755	1.16738	.121	8.768	1	14	.010

b. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin

c. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin, Current Level of Support from Family of Origin

d. Dependent Variable: Depressive Symptoms

Note. Data filtered for participants whose parents are divorced. Data weighted by 1.

Table 4.13

Results of Multiple Regression Analysis - Model 1, 2 & 3 Summary^d

Model	R	R ²	Adjusted R ²	S.E. of the Estimate	R ² Change	F Change	df1	df2	Sig. F Change
1	.644 ^a	.415	.380	1.85821	.415	11.892	1	16	.003
2	.822 ^b	.676	.635	1.42663	.261	12.660	1	15	.003
3	.893 ^c	.797	.755	1.16738	.121	8.768	1	14	.010

a. Predictors: (Constant), Marital Status

b. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin

c. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin, Current Level of Support from Family of Origin

d. Dependent Variable: Depressive Symptoms

Note. Data filtered for participants whose parents are divorced. Data weighted by 1.

The Model Summary in Table 4.13 shows the three models from the regression analysis. The first, Model 1, depressive symptoms (dependent variable), was entered into the analysis at the first step, as were all the control variables. In this model, marital status had a significant correlation to depressive symptoms. The *R* Square ($R = .644$) shows that the correlation between marital status and depressive symptoms is .644. The *R* Square column shows that marital status contributes 41.5% to the variance in depressive symptoms ($R^2 = .415$). The fourth column shows that the adjusted *R* square is 38% (adjusted $R^2 = .380$). The sixth column (*R* Square Change) shows that marital status added 41.5% to the variance in depressive symptoms. Since this is the first step in the analysis, the R^2 and R^2 Change are the same (only one variable is in the regression equation, marital status). The tenth column shows that this proportion (R^2 change) is significant at alpha of .05 (Sig. *F* Change = .003).

In Model 2, the current level of negativity influenced by family of origin was entered at the second step. Table 4.13 shows that the multiple correlation between all variables in the equation at Model 2 (step 2) and depressive symptoms is .822 ($R = .822$). These factors are Marital Status (entered at step 1) and current level of negativity influenced by family of origin (entered at step 2). The two variables together accounted for 67.6% of the variance in depressive symptoms ($R = .676$). The adjusted R square is still similar to the standard R square (Adjusted $R = .635$). The second predictor variable (current level of negativity influenced by family of origin) added 26.1% to the variance in depressive symptoms (R square change = .261). This R square change is still significant at alpha of .05 (Sig. F change = .003).

In Model 3, the current level of support from family of origin was entered at the third step. Table 4.13 shows that the multiple correlation between all factors in the equation and depressive symptoms is .893 ($R = .893$). These variables are marital status (entered at step 1), current level of negativity influenced by family of origin (entered at step 2), and current level of support from family of origin (entered at step 3). The three variables accounted for 79.7% of the variance in depressive symptoms (Sig. F change = .010). The model summary table is followed by footnotes. The first three footnotes list the variables in each step. The last footnote shows the dependent variable (depressive symptoms). To sum up, this table shows that marital status was the best predictor of depressive symptoms, followed by current level of negativity influenced by family of origin, and current level of support from family of origin.

Table 4.14 displays the results of the one-way ANOVA. Multiple regression analysis uses one-way ANOVA to examine the overall level of significance for each regression model. There was one ANOVA test for each model. Further, Table 4.14 lists the order of the models in the first

column (Model) and then provides the sum of squares (second column), degrees of freedom (third column), mean square (fourth column), ANOVA F ratio (fifth column), and overall level of significance (sixth column). For this study we are only interested in looking at the last two columns.

Table 4.14

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	41.062	1	41.062	11.892	.003 ^b
	Residual	57.802	17	3.453		
	Total	98.864	18			
2	Regression	66.829	2	33.414	16.418	.000 ^c
	Residual	32.035	16	2.035		
	Total	98.864	18			
3	Regression	78.777	3	26.259	19.269	.000 ^d
	Residual	20.087	15	1.363		
	Total	98.864	18			

a. Dependent Variable: Depressive Symptoms

b. Predictors: (Constant), Marital Status

c. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin

d. Predictors: (Constant), Marital Status, Current Level of Negativity Influenced by Family of Origin, Current Level of Support from Family of Origin

Note. Data filtered for participants whose parents are divorced. Data weighted by 1.

In Table 4.14, for Model 1, the first row shows the results of the ANOVA for the first model (Marital Status). With only one factor (Marital Status), the model was a significant predictor of depressive symptoms ($F = 41.062$, $Sig. = .003$). The second row shows the results of the ANOVA for Model 2 (marital status and current level of negativity influenced by family of

origin). With these two factors included, the model was also a significant predictor of depressive symptoms ($F = 33.414$, $Sig. = .000$). In the last model, Model 3, the third row shows the results of the ANOVA (marital status, current level of negativity influenced by family of origin, and current level of support from family of origin). With the inclusion of these three factors, the model was still a significant predictor of depressive symptoms ($F = 26.259$, $Sig. = .000$). In summary, the results of the ANOVA show that the three-factor model significantly predicted depressive symptoms ($F = 26.26$, $p < .001$).

In the following Table 4.15, coefficients and statistics are reported for each factor entered into the regression equation and reassessed once a new variable is entered. In sum, this table states the coefficients for all factors that best contribute to the variance in depressive symptoms, that is, Model 3.

Table 4.15

Coefficients^a

Model		Unstandardized		Standardized			Collinearity	
		B	S.E.	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	.671	.886		.758	.459		
	Marital Status	1.544	.448	-.644	3.448	.003	1.000	1.000
2	(Constant)	-2.541	1.130		2.248	.039		
	Marital Status	1.459	.345	-.609	4.234	.001	.995	1.005
	Family	.310	.087	.512	3.558	.003	.995	1.005
3	(Constant)	1.129	1.547		.730	.477		
	Marital Status	.601	.405	-.251	1.484	.159	.484	2.068
	Family	.297	.072	.490	4.153	.001	.991	1.009
	Family	-.088	.030	-.501	2.961	.010	.482	2.076

a. Dependent Variable: Depressive Symptoms

Note. Data filtered for participants whose parents are divorce. Data weighted by 1.

Table 4.15 displays the unstandardized and standardized regression coefficients, their levels of significance, and the collinearity statistics. It has eight columns, with the first column (Model), which conveys the number and the order of the models and then it lists the variables

that entered into the regression equation at each step. This column is consistent with the previous two tables. The second and third columns (*B* and Std. Error, respectively) convey the unstandardized regression coefficients (*bs*) and their standard errors for each factor entered in the analysis. The table also reports the constant (*a*) for each model: The first line in each row (Constant) and first column (*B*). The fourth column (*Beta*) conveys the standardized regression coefficients (β). This column reports the size and direction of the partial correlation between each factor and the criterion of depressive symptoms. The fifth and sixth columns, (*t* and *Sig.*, respectively), convey the *t* value and the level of significance (*p*) for each regression coefficient. This statistic examines whether the partial correlation between the criterion and the corresponding factor is significant or not. The seventh and the eighth columns, (Tolerance and VIF, respectively), convey the collinearity of the measures. These measures are used to evaluate the assumption of multicollinearity. Further, these coefficients and statistics are reported for each factor entered in the regression equation, and then they are reassessed once a new variable is entered. Here the last row displays the coefficients for all the factors that best contribute to the variance in the criterion (depressive symptoms), that is, in Model 3 (Fields, 2013).

In Model 3, the first line conveys the regression constant (the *a* value in the unstandardized regression equation). The second column shows that the constant in the model is 1.129 (*B* = 1.129) with a standard error of 1.547 (Std. error = 1.547). Table 4.15 does not report the standardized coefficient for the constant, because the constant (*a*) for a standardized regression equation is zero. The second line in Model 3 reports the coefficients and statistics for the strongest factor in the equation, marital status. The unstandardized regression coefficient for marital status is .601 with a standard error of .405. Table 4.15 shows that the partial correlation

(Beta) between marital status and depressive symptoms is $-.251$. Beta indicates a negative partial correlation between marital status and depressive symptoms; marital status can determine higher levels of depressive symptoms. This correlation is significant ($t = 3.44$, $Sig. = .003$). The third line in Model 3 reports the coefficients and statistics for the second strongest factor in the equation, current family of origin negativity. The unstandardized regression coefficient is $.072$, which indicates that the participants in the study tend to have more depressive symptoms if there is current family of origin negativity. This correlation is significant ($t = 3.55$, $Sig. .000$). Finally, the last line in Model 3 reports the coefficients and statistics for the third and last strongest factor in the equation, current level of support from family of origin. The unstandardized regression coefficient was $-.088$, with a standard error of $.030$. The partial correlation (Beta) between current level of support from family of origin and depressive symptoms is $-.501$, which indicates that current level of support from family of origin can decrease levels of depressive symptoms. This correlation was significant ($t = 2.96$, $Sig. = .000$).

Discussion

The hypothesis developed for this study was: controlling for age, gender, race, education, and marital status of young adults from divorced families, depressive symptoms will be influenced by family of origin factors and the use of mentors. The hypothesis was partially supported. Only some of the family of origin factors were found to be predictive of depressive symptoms. Marital status of the participants showed that it moderates the relationship between family of origin factors and depressive symptoms as it was present in all models. Two family of origin factors contained variables that were found to be predictive of depressive symptoms: current level of negativity influenced by family of origin and current level of support from

family of origin. Interestingly, when all the scaled variables were present in the multiple regression analysis, past level of family of origin safety and security was significant. However, when the scale for current level of negativity influenced by family of origin was removed from the regression, it no longer was significant. Past mentor support did not influence depressive symptoms, and almost half of the participants (45.4%) did respond as having had a mentor in their lives. While 54.6% of the participants reported that they did not have anyone they considered a mentor in their life, about half (45.4%) did have an adult outside of parental support who made a positive difference in their life (Table 4.16).

Table 4.16

Mentor Frequencies of Participants

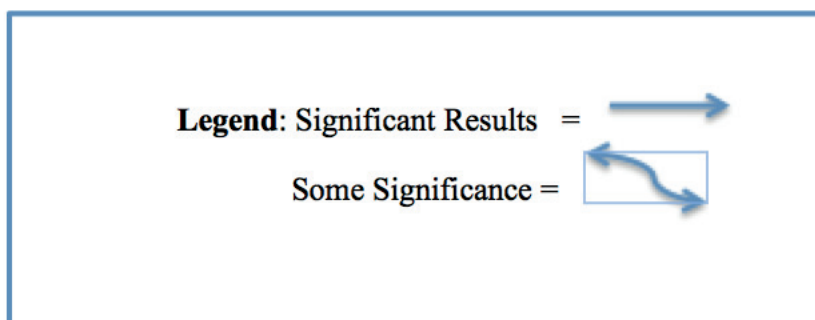
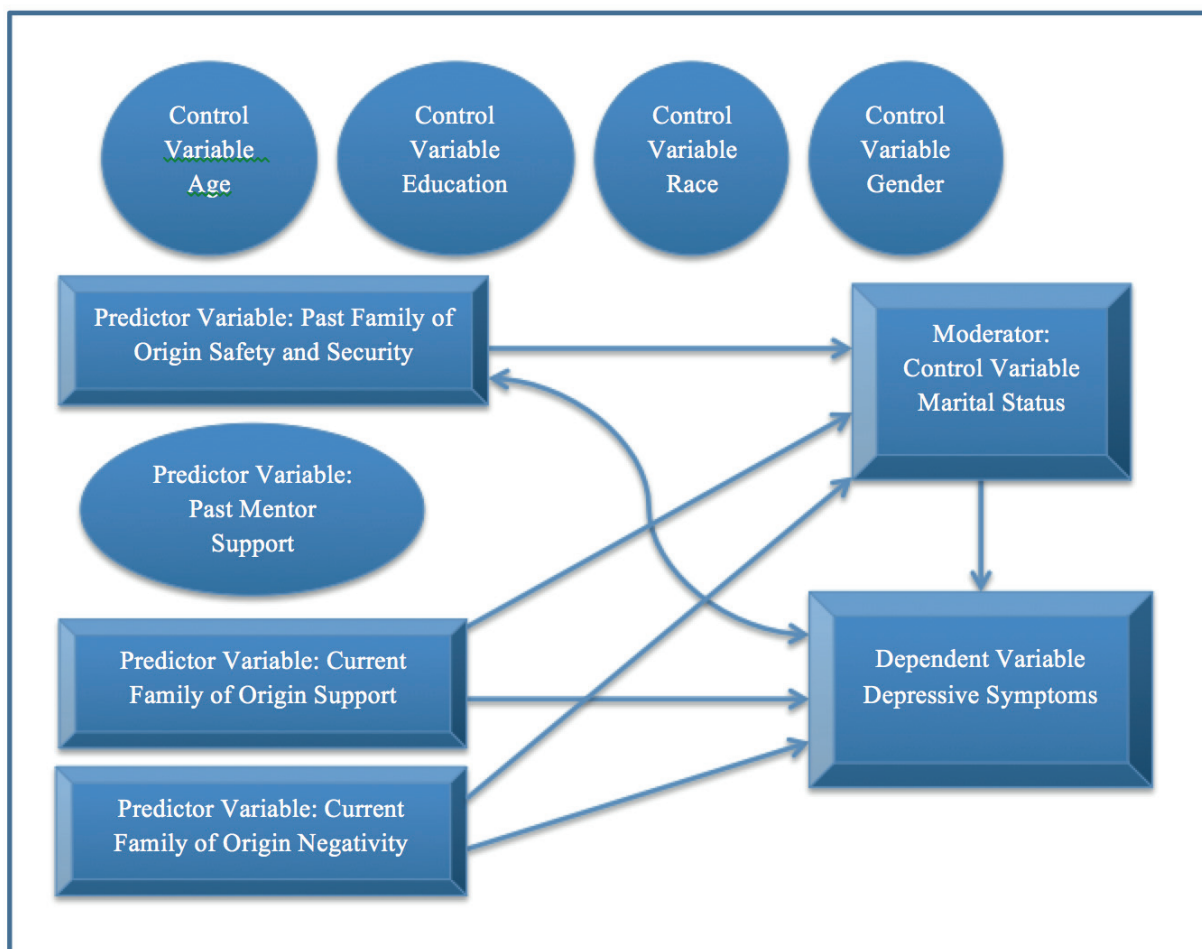
	Frequency	%	Valid %	Cumulative %
Yes	1352	45.4	45.4	45.4
No	1626	54.6	54.6	100.0
Total	2978	100.0	100.0	

Note. Data filtered for participants whose parents are divorced.

Final Model

In the following Figure 4.1, the circles represent variables that were not significant predictors of depressive symptoms, whereas squares represent variables that were significant. A straight-line arrow implies that this variable has a direct correlation with the variable and the dependent variable of depressive symptoms. A curved arrow implies that there was some significance with the variable and the dependent variable during the regression analysis, but it was not significant in the final results.

Figure 4.1

Results of the Study

Chapter Concluding Summary

The findings of this study are presented in this chapter and provide details regarding the demographic characteristics of the sample, as well as provide the reader with the data analysis process, which included a stepwise multiple regression analysis to estimate a regression model to best predict levels of depressive symptoms among young adults based upon nine factors. Of the nine variables considered (five control variables and four predictor variables that were scaled), two variables, current family of origin negativity and current family of origin support, were predictive of depressive symptoms in young adults from divorced families with the control variable, participants' marital status, functioning as a moderator.

The hypothesis for the study was partially substantiated; some, but not all, of the variables were predictive of depressive symptoms in young adults from divorced families. Marital status was a moderator and was significant in all models. Past family of origin, current family of origin support and current family of origin negativity were all significant predictors of depressive symptoms in young adults from divorced families. Past mentor support was not predictive of depressive symptoms being present in the young adults in this study.

The next chapter includes a study summary and how these findings connect to the existing literature on the impact of divorce on young adults. In addition, the next chapter discusses and presents the limitations of the study, recommendations for future research, and the implications for social work theory, practice, research, and policy.

Chapter 5: Summary and Conclusions

Summary of the Study

This study was undertaken for the specific purpose of investigating whether family of origin factors and/or the use of mentors may influence depressive symptoms in young adults from divorced families. The multivariate research question that directed the study was: controlling for age, gender, race, education, and marital status of young adults from divorced families, does family of origin factors, or the use of mentors, influence the level of depressive symptoms in young adults from divorced families? The hypothesis developed for the study was: controlling for age, gender, race, education, and marital status of young adults from divorced families, depressive symptoms will be influenced by family of origin factors and the use of mentors.

A secondary data analysis with a sample of 15,058 young adults, ages 18 to 39, was conducted using data collected in a cross sectional and correlational survey from 2009 to 2011 in the U.S. at the University of Texas at Austin's Population Research Center (Regnerus, 2012). The analyzed sample was comprised of 2,978 (20% of 15,058) young adults whose parents were divorced. The present study examined the relationship between the dependent variable of depressive symptoms and the predictor variables of social support (mentor), past family support (safety and security), past family negativity, current family of origin support, while controlling for age, gender, race, education, and marital status of young adults from divorced families. A multiple regression analysis was used to estimate models that best predict depressive symptoms.

Discussion of the Study Findings

The study's findings partially supported the hypothesis. The family of origin factors found to be predictive of depressive symptoms in this study were current family of origin support, current family of origin negativity, and in one model, past family of origin safety and security. Marital status of the participants showed that it moderates the relationship between family of origin factors and depressive symptoms as it showed significance in all models. The family of origin factors that were found to be the best predictors of depressive symptoms were current level of negativity influenced by family of origin and current level of support from family of origin. Interestingly, in one model, when all the scaled variables were present in the multiple regression analysis, past level of family of origin safety and security was significant. However, when the scale for current level of negativity influenced by family of origin was taken out of the regression, it was no longer significant. Past mentor support did not influence depressive symptoms, although almost half of the participants (45.4%) did respond as having had a mentor in their lives, and they reported that an adult outside of parental support made a positive difference in their life. The other participants (54.6%) reported that they did not have anyone they considered a mentor in their life.

In general, this study's findings are consistent with the existing literature on divorce and subsequent struggles with depression. For the most part, this existing literature focuses on children of divorce who then become young adults. This study's unique contribution is that it provides new findings specifically on young adults from divorced families. Specifically, previous research has generally looked at the number of mental health effects on the social and emotional consequences of divorce on children. For example, children from divorced families

will tend to symptomize anger and hostility more often than children from intact families (Mack, 2001). Further, studies show that families of divorce tend to have less intact relationships in terms of closeness, distance, and distress when compared to intact families (Mack, 2001). The parental conflict caused by divorce is a factor that can have a significant impact on children (Kressel, 1988; Mack, 2001; Trinder et al., 2008; Wallerstein & Lewis, 2007). Oppawasky (2000) found that parental conflict due to divorce was positively related to an increased level of fear, sadness, shame, and hatred toward parents. As parental conflict increased, the child's self-esteem decreased. In addition, it was determined that once the children were grown, they had a desire and determination to move away from their divorced family of origin as soon as possible to escape the negativity (Oppawasky, 2000). In this study it was found that current family of origin negativity does influence depressive symptoms. This is consistent with the findings in the current study. Therefore, this theme of negativity can persist from childhood to young adulthood, creating mental health effects.

In the current study, past family of origin safety and security and current family of origin support were significant predictors of depressive symptoms; this finding is consistent with the findings in past research on children. Children form relationships with their parents, and how well their relationship sustains their parents' divorce can impact the quality of their relationship with either parent moving forward into their adult lives (Trinder et al., 2008). By focusing on young adults instead of children, the current study demonstrates that the findings reported in children are similar to those in young adults who come from divorced families.

Marital status for the participant was a moderator in this study for all the significant predictors (current family of origin support, family of origin safety and security, and current

family of origin negativity) of depressive symptoms. The participants in this study who reported they felt they had current family of origin support and were married they were less likely to have depressive symptoms. These findings are also consistent with the current literature that reports that there is a correlation between the parent and the child's adult romantic relationships (Johnson & Galambos, 2014). This research shows that the parent-child relationship was able to predict the child's intimate relationship fifteen years later in life. For instance, if a child had a healthy relationship with their parent, they were more likely to have a healthy relationship with their adult romantic partner (Johnson & Galambos, 2014). Therefore, in this study marital status for the participant contributed to the impact on depressive symptoms based on the effect of the predictor or independent variable (current family of origin support, family of origin safety and security, and current family of origin negativity).

There is also research that has demonstrated a relationship between how the parent adjusts to the divorce and how the whole family adjusts (Schindler & Coley, 2012), including the child (Trinder et al., 2008). As discussed in Chapter 2, if the family reported that there were disruptions and parental or childhood depression after the divorce, then future relationships were more likely to suffer, including negatively impacting both the parent-child relationship and the child's romantic relationships into adulthood (Trinder et al., 2008). The findings of this study support these earlier findings; participants' marital status can impact one's adjustment and moderate depressive symptoms.

Although it was predicted that mentors would help to mitigate the impact of divorce on the young adults, the presence of mentors was not found to be a significant predictor of depressive symptoms in this study. This finding was not surprising, because there are mixed

findings among mentor studies. Nevertheless, some studies have reported that mentors are a useful intervention strategy to mitigate the negative developmental effects on mental health (Trinder et al., 2008). Some researchers have demonstrated that the use of mentors has been an effective intervention strategy to address the needs of young people who could benefit from adult support and guidance during their developmental years (DuBois et al., 2011). Theoretically, from a developmental standpoint, there appears to be benefits for youth participating in mentoring programs across all age ranges, but this has not been proven and therefore this study's findings are not surprising (DuBois et al., 2011). While the research in this area is inconsistent, a large part of this is due to the inability to reliably compare mentoring programs, considering the differences among them (DuBois et al., 2011). Unfortunately, this study does not create more clarity regarding the use of mentors. Here, almost 50% of the participants reported that they did have a mentor, yet having a mentor did not impact the development of depressive symptom. This finding indicates the need for more research in this area to determine the potential impact of mentoring relationships for children and youths who become young adults from divorced families.

The Application of Attachment Theory

The theory informing this study was Attachment theory. John Bowlby developed Attachment theory, and he suggested that caregivers could be a secure place for their infants to enable the infant to explore the world around them (Bowlby, 1973). Further, Bowlby saw humans as driven by relationships, particularly in infancy with their need to attach to a primary caregiver. He hypothesized that children are born with a predisposition to attach to a caregiver, and he went further to state that children will organize their behavior and thinking in order to be

able to maintain those relationships. In addition, he believed that this relationship is key to a child's psychological and physical development.

Research in the area of attachment and young adults shows that attachment styles developed in childhood are fairly persistent, and they play out later in life in adult relationships (Hesse, 2008). Some of the research in the area of attachment and parental divorce for young adults shows that parental divorce typically has a damaging effect on attachment (Crowell et al., 2009; Mahl, 2001). However, other research found that those who experienced parental divorce had a similar attachment as those who had not experienced parental divorce (Washington & Hans, 2013). This research also showed that these individuals can shift from an anxious attachment style to having a secure attachment if they had a positive relationship with the nonresidential parent. Lastly, if the parents were able to provide a stable pattern of visitation and reduce the conflict between them, the child's attachment improved (Washington & Hans, 2013).

When applying Attachment theory to young adults from divorced families, it is important to consider how childhood patterns of attachment present. (Dozier et al., 1999; Holmes, 2001; Slade, 1999). Further, Sable (2002) asserts that in childhood, environmental factors should be considered, such as inconsistent caregiving or rejection from caregivers and negativity, and how these factors will impact healthy development. These environmental factors can introduce distortions and lack of coherence that can impact the person as a functioning adult. Symptoms that may arise for this population are often seen in terms of anxiety, depression, and anger and can disrupt personal bonds (Sable, 2000). This is significant for social work as it allows us to look at young adults from divorced families in terms of attachment. Young adults' symptoms of depression may be indicative of their problematic internal working models and not just the

potential biochemical imbalances that are suggested in scientific journals (Ainsworth & Bowlby, 1991).

What Attachment theory does not take into account is the multitude of caregivers that may surround a child that becomes a young adult (such as a mentor) whose family has been through a divorce. Attachment theory is limited to the primary relationship of the attachment figure of a parent or caregiver. Further, Attachment theory makes it difficult to account for disruptions later in life to the relationship with the attachment figure, and the impact this may have on an individual as it relates specifically to mental health issues.

The current study investigated whether family of origin factors (past family of origin safety and security, past mentor support, current family of origin support, and current family of origin negativity) are predictive of depressive symptoms in young adults from divorced families, while controlling for race, gender, education, age and the participants' marital status. The study showed significant findings when looking at divorced families informed by Attachment theory to investigate family of origin factors as they relate to depressive symptoms for young adults. Current family of origin negativity, current family of origin support, past family of origin safety and security all impacted depressive symptoms as reported by young adults from divorced families. In addition, marital status was seen as a moderator, for these predictors of depressive symptoms. The findings in this study are consistent with the aforementioned research when applying the frame of Attachment theory and the impact on depression.

Contributions to Social Work

The major contribution of this study is highlighting the needs of young adults who have experienced divorce. Specifically, this research study identified some of the potential mental health effects of divorce that may place young adults who have experienced parental divorce at greater risk. Social workers and other mental health professionals should be aware of the potential impact on young adults in order to support them if they seek their services. Therefore, it is important for the social work profession to understand the factors that may influence divorce adjustment, the impact that these factors can have on adjustment, how these factors potentially interact with each other, and how they can influence each other in the mental wellbeing of children as they develop into young adults.

In addition, because this study looks at familial factors that influence mental health effects in young adults, social workers may be able to assist these families and the children within them by providing supportive interventions as the families are going through these significant disruptions to the family system. Viewing these issues from an Attachment theory lens, social workers can work to support young adults and their families through individual and/or family therapy to prevent and/or repair ruptures in attachment due to divorce in order to mitigate the potential effects that divorce can have on the mental health of the individuals affected by it.

Practice Implications

Based on the findings of this study and other research, social workers and other mental health professionals should screen for risk factors that have been shown to impact depression levels in young adults, such as the divorce intensity, the level of family conflict before and/or

after the divorce, parental involvement and closeness, and the client's beliefs and expectations regarding a romantic relationship (Dillman et al., 2011; Kelly & Emery, 2003; Mahl, 2001; Wallerstein & Lewis, 2007, Whiteside, 1998). Screening questions should include determining how well the client believed their parents navigated the divorce and if there was any part of the divorce that impacted them directly, and if so, which aspect of the divorce do they feel was more salient for them. Based on the findings in this study, it is especially important to include screening questions that assess for past family of origin safety and security, past mentor support, current family of origin support, and current family of origin negativity. These types of questions can assist mental health professionals to assess the impact the divorce may have had related to interpersonal relationship and mental health issues. Having a coherent model based on Attachment theory when working with those who have experienced parental divorce can offer social workers a structure and the guidance to help their clients heal any mental health effects. It is possible that clinicians could apply some of the concepts from Attachment theory to work in attachment therapy with this population.

Attachment Therapy

The aim of attachment-based therapies is to provide a safe environment that can foster attunement and is secure enough to help our client cope and develop new relational patterns (Waters et al., 2000; Sable, 2000). In addition, the goal of attachment-based work is to foster a therapeutic relationship that serves as a new relational experience, allowing the individual to manage more effectively past negative experiences and develop more adaptive relational patterns. These more adaptive coping strategies will help to reduce the client's image of herself as unlovable and unworthy of secure, affectionate ties. Attachment-based therapies have the

potential to help clients conceptualize therapy as the healing of pain through the attunement and empathetic connection between the social work clinician and the client. This connection can provide a reparative relational experience for our clients to take steps to eventually reduce a client's depressive symptoms.

Although attachment-based therapies may not have been used yet with this population, based on the findings of this study and the theoretical literature it is possible that using attachment-based theories would help clients improve their relational patterns and in turn reduce their risk for mental health issues, including depression. Further, humans are biologically predisposed to form close affective bonds to others who can provide them with support, care, and protection (Bowlby, 1969), and attachment bonds with family of origin and others continue to play a role from the cradle to the grave (Bowlby, 1973). However, attachment bonds can be altered by important experiences that affect individuals' beliefs about the value of seeking help from attachment figures and the feasibility of attaining safety, protection, and comfort (Davila & Cobb, 2004; Mikulincer & Shaver, 2007). They can also be altered by exposure to a range of contextual factors in human interaction, such as marital breakups (Sbarra & Hazan, 2008), threats to the availability of parents or romantic partners (Holman et al., 2009), trauma (Mikulincer et al., 2011), as well as by the provision of therapy (Taylor et al., 2015). Any of these factors can lead to change in human functioning, including depression (Bettmann, 2006; Madigan et al., 2016).

In working with clients, Holmes (2001) suggests that we, as social work clinicians, rethink the goals of young adult and adult psychotherapy in that we work with our clients to recreate the goals of therapy as the search for intimacy and autonomy. Further, that the capacity for

intimacy can arise out of the attunement our client can gain in psychotherapy, clinicians should allow for space for our clients to both express themselves through a healthy protest and replay early processes in order to grieve their irretrievable childhood losses. By allowing our clients to process their early losses and grieve them, it will help to heal the young adult and adult clients alike of their early experiences with their caregivers.

For children who come from divorced families, it is especially important to consider how their attachments were disrupted as a result of the divorce. This study specifically demonstrated that clinicians should focus in their work on past family of origin safety and security, past mentor support, current family of origin support and current family of origin negativity. Given the unique challenges and experiences of young adults whose parents have divorced, social work clinicians should tailor their work with their clients to meet the distinct experiences, characteristics, and resources of their clients (Whiteside, 1998). When counseling families who are currently in the process of divorce, one of the primary goals of the family would be to work together for the benefit of the children. Understanding that each family has its own unique divorce case will help clinicians to create that safe space for the family to unfold and tell their story to help the family and children work through the divorce (Whiteside, 1998). Therefore, based on the findings of this study, Attachment-based therapies have the potential to be helpful for social work clinicians working with young adults to decrease their depressive symptoms that stem from ruptures in their parent or caregiver attachment.

Social Work Education

The implications from this study's findings make a solid argument for looking at young adults from divorced families through the lens of Attachment theory to form social work

interventions. Attachment theory can become a framework for how social work clinicians come to understand the foundation of the clients with whom we work. Based on a client's foundation, which is seen as the client's attachment style to their caregiver and/or parents, social work clinicians can begin to help repair these ruptures, and this can inform the clinician's intervention strategy with the client. We could go so far as to say that Attachment theory is so important to understanding the clients we work with, that this is the place from which all clinicians should start the therapy journey with their clients. Due to the importance of understanding Attachment theory in working with our clients as social workers, there should be a mandate that all Master of Social Work (MSW) students be required to learn Attachment theory in their theory courses, and this should include the impact of divorce in human development classes. Further, in practice classes MSW students should learn attachment-based therapies to inform their work with this population, and all populations at large.

Policy Implications

The findings of this study indicate that it is essential that more funding be given to the family courts. Such funding could require mandated attendance of parenting/child development classes for families who are identified as having a high conflict divorce. The classes could be aimed at helping the parents to understand the role they have in either protecting or contributing to their children's stressors. This could help educate parents that the way they navigate their divorce could either mitigate or worsen the impact of the divorce on the children and their development.

In addition, there could be mandates for pediatricians, whereas the policy that would specifically require them to screen all children and adolescents for atypical mental health effects

at their yearly well visit. Also, social workers in school and/or daycare settings and/or other childhood educators could be mandated to screen all children and adolescents who present with atypical mental health effects. Such policy mandates could decrease the effects of mental health issues for this population by then requiring the pediatrician or social worker to make a referral to a mental health professional for therapy if the screening shows significant levels of depression, anxiety, or other mental health related issues.

Lastly, programs to educate adolescents on the importance of building strong romantic relationships should be implemented at a high school level during health class. A unit should be created to further educate adolescents on building and maintaining strong romantic relationships by giving them examples of how to communicate productively, how to be emotionally available for their partner, and how attachment styles can impact a person's ability to connect with another. In addition, they should learn signs for if they are not connecting emotionally and tools to communicate their wants and needs to their partners, in addition to where to go and what to do if the tools they have learned are not working. These resources would include how to locate your local community services board for referrals to local social work clinicians for therapy and how to seek the next steps in therapy.

Recommendations for Future Research

While this study added to the limited literature on young adults whose parents divorced when they were children, much more research is necessary regarding the needs of this population. Future research could seek to understand how divorce differentially impacts children depending on the age of the child at the time of the divorce. This would give the researcher the ability to more narrowly analyze the interaction of the variables as they relate directly to the

participants' age and developmental factors, especially with regards to mental health and relationship issues. Such research would help social workers to develop intervention models that are unique to that individual in order to improve outcomes for these children.

Future research could also include qualitative studies in order to better understand each participant's experience of their parents' divorce. Through interviews, these individuals would have the opportunity to expand on this event in order to better understand their perceptions regarding what factors may have shaped their experience of their parents' divorce. Further, a qualitative design could potentially enable the researcher to compare the participants' answers to how they believe the divorce impacted them since the time of their parents' divorce depending on their age, to see what themes emerge to better understand the participants' experience overall, and how they felt the divorce impacted them (Fields, 2013).

Another potential area to explore in future research is whether participants who have experienced divorce have lower parental regard or their own couple satisfaction due to the divorce of their parents as well as how it impacts their overall view of personal relationships. Also, the research could aid social workers in assessing any clinically significant relationship distress due to attachment issues from childhood that may have been exacerbated during or after their parents' divorce. In the future, it could be important to conduct research to specifically explore the relationship between attachment and divorce and how it impacts future relational and mental health issues. These potential research topics may help social workers to further identify protective factors and risk factors for those experiencing parental divorce. Lastly, future research should examine the findings of this research study and/or recruit participants who were the same

age at the time of divorce to identify more specific interactions of depressive symptoms on young adults from divorced families.

Study Limitations

While this study yielded important findings on an overlooked population, it is important to consider them in the context of the study's limitations. This study used a secondary dataset, which can have a number of benefits. These include access to larger samples within a dataset in some cases (Sales et al., 2006) and it can be cost effective and more efficient as less time is spent on data collection and building datasets (Rew et al., 2000). However, there are also a number of limitations to using them in social work research. One of these is that the original data were collected with a specific aim in mind, and it may not dovetail with a new researcher's study question(s). As such, there are limitations regarding the range of questions that a researcher can investigate, which may inhibit the scope of the research (Sales et al., 2006). Another limitation is that the researcher can only use the variables that were included in the original study, which may leave many questions unanswered. For this study, by using the secondary data set, the researcher could only measure how divorce affected the participants' relationship at one point in time based on the participants' perceptions. While useful, the original study did not include other variables, such as longitudinal data that would have expanded the understanding of how these perceptions may have shifted over time. Other examples of variables that may have been useful include the participants' age at the time of their parents' divorce, measures of parental and/or current attachment, and a description of their living situation post-divorce. These variables and others may have provided a more comprehensive picture of how different family of origin factors influenced the experience of the divorce for the young adults in this study.

The inability to add additional variables also limited the study's capacity to examine other factors that may have contributed to the depression reported by some participants. For example, in addition to other family of origin variables, the participants may have experienced traumas, including deaths of family members, had their own health issues, had learning disabilities or a host of other issues that could have contributed to depression as a young adult. As such, this study was limited in its ability to fully examine direct relationships between various factors and depression.

Another limitation of the use of secondary data is the time needed to utilize the dataset effectively. A researcher may need to spend a considerable amount of time working to understand the data set and recoding variables in order to determine which variables they can include, and how, to best answer the research question (Rew et al., 2000; Sales et al., 2006). Fortunately, the secondary data set used for this study had a wide variety of questions that were applicable to the research topics for this study. While there are limits to using secondary data, for the most part, standard protocols are in place that have to be followed to allow a new researcher to successfully navigate and use secondary data (Abu Bader, 2010).

Further, the study used a secondary data set that was not longitudinal, and therefore cannot attempt to broach questions of causation from earlier points in time for the participants surveyed. In addition, the data set used for this study was cross-sectional from information collected from respondents at only one point in time, which was when they were between the ages of 18-39 (Regnerus, 2012). The sample participants were well educated with approximately 70% having at least some college. While this study offers insight into the potential mental health effects of divorce on young adults, the event of a divorce is only one variable amidst a wide

number of the participants' experiences that may have contributed to their mental health (Sales et al., 2006).

This study looked specifically at depressive symptoms and the impact family of origin factors and mentors on this variable. However, the examination of depressive symptoms by the association between self-reported symptoms in adolescence and mental wellbeing in early adulthood found that depressive symptoms in adolescence predicted early adulthood depressive symptoms (major depression and dysthymia), comorbidity, psychosocial impairment, and issues with alcohol (Aalto-Setälä et al., 2002). This data set did not allow the researcher to evaluate the participant at more than one point in time, which was in young adulthood, limiting the ability to examine mental wellbeing in adolescence.

Other variables that were not considered in this study include the participants' age when they went through the divorce, the level of parental conflict due to the divorce, attachment style before and after the divorce, the relationship with either of their parents before and after the divorce, and the participants' access to other social supports before and after the divorce. All of the variables included in this study, and the variables that have not been considered for this study, could interact with each other and the relationship satisfaction with family of origin factors, mentors, and the mental health effects that contribute to depressive symptoms.

Conclusion

The research shows that about 50% of those who marry will end up divorcing in the United States, and a significant number of these couples will have children who are affected by the divorce. Although there is some available research on the risk and protective factors for children from divorced families, there is limited information regarding how divorce can affect

young adults whose parents have divorced, leaving social workers and other professionals with little guidance as to how to intervene and support these individuals. To address this gap, the focus of this study was to assess how family of origin factors, the quality of the young adult's romantic relationships, and the use of mentors impacted the young adults' depressive symptoms. The main findings of this study suggest that young adults who have experienced divorce have a greater likelihood of having depressive symptoms if family negativity is present in family of origin. Further, if the young adult felt support from the family of origin, then they demonstrated lower rates of depressive symptoms. There was a mixed effect with regards to family of origin safety and security, as it had a positive effect in decreasing depressive symptoms in young adults whose parents were divorced in one model of the multivariate analysis, but not in all of the models. Therefore, the effects of family of origin safety and security on depressive symptoms warrants further research. The use of mentors was not a significant predictor of depressive symptoms in the young adults from this study. Research showed that the use of mentors and its effect on young adults was difficult to measure due to the variance in how mentor programs are run in that their funding levels tend to be inconsistent.

The prevalence of depressive symptoms and clinical depression in the nation give rise for increased research and social worker intervention in the subject area so that we can better determine what are the factors that create the onset of this, and other, mental health issues in order to create the best and most effective interventions. Based on the findings of this study, social workers counseling this population should consider the recommendation to use attachment therapy intervention. Those working on a macro or policy level should advocate for instituting policies that mandate pediatricians to use an evaluative tool to assess for mental health effects

due to divorce within the year it occurs during routine screenings at annual well child visits. In addition, family court judges could mandate that for those families who are experiencing a high-conflict divorce that the parents be required to attend child-development and parenting classes to help them understand the important role they play in influencing how the divorce impacts their children.

While this study helped to identify some factors that may contribute to depression among young adults, more research is needed to help social workers to create and test developmentally based and age-specific interventions that would mitigate the potentially negative impact of divorce on children. Given that there are mixed results in the research regarding how mentors impact depression, more research is also needed on how mentors can mitigate the impact of depression. Continued research on the impact of divorce can advance the field's current knowledge regarding the risk and protective factors for this population.

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