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Binge Drinking and Depression: The Influence of Romantic Partners in Young Adulthood

Giuseppina Valle Holway[*],
The University of Texas at San Antonio

Debra Umberson, and
The University of Texas at Austin

Mieke Beth Thomeer
The University of Alabama at Birmingham

Abstract

Although research shows that spouses influence each other's health behaviors and psychological well-being, we know little about whether these patterns extend to young people in nonmarital as well as marital relationships. We use the National Longitudinal Study of Adolescent to Adult Health to consider how a romantic partner's binge drinking and depression influence the respondent's binge drinking and depression within 1,111 young adult couples and explore whether these processes are moderated by gender. We find that partners' binge drinking is associated with increased odds of binge drinking for respondents, and partners' depression is associated with increased odds of depression for respondents. Further, depression among men is associated with *reduced* odds of binge drinking among their female partners. Findings suggest that processes of partner influence begin even in young adulthood with implications for cumulative effects on lifelong health behaviors and mental health.

INTRODUCTION

Alcohol use and depression are gendered such that men are more likely to binge drink and women are more likely to be depressed, and these *gendered* patterns partly reflect gendered ways of expressing emotional distress. Prior research shows that women are more likely to express distress through internalizing symptoms such as depression, and men are more likely to express distress through externalizing symptoms such as heavy drinking (Rosenfield, Vertefuille, and McAlpine 2000; Simon 2002). These patterns are further complicated because alcohol use and depression are *relational*, meaning that, within romantic relationships—particularly marriage, one partner's depressive symptoms or alcohol use can influence the other partner's depressive symptoms and alcohol use, and these associations may also be gendered (Joyner and Udry 2000; Hughes and Waite 2009; Reczek et al. 2016; Umberson 1987; Umberson, Crosnoe, and Reczek 2010). For example, several studies have found that women's depressive symptoms influence their spouse's depressive symptoms

[*]Corresponding Author: Giuseppina Valle Holway, Department of Demography, The University of Texas at San Antonio, 501 West Cesar E Chavez Blvd, San Antonio, TX 78207, USA, giuseppina.holway@utsa.edu, Phone: 210-458-3165.

whereas men's depressive symptoms are less consequential for their spouse (Kivela et al. 1998; Thomeer, Umberson, and Pudrovska 2013; Walker et al. 2011). Yet, a cross-sectional study of 553 Mexican-American couples and a 3-year longitudinal study of 296 Midwestern couples with adolescent children concluded the opposite—that the husband's depressive symptoms influence his wife's depressive symptoms but not vice versa (Kouros and Cummings 2010; Peek et al. 2006). In addition, a study that examined changes in depressive symptoms among depressed adults upon entering marriage concluded that gender does not moderate depression outcomes (Frech and Williams 2007). Studies examining partner influence on drinking are also mixed. While some studies show that men's drinking habits more strongly predict women's drinking habits (Leonard and Eiden 1999; Leonard and Mudar 2003; Reczek et al. 2016), other research shows the reverse (Wiersma et al. 2011).

We bring together these largely separate literatures—first, the literature indicating that psychological distress is expressed in gendered ways at the individual level (e.g., women more like to exhibit depression; men more likely to engage in heavy drinking), and second, the literature indicating that spouses' alcohol use and depression converge within marriage in gendered ways (e.g., women are more likely to respond to partner's distress with depression)—to suggest that linkages between alcohol use and depression within young adults' romantic relationships are also gendered. Focusing only on alcohol use or only on depression likely leads to underestimation of partner influences in regard to psychological distress, and oversimplifies the complex dynamics through which psychological distress unfolds in gendered ways within romantic relationships. We argue that it is essential to consider the linkages between respondents' and partners' depression and binge drinking in order to advance our understanding of partner influence on psychological distress.

Additionally, attention to processes of partner influence has largely focused on older adult marriages (Hoppmann, Gerstorf, and Hibbert 2011; Thomeer 2016; Thomeer et al. 2013; Valle et al. 2013). However, with shifts towards later age at first marriage (Manning, Brown, and Payne 2014), it is important to assess whether patterns of partner influence occur among young adults (i.e., individuals roughly aged 18 to the mid-20's). We suggest that depression and binge drinking will likely converge among younger couples, given the large amount of time spent together (Felmlee, Sprecher, and Bassin 1990; Macklin 1972; Sassler 2004). More time together often provides more opportunity for influence. In addition, partner influence may be common among younger couples as a result of trying to maintain or improve a new relationship. For example, one partner may be willing to engage in behaviors, such as binge drinking, in order to please the other partner. Younger couples may be especially sensitive to and impacted by each other's emotions due to the newness of the relationship, with implications for the mutual influence of depression (Meyler, Stimpson, and Peek 2007). Although some past studies consider processes of partner influence in younger couples, many of these studies only examine marital unions (Homish and Leonard 2005; Homish, Leonard, and Kearns-Bodkin 2006; Leonard and Eiden 1999; Leonard and Homish 2008; Leonard and Mudar 2003, 2004), with fewer studies considering nonmarital relationships (Kim et al. 2013; Mushquash et al. 2013; Wiersma et al. 2011). Because nonmarital dating and cohabiting unions are more common in this age group, it is important to examine a variety of romantic relationships, including both cohabiting and dating, during this period of the life course.

Using the National Longitudinal Study of Adolescent to Adult Health (Add Health), including the Romantic Pairs subsample, we examine dating, cohabiting, and married couples, age 18 to 26, to consider whether a partner's binge drinking behavior influences the respondent's binge drinking behavior and depression. We also explore whether a partner's depression influences the respondent's depression and binge drinking behavior. Finally, we assess whether these associations vary by gender.

CONCEPTUAL FRAMEWORK FOR UNDERSTANDING PARTNER INFLUENCE ON PSYCHOLOGICAL DISTRESS

A variety of theories have been proposed to explain how romantic partners shape each other's psychological distress, including their depression and alcohol use (Joiner and Katz 1999; Reczek et al. 2016; Thomeer et al. 2013). For partnered adults, psychological distress is not experienced in isolation but within the context of a relationship, and thus, not surprisingly, one partner's psychological distress is often highly correlated with the other partner's (Coyne 1976; Meyler at al. 2007). Although this may be due, in part, to selection and assortative mating (e.g., adults with low levels of psychological distress tend to marry other adults with low levels of psychological distress), other studies consistently demonstrate that other processes are in play (for a review, see Meyler et al. 2007). However, we argue that theories which consider how romantic partners shape each other's psychological distress must take gender into account, as empirical studies often find gendered patterns in the convergence of psychological distress within relationships (Reczek et al. 2016; Thomeer et al. 2013). We draw on two theoretical perspectives to help explain the gendered processes underlying the convergence of psychological distress within romantic relationships: social control and emotion work.

According to a social control perspective, adults often work to monitor and regulate their romantic partners' behaviors in ways that promote physical and mental health, and women are more likely than men to enact social control over their partner, with greater consequences for men's health behaviors (Umberson 1987, 1992). Recent research shows that social control efforts by a spouse influence men's alcohol consumption, such that married men reduce their drinking over time (Reczek, et al. 2016). Similarly, studies considering emotion work (i.e., efforts done to foster one's own or others' positive emotional states; Hochschild 1979) find that women provide more emotion work than do men within relationships (Erickson 2005; Thomeer et al. 2013; Thomeer, Reczek, and Umberson 2015). Women's disproportionate provision of emotion work seems to reduce the psychological distress of their spouse while heightening their own distress (Umberson, Thomeer, and Lodge 2015). Taken together, these two perspectives (social control and emotion work) suggest that women are more actively engaged in monitoring their partner's health behaviors (such as binge drinking) and mental health (such as depression) and taking steps to improve their partner's behaviors and to alleviate their partner's psychological distress.

Prior research suggests that social control and emotion work contribute to the convergence of depression and alcohol use within romantic relationships and that each of these processes

are highly gendered with women more likely to provide both social control and emotion work (Reczek et al. 2016; Thomeer et al. 2013; Thomeer et al. 2015). For instance, regarding depression, Thomeer and colleagues (2013) reported that women married to depressed husbands tend to provide highly supportive environments for their husbands, including normalizing the use of antidepressants, making therapy appointments for their husbands, and doing emotion work to reduce distress associated with depression. This emotion work by women may help to alleviate men's depression. Regarding alcohol use, Reczek and colleagues (2016) found that women use social control to monitor and reduce their husband's alcohol use, resulting in lower rates of alcohol use by married men compared to single men. Both studies found few incidences of men providing emotion work around their wife's depression or using social control to reduce their wife's alcohol use.

THEORIZED LINKS BETWEEN DEPRESSION AND BINGE DRINKING WITHIN COUPLES

We argue that (1) depression and binge drinking are expressions of psychological distress and (2) past studies that consider only the convergence of alcohol use within couples or only the convergence of depression within couples underestimate partner influence on these two outcomes within relationships. Epidemiological studies consistently demonstrate that women have higher rates of internalizing disorders, such as depression, whereas men have higher rates of externalizing disorders, such as binge drinking (Kessler et al. 2005). Rosenfield and others (2000, 2006) link these differences to men's and women's different social structures, access to power, and socialization. These processes, in turn, result in women privileging social relationships and connectedness, taking on and attending to the feelings of others—perhaps especially their romantic partners—which leaves less time and energy to act in their own interests and a greater tendency to internalize their own distress. In contrast, men privilege boundaries and greater autonomy in relationships in ways that lead men to express their upset through externalizing behaviors that may have a particularly negative impact on their significant others and to be less aware of this impact on others (Rosenfield et al. 2000; Rosenfield, Lennon, and White 2005).

This perspective has been supported at the individual level (Rosenfield et al. 2000; Rosenfield et al. 2005), and we suggest that it also has important implications for how distress is shared at the dyadic level within romantic relationships. If women's psychological distress is more commonly manifested as depression and men's distress is more commonly manifested as binge drinking, studies need to consider depression and binge drinking together in order to more fully understand how psychological distress converges within relationships. Based on prior theoretical and empirical work on gendered patterns of mental health, we would expect men to respond to their partner's distress in the form of binge drinking and women to respond to their partner's distress in the form of depression. Further, considering the gendered manifestations of psychological distress alongside the literature on social control and emotion work, women may be more susceptible than men to their romantic partner's psychological distress as a result of women being more in tune with and attentive to partner's needs than men (Umberson, Thomeer, and Lodge 2015). Thus, women may be more likely to become depressed when their partner is distressed. In contrast, men's

greater dependence on women for emotional support may place them at greater risk for binge drinking if their partner is unavailable due to their psychological distress (Antonucci and Akiyama 1987; Ruthig, Trisko, and Stewart 2012).

YOUNG ADULTHOOD AND MARITAL AND NONMARITAL RELATIONSHIPS

Finally, past studies on the convergence of psychological distress within relationships are limited in that most of these studies focus exclusively on older adults or young adults in marital unions. Given the high prevalence of depression and binge drinking among young adults in their late teens and early twenties (CDC 2010; Center for Behavioral Health Statistics and Quality 2015), as well as work showing that depression and binge drinking are associated with a number of adverse health outcomes in young people (Oesterle et al. 2004; Popovici and French 2013; Suglia et al. 2016), it is particularly important to consider how partner influence on these symptoms unfolds early in the adult life course in a variety of romantic relationships.

We have two competing expectations. Intimate relationships may not be important in influencing depression and binge drinking for young adults because younger adults have extensive networks and more friendships—and thus many outside influences on their depression and binge drinking (Green et al. 2001). As a second possibility, intimate relationship may be very important in influencing depression and binge drinking for young adults. Identity formation and exploration is especially pronounced during the late teens and early twenties (Arnett 2000) and thus intimate partners may be of increased importance and influence. In addition, desires to preserve or improve a relationship may motivate young people to engage in similar types of behaviors, such as binge drinking. Finally, younger couples spent a lot of time together (Felmlee et al. 1990; Macklin 1972; Sassler 2004) and may be highly susceptible to each other's emotions and behaviors, with important implications for the convergence of depression and binge drinking.

It is also important to consider multiple types of relationships—including cohabiting and dating relationships—as a growing proportion of Americans, especially young Americans, are not in marital unions although they are very likely to be in significant relationships (Copen et al. 2012). Further, by including married, dating, and cohabiting couples, our study expands on past studies of young adult couples which only looked at married couples (Homish and Leonard 2005; Homish et al. 2006; Leonard and Eiden 1999; Leonard and Homish 2008; Leonard and Mudar 2003, 2004) and therefore were not representative of young adults in relationships. Thus, in this study, we consider younger adults (i.e., 18 to 26 years old) in marital as well as nonmarital dating and cohabiting relationships of at least three months in duration.

Present Study

The main goal of this paper is to consider patterns of partner influence on binge drinking and depression in a sample of young adult couples. Specifically, we examine: (1) whether partners' binge drinking is associated with respondents' binge drinking; (2) whether partners' depression is associated with respondents' depression; (3) whether partners' depression is associated with respondents' binge drinking; (4) whether partners' binge

drinking is associated with respondents' depression; and (5) whether these associations are conditioned by gender.

DATA AND METHODS

Data

Data for this study come from the National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative sample of adolescents in grades 7 through 12 in the United States in 1995. The first wave was conducted in 1994–1995, when respondents were aged 12 to 18. In-home interviews were used to follow-up these respondents for Waves II (1996), III (2001–2002), and IV (2008–2009). At Wave III, when respondents were in their late teens and twenties, a random selection of the Add Health respondents' romantic partners was recruited to participate to form a sub-sample of couples. In order to be eligible for this sample, respondents and their partner had to be at least 18 years of age, and in a current, heterosexual relationship for at least three months. Roughly equal thirds of dating, cohabiting, and married partners were selected, yielding 1,507 romantic partners. For our study, we include data from Wave II and the Romantic Pair subsample from Wave III. After excluding couples without valid data, the final sample size was 1,111 couples (2,222 individuals). Couples lost to attrition did not differ on study variables.

Measures

Respondent measures of binge drinking and depression were assessed at both Waves II (adolescence) and III (young adulthood). Partner binge drinking and depression, as reported by the partner, were assessed only at Wave III (young adulthood).

Binge Drinking—To measure *binge drinking* at Wave III, respondents and partners were asked, "During the past 12 months, on how many days did you drink five or more drinks in a row?" Responses to this question were as follows: (0) none; (1) 1 or 2 days in the past 12 months; (2) once a month or less; (3) 2 or 3 days a month; (4) 1 or 2 days a week; (5) 3 to 5 days a week; (6) every day or almost every day. From this, we created a dichotomous measure of binge drinking where respondents were coded as non-binge drinkers or "0" if they responded "none"; otherwise, they were coded as "1" reflecting any binge drinking within the past year. We also include a binary variable indicating respondent's binge drinking behavior at Wave II (measured and coded the same as the Wave III binge drinking variable).

Depression—*Depression* was measured as a dichotomous variable. As established by previous studies (Boardman and Alexander 2011; Fletcher 2009), respondents were coded as 1 if they reported a score of 10 or higher and 0 otherwise. This measure was created using a nine item version of the Center for Epidemiologic Studies Depression Scale (CES-D). At Waves II (respondents only) and III, (respondents and partners) individuals were asked to report how often each of the following was true during the past seven days: (a) You were bothered by things that usually don't bother you; (b) You could not shake off the blues, even with help from your family and your friends; (c) You felt that you were just as good as other

people (reverse coded); (d) You had trouble keeping your mind on what you were doing; (e) You were depressed; (f) You were too tired to do things; (g) You enjoyed life (reverse coded); (h) You were sad; and (i) You felt that people disliked you. Responses ranged from 0 (never or rarely) to 3 (most of the time or all of the time). The average alpha reliability score for respondents (Wave II and III) and partners (Wave III) was 0.81.

Covariates—Other than measures of respondent binge drinking and depression during adolescence, all control variables were obtained from the Wave III in-home interview. *Relationship type* was measured with three categories: dating, cohabiting, and married. *Relationship duration* is measured in months. *Respondent gender* was a self-reported measure, where 0 = female and 1 = male. We also included several couple-level variables known to be associated with binge drinking and/or depression (Townsend, Miller, and Guo 2001; Uecker 2012; Wiersma et al. 2011), including *race* (both partners white, one partner white, neither partner white), *current college attendance* (both partners in college, one partner in college, neither partner in college), and *presence of any children in the household* (0 = no, 1 = yes). Finally, we included a continuous measure of the absolute *difference in age*, in years, between partners.

Analytic Strategy

Means, percentages, and standard deviations were used to descriptively examine binge drinking, depression, and sample characteristics for the full sample (Table 1) and by gender (Table 2). Logistic regressions were conducted to estimate the effects of partner binge drinking/depression on respondent binge drinking/depression (Tables 3–6). Odds ratios and 95% confidence intervals are presented. We ran sensitivity analyses estimating our models separately for women and men due to the non-independence of our data and because the effects of partner influence among young couples have been shown to vary by gender (Leonard and Eiden 1999; Leonard and Mudar 2003; Wiersma et al. 2011). Because patterns for women and men were largely the same, with one exception that we elaborate on below, we present the combined models. Additionally, we tested for differences by relationship type (dating, cohabiting, and married), but there were no significant differences and thus these results are not reported. All models were conducted using Stata-SE, version 14.0.

RESULTS

Descriptive Results

Among the 1,111 couples in the analytic sample, 361 are dating (32 percent), 388 are cohabiting (35 percent), and 362 are married (33 percent). The average relationship duration is 29 months for dating couples, 32 months for dating couples, and 52 months for married couples. Thus, couples in this sample are involved in fairly long-term relationships. Slightly less than half of the respondents (46 percent) are male. The mean age difference between partners is roughly 2.4 years. In terms of couple-level variables, most couples consist of two white partners (57 percent), though roughly a third of couples consist of two non-white partners. Slightly over 60 percent of couples report that neither partner was enrolled in college, while 23 percent of couples include one partner who is in college. Finally, 38 percent of couples have at least one child in the household.

Turning to the measures of binge drinking and depression, results show an increase in binge drinking among respondents from adolescence to young adulthood (32 percent at Wave II and 44 percent at Wave III, respectively). A similar proportion of partners report binge drinking at Wave III (44 percent). Among respondents, the prevalence of depression decreased between Waves II and III (18 percent and 12 percent, respectively). At Wave III, 13 percent of partners reported being depressed.

Table 2 displays the prevalence of binge drinking and depression for respondents and partners by gender. We find that at both Waves II and III, men are more likely than women to report binge drinking within the past year. Gender differences in depression are also significant, with women more likely to be depressed than men during adolescence and young adulthood.

Multiple Variable Results

Respondent Binge Drinking in Young Adulthood—Tables 3 and 4 present results from the logistic regression models predicting respondents' binge drinking during young adulthood from partners' binge drinking (Table 3) and depression (Table 4). Findings show that, net of controls, having a romantic partner who binge drinks is associated with higher odds of binge drinking among respondents (Odds Ratio [OR] = 2.73) (Table 3, Model 1). No significant interaction emerges between partner binge drinking and gender (Model 2). Although partners' depression is not associated with the respondents' binge drinking in the full sample (Table 4, Model 1), we find a significant gender interaction for this association (Model 2). Additional analyses revealed that the effect of partners' depression on respondents' binge drinking behavior was significant for women only. Specifically, depression among men is associated with a lower odds of binge drinking among their female partners.

Results also show that respondents' binge drinking during adolescence is positively associated with binge drinking during young adulthood. Finally, respondents who report being depressed during young adulthood have higher odds of binge drinking during their late teens and early twenties.

Respondent Depression in Young Adulthood—Tables 5 and 6 present results from logistic regression models predicting respondents' depression in relation to partners' depression (Table 5) and binge drinking (Table 6). While respondents experience over 3 times greater odds of experiencing depression in young adulthood if their partner reports being depressed (OR = 3.34) (Table 5, Model 1), partners' binge drinking behavior is not associated with respondents' depression (Table 6, Model 1). Furthermore, we do not find evidence that gender conditions these associations.

Results further indicate that respondents who are depressed in adolescence face higher odds of depression in young adulthood than those who are not depressed during their teen years. Respondents' binge drinking behavior during young adulthood is positively related to respondents' depression.

DISCUSSION

Involvement in romantic relationships has significant effects on individuals' health behaviors and psychological well-being throughout the life course (Joyner and Udry 2000; Hughes and Waite 2009; Siennick et al. 2014; Uecker 2012; Umberson 1987; Umberson, Crosnoe, and Reczek 2010). Yet, we are only beginning to understand how the health habits and well-being of one partner influences the other partner in those relationships, particularly in young adulthood, both within and outside of marriage. Drawing on a gendered understanding of psychological distress, we consider both individual- and couple-level factors to better understand the convergence of psychological distress within romantic relationships in young adulthood. Specifically, we extend prior research to focus on partner influence in the types of romantic partnerships that are common for young adults—dating and cohabiting, as well as marital partnerships; we further consider two expressions of psychological distress—binge drinking and depression—that have enduring implications for lifelong health behaviors and mental health. We analyzed national data on 1,111 young adult couples to consider whether partner influence in binge drinking and depression exist within partnerships and whether patterns of influence differ for men and women.

Overall, our findings are consistent with research conducted on older couples (Moos et al. 2010; Siegel et al. 2004; Thomeer et al. 2013; Townsend et al. 2001) and young adults in marital unions (Homish and Leonard 2005; Homish et al. 2006; Leonard and Eiden 1999; Leonard and Homish 2008; Leonard and Mudar 2003, 2004) demonstrating that romantic partners play an important role in influencing each other's psychological distress in young adulthood and in a variety of relationship types. We find that partners' binge drinking behavior is associated with respondents' binge drinking behavior during young adulthood. There are several possible explanations for why this may be. Young men and women in romantic relationships may engage in behaviors similar to their partners as a way to maintain or improve their relationship. In addition, it may be that—through employing social control (Umberson 1992)—partners pressure or encourage each other to drink. Future research should consider the underlying dynamics through which partners influence each other's drinking behavior. In contrast to previous research (Wiersma et al. 2011), we uncover no gender differences in the association between partners' binge drinking and respondents' binge drinking. Different measures of drinking behavior (i.e., averaging four different drinking measures compared to binge drinking) may partly explain inconsistent findings. Further, the lack of differences between women and men may also speak to recent evidence documenting the narrowing gender gap in binge drinking among young people (Grucza, Norberg, and Bierut 2009).

Similarly, our results on depression are in line with past studies. Prior research on the convergence of depressive symptoms between partners relies on samples of older adult couples (Moos et al. 2010; Siegel et al. 2004; Townsend et al. 2001), with few studies analyzing young couples (Katz, Beach, and Joiner 1999). We extend this work by examining the association of men's and women's experiences of depression within young adult relationships. We find that having a depressed partner is associated with increased odds of depression for the respondent. Although the specific mechanisms linking partners' depression is beyond the scope of this study, it may be that individuals conduct emotion

work to manage or alleviate their partner's depression, and emotion work has been linked to greater stress and increased risk of depression for partners (Thomeer et al. 2013). In addition, romantic partners often share similar environments and stressors, which may, in turn, translate into similar health risks such as depression (Smith and Zick 1994).

Despite similarities with previous research, our findings also go beyond existing studies to illustrate the importance of considering multiple indicators of psychological distress. Since expressions of psychological distress are highly gendered (Rosenfield et al. 2000; Simon 2002), we consider two measures of distress in tandem to more fully understand how partners influence each other. Although partners' binge drinking is associated with respondents' binge drinking, we did not find any evidence that partners' binge drinking predicts respondents' depression. This finding (or lack thereof) is similar to that of another study using a community sample of newlyweds. Homish and colleagues (2006) report that a spouse's heavy drinking did not longitudinally predict their partner's depressive symptoms, although a husband's marital alcohol problems (e.g., hitting or getting into a fight with your partner while drinking) were associated with his wife's depressive symptoms. Thus, it seems that drinking as it relates to the relationship, instead of an individual's actual drinking behavior, may be more predictive of a partner's depressive symptoms, although we could not test this possibility with our data.

Furthermore, research has consistently documented gender differences in the manifestation of psychological distress and emotional reactions to stress (Rosenfield, Lennon, and White 2005; Rosenfield, Vertefuille, and McAlpine 2000; Simon 2014), suggesting that men are more likely to respond to their partner's distress with binge drinking, whereas women are more likely to respond to their partner's distress with depression. However, we did not find support for this idea. Thus, although women's distress is more likely to manifest as depression and men's as binge drinking, it does not seem to be the case that this results in different within-couple patterns of psychological distress influence.

Unexpectedly, we did find that depression among men was associated with a lower likelihood of binge drinking among women, suggesting that women and men respond in different ways to their partner's depression. Our finding that women decrease their binge drinking in response to their partner's depression may reflect traditional gender patterns in heterosexual relationships, wherein women are more likely than men to serve as emotional caregivers for their partners (Erickson 2005). As a result, women may not engage in binge drinking in response to men's depression partly because women draw on their personal resources in an attempt to improve their partner's well-being. Gender differences in response to stress may also help to explain this finding. In a sample of older adults, higher levels of perceived stress were associated with lower levels of alcohol consumption for women but higher odds of alcohol use disorder for men (Sacco, Bucholz, and Harrington 2014). Furthermore, research shows that the association between stress and alcohol consumption is generally stronger for men than women (Dawson, Grant, and Ruan 2005). As such, having a depressed partner may be associated with an increase in stress, which has less influence on binge drinking among women.

Several limitations to this study offer avenues for future research. First, although we were able to follow respondents from adolescence to young adulthood, partners' reports of binge drinking and depression were available only at Wave III. Longitudinal data consisting of both partners' reports at multiple time points would allow researchers to determine whether the influence of health habits and mental health between partners is bi-directional and if these associations change over time. For example, shifts in partner influence have been documented, with husbands' drinking shown to influence wives' drinking during the first year of marriage, and wives' drinking shown to influence husbands' drinking during the second year of marriage (Leonard and Mudar 2004). This finding highlights the importance of examining partner influence over time as relationships progress. Second, individuals in this sample likely reflect a select group. One of the criteria for being selected into the romantic pair data was being in a current relationship for at least three months. Most couples, even those in dating relationships, have been together for much longer. The inclusion of these more serious dating couples does not allow generalization to more short-term or casual dating partnerships. Third, because of the age composition of the sample, we were not able to compare relationships in young adulthood to relationships in older adulthood. Considering how processes of binge drinking and depression convergence differ across age groups is an important next step for mental health research. Fourth, despite the inclusion of respondents from a variety of relationship contexts, couples consisting of same-sex partners were not included. Studies on middle-aged and older adults in same-sex partnerships find that the influence of one partner's health habits on the other partner differ in the context of gay, lesbian, and heterosexual unions (Reczek 2012; Reczek and Umberson 2012). Therefore, future work should examine whether patterns of partner influence found in this study extend to same-sex couples in young adulthood.

Finally, we encourage future researchers to further explore patterns of partner influence among young adults in a variety of relationship types. In supplementary analysis (not reported), we find that the convergence of binge drinking and depression occurs in both nonmarital and marital couples, demonstrating the importance of expanding our examinations of the convergence of mental health from just the married—the focus of most previous research. This suggests that processes of partner influence begin to occur early on in young couples' relationships (e.g., when they begin dating) and continues as relationships progress. Thus, the development of mental health problems, such as depression and binge drinking, may begin even earlier the in life course and have negative effects on short- and long-term health. Alternatively, this suggests that dating and cohabitation operate similarly as marriage in distress convergence, at least among young adults.

Despite these limitations, our findings provide insight into partner influence on binge drinking and depression in the understudied population of partnered adults in their late teens and twenties, and show gendered patterns of partner influence. We emphasize the importance of considering both binge drinking and depression as indicators of psychological distress; these outcomes are highly gendered, prevalent during young adulthood, and have implications for lifelong patterns of mental health and health habits. Our results suggest that prevention efforts aimed at reducing the incidence and severity of depression and alcohol problems should consider both individual-level and couple-level experiences and recognize that these expressions of distress reflect dyadic processes through which partners influence

each other. Further, our study demonstrates that these dyadic processes are not restricted to married couples but also occur within nonmarital relationships, at least among young adults. To better understand how partners influence each other, and the mechanisms through which this influence occurs, researchers should consider how different health behaviors and mental health outcomes are interrelated between partners—and consider that these couple-level influences may operate differently for men and women.

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Table 1

Descriptive Data, National Longitudinal Study of Adolescent to Adult Health Romantic Pair Subsample (2001–2002), N=1,111

	Mean or %	SD	Range	n
Relationship type				
Dating	32.49	----	0–1	361
Cohabiting	34.92	----	0–1	388
Married	32.58	----	0–1	362
Mean relationship duration (in months)	37.28	25.85	0–144	1,111
Respondent gender				
Female	53.92	----	0–1	599
Male	46.08	----	0–1	512
Mean age difference between partners (in years)	2.43	2.78	0–20	1,111
Couple-level race				
Neither partner white	31.59	----	0–1	351
One partner white	11.07	----	0–1	123
Both partners white	57.34	----	0–1	637
Couple-level current college attendance				
Neither partner in college	60.85	----	0–1	676
One partner in college	22.68	----	0–1	252
Both partners in college	16.47	----	0–1	183
Any children in household	37.89	----	0–1	421
Binge drinking				
R binge drinking, WII	32.40	----	0–1	360
R binge drinking, WIII	44.19	----	0–1	491
P binge drinking, WIII	43.56	----	0–1	484
Depression				
R depression, WII	18.27	----	0–1	203
R depression, WIII	12.33	----	0–1	137
P depression, WIII	13.14	----	0–1	146

Notes: R = Respondent; P = Partner. Unless otherwise noted, data are percentages.

Table 2

Respondent and Partner Binge Drinking and Depression, by Gender, National Longitudinal Study of Adolescent to Adult Health Romantic Pair Subsample (2001–2002), N=1,111

	Female	Male
R binge drinking, WII*	27.38	38.28
R binge drinking, WIII*	33.72	56.45
P binge drinking, WIII*	36.33	49.75
R depression, WII*	22.70	13.09
R depression, WIII*	16.36	7.62
P depression, WIII*	16.21	10.52

Notes: R = Respondent; P = Partner. Percentages presented for binge drinking and depression. Statistically significant (*$p \leq .01$) differences by gender based on chi-square tests.

Table 3

Odds Ratios and 95% Confidence Intervals from Logistic Regression Models of Respondent Binge Drinking during Young Adulthood, N = 1,111

	Model 1		Model 2	
	OR	**95% CI**	**OR**	**95% CI**
Partner Binge Drinking	2.73***	(2.06, 3.61)	2.33***	(1.61, 3.38)
Respondent Binge Drinking, WII	2.59***	(1.95, 3.45)	2.59***	(1.95, 3.45)
Respondent Depression, WIII	1.43†	(0.95, 2.15)	1.43†	(0.95, 2.15)
Respondent Gender (Male)	3.08***	(2.30, 4.11)	2.64***	(1.82, 3.83)
Age Difference between Partners	1.00	(0.95, 1.06)	1.00	(0.95, 1.05)
Race/Ethnicity (Ref = Both Partners White)				
One Partner White	1.08	(0.71, 1.66)	1.07	(0.70, 1.64)
Neither Partner White	0.51***	(0.37, 0.70)	0.51***	(0.37, 0.70)
Current College Attendance (Ref = Both Partners in College)				
One Partner in College	0.81	(0.53, 1.25)	0.81	(0.53, 1.25)
Neither Partner in College	0.70†	(0.47, 1.05)	0.70†	(0.47, 1.05)
Any Children in Household	0.93	(0.68, 1.27)	0.93	(0.68, 1.26)
Relationship Type (Ref = Cohabiting)				
Dating	0.95	(0.68, 1.34)	0.94	(0.67, 1.33)
Married	0.89	(0.63, 1.25)	0.89	(0.63, 1.25)
Relationship Duration (in Months)	0.99†	(0.99, 1.00)	0.99†	(0.99, 1.00)
Partner Binge Drinking × Respondent Gender (Male)			1.43	(0.82, 2.51)

† $p \leq 0.10$;

* $p \leq 0.05$;

** $p \leq 0.01$;

*** $p \leq 0.001$

Table 4

Odds Ratios and 95% Confidence Intervals from Logistic Regression Models of Respondent Binge Drinking during Young Adulthood, N = 1,111

	Model 1		Model 2	
	OR	**95% CI**	**OR**	**95% CI**
Partner Depression	0.77	(0.52, 1.15)	0.44*	(0.23, 0.86)
Respondent Binge Drinking, WII	2.85***	(2.15, 3.77)	2.89***	(2.18, 3.84)
Respondent Depression, WIII	1.51*	(1.01, 2.27)	1.53*	(1.02, 2.30)
Respondent Gender (Male)	2.48***	(1.89, 3.25)	2.23***	(1.67, 2.96)
Age Difference between Partners	0.99	(0.94, 1.04)	0.99	(0.94, 1.04)
Race/Ethnicity (Ref = Both Partners White)				
One Partner White	1.02	(0.67, 1.54)	1.01	(0.67, 1.54)
Neither Partner White	0.43***	(0.32, 0.58)	0.43***	(0.32, 0.58)
Current College Attendance (Ref = Both Partners in College)				
One Partner in College	0.81	(0.53, 1.23)	0.81	(0.53, 1.23)
Neither Partner in College	0.67*	(0.45, 0.99)	0.67*	(0.45, 1.00)
Any Children in Household	0.92	(0.68, 1.25)	0.91	(0.67, 1.23)
Relationship Type (Ref = Cohabiting)				
Dating	1.01	(0.72, 1.40)	1.02	(0.73, 1.42)
Married	0.86	(0.61, 1.20)	0.87	(0.62, 1.22)
Relationship Duration (in Months)	0.99*	(0.99, 1.00)	0.99*	(0.99, 1.00)
Partner Depression × Respondent Gender (Male)			2.53*	(1.10, 5.84)

† $p \leq 0.10$;

* $p \leq 0.05$;

** $p \leq 0.01$;

*** $p \leq 0.001$

Table 5

Odds Ratios and 95% Confidence Intervals from Logistic Regression Models of Respondent Depression during Young Adulthood, N = 1,111

	Model 1		Model 2	
	OR	**95% CI**	**OR**	**95% CI**
Partner Depression	3.34***	(2.09, 5.32)	2.91***	(1.57, 5.39)
Respondent Depression, WII	3.15***	(2.09, 4.73)	3.14***	(2.09, 4.71)
Respondent Binge Drinking, WIII	1.58*	(1.06, 2.37)	1.57*	(1.05, 2.35)
Respondent Gender (Male)	0.35***	(0.22, 0.54)	0.32***	(0.19, 0.53)
Age Difference between Partners	0.96	(0.90, 1.04)	0.96	(0.90, 1.03)
Race/Ethnicity (Ref = Both Partners White)				
One Partner White	0.99	(0.53, 1.83)	0.99	(0.53, 1.83)
Neither Partner White	0.97	(0.63, 1.50)	0.97	(0.63, 1.50)
Current College Attendance (Ref = Both Partners in College)				
One Partner in College	1.21	(0.60, 2.45)	1.21	(0.60, 2.45)
Neither Partner in College	2.10*	(1.09, 4.00)	2.11*	(1.10, 4.03)
Any Children in Household	1.05	(0.68, 1.62)	1.04	(0.67, 1.60)
Relationship Type (Ref = Cohabiting)				
Dating	1.38	(0.85, 2.23)	1.39	(0.86, 2.25)
Married	0.81	(0.49, 1.34)	0.82	(0.49, 1.35)
Relationship Duration (in Months)	1.00	(0.99, 1.01)	1.00	(0.99, 1.01)
Partner Depression × Respondent Gender (Male)			1.39	(0.54, 3.54)

† $p \leq 0.10$;

* $p \leq 0.05$;

** $p \leq 0.01$;

*** $p \leq 0.001$

Table 6

Odds Ratios and 95% Confidence Intervals from Logistic Regression Models of Respondent Depression during Young Adulthood, N = 1,111

	Model 1		Model 2	
	OR	**95% CI**	**OR**	**95% CI**
Partner Binge Drinking	1.15	(0.77, 1.71)	1.13	(0.71, 1.80)
Respondent Depression, WII	2.99***	(2.00, 4.46)	2.99***	(2.00, 4.46)
Respondent Binge Drinking, WIII	1.48†	(0.99, 2.22)	1.48†	(0.99, 2.22)
Respondent Gender (Male)	0.41***	(0.27, 0.64)	0.40***	(0.23, 0.71)
Age Difference between Partners	0.96	(0.90, 1.03)	0.96	(0.90, 1.03)
Race/Ethnicity (Ref = Both Partners White)				
One Partner White	1.00	(0.54, 1.84)	1.00	(0.54, 1.84)
Neither Partner White	1.07	(0.70, 1.65)	1.07	(0.70, 1.65)
Current College Attendance (Ref = Both Partners in College)				
One Partner in College	1.32	(0.66, 2.68)	1.32	(0.66, 2.67)
Neither Partner in College	2.43**	(1.28, 4.63)	2.43**	(1.28, 4.62)
Any Children in Household	1.06	(0.69, 1.63)	1.06	(0.69, 1.63)
Relationship Type (Ref = Cohabiting)				
Dating	1.35	(0.84, 2.17)	1.35	(0.84, 2.17)
Married	0.76	(0.46, 1.24)	0.76	(0.46, 1.24)
Relationship Duration (in Months)	1.00	(0.99, 1.01)	1.00	(0.99, 1.01)
Partner Binge Drinking × Respondent Gender (Male)			1.06	(0.47, 2.39)

† $p \leq 0.10$;

* $p \leq 0.05$;

** $p \leq 0.01$;

*** $p \leq 0.001$