

Union dissolution(s) and multidimensional wellbeing

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Long Abstract

In recent decades, family trajectories have become more diverse as marriage rates decline while divorce and the prevalence of lone parenthood and complex blended families increase (Thomson, 2014; Zaidi and Morgan, 2017; Buchman and Kriesi, 2010). In France, 44 for every 100 unions ended up in separation in 2014. This substantial increase in union disruptions means that more and more separated partners are exposed to a variety of consequences of union dissolution relating to health, wellbeing, financial resources and social network (Amato, 2010). As remarriage rates also increase, people are more likely to experience multiple partnerships and dissolutions over their life course (Cherlin, 2009; Brody et al., 1988; Kurdek, 1990).

A consistent amount of evidence shows that critical transitions in the family domain do affect wellbeing. Family relationships can influence wellbeing through psychosocial, behavioural and physiological pathways (Thoits, 2010; Thomas et al., 2017). Being in a union also affects wellbeing through access to economic and social resources (Waite and Gallagher, 2000; Williams and Umberson, 2004). Several studies have shown, in fact, that being married is associated with better mental and physical health (Carr and Springer, 2010; Umberson et al., 2010). On the contrary, union dissolution and lone parenthood are negatively associated to outcomes such as physical and mental health (Simon 2002; Hughes et al. 2009; Amato 2010; Ploubidis et al. 2015; Biotteau et al. 2018) but also as subjective and social wellbeing (Gardner et al. 2006; Marks et al. 1998; Zimmermann and Hameister 2019). Only a few studies have examined the impact of repeated divorce on wellbeing (Luhman and Eid, 2009). The evidence generally shows that individuals who have divorced several times are less satisfied than others, even if they remarry, suggesting that repeated divorces have a cumulative effect on wellbeing (Brody et al, 1988; Osborne, 2012). However, other studies using longitudinal data have found that life satisfaction after a second divorce was slightly higher than after the first divorce,

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suggesting that an adaptation process might also play a role (Luhman and Eid, 2009). Gender differences have also been highlighted, with women suffering more the consequences of experiencing more than one dissolution (Brody et al, 1988).

The empirical evidence has also suggested that the impact of critical family events on wellbeing is heterogeneous and depends on individual demographic and socioeconomic characteristics (DiPrete and Eirich, 2006; McDonough et al 2015; Thomas et al., 2017). First of all, family life-courses and the effects of family events on well-being are gender specific (Keizer, Dykstra and Poortman 2010; Madero-Cabib and Fasang 2016; Stone et al 2015). Besides gender differences, an unequal distribution of resources across socio-economic groups in itself creates inequality in physical and mental health (Turner and Avison, 2003; Marmot, 2005; Kahneman & Deaton 2010; Taylor & Seeman 1999). Resources also influence the likelihood of experiencing critical life events (Burgard et al 2007; Kasl and Jones 2000). Several studies have shown that differences in socioeconomic resources explain the health differences of partnered and separated individuals (Lillard and Waite 1995), as people who separate and people who remain in a union are significantly different in terms of their financial and social resources (Boheim and Ermisch 2001; Kalmjin et al., 2004; Amato, 2010; Lyngstad and Jalovaara, 2010). Finally, resources dictate the resilience following critical events by buffering their negative consequences and hence they are expected to moderate the relationship between critical events and wellbeing (Mc Donough et al., 2015; Biotteau et al., 2018).

Finally, the existing evidence points to the fact that wellbeing as an outcome requires a clear conceptual base and it should include multiple indicators (Chavez et al., 2005). A number of researches have highlighted the multidimensionality of wellbeing, and the differential effects that critical family events or transitions have with respect to domain-specific wellbeing, or different health indicators (Infurna and Luthar, 2017, Bernardi & al 2017). It is therefore crucial to consider different dimensions when assessing how life events affect individual well-being, and acknowledge that such dimensions might be influenced in a different way and/or to a different extent.

In this study, we examine the association between experiencing one or multiple union dissolutions and individuals' multidimensional wellbeing, thus including both a) physical and mental health and b) material and social wellbeing. We examine whether the eventual variations in health and wellbeing generated by the union break-up vary depending on the timing of the(last) dissolution with respect to when well-being is measured, and by individual's gender and socio-economic status. We use data from the two waves (2006 and 2010) of the survey on "Health and Occupational Trajectories" (*santé et itinéraire professionnel*, SIP)

conducted in France by the French statistical institute (INSEE). The Survey covers a representative sample of the French population aged 20-74 years living in a private household. We include individuals aged 25-65 (post-education, working age), which leaves us with a sample of 9,037 individuals for whom we have information about partnership history, including past dissolution(s) experienced by the respondents before the first wave, as well as on health and wellbeing in 2006 and 2010.

The SIP questionnaires include several measures of physical and mental health and satisfaction with social network and professional life. These are: a) Self-perceived health (possible answers *good, fair, bad, very bad*); b) Mental health, including: depressive disorders and sleep disorders (possible answers *never or rarely; several times a month; several times a week; everyday*); c) Social network adequacy (*whether the individual can rely on someone to talk or made an important decision*) and d) satisfaction with the professional career. We first study the association between dissolution(s) and well-being at the first wave (2006). In a second step, we model the association between dissolutions and the transitions in well-being from 2006 to 2010.

The richness of information available on different dimensions of wellbeing and socioeconomic background and the large sample size provided by SIP allow us to comparatively study several dimensions of wellbeing. We hypothesize that union dissolution might be associated with a decrease in overall wellbeing, but that the magnitude and the timing of the effect might be different depending on specific dimension of health and wellbeing. We also expect socioeconomic status to mediate such association.

We model the relationship between having experienced one or more union dissolutions before 2006 and reported health and wellbeing using linear and logistic models (depending on the wellbeing indicator). We consider both marriage and cohabitation dissolution. To address the question of the moderating role of resources in the relationship between union dissolution and change in wellbeing, we stratify the sample using various measures of socioeconomic status. First, we use individuals' own educational level (primary/lower secondary, upper/post-secondary, tertiary) and employment status or household income at age 25. Second, we look at family background, measured using parent socio-economic status and educational level which has been rarely used in this kind of studies. Below, we show preliminary results on the association between past dissolution(s) and well-being for men and women (Figure 1) and the association with self-reported health and depressive mood by educational level (Figure 2).

Figure 1: Past dissolution(s) and well-being, by gender

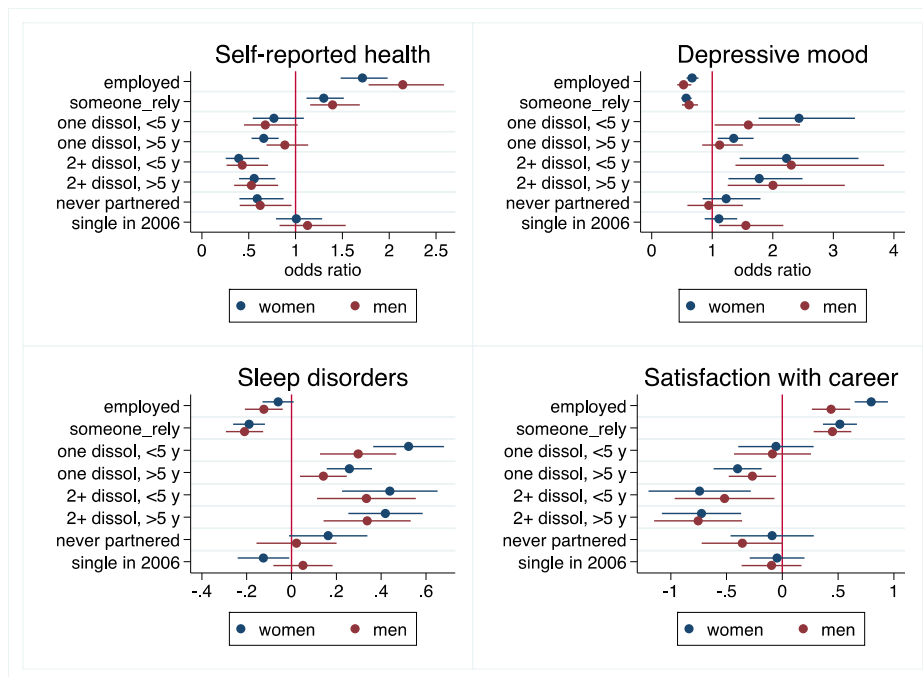
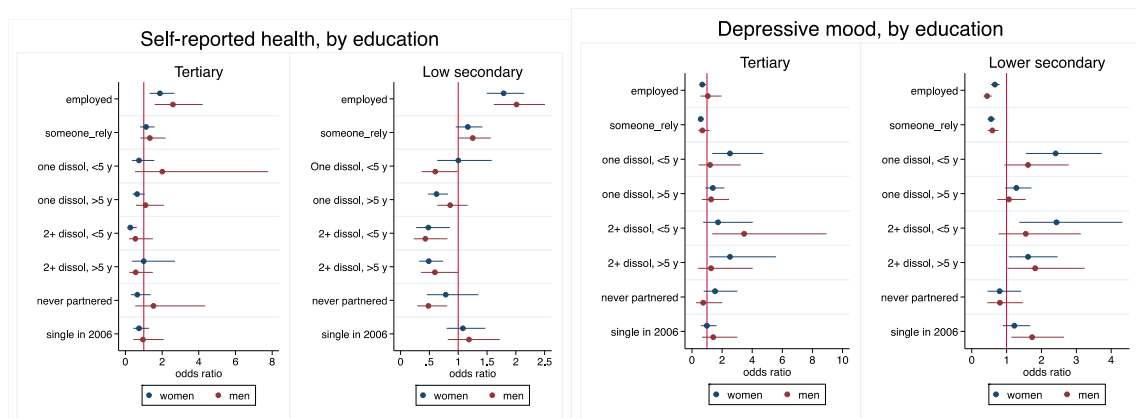


Figure 2: Past dissolution(s) and physical and mental health, by education



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