

Strained Dating Relationships: A Sense of Mattering and Emerging Adults' Depressive Symptoms

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Abstract

Dating relationships become increasingly important as individuals transition into young adulthood. Such relationships often involve positive and negative interactions, which may have implications for psychological well-being. We analyzed data from the fourth interview of the Toledo Adolescent Relationships Study (TARS), when respondents were ages 18-24, to assess the influence of relationship dynamics on depressive symptoms. Using ordinary least squares regression models, among individuals currently dating ($n=422$), we first examined the influence of a sense of mattering as well as strained dynamics of dating relationships (e.g., communication awkwardness, conflict, sexual non-exclusivity and influence attempts) as correlates of depressive symptoms. Next, we tested whether these correlates differed for male and female daters. We found that a sense of mattering, communication awkwardness, conflict, sexual non-exclusivity and influence attempts were significant correlates of depressive symptoms. However, gender interactions were not significant suggesting that these same correlates were associated with depressive symptoms in a similar manner for both men and women in dating relationships. We also found that a sense of mattering mediated the relationship between conflict and depressive symptoms, and partially mediated the relationship between communication awkwardness, partner sexually non-exclusivity and partner influence dynamics and depressive symptoms. This suggested that feeling that one matters is important in dating relationships and may reduce the risk of depressive symptoms.

Keywords: Strained dating relationships; Mattering; Depressive symptoms; Emerging adults

Introduction

In contemporary American society, emerging adulthood is associated with change and exploration as young adults, ages 18-25, establish themselves in terms of education, employment, and residence [1-3]. Moreover, intimate relationships become increasingly important as individuals transition to emerging adulthood. Recent research has demonstrated that by age 19, over 95% of individuals have dated [4]. Researchers using life course and developmental perspectives [5,6] have demonstrated that intimate relationships are important for emotional well-being including experiencing depressive symptoms. Because of the normative nature of intimate relationships during emerging adulthood, it is important to understand the specific dating dynamics that are most strongly associated with or that deter depressive symptoms during this stage of the life course.

The current study examined several dating qualities that may affect depressive symptoms. Additionally, consistent with the view that interactions with significant others may affect well-being, we argued that in intimate relationships feeling that one matters may deter depressive symptoms. We explored the concept of mattering because it may operate as a significant influence in its own right to the extent that intimate partners believe that they are important to their partners as evidenced by care, attention and respect [7]. Further, feelings of mattering may diminish effects or allow individuals to place less emphasis on the negative dynamics within their dating relationships. We examined data from the fourth interview of the Toledo Adolescent Relationships Study (TARS) in which men and women, ages 18-24, ($n=422$) were currently dating. We build on prior studies on marital and cohabiting [8-12], as well as dating dynamics [13-16] by exploring relationship qualities during emerging adulthood that likely influenced depressive symptoms. Other studies have not empirically evaluated the role of mattering in tandem with specific relationship qualities, but this may be particularly important in the early adult years as intimacy becomes central to identity formation and well-being. In addition,

because prior studies have emphasized that women compared with men have a stronger relational orientation [17] and have reported greater depressive symptoms, we examined whether relationships between mattering, dating qualities, and depressive symptoms differed for men and women.

Background

Emerging adulthood, intimate relationships, and depressive symptoms

Across the life course, individuals may experience feelings of sadness or moods of unhappiness [18]. As individuals transition through emerging adulthood, depressive symptoms may increase [19]. Depressive symptoms are one of the most common forms of psychological distress, which many individuals experience to varying degrees at some point in time. In this study, depressive symptoms were assessed in terms of feeling blue, sad, unhappy, and lonely as well as experiencing sleep disturbances [20]. Much prior literature on the social causes of depressive symptoms, however, has focused on marital and cohabiting relationships. Researchers, for example, examining cross-sectional [21] and longitudinal [22,23] data found associations between poorer relationship quality and depressive symptoms. In the current paper, we focused on the social causes of depressive symptoms in the context of young adults' dating relationships.

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Received January 27, 2015; **Accepted** June 15, 2015; **Published** June 18, 2015

Citation: Nash SP, Longmore MA, Manning WD, Giordano PC (2015) Strained Dating Relationships: A Sense of Mattering and Emerging Adults' Depressive Symptoms. J Depress Anxiety S1: 013. doi:10.4172/2167-1044.S1-013

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One transition associated with emerging adulthood is deeper involvement in dating relationships. Understanding how dating during this stage in the life course affects depressive symptoms is critical because the consequences of depression are far-reaching, including interfering with young adults' abilities to function well in peer, work, family, and subsequent intimate settings [24,25]. Conversely, other researchers have reported that depressive symptoms influenced the quality of dating relationships. Segrin et al. [5] examining heterosexual dating couples (n=101) in their early twenties, who were assessed via an oral history interview, found that individuals who reported depressive symptoms had diminished relational quality (comprised of affection, negativity, and disappointment), lower satisfaction and decreased commitment. Vujeva and Furman [25], in a longitudinal study across five time periods from mid-adolescence to emerging adulthood, found that individuals who experienced depressive symptoms at the time of the first interview reported increased conflict in their dating relationships over the course of the study.

Although these findings demonstrated the influence of depressive symptoms on dating qualities, germane to our interests other studies have shown that dating qualities may influence depressive symptoms. La Greca and Harrison [26] examining teens, ages 14 – 19 (n=421), found that indicators of strain (i.e., conflict, criticism, exclusion, dominance, and pressure) associated with dating relationships increased depressive symptoms. More recently, Simon and Barret [6] studying young adult daters (n=1,611) found that those who reported supportive interactions or perceived partner support experienced fewer depressive symptoms; however, those who experienced strain or negative interactions reported greater depressive symptoms. Thus, findings from these studies support the view that daters' strained relationship dynamics may influence depressive symptoms. Yet there are some qualities and dynamics reflective of the growing need for intimacy associated with emerging adulthood not examined in these previous studies. Particularly relevant is an individual's sense of mattering [27].

A sense of mattering and intimate relationships

According to Rosenberg and McCullough [28] mattering is "the feeling that others depend upon us, are interested in us, are concerned with our fate, or experience us as an ego-extension". This feeling arises from dimensions of couple dynamics. One such source is 'attention,' which refers to the idea that actions are acknowledged by others [28]. In dyadic relationships, individuals' interpretation of their partners' behaviors contribute to feeling attended to and valued. Kawamura and Brown [7], for example, in their study of married women (mean age=50 years), found that husbands' respect and demonstrations of concern influenced wives' perceptions of equity, particularly with regard to household tasks. Thus, wives who believed that they mattered were more likely to report instrumental aspects of their relationship as fair. Mak and Marshall [15], examining a college sample of daters (n=99), found that feelings of mattering increased relationship investment and satisfaction. Although these studies examined the influence of mattering in two kinds of intimate relationships, marriage and dating, among two different groups, middle age women and college students, these researchers did not evaluate how mattering alongside other important relationship qualities influenced depressive symptoms.

Yet other researchers [29-31], not focused expressly on intimate relationships, showed that mattering to friends and peers inversely affected depressive symptoms. Using data from a large urban community sample in Canada (n=1,300), Taylor and Turner [31] showed that women and men, ages 18-55, who reported higher levels of mattering experienced fewer depressive symptoms. This study,

however, examined a much older age group and not young adult daters, and did not examine relationship qualities apart from mattering.

Although a sense of mattering extends to a variety of relationships, such as friendships and interactions with parents and marital partners, it may be especially important in dating relationships [15,32,33], which increase in importance during young adulthood. Meier and Allen [34], analyzing the National Longitudinal Study of Adolescent to Adult Health (Add Health), waves 1, 2 (n=8,949) and 3 (n=7,258) demonstrated that as adolescents transitioned to young adulthood, patterns of intimate relationship involvement progressed to greater emotional and sexual intensity. As mattering has the capacity to reduce psychological distress as shown in prior work [35], it is important in its own right. Additionally, we hypothesized that mattering may lessen the impact of strained dating dynamics on depressive symptoms during emerging adulthood. During this life stage, the key developmental task for individuals is to address the question, "Given who I am, with whom would I want as a companion" [1]. We argue that a sense of mattering provides insights into how young adults answer this question. Analyses in the current study assessed whether mattering was protective in general and in relationships characterized by other strains.

Gender and depressive symptoms

Depressive symptoms may be associated with the type of stressors encountered in intimate relationships, and such stressors may differ by gender. De Coster [36] using data from the 1981, 1982 and 1983 waves of the National Youth Survey (NYS), a probability sample of 11 – 17 year olds in the U.S. in 1976, explored how gender influenced the stress process among teens. Female adolescents, for example, typically reported stresses that were communal in nature. This involved conflict with friends that potentially interrupted the development and maintenance of social relationships. The stressors that likely affected male adolescents were those that impaired their sense of individuality and competence. Thus, although there were differences in the source, both young women and men experienced relationship stressors that can affect depressive symptoms. By extension, some of these gender-specific stressors may be relevant during emerging adulthood.

One single variable, however, likely does not explain the gender difference in levels of depressive symptoms [37]. In the context of relationships, young women may exhibit depressive symptoms because of a lack of intimacy [38] or because of high stress [39]. Although studies have focused on whether women's higher rates of depressive symptoms are in fact real [40] or due to reporting [41] as well as overall reasons for disparities [36], studies have not looked at the differential impact of specific dating dynamics on depressive symptoms. Giordano et al. (2006) examining the first interview of the Toledo Adolescent Relationships Study (TARS) found that male and female adolescents in dating relationships reported similar levels of emotional engagement. Building on this prior work, in the current study, we examined the effect of dating relationship qualities, including communication awkwardness and partner influence attempt on depressive symptoms for male and female young adults.

Relationship qualities

Connolly, Craig, Goldberg and Pelter [42] and more recently, Meier and Allen [34], and Giordano et al. [43] found that changes in dating relationships from early adolescence to young adulthood were likely as young people gained experience with relationship intimacy. Although prior studies emphasized the importance of positive dynamics, such as good communication for intimacy [44], we explored several strained

relationship dynamics in dating relationships and how these influenced depressive symptoms. These dynamics included communication awkwardness, conflict, sexual non-exclusivity, and influence attempts. We examined the potential differences these qualities may have on depressive symptoms, and whether relationships were similar for men and women. We review each below.

Communication awkwardness

Scholars have posited that women compared to men have more experience in navigating intimate conversations because of earlier same-sex friendships in which intimate communication occurs [6,45,46]. As adolescents grow and transition to young adults, perceptions of communication awkwardness decreased significantly in dating relationships [43]. As individuals gain experience in facilitating communication, they are better able to negotiate their needs [47]. It is likely that for individuals who cannot adequately express their needs, depressive symptoms would be higher. We expected that communication awkwardness would be positively associated with depressive symptoms for both men and women.

Conflict

Intimate relationships may be a source of conflict [26,48,49]. Individuals involved in dating relationships who are unable to manage their negative behaviors may find that they are at increased risk for conflict [50,51]. We anticipated that relationship conflict may lead to depressive symptoms.

Sexual non-exclusivity

Lack of sexual exclusivity is a violation of trust and indexes a lack of commitment. As such, it may lead to relationship problems and is associated with depressive symptoms [52]. Although an individual may not cheat on a partner, accusing a partner of sexual infidelity is one way that an individual may choose to control a relationship [53]. We expected that a respondent's sexual non-exclusivity, as well as an individual's perceptions regarding a partner's sexual non-exclusivity in an intimate relationship would be positively associated with depressive symptoms.

Power Dynamics

Partner influence attempts

Influence attempts are important in understanding intimate partners' interactions [54-57]. Studies showed that women may be more skilled at influencing their partners [58,59]. If the partner is more influential, we expected a negative association between influence and depressive symptoms regardless of gender [45].

Sociodemographic characteristics

We controlled for the following sociodemographic and background characteristics: age, race/ethnicity, family structure during adolescence, mother's education, which is a proxy for socioeconomic background, and relationship duration. Research has suggested that age affects depressive symptoms. As teens grow older, they exhibit higher levels of depressive symptoms [18,60,61]. Studies on race/ethnicity and depressive symptoms are mixed. In some studies, minority group members, compared with Anglo respondents, were more likely to report elevated levels of depressive symptoms [62] and Schraedley et al. [61] found that Black and White adolescents reported lower levels of depressive symptoms than Hispanic adolescents and other racial groups. We also controlled for family structure and mother's education

as indicators of socioeconomic status. Studies showed an inverse relationship between socioeconomic status and depressive symptoms [61,62]. The duration of dating relationships may be salient. Joyner and Udry [14] showed that male adolescents in particular who had more than one dating partner over an 18-month period had higher levels of depressive symptoms. Drawing largely on studies of adolescents, we expected mixed results for the association of age and race with depressive symptoms; however, we anticipated socioeconomic status and duration to be negatively associated with depressive symptoms.

Current study

Prior work has shown that dating relationships in adolescence can have strong influences on depressive symptoms [14] and the current study extended this work by examining how specific relational qualities are associated with depressive symptoms among young adults, ages 18-24, in current dating relationships. We examined the following key relationship qualities: (1) communication awkwardness, (2) conflict, (3) sexual non-exclusivity, (4) influence attempts and (5) a sense of mattering. We controlled for gender, age, race, family structure, and mother's education. We also accounted for relationship duration and prior depressive symptoms; prior research suggested that depressive symptoms both precede and result from relationship difficulties [63]. We used interaction effects to examine whether these relationship qualities were similarly associated with depressive symptoms for men and women. Additionally, this study examined whether mattering to a significant other buffered the effects of strained relationship dynamics on depressive symptoms or conversely, whether feelings of not mattering exacerbated the effects. We also examined whether perceptions of mattering reduced the effects of strained relationship qualities on depressive symptoms.

Method

Data

The data were from the Toledo Adolescent Relationships Study (TARS), a longitudinal study based on a stratified random sample of the year 2000 enrollment records of all youths registered for the 7th, 9th, and 11th grades in Lucas County, Ohio. We drew the sample from student rosters from 62 schools across seven school districts in primarily urban communities, although respondents did not have to attend class to be in the sample. School rosters were available through Ohio's Freedom of Information Act. The sample devised by the National Opinion Research Center included oversamples of Black and Hispanic adolescents. At the time of the first interview, we interviewed a parent/guardian and the teen respondent separately. In the fourth wave interview conducted in 2006-2007, 1,092 young adults participated in the study. We interviewed respondents primarily in their homes using preloaded laptops to maintain privacy. The TARS sample, as indicated by the U.S. Census, paralleled the sociodemographic characteristics of the Toledo Metropolitan Statistical Area. These data were appropriate for this study because they measured a rich variety of relationship dynamics compared to other national data sets, such as Add Health, which has more limited measures of relational qualities. Because prior research found that depressive symptoms influenced relationship qualities as well as subsequent depression, we controlled for prior depressive symptoms.

The data were from a stratified, random sample, and each respondent had a unique probability of inclusion. We calculated survey weights based on the probabilities, which allowed us to transform point estimates into values that were more representative of a national sample.

Analytic Sample

At the time of the fourth interview, the sample included 1,092 respondents, ages 17-24, 705 of whom were in a current, heterosexual dating relationship. In keeping with the focus of the study on young adult dating dynamics, we excluded persons who were cohabiting (n=221), married (n=66), or not in a dating relationship (n=86). We excluded those with a same sex intimate partner (n=14) because there were too few for statistical analysis. The sample was limited to those who were in a relationship at the time of interview because the depressive symptom items referenced the past seven days (n=440). The sample was further restricted to individuals ages 18-24 (n=428) as the emphasis was on young adults. We excluded those respondents who answered less than two thirds of the 7 items comprising the year 1 depressive symptoms scale (n=425) and those with missing data on focal independent variables (n=3). The final analytic sample was comprised of 192 male and 230 female respondents (n=422).

Measures

Dependent variable – depressive symptoms

The dependent variable, based on the CES-D Depressive Symptoms Scale (Radloff, 1977), was a mean scale measuring self-reported *depressive symptoms*. We provided respondents with the following prompt, "How often was each of the following true during the past seven days:" (1) "You felt you just couldn't get going"; (2) "You felt that you could not shake off the blues"; (3) "You had trouble keeping your mind on what you were doing"; (4) "You felt lonely"; (5) "You felt sad"; (6) "You had trouble getting to sleep or staying asleep"; and (7) "You felt that everything was an effort." The responses were (1) "never," (2) "one day a week," (3) "two days a week," (4) "three days a week," (5) "four days a week," (6) "five days a week," (7) "six days a week" and (8) "every day." The scores ranged from a low of 1 to a high of 8. The Cronbach alpha for the scale was 0.83.

Independent variables: We assessed *mattering* from the following nine statements germane to the intimate relationship context. Researchers [7,15] included similar items in their studies. The items included (1) "Sometimes X does not pay enough attention to me" (reverse coded); (2) "X puts his/her friends before me" (reverse coded); (3) "X makes me feel good about myself"; (4) "X makes me feel attractive"; (5) X "ridiculed or criticized your values or beliefs" (reverse coded); (6) X "put down your physical appearance" (reverse coded); and (7) "put you down in front of other people" (reverse coded). We also included (8) "How much does X love you"; and (9) "The last time you were together, to what extent did X make you feel insecure" (reverse coded). These items were in different metrics, therefore, we standardized them first and then created a mean scale of mattering with a Cronbach alpha of 0.73. The standardized scale used in the analyses ranged from a low of -2.18 to a high of 0.80.

Communication awkwardness

Giordano et al. [59] was a mean scale that assessed the extent of agreement with the following statements: (1) "Sometimes I don't know quite what to say to X"; (2) "I would be uncomfortable having intimate conversations with X"; (3) "Sometimes I find it hard to talk about my feelings with X"; and (4) "Sometimes I feel I need to watch what I say to X." Responses ranged from (1) strongly disagree to (5) strongly agree. The scale ranged from a low of 1 to a high of 4.5 with a Cronbach alpha of 0.74.

Conflict was a scale averaging the three responses to the following

prompt, "How often do you and X:" (1) "have disagreements or arguments"; (2) "yell or shout at each other"; and (3) "have disagreements about your relationship?" Responses were (1) "never," (2) "hardly ever," (3) "sometimes," (4) "often" and (5) "very often." The scale ranged from low conflict (1) to high conflict (5) with a Cronbach alpha of 0.85.

We assessed respondent's sexual non-exclusivity with the question, "How often have you gotten physically involved ("had sex") with other girls [guys]?" Considering that "sometimes people see more than one person at a time." Responses were (1) "never," (2) "hardly ever," (3) "sometimes," (4) "often" and (5) "very often." The scale ranged from a low of 1 to a high of 5. We assessed partner sexual non-exclusivity with the question, "How often do you think X has gotten physically involved with other guys [girls]?" Considering that "sometimes people see more than one person at a time." Responses were (1) "never," (2) "hardly ever," (3) "sometimes," (4) "often" and (5) "very often." The scale ranged from a low of 1 to a high of 5.

Partner influence attempt was the mean of the following three statements

- (1) "I sometimes do things because X is doing them";
- (2) "I sometimes do things because I don't want to lose X's respect"; and
- (3) "I change things about myself because I know X likes it."

Responses ranged from (1) "strongly disagree" to (5) "strongly agree." The scale ranged from a low score of 1 to a high of 5 with a Cronbach alpha of 0.70.

Sociodemographic variables

Several variables were used as controls: *Gender* was a dichotomous variable coded 0=male and 1=female. *Age* ranged from 18-24 years. *Race/ethnicity* was comprised of White, Black, Hispanic, and other with White as the contrast group in multivariate analyses. We created dichotomous variables for each category. *Family structure* during adolescence was a nominal level variable with the following response categories: stepfamily, single parent, and other family (e.g., living with foster parents or relatives), with two married biological parents as the contrast group. *Mother's education* was from the parent questionnaire given at the time of the first interview. If the adolescent's mother was the parent filling out the questionnaire, the response to the question, "how far did you go in school?" If the responding parent was male, we asked, "how far did your spouse or partner go in school?" Responses indicating the highest level of mother's education were recoded into categories representing less than a high school education, equal to a high school education, some college, and college degree or greater. We constructed dichotomous variables for each response category. We assessed *prior depressive symptoms* at the time of the first interview, with the same questions asked of the outcome variable, were included as a control measure. The Cronbach alpha for this scale was 0.78. In addition, *current relationship duration* was a mean variable with 1 reflecting a duration of less than a week, 2 for a week, 3 for two to three weeks, 4 for about a month, 5 for two to five months, 6 for six to eight months, 7 for about nine months to a year and 8 for a year or more.

Analytic strategy

We initially provided descriptive statistics for the total sample (Table 1). We assessed whether relational qualities were significant correlates of depressive symptoms among young adults in dating relationships,

and whether the correlates were similar or different for men and women using ordinary least squares regression models (Table 2). We added mattering to the model to determine whether associations between the strained relationship measures and depressive symptoms were attenuated with the inclusion of mattering. We also assessed whether collinearity of variables was an issue with our data by examining the variance inflation factors (VIFs) for the coefficients in our regression models. Collinearity problems are present when VIF values are less than 0.1 or greater than 10 (Myers, 1986). In our analyses VIF values were greater than 0.1 and under 2 (ranging from 1.1-.1.5). Therefore, based on the VIFs we obtained, collinearity was not a problem in our analyses. We then assessed whether the effects of relational qualities on depressive symptoms were conditional on mattering. We also examined the moderating effect of gender and mattering on the relationship between specific relationship dynamics and depressive symptoms via the cross product terms “relationship dynamic” x gender.

Results

Descriptive analysis

Table 1 showed the weighted means/percentages and standard errors for depressive symptoms, relationship dynamics and sociodemographic characteristics for the total sample of current daters. The mean depressive symptoms score for the total sample was 2.32 indicating that on average young adults experienced depressive symptoms once per week.

Regarding the control variables, approximately half the sample was female. The respondents' ages ranged from 18-24 with an average age of 20.12 years. The majority of the sample identified as White, 64.73%, followed by Black, 26.83%, Hispanic, 5.71%, and a few respondents (2.72%) self-classified as “other.” Most of the sample lived in two-parent households during their adolescent years, 54.61%, followed by single parent households, 21.65%, then stepparent households, 11.79%, and 11.96% did not fall in any of these categories (e.g., foster care, lived with

	Total (N=422)	Standard Errors	Range
Dependent Variable			
Depressive symptoms	2.32	0.06	1-8
Independent Variables			
Mattering*	4.30	0.02	1-5
Communication			
Communication awkwardness	2.12	0.04	1-5
Conflict			
Conflict	2.34	0.04	1-5
Sexual Non-exclusivity			
Partner sexual non-exclusivity	1.25	0.04	1-5
Respondent sexual non-exclusivity	1.32	0.04	1-5
Power Dynamics			
Partner influence attempt	2.42	0.04	1-5
Sociodemographic characteristics			
<i>Gender</i>			
(Male)	48.81%		
Female	51.19%		
Age	20.19	0.08	18-24
Race-ethnicity			
(White)	64.73%		
Black	26.83%		
Hispanic	5.71%		
Other	2.72%		
Family factors			
(Two biological parents)	54.61%		
Single parent	21.65%		
Step-parent	11.79%		
Other	11.96%		
Mother's education			
Less than high school	9.28%		
(High School)	32.64%		
Some college	32.92%		
College or more	25.15%		
Prior Depressive Symptoms			
Depressive symptoms (Wave1)	2.27	0.05	1-8
Relationship characteristic			
Current Relationship Duration	6.62	0.09	1-8

*Unstandardized mattering scale presented in table. Source: Toledo Adolescent Relationships Study

Table 1: Weighted means/percentages and standard errors (in parentheses) of depressive symptoms, relationship dynamics, and sociodemographic characteristics for the total sample.

	1	2	2b	3	3b	4	4b	5	5b
<i>Independent variables</i>									
Mattering	-.40***		-.28**		-.36***		-.34**		-.32***
<i>Communication</i>									
Communication awkwardness		.27***	.18*						
<i>Conflict</i>									
Conflict				.17**	.05				
<i>Sexual non-exclusivity</i>									
Respondent sexual non-exclusivity						-.17*	-.19*		
Partner sexual non-exclusivity						.35***	.26**		
<i>Power Dynamics</i>									
Partner influence attempt								.26***	.22***
<i>Sociodemographic Variables</i>									
Female	.18	.19	.20	.12	.17	.09	.13	.24*	.25*
Age	.03	.03	.03	.03	.03	.04	.04	.03	.03
<i>Race-ethnicity</i>									
(White)									
Black	.12	.12	.10	.12	.11	.12	.11	.14	.10
Hispanic	.22	.18	.19	.18	.21	.31	.30	.17	.18
Other	.36	.24	.28	.30	.34	.43	.41	.30	.30
<i>Family structure</i>									
(Two biological parent)									
Step-parent	.11	.16	.14	.12	.11	.17	.15	.16	.13
Single-parent	.05	.09	.06	.06	.04	.07	.05	.12	.08
Other family	.45*	.42*	.44*	.39*	.44*	.39*	.42*	.42*	.44*
<i>Mother's education</i>									
(High School)									
Less than high school	.39*	.45*	.41*	.47*	.40*	.41*	.37*	.47*	.42*
Some college	.33*	.32*	.33*	.32*	.33*	.37**	.36**	.31*	.33*
College or more	.11	.12	.12	.11	.11	.09	.10	.05	.07
<i>Prior Depressive Symptoms</i>									
Depressive symptoms (wave 1)	.35***	.35***	.35***	.36***	.35***	.36***	.35***	.36***	.34***
<i>Relationship characteristic</i>									
Current Relationship Duration	-.03	-.03	-.03	-.06	-.04	-.03	-.03	-.05	-.04
Intercept	.64*	.18	.35	.47	.59	.36	.48	.07	.19
R ²	.22	.21	.23	.20	.22	.22	.24	.22	.24

Note: (N=422) *p<0.05 **p<0.01 ***p<0.001 Source: Toledo Adolescent Relationships Study

Table 2: Ordinary least squares regression of depressive symptoms on dating relationship dynamics.

relatives). In addition, most of the respondents' mothers had either a high school (32.64%) or some college (32.92%) education. The mean current relationship duration was 6.62, which indicated an approximate period between six to eight months. The mean current relationship duration reported by women (6.84) was longer than the duration reported by men (6.39).

Multivariate analyses

Table 2 presented the ordinary least squares coefficients associated with depressive symptoms net of control variables. The first model included the key variable, a sense of mattering, and indicated that mattering was negatively associated with depressive symptoms. Individuals who felt that they mattered to their partners reported fewer depressive symptoms.

The following sets of models included each relationship quality and then a subsequent model that added mattering to the model (referenced as model b). We presented nested models instead of a model with all the dynamics clustered together because these negative aspects of a relationship tend to cluster and be related. Model 2 showed

that increases in communication awkwardness were associated with significantly higher depressive symptoms net of sociodemographic variables and Model 2b showed that this distinction persisted net of mattering, but the association between communication and depressive symptoms was reduced in size by one-third. Model 3 indicated that conflict was associated with higher levels of depressive symptoms. Model 3b showed that mattering mediated the association between conflict and depressive symptoms. This suggested that mattering lessened the impact or the effect of the association between some negative relationship dynamics and depressive symptoms. The next set of relationship characteristics included sexual non-exclusivity. Respondent's sexual non-exclusivity was negatively associated with depressive symptoms and perceptions of partner's sexual non-exclusivity was positively associated with depressive symptoms. Model 4b showed that the inclusion of mattering partially mediated the association between partner sexual non-exclusivity and depressive symptoms. Model 5 included a power dynamic indicator and showed that partner's influence was positively associated with depressive symptoms. Model 5b revealed that the association of partner's influence attempt reduced slightly with the inclusion of the mattering indicator.

Regarding sociodemographic characteristics, as expected those who reported living with other relatives as an adolescent compared to those living in two-parent biological homes had higher levels of depressive symptoms. In addition, individuals whose mothers had less than a high school or some college education compared to a high school education had increased levels of depressive symptoms. Prior depressive symptoms were positively associated with depressive symptoms reported at the time of the first interview.

Further analyses conducted separately for cross-product terms of each focal variable with gender examined whether gender moderated the relationship between relationship dynamics and depressive symptoms. We found no significant interactions suggesting that men and women responded similarly to strained relationships (results not shown).

An additional set of interactions were tested to determine whether the effect of mattering differed for each of the strained relationship dynamic indicators, communication awkwardness, conflict, sexual non-exclusivity, and partner influence attempt. The interactions, between mattering and each relationship dynamic, were not significant indicating that mattering did not moderate the association between strained relationships and depressive symptoms. Lastly, we used R-square as a measure of model fit. The R-square in our models ranged from 0.20-0.24. These moderately high R-squares may be due to the inclusion of prior depressive symptoms. Models excluding prior depressive symptoms produced more modest R-square values which ranged from 0.09 - 14 (results available from authors).

Discussion

The primary goal of this study was to assess how the concept of mattering was associated with a key indicator of psychological well-being, depressive symptoms. Depressive symptomatology is a complex phenomenon with many causal dynamics that are not addressed in this study. Rather, we focused on ways in which dating relationships influenced depressive symptoms; to be sure, depressive symptoms affects whether individuals feel they matter. We found that higher levels of mattering were associated with lower depressive symptoms consistently across all of the models. Net of traditional strained relational predictors of depressive symptoms, mattering has a protective role as it was tied to lower levels of depressive symptoms. Moreover, mattering had a similar association for both men and women. Some theories argue that relational factors may be more important for women than men, but our results are consistent with prior work that both men and women are influenced by their relationship experiences [6]. These findings related to mattering showcase that this is a conceptual domain that merits inclusion in assessments of well-being.

Communication awkwardness was a significant predictor of depressive symptoms. We found support for the hypothesis that communication awkwardness was positively associated with depressive symptoms. This suggested that although young adults may gain experience in communicating and negotiating their needs [47], the inability to comfortably initiate intimate conversations was a source of distress. Both women and men experienced depressive symptoms when communication was difficult suggesting that this relationship dynamic is important in young adulthood intimate relationships. Communication awkwardness, not a pleasurable experience in a relationship has adverse effects in emerging adulthood.

Conflict was a significant predictor of depressive symptoms. We found support for the hypothesis that conflict in a relationship resulted

in depressive symptoms. Higher levels of conflict lead to greater depressive symptoms. We found partial support for the hypothesis that sexual non-exclusivity was positively associated with depressive symptoms. A partner's sexual non-exclusivity was significant and positively associated with depressive symptoms. Conversely, results showed that a respondent's sexual non-exclusivity was negatively associated with depressive symptoms. Perhaps, as Sprecher [64] indicated, individuals involved in other sexual relationships may become involved in order to restore a sense of fairness in their relationship. The process of this restoration may involve moving away from an unpleasant relationship and into a new relationship, which is more pleasant and thus less distressing.

A partner's influencing behaviors were significant and positively associated with depressive symptoms. The influence of a partner is perhaps a strain and not a positive attribute. Instead, a partner's influence may signify a form of controlling behavior. Influencing behaviors that negatively affect an individual are important relational aspects in young adulthood intimate relationships.

Strained relationship dynamics affected depressive symptoms and the effect was similar for young adult women and men. La Greca and Harrison [26] studying adolescents found that those who reported more negative interactions in dating relationships reported higher levels of depressive symptoms. Similarly, in this study, young adults, like teens, facing negative relationship dynamics experienced depressive symptoms in their intimate relationships.

This study showed that strained relationship dynamics influenced both women and men. Relationship dynamics in young adulthood have similar impacts on depressive symptoms regardless of gender. Whereas some studies indicated that there are differences in the way women and men relate in intimate dyadic relationships, which would suggest differences in what relationship dynamics are important, here we found no significant differences by gender in relationship dynamics. The negative relationship dynamics in this study do not specifically point out which gender experienced greater depressive symptoms, but showed that qualities that do not foster a supportive relationship lead to poorer well-being.

In this study, we explored the relationship between relationship dynamics, mattering and depressive symptoms. Similar to other findings [31], we found that mattering inversely influenced depressive symptoms. Although prior studies examined the relationship between mattering and peers or mattering and parents, not many looked at mattering and dating relationships. Emerging adults who perceived that they matter to their dating partners reported fewer depressive symptoms; this relationship was similar for both men and women (gender did not moderate the relationship between mattering and depressive symptoms). In this study when examining the relationship between negative relationship dynamics and depressive symptoms, mattering was equally important to both men and women. Mattering also mediated the relationship between conflict and depressive symptoms, and partially mediated the relationship between communication awkwardness, partner sexually non-exclusive and partner influence dynamics and depressive symptoms. Therefore, including mattering diminished the effect of these negative relationship dynamics on depressive symptoms. The analyses in this study suggested that mattering is important in dating relationships and may reduce the risk of depressive symptoms.

Future studies of negative relationship dynamics and depressive symptoms may extend this study by using a couple-based sample to

determine the perceptions of both individuals regarding the elements that create distress in a relationship. This study moves forward our understanding of how relationships are associated with a key measure of psychological well-being.

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This article was originally published in a special issue, [Depression & Aging](#) handled by Editor(s), Shailesh Bobby Jain, Texas University, USA