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Mental Health, Happiness, and Marital Satisfaction in U.S. Married Adults: A National Study and Practice Implications

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ABSTRACT: This study examined whether personal happiness mediates the association between self-rated mental health and marital satisfaction among U.S. married adults. Addressing an underexplored mechanism, we tested a theoretically grounded mediation model using nationally representative data. The aim was to clarify whether happiness partially accounts for the pathway linking psychological functioning to relationship quality. Guided by Bowen Family Systems Theory, we conducted a quantitative archival analysis of the 2018 General Social Survey *(N = 938 married adults)*. Variables were single-item Likert measures: mental health (HLTHMTNL), happiness (HAPPY), and marital satisfaction (HAPMAR). Analyses used IBM SPSS Statistics Version 29: multiple regression, path analysis, Baron and Kenny steps, and Sobel test; power estimated with G*Power 3.1. Mental health and happiness significantly predicted marital satisfaction *(R^2 = .17)*. Mental health predicted happiness *(b = 0.23, p < .001)*, and happiness predicted marital satisfaction *(b = 0.35, p < .001)*. The direct effect of mental health on marital satisfaction remained significant but attenuated when controlling for happiness *(b = 0.05, p = .011)*. The Sobel test indicated a significant indirect effect *(b = 0.08, z = 8.49, p < .001)*. Findings support integrating happiness-enhancing strategies within couples counseling, especially when psychological distress is present. Brief positive psychology interventions (gratitude, savoring, acts of kindness) may complement systemic approaches to strengthen dyadic communication and resilience. Routine assessment of subjective happiness can inform case formulation, treatment planning, and progress monitoring in community mental health and private practice settings. To our knowledge, this is the first empirical test of happiness as a mediator between mental health and marital satisfaction using nationally representative U.S. data. The study advances family systems-informed models by quantifying a specific affective pathway and offers practice-relevant evidence for embedding well-being interventions alongside symptom reduction in couple-focused care.

Key words*: Couple therapy, happiness, marital satisfaction, mediation, mental health.*

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1. Introduction

Mental health, happiness, and marital satisfaction represent three interdependent domains of human functioning that are foundational to both individual and relational well-being. Extensive evidence demonstrates that psychological distress impairs quality of life, strains intimate relationships, and contributes to relational dissolution (Whisman et al., 2022). Conversely, happiness has been shown to buffer the negative impact of mental health challenges and enhance resilience in marital and family systems (Krys et al., 2023;

VanderWeele et al., 2020). Despite these associations, the affective pathways through which psychological functioning influences marital satisfaction remain underexplored. Specifically, the mediating role of happiness has received limited empirical attention in large-scale, population-based studies.

Marital satisfaction is not only a personal or relational concern but also a public health issue. Satisfying marital relationships are linked to greater emotional stability, reduced stress, and better physical health outcomes (Gold et al., 2024). On the other hand, unsatisfying marriages correlate with elevated depressive symptoms, higher rates of divorce, and increased family dysfunction (Salinger et al., 2021). Understanding how mental health contributes to marital satisfaction is thus critical for both clinical practice and social policy.

Bowen Family Systems Theory (BFST) provides a conceptual framework for examining these associations. BFST emphasizes that individuals' psychological functioning and relational dynamics are mutually influential, with intrapersonal regulation (e.g., happiness) playing a central role in sustaining healthy partnerships (Bowen, 1985). Within this framework, mental health challenges can undermine marital functioning not only directly, through heightened emotional reactivity, but also indirectly, by limiting partners' capacity to experience and sustain happiness.

Research has consistently documented bidirectional links between mental health and happiness. Psychological disorders such as depression and anxiety reduce subjective happiness, while positive affect promotes resilience and mitigates the impact of stress (Fusar-Poli et al., 2020; Seligman, 2018). Similarly, numerous studies confirm that happiness is associated with stronger marital bonds, more constructive conflict resolution, and increased relationship satisfaction (Moore et al., 2021; Whisman & Collazos, 2023). Despite this, empirical models explicitly testing happiness as a mediator between mental health and marital satisfaction remain scarce.

The present study addresses this critical gap by analyzing nationally representative data from the 2018 General Social Survey (GSS). By testing whether happiness mediates the association between self-rated mental health and marital satisfaction, this research advances both theoretical and applied knowledge. At the theoretical level, the study operationalizes a BFST-informed mediation model that links individual functioning to dyadic outcomes. At the applied level, findings have implications for counseling practice, highlighting the potential benefits of integrating happiness-enhancing interventions into couple therapy, particularly for individuals experiencing psychological distress.

In summary, while prior research has established robust correlations among mental health, happiness, and marital satisfaction, limited work has examined happiness as the mechanism that links these domains. By leveraging a large, nationally representative dataset and a theoretically grounded analytic framework, this study provides novel insights into how individual well-being contributes to relational health.

2. Literature Review

2.1. Mental Health and Marital Satisfaction

The association between mental health and marital satisfaction is well-documented. Individuals experiencing psychological distress often report lower levels of relationship satisfaction and increased relational conflict (South, 2021; Wymbs et al., 2021). Depression, anxiety, and bipolar disorder have been linked to diminished marital quality, reduced intimacy, and elevated divorce risk (Whisman et al., 2022). For example, Azorin et al. (2021) found that bipolar disorder disrupts relationship stability through mood fluctuations and communication difficulties, while ADHD in adults has been shown to impair marital functioning due to attentional deficits and role asymmetries (Cunha et al., 2023). These findings suggest that psychological functioning directly shapes relational processes.

2.2. Happiness and Marital Satisfaction

Parallel lines of research emphasize the role of happiness in sustaining relationship quality. Happiness, conceptualized as a cognitive-affective state reflecting positive evaluations of one's life, has been linked to better marital outcomes (Krys et al., 2023). Happier individuals tend to engage in more constructive communication, demonstrate greater resilience to stress, and interpret relational challenges more positively (Moore et al., 2021; Whisman & Collazos, 2023). Positive affective states also predict greater satisfaction in long-term partnerships by reinforcing mutual appreciation and shared meaning (Lomas et al., 2021). Importantly, the association appears bidirectional: satisfying marital relationships enhance happiness, while higher happiness fosters more adaptive relational functioning (VanderWeele et al., 2020).

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2.3. Mental Health and Happiness

The bidirectional relationship between mental health and happiness has been studied extensively in cognitive-behavioral and neurobiological frameworks. Psychological distress, including depression and anxiety, undermines happiness by limiting optimism, diminishing executive functioning, and constraining emotional regulation (Beck, 1963; Fusar-Poli et al., 2020). Conversely, happiness has been shown to buffer the effects of stress, promote adaptive coping, and facilitate recovery from psychological strain (Krys et al., 2023; Seligman, 2018). Large-scale cross-cultural research also confirms the universality of these associations, underscoring the importance of happiness as both an outcome and determinant of psychological health (Krys et al., 2023).

2.4. Mediation Models and Affective Pathways

Despite well-established bivariate associations, relatively few studies have tested mediation models linking mental health, happiness, and marital satisfaction. Huynh-Honhnbaum and Benowitz (2022) highlighted that adult ADHD reduces marital satisfaction primarily through affective dysregulation, suggesting indirect mechanisms. Similarly, Mohammadi et al. (2019) demonstrated that interventions grounded in BFST improved both happiness and marital satisfaction, indirectly mitigating the effects of psychological distress. However, these studies relied on small, nonrepresentative samples and often used cross-sectional data, limiting generalizability. The lack of nationally representative studies testing happiness as a formal mediator remains a significant gap.

2.5. Measurement Considerations

Operational definitions and measurement strategies vary widely across studies, complicating synthesis. While multi-item scales such as the Couples Satisfaction Index (Funk & Rogge, 2007) and the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) provide psychometric robustness, large-scale population surveys often rely on single-item measures for feasibility. Evidence suggests that single-item indicators yield valid approximations of subjective experience when used in representative samples (Verster et al., 2021). The General Social Survey items on mental health, happiness, and marital satisfaction, though limited in depth, offer a unique opportunity to test mediation models at the population level.

2.6. Theoretical Framework: Bowen Family Systems Theory

Bowen Family Systems Theory (Bowen, 1985) offers a systemic lens for interpreting these associations. BFST posits that intrapersonal regulation and relational processes are mutually reinforcing. Differentiation of self, a central construct in BFST, has been linked to greater marital satisfaction and psychological resilience (Cepukiene, 2021; VanBergen et al., 2021). Within this framework, happiness can be understood as an intrapersonal resource that buffers the impact of mental health challenges on marital outcomes. Testing happiness as a mediator thus directly operationalizes BFST principles in a large-scale empirical context.

2.7. Research Gap and Contribution

In summary, prior research has demonstrated strong associations between mental health and marital satisfaction, as well as between happiness and relational outcomes. However, the mediating role of happiness has been insufficiently tested, particularly in nationally representative datasets. Existing studies are limited by small samples, inconsistent measurement strategies, and a primary focus on pathology rather than positive affective processes. The current study addresses these gaps by testing a theoretically grounded mediation model using GSS data. By doing so, it advances understanding of how happiness functions as a mechanism linking mental health and marital satisfaction and provides practice-relevant insights for couples counseling.

3. Methodology

3.1. Participants

Data were drawn from the 2018 General Social Survey (GSS; Davern et al., 2018a, 2018b), a nationally representative dataset of non-institutionalized U.S. adults. The analytic sample was restricted to participants who identified as married and had valid responses on the key variables of interest. The final sample included

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938 married adults aged 18 and older. The GSS employs a full-probability stratified sampling design and incorporates post-stratification weighting to enhance representativeness.

3.2. Measures

Three key constructs were examined: mental health (independent variable), happiness (mediating variable), and marital satisfaction (dependent variable). All were measured using single-item, self-report Likert-type questions from the GSS.

- Mental health was measured with item HLTHMTNL, which asked respondents to rate their overall mental health on a five-point scale ranging from 1 (poor) to 5 (excellent).
- Happiness was assessed using item HAPPY, which asked participants to rate their general happiness as 1 (not too happy), 2 (pretty happy), or 3 (very happy).
- Marital satisfaction was measured using item HAPMAR, which asked participants to rate their happiness in their marriage using the same three-point scale as the happiness item.

Although these items are ordinal, their use in parametric analyses is supported by psychometric research demonstrating acceptable robustness with large sample sizes and approximately normal distributions (Norman, 2010).

3.3. Procedure

This study used a quantitative, correlational, archival design to test a mediation model in which happiness mediates the relationship between mental health and marital satisfaction. A priori power analysis using G*Power 3.1 (Faul et al., 2009) indicated that a minimum of 68 participants was required to detect a medium effect size ($f^2 = .15$) at $\alpha = .05$ with 80% power. The available sample of 938 participants far exceeded this threshold.

Descriptive statistics and Pearson's correlations were calculated for all study variables. The mediation model followed the steps outlined by Baron and Kenny (1986), estimating direct and indirect effects using multiple regression and path analysis in IBM SPSS Statistics Version 29. The significance of the indirect effect was tested using the Sobel test (Field, 2013).

The study qualified for exempt review because the data were fully de-identified and publicly available. Institutional Review Board (IRB) approval was obtained from Walden University (Approval Number: 05-30-24-1044496).

4. Results/Findings

This study tested whether personal happiness mediates the relationship between self-rated mental health and marital satisfaction using archival data from the 2018 General Social Survey (GSS). Mediation analysis followed Baron and Kenny's (1986) framework and was supplemented with Sobel's test for the indirect effect.

4.1. Research Question and Hypotheses

RQ: Is the relationship between mental health status and marital satisfaction mediated by happiness?

H_0: There is no statistically significant mediating effect of happiness on the relationship between mental health and marital satisfaction.

H_1: There is a statistically significant mediating effect of happiness on the relationship between mental health and marital satisfaction.

4.2. Descriptive and Correlation Statistics

Descriptive statistics and bivariate correlations for the study variables are presented in Table 1. Mental health was positively associated with happiness ($r = .354$, $p < .01$) and marital satisfaction ($r = .213$, $p < .01$). Happiness was also positively associated with marital satisfaction ($r = .407$, $p < .01$), supporting initial assumptions of association for mediation testing.

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Table 1. Descriptive Statistics and Correlations Among Study Variables (N = 938).

Variable	M	SD	1	2	3
1. Happiness	2.38	0.60	—		
2. Mental Health	3.82	0.92	.354**	—	
3. Marital Satisfaction	2.61	0.55	.407**	.213**	—

Note: $N = 938$. **p** < .01 (2-tailed).

4.3. Regression Results and Mediation Analysis

Multiple regression and path analysis were used to assess the mediation model. Despite the ordinal nature of the Likert-type scales, variables were treated as continuous, consistent with prior methodological guidance supporting this approach with large samples (Norman, 2010).

Table 2 summarizes the regression coefficients. Mental health significantly predicted happiness ($b = 0.230$, $SE = 0.019$, $t = 11.87$, $p < .001$), and happiness significantly predicted marital satisfaction ($b = 0.346$, $SE = 0.028$, $\beta = .379$, $t = 12.17$, $p < .001$). The direct effect of mental health on marital satisfaction remained significant but diminished in strength when controlling for happiness ($b = 0.047$, $SE = 0.019$, $\beta = .079$, $t = 2.53$, $p = .011$), indicating partial mediation. The Sobel test confirmed a statistically significant indirect effect ($b = 0.080$, $SE = 0.009$, $z = 8.49$, $p < .0001$).

Table 2. Regression Coefficients for the Mediation Model.

Path	*b*	*SE*	*β*	*t*	*p*	sr^2 / R^2
Mental Health → Happiness (a)	0.230	0.019	—	11.87	< .001	.126
Happiness → Marital Satisfaction (b)	0.346	0.028	.379	12.17	< .001	.125
Mental Health → Marital Satisfaction (c)	0.047	0.019	.079	2.53	.011	.005
Indirect Effect (ab)	0.080	0.009	—	Z = 8.49	< .0001	.040

Note: $N = 938$. Indirect effect significance was tested via Sobel test: $z = 8.49$, $p < .0001$.

The mediation model supported a partial mediation effect, indicating that personal happiness explains part of the association between mental health and marital satisfaction. These findings suggest that individuals with better mental health report greater happiness, contributing to higher marital satisfaction.

5. Conclusion

The purpose of this study was to test whether personal happiness mediates the relationship between self-rated mental health and marital satisfaction using a large, nationally representative dataset of U.S. married adults. Guided by Bowen Family Systems Theory (BFST), we examined an affective mechanism that, despite theoretical plausibility and indirect support, has been underexplored in empirical research. Findings confirmed that happiness partially mediates the association between mental health and marital satisfaction, explaining a modest but statistically significant proportion of variance. Both mental health and happiness predicted higher marital satisfaction, and the indirect pathway through happiness remained significant after accounting for direct effects.

5.1. Integration of Findings with Prior Research

These results align with a robust body of evidence linking psychological functioning to relational outcomes. Numerous studies have documented that depression, anxiety, and other mental health conditions reduce marital satisfaction by disrupting communication, intimacy, and problem-solving processes (South, 2021; Whisman et al., 2022). The current findings add to this literature by identifying happiness as a specific affective pathway through which mental health influences marital outcomes. Rather than focusing solely on dysfunction, this approach underscores the role of positive intrapersonal resources in sustaining relational quality.

The mediating role of happiness also supports previous findings showing that subjective well-being enhances relational functioning. For example, Moore et al. (2021) demonstrated that happier individuals report stronger marital bonds and more adaptive responses to stress. Similarly, Whisman and Collazos (2023) found that positive affect buffers the risk of marital dissolution among individuals with high psychological

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distress. The current study replicates and extends these observations using nationally representative data, thereby strengthening external validity.

Furthermore, the findings are consistent with BFST, which emphasizes the interdependence of individual and relational functioning. Happiness, conceptualized as an intrapersonal regulatory resource, appears to mitigate the relational strain imposed by poor mental health. This echoes research on differentiation of self, which has been shown to foster resilience in both individuals and couples (Cepukiene, 2021; VanBergen et al., 2021). By confirming happiness as a partial mediator, the study provides empirical support for the BFST proposition that emotional functioning serves as a bridge between individual well-being and marital outcomes.

5.2. Significance of the Mediation Effect

Although the mediation effect of happiness was statistically significant, its size was modest, accounting for approximately 6% of the variance in marital satisfaction. This suggests that happiness is one pathway among many that connect mental health and relationship quality. Other mediators may include communication patterns, attachment processes, emotion regulation strategies, or external stressors such as financial strain and parenting demands. For example, research by Huynh-Honhnbaum and Benowitz (2022) on adult ADHD suggests that affective dysregulation, attentional difficulties, and role asymmetry all contribute to marital strain. Similarly, Mohammadi et al. (2019) demonstrated that interventions improving self-differentiation and emotional regulation lead to gains in both happiness and marital satisfaction. The modest size of the mediation effect underscores the importance of adopting multifactorial models when studying relational outcomes.

5.3. Implications for Clinical Practice

The findings have several implications for counseling and psychotherapy with individuals and couples. First, they highlight the importance of routinely assessing happiness in clinical practice. While clinicians often evaluate symptoms of psychological distress, less attention is given to positive affective states. By assessing happiness, counselors can identify protective factors that may buffer the relational effects of mental health challenges.

Second, the results suggest that interventions designed to enhance happiness may indirectly improve marital satisfaction. Positive psychology interventions—including gratitude journaling, savoring exercises, acts of kindness, and identifying personal strengths—have been shown to increase subjective well-being (Lyubomirsky et al., 2020). When integrated into couples counseling, these practices can help partners cultivate shared positive affect, which has been linked to greater relational stability and satisfaction. For instance, structured exercises in expressing daily appreciation or engaging in mutually enjoyable activities can reinforce emotional bonds and enhance marital quality.

Third, the findings support a systemic approach to couples therapy, consistent with BFST. Because individual and relational functioning are mutually reinforcing, interventions targeting intrapersonal variables such as happiness can yield dyadic benefits. Counselors working with couples should consider combining symptom-focused interventions (e.g., cognitive restructuring for depressive thoughts) with strategies aimed at enhancing positive affect and resilience. This integrative approach may be especially useful in brief therapy contexts where time is limited.

Finally, the study provides evidence that can inform counselor training. Graduate programs and continuing education should emphasize not only the reduction of pathology but also the cultivation of well-being. Training counselors to implement brief, evidence-based interventions to enhance happiness can broaden their toolkit and improve client outcomes.

5.4. Policy and Societal Implications

At the societal level, the findings underscore the value of policies and programs that promote both mental health and subjective well-being. Public health initiatives typically focus on reducing symptoms of psychological distress but may overlook interventions that enhance happiness. Given the association between happiness and marital satisfaction, programs that promote well-being may have ripple effects on family stability, child development, and community health.

Workplace policies also have a role to play. Employers can promote mental health and well-being through initiatives such as flexible work arrangements, wellness programs, and mental health education. By supporting

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employees' psychological health and happiness, such programs may indirectly benefit family functioning and marital satisfaction.

At the policy level, funding for couples counseling and family-based interventions should prioritize models that integrate symptom reduction with well-being enhancement. Insurance coverage and community-based services that support preventive, wellness-oriented care may reduce relational strain and improve long-term outcomes.

6. Limitations

Several limitations must be acknowledged. First, the study used a cross-sectional design, which limits causal inference. Although statistical mediation was established, temporal sequencing cannot be confirmed. Longitudinal studies are needed to determine whether improvements in mental health lead to gains in happiness, which in turn enhance marital satisfaction.

Second, the study relied on single-item measures of mental health, happiness, and marital satisfaction. While these items are widely used in population-level surveys and demonstrate acceptable validity (Verster et al., 2021), they lack the nuance of multi-item instruments. Future research should replicate findings using validated scales such as the Couples Satisfaction Index (Funk & Rogge, 2007) and the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999).

Third, the model did not account for potential confounding variables such as socioeconomic status, religiosity, cultural background, or duration of marriage. These factors may influence both mental health and marital satisfaction and should be incorporated into future models.

Finally, the generalizability of findings is limited to U.S. married adults. Cross-cultural research is needed to examine whether the mediating role of happiness holds across different cultural contexts, given evidence that conceptualizations of happiness vary internationally (Krys et al., 2023).

6.1. Directions for Future Research

Future studies should address these limitations by employing longitudinal or experimental designs, using multi-item scales, and testing additional mediators and moderators. Potential mediators include communication quality, conflict resolution strategies, and attachment security. Moderators might include gender, cultural background, or the presence of children.

Researchers should also examine the durability of intervention effects. For example, do happiness-enhancing interventions yield long-term improvements in marital satisfaction, or are their effects temporary? Longitudinal intervention studies could provide valuable insights into sustainability.

Finally, greater consistency in operational definitions of happiness, mental health, and marital satisfaction would strengthen cumulative knowledge. Standardized measures and theoretical frameworks can help integrate findings across studies and facilitate translation into clinical practice.

7. Conclusion

This study contributes to the growing literature on psychological functioning and relational health by demonstrating that happiness partially mediates the relationship between mental health and marital satisfaction. Using nationally representative data, we provide evidence that subjective well-being is not only an outcome of psychological functioning but also a mechanism that shapes relationship quality.

The findings support both theoretical and applied advances. At the theoretical level, they validate BFST's proposition that intrapersonal regulation influences relational outcomes. At the applied level, they highlight the value of integrating happiness-enhancing strategies into counseling and public health initiatives. Although happiness accounted for a modest proportion of the association between mental health and marital satisfaction, its significance underscores the importance of focusing not only on reducing distress but also on cultivating well-being.

In sum, enhancing happiness represents a promising pathway for strengthening marital relationships and promoting holistic well-being. Future research should continue to refine our understanding of this pathway, test additional mechanisms, and evaluate interventions that integrate symptom reduction with well-being enhancement. By attending to both distress and resilience, clinicians and policymakers can foster healthier, more satisfying relationships that benefit individuals, families, and society at large.

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7.1. Limitations and Study Forward

No single study can address all dimensions of a complex research problem, and this project is no exception. Several limitations should be considered when interpreting the findings.

First, the study design was cross-sectional, limiting causal inference. Although mediation analysis revealed that happiness partially explained the relationship between mental health and marital satisfaction, the temporal ordering of these variables cannot be confirmed. It is possible that marital satisfaction influences happiness and mental health, or that bidirectional relationships exist. Future research using longitudinal or experimental designs is needed to clarify causal pathways and establish whether improvements in mental health led to sustained gains in happiness and relational quality.

Second, the study relied on single-item measures from the General Social Survey (GSS). While these items are widely used in national surveys and have demonstrated adequate validity for large-scale research (Verster et al., 2021), they lack the psychometric nuance of multi-item instruments. Future work should replicate findings using validated measures such as the Couples Satisfaction Index (CSI) for marital satisfaction and the Subjective Happiness Scale (SHS) for happiness to capture richer information.

Third, the model did not account for important contextual or demographic variables that may shape both mental health and marital outcomes. Socioeconomic status, religiosity, cultural background, gender identity, parenting status, and marriage duration could moderate or confound the associations studied. Including these variables in future models would allow for more nuanced interpretations and help identify subgroups for targeted intervention.

Fourth, the study focused on U.S. married adults, which limits generalizability. Cultural differences in the meaning of happiness, the expression of marital satisfaction, and the social significance of mental health may alter these associations in other contexts (Krys et al., 2023). Cross-cultural research using comparative datasets is essential to determine whether these findings hold globally.

Moving forward, researchers should design multi-wave longitudinal studies to track how fluctuations in mental health and happiness predict long-term marital outcomes. Intervention studies are also warranted to test whether happiness-enhancing strategies embedded in couples therapy produce measurable improvements in relational satisfaction. By combining rigorous methodology with culturally sensitive frameworks, future research can extend the current study's insights and build a stronger foundation for practice and policy.

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