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A Correlational Study Between Depression and Marital Adjustment in Hispanic Couples

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This study examines the relationships between depression and marital adjustment in Hispanic couples as measured by the Beck Depression Inventory—II and the Dyadic Adjustment Scale. The participants were 98 married Hispanic couples from Las Vegas and San Antonio area churches and community centers who volunteered to participate in this study. Correlations for husbands and wives and the total group between depression and overall marital adjustment and the subscales of marital adjustment were significant. In addition, the husbands' and wives' depression scores were significantly correlated to one another. Furthermore, the relationship between husbands' marital adjustment scores and wives' depression scores was significantly stronger than the inverse relationship of wives' marital adjustment with husbands' depression. The results of this study support an interactional theory of depression and thus highlight the need to take both members of a couple and the cultural dynamics into consideration when developing interventions to treat depression.

Keywords: *depression and marital adjustment; Hispanic couples; interactional theory of depression; cultural dynamics*

Depression affects many people of all ages and cultures, so it is vital that health care providers become more aware of the broader effects of depression among their patients and their families, specifically the interactional or interpersonal corollaries of depression. Mental health has moved into the forefront in political, work, school, and health settings. More people are becoming aware of the costs of untreated mental illness, including depression, and how it affects adults in the workplace and children in the classroom. Employers are scrambling to keep costs down, but employees continue to take a significant amount of time off due to depression and marital and family problems.

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Employee assistance programs are attempting to address this predicament; however, more research is needed to determine how to best implement these programs. Additionally, school violence and substance abuse continue to be a tremendous problem in our society, with suicide being one of the leading causes of death in today's youth. The effects of depression and suicide in children are so dramatic, it is imperative that adequate interventions are researched and implemented. Interactional theories of depression suggest that if children are depressed, their parents may be also. Further research is needed to empirically investigate the interactional aspects of depression in couples, families, work environments, and classrooms.

The Hispanic population has recently become the largest ethnic minority group in the United States. Within the larger Hispanic population there are many different groups. In the southwest region of the United States, the majority are Mexican Americans. Because of this increase in the Mexican American population, a logical conclusion is that more Mexican Americans will be using counseling services. Therefore, it is essential for counselors to broaden their knowledge about ways in which Mexican American individuals, couples, and families may be similar to and different from each other and from the Anglo American culture (Contreras, Hendricks, & Hendricks, 1996). For example, though all families face issues of employment, marginalized minority groups such as Mexican Americans may have a more difficult struggle with employment because of language barriers, discrimination, or lack of education. Because they potentially face a more difficult struggle and higher rates of unemployment or underemployment, Mexican American families may also be at higher risk for depression. Other cultural factors such as patriarchy, religion, and level of acculturation with the majority culture might also place Mexican American families at a higher risk for depression. However, married couples in general, whether Mexican American or other ethnic background, do share some basic similarities that can be risk factors for depression. For example, all

married couples face household challenges, developmental transitions, and other life choices that create the potential for marital distress and depression.

This study was designed to ascertain the relationship between the degree of perceived marital adjustment and the severity of depression in Hispanic couples as measured by the Beck Depression Inventory-II (BDI-II) (Beck, Steer, & Brown, 1996) and the Dyadic Adjustment Scale (DAS) (Spanier, 1976, 1989). Relationships between the scores of husbands and wives on both depression and marital adjustment were analyzed. This is a necessary and timely study for several reasons. First, additional empirical data are needed to either validate or negate the possible relationship between the level of depression and marital adjustment. Second, the possibility that these interactions occur in Hispanic couples demonstrates the importance of exploring cultural factors. Third, the possibility that depression may be present in both spouses and that there may be a depressive mood induction effect, is an indication to treatment providers that there are interactional processes that may be affecting the client. To ignore these aspects of depression may be detrimental to clients' progress. This study will help clarify these possibilities for mental health practitioners.

LITERATURE REVIEW

Historically, the study of depression has focused primarily on individual behaviors, cognitions, and emotions. Within the past 30 years, research started to explore the possibility of an interwoven pattern consisting of depressed behavior of individuals with specific corresponding behaviors of others. Coyne (1976) began to examine this interaction. He argued that depressed persons tended to engage others in their environment in such a way that support was lost and depressive information elicited. This, in turn, increased the level of depression and strengthened the pathogenic pattern of depressed behavior and the response of others. He found that depressed persons induced negative effects in others, seeming to make them aversive and unattractive regardless of other qualities they possessed or any adaptive behavior they displayed, and then they often were rejected (Coyne, 1976). Put simply, depressed individuals are going to exhibit behaviors such as frowning more than smiling, interpreting neutral situations more negatively, and going about their daily life with less energy than most other people. As they interact with family, friends, coworkers, and even strangers, these behaviors tend to produce negative responses in return. Most people prefer to be around others who help them create a positive, supportive atmosphere rather than those who, through depression or other reasons, cannot or do not participate in a mutual construction of a healthy environment. Therefore, others may try to avoid prolonged interactions with depressed individuals, which further isolates them and increases their depression.

Building on Coyne's early research, Youngren and Lewinsohn (1980) offered another salient interactional

description of depression. They looked at specific behaviors of depressed individuals and the corresponding responses typically given to those behaviors. They posited that depressed individuals had deficits in social skills, which made it difficult for depressed individuals to obtain sufficient contingent positive reinforcement to forestall or eliminate depression. This reinforced the notion that depression is directly affected by interpersonal dynamics although it is exhibited by one individual initially.

Howes, Hokanson, and Loewenstein (1985) attempted to demonstrate a depression induction effect in naturally occurring roommate relationships. The authors pointed out that prior studies used interactions with strangers or short-term interactions with people who knew each other. They proposed that investigations using naturally occurring relationships are a logical extension to the line of inquiry. The analysis of their data revealed that after 5 weeks and 11 weeks of living together, the roommates of depressed individuals had significantly higher Beck Depression Inventory scores than those in the control group. Furthermore, a later study by Coyne et al. (1987) indicated that about 40% of the respondents who lived with a depressed person during a depressive episode also met the criteria for mental health disorders such as depression or anxiety.

The next step was to research other long-term relationships, such as marriage. Olin and Fenell (1989) investigated the relationship between depression and marital adjustment using the Zung Self-Rating Depression Scale (SRDS) and the DAS (Spanier, 1976, 1989). For the study, Olin and Fenell computed Pearson Product moment correlation coefficients, or Pearson r , between the SRDS and DAS and also between the SRDS and each of the four subscales of the DAS. This was done both for the total group and separately for the husband and wife subgroups. They found a significant correlation between scores on depression and marital adjustment scores for the combined group of husbands and wives, and they discovered a significant correlation between the depression scores of husbands and wives. The findings revealed that an interactional basis for depression in marriage might be empirically justified. This provides some substantiation for the premise that the greater the depression, the more likely it is that one will be maladjusted in marriage. This also supports the premise that depression does not occur in isolation from the spouse in marriage and that if one spouse suffers from depression, the other spouse may also. The authors contended that a clinical implication of this finding is that the spouse of a depressed person should also be interviewed for possible depression, and that treatment may be more effective if conducted with both spouses. Olin and Fenell pointed out that the sample they used was specific to highly educated persons who resided in a university town and who were also residents of an essentially rural community. They also indicated that further research was necessary using other samples.

Coyne further developed these findings into an interactional theory of depression, which emphasizes that the

complaints of depressed persons are not simply a product of cognitive distortions, but arise in the context of unsupportive relationships (Benazon & Coyne, 2000). The interactional theory of depression sets forth a model of depression that traces the course of depression from the perspective of significant relationships. The theory proposes that one person may begin to exhibit depressive behaviors, and then those in significant relationships with that person may reflect back some of the negative behaviors in response to that person. If this pattern continues, then the other person in the relationship may also begin to exhibit depressive behaviors as well.

METHOD

Participants

The current study uses the interactional theory of depression as its foundation and was specifically developed in response to Olin and Fennell's (1989) call to explore the interaction between marital adjustment and depression in other demographic populations. The couples were chosen from participating San Antonio, Texas churches and Las Vegas, Nevada churches and community centers. All couples were common law or legally married for a period of no less than 1 year. There were no limits placed on the couples with regard to age or religious affiliation. Participants were between 18 and 70 years old, married between 1 and 40 years, and had between 0 and 10 children living in the home.

Instruments

These particular measures were selected for several reasons. First, both the DAS (Spanier, 1976, 1989) and the BDI-II (Beck et al., 1996) are recognized, accepted measures in this field because they both have good validity and reliability. Second, these two measures are commonly used in the literature on depression and marital adjustment; continuing to use them in the current study allows for the results to be easily compared with previous and future literature on these topics. Also, because the current study answers Olin and Fennell's (1989) call to examine the relational aspects of depression in married couples of a different population, the researchers chose to use the DAS (Spanier, 1976, 1989) in their study, just as Olin and Fennell had done. The DAS is a 32 item self-report instrument used to characterize the quality of relationship satisfaction in a dyadic relationship for married couples as well as with other dyads, such as unmarried cohabitating couples (Spanier, 1976, 1989). The BDI-II (Beck et al., 1996) was chosen instead of Zung's SRDS because the BDI-II is a stronger empirical measure with greater research support. The BDI-II is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older (Beck et al., 1996).

Procedures

The principal researcher obtained permission to enter groups in churches and community centers to solicit participants for

her study. She explained the requirements and couples who volunteered to participate were given a packet to complete immediately. These packets contained the following: an introduction to the study, an informed consent page that included an explanation regarding the voluntary nature of the experiment and a way to contact the researcher in case of any questions, a personal data sheet, the DAS, and the BDI-II. Participants received the research materials in an envelope containing instructions indicating that the forms were to be completed by each partner without consulting with one another or anyone else. Participants then spread out around the testing sites to complete the packet independently of one another. Participation in the research study was strictly voluntary. Participants were allowed to ask questions or express concerns they may have had related to the study or to themselves. Any persons with mental health issues were referred to their priest or minister, given the HELP line phone number, and referred to their regular physician. Confidentiality was ensured by having all completed results number coded without any identifying information.

RESULTS

Based on an effect size of .22, a power of .8, and an alpha level of .05 (Cohen, 1988), the study initially included 105 married couples. The number of participants was reduced to 98 of those couples by including only those in which both spouses considered themselves of Hispanic or Mexican American descent who were able to communicate comfortably in English. The participants reported a range of ages from 19 to 68 years with a mean age of 35.99. The couples had been married from 1 year to 37 years with a mean of 10.54 years and reported that there were from 0 to 9 children living at home with a mean of 2.33. Respondents reported a range of raw scores on the BDI-II from 0 to 48 with a mean of 9.72 (see Table 1). Husbands had a range of scores from 0 to 48 with a mean of 8.56, whereas wives reported a range from 0 to 44 with a mean of 10.88. The range of scores for both husbands and wives on the DAS was from 17 to 145 with a mean of 109.56. Husbands had a mean score on the DAS of 111.13 with a range of scores from 34 to 144. The mean score for wives on the DAS was 107.99, with a range of 17 to 145. Overall, the sample is representative of a normal population of nondepressed, adjusted couples, as indicated by all of the mean scores falling within the normal ranges for the instruments. However, even among this sample recruited from a general, nonclinical population, a significant segment of the participants scored within the clinically relevant range for both depression and marital maladjustment.

Pearson *r* correlations were used to determine the relationship between all variables of interest (see Table 2). The correlation between depression scores and marital adjustment scores for the combined group of husbands and wives was $r = -.59, p \leq .01$. For the husbands, the correlation was

TABLE 1
Descriptive Statistics

Group	<i>N</i>	<i>M</i>	<i>SD</i>	Range
Depression				
Combined	196	9.72	9.73	0–48
Husbands	98	8.56	9.49	0–48
Wives	98	10.88	9.88	0–44
Marital adjustment				
Combined	196	109.6	25.94	17–145
Husbands	98	111.1	24.58	34–144
Wives	98	108	27.27	17–145
Dyadic satisfaction				
Combined	196	36.65	9.10	4–50
Husbands	98	37.00	8.76	4–50
Wives	98	36.30	9.47	7–49
Dyadic consensus				
Combined	196	49.33	12.59	3–65
Husbands	98	50.22	11.22	11–65
Wives	98	48.44	13.82	3–65
Dyadic cohesion				
Combined	196	14.57	5.57	2–24
Husbands	98	14.80	5.62	2–24
Wives	98	14.34	5.53	2–24
Affectional expression				
Combined	196	9.02	2.73	0–12
Husbands	98	9.11	2.72	1–12
Wives	98	8.92	2.75	0–12

$r = -.58, p \leq .01$, whereas the correlation for wives was stronger, although not significantly, at $r = -.60, p \leq .01, z = 0.16$. Further analysis revealed that the relationship between the depression scores of husbands and the marital adjustment scores of wives was significantly correlated at $r = -.29, p \leq .01$, and the relationship between the depression scores of wives and the marital adjustment scores of husbands was significantly correlated at $r = -.47, p \leq .01$. These correlations, however, are significantly different from one another, $z = 2.05, p \leq .05$, with wives' depression being much more strongly correlated with husbands' marital adjustment than the opposite of husbands' depression with wives' marital adjustment.

Correlations were also computed for the combined group of husbands and wives, for each separately, and then for the cross-pairing of husbands' and wives' scores on the depression scale and the four marital adjustment subscale scores: dyadic satisfaction, dyadic consensus, dyadic cohesion, and affectional expression. A higher score on each of the subscales indicates a higher level of the trait being examined. There was a range of scores on the dyadic satisfaction subscale for the combined group of husbands and wives from 4 to 50 with a mean of 36.65. Husbands had a range from 4 to 50 with a mean of 37.00. Wives reported a range from 7 to 49 with a mean of 36.30. The correlation between depression scores and dyadic satisfaction scores for the total group of husbands and wives and for each separately was $r = -.50, p \leq .01$. The relationship between the depression scores of

husbands and the dyadic satisfaction scores of wives resulted in $r = -.29, p \leq .01$. For the relationship between the depression scores of wives and the dyadic satisfaction scores of husbands, a correlation of $r = -.38, p \leq .01$.

Depression and dyadic consensus were examined next with a higher score indicating a higher level of dyadic consensus. The dyadic consensus subscale had a range of scores for both husbands and wives from 3 to 65 with a mean of 49.33. Husbands had a range from 11 to 65 with a mean of 50.22. Wives had a range from 3 to 65 with a mean of 48.44. Data indicate that the correlation between depression scores and dyadic consensus scores for the total group of husbands and wives was $r = -.55, p \leq .01$. The husbands had a correlation of $r = -.53, p \leq .01$, whereas the wives in this sample reported a correlation of $r = -.56, p \leq .01$. The relationship between the depression scores of husbands and the dyadic consensus scores of wives was $r = -.22, p \leq .05$. For the reverse relationship between the depression scores of wives and the dyadic consensus scores of husbands, $r = -.47, p \leq .01$.

The dyadic cohesion subscale scores for the total group ranged from 2 to 24 with a mean of 14.57. Husbands had a range from 2 to 24 with a mean of 14.80, whereas wives also had a range from 2 to 24 with a mean of 14.34. The correlation between depression scores and dyadic cohesion scores for the combined group was $-.41$, for the husbands was $-.47$, and for the wives was $-.35$. The earlier correlations are significant at the .01 level. A further analysis of the data revealed $r = -.26, p \leq .01$ for the relationship between the depression

TABLE 2
Correlational Data

Group	<i>N</i>	<i>r</i>	<i>p</i> <
Husbands' depression with wives' depression	196	.405	.0001
Husbands' marital adjustment with wives' marital adjustment	196	.76	.0001
Depression with marital adjustment			
Combined	196	-.59	.01
Husband	98	-.58	.01
Wives	98	-.60	.01
Husbands' depression with wives' marital adjustment	196	-.29	.01
Wives' depression with husbands' marital adjustment	196	-.47	.01
Depression with dyadic satisfaction			
Combined	196	-.50	.01
Husbands	98	-.50	.01
Wives	98	-.50	.01
Husbands' depression with wives' dyadic satisfaction	196	-.29	.01
Wives' depression with husbands' dyadic satisfaction	196	-.38	.01
Depression with dyadic consensus			
Combined	196	-.55	.01
Husbands	98	-.53	.01
Wives	98	-.56	.01
Husbands' depression with wives' dyadic consensus	196	-.22	.05
Wives' depression with husbands' dyadic consensus	196	-.47	.01
Depression with dyadic cohesion			
Combined	196	-.41	.01
Husbands	98	-.47	.01
Wives	98	-.35	.01
Husbands' depression with wives' dyadic cohesion	196	-.26	.01
Wives' depression with husbands' dyadic cohesion	196	-.31	.01
Depression with affectional expression			
Combined	196	-.57	.01
Husbands	98	-.52	.01
Wives	98	-.62	.01
Husbands' depression with wives' affectional expression	196	-.30	.01
Wives' depression with husbands' affectional expression	196	-.39	.01

scores of husbands and the dyadic cohesion scores of wives, and a correlation of $r = -.31, p \leq .01$ for the opposite pairing.

Data reported in this section pertain to the relationship between depression and affectional expression. The scores on the affectional expression subscale for the combined group of husbands and wives ranged from 0 to 12 with a mean of 9.02. Husbands had a range from 1 to 12 with a mean of 9.11. Wives had a range of scores from 0 to 12 with a mean of 8.92. The correlation between depression scores and affectional expression scores for husbands and wives combined was $-.57, p \leq .01$, for the husbands $r = -.52, p \leq .01$, and for the wives $r = -.62, p \leq .01$. The relationship between depression scores of husbands and the affectional expression scores of wives revealed a correlation of $-.30, p \leq .01$, and for the inverse pairing $r = -.39, p \leq .01$.

Next, the correlations between scores of husbands and wives on both depression and marital adjustment were examined and data were also analyzed to determine if there were differences in mean scores on both variables between husbands and wives. A further analysis was made that studied the relationship between feelings toward work satisfaction and the two principal variables. Finally, the relationships

between each of the two variables, depression and marital adjustment, and the demographic data, were examined.

Husbands reported a mean score of 8.56 on the BDI-II, whereas wives reported a mean score of 10.88. A higher score indicates a greater severity of depression and a lower score means a lesser severity of depression. The correlation between the depression scores of husbands and wives was .405, which is significant at the .0001 level. There was a t ratio of 2.17 between the depression scores of husbands and wives, which indicates there is a significant difference in their scores at the .03 level.

In examining marital adjustment, husbands reported a mean score of 111.13 on the DAS, whereas wives had a mean score of 107.99. A higher score means a higher level of marital adjustment, and a lower score means a lower level of marital adjustment. The correlation between the marital adjustment scores of husbands and wives was .76, which is significant at the .0001 level. The t ratio between the marital adjustment scores of husbands and wives was -1.70 , which means there is no significant difference in scores.

Correlations were also computed among items on the personal data sheet and the BDI-II scores and among items

on the personal data sheet and the DAS scores. These correlations were computed for the aggregate total scores for husbands and wives as well as for individual totals for subgroups of husbands and wives. No significant linear relationship was found between either depression scores or marital adjustment scores and age (husbands' or wives'), years of marriage, number of children living at home, number of adults living at home, level of education (husbands' or wives') or total household income.

DISCUSSION

The limitations of this investigation include being restricted to Hispanic individuals in the vicinity of San Antonio, Texas and Las Vegas, Nevada. Also, long term interactions between depression and marital adjustment were not studied. Furthermore, results cannot be generalized outside of married cohabitating heterosexual couples. Perhaps the most important limitations came about because of the method of selecting the sample. Convenience sampling was used by recruiting participants from churches and community centers. This creates the possibility that the sample does not accurately reflect the general population by being more religious, less clinical, less depressed, less maladjusted, or other similar discrepancies.

In summary, the data, tested for significance using a two-tailed test at an alpha level of .05, suggest that there is an interactional aspect of depression and marital adjustment in Hispanic couples as measured by the BDI-II (Beck et al., 1996) and the DAS (Spanier, 1976, 1989). This adds empirical support to Coyne's interactional theory of depression, specifically as it pertains to Hispanic couples. Because the current study uses correlational data, it does not indicate whether depression causes marital maladjustment, marital dissatisfaction causes depression, or both are related by some other unknown factor. However, clearly depression is connected to relationship issues, particularly marriage.

The current study on Hispanic couples also seems to indicate that there are some basic similarities between this sample and the larger population of married couples. The sample appears to be representative of a normal population as evidenced by a mean raw score of the BDI-II for the combined group of husbands and wives of 9.72. The mean score of 109.56 on the DAS for the combined group of husbands and wives is not significantly different from the mean of 114.8 found in the normal married population on which Spanier (1976) standardized the DAS. The findings of the current study indicate there is a significant correlation between depression and marital adjustment in the specialized population of Hispanic couples. Similar to Olin and Fenell's (1989) results, the evidence of the current study supports findings that the greater one's depression, the greater the likelihood that one will be maladjusted in marriage. Furthermore, the greater the degree of depression in one's spouse, the more likely one is to be maladjusted in his

or her marriage. Likewise, the poorer a couple's marital adjustment is, the more likely it is that one or both of them will be depressed. In the population he studied, Olin (1984) did not find a significant difference between the relationships between husbands' depression and wives' marital adjustment and wives' depression and husbands' marital adjustment, although the latter was higher. In contrast to these findings, the Hispanic respondents of the current study reported a statistically stronger relationship between wives' depression and husbands' marital adjustment.

The findings of the current study indicate there are significant correlations among marital adjustment with its four subscales and depression in Hispanic couples. Significant negative correlations were found for depression and marital adjustment and the subscales for both husbands and wives; thus, the higher the depression, the lower the marital satisfaction. It seems that Hispanic married persons who suffer from depression also present with marital problems or marital dissatisfaction. In addition, a significant positive correlation was found between depression scores of husbands and wives; thus, the higher the depression in one, the higher the depression in the other.

A noteworthy result in this study indicated that husbands and wives in Hispanic couples differ in how depression affects their marital adjustment. Of great importance is the finding that Hispanic wives seem to be more okay with their marriage when their husbands are depressed than Hispanic husbands are when their wives are depressed. This finding does not appear in the literature of Caucasian couples. Apparently, some cultural dynamics may be at play, and more research is clearly indicated to decipher these nuances.

Another significant result that has only rarely been reported in the literature is that of the correlation between depression in wives and husbands. Both Olin's 1984 study and the current one found a correlation between the depression scores of husbands and wives. The literature has shown that interacting with depressed persons may induce depression in others. It is possible that couples are engaged in a loop of perpetual depression induction that requires intervention. Health care providers should be aware of this possible dynamic, especially when faced with the frustration of patients who are resistant to treatment. A married person's progress in treatment may be impeded by the pathology of his or her partner and its mood induction effect. More thorough studies on the possible existence of depression induction in the marital dyad are needed.

Of paramount importance is the fact that the present study is of a correlational nature, and thus, causality cannot be inferred. One cannot assume that depression causes marital maladjustment nor can one assume that marital maladjustment causes depression. Furthermore, one cannot assume that the person's culture is the most important factor in how depression and marital adjustment interact. Thus, more research is necessary to provide the answers to these complex questions. Although causality cannot be inferred,

the fact that the relationship exists and that culture may play a role is a call to clinicians to assess more broadly whenever clients present with marital problems or depression. The field of marriage and family therapy provides a myriad of systemic theories and strategies that can help mental health professionals address interactional aspects of depression and other psychopathologies.

Overall, the findings of the present study support the interactional theories of depression. This will hopefully compel researchers and clinicians to formulate theories and interventions that will address these important concerns when dealing with persons—Hispanic or otherwise—who suffer from depression. It is now more crucial than ever that clinicians, physicians, and other health care providers be aware of effective and efficient treatments available for their clients who suffer from depression. This is important not only for the person being assessed but also for the significant others in their lives. The current findings focus on the couple; however, it may follow that if parents suffer from depression and marital dissatisfaction or maladjustment, the children in these families may also be in need of some intervention. Preventive measures at this time would indicate a family evaluation to assess whether the children are also affected by the depression or marital maladjustment of their parents. Clearly, more research is needed in this area. The behavioral sciences must tackle these issues in the near future.

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