

Family Functioning and Depressed Patients

Miller, I. W. [Butler Hosp., 345 Blackstone Blvd., Providence, RI 02906], Keitner, G. I., Whisman, M. A., Ryan, C. E., Epstein, N. B., & Bishop, D. S. (1992). Depressed patients with dysfunctional families: Description and course of illness. *Journal of Abnormal Psychology, 101*, 637-646.

In a 1-year longitudinal study of 68 depressed patients and their families, Miller et al. investigated the effects of family functioning on recovery from a major depressive disorder. They divided the families into a higher functioning and a lower functioning group, using a series of measures designed to assess family functioning (e.g., problem-solving abilities, communication, enmeshment, conflict, cohesion). At the baseline assessment, patients from the higher functioning families did not differ from those from the lower functioning families in severity, chronicity, or history of depression, other nonaffective psychiatric diagnoses, or neuroendocrine functioning. Patients from the lower functioning families scored higher in neuroticism than their counterparts. Monthly assessments and a 12-month follow-up revealed that patients from the lower functioning families had higher levels of depression, lower levels of overall adjustment, and a lower recovery rate than patients from the higher functioning group. These findings remained significant even when the effect of neuroticism was taken into account. The amount of interest and value the family placed on each member's interests and concerns, as measured at baseline, was the best predictor of a successful course of illness. Because family dysfunction and the subsequent course of depressive illness are strongly linked, the authors suggested that "families should be included in treatment programs for depressed patients" (p. 645).

Well-Being in Older Married Couples

Quirouette, C., & Gold, D. P. [Concordia University, Dept. of Psychology, Sir George Williams Campus, 1455 de Maissonneuve Blvd., W., Montreal, Quebec H3G 1M8 Canada] (1992). Spousal characteristics as predictors of well-being in older couples. *International Journal of Aging and Human Development, 34*, 257-269.

Spousal characteristics may be more important determinants of well-being for wives than for husbands. Quirouette and Gold used self-report measures and a short interview with 120 working-class couples who were married for at least 10 years and were more than 50 years old. They assessed spousal characteristics such as education, verbal intelligence, personality, physical health, marital adjustment, psychological well-being, and response bias to marital defensiveness. Spousal characteristics significantly predicted wives' well-being, with the three most influential predictors being the husbands' perception of the marriage, positive dimension of well-being, and physical health. In contrast, spousal characteristics did not significantly predict husbands' well-being. These findings support the hypothesis of differential responsiveness of men and women to spousal characteristics, and highlight the importance of marital adjustment for the psychological well-being of older wives.

Vulnerability to Depression

Metalsky, G. I. [Lawrence University, Dept. of Psychology, Box 599, Appleton, WI 54912-0599], & Joiner, T. E., Jr. (1992). Vulnerability to depressive symptomatology: A prospective test of the diathesis-stress and causal mediation components of the hopelessness theory of depression. *Journal of Personality and Social Psychology, 63*, 667-675.

Metalsky and Joiner tested the diathesis-stress and causal mediation components of the hopelessness theory of depression. This theory posits three vulnerability factors for depressive symptoms: (a) persons with *attributional diathesis* attribute negative life events to stable and global causes; (b) persons with *diathesis about the self* make negative inferences about the self when a negative life event has occurred; and (c) persons with *diathesis about consequences* infer that negative life events are going to lead to dire consequences. When persons with these cognitive diatheses experienced high levels of naturally occurring life stress, they tended to experience depressive symptoms but did not experience state or trait anxiety symptoms.

The authors also found that two of the Cognitive Diathesis x Stress interactions (attributional diathesis and diathesis about the self) contributed to depressive symptoms through the mediating role of hopelessness (defined as a negative view of the future). However, their failure to find hopelessness as a mediator for diathesis about consequences suggested that Diathesis x Stress interactions may contribute to the onset of depressive symptoms through additional factors besides hopelessness.

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