Marital satisfaction and depressive symptoms among Chinese older couples
Qianrong Wanga, Dahua Wang a*, Chunhua Li b and Richard B. Miller c

aInstitute of Developmental Psychology, Beijing Normal University, Beijing, China; bBeijing No. 12 High School, Beijing, China; cSchool of Family Life, Brigham Young University, Provo, Utah, USA

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Background: Depression is one of the most prevalent mental disorders among older people. Consistent with the Marital Discord Model of Depression (MDMD), research in Western cultures has found that marital distress is one of the risk factors for depression among older adults. However, the effect of marital distress on depression among older adults has not been examined in a collectivistic society, such as China.

Objectives: The purpose of this study was to examine the relationship between marital satisfaction and depressive symptoms in a sample of Chinese older adults. Considering the dyadic nature of the data, the Actor–Partner Interdependence Model was used to test for the actor and partner effects.

Methods: The study investigated 139 older couples who were recruited from communities in Beijing, the capital of China. The Lock–Wallace Marital Adjustment and the CES-D scales were administered to the participants.

Results: The results indicated that neither of the actor effects was significant. One of the partner effects was significant, with the husbands’ marital satisfaction predicting their wives’ depressive symptoms.

Conclusions: The MDMD was only partially supported among older couples in China. An asymmetrical pattern of cross-spouse effects was found, suggesting that the husbands’ perception of marital dissatisfaction could significantly predict their wives’ depressive symptoms.

Keywords: older adult; marital satisfaction; depression; APIM

Introduction
Depression is one of the most prevalent mental disorders among older people. An elderly individual who is suffering from severe depressive symptoms would be diagnosed as having geriatric depression. One study conducted by Birrer, Vemuri, Gu, and An (2005) investigated 1018 older adults from two communities in Xi’an, a city in western China. They found that the morbidity of mild, moderate, and major depression was 16.05%, 9.14%, and 7.95%, respectively. Another study (Zhang, 2000) found that the morbidity of depression for Chinese urban elderly adults was 7.9%, with a ratio of 1.2 between men and women. As an important indicator of mental health, depression is closely associated with lower life satisfaction (e.g. Fukino, 2005), and it is often accompanied by other mental disorders (e.g. Whisman, 2007) and physical pains and ailments (e.g. Choi & Marks, 2008), and it is costly to society (e.g. Miller et al., in press). In addition, the suicide rate of people with depression in China is twice as high as the rate of people with non-depressive disorders (Guo, Yang, Su, & Cao, 2005).

Marital satisfaction has been defined as the discrepancies between the personal qualities in one’s conception of the ideal spouse and the individual’s perception of the genuine personal qualities of his/her spouse, with fewer discrepancies indicating higher marital satisfaction (Rollins & Feldman, 1970). There is accumulating evidence that marital satisfaction and depression are covariate factors of each other (e.g. Choi & Marks, 2008; Davila, Karney, Hall, & Bradbury, 2003; Kouro, Papp, & Cummings, 2008; Whisman & Uebelacker, 2009). As the symptoms of depression frequently emerge following marital dissatisfaction, it is reasonable to consider a lack of marital satisfaction to be a risk factor for depression (Kendler, Karkowski, & Prescott, 1999). Indeed, there is substantial empirical support that marital distress is predictive of higher rates of depression (e.g. Fincham, Beach, Harold, & Osborne, 1997; Liu & Chen, 2006; Tower & Krasner, 2006; Whisman, 2001; Whisman & Uebelacker, 2009). However, most of these studies were based on samples of young and middle-aged adults from Western society, and little is known about the relationship between marital distress and depressive symptoms among older married adults in other cultures. As China has the largest population of older adults in the world, it is important to examine the relationship between marital satisfaction and depressive symptoms among older adults within this cultural context.

Theoretical background
The Marital Discord Model of Depression (MDMD, Beach, Sandeen, & O’Leary, 1990) proposes a theoretical connection between marital distress and depression, namely, that marital distress can precipitate depression. The link between marital distress and depression is assumed to have two pathways. On the one hand, a distressed relationship often has a higher level of hostility,
which is predictive of depression. On the other hand, spouses in a distressed marriage generally offer and receive less social support in their relationship, which also places them at a higher risk for depression. Hence, spouses who are in distressed marriages are more prone to depression via these two etiological pathways (Beach, Katz, Kim, & Brody, 2003).

A great deal of empirical evidence supports the MDMD. For example, Whisman (2001) conducted meta-analyses of 26 cross-sectional studies and found that the average effect size between marital satisfaction and depression was −0.37 for males and −0.42 for females. Kouras et al. (2008) conducted a three-year longitudinal study, and after controlling for the partner’s marital satisfaction, they found that a change in one’s marital satisfaction could predict his/her subsequent depressive symptoms. Tower and Krasner (2006) also found that, regardless of age, wives who felt closer to their husbands were less depressed than those who felt less close. Marital closeness was also protective for husbands at all ages, but the effect was stronger among younger age groups. In addition, a study that focused among Latino couples (Hollist, Miller, Falceto, & Fernandes, 2007) found that marital satisfaction was a significant predictor of depression two years later.

Gender differences and cross-spouse effects

An important issue concerning the association between marital satisfaction and depression is gender differences. Some researchers have contended that women are more prone to depression within the marital context because traditional gender roles expect them to be the relationship gatekeeper (Beach et al., 2003), which makes them more sensitive to marital distress. Fincham et al. (1997) suggested that women are more likely to use emotions in coping with marital distress and usually blame themselves, while men may be relatively less distressed about marital issues and problems, and usually withdraw from the stress. Some studies have supported this view and found that a couple’s poor relationship quality (e.g. negative verbal or nonverbal exchanges observed in a marital problem-solving task) had a greater impact on wives than on husbands (Kiecolt-Glaser, Glaser, Cacioppo, & Malarkey, 1998). Dehle and Weiss (1998) also found that the significant relationship between initial marital quality and subsequent depression was moderated by gender and that the relationship concerns among married couples might be better predictors of depressive moods for wives than for husbands.

Nonetheless, some studies have found no gender differences. Whisman, Uebelacker, Tolejko, Chatav, and McKelvie (2006) examined a sample of 416 older married couples in a cross-sectional study and found that there were no significant gender differences in the strength of the relationship between marital discord and depression. In another study, based on a two-year longitudinal population-based survey of 1869 older households, Whisman and Uebelacker (2009) found limited evidence of gender differences in the association between marital discord and subsequent depression. In addition, other studies have suggested that, although wives usually become more depressed than men, the relationship between marital discord and elevated depressive symptomatology was similar for men and women (Beach et al., 2003; Davila, Carney, Hall, & Bradbury, 2003).

Another important issue is cross-spouse effects. By far, most research concerning the relationship between marital satisfaction and depressive symptoms has focused on the influence of one’s marital satisfaction on his/her own depressive symptoms. Actually, wives’ and husbands’ marital satisfaction, as well as their depression, is usually correlated (Whisman & Uebelacker, 2009). Furthermore, the MDMD theorizes that unhappy spouses will provide less support and exhibit a greater hostility in their marital relationship, which will likely have a negative impact on their spouses’ mental health (Beach et al., 2003). Thus, it is important to test the cross-spouse effects of marital satisfaction on depression.

Most of the studies have found significant cross-spouse, or partner effects between marital satisfaction and depressive symptoms (Beach et al., 2003), although there is some discrepancy in findings. In a study of 30 young medical students and their spouses, Katz, Monnier, Libet, Shaw, and Beach (2000) tested the cross-spouse effects and found that female spouses of medical students were more likely to report depressive symptoms when their partners concurrently reported a lower marital quality. However, male medical students’ depressive symptoms were not significantly correlated with their spouses’ marital quality. Another study by Wickrama, Bryant, and Wickrama (2010), based on a sample of African-American couples, found significant cross-spouse effects among both spouses. However, some research did not find any significant partner effects (Whisman & Uebelacker, 2009).

Marital satisfaction and depression among older couples

Although some studies have explored the relationship between marital satisfaction and depression, few studies have examined older couples, little is known about partner effects among the older population. There is some evidence that age may moderate the relationship between marital satisfaction and depression. Using a sample that included three age cohorts (young, middle aged, and old), Bookwala and Jacobs (2004) found that the association between marital satisfaction and depressive symptoms was strongest in the oldest cohort. Similarly, Whisman (2007) reported that the correlation between marital discord and major depression increased with age. This research is consistent with studies that have found that marital satisfaction is a predictor of depression among older adults (Whisman & Uebelacker, 2009; Whisman et al., 2006).

Thus, there is evidence that the MDMD is applicable to older adults. However, little research has used dyadic data to examine gender differences and the cross-spouse effect with respect to the connection between marital satisfaction and depression among older people.
In addition, the MDMD was developed and tested in the USA, which is representative of Western cultures. Consequently, its applicability to other cultures remains unclear. Only one study has explicitly tested MDMD in China among middle-aged couples (Miller et al., in press). The results supported the MDMD with respect to the actor effects, namely that the husbands’ and wives’ marital satisfaction were significantly associated with their own depressive symptoms, respectively. They also found that wives’ marital satisfaction was predictive of husbands’ depressive symptoms.

Despite this evidence that the MDMD is applicable to midlife Chinese couples, it is unclear whether the MDMD is a valid theory among older couples in China. In the past 30 years, China has experienced remarkable changes because of the social reformation movement. Compared to older people, young and middle-aged adults are apt to acknowledge Western ideologies, such as equality, freedom, and democracy. In contrast to younger families, older Chinese families have maintained the traditional core patterns that are characterized as patriarchal and hierarchal (Pimentel, 2000). Traditional Chinese culture expected the husband to be the head of the family and the wife to have a subservient position (Li, 2007). Husbands are to be dominant, with wives being supportive of their husbands, even at the cost of their own personal individuality and needs (Rong, 2007). Thus, older Chinese couples, who established their marriages on these traditional values and norms, are assumed to represent different marital relationships from young or midlife couples, thereby created substantial age cohort differences in Chinese culture.

The current study

Although there is evidence that marital distress is predictive of one’s own depressive symptoms among older adults in Western societies, this relationship has not been examined in Chinese elderly couples. The current study used a sample of older Chinese adults to examine if the findings from Western societies could be generalized to China’s society. As the sample used in this study included husband and wife dyads, the Actor–Partner Interdependence Model (APIM, Cook & Kenny, 2005; Kashy & Snyder, 1995) was employed for the statistical analyses. The APIM strategy allows the inclusion of information from both partners of the dyad. As illustrated in Figure 1, X and X’ represent the independent variable for persons A and B, respectively. Y and Y’ represent the dependent variable for persons A and B, respectively. Paths labeled a and b indicate the actor effects, which measures how much a person’s report of their own marital satisfaction (in this study, for example) is associated with their report of their own level of depressive symptoms. The paths labeled as c indicate the partner effects, which measures how much one person’s depressive symptoms are influenced by his/her partner’s marital satisfaction (Cook & Kenny, 2005).

As age and educational level are always recognized as important variables in marital issues (e.g. Choi & Marks, 2008), they were included as control variables in this study. In addition, it is important to include physical illness as a control variable when studying older adults (Choi & Marks, 2008). Hsu (2009) examined the effects of physical function trajectories on emotional health and subjective well-being among the elderly in Taiwan. He found that physical illness trajectories were predictive of depressive symptoms and life satisfaction.

Based on the MDMD, as well as substantial research that has supported it, including a study conducted among midlife Chinese couples (Miller et al., in press), the following hypotheses were tested:

H1: There will be significant actor effects between marital satisfaction and depressive symptoms among older Chinese couples, when we controlled for their age, educational level, and physical illness.

H2: There will be significant partner effects between marital satisfaction and depressive symptoms among older Chinese couples, when we controlled for their age, educational level, and physical illness.

Method

Participants

The data used in this study came from a larger project of attachment and marital quality among couples in China. This project had recruited a total of 423 participants. Among this sample, 139 pairs of married couples formed the data used in the current study. All of the participants were recruited from the communities near Beijing Normal University. The participants’ ages ranged from 57 to 88 years old, and the husbands’ and the wives’ mean ages were 70.05 (SD = 5.63) and 67.57 (SD = 5.38) years, respectively. The husbands had an average of 11.71 (SD = 4.08) years of education, while the wives had an average of 9.58 (SD = 4.71) years of education. Most of the participants were retired (96.8%), lived in their own house, and were taken care of by their partners or adult children (93.5%).

Procedure

Each couple was invited to meet in our laboratory located on the campus at Beijing Normal University. The husband and wife were placed in different rooms to complete their questionnaires independently. It took approximately 20 minutes for each participant to complete all the questionnaires. Each participant received ¥30 Yuan for their time.
Measures

Marital satisfaction

Marital satisfaction was measured using the Chinese version of the Marital Adjustment Test (MAT, Locke & Wallace, 1959; Liu & He, 1999). It contains 15 items regarding marital disagreements, relationship cohesion and communication, and overall satisfaction with the relationship. Based on different item weightings, the range of possible scores on the scale is 2–158 points; based on continuous item weightings (Hunt, 1978), the scores range from 0 to 60. Hunt (1978) found that the continuous scale scores correlate highly with the weighted method (husbands, \( r = 0.94 \) and wives, \( r = 0.92 \)). Thus, in the current study, Hunt’s continuous scoring method was used, and the Cronbach’s alphas were 0.81 and 0.82 for husbands and wives, respectively.

Depression

Depression was measured using the Chinese version of the 20-item Center for Epidemiological Studies-Depression Scale (CESD-20, Boey, 1999; Radloff, 1977). It is a 20-item self-report questionnaire that assesses depressive symptomatology. Participants reporting how frequently they experienced a list of depressive symptoms in the past week on a scale ranging from 0 (less than a day) to 3 (5–7 days), and the items were summed to create an overall score of depressive symptoms. The reliability of the CESD-20 based on the older Chinese sample was found to be very satisfactory (Cronbach’s \( \alpha = 0.86 \); Boey, 1999), and the Cronbach’s alphas in the current study were 0.75 (0.72 for husbands and 0.77 for wives). Based on a cutoff score of 22 for the Chinese elders (Cheng & Chan, 2005), the depressed cases of husbands and wives in the current study constituted 3.6% and 5.0% of the male and female participants, respectively.

Control variables

Age, educational level, and physical illnesses were included in the analyses as control variables. Educational level was measured by asking the number of years in school the participants had attended. Physical illness was adopted as an objective indicator of physical health. First, the participants were asked to list the diseases from which they were suffering, and second, they were asked to list the medicines they were taking (both answers were recorded numerically). The two values were summed, which generated the scores for the variable of physical illness. The scores ranged from 0 to 13, with a higher score indicating poorer physical health.

Analyses

SPSS 18.0 and AMOS 17.0 (Arbuckle, 2007) were used to conduct the statistical analyses. First, preliminary analyses of paired \( t \)-tests and Pearson correlations were conducted to test gender differences and the relationships among marital satisfaction, depressive symptoms, age, educational level, and physical illness for both husbands and wives. Second, path analyses were conducted. The Actor–Partner Interdependence Model was employed to explore the effect of marital satisfaction on depressive symptoms (Cook & Kenny, 2005).

Results

Preliminary analyses

The mean score of marital satisfaction for the whole sample was 44.88 (SD = 7.17), with means scores of 44.39 (SD = 7.23) and 45.36 (SD = 7.11) for husbands and wives, respectively. The mean score of depression was 8.08 (SD = 6.20) for the whole sample, with mean scores of 8.04 (SD = 5.85) and 8.13 (SD = 6.56) for husbands and wives, respectively. The average score of physical illness for the whole sample was 2.14 (SD = 2.06), with mean scores of 2.18 (SD = 2.08) and 2.11 (SD = 2.05) for husbands and wives, respectively. The results of paired \( t \)-tests indicated that there were no significant gender differences in the mean scores of marital satisfaction \( (t = -1.33, p = 0.19) \), depressive symptoms \( (t = -0.13, p = 0.90) \), or physical illness \( (t = 0.32, p = 0.75) \). Moreover, the scores of couples’ marital satisfaction \( (r = 0.29, p < 0.01) \), depressive symptoms \( (r = 0.21, p < 0.01) \), and physical illness \( (r = 0.20, p < 0.05) \) were significantly correlated for each couple.

The results of the Pearson correlation analyses indicated that husbands’ marital satisfaction was significantly correlated with their wives’ depressive symptoms \( (r = -0.35, p < 0.01) \), but not with their own depressive symptoms \( (r = -0.15, p = 0.07) \) or physical illness \( (r = -0.15, p = 0.07) \). Wives’ marital satisfaction was not significantly correlated with their own depressive symptoms \( (r = -0.17, p = 0.05) \) or their husbands’ depressive symptoms \( (r = -0.10, p = 0.25) \), but it was significantly correlated with their husbands’ physical illness \( (r = -0.22, p < 0.01) \). In addition, both the husbands’ \( (r = 0.18, p < 0.05) \) and the wives’ \( (r = 0.32, p < 0.01) \) depression were significantly correlated with their own physical illness. Neither husbands’ nor wives’ depression were significantly correlated with their own educational level. Consequently, education was omitted from the path model (see Figure 2).

APIM analyses

The results of the goodness-of-fit analyses indicated that the model fit the data well. The chi-square/df ratio was 1.61, and the RMR was 0.45, which were acceptable (Wen, Hau, & Marsh, 2004). The NFI was 0.90, the IFI was 0.96, the CFI was 0.95, and the TLI was 0.91, which were generally above the cutoff score of 0.90 (Wen et al., 2004). The RMSEA was 0.06, which was well below the cutoff score of 0.08, and 90% confidence limits was from zero to 0.11 (Wen et al., 2004).

As indicated in Table 1, the results of the actor effects were not significant. The husbands’ marital satisfaction \( (\beta = -0.11, p = 0.21) \) and the wives’ marital satisfaction...
(β = −0.08, p = 0.33) were not significantly predictive of their own depressive symptoms. The results regarding the partner effects indicated that the husbands’ marital satisfaction was significantly predictive of their wives’ depressive symptoms (β = 0.34, p < 0.01), and the effect size was 0.12, which is a medium level (Cohen, 1992). However, the wives’ marital satisfaction was not predictive of their husbands’ depressive symptoms (β = 0.03, p = 0.73). As for the control variables, both the husbands’ (β = 0.15, p = 0.07) and the wives’ (β = 0.33, p < 0.01) physical illnesses were significantly predictive of their own depressive symptoms.

**Discussion**

**Actor effects between marital satisfaction and depressive symptoms**

Adopting the Actor–Partner Interdependence Model, the current study examined the relationship between marital satisfaction and depressive symptoms in a sample of older Chinese couples. With respect to the findings of actor effects, the MDMD was not supported in this study, which was contrary to our first hypothesis. However, it is interesting to compare the results with the findings by Miller et al. (in press). They used a sample of middle-aged Chinese couples and found significant actor effects in the relationship between marital distress and depressive symptoms. A difference in results between the two studies suggests that age may be a moderating effect in the relationship between marital satisfaction and depressive symptoms among Chinese couples. More specifically, these results suggest that the association between the individual’s marital satisfaction and depression may attenuate with aging.

To understand the possible reasons for the insignificant actor effects among the older Chinese couples, the socioemotional selectivity theory (SST, Carstensen, 1995, 1992), a well-known aging theory, can be considered. According to this theory, the ability of regulating emotion increases with age and an important goal of later life is to enhance one’s emotional closeness in their significant personal relationships. Because emotion is more salient to older people, they seek to minimize negative interactions and increase positive interactions. Research has supported the theory with findings that compared to younger people, older people tend to regard their marital problems as being less severe, and they express more positive affection and less negative feelings (Carstensen, Gottman, & Levenson, 1995). In addition, older adults tend to adjust their emotional experiences and to be relatively optimistic when confronted with any negative events (Dehle & Weiss, 1998; McConatha & Huba, 1999), which may serve as a protective factor against depression.

**Table 1. The effect of marital satisfaction and health on depressive symptoms using an APIM strategy.**

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<th>Standardized</th>
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<th>Effect size</th>
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<td>Husband marital satisfaction →</td>
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<td>−0.11</td>
<td>0.21</td>
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<td>husband depression</td>
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<tr>
<td>Wife marital satisfaction →</td>
<td>−0.08</td>
<td>−0.08</td>
<td>0.35</td>
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<td>wife depression</td>
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<tr>
<td>Husband physical illness →</td>
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<td>0.15</td>
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<td>husband depression</td>
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<td>Wife physical illness →</td>
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<td>wife depression</td>
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<td>Husband age → husband depression</td>
<td>−0.02</td>
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<td>Wife age → wife depression</td>
<td>−0.004</td>
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<td><strong>Partner effects</strong></td>
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<td>Husband marital satisfaction →</td>
<td>−0.34</td>
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<td>wife depression</td>
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<td>Wife marital satisfaction →</td>
<td>−0.03</td>
<td>−0.03</td>
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<td>husband depression</td>
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Characteristics of the Chinese culture could also help explain the lack of actor effects between marital satisfaction and depressive symptoms among older Chinese couples. In the Chinese culture, an association between marital satisfaction and depression could be mitigated by a close link between older parents and adult children. With strong connections between parents and children in the Chinese culture (Chang, Lansford, Schwartz, & Farver, 2004; Shek, 2006), children could become an important source of support for older people. This support would buffer the negative effects of an unsupportive spouse. Additionally, the MDMD theory proposed that marital distress causes higher levels of hostility, which would precipitate depression. However, marital hostility may not be an accurate way to characterize a dissatisfying relationship among older Chinese couples. For example, based on interviews with 27 older Chinese couples, Wang, Wang, and Chen (2012) found that marital conflicts were low in frequency and intensity, regardless of the closeness of the couples. These results suggest that marital discord among older Chinese couples may not lead directly to overt hostility towards the spouses.

**Partner effects of marital satisfaction on depressive symptoms**

With regard to the second hypothesis concerning partner effects of marital satisfaction on depression, it was partly supported asymmetrically. More specifically, the results showed that the husbands’ marital satisfaction was significantly associated with their wives’ depressive symptoms. However, the wives’ marital satisfaction was not related to their husbands’ depression. This type of asymmetrical pattern of partner effects has also been observed in several previous studies (Dehle & Weiss, 1998; Fincham et al., 1997; Katz et al., 2000). Although the samples used in those studies were of younger couples in Western cultures, the findings from the present study suggest that the asymmetrical pattern of partner effects may apply cross-culturally.

However, Miller et al. (in press) used a sample of middle-aged Chinese adults and reported an opposite pattern of the partner effect. The partner effect of the husband’s marital satisfaction being associated with the wife’s depression was not significant, whereas the partner effect of the wife’s marital satisfaction being associated with the husband’s depression was significant. The differences are most likely due to cohort and period effects. The role of the wife in China has changed drastically in the past 30 years, which would most likely explain why the partner effects have switched. The older cohort maintains a culturally dominant role and the wife’s role is that of obedience (Pimentel, 2000). As a result, it would be possible for the husbands in traditional Chinese relationship, because of their greater relationship power, to be able to have greater influence on the psychological and physical well-being of the wife, rather than vice versa.

So far, only two studies, including this one, have examined the cross-spouse effects of marital satisfaction and depression in the Chinese culture. Consequently, the asymmetrical pattern of the partner effect among Chinese couples warrants additional study.

Comparing these findings with Whisman’s (2001) meta-analysis that focused primarily on young and midlife couples, Whisman found an average effect size of −0.37 for males and −0.42 for females. In contrast, the current study only found a medium effect size (ES = 0.12) between husbands’ marital satisfaction and wives’ depressive symptoms. Two factors may explain these differences. First, it may be due to an age and cohort effects that have already been discussed. Second, it may be due to the important role of physical health on elders’ depressive symptoms, with physical health being significantly correlated with depressive symptoms in this study. Thus, physical health may be an important factor related to depressive symptoms among older adult (Choi & Marks, 2008; Hsu, 2009). As a result, physical health should be considered as part of the explanation of depressive symptoms among older Chinese adults.

**Limitations and suggestions for future research**

This study was the first of its kind to examine both the actor and partner effects of marital satisfaction and depression among older Chinese couples. However, there are some limitations in this study that constrain the generalizability of the findings. First, as this study used a cross-sectional design, the predictive results are primarily correlational, rather than causal. Second, although the Chinese version of the MAT has been widely used in China, there have not been any empirical studies to examine its validity in Chinese culture. Third, the sample might be biased, as it came from the neighborhoods adjacent to a well-known university, which might not be a good representation of older couples living in other areas of the city. Although the Chinese version of the CES-D has been recognized and widely used for detection of depression (Zhang & Li, 2011), in this study, the Cronbach’s alpha coefficient was not as high as we would have liked. A possible reason is the sample’s age. Zhang and Li (2012) examined the structure of the CES-D among 4903 Chinese elderly individuals and found that a revised version with 16 negative items was much more suitable in this population. In future research, it would be better to use this revised version to examine depression among older adults.

Future research concerning the age moderating effects on the relationship between marital satisfaction and depression of Chinese samples need to be examined from an adult life-span perspective. As young and middle-aged adults might address different aspects of marital life, the association of marital satisfaction and depression might change with age. In addition, longitudinal designs are necessary, not only to verify the causal link between marital satisfaction and depression, but also to explore the mechanisms of the link. Some possible mediating or moderating variables may include the conflict communication mode and attachment style (Lemmens, Buysses,
Heene, Eisler, & Demyttenaere, (2007), years of marriage and hostile marital conflicts (Koulos et al. 2008), and chronic stress (Vento & Cobb, 2011).

Conclusion

The MDMD is moderately supported among older Chinese couples. Regarding the actor effect, neither the husbands’ nor the wives’ marital satisfaction could predict their own depression. Regarding the partner effect, an asymmetrical pattern of cross-spouse effects was found, suggesting that the wives’ depression was subject to their husbands’ perception of marital satisfaction.

References


