

**Hickey, D., Carr, A., Dooley, B., Guerin, S. Butler, E. & Fitzpatrick, L. (2005). Family and marital profiles of couples in which one partner has depression or anxiety. *Journal of Marital and Family Therapy*, 31 (2), 113-129.**

**FAMILY AND MARITAL PROFILES OF COUPLES IN WHICH ONE PARTNER HAS  
DEPRESSION OR ANXIETY**

**Deirdre Hickey**

**South Eastern Health Board**

**Alan Carr, University College Dublin and The Clanwilliam Institute**

**Barbara Dooley and Suzanne Guerin**

**University College Dublin**

**Eamonn Butler & Lourde Fitzpatrick**

**Midwestern Health Board**

## **FAMILY AND MARITAL PROFILES OF COUPLES IN WHICH ONE PARTNER HAS DEPRESSION OR ANXIETY**

### **ABSTRACT**

*Twenty-nine couples in which one partner was depressed, 21 couples in which one partner had an anxiety disorder and 26 normal control couples were compared on measures of (1) quality of life, stress, and social support; (2) family functioning; (3) marital functioning; and (4) relationship attributions. The depressed group had significant difficulties in all four domains. In contrast, the control group showed minimal difficulties. The profile of the anxious group occupied an intermediate position between those of the other two groups, with some difficulties in all four domains, although these were less severe and pervasive than those of the depressed group.*

## INTRODUCTION

Current biopsychosocial research findings support multifactorial conceptualizations of the etiologies of depression and anxiety (Carr & McNulty, In Press). Genetic factors and early socialization experiences may render people vulnerable to depression and anxiety. The onset of episodes of depression and anxiety may be precipitated by a build-up of stressful life events. Depression and anxiety may be maintained by a dysregulation of monoamine or neuroendocrine systems, cognitive processes and belief systems, the absence of social support, and patterns of family interaction. While there is a growing consensus about such broad multifactorial formulations there are still significant gaps in our knowledge about the precise biological and psychosocial processes associated with anxiety and depression. In particular, few previous studies have compared groups of cases with DSM IV diagnoses of depression and anxiety disorders across a comprehensive range of psychosocial variables from theoretically significant domains. The aim of this study was to fill this gap in our knowledge by developing comprehensive psychosocial profiles of couples in which one partner had a diagnosis of anxiety or depression. The domains we profiled were (1) quality of life, stress, and social support; (2) family functioning; (3) marital functioning; and (4) relationship attributions. Such clarification is particularly important for deepening our understanding of psychosocial factors in anxiety and depression and the refinement of systemic treatment approaches to these conditions (Carr, 2000).

## METHOD

### Participants

Seventy-six couples participated in this study. Partners in 29 of these couples met the criteria for a current episode of major depression. In 21 couples, partners met the criteria for an anxiety

disorder. 52% of these had panic disorder with or without agoraphobia; 38% had social phobia, agoraphobia or simple phobia; and 10% had generalized anxiety disorder. For depressed and anxious groups diagnoses were made with the mood and anxiety disorders modules of the Structured Clinical Interview for DSM IV – TR Axis 1 Disorders (SCID-I/P, First, Spitzer, Gibbon & Williams, 2001). In 26 couples neither partner had significant psychological problems and scored below clinical cut-off scores of 50 on the Self-rating Depression (Zung, 1965) and Anxiety Scales (Zung, 1971). Cases with intellectual disability, psychosis, physical or sensory disabilities and neurological disorders were excluded from the study. The groups were closely matched for age, gender of the person with the diagnosis (or partner 1 in the case of the control group), socio-economic status as evaluated by the Irish census-based social class scale (O'Hare, Whelan, & Commins, 1991), educational level, number of years married, and number and ages of children. The distribution of diagnosed males and females did not differ significantly across the two clinical groups. 45% of the depressed group were male and 43% of the anxious group were male. Couples in this study were in their mid-forties, from a range of socio-economic groups, with a range of educational backgrounds, in their first marriages, with an average of about 2 teenaged children. Diagnosed members of the two clinical groups had received similar levels of pharmacological and psychotherapeutic treatment for multiple episodes of their disorders. But, compared with anxious participants, those in the depressed group had a longer mean duration of disorder (12 vs 16 years;  $t(49) = 2.13, p < .05$ ); more had comorbid Axis I diagnoses (86% vs 57%,  $\chi^2 = 5.35, p < .01$ ); and more had a history of incomplete recovery (69% vs 19%,  $\chi^2 = 13.22, p < .01$ ). The impact of these potential confounds on intergroup differences on dependent variables are considered at the end of the results section.

## **Instruments**

The assessment protocol included a demographic questionnaire and the set of reliable and valid instruments described below.

**Structured Clinical Interview for DSM IV – TR Axis 1 Disorders** (SCID-I/P, First, Spitzer, Gibbon & Williams, 2001). The modules for mood and anxiety disorders from this semistructured interview were administered to participants with psychological disorders.

**Self-rating depression and anxiety scales** (SDS, Zung, 1965; SAS, Zung, 1971). These 20 item self-report scales yield overall depression and anxiety scores. Cut-off scores of 50 on the SDS and SAS differentiate cases with a mood or anxiety disorder, respectively, from cases without such disorders. In the present study couples in which both partners scored below 50 on the SAS and SDS were assigned to the normal control group.

**Quality of Life Inventory** (QOLI, Frisch, 1994). This 16 item self-report measure evaluates life satisfaction in the following areas: health, work, recreation, friendships, love relationship, home, self-esteem, and standard of living. For each item importance ratings (on 3 point scales) were multiplied by satisfaction ratings (on 6 point scales) and these scores were summed to give an overall index of quality of life, with higher scores indicating a better quality of life.

**Family Inventory of Life Events and Changes** (FILE, McCubbin, Patterson & Wilson, 1982).

This scale requires respondents to indicate which of 71 stressful life events have occurred in their family in the preceding year. The items cover major intrafamilial and extrafamilial sources of family stress. Endorsed items were summed to yield a single overall family stress score and in the present study the questionnaire was keyed so that low scores indicated a high level of life stress.

**Perceived social support scale** (PSSS, Carr & O'Reilly, 2000). This 20 item self-report instrument yields a total perceived social support score and covers support from family, friends, significant others and involved professionals. For all items a seven-point Likert response format was used and responses were summed to yield an overall scale score, with higher scores indicating greater perceived support.

**The Family Assessment Device** (FAD, Kabacoff, Miller, Bishop, et al., 1990). This 60-item inventory evaluates perceived family functioning and yields scores for problem solving, communication, roles, affective responsiveness, affective involvement, behavior control and general functioning. The scales are keyed so that higher scores indicates poorer family functioning.

**Marital Satisfaction Inventory–Revised** (MSI-R, Snyder, 1997). This 150-item self-report measure of marital satisfaction yields scores for affective communication, role orientation, problem-solving communication, aggression, family history of distress, time together, dissatisfaction with children, disagreement about finances, conflict over child rearing, sexual dissatisfaction and global distress. The scales are keyed so that higher scores indicate poorer marital functioning.

**Relationship Attribution Measure** (RAM, Fincham & Bradbury 1992). For this measure respondents read 4 hypothetical negative relationship events (e.g. your spouse criticizes something you say; your partner begins to spend less time with you) and indicate their beliefs about these events on 6 attributional dimensions. Three of the attributional dimensions assess causal attributions and focus on causal locus, stability and globality. The other three attributional

dimensions assess responsibility and blame attributions. Responses on each attributional dimension are given using six-point Likert scales. Higher scores reflect attributions that accentuate negative behavior, i.e. the negative behavior of the partner is viewed as internal, stable and global and the partner is viewed as responsible for the negative behavior and blameworthy. Scores on each of the six attributional dimensions were obtained by summing scores for each dimension from the 4 hypothetical negative relationship events and higher scores indicate poorer marital functioning.

## **Procedure**

Clinical cases were recruited from adult mental health services in Irish health boards. Health boards are government funded, regional organizations through which all public health services are delivered. The majority of people with mental health problems in Ireland are treated in health boards. Controls were recruited from the community. Depressed and anxious participants were interviewed with the SCID-I/P. Subsequently they and their partners completed questionnaire packs containing the QOLI, FILE, PSSS, FAD, MSI-R, and RAM and returned them to the research team by mail. Control group participants completed and returned similar questionnaire packs which also contained the SDS and SAS. Ethics clearance was obtained from all participating institutions and all participants gave informed consent.

## **RESULTS**

To profile the three groups, the statistical significance of intergroup differences on variables derived from the assessment protocol was evaluated using a series of 3 X 2, `Groups X Partner, Analyses of Variance (ANOVAs). In these analyses there were three Groups (Depressed, Anxious, and Control) and two Partners (Partner 1 and Partner 2). Where significant Group or



Partner effects occurred, post-hoc comparisons were made. Tests of simple effects were conducted where significant Group X Partner interactions occurred. Because of the large number of dependent variables and the consequent need to control for type 1 error (accepting chance differences as significant), only effects and interactions significant at  $p < .01$  were interpreted as being statistically significant. Means and standard deviations for the three groups of participants on all dependent variables and ANOVA results are presented in Table 1.

### **Quality of life, family stress, and perceived social support**

From Table 1 it may be seen that a significant Groups X Partner interaction occurred on the Quality of Life variable; significant main effects for Groups occurred for all variables derived from the QOLI, FILE and PSSS; and a significant main effect for Partner occurred for the PSSS quality of life and social support from friends variables.

For quality of life, in both clinical groups, the QOLI score for partners with a diagnosis was significantly lower than that of partners without a diagnosis. In contrast, in the control group, mean scores for both partners were not significantly different. Furthermore, the mean score of the control group was significantly higher than that of the anxious group, which in turn was higher than that of the depressed group.

For family stress, the mean score of the depressed group was lower than those of the anxious and control groups, indicating that the depressed group had experienced more stressful life events and changes than the anxious or control groups. This variable was keyed so that high scores indicated low stress.

For social support, mean scores of the control group were significantly higher than those of the anxious group, which in turn were higher than those of the depressed group.

### **Family functioning**

From Table 1 it may be seen that significant main effects for Groups occurred for all FAD scales and a significant main effect for Partner occurred for the family problem solving and communication scales.

For the general family functioning, problem solving, affective responsiveness, affective involvement and behavior control scales, mean scores of the depressed group were significantly higher than those of the anxious group, which in turn were higher than those of the control group.

For the communication and roles scales, mean scores of the depressed group were higher than those of the anxious and control groups.

In addition, for the problem solving and communication scales, mean scores of the partner 1 group were higher than those of the partner 2 group.

### **Marital satisfaction**

From Table 1 it may be seen that a significant Groups X Partner interactions occurred on the global distress, family history of distress and problem-solving communication scales of the MSI-R. Significant main effects for Groups occurred for all MSI-R variables except role orientation and a significant main effect for Partner occurred for the family history of distress scale.

For the global distress scale, the mean score of partners with an anxiety disorder was significantly higher than that of partners without a diagnosis. In contrast, in the depressed and control groups, mean global distress scores for both partners were not significantly different. Furthermore, the mean global distress score of the depressed group was significantly higher than that of the anxious group, which in turn was higher than that of the control group.

For the family history of distress scale, the mean score for partners with an anxiety disorder was significantly higher than that of partners without a diagnosis. In contrast, in the depressed and control groups, mean family history of distress scores for both partners were not significantly different. Furthermore, the mean family history of distress score for the depressed

group was significantly higher than that of the anxious group, which in turn was higher than that of the control group.

For the problem-solving communication scale, the mean score of depressed partners was significantly higher than that of partners without a diagnosis. In contrast, in the anxious and control groups, mean problem-solving communication scores for both partners were not significantly different. Furthermore, the mean problem-solving communication score of the depressed group was significantly higher than those of the anxious and control groups.

For the affective communication scale, the mean score of the depressed group was significantly higher than that of the anxious group, which in turn was higher than that of the control group.

For the time together, aggression, sexual satisfaction, disagreement about finances, dissatisfaction with children, and conflict over child rearing scales mean scores of the depressed group were higher than those of the anxious and control groups.

### **Relationship attributions**

From Table 1 it may be seen that significant main effects for Groups occurred for all RAM scales.

For the internal attributions scale, the mean score of the depressed group was significantly higher than that of the anxious group, which in turn was higher than that of the control group.

For the stable, global, intentional-responsibility, selfish-responsibility and blame attribution scales, mean scores of the depressed group were higher than those of the anxious and control groups.

### **The effects of duration of disorder, comorbidity and incomplete past recovery**

In the participants section it was noted that the groups in this study were not matched for duration of disorder, comorbidity, and history of incomplete recovery from previous episodes. To determine the degree to which the significant intergroup differences found on dependent variables in the main analyses could be accounted for by baseline differences on these three variables a series of analyses of covariance (ANCOVAs) were conducted with the three base line variables as covariates, for those dependent variables with which the covariates correlated ( $r > 0.4$  and  $p < .01$ ). The results of these analyses were similar to the results of the ANOVAs reported above. We concluded that the three confounding baseline variables had a negligible effect on the overall profiles identified in the main analyses.

## DISCUSSION

Profiles of the depressed, anxious and control groups which summarize the results of the study are presented in Table 2. From the table it may be seen that the depressed group had significant difficulties in (1) quality of life, stress and support, (2) family functioning, (3) marital satisfaction, and (4) relationship attributions. In contrast, the control group showed minimal difficulties across these four domains. The profile of the anxious group occupied an intermediate position between the profiles of the other two groups, with some difficulties in all four domains.

Like the depressed group members of anxious couples reported some problems in the following areas: quality of life; social support; general family functioning, family problem solving, family affective responsiveness, family affective involvement and behavior control within the family; global marital distress, a history of distress within the family of origin, marital problem-solving communication, and marital affective communication; and making problematic internal relationship attributions. However, in all of these areas, the anxious group showed less pronounced problems than the depressed group. The anxious group had many of the strengths of the control group including the following: low life stress; good family communication and clear

acceptable family roles; minimal difficulties in the areas of marital time together, marital aggression, sexual dissatisfaction, disagreement over finances, dissatisfaction with children; and conflict over children; and predominantly benign relationship attributions.

Within each of the three groups, marital partners were more similar than different. In the depressed group it is particularly noteworthy that both members of these couples reported so many difficulties in each domain. In these couples, one area where non-diagnosed partners reported fewer difficulties was in the area of history of distress in the family of origin. In the anxious group, non-symptomatic partners fared better than their diagnosed partners in a range of areas. They reported a better quality of life, less global marital distress, less distress in their families of origin, and fewer difficulties with problem-solving communication. In the control group partners showed good functioning in all domains.

An important question concerns the confidence that may be placed in these results. The study has two noteworthy limitations. The first of these concerned baseline intergroup differences and the second concerned the gender of symptomatic partners. With regard to baseline differences, the groups were not matched for the duration of disorder, level of comorbidity, and history of recovery from previous episodes. However, through conducting ANCOVAs with these variables as covariates, it was concluded that these baseline intergroup differences had a minimal effect on the overall profiles found in the main analyses.

With respect to gender, similar proportions of symptomatic male and female participants were included in the two clinical groups (43-45% male and 45-47% female), but gender was not included as an independent variable in the design and so conclusions about the impact of gender cannot be drawn. The lack of attention to this issue is a limitation of the study especially since the gender disparities in the prevalence of mood and anxiety disorders are well documented, as well as the substantial differences in the sociocultural experience of men and women.

This study had a number of strengths that allow considerable confidence to be placed in the results. The groups were diagnostically homogeneous, and were matched on a wide range of demographic variables. Cases were assigned to groups using the SCID and DSM IV diagnostic criteria. Dependent variables were assessed using reliable, valid and comprehensive measures of the constructs investigated.

The results of the present study show that couples containing depressed and anxious partners have distinctive profiles of psychosocial functioning. These profiles may reflect both past differences in predisposing factors and reactions to the experience of depression and anxiety. It is also highly probable that factors within these profiles maintain the disorders with which they are associated. Future longitudinal research is required to trace the temporal development of the profiles identified in this study.

Our results point to the importance of considering levels of stress and support, family and marital factors, and relational belief systems when assessing, formulating and planning treatment for married adults who present with anxiety or depression (Carr, 2000). Therapeutic interventions for these couples should focus on decreasing stress, increasing social support, facilitating problem-solving, communication and emotional involvement at both a couples and family level, and facilitating the development of more positive attributions within the marital relationship.

## REFERENCES

- Carr, A. & O'Reilly, M. (2000). Chapter 4. Service needs of carers for people with intellectual disabilities: Profiles of high-need and low-need groups. In A. Carr (Ed.), *Clinical Psychology in Ireland, Volume 3. Empirical Studies of Problems and Treatment Processes in Children and Adolescents* (pp. 61-82). Edwin Mellen Press.

- Carr, A. (2002). *Family Therapy: Concepts, Process and Practice*. Chichester, UK: Wiley.
- Finchman, F. & Bradbury, T. (1992). Assessing Attributions in Marriage: the Relationship Attribution Measure. *Journal of Personality and Social Psychology*, 62 (3), 457-468.
- First, M., Spitzer, R., Gibbon, R., & Williams, J. (2001). Structured Clinical Interview for DSM-IV-TR Axis I Disorders – Patient Edition (SCID-I/P, 2001 revision) Research Version. New York: Biometrics Research Department, New York State Psychiatric Institute
- Frisch, M. (1994). *Manual and Treatment Guide for the Quality of Life Inventory*. Minneapolis, MN, National Computer Systems.
- Kabacoff, R., Miller, I., Bishop, D., Epstein, N. & Keitner, G. (1990). A psychometric study of the McMaster Family Assessment Device in psychiatric, medical, and nonclinical samples. *Journal of Family Psychology*, 3, 431-439
- McCubbin, H. , Patterson, J., & Wilson, L. (1982) Family Inventory of Life Events and changes: FILE. In D. Olson, H. Mc Cubbin, H. Barnes, A. Larsen, M. Muxen, & M. Wilson (Eds.) *Family Inventories*.(pp.69-88). University of Minnesota, St Paul, MN.
- O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22, 135-156.
- Snyder, D. (1997). *Marital Satisfaction Inventory-Revised*. Los Angeles, CA: Western Psychological Services,
- Zung, W. (1965). A self-rating depression scale. *Archives of General Psychiatry*, 12, 63-70.
- Zung, W. (1971). A rating instrument for anxiety disorders. *Psychosomatics*, 12, 371-379.

Table 1.  
Means, standard deviations, and ANOVA results for depressed, anxious, and control couples on all dependent variables

			Depressed		Groups Anxious		Control		ANOVA			Group differences
			Partner 1 depressed N = 29	Partner 2 ND N = 29	Partner 1 anxious N = 21	Partner 2 ND N = 21	Partner 1 ND N = 26	Partner 2 ND N = 26	Group	Partner	G X P	
QOLI												
Quality of Life	M	-1.19	0.77	1.50	2.68	3.76	3.83	108.43**	59.17**	17.02**		DP1<DP2 AP1<AP2 CP1=CP2 C>A>D
	SD	1.19	1.52	0.99	0.98	1.26	0.87					
FILE												
Family stress	M	60.03	58.76	65.95	66.00	66.92	67.00	56.69**	1.15	1.69		C=A>D
	SD	3.40	4.33	3.25	2.81	2.45	2.60					
PSSS												
Total social support	M	64.10	68.01	95.86	98.81	113.46	111.61	49.31**	1.33	1.59		C>A>D
	SD	23.28	23.35	13.35	20.27	13.28	14.09					
FAD												
General family functioning	M	3.10	2.86	2.09	1.94	1.62	1.60	93.36**	11.79	2.07		D>A>C
	SD	0.48	0.62	0.30	0.27	0.29	0.29					
Problem solving	M	2.94	2.76	2.15	2.09	1.85	1.75	53.82**	7.95**	0.95		D>A>C P1>P2
	SD	0.51	0.62	0.32	0.23	0.27	0.34					
Affective responsiveness	M	3.36	3.17	2.21	2.17	1.70	1.75	61.92**	1.47	2.92		D>A>C
	SD	0.56	0.71	0.56	0.47	0.89	0.51					
Affective involvement	M	2.64	2.59	1.99	2.06	1.71	1.67	42.31**	0.03	0.74		D>A>C
	SD	0.42	0.52	0.30	0.27	0.52	0.41					
Behavior control	M	2.38	2.16	2.04	1.95	1.69	1.65	25.55**	9.99	2.53		D>A>C
	SD	0.36	0.39	0.32	0.35	0.34	0.32					
Communication	M	2.99	2.77	2.31	2.26	2.08	2.03	62.65**	7.60**	2.25		D>A=C P1>P2
	SD	0.30	0.46	0.29	0.28	0.28	0.31					
Roles	M	2.93	2.75	2.30	2.25	2.15	2.09	37.78**	4.59	1.07		D>A=C
	SD	0.57	0.34	0.27	0.19	0.33	0.37					
MSI												
Global distress	M	15.27	15.69	4.57	2.05	0.96	1.08	59.35**	5.20	9.47**		DP1=DP2 AP1>AP2 CP1=CP2 D>A>C
	SD	7.90	8.32	3.90	2.35	1.75	2.11					
Family history of distress	M	6.65	5.34	4.57	1.19	0.92	1.35	35.75**	16.93**	9.42**		DP1=DP2 AP1>AP2 CP1=CP2 D>A>C
	SD	3.22	3.04	3.12	1.88	1.35	2.43					
Problem-solving communication	M	13.41	11.00	7.76	6.76	4.31	5.31	32.61**	5.21	8.65**		DP1>DP2 AP1=AP2 CP=CP2
	SD	4.89	4.64	3.91	3.34	2.54	2.24					
												D>A>C
Affective communication	M	9.27	9.45	4.90	3.57	1.54	1.46	40.74**	3.73	4.42		D>A>C
	SD	4.27	4.37	3.13	3.68	1.75	1.75					
Time together	M	7.41	6.69	4.57	3.28	2.30	3.11	33.39**	2.92	6.97		D>A=C
	SD	2.03	2.32	2.13	2.65	2.24	2.28					
Aggression	M	4.83	4.69	1.90	1.57	0.92	1.00	29.74**	0.20	0.15		D>A=C
	SD	3.32	3.42	1.64	1.60	0.79	0.85					
Sexual dissatisfaction	M	8.52	10.17	2.86	2.62	2.15	3.15	57.24**	4.92	2.24		D>A=C
	SD	2.97	3.28	2.72	2.80	3.00	3.41					
Disagreement about finances	M	4.27	4.07	1.28	1.62	0.85	0.85	13.73**	0.03	0.43		D>A=C
	SD	3.76	3.57	2.43	2.20	1.25	1.49					
Dissatisfaction with children	M	4.78	4.64	1.75	1.75	1.21	1.58	23.79**	0.13	0.59		D>A=C
	SD	2.90	3.24	.577	0.68	0.59	1.02					
Conflict over child rearing	M	4.18	4.64	0.94	0.94	0.88	0.92	26.58**	0.28	0.24		D>A=C
	SD	3.11	3.10	1.24	0.99	2.27	1.10					
Role orientation	M	8.03	6.65	10.00	8.71	7.71	7.96	4.11	5.58	2.22		
	SD	2.86	3.42	2.14	2.28	3.15	3.08					
RAM												
Internal attributions	M	19.96	21.27	14.14	14.43	10.81	11.92	38.12**	5.60	0.63		D>A>C
	SD	4.09	3.70	4.05	5.21	4.62	4.48					
Stable attributions	M	17.21	18.86	9.67	11.48	7.81	9.46	61.98**	12.11	0.01		D>A=C
	SD	4.82	4.11	2.54	4.59	3.05	3.68					
Global attributions	M	17.96	18.72	10.43	9.62	7.27	8.04	71.42**	0.31	1.38		D>A=C
	SD	4.31	4.65	3.50	3.37	3.92	3.35					
Intentional-responsibility attributions	M	16.72	16.90	10.00	9.38	7.08	7.88	52.91**	0.10	1.11		D>A=C
	SD	5.10	4.86	3.38	2.89	3.13	2.52					
Selfish-responsibility attributions	M	16.65	17.21	9.71	9.19	6.96	8.81	46.64**	2.05	2.32		D>A=C
	SD	5.46	4.82	4.01	3.43	2.60	3.50					
Blame attributions	M	15.24	15.59	8.90	8.19	6.19	7.19	64.93**	0.26	1.35		D>A=C
	SD	5.03	4.21	2.72	2.52	2.76	1.94					

Note. QOLI: Quality of Life Inventory (Frisch, 1994); FILE: Family Inventory of Life Events and Changes (McCubbin, Patterson, & Wilson, 1982); PSSS: Perceived Social Support Scale (Carr & O'Reilly, 2000); FAD: Family Assessment Device (Epstein et al., 1983); MSI-R: Marital Satisfaction Inventory - Revised (Snyder, 1997); RAM: Relationship Attribution Measure (Fincham & Bradbury 1992). ND=No diagnosis. \*\*p<.01. ND=No diagnosis. D=mean for couples in depressed group. A=mean for couples in anxious group. C=mean for couples in control group. P1= mean for partner 1 in all groups. P2=mean for partner 2 in all groups. DP1=mean for partner 1 in depressed group. DP2=mean for partner 2 in depressed group. AP1=mean for partner 1 in anxious group. AP2=mean for partner 2 in anxious group. CP1=mean for partner 1 in control group. CP2=mean for partner 2 in control group. ND= no diagnosis. G=group. P=partner. ANOVA=analysis of variance.



Table 2.  
Profiles of depressed anxious and control couples

Domain	Scale	Depressed		Anxious		Control	
		Partner 1 depressed	Partner 2 ND	Partner 1 anxious	Partner 2 ND	Partner 1 ND	Partner 2 ND
Quality of life	QOLI Quality of Life	+	+	+/-	-	-	-
Stress	FILE Family stress	+	+	-	-	-	-
Support	PSSS Total social support	+	+	+/-	+/-	-	-
Family Functioning	FAD General family functioning	+	+	+/-	+/-	-	-
	FAD Problem solving	+	+	+/-	+/-	-	-
	FAD Affective responsiveness	+	+	+/-	+/-	-	-
	FAD Affective involvement	+	+	+/-	+/-	-	-
	FAD Behavior control	+	+	+/-	+/-	-	-
	FAD Communication	+	+	-	-	-	-
	FAD Roles	+	+	-	-	-	-
Marital Satisfaction	MSI-R Global distress	+	+	+/-	-	-	-
	MSI-R Family history of distress	+	+/-	+/-	-	-	-
	MSI-R Problem-solving communication	+	+	+/-	-	-	-
	MSI-R Affective communication	+	+	+/-	+/-	-	-
	MSI-R Time together	+	+	-	-	-	-
	MSI-R Aggression	+	+	-	-	-	-
	MSI-R Sexual satisfaction	+	+	-	-	-	-
	MSI-R Disagreement about finances	+	+	-	-	-	-
	MSI-R Dissatisfaction with children	+	+	-	-	-	-
	MSI-R Conflict over child rearing	+	+	-	-	-	-
<i>(continued on next page)</i>							
Relationship attributions	RAM Internal attributions	+	+	+/-	+/-	-	-
	RAM Stable attributions	+	+	-	-	-	-
	RAM Global attributions	+	+	-	-	-	-
	RAM Intentional-responsibility attributions	+	+	-	-	-	-
	RAM Selfish-responsibility attributions	+	+	-	-	-	-
	RAM Blame attributions	+	+	-	-	-	-

Note. QOLI: Quality of Life Inventory (Frisch, 1994); FILE: Family Inventory of Life Events and Changes (McCubbin, Patterson, & Wilson, 1982); PSSS: Perceived Social Support Scale (Carr & O'Reilly, 2000); FAD: Family Assessment Device (Epstein et al., 1983); MSI-R: Marital Satisfaction Inventory - Revised (Snyder, 1997); RAM: Relationship Attribution Measure (Fincham & Bradbury 1992). ND=No diagnosis. + Problems in this area are present. - Problems in this area are absent. +/- Problems in the is area are partially present. ND=no diagnosis.