The Relationship Between Marital Satisfaction, Marital Stability, Nuclear Family Triangulation, and Childhood Depression

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This study was to examine the effect of triangulation on depression in children. Clinical samples and nonclinical samples were taken from Utah and Illinois. Families were assessed for marital satisfaction and stability, family triangulation, and children's depression levels by the Marital Adjustment Test, Marital Status Inventory, Nuclear Family Triangulation, and Children's Depression Inventory. Results showed children's depressive symptoms to be most strongly linked to fathers' level of marital satisfaction, marital stability, and perceived family triangulation. Mothers' variables did not affect children's depressive symptoms.

Childhood depression has been inadequately studied as a distinct clinical entity, especially when compared with adult depression. Family systems theory has provided a useful paradigm to examine the onset and maintenance of childhood depression. It has been adopted in the explanation and treatment of many childhood problems such as anorexia nervosa (Anderson, Bowers, & Evane, 1997; Fishman, 1996; Minuchin et al., 1975), aggressive behavior (Lochman, White, & Wayland, 1991), and anxiety disorders (Barrett, Dadds, & Rapee, 1996). Minuchin and his colleagues (1975) developed their own models to describe the structure and functioning of families of psychosomatically ill children. Their models broaden the focus from the sick child to the sick child within the family and thus, redefine the nature of pathological disorder and the scope of therapeutic change. Their models best capture the
Minuchin and his colleagues (1975) postulate that (a) certain types of family organizations are closely related to the development and maintenance of symptoms in children, and (b) children’s symptoms play a major role in maintaining family homeostasis. Additionally, they also believe that three factors are necessary for the development of severe psychosomatic illness in children. First, the child is physiologically vulnerable—that is, a specific organic dysfunction is present. Second, the child’s family has one or more of the following four transactional characteristics: enmeshment, over-protection, rigidity, and lack of conflict resolution. Third, the sick child plays an important role in the family patterns of conflict avoidance, and this role is an important source of reinforcement for his/her symptoms.

Minuchin and his colleagues state that when the child’s family has one or more of the four transactional characteristics—enmeshment, overprotection, rigidity, and lack of conflict resolution—the tension and the conflict in the family induces emotional arousal in the child, triggering physiological and psychological responses. This is referred to by Minuchin as the “turn on” phase. Following it should be the “turn off” phase, or a return to baseline levels. Turn off, however, may be handicapped or hindered by the nature of the family members’ involvement with each other around the conflict, tension, and the child’s symptom. Triangulation, parent-child coalitions, and detouring are the involvement patterns that seemingly handicap the turn off phase. Thus, the child’s physiological and psychological response to the family conflicts is maintained at the aroused level.

Once the depression has appeared, it becomes embedded in, but also changes the family organization. The family members respond to the child’s depression symptoms by increasing their blaming or protective control of the child. The attention concentrated on the depressed child “maximizes his self-appraisal as a patient, with consequent utilization of his symptom as a substantial coin for interpersonal transactions” (Minuchin, et al., 1975, p. 1036).

Based on the family systems theory, one can postulate that when a couple has conflict and cannot solve it in a constructive way, they are likely to involve their children in the conflict to release some of the anxiety and tension between them. The child might respond by developing different symptoms, one of which could be depression, which in turn serves the function of releasing the anxiety and energy between the couple and keeping them together.

Marital instability, i.e., divorce and/or perceived divorce possibility, has been found to contribute to children’s depression (Aro & Palosaari, 1992). There is no documentation on the relationship between parents’ marital satisfaction and childhood depression, although some researchers have hinted that marital conflict may be more distressing to children than divorce (Korn
& Cohen, 1984; Rutter, 1981a; 1981b), that marital conflict is a cause, not an effect, of the children’s problems (Kelso, Stewart, Bullers, & Eginton, 1984), and is related to children’s maladjusted behaviors (Amato, 1986).

Triangulation, which includes parent-child coalition and detouring, has remained a theoretical assumption. Although a few studies have demonstrated its effect on adolescents’ identity formation and individuation (Anderson & Fleming, 1986), it is hard to find empirical studies on its relationship with marital relations and its effect on children’s depression.

The systemic exploration of childhood depression has been theoretical so far. No empirical study, specifically on childhood depression in terms of family systems theory, has been found in the literature. The purpose of this study is to investigate the relationship between parents’ marital satisfaction, marital stability, and triangulation, and the level of depression in their children. The hypotheses of the study were:

1. Children of maritally dissatisfied parents are more likely to be depressed than those of maritally satisfied parents.
2. Children of maritally unstable parents are more likely to be depressed than those of maritally stable parents.
3. The amount of triangulation existing in the family is related to the amount of childhood depression in the family.

METHOD

Subjects

Subjects were 74 couples with their school-age children. This sample included a clinical sample of 34 families and a community sample of 40 families who met the inclusion criteria that (a) the subjects were married heterosexual couples, (b) the couples had one or more children aged 6 to 16 years old. All the families approached agreed to participate in the study. Of 74 couples, 93.2% were Caucasian, 83.8% of the males and 81.1% females were in their first marriage, 60.9% of the males and 43.4% of the females had college and/or advanced degrees, and 81.2% of the families had annual income of $25,000 and more. A total of 120 children from the 74 families were tested. There were 78 (64.6%) boys and 42 (35.4%) girls. The average age of children was 11.16 years old with SD of 2.81. In data analysis, no gender differences were found.

Of the 34 clinical families, 15 (44.1%) sought therapy for marital problems, 9 (26.5%) sought therapy for children’s behavior problems, 1 (2.9%) for intergenerational conflicts, and 9 (26.5%) of missing value. Nonclinical samples were from the community and were not seeking psychotherapy at the time of study.
Instruments

Marital Adjustment Test (MAT) (Locke & Wallace, 1959) scores were used as the measure of the independent variable “marital satisfaction.” The MAT is a 15-item, self-administered instrument assessing marital adjustment or satisfaction. Scores range from 2 to 158 with high scores indicating a high level of marital satisfaction. Scores above 100 tend to indicate general happiness or satisfaction in marriage. MAT has split-half reliability of .90. Content validity and concurrent validity were established (Locke & Wallace, 1959; Spanier, 1976).

Marital Status Inventory (MSI) (Weiss & Cerreto, 1980) scores were used as the measurement of the independent variable “marital stability.” The MSI is a 14-item, self-administered, true-false, Guttman-type scale that assesses the dissolution potential of marital relationships. The coefficient of reproducibility, the minimum marginal reproducibility, and the coefficient of scalability are .90, .21, and .87, respectively (Weiss & Cerreto, 1980). The split-half reliability is .86 (Crane & Mead, 1980). Scores range from 0 to 14 with higher scores indicating greater marriage instability. In this study the MSI scores were reversed so as to obtain the direction that was consistent with that of other independent variables. Higher reversed scores indicate higher marital stability and lower scores indicate lower marital stability.

The parents’ individual scores of Nuclear Family Triangulation, a subscale of Personal Authority in the Family System Questionnaire (PAFS-Q) (Bray, Williamson, & Malone, 1984a) were used as the measurement of “triangulation.” The PAFS-Q was designed to measure family processes based on aspects of current intergenerational family theory (Bray, Williamson, & Malone, 1984a). The Nuclear Family Triangulation subscale measures triangulation between spouses and their children. This is a 10-item Likert scale completed by the parents. The possible score ranges from 10 to 50 with higher scores indicating less triangulation. Test-retest reliability is .95 (Bray, Williamson, & Malone, 1984b).

The mean score of Children’s Depression Inventory (CDI) (Kovacs, 1981) was used as the measurement of the dependent variable “childhood depression” in a family. The CDI is a 27-item self-report Likert scale for children from ages 6 to 17. The possible scores range from 0 to 54 with high scores indicating high depression. A score of 20 is commonly used as a cutoff for clinical depression. Internal consistency reliability ranges from .71 to .89. Test-retest reliability is .82 (Kovacs, 1981).

Procedure

The clinical sample was recruited from the couples/families seeking counseling from a university-based marriage and family therapy clinic in Provo, UT, and a private social service agency in Peoria, IL. Each family member was asked to complete the scales at the end of a regular therapy session. The
nonclinical sample was recruited from Peoria, IL. When the couple had more than one school-aged child, all of them were tested. A mean childhood depression score was calculated and used as the dependent variable. No significant differences were found between the clinical sample and the nonclinical sample. Therefore, the samples were combined for analysis. Family was the unit of analysis.

RESULTS

Design

The analyses utilized multiple regression analyses to test hypotheses 1, 2, and 3, with marital satisfaction, marital stability, and nuclear family triangulation as the independent variables, and childhood depression as the dependent variable. To test interaction effects of independent variables, their interaction terms were created and entered as part of the independent variables. All the variables were continuous variables. The correlations between all variables are reported in Table 1.

RESULTS

Multiple regression was employed to test hypotheses 1, 2, and 3, that children of maritally dissatisfied and unstable parents are more likely to be depressed, and that the amount of triangulation existing in the family is related to the amount of childhood depression in the family. The results show that none of the mothers’ scores had a significant main effect, nor interaction effect on childhood depression scores. There was no 3-way interaction effect of fathers’ scores. Therefore, all the mothers’ scores and the 3-way interaction term of fathers’ scores were dropped out of the analysis.

Stepwise multiple regression was then employed to further test the main and two-way interaction effects of the fathers’ scores on childhood depres-

<table>
<thead>
<tr>
<th>TABLE 1. Correlations between all variables</th>
<th>Father’s Marital Satisfaction</th>
<th>Mother’s Marital Satisfaction</th>
<th>Father’s Marital Stability</th>
<th>Mother’s Marital Stability</th>
<th>Father’s Triangulation</th>
<th>Mother’s Triangulation</th>
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<tr>
<td>Mother’s marital satisfaction</td>
<td>.75†</td>
<td></td>
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<td>Father’s marital stability</td>
<td>-.59†</td>
<td>-.56†</td>
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<tr>
<td>Mother’s marital stability</td>
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<td>-.64†</td>
<td>.69†</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s triangulation</td>
<td>.34†</td>
<td>.26*</td>
<td>-.31†</td>
<td>-.38†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s triangulation</td>
<td>.27*</td>
<td>.32†</td>
<td>-.30†</td>
<td>-.36†</td>
<td>.56†</td>
<td></td>
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<tr>
<td>Children’s depression</td>
<td>-.36†</td>
<td>-.19</td>
<td>.12</td>
<td>.12</td>
<td>-.35†</td>
<td>-.04</td>
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</table>

* p < .05
† p < .01
‡ p < .001 (2-tailed)
sion scores. Results are reported in Table 2. The fathers’ marital satisfaction was selected as the first significant variable (Beta = .38, p < .01). The adjusted R square was .132, which means that about 13% of the variance of childhood depression scores could be explained by the father’s marital satisfaction alone. The fathers’ triangulation score was selected as the second significant variable (Beta = -.25, p < .05). The adjusted R square increased to .18, which means that 18% of the variance of childhood depression scores in a family could be explained by a combination of the fathers’ marital satisfaction and the father’s perceived triangulation in the family. The interaction of the father’s marital stability and triangulation was selected as the third significant variable (Beta = .28, p < .05) at step 3, and the interaction between the father’s marital stability and marital satisfaction was selected as the forth significant variable (Beta = .53, p < .001). Since the fathers’ marital stability did not have the main effect on children’s depressive symptoms, it is a moderating variable affecting the relationships between both the variables of marital satisfaction and triangulation with childhood depression scores. The fathers’ marital satisfaction and their perceived nuclear family triangulation would affect childrens’ depressive symptoms at different levels of the fathers’ marital stability. The final equation had an F value of 10.37 (df = 4, 67, p < .001), and an adjusted R square of .35, which means the combination of the father’s marital satisfaction, their perceived family triangulation, the interaction between their marital stability and triangulation, and that between their marital stability and marital satisfaction, could count for 35% of the variance of childhood depression scores.

TABLE 2. Stepwise regression results for father’s scores and the 2-way interaction effects of fathers’ scores on CDI

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
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<tr>
<td>Fathers’ marital satisfaction (HMAT)</td>
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<td>.02</td>
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<td>Fathers’ marital satisfaction (HMAT)</td>
<td>-.07</td>
<td>.025</td>
<td>-.297*</td>
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<td>Fathers’ triangulation (HTRI)</td>
<td>-3.20</td>
<td>1.49</td>
<td>-.25*</td>
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<tr>
<td>Step 3</td>
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<td></td>
<td></td>
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<tr>
<td>Fathers’ marital satisfaction (HMAT)</td>
<td>-.09</td>
<td>.03</td>
<td>-.42†</td>
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<tr>
<td>Fathers’ triangulation (HTRI)</td>
<td>-3.47</td>
<td>1.44</td>
<td>-.27*</td>
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<tr>
<td>Fathers’ M. stability and triangulation</td>
<td>-1.36</td>
<td>.57</td>
<td>-.28*</td>
</tr>
<tr>
<td>Step 4</td>
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<td></td>
<td></td>
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<tr>
<td>Fathers’ marital satisfaction (HMAT)</td>
<td>-.06</td>
<td>.03</td>
<td>-.28*</td>
</tr>
<tr>
<td>Fathers’ triangulation (HTRI)</td>
<td>-2.52</td>
<td>1.35</td>
<td>-.20</td>
</tr>
<tr>
<td>Fathers’ satisfaction and stability</td>
<td>2.00</td>
<td>.55</td>
<td>.52†</td>
</tr>
<tr>
<td>Fathers’ M. stability and triangulation</td>
<td>-2.68</td>
<td>.64</td>
<td>-.55†</td>
</tr>
</tbody>
</table>

Adjusted R Square = .346

*p < .05  
†p < .01 
‡p < .001
Cell means of the childhood depression scores in the two-way interactions were reported in Table 3. One can see that when fathers experienced low marital stability and at the same time perceived high triangulation, the mean of childhood depression scores was the highest, 9.97. When fathers experienced low marital stability yet did not perceive triangulation in the family, the mean of their children’s depression scores dropped to 3.9. When fathers experienced high marital satisfaction and high marital stability, their children’s depression mean score was 5.13. However, when they reported high marital stability yet had low marital satisfaction (they were going to stay in the marriage no matter what), the mean of their children’s depression scores increased to 8.69, which is higher than the children’s depression scores 8.03 in the low satisfaction and low stability group. When fathers reported high marital satisfaction yet low marital stability, the mean of their children’s depression score was 6.24.

The hypotheses were partially supported. The results show that mothers’ scores did not have any significant effect on childhood depression scores. Children of maritally dissatisfied fathers were more likely to have depressive symptoms than those of maritally satisfied fathers, and children were more likely to have depressive symptoms when fathers perceived that triangulation existed in their families. The fathers’ marital stability alone did not affect their children’s depression scores. When the fathers felt unstable in the marriage, and experienced triangulation in their families at the same time, their children were more likely to have depressive symptoms. When fathers felt stable but unsatisfied in their marriage, their children were also more likely to have depressive symptoms.
DISCUSSION

This study sheds light on the impact of parents’ marital satisfaction on their children’s depressive symptoms. It provides empirical supports to the theoretical assumption that triangulation in the family contributes to and maintains children’s problems.

In this study, the pattern of the impact of parents’ marital satisfaction, stability, and triangulation on childhood depressive symptoms only presents itself in fathers’ scores. The finding that mothers’ scores do not affect children’s symptoms as the fathers’ do is consistent with the results found in other studies comparing fathers’ and mothers’ influences on children (Lisak, 1994; Weidner, Sexton, Matarazzo, & Pereira, 1988). It may be explained by the roles in child-rearing practice and gender differences in conflict resolution. In western culture, it is often socially defined that mothers are the primary caretakers of their children, while the fathers are the primary providers to the family. It is socially expected that mothers should be emotionally available to their children regardless of their own problems. They may be able to consciously separate their roles as wives and as mothers, thus exclude the impact of their marital relationships on their role as mothers.

When men feel dissatisfied and/or unstable in their marriage, they may channel their attentions and energy outside of the family, to their socially expected role of providers. Gottman (1994) provides strong evidence that intense marital conflict is related to a husband’s withdrawal during conflict interaction. When a man withdraws from a distressed marriage, he may withdraw from both his wife and children. It seems that a man’s role as father could be more easily disturbed by his marital satisfaction level, thus children may be more likely to be affected by the fathers than by the mothers.

Additionally, when facing conflicts, men are more likely to respond with overt behavioral changes, such as being more aggressive or more withdrawn, while women are more likely to internalize their problems, thus are more likely to be depressed (Brack, Brack, & Urr, 1994; Worchel, Nolan, & Willson, 1987). It may be more difficult for children to identify signs of their mothers’ depression. They could easily observe the overt behavioral changes in their fathers and may be disturbed by them.

Although the data show that the mothers’ variables did not affect childrens’ depression scores, it may not be quite true if one looks at it systemically. According to the systems theories, when mothers experience marital conflicts, they may in fact become more involved with their children than previously (Gottman, 1994). The withdrawal from an ailing marriage could involve an enormous emotional loss for men. When men emotionally withdraw from their wives and children, their children can sense it and start to withdraw from them. This makes the fathers feel even more like an outsider in the family (Gottman, 1994). Therefore, the fathers’ reported perception of triangulation may be their report of their wives’ triangulation behaviors or may also be a reflection of their feeling of loneliness in the family. Systems
theory holds that problems exist only in the beholder’s eyes. To the mothers, the triangulation is not a problem. It is the eyes of the fathers who are isolated and feeling lonely that see it as a problem. Therefore, although statistically it is the father’s nuclear family triangulation score that affects children’s depression score, it may be the mother’s triangulation behavior that affects children’s depressive symptoms.

In this study, the nuclear family triangulation emerges to be an important variable. A father’s perception of the triangulation is significantly associated with their children’s depression scores; it is also moderated by their marital stability. When the fathers in this sample experienced low marital satisfaction and at the same time perceived family triangulation, their children had the highest depression score. However, even when fathers were experiencing low marital satisfaction, as long as there was no triangulation going on in the family, their children had the least depressive symptoms. This provides empirical support to the theoretical assumption that when the marital problems “spill” into other subsystems in the family it could affect other subsystems.

This study has clinical implications in that for intact families, although children are not affected by the parents’ divorce potential, they are affected by the parents’ marital conflict, and especially by the parents’ triangulation behaviors. It suggests that children should be left out of the parents’ marital problems. The parents’ triangulation behaviors should be blocked as soon as possible. Any marital problems should be kept within the marital dyad.

The majority of the subjects in this study are white middle class families. The parents have a long-term marriage with very low divorce potential. Children in these families are not exposed to the threat of potential divorce; therefore, the study did not find any impact of marital instability on the children’s depressive symptoms. It is suggested that future studies need to collect data from families with more stressed couples, such as couples who are considering divorce or separation. Children in this study had low depression scores which indicated that many of them, although demonstrating depressive symptoms, did not qualify for a clinical diagnosis of depression. It is suggested that future studies select children with clinical diagnosis of depression. Future studies also need to test the relationship between triangulation and marital stability, and to test if the triangulation really stabilizes marriage as the systems theories assume.

REFERENCES


Rutter, M. (1981b). Epidemiological/longitudinal strategies and causal research in


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