Well-Being in Older Mexican American Spouses

M. Kristen Peek, PhD,1 Jim P. Stimpson, PhD,2 Aloen L. Townsend, PhD,3 and Kyriakos S. Markides, PhD1

Purpose: There is a strong connection between marriage and well-being, with evidence suggesting that the well-being of one spouse is closely correlated with that of the other. However, among older Mexican Americans, there is little information about this phenomenon. To address this, we explore two research questions: Does one spouse’s well-being predict the other spouse’s well-being? Are there gender differences in these effects? Design and Methods: We assess information from 553 couples who participated in Wave 1 (1993–1994) of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly. Using structural equation models, we examined three aspects of well-being among older Mexican American couples: depressive symptoms, life satisfaction, and self-rated health. Results: The findings revealed evidence of an association between the well-being of one spouse and that of the other. Specifically, the self-rated health of husbands and wives predicts that of their partners. However, there is evidence that husbands’ depressive symptoms and life satisfaction influence wives’ well-being, but not the reverse. Implications: The findings from this study are important because they add to the literature on the connection of well-being among spouses, point to important gender differences, focus on an understudied minority group with unique cultural characteristics, and have implications for the examination of well-being within a marriage framework.

Key Words: Marriage, Mexican American, Gender, Mental health

The connection of marriage to well-being in late life has received substantial support in the literature (e.g., Barrett, 2000; Chipperfield & Havens, 2001; Ross, Mirowsky, & Goldsteen, 1990). Being married is associated with better well-being (measured in a variety of ways, including depressive symptoms, quality of life, self-rated health, and life satisfaction) for both older men and women, though the evidence is inconsistent with respect to gender differences (Chipperfield & Havens; Williams, 2003). Researchers also have examined the extent to which well-being is similar between spouses, or the idea that the levels of well-being of respondents can predict those of their spouses (Bookwala & Schulz, 1996). This notion of congruence of well-being between older spouses has received increased attention and support over the past decade (e.g., Bookwala & Schulz; Le Sage & Townsend, 2004; Siegel, Bradley, Gallo, & Kasl, 2004; Tower & Kasl, 1995, 1996; Townsend, Miller, & Guo, 2001).

The link between the well-being of one spouse with that of the other has important implications for health outcomes for older adults. Older spouses could be at risk for deteriorations in well-being if one of the partners experiences declines in physical or mental health. Although there is information on the effects of one spouse’s well-being on the other spouse’s well-being among older non-Hispanic White couples, there is very little research on this topic for older ethnic couples (Townsend et al., 2001). Hispanics in the United States, the majority of whom are Mexican American, are the largest minority population. Older Mexican Americans, in particular, face higher rates of disability, certain chronic conditions (especially diabetes), and depressive symptoms than do older non-Hispanic Whites (Bryant, Shetterly, Baxter, & Hamman, 2002; Hazuda & Espino, 1997; Swenson, Baxter, Shetterly, Scarbro, & Hamman, 2000; Zsembik, Peek, & Peek, 2000). Thus, there are important reasons for researchers to focus on the connection...
of well-being between spouses in this minority group, which is at an elevated risk for diminished well-being.

In addition to the investigation of the connection of well-being among older Mexican American couples, there is the question of gender differences of spousal effects on well-being among older Mexican Americans. Are husbands and wives equally affected by their spouses’ well-being? Gender roles within marriage may lead to asymmetry in the impact of one spouse’s well-being on that of the other spouse in any culture (Walker, 1999). Among older Mexican Americans in particular, “traditional” gender roles are common within the context of marriage (Le Sage & Townsend, 2004; Parrado, Flippin, & McQuiston, 2005) and could lead to differential effects of well-being by gender. Therefore, to examine the connection in psychological well-being among older ethnic spouses and any potential gender differences, we seek to address two questions in a sample of older Mexican American couples. First, does the well-being of one spouse predict that of the other? Second, are there gender differences in these effects?

Well-Being and Marriage

Extensive literature has documented connections between marriage and health (e.g., Lillard & Panis, 1996; Ross et al., 1990; Umberson, 1992; Waite, 1995). Individuals who are married tend to have lower mortality rates (Lillard & Panis; Ross et al.), better physical health (Robles & Kiecolt-Glaser, 2003; Waldron, Hughes, & Brooks, 1996), and better well-being (Barrett, 2000; Bookwala & Schulz, 1996). The positive connection between marriage and well-being is of particular importance to older couples. The number of older married adults is rising as mortality rates continue to decrease, and marriage potentially influences health behaviors, provides social support, and increases financial resources—all of which have been shown to be associated with well-being in older adults (Ross et al.; Tower & Kasl, 1995, 1996).

Though the association between marriage and well-being has been established, the idea that well-being is similar between couples has received attention only in the past decade. There are two primary explanations for why nongenetically related people may have similarity in well-being. First, married adults share a similar environment; thus, risk factors for decreased well-being, such as financial stress, problems with children, and undesirable living conditions, will affect both partners, leading to a greater likelihood that both husband and wife will have diminished well-being (Siegel et al., 2004; Tower & Kasl, 1996). The second explanation focuses on mood convergence and affective contagion. This perspective posits that people interacting in a close relationship such as marriage are interdependent and, to a certain extent, control each other’s outcomes (Kelley, 1981). In this case, couples experience a similarity or a convergence in mood, in which a change in the mood of one partner can lead to a change in the mood of the other partner (Bookwala & Schulz, 1996; Joiner, 1994; Joiner & Katz, 1999; Siegel et al.). There is an alternative explanation that focuses on assortative mating, or the tendency to marry individuals who are similar in personality (Waldron et al., 1996), which has received less support as a result of longitudinal evidence that a change in one partner’s depressive symptoms precipitates a change in the other partner’s depressive symptoms (Siegel et al.; Tower & Kasl).

One example of research that focuses on couples’ well-being is the study conducted by Bookwala and Schulz (1996), who investigated the association of well-being between community-dwelling older spouses from the Cardiovascular Health Study. These researchers assessed well-being through depressive symptoms, respondents’ feelings about life as a whole, satisfaction with the meaning of life, and self-rated health. Their results suggested that the well-being of one spouse significantly predicted the well-being of the other spouse, even when health characteristics of both spouses were accounted for. In addition, Tower and Kasl (1996) and Seigel and colleagues (2004) investigated the extent of similarity in depressive symptoms longitudinally. They found that change in depressive symptoms of one spouse was strongly associated with change in depressive symptoms of the other spouse.

Ethnicity, Well-Being, and Gender

Although these are important studies in determining the extent of the effects of the well-being of one spouse on that of the other in older married couples, most studies have focused primarily on non-Hispanic White married adults (e.g., Bookwala & Schulz, 1996; Tower & Kasl, 1996). In the literature, Mexican American families have been characterized as being more male dominated, being more oriented by traditional gender roles, and having higher levels of familism (the strong commitment to or the importance of the family) than non-Hispanic White families (Le Sage & Townsend, 2004; Markides & Mindel, 1987; Markides, Roberts-Jolly, Ray, Hoppe, & Rudkin, 1999). These characteristics may have implications for gender differences in the influence of the well-being of one spouse on that of the other. For example, Markides and colleagues suggest that the role of motherhood, part of familism, is important for Mexican American women; as they age, they potentially experience a lack of other roles to replace this critical social role (Markides, Roberts-Jolly, et al.; Markides & Hoppe, 1985). This may be especially true for immigrant older women who are potentially displaced from their extended families. This alienation could lead to an increased dependence
on the marital relationship (Parrado et al., 2005). In fact, several studies on older Mexican Americans have indicated a high depressive symptomatology among older Mexican American women (Angel & Angel, 1995; Black, Markides, & Miller, 1998; Gonzalez, Haan, & Hinton, 2001): there appeared to be an effect of immigrant status, such that women who were immigrants had higher depressive symptomatology.

In addition, in relationships of unequal power, one spouse is likely to be more dependent than the other (Walker, 1999). This may be especially true among older Mexican American couples, because their traditional gender roles reinforce patriarchy. The result could be that wives are more affected by their husbands’ well-being than vice versa. Though the researchers did not examine this question explicitly, one study that examined depressive symptoms among older couples in non-Hispanic White, non-Hispanic Black, and Mexican American adults found that Mexican American wives had the highest depressive symptomatology (townsend et al., 2001). This research points to potential gender differences in well-being, but it is unclear what gender differences may exist in the effects of the well-being of one spouse on that of the other.

Therefore, in the present study, we address the association between the well-being of one spouse with that of the other, and we investigate gender differences in those effects among older Mexican Americans. We hypothesize that the well-being of one spouse will be strongly associated with that of the other. Furthermore, given the literature on gender differences in depressive symptoms as well as the research on male-dominated family structure among Mexican Americans, we hypothesize that husbands’ well-being will predict wives’ well-being more strongly than the reverse. To address the unique effect that spouses have on each other’s well-being, we use one spouse’s well-being to predict the partner’s well-being while we account for the partner’s sociodemographic, health, and stress factors (Bookwala & Schulz, 1996; Seigel et al., 2004; Tower & Kasl, 1996). We investigate the hypotheses with data from a sample of older Mexican Americans residing in the southwestern United States.

### Measures

#### Dependent Variables.

To assess well-being, we use three measures that are consistent with three of the four types of well-being assessed in the study by Bookwala and Schulz (1996) on spousal similarity in well-being among couples in the Cardiovascular Health Study. The first measure of well-being is self-rated health, scored from 1 to 4 (1 = poor, 2 = fair, 3 = good, and 4 = excellent). The second measure is the Center for Epidemiologic Studies–Depression scale (CES-D; Radloff, 1977), which is a measure of depressive symptoms. This scale, which contains 20 items and assesses the extent of depressive symptomatology that respondents experienced in the past week, has been widely used with Hispanic populations, including older Hispanics. (Range = 0–60, Cronbach’s α = 0.80, and higher scores indicate higher depressive symptoms; see, e.g., Miller, Markides, & Black, 1997.) The third and final measure of well-being is life satisfaction, which we measured by a single item. Interviewers asked respondents to think about their life as a whole and describe how satisfied they were with it on a scale from 1 to 4 (1 = not at all satisfied; 4 = completely satisfied).

#### Independent Variables.

As measures of demographic variables, husbands’ and wives’ age, income, education, number of children, and length of marriage are included in the models. Age is continuous in years and ranges from 65 to 94. Income is addressed as financial strain, which is one question that assesses how much difficulty the respondents have in meeting monthly payments on bills (1 = a great deal; 4 = none). Education is a continuous measure in years and ranges from 0 to 17. Number of children is a continuous measure and ranges from 0 to 18. Finally, length of marriage ranges from 1 to 73 years.
Because there are previous findings that suggest that immigrant women may be at high risk for diminished well-being (Angel & Angel, 1995; Gonzalez et al., 2001), we also account for nativity status (1 = born in the United States). Consistent with previous research on the mental health of couples, we control for the respondents' own health status when predicting well-being (Bookwala & Schulz, 1996; Siegel et al., 2004). There are three measures of health status accounted for in the models: husbands' and wives' cognitive functioning, level of disability, and number of chronic conditions. Chronic conditions include heart condition, stroke, arthritis, diabetes, hypertension, cancer, and hip fracture. Interviewers asked respondents if they had ever been diagnosed by a physician as having any of the conditions (range 0–7).

Previous research has shown that disability is related to mental health in older Mexican Americans (Peek, Patel, & Ottenbacher, 2005). To address disability, we measured limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Interviewers asked respondents if they needed help doing 7 ADL tasks (e.g., walking, bathing, and grooming; see Katz & Akpom, 1976). For the IADL items, interviewers asked respondents if they were able to do 10 activities (e.g., using a telephone, driving, and shopping; see Fillenbaum, 1985; Rosow & Breslau, 1966). We combined ADL and IADL disability to form a hierarchical variable with three levels (consistent with previous research on Mexican Americans; see Peek et al.). A score of 0 indicates no ADL or IADL limitation; 1 indicates any IADL limitation or a mobility-related ADL limitation (i.e., walking, transferring), and 2 indicates a basic ADL limitation (i.e., eating, toileting).

Another potential influence of well-being is cognitive functioning. Cognitive functioning is associated with health outcomes among older Mexican Americans (Ostir, Raji, Ottenbacher, Markides, & Goodwin, 2003). Thus, we include cognitive functioning in these analyses as measured through the Mini-Mental State Examination (MMSE; Folstein, Folstein, & McHugh, 1975). This measurement has been used widely in community surveys and has been translated and validated in Spanish (range 0–30, and lower scores indicate poorer cognitive functioning; see Black et al., 1999).

Finally, we account for stressors in the analysis because stressors have been shown to be strongly related to well-being, especially depressive symptoms (see Thoits, 1995 for a review). The measure of stress that is incorporated into the analysis is the number of negative life events from the previous year (e.g., experiencing the death of close ones or an illness; range 0–7).

**Analysis**

In this research we address the association of well-being between spouses and gender differences, which implies reciprocal causation between the variables of interest. For example, the depressive symptoms of the husband are expected to influence those of the wife, and the depressive symptoms of the wife are expected to affect those of the husband. Because we expect the outcomes to be highly correlated, simultaneous equation methods are necessary to model the relationship: single equation methods, such as ordinary least squares, would produce potentially biased results. In this study we estimate three nonrecursive, structural equation models (SEMs), that is, depressive symptoms, life satisfaction, and self-rated health, in Mplus version 3 (Muthén & Muthén, 2004). We use full information maximum likelihood (FIML) to determine the effects of wives’ well-being on husbands’ well-being and vice versa among older Mexican American couples.

Unlike more common approaches such as ordinary least squares regression, a SEM using FIML is able to overcome the challenge of analyzing couple data in which the observations are not expected to be independent (Cohen, Cohen, West, & Aiken, 2003). A nonrecursive SEM simultaneously estimates equations for both husbands and wives. In doing so, this procedure produces less biased and more efficient parameter estimates because it models the correlated disturbances and high zero-order correlations between the dependent variables.

We estimate three models—one for each well-being characteristic. Figure 1 shows a general representation of the models. This model is based on Kenny’s (1996) “mutual influence” model for estimating dyadic nonindependence. The premise is that one spouse’s well-being “causes” the other...
spouse’s well-being and vice versa, though clearly we are using cross-sectional data in the current research and are unable to determine causality. Thus, in each model, husbands’ and wives’ well-being are the outcome variables modeled as reciprocal pathways (Kenny; also see Kenny, Kashy, & Cook, 2005); respondents’ sociodemographic, health, and stress characteristics are accounted for. Each model controls for correlated disturbances between the dependent variables.

Results

Table 1 shows the sample characteristics for the Mexican American couples. From this table, it is apparent that husbands and wives show remarkable similarities on a number of variables. In general, husbands were slightly older and had a lower number of depressive symptoms; and a slightly lower percentage of husbands were born in the United States. In addition, wives reported slightly more chronic conditions than did their husbands. Table 1 also presents the correlations between husbands and wives on all the model variables. All variables are significantly correlated, including the well-being indicators. These findings present preliminary evidence for a strong association of well-being characteristics between husbands and wives.

The results from the SEMs are presented in Table 2. We estimated three models: (a) wives’ self-rated health predicting husbands’ self-rated health simultaneously with husbands’ self-rated health predicting wives’ self-rated health; (b) wives’ life satisfaction predicting husbands’ life satisfaction simultaneously with husbands’ life satisfaction predicting wives’ life satisfaction; and (c) wives’ depressive symptoms predicting husbands’ depressive symptoms simultaneously with husbands’ depressive symptoms predicting wives’ depressive symptoms. Each of the three models fits the data well. None of the chi-square values are significant, and each of the root mean square errors of approximation and standardized root mean square residuals are smaller than .05, indicating excellent fit.

In addressing the first research question (well-being of the husbands predicting that of the wives and vice versa), Table 2 indicates mixed results. Focusing on self-rated health, we see that the self-rated health of the wives is associated with that of the husbands after we account for husbands’ demographic, health, and stress characteristics. Likewise, the self-rated health of the husbands is associated with that of the wives after we account for wives’ demographic, health, and stress factors. The standardized coefficients indicate that the chronic conditions and severity of disability of the husbands are strong predictors of their self-rated health, followed by wives’ self-rated health, husbands’ cognitive functioning, and husbands’ education. For wives, their chronic conditions and cognitive functioning are strong predictors of their self-rated health, followed by husbands’ self-rated health. Having higher cognitive functioning and having husbands who scored higher on self-rated health are associated with higher self-rated health for wives. In contrast, having greater disability, having financial strain, and having more chronic conditions are associated with decreased self-rated health for wives. Table 2 shows substantial evidence that the self-rated health of wives and that of their husbands are associated.

Focusing next on life satisfaction, we find that one of the strongest correlates of husbands’ life satisfaction is severity of disability. As severity of disability increases, the level of life satisfaction decreases. In addition, having more chronic conditions and having financial problems are associated with decreased life satisfaction for older Mexican American husbands. The level of life satisfaction of the wives is not significantly related to that of the husbands. However, the life satisfaction of the husbands is a significant correlate of that of the wives ($r = .381, p < .001$), even when we account for wives’ characteristics. Thus, the results from the life-satisfaction analysis suggest that husbands’ life satisfaction is a predictor of wives’ life satisfaction, but not the reverse.

Finally, similar to the results for life satisfaction, the depressive symptoms of the wives are not significantly associated with those of the husbands.

![Table 1. Sample Characteristics for Mexican American Spouses From the H-EPESE](http://gerontologist.oxfordjournals.org/)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Husbands M (SD) or %</th>
<th>Wives M (SD) or %</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>73.9 (6.3)</td>
<td>70.9 (5.2)*</td>
<td>.66</td>
</tr>
<tr>
<td>Education</td>
<td>5.2 (3.9)</td>
<td>5.2 (3.9)</td>
<td>.54</td>
</tr>
<tr>
<td>Marital length</td>
<td>45.7 (10.5)</td>
<td>45.7 (10.4)</td>
<td>NA</td>
</tr>
<tr>
<td>Problems meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monthly bills</td>
<td>2.5 (1.2)</td>
<td>2.4 (1.1)</td>
<td>.85</td>
</tr>
<tr>
<td>No. of children</td>
<td>4.3 (4.6)</td>
<td>4.3 (4.6)</td>
<td>.71</td>
</tr>
<tr>
<td>U.S. nativity</td>
<td>37.7</td>
<td>62.4**</td>
<td>.42</td>
</tr>
<tr>
<td>Stressors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life events</td>
<td>1.0 (1.3)</td>
<td>1.0 (1.3)</td>
<td>.73</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic conditions</td>
<td>1.2 (1.1)</td>
<td>1.4 (1.1)*</td>
<td>.26</td>
</tr>
<tr>
<td>Severity of disability</td>
<td>0.6 (0.7)</td>
<td>0.6 (0.7)</td>
<td>.34</td>
</tr>
<tr>
<td>Cognitive functioning</td>
<td>25.0 (4.2)</td>
<td>25.3 (4.4)</td>
<td>.35</td>
</tr>
<tr>
<td>Well-being</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated health</td>
<td>2.4 (0.9)</td>
<td>2.3 (0.9)</td>
<td>.47</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>8.1 (8.3)</td>
<td>10.5 (9.5)**</td>
<td>.38</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>3.4 (0.7)</td>
<td>3.3 (0.8)</td>
<td>.49</td>
</tr>
</tbody>
</table>

Notes: H-EPESE = Hispanic Established Populations for the Epidemiologic Studies of the Elderly. NA = not applicable, marital length was the same for husbands and wives. For the table, N = 553 couples. All correlations are significant at $p < .001$. *$p < .05$; **$p < .01$. 

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However, husbands’ depressive symptoms are one of the strongest predictors of wives’ depressive symptoms ($\beta = 0.278$, $p < .001$). For husbands, significant predictors of depressive symptoms include their severity of disability, having problems meeting monthly bills, and experiencing higher numbers of life events. Severity of disability of wives is also a major predictor for their depressive symptoms, whereas increased cognitive functioning of wives is associated with lower depressive symptoms for them.

To summarize, we state that Table 2 suggests that husbands’ life satisfaction and depressive symptoms are not influenced by wives’ life satisfaction and depressive symptoms. The opposite holds true for the wives. Each well-being characteristic for husbands is a strong predictor of well-being characteristics for wives. Thus, in addressing the first research question on the mutual influence of spouses on each other’s well-being, we provided evidence that the well-being of older Mexican American husbands influences that of their wives, but the reverse is not true. In contrast, there was an association of wives’ self-rated health with husbands’ self-rated health in Table 2. Turning the focus to gender and the second research question, we addressed gender differences statistically by applying equality constraints to the model. Thus, in our first analysis of the models we constrained the husband and wife path to be equal, and in the next analysis we constrained the path to be free (allowing for gender differences). The models showed significantly poorer fit with the equality constraints (results not shown) than the models that specified that the paths would be free, indicating preliminary evidence of gender differences. In the following paragraphs, we discuss the gender differences presented in Table 2.

We expected that husbands’ well-being would be more strongly associated with wives’ well-being than vice versa. This appears to be the case for both life satisfaction and depressive symptoms, though not for self-rated health. In addition, there are a few differences by gender of other correlates of well-being. Having financial problems is associated with more stressful life events. For older Mexican American husbands, whereas for wives, greater financial problems are associated with poorer self-rated health. A similar finding shows up for life events. For older Mexican American wives, having more stressful life events is associated with lower life satisfaction, whereas for husbands, having greater numbers of life events is associated with having more depressive symptoms. In addition, severity of disability is significantly related to lower life satisfaction for husbands but not for wives, and better
cognitive functioning is significantly related to lower depressive symptoms for wives but not for husbands. Therefore, there is preliminary evidence that there are gender differences in the effect of the well-being of spouses on that of their partners.

Discussion

Our purpose in this research was to address two research issues. Our first hypothesis was that, for older Mexican Americans, the well-being of husbands would be strongly associated with that of their wives. More specifically, we argued that husbands' well-being would predict wives' well-being and vice versa, after we accounted for partner demographic, stress, and health characteristics. The findings from this research show some evidence that spouses' well-being predicts their partners' well-being, but not as consistently as previous research. We found evidence that husbands' well-being is predictive of wives' well-being (depressive symptoms, life satisfaction, and self-rated health). However, we did not find the reverse to be true. In only one model out of three, self-rated health, did the findings indicate that the well-being of wives was predictive of that of their husbands (with husbands' characteristics controlled for).

Our second hypothesis was that husbands' well-being would predict wives' well-being more strongly than the reverse. We found preliminary evidence that this is the case. We originally expected that part of the gender difference might be due to immigration status, because previous research has indicated that immigrant Mexican American women have higher rates of depressive symptoms (Black et al., 1998; Gonzalez et al., 2001) and that they may experience greater social isolation, which could lead to a greater dependence on husbands (Parrado et al., 2005). However, in these analyses, nativity status did not have a significant effect. One possibility is that nativity has less of an effect on the well-being of older Mexican American women. In the H-EPESE sample, the women who were not born in the United States have been in the states for an average of 40 years. This significantly long period of time may serve to “wash out” some of the effects of nativity.

An additional explanation for possible gender differences that we discussed in the Background section argues that asymmetrical gender roles within marriage may result in the situation in which one spouse has a stronger effect on the partners’ well-being than the reverse. Further, we suggested that this may be especially true among older Mexican Americans, for whom more traditional gender roles are common in marriage (Parrado et al., 2005). Though we are certainly not able to test this idea with these data, the findings are consistent with this explanation such that older Mexican American husbands appeared to have significant effects on their wives’ well-being, but not the reverse (with the exception of self-rated health).

In addition, it is possible that familism is particularly high in older Mexican American wives (Markides, Stroup-Benham et al., 1999), which would potentially lead to wives’ being more affected by the well-being states of other family members. Moreover, in a family structure that is male dominated, the dependence of wives on husbands is likely increased. The results suggest preliminary evidence that wives are affected by their husbands’ well-being states, whereas husbands are less affected by their wives’ well-being. Finally, these results are consistent with previous research on marital experiences and well-being that suggest that the mental health of women is more dependent on marital quality than is the mental health of men (McRae & Brody, 1989).

There are several limitations to these data. First, previous research has suggested that quality of marriage is important to consider in studying the connection of well-being of spouses (McRae & Brody, 1989; Tower & Kasl, 1995, 1996). The findings from these studies indicate that marital closeness and quality modify the relationship or connectedness between husbands’ and wives’ depressive symptoms. Unfortunately, the data used in the current research do not include quality-of-marriage variables. In addition, to address cultural differences based on familism, variables addressing different dimensions of the importance of family would be crucial. These data do not have such variables. In addition, these are cross-sectional data, and it is not possible to tease out causal relationships with such data. Finally, one potential issue that is not covered in this research and would likely affect relationships between the well-being of husbands and that of their wives is caregiving. If one spouse is the primary caregiver of the other spouse, then there is the possibility that the well-being between the spouses will be more strongly connected. This should be an important topic for further research in this area.

Future research on the connection of well-being among older married couples should pay close attention to the methodological strategies employed, and researchers should make sure that the method addresses the research question being asked. In addition, for research on Mexican American couples, it would be helpful to have more information on cultural factors to address potential effects on both physical and mental well-being. Finally, though some researchers are beginning to do this, longitudinal analysis on couples’ well-being is important to predict whether changes in well-being in one spouse elicit changes in well-being in the other spouse.

In conclusion, the findings in this research provide insights to the literature on marriage and well-being. First, to our knowledge, very little research has been conducted on the connection of well-being between Mexican American spouses, and the research that does exist has only examined one aspect of well-being: depressive symptoms. Thus, the findings from this study are consistent with previous literature on
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