



Depression and Marital Discord: Which Comes First?

African American Healthy Marriage Initiative:
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Learning Objectives:

- Familiarity with variations in the kinds of depression
- Understanding of the relationship between gender, race, economics and depression
- Appreciation of the complex relationship between depression and marital quality
- Recognition of the impact that oppression has had on depression and marriage
- Familiarity with most effective forms of treatment

What is depression?



- Condition in which individuals experience a depressed (down) mood that frequently impairs daily functioning and interpersonal relationships
- Symptoms vary but most common include:
 - Ongoing sad, anxious, or empty mood
 - Feelings of hopelessness, guilt and worthlessness
 - Diminished interest or pleasure in normal activities
 - Frequent fatigue, loss of energy, decreased libido
 - Insomnia or hypersomnia
 - Loss of appetite/weight loss (or weight gain)
 - Thoughts of self-harm or suicide



Kinds of Depression:

- Adjustment Disorder – Reaction to a recent stressful event or series of events
 - Symptoms may be severe; impairing daily functioning
 - Duration no more than 6 months
- Major Depression – Symptoms more severe and longer lasting (at least two weeks, usually longer)
 - Symptoms last most of the day, every day
 - Leading cause of disability in US for ages 15-44
 - Affects 6.7% of population but more prevalent in women
 - Episodes tend to reoccur
- Dysthymia – chronic mild depression
 - Symptoms last at least 2 years in adults
 - Affects 1.5% of population

Prevalence of Depression



- About 20% of US general population suffers from some form of mental illness in any given year
- About 20% of persons in the general population experience major depression at least once
- Prevalence of depression tends to be underestimated and underreported
- Women twice as likely to experience depression than men
 - Prevalence estimates: 5.9% women vs. 2.8% men

Gender Differences



- Theories on higher rates of depression in women
 - Biological/hormonal – post-partum; menstrual; menopause
 - Genetic disposition
 - Gendered social norms and expectations
 - Psychological
 - Socio-economics

Gender Differences: Women and Self-esteem



- Self-esteem strongly influenced by social and cultural context
- Women's self-esteem based on relatedness and emotional connections
 - Being responsible
 - Caring for and nurturing others
- Consequently may suppress own needs and feelings
 - Put others first
 - Hold in anger
 - Blame themselves rather than others
 - Take responsibility for well-being of others



Gender Differences: Men and Self-esteem

- Men's self-esteem based more on performance and achievement
 - Making money
 - Excelling at sports
 - Performing sexually
- Consequently males may disown personal feelings and guard against emotional dependency
 - Avoid intimacy
 - Deny need for help and comfort
 - Cut themselves off emotionally



Gender Effects:

- Different socialization practices may predispose males and females to potentially conflictual interactional patterns.
- Women more sensitive to relationship issues. Prefers communication (let's talk it out) response to stress. May be more emotional when under stress.
- Men more aggressive, respond to stress with problem-solving (fix-it) approach, focusing less on relationships.

Race and Depression: Historical Oppression:

- Slavery – prohibition of marriage and undermining of male-female relationships
- Jim Crow laws – reinforcement of “inferior” status
- Northward migration – erosion of extended family
- Ongoing institutional racism resulting in:
 - Unemployment and underemployment
 - Two-tiered educational system
 - Segregated inferior housing

Race and Depression: Strengths and Resiliencies:



- Despite challenges of oppression, African Americans have developed adaptive strengths and coping mechanisms
 - Religious commitment
 - Ability to externalize and confront problems
 - Strong community identity and support
 - Tradition of mutual-aid among friends and families
- These coping strategies have helped African Americans to counteract negative judgments and to promote good self-esteem.

Race and Depression:



- National Co-morbidity Study from early 1990s found African Americans were not at higher risk for psychiatric disorders compared to whites.
- African Americans may have lower life-time prevalence of depression than whites (after controlling for confounders, e.g. income, education). However, rates may be lower due to underreporting,
- African American women, like white women experience higher levels of depression and anxiety.

Race, Gender, Economics and Depression



- Poverty represents a strong risk factor for both poor physical and mental health including depression.
- Although prevalence of depression is comparable between African American and white women, after controlling for income, African American women are overrepresented among the poor and hence are at higher risk.
- About 50% of African American families are headed by a woman and about 45% of these families live in poverty.

Groot, et. al, 2003

Department of Health & Human Services, 2001

Race, Gender, Economics and Depression

- Not as much known about men and depression
- Depression in men varies according to socio-demographic characteristics. As with women, higher rate of depression associated with lower income.
- Other social and economic factors associated with male depression include:
 - Unemployment
 - Low education
 - Criminal history
 - Substance abuse



Depression & Marriage

- Strong bi-directional link between depression and marital dissatisfaction.
- Dysfunctional interpersonal interactions and mood instability have been shown to play causal role in marital dissatisfaction.
- Relationship-derived stress and marital conflict is a major predictor of depression in both genders, although some studies show this to more so for women.
- Negative experiences within the relationship such as affairs, unintended pregnancy and domestic violence may cause depression which in turn can lead to marital discord.

Hops, Perry & Davis (1997)
Helms & Buehler, (2007)
Gollan, Friedman, & Miller, (2007)



Depression & Marriage

- Overall marital conflict is single most stressful life event precipitating depression and marital conflict is single most predictable indicator of relapse.
- Depressed adults also more likely to have skill deficits:
 - Problem solving
 - Coping skills
 - Demonstrating affection
 - Pessimism, irrational beliefs and negative expectations
- Alcohol and drug use more likely to occur during times of depression. More common among men but also occurs with women.

Findings: Treatment for Depression



- Focusing on the depressed individual may reduce depressive symptoms but do not significantly effect discordant marital interactions or couple's view of the relationship.
- Many individuals in treatment for depression who also are experiencing distressed marital relations do not respond to treatment.
- Of those that do make positive gains, about half relapse into depression within 1-2 years of completing treatment.
- Ongoing relationship distress is a primary reason for delayed or poor treatment response.

Hops, Perry & Davis, (1997)
Gollan, Griedman & Miller, (2002)



Implications for Treatment:

- Assessment for the treatment of married persons with depression should include an exploration of the state of the marital relationship.
- Studies suggest that couples therapy may be the most effective form of treatment for adults who present with depression and relationship conflict.
- Couples and family therapy have been shown to be effective for marital discord but no single approach has been found to be more efficacious.



Mental Health Utilization

- Married partners and minorities are less likely to seek mental health services
- Deterrents to seeking professional mental health care include:
 - Lack of access
 - Insurance not covering “marriage therapy”
 - Poor experiences with care providers
 - Inclination to use more familiar supports, e.g. clergy, close friends, family, in own community

Depression and Marriage

Final Points:

- Depression and relationship problems often intertwined
- Without focus on both, treatment may be ineffective
- Historical context must be taken into consideration when working with African American couples
- Information about depression and treatment resources should be made available throughout the community
- Effective treatment needs to include:
 - Cultural competency
 - Skills in working with couples not just individuals
 - Openness to and willingness to incorporate nontraditional beliefs and practices into the therapeutic process.



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