Depression and Marital Discord: Which Comes First?

African American Healthy Marriage Initiative: Building Strong and Healthy Families: Connecting Marriage Research to Practice Conference
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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

National Institutes of Health, 2007
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

Diagnostic & Statistical Manual, IV-TR 2000
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

Gollan, Friedman, & Miller, 2002
Bronte-Tinkew, Moore, Matthews & Carrano, 2007
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

Hops, Perry & Davis, 1997
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

Papp, P., 2000
THAT'S FUNNY, I DON'T SEEM TO HAVE A PROBLEM BALANCING MARRIAGE AND A CAREER!
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

Papp, P., 2000
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.

Gollan, Friedman & Miller, 2002
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

Department of Health & Human Services, 2001
Pinderhughes, 2002
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.

Department of Health & Human Services, 2001
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.

Dobalian & Rivers, 2008
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

Fronte-Tinkew, Moore, Matthews & Carrano, 2007
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.

Papp, P. (2000)
Hopps, Perry & Davis (1997)
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.

Gollan, Friedman, & Miller, 2002
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

Dobalian & Rivers, 2008
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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