

Relations Between Depression and Relationship Quality Among Couples with a Depressed Male

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Abstract

Major depressive disorder is a prevalent and serious mental health disorder that negatively affects individuals and their intimate relationships. Given little is known about the experience of depression for men, and the co-occurrence of male depression and marital discord, the current study aimed to gain an in-depth understanding of spouses' experience of male depression, and how depression affects their relationships. Using a stress generation perspective, this qualitative study interviewed depressed men and their partners about both partners' experiences of male depression in their relationships and their experience of the relationship between marital discord and depression. Couples identified behaviors and aspects of their relationships that influenced the relation between depression and relationship quality and partially supported the applicability of stress generation theory among couples with a depressed male partner. In addition to partially supporting stress generation theory, couples highlighted several positive experiences in their relationships as a result of enduring these struggles together. The findings pointed to several clinical implications and areas of future research among this population.

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Chapter 1: Introduction

The Problem and Its Setting

Major depressive disorder (MDD) is a prevalent mental health concern in today's society, and a great deal of research has been devoted to understanding its impact on the individual, one's relationships, and our society as a whole. In fact, depression is one of the most common presenting problems among adults seeking mental health treatment (Doherty & Simmons, 1996). A nation-wide survey concluded that about 16% of adults experience a major depressive episode at least once in their lives, indicating that depression influences millions of people in our society. However, only about half of those experiencing MDD receive treatment, and of those treated, less than half receive adequate care (Kessler et al., 2003).

Past research indicates that females are about twice as likely to be depressed than males (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993; Nolen-Hoeksema, 1987), and a great deal of attention has been devoted to exploring this gap. However, some researchers question the accuracy of this finding (Cochran & Rabinowitz, 2003) and suggest depression may present differently among genders (Potts Burnam, & Wells, 1991). Hence, MDD is common and influences a large portion of the population, yet there seems to be barriers in assessing and treating this devastating disorder.

Depression and Marital Distress

Findings indicate that marital distress influences the occurrence, nonremission, and relapse of depression (Weissman, 1987), and the association between marital distress and depression has been well researched. A meta-analysis found a moderate to strong association between marital satisfaction and depression among both men and women (Whisman, 2001). This significant relationship held true when examining individuals experiencing depressive

symptoms, as well as those with diagnostic depression. Furthermore, those adults diagnosed with a depressive disorder reported significantly more relationship discord compared to those who were not depressed (Whisman, 2001).

Researchers have examined various aspects of the co-occurrence of marital discord and depression, including causality, impacts on couple's communication and closeness, and potential treatments. There is evidence that distressed couples with a depressed partner interact more negatively in general (Sher, Baucom, & Larus, 1990; Johnson & Jacob, 1997; Johnson & Jacob 2000), and more specifically, may have poorer communication and problem-solving abilities (Basco, Prager, Pita, Tamir, & Stephens, 1992).

Members of the mental health field have been dedicated to finding empirically supported treatment approaches for these co-occurring mental health concerns. In fact, there is strong evidence that among couples with a depressed partner, couple treatment can be successful in treating both the discord and depressive symptoms (Cohen, O'Leary, & Foran, 2010; Denton, Whittenborn, & Golden, 2012; Emanuels-Zuurven & Emmelcamp, 1996; Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991). Unfortunately, a majority of the research only examined couples with a depressed female partner, and much less is known about treating the co-occurring issues among couples with a depressed male.

Significance

Male Depression

The experience of male depression is an area of research that is understudied and less understood. However, as attention has started to shift towards the experience of depression among men, research has highlighted its importance, and its findings have indicated that depression influences men in severe ways. For example, depressed men are more likely to abuse

alcohol and drugs, as well as to engage in risky and aggressive behaviors (Kessler et al., 1997; Marcus et al., 2008). Men are also more likely than women to commit suicide (Noffsinger & Knoll, 2003); suicide is the seventh leading cause of death among men in the United States (Centers for Disease Control and Prevention, 2011). Of additional concern, men are less likely to seek treatment from a mental health professional for mental disorders (Vessey & Howard, 1993). Depressed men may initially try to conceal their symptoms from others, attempting to manage their symptoms with maladaptive coping strategies including substance abuse, infidelity, avoidant behaviors, and focusing excessively on their occupation (Chuick et al., 2009). These behaviors could, in turn, influence the relationship with a depressed male's significant other.

Male Depression and Marital Distress

Understanding depression in the context of couples' relationships is important, as this disorder influences both depressed and nondepressed partners. For example, depressed partners engage in less positive ways towards their partners, including interrupting their partners, as well as expressing negative feelings, criticism, and defensiveness more often. Partners of depressed individuals are influenced in negative ways too, such as evaluating their depressed partners negatively, and experiencing feelings of sadness, anger, and hostility after interacting with their depressed spouses (Benazon & Coyne, 2000). Hence, it appears relationships with depressed partners may be characterized by more difficulties in communicating and maintaining satisfaction, thereby impacting each partner individually, and as a couple.

Given male depression is less studied, understanding its influence within significant relationships such as marriage is also less understood. Findings thus far, however, indicate that male depression may influence intimate relationships in negative ways. For example, men may respond to their own depression by withdrawing from their relationships more so than depressed

women (Fincham, Beach, Harold, & Osborne, 1997). One study found that wives of depressed men may avoid being close to their spouses (Whiffen, 2005), although the study could not speak to the reasons for this finding.

Attention has been devoted to understanding the negative impact of marital discord on depression. On the other hand, a strong marriage may serve as a protective factor for men who are at risk (Tower & Krasner, 2006; Wu & DeMaris, 1996), and having a good marital relationship has been linked to lower rates of depression for men who experienced a crisis (Edwards, Nazroo, & Brown, 1998). Furthermore, significant others may play an important role in seeking treatment for depression among males, as well as helping them to recover from a depressive episode (Chuick et al., 2009).

Though more research is needed to explore the phenomenon, these findings suggest depression takes a toll on men and their relationships in significant ways. Knowing how couples perceive male depression and its influence on their interactions will perhaps give clinicians a better understanding of the phenomenon and of how to assess for and treat the co-occurring difficulties.

Rationale

There is a clear need for a deeper understanding of male depression, and scholars have called for the use of qualitative methodologies to provide a more in-depth examination of depression and its impact on men's lives (Chuick et al., 2009; Cochran & Rabinowitz, 2000). Very few qualitative studies have been conducted thus far, and existing studies have typically examined male depression from an individual perspective (Chuick et al., 2009), in an inpatient population (Danielsson & Johansson, 2005; Heifner, 1997), or from the perceptions of members of the mental health field (Brownhill, Wilhelm, Barclay, & Schmied, 2005).

Despite the need to understand this complex issue, no known studies have examined male depression in the context of couple relationships from a qualitative perspective. By interviewing couples about their experiences of male depression and its influence on their relationships, a more in-depth understanding would likely be achieved. For example, Whiffen (2005) found that depression among men influenced intimate relationships in important ways for both partners. However, the reasons behind these findings was not examined, and the authors thus were only able to conjecture as to why women avoided being close to their depressed husbands (Whiffen, 2005). Therefore, although prior literature indicates that depression may influence both partners and their relationship in negative ways, there is a need to understand male depression in the context of this significant relationship more thoroughly and from both partner's perspectives. Thus, the aim of the current study is to examine male depression and how it influences spouse's interactions and affects their relationships.

Theoretical Framework

Stress generation theory conceptualizes the experience of depression in a cyclical way, and is based on Hammen's (1991) empirical evidence that individuals with depressive disorders experience more stressful events, including interpersonal stress. It is thought that depressed individuals have certain characteristics or engage in certain behaviors that contribute to the occurrence of stress, thereby maintaining or exasperating the depression. Past research has applied this model to examine the association between marital functioning and depressive symptoms (Davila, Bradbury, Cohan, & Tochluk, 1997; Hammen, 2005), with some supporting evidence that this model is applicable to depression among men (Trombello, Schoebi, & Bradbury, 2011).

One of the basic assumptions of the theory is that individuals play an active role in their own environments, as opposed to passively experiencing stressors over which they have no control (Hammen, 2006). Hammen (1991) proposes that there are cognitive, emotional, and behavioral characteristics of a depressed person that may increase the likelihood of experiencing stressful events and that will make events feel inherently more stressful (Davila et al., 1997).

Applying stress generation theory to marital relationships explains how the individual behaviors of the depressed partner, as well as the nondepressed partner, can impact the relationship. Similarly, distress in the marriage can impact the depressed partner's level of depression even further, causing the two co-occurring problems to interact in a cyclical way, thus couples can easily become entrenched in cycles of increased depressive symptoms and marital problems (O'Mahen, Beach, Banawan, & Georgia, 2001). For example, Hammen (2006) suggests interpersonal shortcomings, such as an unsupportive partner, can increase the effects of depression on later stress. On the other hand, interpersonal strengths and a supportive relationship may in fact offset this cycle, protecting the depressed individual as well as the relationship from future stressors (Trombello et al., 2011).

Hence, stress generation theory will be used as a lens to guide the present study, with the aim of understanding how each partner experiences male depression in the couple relationship. More specifically, it will help examine how each partner's behaviors, thoughts, and feelings may contribute to co-occurring depression and marital discord, or conversely, how the relationship may have aided the depressed partner. By gaining a more in-depth picture of the experience from the spouses' perspectives, perceptions about partners behaviors and how they contribute to relationship functioning will be more understood, providing better insight to assessing and perhaps treating these two co-morbid presenting problems in the mental health field.

Purpose of the Study

Even though the relationship between depression and marital distress is well-established, less is known about the relationship between these two factors among couples with a depressed male partner. The current study aims to gain a better understanding of male depression in the context of the couple's relationship, and how each partner perceives its influence on relationship quality. From a stress generation perspective (Hammen, 1991), the current study will examine how each partner reflects on his or her own as well as his or her partner's behaviors as they relate to depression and marital functioning. The proposed research question is, in effect: Among couples with a depressed male, what are the relations among depression and relationship quality? By conducting dyadic interviews with the depressed and nondepressed partner about their own experiences, there will be a deeper understanding of these co-occurring issues.

Chapter 2: Literature Review

This literature review will present an overview of the association between unipolar depression and spousal relationships, including the relationship between depression and marital discord, as well as how relationships may protect some people from experiencing a depressive episode. Theories of causality for co-occurring marital discord and depression will then be presented. Relevant literature about male depression will be explored next, which will highlight how gender socialization may influence men's presentation and experience of the disorder. In addition, significant findings of male depression in the context of the marital relationship will be discussed. Finally, the few existing qualitative studies examining male depression will be discussed.

Depression in the Couple Relationship

A great deal of research has examined the relationship between depression and relationship functioning. Some research has examined what factors of marital functioning are impacted among couples with a depressed partner, such as how they communicate, how they deal with conflict, their reported level of intimacy, or their feelings of closeness. Others have aimed to discover the causal relationship between depression and marital discord. Hence, researchers acknowledge the importance of viewing the presence of depression from a systemic perspective, and recommend couple therapy when marital discord and depression are co-occurring (Denton & Burwell, 2006). This section of the literature review will provide a summary of the relationship between depression and relationship functioning.

Correlation between Depression and Marital Satisfaction

One of the most well-known studies related to depression and marital satisfaction is a meta-analysis which found a moderate to strong association between marital satisfaction and

depression among both men and women (Whisman, 2001). This significant relationship held true when examining individuals experiencing depressive symptoms, as well as those with diagnostic depression. Furthermore, those adults diagnosed with a depressive disorder reported significantly more relationship discord compared to those who were not depressed (Whisman, 2001). It is hence widely accepted that these two issues co-occur, leading to research regarding causality, as well as a detailed examination as to what aspects of the relationship or depression contribute to one another.

Causality

Given the common co-occurrence of marital dissatisfaction and depression, researchers have explored the issue of causality between these two factors. Some state that aspects of one's marriage, such as low levels of support and increased levels of relationship distress, are likely to precede and contribute to an individual's increased risk of depression (Beach, Sandeen, & O'Leary, 1990). Others come from the belief that depression generally precedes relationship distress, such as Coyne's interpersonal theory (1976). From this perspective, the depressed individual is thought to behave in ways that are displeasing or aversive to others, including one's spouse. Furthermore, the negative thoughts and feelings that the nondepressed partner is experiencing could lead to a sense of guilt, or an attempt to mask these negative thoughts and feelings from their partner. Third variables such as personality characteristics, social functioning, or cultural factors could also contribute to the co-occurrence of depression and marital dissatisfaction (Whisman, 2001).

One study suggests that there may be gender differences in the causal relationship between marital dissatisfaction and depressive symptoms. Studying a community sample of newlyweds, researchers concluded the causal path among couples with a depressed husband is

likely to be from depression to marital dissatisfaction, whereas for couples with a depressed wife, marital dissatisfaction is more likely to precede depression (Fincham et al., 1997). Some of the more recent research has found support for the relations between depression and relationship distress to be reciprocal and bidirectional among both men and women (Kouros, Papp, & Cummings, 2008).

Stress Generation Theory. Indeed, a more probable model is one with the foundation that these co-morbid factors likely have a bidirectional relationship and influence one another, such as in stress generation theory (Hammen, 1991). By taking the focus away from which is the preceding factor, one can focus on the thoughts and behaviors each partner engages in, and how that influences the maintenance of co-occurring depression and marital discord. Several empirical studies have examined marital functioning and depressive symptoms from a stress generation perspective, supporting the application of this theory to couples in which depression is present.

Davila and colleagues (1997) were among the first to provide support that Hammen's (1991) stress generation model is applicable in the context of marriage. In an investigation of newlywed couples, they examined the relationship between depressive symptoms, marital stress, and social support. Depressed husbands' marital stress was associated with later depressive symptoms, and predicted changes in symptoms over time. Marital stress was also associated with perceived levels of support from spouses. The research did not fully support stress generation among men, mainly because they did not find a significant association between depressive symptoms and later marital stress. However, this could be due to the fact that the male participants in the study reported lower levels of depressive symptoms. Furthermore, the

association that depression predicts later marital stress is supported in other studies (Fincham et al., 1997).

More recent studies also found empirical support for stress generation theory in the context of the couple relationship. One study compared stress generation theory to diathesis stress theory, only finding support for stress generation theory in which interpersonal style was found to mediate the prediction of romantic conflict stress and depressive symptoms (Eberhart & Hammen, 2010). However, this study only examined college women and did not include their romantic partner. Until findings can be replicated among men and in a sample that can be generalized to a wider population, findings should be taken with caution.

Joiner, Wingate, and Otamendi (2005) examined both men and women from a college-based sample, finding support that hopelessness may lead to an increase in future depressive symptoms. Hopelessness was also found to lead to future interpersonal stress, which supports earlier findings that depression predicts later relationship stress in both men and women (Fincham et al., 1997). However, this study only included individuals and not their partners, so findings should be replicated from both partners' perspectives.

Another recent study found evidence to support the stress generation model among depressed men (Trombello et al., 2011). Among newlywed couples in a nonclinical sample, depressive symptoms were found to predict future stressors among husbands. Furthermore, marital communication moderated husband's stress generation, suggesting that relationship functioning, particularly behavioral aspects among depressed men, moderates stress-generation effects in marital relationships (Trombello et al., 2001). Hence, by including both partners, as well as examining this theory in the context of depressed men, the current study will expand

upon previous research supporting stress generation theory among couples with a depressed male.

Depression and Communication

There is evidence that the presence of depression can influence communication in couple relationships. For example, one study examined and compared various maritally distressed couples receiving therapy. Their findings revealed that compared to couples with no psychopathology present and couples with a psychological disorder other than depression, couples among the depressed group were not only the least satisfied in their marriages, but also reported the most negative communication (Sher et al., 1990). The sample included both male and female depressed partners.

Gotlib and Whiffen (1989) compared depressed couples to nondepressed couples, finding similar results. In their study, depressed psychiatric patients, psychiatric patients with a presenting problem other than depression, as well as a nondepressed community control group were asked to complete a twenty minute interaction task with their spouses. Both groups with a hospitalized spouse were found to have lower levels of marital satisfaction compared to the control group. However, couples with a depressed partner were the only ones found to experience negative affect following their interaction task, suggesting perhaps that depression in particular plays an important role in how couples communicate with one another (Gotlib & Whiffen, 1989).

Comparable findings have been replicated in other studies (Heene, Buysse, & Van Oost, 2005; Johnson & Jacob, 1997; Johnson & Jacob, 2000), and couples with a depressed spouse were found to have less positive communication compared to a control group. Furthermore, constructive communication has been found to mediate the relationship between men's

depressive symptoms and marital adjustment (Heene et al., 2005; Heene, Buysse, & Van Oost, 2007). Although Johnson and Jacob (1997) found that couples with a depressed wife demonstrated less positive communication compared to couples with a depressed husband, they also suggested that communication similarities among depressed partners might be stronger and more important than the gender differences found (Johnson & Jacob, 1997).

Depression and Conflict

While some studies have been conducted on the influence of depression and communication in general, others have focused more specifically on how couples deal with conflict. One study compared couples with at least one clinically depressed spouse to couples in which depression was not present; findings indicated that depressed couples communicated less skillfully than nondepressed couples. More specifically, depressed spouses contributed less to the interaction, had greater difficulty in achieving a consensus on definitions of the problem, as well as identifying solutions to the problem. These couples were also more verbally aggressive and had poorer listening skills (Basco et al., 1992).

These findings have been extended to the nonclinical population as well. For example, depressive symptoms were found to be associated with marital discord among both husbands and wives; in fact, depressive symptoms were ten times more likely to be found when marital discord was also present (O'Leary, Christian, & Mendell, 1994). Another study of a community sample revealed that both depressive symptoms and marital satisfaction are predictors of husbands' and wives' conflict-resolution strategies (Marchand & Hock, 2000).

Along these lines, a recent study indicates depression may influence couples in conflict in significant ways (Whiffen, Foot, & Thompson, 2007). The study found that in a nonclinical, community sample, those who reported marital conflict also tended to try to hide their anger, and

fake compliance; furthermore, these self-silencing aspects mediated the relationship between marital conflict and depressive symptoms (Whiffen et al., 2007).

Therefore, existing literature has confirmed that couples with a depressed partner may have difficulties communicating, handling conflict, or feeling close to one another. Most of the studies described in this section have examined depressive symptoms among both men and women, and have evaluated both clinical and community-based populations.

Male Depression in the Couple Relationship

Less is known about male depression in the context of the relationship, including how both partners experience this phenomenon. However, prior literature does support the notion that depression influences men in severe ways, that there are potential assessment and treatment barriers to treating depression among men, and that aspects of the relationship may be negatively influenced in couples with a depressed male. These findings will be outlined below. However, these findings are mostly preliminary in nature and need to be replicated as well as understood more in depth in order to have a more clear idea of how depression may influence couples with a depressed male partner.

One recent study comparing couples with a depressed partner to couples without a depressed partner found that, similar to earlier findings (Gotlib & Whiffen, 1989; Johnson & Jacob, 1997), couples with a depressed partner showed lower levels of positive communication. Specific to male depression, couples with a depressed husband were found to have lower levels of nonverbal positivity. These researchers also concluded that interventions found to be successful in couples with a depressed woman may not be successfully generalized to couples with a depressed man, and that these couples may need to focus on expressing more positive affect (Gabriel, Beach, & Bodenmann, 2010).

Another study examined the burdens that partners of a depressed person may experience and found evidence for examining depression among couples with a depressed male. Supporting the concept that depression can negatively influence not only the depressed person, but the nondepressed person as well, Benazon and Coyne (2000) found that partners of a depressed spouse were more likely to be depressed compared to population norms. Furthermore, among these couples wives of depressed men were more distressed than men with depressed wives (Benazon & Coyne, 2000).

The Couple Relationship as a Protective Factor

Even though a large portion of the literature focuses on the co-occurrence of marital discord and depression, it is important to highlight the findings that significant relationships such as one's marriage may in fact serve as a protective factor in the course of depression. Findings suggest that this may be especially true for men (Tower & Krasner, 2006). In a study by Tower and Krasner, men across all ages were found to benefit from marital closeness and they reported fewer depressive symptoms over time. An additional study of a community-based sample examined whether the transition to marriage provided psychological benefits for depressed individuals. Findings indicated depressed persons gained more benefits from transitioning into marriage compared to those who were nondepressed or unmarried (French & Williams, 2007).

Similarly, another study examined depressive symptoms among individuals who experienced a crisis and found that a strong marital relationship was associated with lower rates of depression following the crisis. On the other hand, participants in poor marriages, or those who had a good marriage but lacked support from their partner during the crisis, were found to have increased rates of depression (Edwards et al., 1998).

Another way one's significant other may play an important and positive role for depressed individuals is that they may assist with seeking help. In fact, men have often reported that outside encouragement, such as that coming from a significant other, helped them to seek professional help (Chuick et al., 2009). Hence, it is important to approach the experience of depression for men in the context of the relationship without assuming their partners or their relationships led depressed men to fare worse. In fact, depressed men's partners may play a crucial role in providing support, as well as seeking treatment.

Male Depression

Gender Differences

Based on the findings that women are twice as likely to be depressed than men, gender has been a significant focus of the existing research on depression in comparison to research on other major mental health disorders (Addis, 2008). Previous literature has provided mixed findings in regards to gender differences among depressed men and women. In general, some researchers have attempted to explain the gap in prevalence rates among men and women by focusing on what makes women more at risk for the disorder. On the other hand, others have suggested that men may present with depression differently, or mask their depression altogether, and that this difference in presentation, as opposed to an actual difference in frequency, is what is responsible for the findings.

Symptomatology. There is some evidence that men and women present with different symptoms of depression. For example, a nation-wide study examined gender differences in symptoms and comorbid disorders among outpatients diagnosed with nonpsychotic major depressive disorder (Marcus et al., 2008). Women were found to have greater symptom severity, greater rates of anxiety disorder, bulimia, and somatoform disorder, as well as more past suicide

attempts. Men, on the other hand, showed more alcohol and substance abuse, as well as physical complaints. Furthermore, even though there was not a difference in length of an episode, the study found that men experienced episodes of depression more frequently than women.

A qualitative study aimed to examine gender differences among men and women who had been diagnosed with and treated for depression. Researchers concluded that the experience of depression was similar for men and women, but they presented their depressive symptoms differently. More specifically, men talked about their physical complaints more easily than emotional ones compared to women (Danielsson & Johansson, 2005).

Findings from some population-based studies, however, have suggested that men and women experience similar patterns of depressive symptoms. For example, Bogner and Gallo (2004) did not find evidence to support that men and women presented depressive symptoms differently. Clinical based studies have also found few gender differences in the severity or the course of major depressive episodes (Wilhelm, Roy, Mitchell, Brownhill, & Parker, 2002).

When attention has been taken away from gender difference comparisons in depressive symptomatology and focused on examining male depression specifically, findings certainly point to depression impacting men in important ways. In fact, much of the research on male depression thus far seems to indicate that gender socialization may influence how men experience depression, or how they may present their depression to others.

Gender Socialization and Depression

Some researchers suggest that men present with atypical symptoms of depression, such as irritability, aggression, substance abuse, risky behavior, emotional numbness, and over-involvement in work (Kilmartin, 2005). Furthermore some men are taught to be stoic, to avoid

or suppress thoughts related to their problems, to dissociate themselves from their emotions, and to respond with action or less vulnerable emotions such as anger (Kilmartin, 2005).

Hence, one explanation for the gap in depression prevalence rates between men and women is the masked depression framework (Cochran & Rabinowitz, 2000). This theory works under the assumption that men may hide, or mask, their depression and that they might cope with it through the use of substances or other related means. If men try to act within the realm of established cultural norms and what is considered appropriate masculine behavior, this would influence how men experienced depression, and how they presented their symptoms to people in their life such as family, friends, and spouses (Cochran and Rabinowitz, 2000). It also suggests men may experience depression differently than women.

Another potential reason men are not diagnosed with depression as frequently as women is that clinicians are also impacted by social gender stereotypes (Pollack, 1998). For example, Potts, Burnam, and Wells (1991) compared physicians' diagnosis of depression in men and women to the Diagnostic Interview Schedule, and found that 65 percent of men's depressions were undetected and undiagnosed by practitioners. The study concluded that there may be a clinician sex bias in depression diagnoses (Potts et al., 1991). Hence, others have given attention to the potential effects of gender socialization on male depression by developing new diagnostic instruments. For example, Magovcevic and Addis (2008) developed a self-report assessment and used it in a recent study which found that men who adhered strongly to masculine norms were more likely to externalize their symptoms.

Although there is a need to understand the gap in the prevalence rates of depression among men and women, as well as to examine sex differences in etiology or symptomatology, efforts to understand male depression in its own right have been limited. Hence, some suggest

that instead of focusing on sex differences, there is a need to examine how depression is experienced, expressed, and responded to among men (Addis, 2008). Qualitative research is one way to begin to achieve this. Findings from the few qualitative studies on male depression will be presented next.

Qualitative Examination of Male Depression

It has been suggested that future studies continue to examine the role of masculinity and gender-based processes in men's experience of depression, such as how they try to cope with the disorder, how this influences the process of seeking treatment, as well as how much or how often they disclose the presence of their depression to others such as their friends, family, and spouses (Addis, 2008). The following qualitative studies have begun to provide a better understanding of male depression.

The first qualitative study to examine the experience of male depression supported the theoretical concept that culture's gender role norms in fact makes depression a different experience for men than for women. Heifner (1997) interviewed 14 men who had been diagnosed with and treated for major depression. Significant themes around the experience of being male were identified. These men felt they lived by the traditional gender role identity, such as the importance of performing exceptionally well and living up to others expectations. Furthermore, all of the men reported a lack of connectedness with others, and that needing or depending on others was a sign of weakness. Specific to depression, these men also experienced feeling out of control, that depression was a "force" beating them down, and that they had a hidden self through which they guarded their problems. Lastly, these men also discussed abusing substances or considering suicide as a means for dealing with or gaining control over their depression, as well as delaying their decision to seek treatment (Heifner, 1997).

One qualitative study conducted in Australia interviewed ten male focus groups and four female focus groups to attempt to gain a better understanding of male depression, leading the researchers to develop a “big build” theory of depression among men (Brownhill et al., 2005). First, males described experiencing the typical symptoms of depression when distressed, including loss of concentration, loss of interest or motivation, suicidal thoughts or attempts, changes in sleep patterns or weight, feeling restless or lethargic, decreased levels of self esteem, and feeling helpless, sad, or moody. A second important finding was men’s descriptions of coping with distress. Men reported that they avoided problems or issues by distracting themselves, attempting to forget about their problems, or not thinking about their problems, such as escaping into work. Men also reported using drugs and alcohol in an attempt to relieve or numb their emotional distress. Furthermore, as men continued to internalize or escape from their distress, they reported a build up of negative emotions until they eventually would act out, either by harming themselves or being aggressive towards others.

Some of these findings were replicated in a study conducted in the United States (Chwick et al., 2009). Men who had been diagnosed and treated with depression were invited to conduct an initial and follow-up semi-structured interview to examine their experience of depression. These men were found to initially use maladaptive coping strategies such as substance use, avoidant behaviors, and focusing excessively on work. Furthermore, these strategies were considered only short term, and were only able to provide limited relief. This study also replicated the findings that depressed men may make attempts to conceal their depressive symptoms from others, and that they feel that depression is not socially accepted for men to experience or express (Chwick et al., 2009).

Another study examined a more specific aspect of the experience of male depression. Males who had either been formally diagnosed or self-reported as being depressed were interviewed on the process of seeking help (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2011). Several important themes emerged that supports the concept of men masking their depression. For example, a theme of manly self-reliance appeared, in which some men felt they should deal with their depression on their own, or had a fear of being judged by others. Men also viewed seeking help as something they needed to do on their own and, more specifically, talked about doing so in an action oriented manner, wanting to take charge of their depression in a self-reliant way. A paradoxical, guarded vulnerability frame also emerged; men discussed not coping well with their depression, yet also recognizing that their masculine ideals were threatened by revealing this vulnerability (Johnson et al., 2001). Men would thus limit who they disclosed their depression to, minimize the severity of what they were experiencing, and approach treatment with caution.

Indeed, there is some evidence that male depression influences men in significant ways. These qualitative studies examining the depressed male individually have provided more insight to the experience of male depression. The current study aims to expand on this previous literature by qualitatively examining male depression in the context of the couple relationship.

Summary

A great deal of the previous literature aimed to explain the gap between the prevalence rates of unipolar depression among women and men. While some researchers have argued that women are more negatively influenced by depression, more recent research highlights that men may experience depression differently than women, and based on gender socialization, present with atypical symptoms. Although research is beginning to acknowledge the importance of

understanding depression among men, there is still a large gap in the literature, pointing to a need to understand male depression more in depth. Furthermore, previous findings have established that depression and marital discord often co-occur and have a bidirectional relationship. However, similar to depression in general, even less is known about how depressed men and their partners experience the presence of depression in their relationship. It is the aim of the current study to therefore contribute to the literature by gaining a better understanding of how both partners experience depression and its association with relationship quality.

Chapter 3: Methods

Design of the Study

The aim of the current study is to better understand male depression in the context of the marital relationship, including how both partners perceive the relationship between depression and relationship quality. Qualitative research is often used to provide a rich picture of less understood experiences, and to “clarify experience as it is lived and constituted in awareness” (Polkinghorne, 2005, p. 138). Hence, a qualitative research design with semi-structured interviews was utilized to provide a more in-depth understanding of the relationship between male depression and marital relationships. Only a handful of studies have examined depression in the context of the marital relationship from a qualitative perspective, and of these, only one male depressed partner was interviewed (Harris, Pistrane, & Barker, 2006). This gap in the literature points to the need to obtain a more rich and detailed account of spouses’ experiences of male depression and its relationship with relationship functioning.

From the lens of stress generation theory (Hammen, 1991), the interviews explored how each partner’s behaviors, thoughts, and feelings may contribute to the maintenance of co-occurring depression and marital discord, as well as whether strengths in the relationship may have aided the depressed partner. This study interviewed couples together for a majority of the interview, with a brief follow-up individual interview with each partner. By interviewing the couples together, each partner was provided with the opportunity to clarify or expand upon each other’s experiences, or help reduce each other’s “blind spots” by providing information that the other partner might not be aware of (Taylor & de Vocht, 2011). It is thought that holding conjoint interviews would provide a more in-depth understanding of the couples shared experience of the presence of depression in their marriage. One qualitative study examining the

support process in couples with a depressed partner felt both partners expressed their views openly in dyadic interviews and that couples valued the opportunity to discuss their experiences together (Harris et al., 2006).

Although holding interviews together has its benefits, there is also a potential for each partner to withhold information due to the presence of the other partner (Taylor & de Vocht, 2011). This is considered to be particularly problematic for studies examining sensitive topics (Eisikovits & Koren, 2012). It could be that men therefore hold back on what they share with their partner present since some men wish to minimize their experience of depression (Johnson et al., 2011), or women could withhold information in an attempt to refrain from hurting their partner. Given the risk of having either partner withhold information, a brief individual interview was held following the conjoint interviews to provide both partners the opportunity to share information they felt uncomfortable sharing in the presence of their spouse. This was the first study to examine male depression and marital functioning from the perspective of both spouses using qualitative methodology.

Study Participants

Participants were required to meet specific inclusion criteria in order to be eligible to participate in the study. First, the depressed male partner must self-identify as having experienced a unipolar depressive disorder at one point in their lives, including a period of depression over the past year. During the initial screening, the researcher provided the definition of a period of depression (a period of time where one feels depressed for most of the day, nearly every day, for two weeks) and confirmed with potential participants that they recalled experiencing a period of depression at some point during the prior year. Men currently experiencing or in remission of depression were allowed to participate in order to increase the

sample size. Since depression may impair one's memory (Burt, Zembler, & Niederehe, 1995), both partners were interviewed conjointly and individually to increase accuracy of the data (Busby & Gardner, 2008).

Men with severe depression were excluded. The Beck Depression Inventory – II (BDI-II) was administered over the phone during the screening process prior to collecting data to ensure the male participants were not experiencing severe symptoms of depression that might make participating in the study difficult or harmful (See Appendix A). Male participants were required to report a score below 30 points on the BDI-II to qualify to enroll (Beck, Steer, & Brown, 1996). Men who were hospitalized for depression or attempted suicide in the past year were also excluded from the study. The mean BDI-II score for male participants was 20.8 with a standard deviation of 5.76. Finally, participants were required to be involved in a committed, romantic relationship, which for the purpose of this study was defined as being married, or cohabitating together for at least one year.

Five heterosexual couples were recruited for participation in the Washington, DC metropolitan and Roanoke, Virginia areas by hanging flyers in psychological and primary health care facilities, as well as mental health facilities including the Center for Family Services at Virginia Tech. Participants were also recruited through word of mouth strategies, including internet advertising and e-mails to mental health related listservs.

Table 1

Participant Demographics

Participant	Age	Race	Occupation	BDI-II Score	Received Treatment for Depression	Received Couple Therapy
Male 1	27	Caucasian American- Indian	Information Technology Specialist	26	No	Yes
Female 1	26	Caucasian	Student	N/A	N/A	
Male 2	33	Caucasian	Musician	12	Yes	No
Female 2	28	Caucasian	General Manager	N/A	N/A	
Male 3	27	Caucasian	Computer Programmer	20	Yes	Initial Visit Only
Female 3	27	Caucasian	Teacher/ Caretaker	N/A	Yes	
Male 4	30	African American	Transit Analyst	26	Yes	Yes
Female 4	30	Caucasian	Caretaker	N/A	Yes	
Male 5	39	Caucasian	Real Estate Appraiser	20	Yes	Yes
Female 5	38	Caucasian	Human Resources Consultant	N/A	No	

Procedures

Couples interested in participating were provided with the researcher's contact information, with the option of contacting the researcher by phone or by e-mail. The researcher screened both partners of the couple to see if they met the inclusion criteria (See Screening Form

in Appendix B). At this time, potential participants were also informed of the purpose of the study and provided an overview of the procedures, risks, and benefits of the study. Next, the researcher scheduled a time and date to interview both partners at a mutual location, such as the Center for Family Services, or the couple's home. On the day of the interview, the researcher reviewed the informed consent (See Appendix C) with both partners, discussing the purpose, procedures, potential risks, and issues of confidentiality. Next, both partners were asked to individually complete a survey of demographic information including age, ethnicity, occupation, and history of prior mental health treatment. The researcher then audio recorded a semi-structured interview with both partners. Next, the researcher audio recorded a brief semi-structured interview with each partner individually. The last portion of the interview consisted of meeting with the couple together for a debriefing period and to provide referrals if need be. The data collection process took approximately an hour and a half for most participating couples.

Instruments

Beck Depression Inventory – II

The Beck Depression Inventory – II (BDI-II; Beck et al., 1996) is a well-known self-report measure of depressive symptoms used among both psychiatrically diagnosed patients and normal populations to examine the cognitive, affective, and somatic dimensions of depression (Sprinkle et al., 2002). The BDI-II has both a high internal consistency and test-retest reliability, with an internal consistency ranging from .91 (Beck et al., 1996) to .93 (Dozois, Dobson, & Ahnberg, 1998), and a test-retest reliability ranging from .74 (Leigh & Anthony-Tolbert, 2001) to .96 (Sprinkle et al., 2002). The BDI-II was administered to the male participants during the screening process to assess their current level of depressive symptoms and to ensure that they were not experiencing severe depressive symptoms at the time of screening. Each of the 21

items of the BDI-II is rated on a four-point scale (0-3) making the range of potential scores 0-63. A score of 0-13 indicates minimal depressive symptoms, 14-19 indicates mild depressive symptoms, 20-28 indicates moderate depressive symptoms, 29-63 indicates severe depressive symptoms.

Demographics Questionnaire

Participants completed a demographics questionnaire developed specifically for this study (see Appendix D). Among standard demographic questions including race, age, gender, and occupation, this form asked for the length couples' current relationship, mental health history including mental health diagnoses and hospitalizations, and history of prior individual or couple treatment.

Interview Questions

Following the completion of the demographics questionnaire, participants were interviewed using a semi-structured interview which included the questions and probes listed in Appendix E. The questions and probes were used in a semi-structured method in order to redirect participants or clarify their experiences when necessary. More specifically, follow-up questions including those indicated by "a, b, or c," and so forth were asked if the participants did not already address the information when asked the initial question, or if an expanded response was needed.

Analyses

Each interview was analyzed through deductive content analysis, a method suggested for use when the researcher wishes to compare the applicability of a supported theory to a different situation (Elo & Kygas, 2008), such as stress generation theory (Hammen, 1991) to couples with a depressed male. Since the researcher was interested in the shared experience of each couple,

the dyadic analysis was completed. Each audio-recorded interview was transcribed verbatim by a transcriptionist. The transcriptionist signed a confidentiality agreement (see Appendix F) to ensure participants personal and identifying information not be disclosed to anyone other than the researcher. Notes on initial observations of the data were made upon reviewing each audio recording and transcript. Using a pattern-matching technique (Yin, 2009), the experiences of the couples participating were compared to the pattern proposed by Hammen's (1991) stress generation theory. The behaviors and perceptions related to depression and relationship distress for each partner in a given relationship were then coded for interactional patterns to identify ways these factors may contribute to one another in a cyclical way. For example, moments in which an aspect of depression seemed to lead to further relationship distress, or aspects of relationship distress that further contributed to depressive symptoms were identified. Moments when responses of the partners deviated from stress generation theory were also noted. To increase the reliability of the data analyses, the thesis committee chair was an equal partner in the coding process (Creswell, 2007). The researcher and thesis committee chair agreed upon initial coding categories as well as ways the patterns seen among the study's data matched or deviated from the stress generation theory proposed by Hammen (1991).

Chapter 4: Results

The current study aimed to gain a better understanding of male depression in the context of the couple's relationship, and to examine how each partner perceived the relation between depression and relationship quality. Five couples completed interviews about their experiences of how the presence of male depression influenced their relationships. These interviews were analyzed from a dyadic perspective through deductive content analysis to compare the applicability of stress generation theory among couples with a depressed male. The researchers coded for behaviors, perceptions, and interactions among depressive symptoms and relationship functioning.

This chapter will first describe findings that confirmed stress generation theory among couples with a depressed male. Aspects of stress generation theory that were confirmed include the important behaviors and characteristics of each partner, as well as behaviors and perceptions of each couple that contributed to depression leading to additional relationship distress. Furthermore, additional stressors outside of the marriage were found to contribute to the experience of male depression, and a sense of commitment to the marriage acted as a buffer against co-occurring relationship problems and male depression. The last aspect of stress generation theory, how relationship stress led to depression worsening, appeared to have a weaker link among couples with a depressed male. Presented last will be two positive outcome themes that did not align with stress generation theory, including feelings of closeness and deeper understanding in the relationship, as well as the female partner aiding in seeking treatment.

Getting to Know the Participants

Before reporting the results, a description of each participating couple will be presented to provide the reader with a general understanding of each relationship. Six couples were screened to participate in the study. One of the potential male participants reported his most recent depressive episode occurring two years ago, which did not meet the study's inclusion criteria of experiencing a depressive episode within the past year. Thus, only five of the couples were eligible to participate. All five eligible couples provided demographic information and were interviewed about their experiences of depression in their relationships. A brief description of the couple's relationship and the mental health history of each partner are presented below.

Couple 1

Couple 1 consisted of a male and female in their late twenties whom had been in an intimate relationship for five years, married for two and a half years. The wife reported no history of depression or diagnosis of a mental health disorder. The husband self-reported as experiencing depression for the past 12 to 13 years, but was never professionally diagnosed with a disorder, nor has he taken any medications for mental health reasons. His BDI-II score upon screening the couple for eligibility was 26, indicating that he was still experiencing depressive symptoms at the time of the study. Couple 1 reported they were enrolled in couple therapy and had been in treatment for the prior year.

Couple 2

Couple 2 consisted of a female in her late twenties and a male in his early thirties whom had been together for almost six years, married for three years. The wife reported no history of a mental health disorder. The husband reported he was diagnosed with depression by a professional; He reported believing he had suffered from depression since puberty, he sought

treatment about three years ago from a psychiatrist, and was taking medications for his depressive disorder at the time of the study. The husband scored a 12 on the BDI-II at screening, indicating he was experiencing some mild depressive symptoms. Couple 2 reported they had not enrolled in any form of couple therapy.

Couple 3

Couple 3 consisted of a male and female in their late twenties whom had been together for almost five years. They were engaged to be married and had been living together for several years. The female partner reported she had experienced depression in her lifetime and was taking medication for depression. The male partner had been professionally diagnosed with bipolar disorder in 2005, and self-reported as experiencing depression. He did not recall experiencing any manic episodes over the past several years, felt he only suffered from depression, and was taking medication for his depressive disorder at the time of the study; his wife agreed with this report. His BDI-II score upon screening the couple for eligibility was 20, indicating he was still experiencing depressive symptoms at the screening assessment. Couple 3 attended one couple therapy session about two years ago, but chose to discontinue treatment.

Couple 4

Couple 4 consisted of a male and female in their early thirties whom had been together for four years, married for one and a half years. The wife reported being diagnosed with depression nine years ago, and was hospitalized for depression and suicidal attempts off and on between the years 2004 and 2009. She reported taking medication for mental health reasons during that time. She received sporadic individual therapy from 2004 to 2012. The husband also reported being professionally diagnosed with depression nine years ago, was taking medication for his depression, and was enrolled in monthly individual therapy. Couple 4 reported they had

been enrolled in couple therapy for the prior five months. The male partner scored a 26 on his BDI-II when screening the couple for eligibility, indicating he was still experiencing depressive symptoms at the time of the study.

Couple 5

Couple 5 consisted of a male and female in their late thirties whom had been together for 17 years, married for ten years. The wife reported no history of a mental health disorder. The husband reported he had struggled with depression for the past 14 to 15 years, and had been diagnosed with anxiety, depression, and bipolar-II disorder. He reported being on medication for depression and anxiety. Furthermore, he received inpatient treatment in a mental health facility for two and a half months in 2010. The male reported he had not experienced a manic episode for multiple years and had mainly been suffering from anxiety and depression. His BDI-II score upon screening the couple for eligibility was 20, indicating he was still experiencing depressive symptoms. He reported he was enrolled in individual therapy at the time of the study, and the couple had received couple therapy for the prior five months.

Aspects of Stress Generation Theory

The partners' experiences were partially in keeping with the stress generation theory. Specifically, couples identified personal characteristics and behaviors among the depressed and nondepressed partner that were related to relationship distress. Couples also identified ways in which the presence of depression led to relationship problems. It was suggested that life transitions were an additional contributing factor to depression and additional stress in the relationship. Last, some couples felt that their committed relationship acted as a safety net against the impact of male depression.

The last aspect of stress generation theory presented is the association of relationship distress leading to depression worsening. Couples reported that relationship distress exacerbated depressive symptoms, but due to lack of descriptive data, the applicability of this aspect of stress generation theory is inconclusive.

Individual Characteristics and Behaviors

One important component of stress generation theory is the characteristics or behaviors that an individual actively engages in that then further contributes to the presence of depression or additional stress in the partners' lives. Several themes emerged suggesting the applicability of this aspect of stress generation theory, including that the male partners became more irritable, as well as avoided and withdrew from their partners. Among the female partners, the importance of patience and understanding emerged as an important aspect of their relationships to buffer the effects of depression.

Irritability. All five couples reported an increase in the male's irritability during times he was experiencing depression. All couples discussed how an increase in this behavior contributed to additional stress for the other partner and influenced relationship functioning.

Female: His depression comes off a lot of times as irritability, so you know, it comes across as angry to me. It's very hard to be sympathetic with someone who's angry and irritable and not pleasant to be around. Definitely if we're not in a good spot at the time it can spiral.

Two of the couples mentioned feeling as though minor things could trigger the male partner's irritability. Several couples also reported that the male's irritability frustrated the female partner, led to an increase in arguments, and created tension in the relationship.

Female: ... He gets very irritated about things very quickly. It just doesn't make sense. It's like simple little things. It's like his brain just doesn't want to get over that little hurdle.

Female: I think I can kind of tell when he's getting into his moods because.... There's more tension, so I become more, I don't know, I'd probably become crankier too just because I don't know how to... it's not the easiest thing to deal with all the time.

Hence, male irritability was found to be present among all participants. Couples identified ways that an increase in the male partner's irritable behavior influenced the female partner, or their relationship functioning in a negative way.

Withdrawal and avoidance. Four of the five couples reported that the male partner withdrew from their partner, or avoided discussing their depression with their partner. The male partner sometimes kept to himself or was quieter in times when he was depressed. Two of the males shared doing so because they wanted to spare their partner the exposure of their depression and, instead tried to deal with it on their own. See the quotes below from partners of two different couples.

Male: I retreat, that's kind of what we discovered in couples therapy. I retreat within myself, and I feel like if I do that, it would spare her the exposure. I'm having a bad day. I don't want to ruin her day, so I'll just go away.

Female: Oh, he's way more reserved [when he's depressed]. When I ask him how his day is, he doesn't share as much. Yeah, he'll keep to himself more.... He just kind of wants to be left to himself which is hard for me because I want to be there and help him during those times.

Data suggested men's withdrawal from their female partners influenced the couples' relationships in negative ways. For example, two of the couples reported noticing a pursue-withdrawal negative interaction pattern more often in moments when the male partner was depressed. Two female partners also reported feeling isolated, or experiencing difficulty because they wanted to help in moments when their partner withdrew. Indeed, a majority of the couples were able to identify behaviors that were more common when the male was experiencing depression, including irritability and withdrawal or avoidance. Furthermore, these couples described ways in which it contributed to additional stress in the relationship.

Patience and understanding. An important characteristic that was discussed among four of the five participating couples was the importance of patience and understanding among the nondepressed partners. Couples reported that in moments when the female partner was patient, compassionate, or understanding, the male experienced his depression as more tolerable. See the representative quotes below from partners of two different couples.

Female: Yeah, [the depression] is harder to deal with.... If I'm not being so understanding, it can make it take longer for him to get over something small or just in general, that I don't want to call it an episode, but I don't know what other word to use. But that period of depression, it makes it longer if I'm not being very cooperative or understanding or whatever.

Male: I felt she wasn't very understanding, although at the time I wasn't looking for any understanding. I didn't know. I wasn't looking for sympathy or anything like that, but I'd found since that since she's made a concerted effort to be understanding that it's helped a lot.

One male even reported feeling as though his wife's compassion was able to snap him out of his depressive episode. Although most couples discussed how this characteristic had a positive influence on the relationship, one female participant discussed having difficulty maintaining this position over time.

Female: For me, it's frustrating. In the early days I was very sympathetic and upset with him because I understood the reasons it had sparked or whatever. But as years went on, and you know, we're still struggling with the same things, it just gets to a point where it's just frustrating and overwhelming.

Empathy and compassion from a spouse appeared to be comforting for depressed men, which made the disorder easier to cope with. Among some couples, female partners needed time to develop this characteristic, and for others, doing so became burdensome.

Hence, several individual characteristics and behaviors were suggested to be important factors that influenced the level of stress in the couples' relationships. An increase in irritability and withdrawal among depressed males led to an increase in stress in the couples' relationships, whereas the presence of patience and understanding among the nondepressed partners appeared to be a protective factor in the stress generation cycle. This aided the male partner in moments he was depressed and decreased the level of stress for both partners. Presented next are overarching dyadic themes that developed among the couples when they discussed how the presence of depression led to an increase in relationship distress.

Presence of Depression leading to Relationship Stressors

All of the participating couples discussed ways in which they felt the presence of depression led to various stressors in their relationship. Couples reported that the presence of depression affected how they handled conflict and interacted with one another. They also

discussed the presence of depression leading to a lack of sexual intimacy, as well as women not feeling connected to their partners during their depressive episodes. Lastly, these couples discussed a shift in responsibility in the relationship when depression was present, where the female partner took on a caretaker role while the depressed male tended to feel unmotivated, indecisive, and struggling with daily tasks.

Conflict. Two themes related to conflict emerged when couples discussed how depression influenced the way they communicated with one another. All five couples experienced an increase in conflict and negative interactions when the male partner was depressed. On the other hand, all female participants described avoiding conflict with their partner when he was depressed.

Increase in conflict. All five couples identified an increase in conflict or negative interactions when depression was present in the relationship. Some couples were able to provide specific examples of how they handled conflict differently in these moments. Three couples discussed how both partners could become irritable and frustrated in moments when the male was depressed, which could lead to arguments. Two of these couples also reported having a more difficult time working through conflict during those moments.

Female: I'd say [the depression] has impacted us in a negative way because of the fact that he's more irritable during those times, like he's less patient... During our cycle and everything, often times, he's the withdrawer and he'll get defensive and put a wall up. And when he's exhibiting depressive symptoms, often times that's more common.... And because of his defensiveness and his self-guilt that he's already feeling, it kind of makes it impossible for us to work through conflict during that time.... It's just now starting to really be good where we're not

fighting as often. It was hard for a long time and I do blame his depression on a lot of that.

In the above example, the female partner reported her partner's depressive symptoms of irritability and guilt as influencing the way they handled conflict, and exacerbating their relationship stress.

Female: I think we're just quick to snap at each other because we're both irritated but we don't know how to fix it sometimes. It just takes a little longer to deal with things. We do end up talking things through and figuring them out, but it just takes longer than a normal 'just getting annoyed with each other' kind of thing. I think it affects us that way.

Female: Yeah, we've been talking about that a lot in our therapy, about the cycles, and how he's already depressed and brings up the irritability and the anger which makes me, you know, angry and it just completely spirals out of control.

Hence, the study's participants described how the presence of depression affected the way they communicated. The presence of depression often led to an increase in conflict or caused conflict to spiral out of control more quickly.

Avoidance of conflict. Another theme that emerged is the avoidance of conflict among female partners. Four of the five female participants discussed attempting to control their reactions or avoiding certain topics so that they would not start an argument or worsen their partner's depression.

Female: But I feel like I'm more on eggshells when he's depressed because when we fight, it adds to his depression. And when we fight, sometimes, suicidal ideations and anything can come out during that time. And so it really has made

it so when he is like that, I try to be very, very careful not to get into an argument or fight and I try extra hard to cheer him up or make him happy.

Female: So if I know that he's on edge, I'll just leave it alone and I'll just try to be like okay, I'm sorry, you know? ... [If] I feel like we have time to hash it out for a couple hours then I'll go ahead and start talking to him about it. But usually it doesn't end well whenever I do, so usually I just try not to talk to him about a lot of things if I feel like I'm going to make him upset by mentioning it.

The fifth couple, on the other hand, reported that both partners avoided one another to prevent an argument if tensions were high.

Female: Yeah, because if he's irritable or angry, you know, it just sparks fights or you know, we avoid each other if one of us senses that the other one might go off. We'll just avoid each other all together, and we both work from home so that's hard to do.

All five couples avoided conflict in their relationship when depression was present. A majority of the female partners reported that they felt the need to withhold from addressing issues with their partners for fear of worsening their partners' depression or having an argument spiral out of control.

Lack of connection. Three of the five couples discussed experiencing a lack of connection when the male was depressed. The presence of depression tended to take away from the female partner's emotional needs being met, or led the female partner to feel disconnected from her partner.

Female: I want to come home and talk about my day, or I want to have his attention, you know? And it's just not there. It's all about him. I guess I feel like

I'm being selfish but I do need him to pay attention to me, you know? Be my husband and kind of take care of me sometimes. Make me feel loved and desired.

Female: When he is down like that, it's just really hard to feel connected.... I feel like I put a lot more effort, and like I'm the one that's having to sacrifice a lot more of my needs in order to fulfill that part of him. I'm hopeful that it's not going to last forever and it'll balance out more, so I feel that there's more give-and-take. It's been a lot of work on my end and a lot of give.... And I blame the depression on that.

Indeed, some of the participating couples felt that there was a lack of connection with their partner when he was depressed. Female partners reported feeling that the presence of depression created distance in their relationships partly due to their own emotional needs not being met.

Lack of intimacy. Similar to a lack of connection, four of the five couples reported that there was a lack of sexual intimacy in their relationship in moments when the male was experiencing depression. This lack of intimacy seemed to lead to an increase in marital stress, such as making the female partner feel undesired or rejected.

Female: Intimately. It's been really difficult. And I think it's affected me more than it has him, because like I've mentioned, he'll turn me down from time to time. Then I'm like is it because I look funny or you're not satisfied with me as I am? I can't help but think that it's maybe something I did or said, or if I would've like looked sexier, maybe I could've snapped him out of it.

One couple discussed how the male's negative thinking also influenced their physical intimacy, and caused him to look at his partner in a more negative light.

Female: Yeah, and I think the biggest [influence on the relationship] is when he's depressed, the sexual part of marriage, intimate part of marriage kind of disappears.

Male: I would agree. What happens is I look at negative stuff.... I'd see all the negatives about her, and I would totally be pushed away by her and turned off by her.

Interestingly, the fifth couple did not report a lack of physical intimacy in moments when the male was experiencing depressive symptoms. The male partner instead shared feeling the desire to be closer to his partner in moments when he felt depressed.

Male: Well actually I think it affects [the level of intimacy] because when I'm depressed I really actually want to be closer to her. I'd rather just lay in bed with her. I like to cuddle. I'd rather hug her all day and do nothing.

Overall, the findings indicate that the presence of depression influenced the level of sexual intimacy the couple experienced with one another, leading to dissatisfaction or feelings of disconnect with their partner. Therefore, it appears that a decrease in intimacy can lead to further stress in couples' marriages.

Shift in responsibility. Four of the five couples discussed an unequal balance of responsibility in their relationship in moments when the male was depressed. Often the female partner took on a caretaker role and felt more responsibility for daily tasks. On the other hand, males reported feeling less motivated, indecisive, or unable to accomplish goals during depressive episodes. Furthermore, this shift in responsibility seemed to add additional stress to the couples' relationships.

Female: I have to kind of push my feelings aside if I notice that he's struggling or I'm constantly like running things through my head, like did I do something? Did I not do something? Should I do something more? How can I make him happy? It's added a lot more feeling of responsibility and feeling like maybe some of this is my fault, so there's like some guilt attached to it.

In addition to feeling responsible for making their partner feel better, nondepressed partners reported an increase in stress when this shift in responsibility occurred. For example, the female partners reported feeling resentful, as though their needs were not being met, becoming overwhelmed, or experiencing a lower level of marital satisfaction during those times.

Female: I know sometimes I have a little bit more responsibility as far as like I was saying, going to work and making sure all the bills get paid. And I think sometimes that can make me a little like... I don't want to use the word resentful, but it can be frustrating because to him, he doesn't always understand the responsibility.

The fifth female participant also reported wanting to care for her husband in moments when he was depressed, but did not report an increase in stress during those times. For a majority, however, this shift in responsibility seemed to lead to an increase in unmet emotional needs, an increase in daily stressors, and an increase in relationship stress for these couples. Female partners tended to take on more tasks, such as managing finances or emotionally caring for their partners. Meanwhile, the depressed men were less able to assist with daily household tasks or provide emotional support for female partners during those times. Indeed, couples were able to identify multiple ways in which the presence of depression negatively influenced their relationship or led to an increase in dissatisfaction. These common themes highlighted how

depression led to an increase in stress in the relationship, thereby suggesting the applicability of this aspect of stress generation theory among couples with a depressed male.

Additional Stressors Contributing to Depression

Another theme that emerged that supported the stress generation theory among couples with a depressed male was the influence of additional life stressors. Three of the five couples discussed life transitions or stressors not related to the marriage as additional factors that contributed to the male partners' depression.

Female: Probably a year and a half ago, [his depression] started really surfacing. Probably when we moved here when he finished with his college degree.... And I think after that, that transition of what do you do now? What's next?.... We moved across the country. He was finished with school. He got a job as opposed to being a student, and then like the first year of marriage is always hard anyways. So I think all of that combined kind of turned a spiral into it. So that's when I started noticing it.

Female: But I think his depression definitely . . . the move, his depression affects any transition we go through, you know? Because it's a transition.

Male: It's exacerbated.

Female: His depression gets worse. So moving, or if I get pregnant... it's going to be a big deal.

Similar to relationship distress, other life transitions and stressors seemed to influence the male partner's depression. The above quotes suggest that life transitions created additional stress as well as increased the male partner's depressive symptoms, therefore indicating the presence of stress generation theory among these couples.

Marriage as a Buffer to Depressive Symptoms

Three of the five couples discussed marriage acting as a safety net, or giving either partner a sense of security, even in moments when depression was present in the relationship.

Male: It gives me more admiration for her and what she's willing to deal with or the capacity to put up with things like that. It's like oh, I can have those weak moments and she's not just going to leave me.

Female: My feelings towards the marriage? How it affects the depression? I want to know your opinion... Because my feelings for the marriage is we're committed and we're going to work this through, and this is a very permanent thing as opposed to fleeting. Therefore, if I was in your shoes, I would feel more secure.

Male: Yeah, knowing the dedication behind it, definitely.

Although three couples mentioned their marriage providing a sense of security, one couple did not discuss marriage being a protective factor or providing security for either partner when the male was feeling depressed. Lastly, both partners in the fifth couple had differing perceptions of their marriage. The wife mentioned feeling that neither partner would walk away from the marriage; however, the male partner's negative cognitions during low moments in their relationship could cause him to question the marriage.

Female: Sometimes I feel like our marriage is falling apart, but then I know that neither of us feel like we're going to just walk away from our marriage. So I just feel like sometimes it's a little rough.

Male: To me, sometimes I feel like I made a mistake.... I mean sometimes when we have issues like that, did I marry the right person? Is this who I should be

with? Should I have waited? I mean I feel bad for saying that, but that's the way I feel sometimes.

Hence, it appeared that believing one is in a committed, secure relationship increased resiliency in dealing with co-occurring depression and relationship distress for these couples. This sense of commitment to the marriage kept men from spiraling further into their depression at times. Thus, a strong relationship may act as a protective factor in the cyclical pattern of depression and relationship stress.

Marital Relationship Stressors Leading to Depression Worsening

While couples in the present study mentioned that relationship stress led to depression worsening at times, it was not discussed in much depth. Therefore, the applicability of this aspect of stress generation theory was inconclusive. Data on this aspect of the theory will be discussed next.

All five couples generally reported feeling that in moments when they were experiencing relationship stress, they perceived that stress as worsening the male partner's depressive symptoms. Two of the couples reported that in moments when they noticed the female partner had an increased level of stress, that this worsened the male partner's depression. More specifically, these couples mentioned stressors that tended to stem from the initial presence of depression, such as a shift in responsibility.

Male: It could make it worse in some cases. If I blame myself for something I've done wrong, that could make it worse in some cases if I let it. If I sit there and start thinking about all of the mistakes I make, because what happens is one thing leads to another for me.

Female: I mean I feel like when I . . . when he's depressed, the way I feel to him, I think it makes his depression worse. Because my resentment makes me kind of mean towards him, you know?

Male: It actually reinforces what I was feeling.

One couple described how relationship conflict was the biggest contributor to the male partner's depression; even if he was not feeling down prior, arguments could initiate his depression. This couple kept track of the male's level of depression using a scale of one to ten, and they shared a memory of when their relationship stress led to an increase in the male partner's level of depression in the same day.

Female: And one time, he had tracked [his depression] already. We had had kind of an argument, so he had put it at three to four. Then we came home and we argued more and he got out of bed and he went and wrote on it and I looked the next morning and it was at a one. And so, I mean that's saying... when it's a one, that's real bad. Real bad. And then we worked it through so it went back up. And so I told him that I feel it's very situational when it comes to him and I, his depression.... There is a direct correlation between our interactions and his mood.

Another couple shared a different experience of how relationship distress influenced the male's depression. The male reported that relationship distress could cause his depression to worsen, but only in moments when he was already in a depressive state.

Male: If something were to happen right now, I wouldn't like all of a sudden just go into a big, depressive state because we'd get into a fight or there's something going on with her because I don't feel very depressed right this second. If I was already moping around . . .

Interviewer: Then it'll exacerbate it.

Male: Yes, absolutely.

This couple reported seeing an increase in the male's irritability, or feelings of worthlessness or hopelessness in moments when relationship distress influenced the male's depression.

Hence, although all five couples reported that stress within the relationship led to their depression worsening, many couples did not discuss this as in depth as they discussed the presence of depression leading to additional relationship stress. This applicability of this aspect of stress generation theory is less clear and less understood and thus findings are inconclusive.

Positive Outcomes

Although all couples discussed how depression and relationship stress could influence one another in a negative way, all couples also discussed positive elements of the presence of depression among their relationship. These positive outcomes were not aligned with stress generation theory. They reported feeling a sense of closeness and deeper understanding of their partner or their relationship because of their collective struggles. Additionally, three of the five men reported appreciating that the female partner helped them seek treatment for their depression.

Closeness and Understanding

All five couples reported feeling a sense of closeness to, or deeper understanding of their partner. By withstanding the negative impact of depression, these couples reported feeling an overarching positive aspect in their relationship, such as feeling they had grown to have a deeper understanding of their partner. The quotes below are from two different couple participants.

Female: But I think [depression] also made us closer... I think in the beginning of our relationship it was a lot harder to deal with and I could've just left really easily... but it was worth it more to just work on it.... I think it's just made us closer and more like best friends.... I think for our relationship, it's helped and made it harder.

Male: I think it helps you get to a deeper level of understanding with someone.... You know, when you're depressed and you've eventually got to come out and tell them why you're depressed, you know, an honest story, I think that helps.... You can really see who they are.... I think you just get to a different level of understanding and trust, and really I think it does help your relationship.

Indeed, although all of the couples discussed how the presence of relationship distress and depression negatively influenced their relationship, they were able to overcome these difficult moments. Furthermore, the ability to get through tougher times appeared to give them a sense of unity, closeness, and understanding of one another.

Seeking Treatment

A final positive theme that arose throughout the interviews was the female partners helping their male partners seek treatment for depression. Often the female partners would encourage the men to get help or would locate treatment options.

Male: You know, her encouragement to seek help and professional help I think helps a lot as well.

Male: Well, she's a little more proactive than I am. I can sit around and say I'm going to do something. She can put the fire underneath [me] a little bit. She's the

one that researched mental counseling. She's the one that challenges me to really go after it.

In addition, of those that have sought therapy, particularly couple therapy, these couples tended to have a better understanding of how depression influenced their relationship with one another.

Summary

The couples' experiences were partially aligned with stress generation theory. Couples identified personal behaviors and characteristics that influenced the cyclical relationship between depression and relationship satisfaction, including irritability, withdrawal and avoidance, and the importance of patience and understanding. Several themes emerged as couples discussed ways in which depression led to relationship stress. These couples experienced an increase in conflict, avoidance of conflict, a shift in responsibility, as well as a lack of connection and intimacy. Couples also identified additional stressors that worsened the effect of depression on the couples' relationships. In addition, couples reported that being in a committed relationship provided them with a sense of security or a buffer from the effects of depression, thereby off-setting the negative cyclical pattern of relationship stress and depression. Lastly, although couples reported that relationship stress led to depression worsening, they did not provide in-depth descriptions of this association. Thus, there is not enough data to conclude if the relation among relationship stress leading to further depression is present among couples with a depressed male. Although relationship problems and depression led to many difficulties for these couples, couples also highlighted the positive aspects of enduring such struggles together which are not associated with stress generation theory. These couples reported feeling closer to and having a deeper

understanding of one another. Many couples also reported that the female partner aided in the depressed male receiving treatment for his depression.

Chapter 5: Discussion

The current study aimed to gain a deeper understanding of male depression in the context of the couple's relationship. Stress generation theory (Hammen, 1991) has been useful in understanding depressed women's experiences of depression and relationship functioning, though limited research has examined depressed men. Therefore, stress generation theory guided the current study in examining how depression and relationship quality influenced one another. Various aspects of each partner's thoughts and behaviors and the couple's functioning suggested applicability of stress generation theory among couples with a depressed male, although the association of relationship stress leading to depression worsening was inconclusive. Additional important and positive aspects of these couples' relationships that were not associated with stress generation theory were also revealed.

This chapter will summarize and discuss findings from the current study, and how these findings relate to and contribute to prior literature. Furthermore, limitations and clinical implications of the study will be presented, as well as suggested areas of future research.

Discussion of Findings

Applicability of Stress Generation Theory

Stress generation theory (Hammen, 1991) was found to be partially applicable to couples with a depressed male. Behaviors and perceptions of these couples were found to influence both the male's depression and relationship functioning. The presence of depression was found to increase marital stress. Depressed men reported other life transitions and stressors as being additional sources of stress that led to an increase in depression, or served as a catalyst for a depressive episode to occur. Lastly, a sense of being in a committed relationship acted as a buffer to depressive symptoms. The theory was only found to be partially confirming among

couples with a depressed male due to the limited responses couples provided when asked to discuss how relationship stressors may lead to depression worsening. The applicability of this portion of the theory can thus neither be confirmed nor disconfirmed.

Individual characteristics and behaviors. Two main behaviors, irritability and avoidance, among the depressed males contributed to the presence of relationship stress. This finding was similar to results from a recent study that found behavioral aspects of depressed men moderated stress-generation effects in marital relationships, including infrequent displays of positive affect, as well as anger or contempt when problem solving (Trombello et al., 2011).

Irritability. Depressed men tended to be irritable when they were depressed. This finding supported prior theoretical manuscripts (Kilmartin, 2005) and empirical research (Brownhill et al., 2005) that also indicated irritability is a common symptom of depression among men. Furthermore, Brownhill and colleagues (2005) reported depressed men may act out in aggressive ways towards others. Specific to stress-generation theory, a recent study found anger to be a moderator of the stress-generation effects in marriages (Trombello et al., 2011). The current study allowed for a dyadic perspective and findings highlighted how irritability and aggressive behavior can affect both partners and their relationship, such as how the depressed male's irritability initiated problems within the relationship.

Withdrawal and avoidance. Depressed males from the current study also replicated previous findings that men may withdraw within themselves in moments when they are depressed (Brownhill et al., 2005; Chuick et al., 2009). Males from the current study withdrew and became quieter out of a desire to spare their partner from depression, or because they preferred keeping to themselves during those times. These findings are similar to a prior qualitative study that found depressed men felt they should deal with depression on their own

and also feared being judged by others (Johnson et al., 2011). The current study extended the previous findings by indicating how withdrawal influences the other partner; specifically, nondepressed partners often felt their partner was not emotionally available, or they felt isolated.

Patience and understanding. An important female characteristic that was found to influence the couple's experience of male depression and relationship functioning was patience and understanding. Couples reported that in moments when female partners were able to be more patient and understanding, males were able to better tolerate their depression. Furthermore, men reported that their partners' patience and understanding made them love and appreciate their partners more. The importance of empathy and its influence on relationship satisfaction has been replicated in earlier research, especially among men (Busby & Gardner, 2008). For some couples in the present study, it seemed as though the presence of depression over time had a 'wear and tear' effect on females' abilities to remain patient and understanding. Several females reported that being patient and understanding was emotionally taxing and burdensome over time and could lead them to feel overwhelmed or resentful, thus, contributing to additional stress in the marriage.

Presence of depression leading to relationship stressors. The presence of depression was found to contribute to an increase in additional stress and a decrease in marital satisfaction among couples with a depressed male. Although a reciprocal relationship between depression and relationship distress existed (Davila, Karney, Hall, & Bradbury, 2003; Kouros et al., 2008), an earlier study suggested the causal path is more likely to be from depression to marital dissatisfaction among couples with a depressed husband (Fincham et al., 1997), indicating the relations of depression leading to relationship distress may be particularly important among men.

The current study identified specific ways in which male depression may contribute to relationship distress.

Increase in conflict. Couples reported an increase in conflict in moments when the male partner was depressed. This was an expected finding given depressive symptoms have been found to be associated with marital discord in previous research (O’Leary et al., 1994; Whisman, 2001). During these moments, couples in the current study reported noticing an increase in irritability in both partners, increase in tension, and increase in pursue-withdrawal patterns.

Avoidance of conflict. The presence of depression also may have led to more avoidant behaviors. At times, partners attempted to avoid conflict by decreasing communication with one another. For example, female partners would sometimes avoid sharing stressors or negative feelings they were experiencing to avoid making their male partners’ depression worse. Avoidant behavior has been found to mediate the relationship between marital conflict and depressive symptoms in previous research (Whiffen et al., 2007). Hence, avoiding conflict short-term may lead to an increase in conflict or additional stress in the marital relationship over time.

Lack of connection and intimacy. Couples also stated feeling disconnected from one another and reported a lack of sexual intimacy in moments when the male partner was depressed, replicating previous findings (Basco et al., 1992; Whiffen, 2005). Discussing intimacy when couples are in conflict can be particularly problematic for couples with a depressed male, as both partners have been found to use angry expressions more often (Papp, Goeke-Morey, & Cummings, 2013).

Shift in responsibility. An interesting finding in the current study was the shift in responsibility and emotional availability among these couples. For example, taking over

responsibilities for the couples such as finances, in addition to lack of emotional availability, seemed to be especially taxing for nondepressed partners. Previous research has supported this finding that nondepressed partners experience more burdens and psychological distress (Coyne et al. 1987). One previous study found that wives of depressed men were more distressed than men with depressed wives (Benazon & Coyne, 2000). It is possible that partners of depressed men feel this additional stress due to the shift in responsibility that occurs in moments males are depressed.

Additional stressors contributing to depression. Other life transitions and stressors acted as additional stressors that influenced the male partner's depression in the current study. In previous stress generation research, depressed individuals were found to experience additional stress compared to those not suffering from depression (Hammen, 1991). More specifically, these individuals were thought to play an active role in these stressors occurring more often, or making the events feel more stressful to the individual (Davila et al., 1997). Males reported believing that life events, including the loss of a family member, moving, or career decisions contributed to experiencing periods of depression. Although these stressors are not marital stressors, these stressors are likely to indirectly contribute to the cycle of relationship dysfunction and depression.

Marriage as a buffer to depressive symptoms. Furthermore, for several participants, a close relationship seemed to protect against the cyclical effects of co-occurring marital distress and depression. Feelings of security and closeness in the relationship provided some couples with the resilience necessary to get through their tough times. A strong marital relationship has been associated with lower rates of depression in previous research as well (Edwards et al., 1998), particularly in men (Tower & Krasner, 2006). Hence, the current study replicated similar

findings from prior research by suggesting that interpersonal strengths and supportive relationships can offset the stress generation cycle (Tower & Krasner, 2006; Trombello et al., 2011).

Marital relationship stressors leading to depression worsening. Couples in the current study generally did not discuss how relationship distress further influenced the depression as in-depth compared to discussing how the presence of depression negatively influenced their relationship. It could be that it is more difficult for partners to own up to how their relationship problems may be contributing to the male's illness; Female partners may not want to admit to blame in the matter, particularly when they often feel burdened already, and males may have avoided placing blame on their partners. However, it is also possible the association between relationship distress leading to depression worsening does not play as big of a role among couples with a depressed male, as a prior study also concluded there was not a significant association between depressive symptoms predicting later marital stress and thus did not fully support stress generation theory among men (Davila et al., 1997).

Although the association between relationship stress leading to depression worsening is inconclusive, the current study seemed to suggest that marital relationship stressors and depression may act in a cyclical way among couples with a depressed male. For example, when some men were arguing with their partners, they reported experiencing their depression worsening and the increased depressive symptoms, including irritability, worthlessness, guilt, or negative thoughts about themselves or their marriage led to more stress in their relationships and lower relationship satisfaction.

Positive Outcomes

Couples with a depressed male highlighted two important positive themes not aligned with the stress generation theory. Couples reported including feeling closer to their partner and having a deeper understanding of their partner. Furthermore, females played an important role in helping their male partner seek proper treatment, replicating findings from a previous qualitative study (Chuick et al., 2009). Hence, although relationship distress and depression frequently co-occur (Whisman, 2001), it is also important to note positive aspects or strengths in the relationship that may emerge when depression is present.

Clinical Implications

The study's findings outline several clinical implications for working with couples with a depressed male. Clinicians should first consider the challenges in initially acknowledging depression. Important aspects of male depression should also be acknowledged when assessing for and treating this disorder. Lastly, clinicians should consider couple therapy for treating co-occurring relationship distress and depression. More specifically, Emotionally Focused Couple Therapy (Johnson, 2004) may be a useful therapy model to use among couples with a depressed male (Wittenborn, Culpepper, & Liu, 2012).

Acknowledging Depression

During the recruitment phase, the researcher began to experience first-hand the difficulties of accessing couples with a depressed male. Through word of mouth among professionals, friends, and family attempting to assist with recruitment, many reported that they knew of couples that would qualify for this study, however, that they weren't comfortable approaching the male about participating in the research study because the male denied his depression. This is particularly interesting for clinicians, because it indicates the discomfort

some men experience in accepting their struggles with depression, or disclosing depression to others (Johnson et al., 2011). Hence, creating a barrier to providing effective treatment for depressed men. Whereas depressed men may feel shame or embarrassment in accepting their disorder, there also seems to be a discomfort in other people acknowledging or discussing the topic as well. The burden currently lies with mental health practitioners to find an appropriate and effective way to approach depressed men about their disorder.

Male Depressive Symptoms

In addition to a discomfort in addressing the presence of depression among couples with a depressed male, clinicians should note how depression may present differently among men than women. For example, irritability was the one symptom all five couples reported noticing when the male was depressed. Furthermore, irritability was also a large factor in contributing to an increase in relationship distress and conflict for these couples. Overall, clinicians should look for atypical signs of depression among men, such as irritability and substance abuse, in addition to the more obvious, typical symptoms of depression (Brownhill et al., 2005; Kilmartin, 2005).

Treating Co-occurring Depression and Relationship Discord

The participating couples that received couple therapy seemed to have a better understanding of how the presence of depression influenced their relationship with one another, similar to previous research examining an increase in understanding of depression following couple treatment (Cohen et al., 2010). Couples described their experiences in a more coherent, concise way, and were able to reflect on both their own experiences as well as their partner's experiences. The relationship between marital stress and depression is a complicated one, and those couples that received therapy seemed to have a better understanding of how these aspects influence one another as well as influence themselves. Furthermore, given patience and

understanding was found to be a protective factor among couples, it seems couple therapy is one way in which couples can achieve this.

Although needing replication among couples with a depressed male, previous research has consistently shown that couple therapy is as effective as individual therapy for treating co-occurring depression and relationship distress (Barbato & D'Avanzo, 2008). In line with stress generation theory (Davila et al., 2003), one proposed treatment that may benefit couples with a depressed male is EFT (Johnson, 2004), a couple therapy model which aims to alter negative interaction cycles that influence both depression and relationship distress. In fact, EFT has been found to be an effective form of treatment for comorbid depression and relationship distress (Denton et al., 2012; Dessaulles, Johnson, & Denton, 2003), although this study only examined couples with a depressed female and needs to be replicated among depressed men. EFT facilitates emotional connection and communication of vulnerable feelings among this population (Wittenborn et al., 2012), common themes found among couples in current study when they were dealing with co-occurring relationship distress and the presence of depression. Furthermore, EFT can externalize the negative interaction cycle, which separates the maladaptive behavior from the individual. Given depressed men are hesitant to discuss their depression with others (Johnson et al., 2011), this may ease this process of discussing their depression. Lastly, EFT aids clinicians to examine what lies beneath the individual's anger, such as sadness or feelings of incapability, to soften the experience of the male's irritability for the other partner. It is recommended that the clinician be mindful though not to focus too much attention on sadness, as this may be paralyzing for depressed men (Wittenborn et al., 2012).

Limitations

The current study sought to gain a deeper understanding of how male depression influences couples' relationships. This was done by interviewing couples both together and individually about their experiences of the presence of male depression in their relationships. Limitations of the current study should be taken into consideration when interpreting the study's findings.

One limitation of this study was the small sample size. The researcher sought to interview at least ten couples, but finding willing couples to participate was an unforeseen challenge that resulted in only five couples being interviewed. Richer data could have been extracted from interviewing a larger number of couples. For example, additional behaviors and perceptions of these couples could have been discovered, or a clearer picture of how relationship distress further influences the male depression may have been depicted.

Another limitation is the study's recruitment procedures. The researcher recruited for couples mainly through convenience and snowballing methods, including word of mouth and through mental health professionals, which may have potentially excluded certain couples. There may be a difference in couples that are willing to share their experiences compared to those who were not willing to approach their partner or client about participating. Furthermore, several couples were participating in therapy and those couples that are in couple therapy may have certain characteristics that influence the presence of male depression compared to a non-clinical population. For example, patience and understanding was a common theme among the participating couples, which could possibly be a characteristic that these couples possess which is less common among community couples not in treatment. On the other hand, couples in couple therapy may be more likely to experience co-occurring relationship distress and

depression, and the presence of depression may not have as strong of an impact on the couple's relationship among the general population.

Lastly, there are potential limitations to interviewing the couples together for a majority of the interview. The aim of interviewing the couples together was to allow the couples to react and respond to one another's experiences to achieve richer data, as well as an agreed-upon experience for the couple as a whole (Taylor & de Vocht, 2011). However, some couples may have withheld some negative experiences of the presence of depression with their other partner in the room. Individual interviews were administered to provide individuals with an opportunity to correct, add, or expand on their previous discussion. However, many individuals did not correct or add to their prior discussion. Given that many couples preferred to conduct the interviews in their homes, there may have been a lack of comfort in correcting their previous interview with their partner also in the home, despite being in a separate room.

Indeed, several limitations are present in the current study making it inappropriate to generalize findings to the larger population of couples with a depressed male partner. However, given male depression in the context of the couples' relationships is a much understudied and less understood topic, this study gives important initial insight into their experiences, a recommendation highlighted in previous literature (Addis, 2008). This was the first qualitative study to include the in-depth experiences of both the depressed male and his partner and it highlights ways in which both partners experience and contribute to the cyclical relationship between depression and relationship distress. These findings should be replicated and explored further in future research.

Future Research

This study provides a preliminary glimpse at how male depression and relationship distress interrelate with one another from a stress generation perspective. Overall, however, this is still a less understood and less studied phenomenon, and it is recommended that future researchers continue to examine male depression in the context of the marital relationship.

First, future researchers should continue to examine the course of male depression. The current study found behaviors that tend to be common among depressed men, such as withdrawal and irritability (Brownhill et al., 2005; Chuick et al., 2009). However, there may be additional aspects of male depression that were not reported in the current study that are significant to understand in the context of the couple's relationship, such as abusing substances in attempt to relieve their depression (Brownhill et al., 2005; Chuick et al., 2009; Heifner, 1997).

Furthermore, it is difficult to differentiate whether behaviors that influenced the relation between depression and relationship stress are associated with depression, or associated with marital distress. For example, although withdrawal has been found to be common among depressed men (Brownhill et al., 2005; Chuick et al., 2009), withdrawal is also a behavior often considered to present among male partners that are experiencing relationship distress (Johnson, 2004). Indeed, there is still much to be learned about this disorder among men, and future comparative research should further examine how depressed males may behave differently than nondepressed men when distress is present in the couple relationship.

Researching male depression from a dyadic perspective may also prove to be helpful in future studies. Other researchers have recommended examining gender differences in how spouses act towards their depressed partners (Davila et al., 2003). Furthermore, obtaining information from both partners should provide a more holistic picture of the presenting problem,

and interviewing both partners may provide additional information that would not be provided from the male partner alone (Wittenborn, Dolin-MacNab, Keiley, 2013). For example, Benazon and Coyne (2000) found that wives of depressed men tended to be more distressed than men with depressed wives. Hence, capturing the spouse's experience may provide additional information on how male depression may influence the couple's relationship that would have otherwise been lost.

Additional areas of research from the dyadic perspective include the process of seeking treatment, and the shift in responsibility the couple experiences when depression is present among the male partner. Because female partners were found to play an important role in helping these males seek treatment in the current and previous studies (Chuick et al., 2009), and because men are less likely to seek treatment (Vessey & Howard, 1993), it's important to gain a better understanding of how and why female partners are able to aid their partners in seeking treatment for depression. Future research should examine the shift of responsibility among couples with a depressed male, and how this influences both partners. For example, one study found that men perceive needing or depending on others as a sign of weakness (Heifner, 1997). Perhaps when this shift in responsibility occurs, the males experience additional depressive symptoms such as self-guilt or lack of confidence for failing to adhere to traditional gender role identities. Hence, it would be beneficial to examine further how these dynamics come into play among couples with a depressed male.

Examining how the presence of male depression may influence the couple relationship over time should also receive attention in future research. Past research that examined stress generation theory in the context of the couple relationship only examined newlywed couples over the course of one year (Davila et al., 1997; Trombello et al., 2011). Hence, less is known about how stress

generation theory is applicable to longer-term marriages. In the current study, the female partner who had been married for ten years generally seemed to experience more burden compared to the other more recently married couples. Hence, the relations between depression and relationship quality may change over time and should be explored further.

Lastly, additional future studies should investigate the influence of couple therapy on the presence of male depression among distressed couples. Given depression and relationship distress are often co-occurring (Whisman, 2001), it is important to continue to examine how to treat these co-occurring disorders. Furthermore, it has been recommended to examine treating depression for people who are not specifically seeking therapy depression in couple therapy (Whisman et al., 2012). Given men are less likely to seek treatment for their depression (Vessey & Howard, 1993), this would likely be the case for distressed couples with a depressed male. Although it has been suggested that interventions successful among couples with a depressed female may not be applicable among couples with a depressed male (Gabriel et al., 2010), the effectiveness of couple therapy in treating co-occurring depression and relationship distress has yet to be studied extensively among this population. A majority of studies have only examined the effectiveness of couple therapy in treating these co-occurring problems among couples with a depressed female (Barbato & D'Avanzo, 2008).

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Appendix A: IRB Approval Letter



Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, VA 24060
540/231-4606 Fax 540/231-0959
email irb@vt.edu
website <http://www.irb.vt.edu>

MEMORANDUM

DATE: March 5, 2013
TO: Andrea K Wittenborn, Bonnie Courtland Culpepper
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)
PROTOCOL TITLE: Relationship Satisfaction Among Couples with a Depressed Male
IRB NUMBER: 13-083

Effective March 4, 2013, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
Protocol Approval Date: **February 11, 2013**
Protocol Expiration Date: **February 10, 2014**
Continuing Review Due Date*: **January 27, 2014**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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Appendix B: Screening Information

Date: _____
Caller's Name: _____
Caller's Age: _____ Caller's Gender: M F
Partner's Name: _____
Partner's Age: _____ Partner's Gender: M F
Phone Number (s): _____
Best times to contact callers: _____

Circle Wife's Responses:

- Yes No 1. Have you and your partner been married or cohabitated for at least one year?
- Yes No 2. Have you experienced being depressed at one point in your lifetime?
- Yes No 3. A period of depression is defined as a period of time where you feel depressed for most of the day, nearly every day, over a two week period of time. Have you experienced a period of depression over the past year?
- Yes No 4. Have you ever been diagnosed with depression by a psychiatrist or physician?
- Yes No 5. Have you or your partner been hospitalized for a mental health reason or attempted suicide within the past year?

Circle Husband's Responses:

- Yes No 1. Have you and your partner been married or cohabitated for at least one year?
- Yes No 2. Have you experienced being depressed at one point in your lifetime?
- Yes No 3. A period of depression is defined as a period of time where you feel depressed for most of the day, nearly every day, over a two week period of time. Have you experienced a period of depression over the past year?
- Yes No 4. Have you ever been diagnosed with depression by a psychiatrist or physician?
- Yes No 5. Have you or your partner been hospitalized for a mental health reason or attempted suicide within the past year?

BDI-II

Directions: This questionnaire consists of 21 groups of statements. I'll read each group of statements, and then you'll tell me the **one statement** in each group that best describes the way you have been feeling during **the past two weeks, including today**. If several statements in the group seem to apply equally well, give me the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 or Item 18.

1	0	I do not feel sad.
	1	I feel sad much of the time
	2	I am sad all the time.
	3	I am so sad or unhappy that I can't stand it.

2	0	I am not discouraged about my future.
	1	I feel more discouraged about my future than I used to be.
	2	I do not expect things to work out for me.
	3	I feel my future is hopeless and will only get worse.

3	0	I do not feel like a failure.
	1	I have failed more than I should have.
	2	As I look back, I see a lot of failures.
	3	I feel I am a total failure as a person.

4	0	I get as much pleasure as I ever did from the things I enjoy.
	1	I don't enjoy things as much as I used to.
	2	I get very little pleasure from the things I used to enjoy.
	3	I can't get any pleasure from the things I used to enjoy.

5	0	I don't feel particularly guilty.
	1	I feel guilty over many things I have done or should have done.
	2	I feel quite guilty most of the time.
	3	I feel guilty all of the time.

6	0	I don't feel I am being punished.
	1	I feel I may be punished.
	2	I expect to be punished.
	3	I feel I am being punished.

7	0	I feel the same about myself as ever.
	1	I have lost confidence in myself.
	2	I am disappointed in myself.
	3	I dislike myself.

8	0	I don't criticize or blame myself more than usual.
	1	I am more critical of myself than I used to be.
	2	I criticize myself for all of my faults.
	3	I blame myself for everything bad that happens.

9	0	I don't have any thoughts of killing myself.
	1	I have thoughts of killing myself, but I would not carry them out.
	2	I would like to kill myself.
	3	I would kill myself if I had the chance.

10	0	I don't cry anymore than I used to.
	1	I cry more than I used to.
	2	I cry over every little thing.
	3	I feel like crying, but I can't.

11	0	I am no more restless or wound up than usual.
	1	I feel more restless or wound up than usual.
	2	I am so restless or agitated that it's hard to stay still.
	3	I am so restless or agitated that I have to keep moving or doing something.

12	0	I have not lost interest in other people or activities.
	1	I am less interested in other people or things than before.
	2	I have lost most of my interest in other people or things.
	3	It's hard to get interested in anything.

13	0	I make decisions about as well as ever.
	1	I find it more difficult to make decisions than usual.
	2	I have much greater difficulty in making decisions than I used to.
	3	I have trouble making any decisions.

14	0	I do not feel I am worthless.
	1	I don't consider myself as worthwhile and useful as I used to.
	2	I feel more worthless as compared to other people.
	3	I feel utterly worthless.

15	0	I have as much energy as ever.
	1	I have less energy than I used to have.
	2	I don't have enough energy to do very much.
	3	I don't have enough energy to do anything.

16	0	I have not experienced any changes in my sleeping pattern.
	1a	I sleep somewhat more than usual.
	1b	I sleep somewhat less than usual.
	2a	I sleep a lot more than usual.
	2b	I sleep a lot less than usual.
	3a	I sleep most of the day.
	3b	I wake up 1-2 hours early and can't get back to sleep.

17	0	I am no more irritable than usual.
	1	I am more irritable than usual.
	2	I am much more irritable than usual.
	3	I am irritable all the time.

18	0	I have not experienced any change in my appetite.
	1a	My appetite is somewhat less than usual.
	1b	My appetite is somewhat greater than usual.
	2a	My appetite is much less than before.
	2b	My appetite is much greater than usual.
	3a	I have no appetite at all.
	3b	I crave food all the time.

19	0	I can concentrate as well as ever.
	1	I can't concentrate as well as usual.
	2	It's hard to keep my mind on anything for very long.
	3	I find I can't concentrate on anything.

20	0	I am no more tired or fatigued than usual.
	1	I get more tired or fatigued more easily than usual.
	2	I am too tired or fatigued to do a lot of the things I used to do
	3	I am too tired or fatigued to do most of the things I used to do.

21	0	I have not noticed any recent change in my interest in sex.
	1	I am less interested in sex than I used to be.
	2	I am much less interested in sex now.
	3	I have lost interest in sex completely.

Appendix C: Informed Consent

Title of Project: Depression among Men: A Qualitative Study of Male Depression from a Couple's Perspective

Researchers: Bonnie Culpepper, M.S. Candidate, and Andrea Wittenborn, Ph. D.

Purpose of Research: The aim of the current study is to have a better understanding of male depression in the context of the couple's relationship.

Procedures: You will first be asked to complete a demographic questionnaire providing general information about you, your relationship, and your mental health. It is expected that this form will take about 5 minutes to complete. After completing the demographic questionnaire, the interview process will begin. The interview will take about an hour to an hour and a half to complete, and will be conducted in-person or over the phone with both you and your partner present for most of the interview, while a briefer portion will include separate individual interviews. You will be asked to describe how the presence of depression may influence you and your partner in various aspects of your relationship. These interviews will be audio recorded and then transcribed for further analysis by the researchers.

Risks: The researchers anticipate minimal risks for participating in this research study. As a result of the interview questions, you or your partner may experience some emotional discomfort. You may decline to participate or answer a question at any point in time if you wish to do so.

Benefits: As a result of participating in this study you may feel a sense of satisfaction for contributing to an important area of research that will help future clinicians and couples. You may also find it beneficial to share your experiences of how you and your partner experience the presence of depression in your relationship.

Extent of Anonymity and Confidentiality: Every effort will be made to keep the information you provide strictly confidential. Your responses will be locked in a secure location for the duration of the study. Your names will be replaced with a unique identification number and any identifying information will be destroyed. Furthermore, your names and other identifying information will not be disclosed on any future reports or publications.

Compensation: Participants will be compensated with a \$20 gift certificate in exchange for sharing their experiences with this research study.

Freedom to Withdraw: You do not have to participate in this research study. You have the freedom to withdraw from the study at any point in time without penalty.

Participant's Permission:

I have read the Consent form and the conditions of this project. I have had all of my questions answered, and I hereby give my voluntary consent to participate in this study.

Participant's Name (please print): _____
Participant's Signature: _____
Date: _____

Participant's Name (please print): _____
Participant's Signature: _____
Date: _____

If you have any questions about this research project, please feel free to contact:

Bonnie C. Culpepper, B.S., Principal Researcher
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Chair, Virginia Tech Institutional Review
Board for the Protection of Human Subjects
Office of Research Compliance
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, VA 24060

Appendix D: Demographic Questionnaire

Name: _____

Age: _____

Gender: _____

Race/Ethnicity: _____

Address: _____

Phone: _____

Occupation: _____

How long have you and your partner been in an intimate relationship? _____

Are you married? If so, for how long? _____

Have you ever been diagnosed with a mental health disorder? _____

If so, what? _____

Have you ever, or are you currently, taking any medications for mental health reasons? Please

Specify. _____

Have you ever been hospitalized for mental health reasons? _____

If so, when? _____

Have you ever, or are you currently, receiving individual therapy? _____

If so, when? _____

Have you ever, or are you currently, receiving couple therapy? _____

If so, when? _____

Appendix E: Interview Questions

Joint Interview Questions

1. Could you start by telling me a little bit about your relationship with one another?
 - a. How long has depression been present in your relationship?
2. I'm interested in understanding what you both experienced when (male partner) had a depressive episode. What did you both notice about yourselves when he was depressed?
 - a. What did you notice about each other?
3. When depression was present, in what ways did it influence your relationship with one another?
4. Some research indicates that the presence of depression can lead to an increase in marital problems. In what ways, if any, has the presence of depression negatively affected your relationship, or contributed to stress in the relationship?
 - a. How has the depression affected your daily interactions with one another?
 - b. How has the depression affected the level of intimacy that you experience with one another?
 - c. How has the depression affected your feelings towards your partner?
 - d. How has the depression affected your feelings towards your marriage?
 - e. How did your depression affect the level of satisfaction you experienced in your marriage?
 - f. Did the depression contribute to other types of stress or stressful life events?
5. Other research suggests that an increase in problems or stress in marital relationships can lead to one's depression worsening. When you experienced problems or stress in your relationship, in what ways, if any, did this influence your depression?

- a. (For female partner) What has your experience of this been?
 - b. How did the daily interactions with your partner affect the depression?
 - c. How did the level of intimacy with your partner affect the depression?
 - d. How did the feelings towards your partner affect the depression?
 - e. How did the feelings towards your marriage affect the depression?
 - f. How did the level of satisfaction you experienced in your marriage affect the depression?
 - g. Are there other stressful events that led to the occurrence of depression?
6. What do you think was the biggest contributor to the depression?
7. Have there been moments in which the presence of depression has helped your relationship with one another?
8. What kinds of things have you or your partner done that you feel has helped your relationship in the presence of depression?
 - a.
9. When you were depressed, were you able to turn to your partner for support?
 - a. If yes, (to partner) when your partner turned to you for support, what was that like for you?
 - b. If no, was there anyone else you turned to for support?
 - i. How did that affect your relationship?
10. (To male partner) How did you overcome depression?
 - a. (To female partner) Do you agree? Or have anything to add?
11. (To male partner) Did your partner contribute to your treatment of or relief from depression in any way?

- a. (To female partner) Do you agree? Or have anything to add?
12. (If in remission) Now that depression is no longer present, how is your relationship different?
13. Has depression impacted your relationship in ways we have not discussed here? If so, please share your experience.
- a. Has your relationship impacted your depression in ways we have not discussed here? If so, please share your experience.

Individual Interview Questions

1. Given the sensitive nature of this topic, some people may not feel comfortable fully sharing their experiences with their partner present. I wanted to take this opportunity to ask if there is any additional information you'd like to provide that was not discussed in our previous interview or if there is any information you would like to correct from our prior discussion? As a reminder, your answers in this individual interview will remain confidential and will not be shared with your partner.
- a. (If history of depression) How long have you personally struggled with depression?
 - i. A depressive episode is typically defined as feeling depressed for most of the day, nearly every day, over a two week period of time. How many episodes have you had?
 - b. Do you feel the presence of depression in your relationship has influenced you or your partner in ways not previously discussed?
 - i. How so?

- c. Has the presence of depression led to any particular sources of dissatisfaction in your relationship with your partner?
 - i. How so?
 - d. In moments when you may be experiencing stress in your relationship, do you feel your relationship problems influence how you or your partner perceives the presence of depression in your relationship?
 - i. How so?
2. Are there any other stressors that you think played a role in your (or your spouse's) depression?

Is there any other information you'd like to add?

Appendix F: Confidentially Agreement for Interview Data

I, _____ agree to safeguard the identity of participants enrolled in the *Relationship Satisfaction Among Couples with a Depressed Male* research study. I will not disclose or discuss participant related material outside of meetings with the research team members. I will protect the confidentiality of all participants by safeguarding participant related materials, which includes identifiable information disclosed in participants' interviews.

Print Name: _____

Signature: _____ Date: _____