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Authors(s)	Byrne, Michael, Carr, Alan
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DEPRESSION AND POWER IN MARRIAGE

Michael Byrne & Alan Carr

INTRODUCTION

Depression often occurs within the context of ongoing marital discord that may exacerbate, maintain, or increase the probability of relapse following the depressive episode (Beach, Whisman & O'Leary, 1994). In discordant, unhappy marriages there is a 50% chance that one of the partners is depressed (Beach, Sandeen & O'Leary, 1990). There is a 10-fold increase in risk for depression in newlywed maritally discordant couples (O'Leary, Christian & Mendell, 1994). Furthermore, relapse is more likely for those depressed patients who return to unsatisfying marriages (Hooley & Teasdale, 1989).

Interactional explanations of depression point to the centrality of family relationships in the etiology, maintenance and therapy of depression (Joiner & Coyne, 1999; Keitner, Miller & Ryan, 1993). Haley (1963) argued that depression occurs as part of a marital power struggle. The less powerful spouse develops depression and in doing so changes the hierarchical arrangement within the marriage. Price (1991) argued that non-depressed spouses try to keep their depressed spouses exercise of control a constant amount (vertical gap) below their own. According to this theory, if one partner's mood is low or if one partner requires a large vertical gap, he or she may need to maintain their spouse's mood within the depressive range, and any efforts to raise it (for instance, in therapy) will be countered.

Cromwell and Olson (1975) in a thoughtful analysis, argue that power may be conceptualized as a construct incorporating 3 analytically distinct but interrelated domains: power bases, processes, and outcomes. Power bases are the economic and personal assets (such as income, economic independence, control of surplus spending money, commitment, sex-role attitudes, desire for intimacy,

and both physical and psychological aggression) that form the basis of one partner's control over the other. Power processes are the interactional techniques such as persuasion, problem-solving, or demandingness that individuals use in their attempts to gain control over aspects of the relationship. Two main power processes were of particular concern in this study: demand-withdraw interactions and constructive communication. Power outcomes, concern who has the final say, that is, who determines the outcome in problem-solving or decision-making. The power outcomes of central concern in this study were those associated with distribution of, and satisfaction with household and child care tasks and decision making in the home.

The overall aim of our investigation was to identify the power bases, processes and outcomes present in couples where the female partner was depressed and to clarify if there was a pattern of such bases, processes and outcomes which was unique to depression and distinct from factors associated with marital satisfaction.

METHOD

Participants and procedure

Fourteen couples in which the female partner was depressed and fourteen matched controls participated in this study. Couples containing a depressed female member met the following inclusion criteria (1) the woman was experiencing an episode of major depression as defined in DSM IV (APA, 1994); (2) there was an absence of psychotic symptoms, definite suicidal intentions, and substance dependence; (3) the woman's age was between 25 and 45; and (4) there was at least one young child (less than 5 years) in the family. None of the members of the couples in the control group met the DSM IV (APA, 1994) diagnostic criteria for major depression or other significant psychological disorders. Control group couples were matched to cases on age, number of children and SES. As recruiting exactly matching couples was not possible in all cases, 'best fit' matches were accepted. Demographic and clinical characteristics of both sets of couples are given in Table 5.1. From this table, it may be seen that the couples containing a depressed female member were somewhat older, had been together longer and were more economically advantaged than controls. Not surprisingly, both men and women in the couples containing a depressed member obtained lower marital satisfaction scores and on average reported relationship difficulties of approximately 4 years duration.

Cases and controls were recruited through urban and rural General Practitioners. Spouses in participating couples were instructed to complete questionnaires independently of each other and to return their questionnaire in separate stamped, self-addressed envelopes that were provided.

Table 5.1. Demographic and clinical characteristics

Variable		Non-depressed		Depressed		ANOVA Effects			
		Husband (N = 14)	Wives (N = 14)	Husbands (N = 14)	Wives (N = 14)	Gen.	Dep.	G X D	
Age	M	34.64	33.21	40.29	37.29	2.04	9.82**	0.26	
	SD	5.93	5.66	6.21	5.37				
Duration of relationship	M	11.29	11.29	17.00	17.07	0.00	11.52**	0.00	
	SD	5.06	5.06	7.37	7.43				
Number of children	M	1.93	1.93	2.21	2.29	0.01	0.95	0.91	
	SD	0.92	0.92	1.42	1.54				
Depression									
	Beck Depression Inventory	M	1.86	1.79	4.21	21.57	48.65**	79.83**	49.46**
	SD	1.51	1.25	2.91	8.58				
	Major depressive episode checklist	M	0.57	0.43	0.79	5.79	94.22**	123.97**	105.63**
	SD	0.85	0.76	1.05	1.05				
Marital problems and satisfaction									
	Duration of relationship problems	M	0.00	0.00	4.00	3.93	0.00	10.05**	0.00
	SD	0.00	0.00	6.69	6.55				
	Marital satisfaction	M	42.21	40.64	33.43	31.36	1.17	28.71**	.02
	SD	5.89	5.43	5.69	7.92				
SES									
	Professional or managerial	%	29	21	21	0			
	Clerical or skilled	%	71	50	50	0			
	Semi-skilled manual	%	0	0	0	7			
	Unskilled manual /Unemployed	%	0	29	29	93			

* p < .05 level. ** p < .01 level.

Instruments

The package of instruments used in this study measured depression, marital satisfaction and a variety of power bases, processes, and outcomes. To assess the internal consistency reliability of the instruments Cronbach's (1951) alpha was computed for each subscale. Where alphas below .7 were obtained, items that had the lowest correlation with the scale total were dropped until the alpha reached or exceeded .7. This procedure ensured that all but one of the scales included in the study met minimal psychometric criteria for reliability.

Depression

The Beck Depression Inventory (BDI; Beck et al, 1988). This 21 item questionnaire assesses the cognitive, affective, behavioural and somatic aspects of depression and yields a single depression score. A four stem forced choice response format is used for each item and overall BDI scores vary from 0-63 with high scores indicating greater depression. Scores greater than 14 reflect a moderate level of depression and this cut-off score of 14 was used to screen participants for the present study. In this sample, Cronbach's alpha was .94 for this scale.

Major Depressive Episode Checklist. Using DSM IV criteria for a major depressive disorder (American Psychiatric Association, 1994), this 9-item checklist was constructed. Participants were asked to indicate if they had experienced each symptom during the past two weeks. Two response categories were provided for each symptom and total scores ranged from 0-9 with higher scores indicating greater depression. Cronbach's alpha for the checklist was .94 in this sample. All cases included in this study had a Beck Depression Inventory score of 14 or higher coupled a score equal to or greater than 5 on the Major Depressive Episode Checklist.

Marital satisfaction

Dyadic satisfaction scale. Marital satisfaction was measured with the 10-item dyadic satisfaction subscale of Dyadic Adjustment Scale (Spanier, 1976). The 32-item Dyadic Adjustment Scale has four subscales: dyadic consensus, dyadic cohesion, affectional expression, and dyadic satisfaction. To avoid any confounding of satisfaction with measures of communication, only the dyadic satisfaction subscale was used in this study to assess marital satisfaction and scores on this scale ranged from 0-50 with higher scores indicating greater satisfaction. Cronbach's alpha for the dyadic satisfaction scale was .89. For the

ANCOVAs which examined the effects of depression over and above that due to marital satisfaction on dependent variables reported in the results section, the combined scores of both members of each couple on the dyadic satisfaction scale was used as the covariate.

Power bases

Economic issues questionnaire. On this instrument respondents indicated their occupation and also answered 3, five-response-category items which assessed participants perceptions of their (1) economic dependence on their partner; (2) control of surplus spending money; and (3) desired control of surplus spending money. Scores on these items ranged from 1-5 with higher scores indicating greater dependence or less control. A dissatisfaction with control of surplus spending money score was obtained by subtracting scores from the actual and desired control of surplus spending money items. Participants' income was graded using an Irish census-based social class scale which identified 6 social classes (O'Hare, Whelan, & Commins, 1991). Individuals who were unemployed were classified as belonging to social class or income level 6. Scores ranged from 1 to 6 with low scores indicating greater affluence.

Commitment. Commitment was measured using item number 10 of the Dyadic Adjustment Scale satisfaction subscale (Spanier, 1976), as has been done in other studies (e.g., Scanzoni & Godwin, 1990). Scores on this item, which has 6 response categories, range from 0-5 with high scores indicating greater commitment.

Sex role attitudes scale. The 6 item Sex Role Attitudes Scale (Huber & Spitze, 1983) was used to assess the degree to which participants believed in traditional male and female gender roles. For each item five response categories were given and total scores ranged from 0-30 with high scores indicating stronger beliefs in traditional sex-roles. Cronbach's alpha for this scale with this sample was .84.

Closeness and independence Scale. This 6-item scale assesses the degree to which partners want independence or intimacy in their relationship (Christensen, 1987). All items have 7 response categories and scores range from 6-42 with high scores indicating a greater desire for intimacy. The alpha reliability for this scale with the present sample was .82.

Physical aggression scale. The 12-item physical aggression subscale of the Revised Conflict Tactics Scale was used to measure assault by a partner and includes (inter alia) items which inquire how often a person was pushed, hit or kicked by a partner (Straus, Hamby, Boney-McCoy & Sugarman, 1996). For each item, six response categories were given and total scores ranged from 0-30 with high scores indicating being a recipient of more physical aggression. The reliability of this scale was .93 in the present sample.

Psychological aggression and passive aggression scales. Both of these scales assess non-physical aggression towards a partner. The psychological aggression scale is an index of *direct* verbal and non-verbal aggression and includes picking fights, making threats and name-calling. The passive aggression scale is an index of *indirect* verbal and non-verbal aggression and includes behaviours such as annoying a partner deliberately and then apologizing when accused and claiming the behaviour was unintentional. For each item six point response categories were given and total scores ranged from 0-40 for psychological aggression and from 0-15 for passive aggression with high scores indicating greater aggression. These two scales were derived from the 12 item spouse-specific aggression scale which correlates with both marital discord and spousal abuse (O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981). A principal component analysis with varimax rotation was conducted to identify the main factors constituting the 12-item spouse specific aggression. A two factor solution which accounted for 65.6 of the variance was obtained. Factor 1 accounted for 55% of the variance and factor 2 accounted for 11% of the variance. Eight items (1, 2, 3, 4, 5, 6, 7, and 12)

loaded on factor 1 which was interpreted as an index of overt psychological aggression. Three items (9, 10, 11) loaded on factor 2 which was interpreted as an index of passive aggression. Cronbach's alphas for psychological aggression and passive aggression scales were .91 and .85 respectively.

Power processes

Communication patterns questionnaire. This modified 7 item version of the questionnaire yielded scores for four subscales: wife-demand -husband-withdraw; husband-demand -wife-withdraw; total demand-withdraw; and mutual constructive communication (Heavey, Larson, Zumtobel, & Christensen, 1996; Christensen & Heavey, 1990; Christensen & Shenk, 1991). Spouses rated the likelihood that each interaction pattern applied to their relationship over the previous year from 1 (very unlikely) to 9 (very likely). Scores for wife-demand-husband-withdraw and husband-demand-wife-withdraw subscales ranged from 2-18. For the total demand-withdraw subscale scores ranged from 4-36. For the mutual constructive communication scale scores ranged from 3-27. In each instance higher scores indicated that the communication pattern was more common. In this study, alpha reliabilities of .69 for wife-demand-husband-withdraw and of .74 for husband-demand-wife-withdraw subscales were obtained. The total demand-withdraw subscale yielded an alpha reliability of .70. The 3 item mutual constructive communication scale had an alpha reliability of .71.

Power outcomes

Who does what questionnaire. This scale assessed husbands' and wives' perceptions of their relative responsibilities for (1) household tasks (10 items), (2) family decision making (8 items), and (3) child care (12 items) (Cowan, Cowan & Coysh, 1983). It also assessed how respondents would ideally like responsibilities to be arranged. For each of 30 items, individuals indicated "how it

is now” and "how I would like it to be" on a scale ranging from 1 (I do it all), through 5 (we do it equally), to 9 (he/she does it all). For each of the three domains (household tasks, family decision making, and child care), current role arrangement and dissatisfaction scores were calculated. Role arrangement scores were obtained by averaging responses to "how it is now" versions of items and these scores ranged from 1-9 with higher scores indicating greater partner involvement in tasks. Dissatisfaction scores were obtained by averaging the absolute differences between “how I would like it to be” and “how it is now” responses to items. Dissatisfaction scores ranged from 0-8, with higher scores indicating greater dissatisfaction. Internal consistency reliability coefficients for the 6 subscales ranged from .7-.9.

Validity scale

Social desirability scale. The 10-item short form of the Marlowe-Crowne Social Desirability Scale was used to measure the social desirability response set, a possible threat to the validity of self-report instruments (Reynolds, 1982). For the present study, the alpha reliability for the short form of this scale was .89.

RESULTS

Validity of self-report data

Correlations between all dependent variables and the social desirability scale were conducted to determine the degree to which the validity of responses were compromised by social desirability response set. These correlations ranged from -.31 to .18 and only one correlation was significant at $p < .05$ which suggested that scale scores were valid and uncontaminated by social desirability response set.

Table 5.2. Status of members of couples containing depressed and non-depressed female partners on dependent variables

Variable		Non-depressed		Depressed		ANOVA Effects			ANCOVA Effects		
		Husbands (N=14)	Wives (N=14)	Husbands (N=14)	Wives (N=14)	Gen.	Dep.	G X D	Gen.	Dep.	G X D
Power bases											
Income	M	3.38	3.88	3.71	5.93	16.61**	13.30**	6.63*	17.38**	12.22**	6.72*
	SD	0.93	1.56	1.28	0.27						
Economic dependence on partner	M	1.88	2.57	1.93	3.29	12.03**		1.73	1.16	12.10**	1.80
	SD	0.95	1.16	1.00	1.33						
Control of spending surplus money	M	3.29	2.93	2.79	2.79	0.64	2.06	0.64	0.52	0.82	0.64
	SD	0.47	0.47	0.97	1.19						
Desired control of spending surplus money	M	3.07	2.86	2.93	3.00	0.21	0.00	0.85	0.07	0.65	0.91
	SD	0.27	0.36	0.73	0.78						
Dissatisfaction with control of spending surplus money	M	0.21	0.36	0.29	0.93	4.43*	2.9	1.79	3.45	0.10	1.77
	SD	0.43	0.50	0.61	1.07						
Commitment to relationship	M	4.21	3.93	3.71	3.07	3.33	7.12*	0.49	2.16	1.50	0.69
	SD	0.80	0.62	0.99	1.27						
Sex role attitudes	M	15.27	14.50	12.07	14.93	0.78	1.40	2.40	1.61	0.21	2.78
	SD	3.58	4.55	3.89	5.39						
Desired level of intimacy	M	27.43	29.21	27.36	27.71	0.37	0.20	0.16	0.61	0.13	0.14
	SD	7.85	5.51	5.29	7.49						
Physical aggression from partner	M	0.29	0.07	0.43	2.79	0.73	1.30	1.05	0.36	0.01	1.02
	SD	1.07	0.27	0.85	9.29						
Overt psychological aggression towards partner	M	9.00	12.71	15.07	22.07	5.01*	10.39**	0.47	4.05	2.84	0.44
	SD	7.16	8.77	11.16	8.25						
Passive aggression towards partner	M	1.07	1.36	3.36	4.71	1.14	13.41**	0.48	0.85	5.75*	0.46
	SD	1.33	1.78	3.59	3.93						
Power processes											
Husband demand - wife withdraw behaviour	M	7.00	4.64	7.29	11.29	0.61	10.83**	9.12**	0.17	1.41	9.86**
	SD	4.74	3.13	3.52	4.18						
Wife demand - husband withdraw behaviour	M	7.29	6.21	11.79	8.07	3.69	6.51*	1.12	4.97*	0.92	1.27
	SD	5.24	4.82	3.75	4.71						
Total demand - withdraw behaviour	M	14.29	10.85	19.08	19.36	0.69	12.31**	0.96	1.66	1.74	0.97
	SD	9.55	6.84	4.67	6.39						
Mutual constructive communication	M	20.07	19.88	16.50	14.43	0.62	9.60**	0.41	0.15	0.77	0.39
	SD	5.06	4.88	6.14	5.59						
Power outcomes											
Partner did more household tasks	M	4.97	4.60	5.40	3.78	47.94**	1.21	4.74**	45.02**	0.21	4.63*
	SD	0.52	0.85	0.94	1.18						
Partner did more decision making	M	5.17	5.10	4.77	4.54	0.30	3.85	0.96	0.23	3.19	0.93
	SD	0.32	0.68	1.13	1.41						
Partner more involved in child care	M	6.20	4.29	6.38	3.23	72.02**	2.22	4.37*	69.26**	1.50	4.29*
	SD	0.83	1.30	0.97	1.29						
Dissatisfaction with household task distribution	M	0.92	1.28	1.34	2.33	7.74**	8.56**	2.42	6.34*	0.25	2.70
	SD	0.62	0.77	0.97	1.24						
Dissatisfaction with decision making distribution	M	0.35	0.49	1.03	1.36	0.52	8.77**	0.00	0.47	5.18*	0.00
	SD	0.40	0.56	1.20	1.04						
Dissatisfaction with child care task distribution	M	0.64	0.89	0.73	1.98	10.04**	6.19*	4.45*	8.61**	0.93	4.48*
	SD	0.77	0.70	0.66	1.27						

* $p < .05$ level. ** $p < .01$ level.

Results of ANOVAs

For all dependent variables, 2 X 2 (Depression X Gender) ANOVAs were conducted to evaluate the impact of gender and depressed status on power bases, processes, and outcomes. In these analyses our main interest was in the significant depression and gender X depression effects.

From Table 5.2, it may be seen that main effects for depression (in the absence of a significant gender X depression interaction) were obtained on the following variables: commitment, overt psychological aggression towards partner, passive aggression towards partner, wife-demand-husband-withdraw behaviour, total demand-withdraw behaviour, mutual constructive communication, dissatisfaction with household task distribution, and dissatisfaction with distribution of decision making. In all instances, members of marriages in which the female was depressed scored more extremely on these

variables. Thus, compared with members of non-depressed couples, members of couples in which the female partner was depressed reported less commitment and more overt psychological and passive aggression. In addition, they reported more wife-demand-husband-withdraw and total demand-withdraw behaviour and less constructive communication. In terms of power outcomes, they reported greater dissatisfaction with decision making and household task distribution.

From Table 5.2, it may be seen that significant gender X depression interactions were obtained on the following variables: income, husband-demand-wife-withdraw, partner did more household tasks, partner more involved in child care, and dissatisfaction with child-care task distribution. On all 5 variables, depressed females fared worse than their male partners and both male and female members of non-depressed couples. Thus, these depressed women had less income; perceived more husband-demand-wife-withdraw behaviour in their marriages; reported that their husbands did fewer household tasks and less child care; and were less satisfied with child care task distribution within their marriages.

Results of the ANCOVAs

For all dependent variables, 2 X 2 (Depression X Gender) ANCOVAs were conducted to evaluate the impact of gender and depression status, independently of the effects associated with marital satisfaction, on power bases, processes, and outcomes. In these analyses, the combined husband and wives marital satisfaction scores was the covariate. The ANCOVAs were conducted because marital satisfaction was significantly correlated ($p < .05$) with 11 of 21 dependent variables. Excluding variables where significant gender X depression interactions occurred, from Table 5.2 it may be seen that main effects for depression were obtained for only two variables: passive aggression towards partner and dissatisfaction with distribution of decision making. From Table 5.2 it may also be seen that significant gender X depression interactions occurred for the same 5 variables in the ANCOVAs as occurred in the ANOVAs. These results show that

when the effects of marital dissatisfaction were statistically controlled, members of depressed couples still had distinctive profiles. Both male and female partners in couples where the female partner was depressed engaged in more passive aggression and were more dissatisfied with the distribution of decision making than members of non-depressed couples. In addition the depressed female partners had less income; reported more husband-demand-wife-withdraw behaviour; reported that their husbands did fewer household tasks and less child care; and were less satisfied with child care task distribution within their marriages.

Results of the t-tests on husband-wife discrepancy scores

For each dependent variable, differences in male and female partners' perspectives were numerically expressed as discrepancy scores. Discrepancy scores were computed by subtracting husbands' and wives' scores. The significance of differences between mean discrepancy scores for couples containing a depressed female partner and controls was evaluated with t-tests for independent samples. From Table 5.3 it may be seen that depressed and non-depressed couples differed on four variables: desired control of spending surplus money; dissatisfaction with control of spending surplus money; passive aggression towards partner; and dissatisfaction with household task distribution. Thus, in depressed couples, there was a bigger discrepancy between husbands' and wives' scores for how surplus spending money was controlled and how couples would have liked it to be controlled; the amount of passive aggression used within the relationship; and dissatisfaction with household task distribution.

Table 5.3. Status of members of couples containing depressed and non-depressed female partners on discrepancy variables reflecting the difference between husbands and wives scores

Variable		Non-depressed	Depressed	t test t	ANCOVA F
Power bases					
Income	M	0.93	2.21	1.98	.74
	SD	1.21	1.58		
Economic dependence on partner	M	1.00	1.50	0.77	1.74
	SD	1.18	1.45		
Control of spending surplus money	M	0.50	1.29	8.12**	0.01
	SD	0.76	1.44		
Desired control of spending surplus money	M	0.21	0.79	7.31*	0.00
	SD	0.43	1.19		
Dissatisfaction with control of spending surplus money	M	0.29	0.64	2.54	0.04
	SD	0.47	0.84		
Commitment to relationship	M	0.43	0.93	3.23	0.14
	SD	0.65	1.21		
Sex role attitudes	M	3.64	5.00	0.17	0.27
	SD	3.78	3.86		
Desired level of intimacy	M	4.79	6.50	0.03	2.36
	SD	7.00	5.65		
Physical aggression from partner	M	0.36	2.93	3.36	0.18
	SD	1.08	8.70		
Overt psychological aggression towards partner	M	7.43	9.86	0.23	0.09
	SD	6.77	8.23		
Passive aggression towards partner	M	0.71	3.93	8.58**	5.92*
	SD	1.07	3.27		
Power processes					
Husband demand - wife withdraw behaviour	M	3.93	5.86	0.12	0.59
	SD	4.05	3.53		
Wife demand - husband withdraw behaviour	M	3.64	4.86	0.81	0.00
	SD	4.53	3.51		
Total demand - withdraw behaviour	M	6.29	5.14	3.87	0.21
	SD	8.51	3.56		
Mutual constructive communication	M	4.38	4.64	0.21	0.01
	SD	3.84	4.29		
Power outcomes					
Partner did more household tasks	M	2.14	2.57	0.11	0.26
	SD	1.42	1.69		
Partner did more decision making	M	0.66	1.68	0.98	5.25*
	SD	0.82	1.13		
Partner more involved in child care	M	2.24	3.15	3.74	0.17
	SD	1.43	2.20		
Dissatisfaction with household task distribution	M	0.78	1.43	14.39**	0.50
	SD	0.68	1.14		
Dissatisfaction with decision making distribution	M	0.35	0.81	1.85	6.56*
	SD	0.46	0.96		
Dissatisfaction with child care task distribution	M	0.74	1.42	0.00	0.03
	SD	0.76	0.81		

* p < .05 level. ** p < .01 level.

Results of the ANCOVAs on husband-wife discrepancy scores

A series of ANCOVAs were conducted to evaluate the effects of depression on all husband-wife discrepancy scores independently of the effects associated with

marital satisfaction. In these analyses the combined husbands' and wives' marital satisfaction scores was the covariate. From Table 5.3 it may be seen that couples containing a depressed female partner and non-depressed couples differed on passive aggression, partner contribution to decision making, and dissatisfaction with decision making distribution. These results show that when the effects of marital dissatisfaction were statistically controlled, members of depressed couples still had distinctive profiles in terms of differences in how they viewed three specific aspects of their relationships. For couples containing a depressed female partner, there was a greater discrepancy between husbands' and wives' scores for the use of passive aggression towards their partners; their perceptions of their partner's contribution to decision making; and dissatisfaction with the distribution of decision making within the relationship.

DISCUSSION

From Table 5.4 it may be seen that in couples containing a depressed female partner, women's power bases were financially and psychologically weaker and their power outcomes were less favourable in terms of household and child care tasks compared with their partners' and those of members of non-depressed couples. Also power processes were less constructive and more problematic in these couples compared with controls. Furthermore, a unique profile of variables from the domains of power bases, processes and outcomes was associated with depression, quite distinct from any effects of marital dissatisfaction.

Our results deserve cautious interpretation for a number of reasons. First, due to difficulties finding matched controls, there were significant differences between cases and controls on a number of demographic variables including age, relationship duration and SES. It may be that these variables partially account for

Table 5.4. Summary of characteristics of couples containing depressed female members

Variable	Female partners perceive this as a problematic area	Male partners perceive this as a problematic area	Significant discrepancy between female and males perception of this as a problematic area
Power bases			
Income	++	-	-
Control of surplus spending money	-	-	+
Desired control of surplus spending money	-	-	+
Commitment to relationship	+	+	-
Overt psychological aggression towards partner	+	+	-
Passive aggression towards partner	++	++	++
Power processes			
Husband demand - wife withdraw behaviour	++	-	-
Wife demand - husband withdraw behaviour	+	+	-
Total demand - withdraw behaviour	+	+	-
Mutual constructive communication	+	+	-
Power outcomes			
Partner did more household tasks	++	-	-
Partner did more decision making	-	-	++
Partner more involved in child care	++	-	-
Dissatisfaction with household task distribution	+	+	+
Dissatisfaction with decision making distribution	++	++	++
Dissatisfaction with child care task distribution	++	-	-

Note: + : Before controlling for the effect of marital satisfaction, this is perceived as a significant problem area.

++ After controlling for differences in marital satisfaction, this is perceived as a problem area.

- This is not perceived as a problem area.

case-control intergroup differences found in this study. Second, the small sample size and non-random selection of cases by GPs limit the generalizability of results. Third, it could be argued that our exclusive reliance of self-report measures and partners' perceptions of their relationships is of particular concern because of the effect of depressed mood on relationship perception. We accept this possibility but also wish to underline the value of self-report data, since they reflect clients' constructions of their social realities. Fourth, with 4 sets of tests of statistical significance conducted on 15 dependent variables, there was an inflated chance of Type 1 error, i.e. obtaining significant results by chance.

However, we have grounds for placing some confidence in our results. First, our cases were relatively pure cases of severe major depression with a rounded mean BDI score of 22 and a rounded mean DSM IV major depressive episode checklist score of 6. None of our cases had other major psychological

difficulties. This means that we may be confident that our results are correlates of depression. Second, the instruments we used were reliable for our sample and responses on these were valid and uncontaminated by social desirability response-set. Third, we obtained statistically significant results with relatively small cell sizes, and consequently low statistical power, suggesting that the effects we observed were relatively robust. Also it is worth noting that of 39 significant effects in four sets of analyses, 15 of these were significant at the conservative $p < .01$ level.

Our results highlight the fact that some of the difficulties encountered by couples containing a depressed female member are similar to those seen in distressed and dissatisfied couples, but some are specifically associated with depression and the bulk of these are reported by depressed women rather than their partners although they are clearly part of an interactional process. In terms of power bases, for depressed women lack of economic power, and for both men and women a reliance on passive aggression are processes distinctly associated with depression. In terms of processes, women's perception of their frequent involvement in interaction where husbands place demands upon them and they withdraw, are specific to depression. In terms of power outcomes, unique to depression is women's perception of a lack of partner involvement in household and child care tasks and both partner's dissatisfaction with this.

Our results are consistent with those of previous research which link economic disadvantage within marriage to depression (Crosby, 1982; Jack, 1987; Blumberg & Coleman, 1989). The findings on passive aggression and husband-demand-wife-withdraw as characteristic of depressed wives, when considered in conjunction with the findings on poor power outcomes for depressed wives, are consistent with strategic therapists theories on the role of depression in managing marital power imbalances (Haley, 1963; Price, 1991; Coyne, 1986). However, these results are also consistent with a stress and coping formulation in which withdrawal and passive aggression are coping strategies used to manage the stressful demands that may be perceived to exceed depressed female partners' personal resources (Huang, 1991). In contrast to some previous research, our

results suggest a unique link between depression and dissatisfaction with decision making and child care arrangements (Whisman & Jacobson, 1989).

There is a long-standing debate within the field of family therapy over the validity of the construct of power which is discussed fully elsewhere (Carr, 1995, 1997) but will be briefly recapitulated here. One viewpoint taken initially by Gregory Bateson and more recently by social constructionists, is that power is a corrupting myth and a more useful way of constructing reality is in terms of non-hierarchical patterns of mutual influence. The alternative view, popularized widely by Jay Haley and also by Feminists is that power is central to all human relationships, and while patterns of mutual influence may occur, mutuality of influence does not necessarily entail equality of influence. Inevitably, hierarchical patterns of organization permeate human systems. The results of the present study clearly favour the latter position.

Our results highlight the importance of including marital therapy as part of a treatment package for married women with depression. Our findings suggest that targets for intervention should include fostering constructive communication (to replace demand-withdraw and passive aggressive sequences); renegotiation of household and child care tasks (to address women's negative power outcomes); and exploration of changes in women's roles (to deal with women's economic disadvantage). Positive results from two controlled trials of behavioural marital therapy for depression in women which incorporate some of these features into their treatment protocols are consistent with these conclusions (Jacobson, Dobson et al, 1991; O'Leary & Beach, 1990).

With respect to future research, further studies involving control groups containing couples in which one member has a physical illness or a psychological difficulty other than depression are required. Such studies would indicate if the differences in power bases, processes and outcome identified in this study are specific to depression or common to couples containing a member with any illness or psychological difficulty.

SUMMARY

To investigate the association between depression and power within marriage, 14 couples in which the female partner was depressed were compared with 14 non-depressed couples on a range of variables which assessed power bases, processes and outcomes, three domains identified in Cromwell & Olson's (1975) analysis of marital power. Compared with non-depressed couples, those containing a depressed female partner had distinctive profiles and a subset of the characteristics of these couples were uniquely associated with depression and quite distinct from couples' levels of marital satisfaction. With respect to power bases, while low female income, lack of commitment, psychological aggression and passive aggression were more pronounced in couples containing a depressed female partner, depression was uniquely associated with females' low incomes and both partners' high levels of passive aggression within the relationship. With respect to power processes, compared with controls, both husbands and wives in marriages containing a depressed female partner engaged in less constructive communication and more overall demand-withdraw behaviour, but female partners' reports of more husband-demand-wife-withdraw interactions was a unique correlate of depression and independent of the effects of marital dissatisfaction. With respect to power outcomes, in couples containing a depressed female partner, these women did more household and child care tasks and had less involvement in decision making and were more dissatisfied with these arrangements than controls. The level of household and child care tasks reported by women and their dissatisfaction with excessive child care demands and the distribution of decision making were uniquely associated with depression. So also was their husbands' dissatisfaction with the distribution of decision making.

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