ABSTRACT

Title of Thesis: Couples' Depression Symptoms, Partners' Demand/Withdraw Communication, and Steps They Have Taken to End their Relationship, within a Clinic Population

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Research has consistently demonstrated an association between an individual's experience of depression and distress within their romantic relationship. Demand/withdraw communication has been identified as one possible mediator of this association, as depression has been shown to increase the likelihood that couples engage in this pattern, and this pattern has been shown to be destructive to a couple's relationship. Using the principles of family systems theory, this study examines whether depression may be associated with the dissolution of romantic relationships, using an Actor Partner Independence Model (APIM) analysis. The sample included couples who had sought therapy at the Center for Healthy Families at the University of Maryland. Results indicated both direct and indirect significant pathways between a partner's experience of depression and both partners taking steps toward leaving the relationship, with perceptions of demand / withdraw patterns as mediators. The study's findings have implications for clinical practice.

# COUPLES' DEPRESSION SYMPTOMS, PARTNERS' DEMAND/WITHDRAW COMMUNICATION, AND STEPS THEY HAVE TAKEN TO END THEIR RELATIONSHIP, WITHIN A CLINIC POPULATION

By

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TABLE OF CONTENTS

# CHAPTER 1: INTRODUCTION

## Statement of the Problem

Depression is a condition that affects a great portion of the population, with major depressive disorder experienced by 16.5% of adults in the United States at some point during their lifetime (National Institute of Mental Health, 2012). Although depression is an individual condition, it can have profound effects on an individual's relationships with others, including with their intimate romantic partners. According to Johnson and Jacob (1997), the development of depression in an individual as well as the maintenance of depressive symptoms are intricately linked to the interpersonal context in which that individual exists. In other words, an individual's experience of depression can be exacerbated or improved by their interactions with others, and in turn people who spend significant amounts of time with someone who is depressed may experience personal distress. One of the most relevant contexts in which to study depression, then, are the romantic relationships in which one or both depressed partners are embedded.

Prior research has revealed a strong positive correlation between the level of one partner's depression and the couple's relationship satisfaction, finding detrimental effects both for the partner who is depressed as well as the partner who is not (Whisman, Weinstock, & Uebelacker, 2004). In addition, the causal path linking depression and relationship distress has been hypothesized to be bi-directional. In other words, there is evidence to support the idea that depression may lead to marital dissatisfaction, but there is also evidence to support the notion that marital dissatisfaction may lead to the experience or exacerbation of depression. It is yet unclear which of these pathways is

more representative of the lived experience of couples. However, it is critically important to understand whether depressed mood and other symptoms precede a decline in positive relational interaction or vice versa (Johnson & Jacob, 1997).

Although a sizable body of research has examined the links between depression in a partner and various measures of the quality of the couple relationship, there has been little focus on relationship stability as an outcome variable. Although measuring marital satisfaction is worthwhile, it is still unknown whether effects of depression may be associated with the dissolution of a couple's relationship – information that would be valuable to therapists and couples alike. Very little research has examined whether an individual's level of depression is associated with the likelihood that his or her relationship will last or end in divorce or separation. This gap in current knowledge calls for further research. The existing research indicates that depression is related to marital distress, and marital distress has been identified as a strong indicator of deterioration in the strength of the marital bond (Doohan, Carrere, & Riggs, 2010; Whisman et al., 2004). However, it is important for clinicians and researchers alike to understand the practical implications that depression may have for the survival of a couple's relationship, which is not equivalent to the partners' levels of satisfaction with their relationship (i.e., some individuals decide to remain in unhappy relationships for other reasons, such as financial barriers to living on their own).

Because the literature shows a consistent association between depression and relationship satisfaction, it was expected that a similar finding would occur in the present study. However, this study extended research further by examining (a) the degree to which depression is associated with the steps that either partner takes toward leaving the

relationship, and (b) a possible mechanism or pathway through which this association occurs. For those prior studies that examined the relationship between an individual's depression and the two partners' levels of satisfaction with their relationship, various pathways or mediators through which this occurs have been hypothesized and supported. However, there have been inconsistent findings among the relatively few studies regarding the mediators (Heene, Buysse, & Van Oost, 2007). So far, researchers have suggested that some form of communication occurring between partners may be the mechanism through which an individual's depression influences relationship functioning.

Intuitively, communication seems likely to play a role in the association between depression and relationship satisfaction, because communication behavior is a key process through which members of a couple send each other messages and influence each other. It is known that depressed individuals communicate differently with their significant others than non-depressed individuals do, with a higher level of negative forms of communication when depression is present (Baucom et al., 2007). However, gaps remain in knowledge of how specific types of communication are linked with depression (Papp, Kouros, & Cummings, 2009), although more research has identified forms of communication associated with relationship distress (e.g., Christensen & Shenk, 1991; Gottman, 1994). Significantly more investigation is needed to discover what specific types of communication, particularly negative communication, may mediate the association between depression and negative relationship outcomes (Sher, Baucom, & Larus, 1990). Identification of such mediating communication processes has important implications for helping couple therapists intervene in the couple relationships of depressed individuals to facilitate positive change and engagement between the partners.

Prior research (e.g., Christensen & Heavey 1990; Christensen & Shenk, 1991; Givertz & Safford, 2011; Papp et al., 2009) has indicated that couples who engage in a demand/withdraw communication pattern, in which one member of the couple pursues the other and pressures him or her to respond, while the other member actively withdraws from communicating, are more likely to be unhappy in their relationship than couples who engage in little or no demand/withdrawal. Given that withdrawal is a common symptom of depression, and also that disengaging from one's couple relationship is a major form of withdrawal, the present study focused on demand/withdraw communication as a potential mediator of the relationship between depression and steps taken toward leaving a relationship. Demand/withdraw communication is characterized by one partner pursuing connection with and/or requesting a need be met by the other, while the other partner tends to withdraw from these advances, backing away from the other person possibly as a means to reduce the amount of stress being placed upon them. Research has demonstrated a significant link between the presence of depression in an individual and the use of demand/withdraw communication within a couple's relationship (Heene et al., 2007; Uebelacker, Courtnage, & Whisman, 2003). However, demand/withdraw communication has not been examined as a mediator between depression and the steps that partners take toward leaving their relationship. This particular communication pattern may account for the association between depression and steps taken toward dissolving a relationship due to its particularly pervasive nature in both depression and relationship distress. Understanding the degree to which demand/withdraw communication mediates between depression and partners' likelihood of taking steps to leave their relationship may help clinicians to treat couples who are

experiencing these presenting problems by directly targeting a destructive behavioral pattern (Papp et al., 2009).

Additionally, previous studies have tended to examine only one member of a couple's level of depression, and how that contributes to each partner's marital satisfaction. Given the relational nature of this mental disorder and the prevalence with which it affects individuals, this reveals a need to examine both members' levels of depression and how they might interact. It is possible that one partner's depression may be related to the other's level. It is also possible that one partner's depression may lead either partner to engage in demand or withdraw communication, which may lead either partner to take steps toward leaving the relationship. An examination of both partners' simultaneous experiences may provide a unique and important lens through which to view the ways in which depression and marital outcomes are related, as the dyadic nature of a couple relationship lends itself to complex processes. Information relating to whether the depression of one or more members of a couple is associated with the future survival of their relationship has great implications for couple and family therapists and may help design interventions to help these couples cope.

Although a fair amount of research has been conducted on the topics of depression, relationship distress, and relationship dissolution, significant gaps in the literature still exist. There is a need to determine the degree to which depression poses a threat to the permanence of couples' relationships, and if so, through what process these two variables may be linked. In addition, it is important to extend findings in the current literature that suggest that demand/withdraw communication between partners may be such a mechanism through which depression mediates between depression and partners

taking steps toward leaving. Furthermore, might there be gender differences in the pathways from one partner experiencing depression to a specific partner demanding or withdrawing, to a specific partner taking steps toward leaving the relationship? These potential pathways are pertinent to the experience of countless couples dealing with depression, as well as to the clinicians who seek to help them to enjoy their relationships to the fullest extent.

## Purpose

This study was intended to begin to fill the gaps in the literature described above. It was designed to identify pathways through which depression might be associated with the steps that each member of a couple takes toward leaving a relationship, as well as what role demand/withdraw communication might play in this association. Whereas previous research has focused primarily on the association between depression and marital satisfaction or quality, this study examined the associations among each partner's depression, each partner's tendency to engage in the demand and withdrawal components of demand/withdraw communication, and the steps that each partner has taken to end the couple's relationship. Furthermore, this study addressed a gap in current knowledge by examining whether there are gender differences in these associations among depression, demand-withdraw communication, and steps taken toward leaving. The study was unique in that it took both partners' levels of depression into consideration rather than just depression in one partner as has been the case in previous research.

This study employed pre-therapy data gathered by the Center for Healthy Families at the University of Maryland on members of couples who have completed a

variety of inventories regarding their individual and relationship functioning. Specifically, data from the Beck Depression Inventory (BDI), Communication Patterns Questionnaire (CPQ), and Marital Status Inventory – Revised (MSI-R) were used to test the hypothesized associations among the three major variables of depression, demand/withdraw communication, and steps toward leaving one's relationship. Through the use of an Actor Partner Independence Model (APIM) analysis, each of the pathways depicted in Figure 1 below was examined. Identification of the pathways that prove to be statistically significant sheds light on the role of gender, as well as on the specific combinations of depression symptoms and communication behaviors, that are associated with individuals' decisions to take steps to leave their couple relationship.

## Literature Review

### Theoretical Model for the Study: Family Systems Theory

Family systems theory has been widely applied throughout existing literature on couple and family relationships. A system is defined as an interacting or interrelated group of entities, around which a defined boundary exists. At its core, an examination of general systems theory assumes that all parts of a system are interconnected (White & Klein, 2008). In addition, an assumption is made that the emergent whole created through joining individual parts of a system is greater than the sum of those parts alone. Applying this concept to a couple's relationship, one can deduce that although each partner within a couple is his or her own entity, these individuals form a system due to the nature of their relationship, and that their lives are inherently interconnected in a pattern of mutual influence. The functioning of each individual influences that of his or her partner, and vice versa. For this reason, I selected family systems theory for use as a guide to

designing the current study. Family systems theory captures aspects of the link between individual functioning and relational functioning that are consistent with both the prior research findings relevant to this study and the APIM model that was used to examine the ways in which aspects of the two individuals (i.e., depression, communication behavior, steps toward leaving) may be interrelated in complex ways.

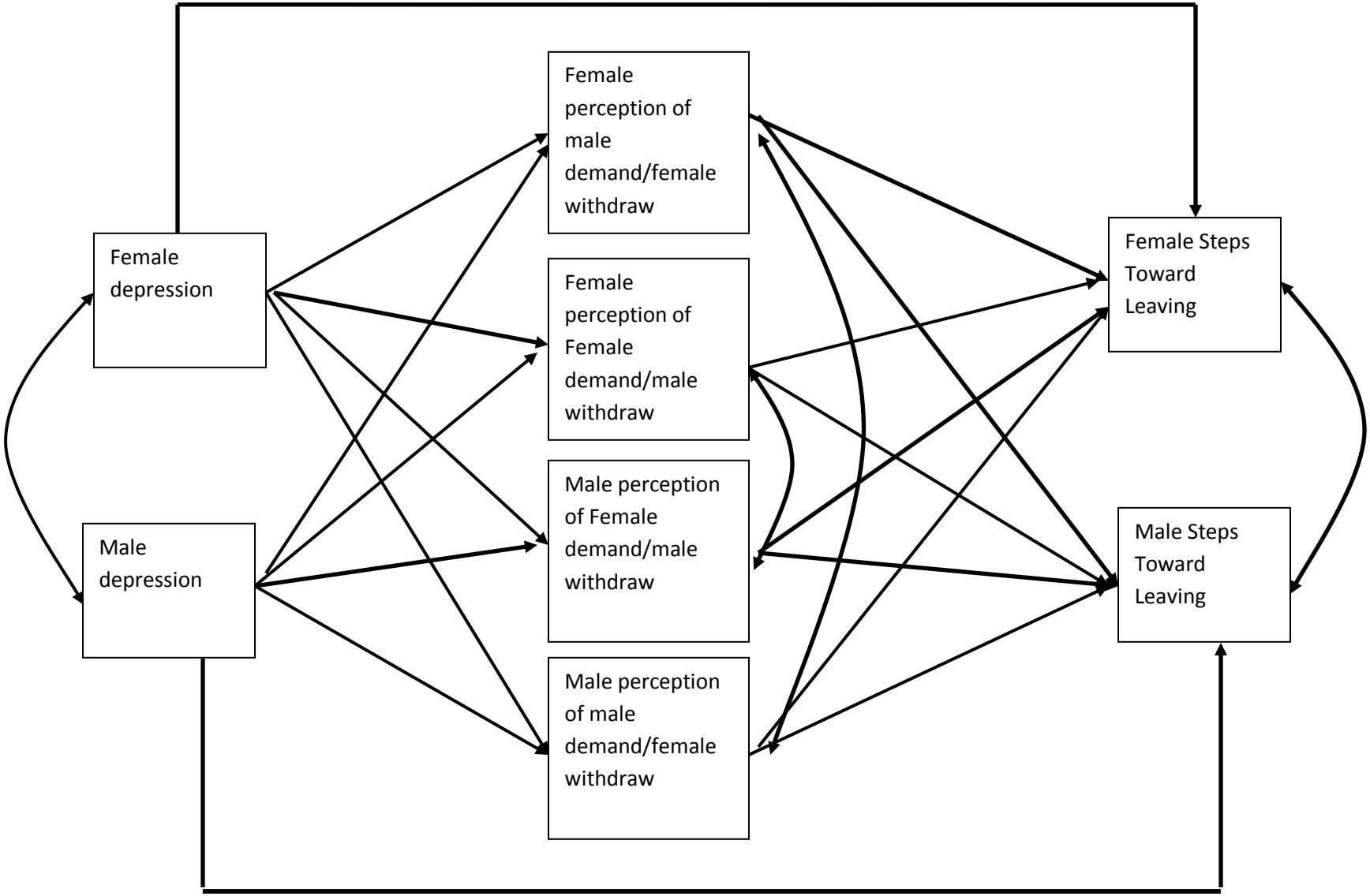
Although depression occurs on an intrapersonal level, according to systems theory the symptoms that one partner in a couple faces have an influence on the other partner and on the relationship as well. Systems theory holds that understanding one aspect of the system requires viewing the system in its entirety to conceptualize the ways in which partners influence each other (White & Klein, 2008). Therefore, the relationships among depression, demand/withdraw communication patterns, and steps toward leaving taken by each individual are inherently influenced by both the individual's own characteristics and those of the other partner. Thus, each partner's experiences have consequences at the couple level.

Family systems theory posits that the mechanism through which the mutual influence between partners occurs is through feedback loops that each member of the system is engaged in and contributes to (White & Klein, 2008). For example, interactions between members of a couple can "spiral" when one partner's behavior becomes information that the other partner then processes and acts upon. This response from the other partner then becomes information for the initial partner, who responds in turn, and the couple interactions continue from there, with the partners mutually influencing each other, depending on how they interpret the information provided by the other. For example, this feedback loop process of input and output can explain how a depressed

individual's negative interpretation (characteristic of depression symptoms) of a partner's actions can influence the depressed partner's actions toward the partner, which in turn has the potential to elicit negative emotional and behavioral responses from the partner and contribute to a downward spiral in the couple's experience together.

According to systems theory, a major goal of a system is to maintain homeostasis, or a sense of balance, that comes from the system monitoring and regulating itself (White & Klein, 2008). Applied to a couple's relationship, this means that the couple as a system works to maintain a balance or relatively steady state in their relationship, maintaining conditions that are comfortable for that couple, which most often means having positive interactions, emotions, and views of their relationship. If that homeostasis is disturbed, as could occur for many reasons, the theory holds that the couple will respond in ways intended to regain homeostasis, transforming their relationship if necessary, so long as they still share that goal. If one member of a couple experiences depression, the expressed symptoms are likely to disturb the couple's homeostasis, and the partners may begin to use demand/withdraw communication patterns to try to restore balance in their relationship. To the extent that the demand/withdraw communication itself further disrupts a positive state of homeostasis, one or both members of the couple may begin to withdraw from the relationship, taking steps to leave. Thus, family systems theory is relevant to understanding how two partners' levels of depression, demand/withdraw communication, and steps toward leaving may be interrelated, so it served as the conceptual base for this study's model portrayed in Figure 1.

**Figure 1**


Female depression
Male depression
Female perception of male demand/female withdraw
Female perception of Female demand/male withdraw
Male perception of Female demand/male withdraw
Male perception of male demand/female withdraw
Female Steps Toward Leaving
Male Steps Toward Leaving

**Depression**

It is estimated that about 16% of adults in the United States will experience at least one major depressive episode in their lifetimes (Wittenborn, Culpepper, & Liu, 2012). In any given year, 6.7% of adults in the United States experience a major depressive episode, and only 56.8% of these individuals receive some type of treatment for their depression (National Institute of Mental Health, 2012). Women have been shown to be 70% more likely to experience depression in their lifetime than men, and African Americans are 40% less likely than Caucasians to experience depression in their lifetime (National Institute of Mental Health, 2012).

As one of the most common mental disorders, depression presents a serious and unfortunately very common challenge that clients bring to therapists in a clinical setting. According to the DSM-IV-TR (American Psychological Association, 2000), symptoms of depression include depressed mood, loss of interest or pleasure in most activities, significant weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or excessive guilt, diminished ability to concentrate or make decisions, and recurrent thoughts of death or suicidal ideation. While the DSM-IV-TR provides strict criteria for diagnosing Major Depressive Disorder (MDD), symptoms of depression may be experienced in different combinations, may present in different ways, and may be present in varying degrees in each individual. Depression can be measured dichotomously (e.g., whether the participant meets DSM-IV-TR diagnostic criteria for MDD or not) or along a continuum of symptom severity. The latter option was employed in this study in order to capture the degree to which an individual is experiencing depression symptoms.

Due to the high prevalence of depression, a wide variety of different treatments have been developed and researched in order to provide help to those suffering emotional turmoil. Although depression results in similar types of thoughts, behaviors, and emotions for those who suffer from it, the disorder is also experienced by each individual in specific ways and may be triggered by a variety of circumstances. It is important, therefore, for clinicians to be familiar with the various correlates of depression, as well as with different ways to treat it. Because depression is so common, a sizable body of research has addressed the various factors that may contribute to its development or "trigger" a major depressive episode. These factors include: genetic susceptibility / biological factors, gender, cognitive beliefs and assumptions, levels of pessimism, ruminative response style, a tendency to use social problem solving, disruptions in early attachment, experiencing a stressful life event, having low social support, and prior experience of a major depressive episode (Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008; Dobson & Dozois, 2008).

In addition to these factors, however, a great deal of research has demonstrated a strong link between the experience of depression and relational distress/discord, making this a crucial risk factor for clinicians to consider (Wittenborn et al., 2012). Depression exists in an interpersonal context, and multiple studies have shown that this context, specifically between a depressed individual and a romantic partner, influences the onset, severity, course, development, and maintenance of the disorder as well as the couple's relationship quality (Johnson & Jacob, 1997; Whisman, Johnson, Be, & Li, 2012; Wittenborn et al., 2012). According to Gotlib and Beach (1995), depression and marital discord mutually influence one another in a type of cycle. They contend that depression

in an individual can lead to poorer social skills, increased avoidance in communication, and increased tension in relationships with others, contributing to relational distress. On the other hand, marital discord can lead to a decrease in coping, self-esteem, and intimacy and an increase in denigration, criticism, aggressive behavior, and general family stress, which can contribute to the development of symptoms of depression (Gotlib & Beach, 1995).

**Gender differences in depression.** In general, epidemiological studies have shown that women are approximately two times more likely to develop depression than are men (Nolen-Hoeksema, 1987). This finding was replicated by Doohan et al. (2010), who found that wives in their study reported higher levels of depression symptoms than their husbands did. Because depression is known to be more prevalent in women, the majority of studies published on the effects that depression can have on relationships have included female depressed participants, leaving a significant gap in understanding the experience of depressed males (Johnson & Jacob, 1997). However, some differences in the ways in which depression affects men and women have been identified and are important to keep in mind.

Johnson and Jacob (1997) found that men and women have both different levels of vulnerability to depression and different styles of coping with the disorder. Generally, depressed women are more likely than depressed men to express their symptoms of depression to others as well as to seek help for these symptoms (Johnson & Jacob, 1997). Johnson and Jacob suggest that this may be explained by the tendency for others to evaluate men who overtly express symptoms of depression more negatively than they evaluate women who do the same (1997). Similarly, married women who are depressed

have been shown to demonstrate lower levels of positivity and higher levels of negativity than married men who are depressed (Gabriel, Beach, & Bodenmann, 2010). Instead, married men who are depressed display less problem solving, less negative reciprocity, and more positive reactions than their female counterparts (Gabriel et al., 2010). According to Winkler et al. (2004), depressed men and women showed different types of psychological symptoms. Women demonstrated more affective lability, whereas men showed more affective rigidity, decreased libido, hypochondriasis, and compulsive impulses. Similarly, other researchers have found that whereas women are socialized to dwell on their emotions when depressed, men are socialized to act out in ways such as expressing anger, self-destructiveness, engaging in risky behaviors, and becoming a "workaholic" (Kilmartin, 2005).

Johnson and Jacob (1997) also found that depressed wives express more affect-laden communication in general, more negativity in romantic relationships, and have a lower likelihood of withdrawing from problem-solving interactions than depressed husbands. According to Gabriel et al. (2010), women may be more likely to confront, ruminate, and engage in behaviors and interactions that might produce negative emotions, whereas men might be more likely to minimize or avoid these interactions. Potential implications for the ways in which these gender differences may influence couple relationships are provided in the "gender differences" subsection within the next section.

**The Link between Depression and Couple Relationship Distress**

Although not all couples that include a depressed partner experience relational problems (Gabriel et al., 2010), an overwhelmingly large body of literature speaks to the

strong and negative link that exists between a partner's depression and a couple's overall relationship quality and bond for both males and females (Barbato & D'Avanzo, 2008; Doohan et al., 2010). Couples that include at least one depressed partner exhibit more disturbed marital behavioral interaction than couples without a depressed partner (Johnson & Jacob, 1997). A study by Basco et al. (1992) found that both depressed patients and their partners described more marital dissatisfaction, had a diminished capacity for establishing and maintaining intimacy, and articulated greater desire for change in certain areas of their marriage than did couples without a depressed partner. Partners who meet DSM-IV criteria for major depressive disorder report greater relationship discord than those without depression diagnoses (Whisman, 1999). Although anxiety disorders have also been shown to have some negative association with marital functioning, mood disorders (those disorders predominantly characterized by depression symptoms) were shown to be more strongly and uniquely related to marital satisfaction for both genders, with individuals seeking treatment for mood disorders reporting lower relational satisfaction (Whisman et al., 2004).

A great deal of research has focused on whether depression influences relational discord or vice versa, and the majority of this research has demonstrated support for the bidirectional nature of the association, with depression and relationship problems intimately intertwined (Doohan et al., 2010; Whisman & Beach, 2012). In general, married persons who are depressed report worse marital adjustment, and poor marital adjustment has been demonstrated to predict more depression symptoms (Whisman & Beach, 2012). Some longitudinal studies suggest that the experience of depression might be a risk factor for, as well as a predictor of, marital discord (Gilliam & Cottone, 2005).

Other researchers have concluded that marital distress, relationship discord, low spousal support, and interpersonal or social problems especially in the marital context are strongly associated with the onset/development, maintenance, severity/intensity, relapse, and course of depression (Gabriel et al., 2010; Johnson & Jacob, 1997; Whisman et al., 2012). Depression symptoms were experienced at a higher rate among individuals whose relationships had ended recently than for those whose relationships remained intact (Givertz & Safford, 2011). Another study (Whisman & Bruce, 1999) found that greater marital discord increased the risk of a partner having a major depressive episode in the year following the relational distress.

Research also supports the notion that one partner's depression affects relational outcomes for both partners in a relationship, not exclusively for the depressed partner alone. Whisman et al. (2004) found that marital satisfaction scores for an individual were predicted by that individual's own level of depression as well as the person's partner's level of depression. In other words, depression symptoms in one partner affected both the depressed individual and partner, and it seems likely that this effect could be amplified if both partners experience depression symptoms. A study by Coyne et al. (1987) found that those who live in close quarters with a depressed individual feel burdened in many ways and feel upset due to the other person's depression, which may account for the negative effect on partner relationship satisfaction. Perhaps because of the transmission of negative experiences from a depressed person to his or her partner, these partners often show high levels of criticism and negativity toward the depressed individual and their couple relationship (Benazon & Coyne, 2000). This may explain part of the process

through which relational distress and depression exacerbate one another. The next section reviews evidence for interpersonal processes linking depression and relationship distress.

**Gender differences in the effects of depression on couple relationships.** Just as gender differences exist in the experience and expression of depression, existing literature presents evidence that gender also is associated with the effects that depression has on couple relationships. Whisman (2001) found that depression is more closely tied to dissatisfaction with one's marriage for depressed women than it is for depressed men. Heene et al. (2007) expanded this finding, writing that both members of clinical couples including a depressed female reported lower marital adjustment than those with a depressed male. The gender of the depressed partner has also been proposed to be associated with the way in which the couple interacts. For example, Gabriel et al. (2010) found that gender moderated the relationship between depression and marital distress, and was associated with different marital interaction patterns for depressed women vs. depressed men. Johnson and Jacob (1997) also found that depression had stronger associations with disturbed marital interaction when wives were depressed than when husbands were depressed. Finally, the direction of the relationship between depression and relationship satisfaction may differ depending upon the gender of the depressed partner. Fincham, Beach, Harold, and Osborne (1997) found causal pathways from depression to marital dissatisfaction for men, but from marital dissatisfaction to depression for women.

Other authors have cautioned against making assumptions about men based on the findings described above. Uebelacker et al. (2003) state that relationships are still important to men, but that relationships may affect an individual's view of self and

mental health differently depending upon his or her gender, which may account for some of the differences that have been observed. In addition, not all studies have found differences in the ways in which depression affects relationships depending on the gender of the depressed partner. Whisman et al. (2004) found no significant difference in the association between psychopathology and relationship satisfaction based on the gender of the partner who exhibited symptoms.

## Pathways between Depression and Relationship Distress

Several mechanisms have been identified as potential pathways through which depression and couple relationship dissatisfaction are related and mutually exacerbated. Relational factors such as increased partner criticism can be important stressors contributing to the experience of depression (Barbato & D'Avanzo, 2008). However, positive relational behaviors such as increased intimacy, help with finding coping strategies, and other types of interpersonal support by a partner can assist in alleviating some depression symptoms and potentially facilitate recovery (Barbato & D'Avanzo, 2008).

**Couple communication patterns**. Just as depression within a couple is associated with decreased marital satisfaction and other negative relational consequences, it is also associated with significant changes in couples' communication patterns. Depression is a particularly strong predictor of impaired partner communication and subsequent maladjustment in a couple's relationship (Papp et al., 2009). According to the Baucom et al. (2007) review, multiple studies have shown that having a depressed partner in a couple is associated with higher levels of destructive communication patterns in their

interactions. However, Baucom et al. (2007) also state that some studies have failed to show this association, potentially because the researchers did not determine whether couples' negative communication was uniquely due to depression rather than partially due to existing marital distress that also was related to depression.

Regarding the behavioral interactions in couples with a depressed member, Sher et al. (1990) found that the presence of depression in distressed marriages was correlated with greater negative communication *from* the depressed individual as well as *toward* the depressed individual. In addition, depression was associated with lower comprehension on the part of both partners of messages sent between them. In this study, depressed wives reported experiencing difficulty understanding their husband's messages, and they believed that their husbands did not understand them. These findings are consistent with previous findings that depressed individuals engender negative responses from others (Sher et al., 1990).

Depressed individuals have been shown to emit a higher percentage of negative messages as well as demonstrate more depressive behaviors such as expressing negative moods, negative self-evaluations, and helplessness (Basco et al., 1992). Depression in one partner can have negative effects on the other partner's communication as well. Partners of depressed persons often disagree with their partner, show ambivalence in offering help, and communicate negative evaluations of their partner, which can have a negative impact on the depressed individual, further damaging the relationship (Basco et al., 1992). These early findings are supported by those of Harper and Sandberg (2009), who found that when one spouse is depressed the affective communication and problem solving processes of the couple are impaired. In addition, they found that when both

spouses are depressed, communication scores are even worse than when only one partner is depressed.

Because of the consistent finding that depression is associated with poorer relational communication, researchers began to examine specific types of communication that may be linked with symptoms of depression. So far, the most widely-studied communication pattern associated with depression has been the demand/withdraw pattern, in which one partner pursues or demands some sort of attention from or discussion with the other, who in turn withdraws from the partner and the relationship (Christensen, 1988). For example, if the partners are having an argument and one partner is staying quiet, not saying much, and wants to take some time away – that partner would be considered to be using "withdraw" behavior. In contrast, if one partner continues to pursue the other partner by continuing to ask questions, expect complete responses, and is unwilling to take some time away and talk about the issue later – that partner would be considered to be using "demand" behavior. Another example of "demand" behavior includes wanting to spend a lot of time together, even when the other partner is busy, wheras an example of "withdraw" behavior includes wanting more time away from a partner than usual.

According to Papp et al. (2009), significant symptoms of depression in a partner puts him or her at higher risk for engaging in demand/withdraw communication, which, due to the cyclical dyadic nature of the demand/withdraw pattern, prompts the person's partner to respond with the opposite tactic, thereby increasing the use of demand/withdraw communication in the couple relationship as a whole. Couples that include a depressed partner have reported higher levels of demand/withdraw

communication, including both the female demand/male withdraw and male demand/female withdraw patterns (Heene et al., 2007). Furthermore, Heene et al. (2007) found that conflict communication patterns, including demand/withdraw, are significant mediators of the relationship between depression and relational distress for both men and women, replicating prior research. Specifically, the female demand/male withdraw pattern was found to most strongly mediate the association between depression and relational distress.

Different studies have yielded different results in regard to which gender engages in demand or withdraw behavior when these are linked to depression. A study conducted by Uebelacker et al. (2003) found that depression symptoms in both men and women were associated with the female demand/male withdraw patterns. Similarly, Baucom et al. (2007) found that depression in males uniquely predicted the female demand/male withdraw pattern, but they did not find the same communication consequences with depressed females. However, another study found that depression symptoms in a husband or a wife were linked to a greater likelihood of the couple exhibiting male demand/female withdraw communication during marital conflict, which is contrary to findings of previous studies (Papp et al., 2009). Also contrary to other findings were those from the study by Byrne, Carr, and Clark (2004), which failed to find a unique association between depression and demand/withdraw communication when controlling for level of marital distress.

Authors who have examined the association between depression and demand/withdraw communication have proposed explanations for why these two variables are uniquely related. Heene et al. (2007) speculate that being the “demander” in

the relationship might result in feelings of hopelessness, which could be a source of depression symptoms, although the research does not clearly show that the depressed individual is necessarily in the "demander" role. Similarly, other researchers believe that the "demander" is the partner who wants greater change in a certain area of the relationship but is unable to achieve that change without the withdrawing partner's cooperation, leaving the "demander" feeling ineffective, which also might result in feelings of hopelessness or helplessness, engendering depression (Uebelacker et al., 2003). Because social withdrawal is one symptom of depression (American Psychiatric Association, 2000), depressed individuals may have a tendency toward disengaging from their relationship and playing the "withdraw" role in this communication pattern. However, depression can also lead individuals to feel lonely and helpless (American Psychiatric Association, 2000), which may result in depressed individuals playing the "demand" role in this communication pattern, needing connection and affirmation from their partner. Because both roles are supported, it is reasonable to suppose that depression symptoms place an individual at higher risk for using the demand/withdraw pattern in general. However, more research is needed in order to understand how symptoms of depression and demand/withdraw patterns might be related to each other.

**Depression and Relationship Dissolution**

Some degree of controversy exists within the existing literature regarding the association between depression and the dissolution of a romantic relationship. Although research findings indicate a significant association between higher levels of depression and the likelihood of relationship dissolution occurring, researchers have not produced clear evidence whether divorce contributes to lower levels of well-being (e.g.,

depression) or whether those with poorer mental health (e.g., depression) are more likely to divorce (Amato, 2000). Few studies have examined this association, but some have found evidence to support both causal directions, as described below.

A study conducted by Chatav and Whisman (2007) found that individuals who separated from or divorced their romantic partner showed an increased risk for mood disorders; specifically that the dissolution of a marriage was associated with those partners being 3.7 times more likely to develop a mood disorder following the dissolution. This finding was not dependent on the gender of the partner or the length of the relationship, but the authors did find racial differences in that Whites were more likely than those of any other race to develop a mood disorder after the dissolution of a marriage (Chatav & Whisman, 2007). A study by Sbarra and Emery (2005) found that those whose relationship recently dissolved experienced more emotional volatility, sadness, and anger, as well as lower feelings of love and closeness, but that these feelings declined over time. In a review of literature on the topic, Amato (2000) identified three different trajectories that those who divorce or separate may take: some may find benefits from the divorce, others may temporarily experience decreased well-being, and others may experience more extreme and permanent negative feelings. Amato found that some longitudinal studies show evidence that those who go through a divorce experience increased depression symptoms after the dissolution, in addition to experiencing lower levels of general psychological well-being. A study by Bruce and Kim (1992) indicated that rates of depression were 6.6% for married women and 12.2% for divorced women, whereas they were 1.8% for married men and 10.3% for divorced men. Similarly, Hope, Power, and Rogers (1999) found a 188% increase in the risk of developing depression

among mothers who were divorced as compared to married mothers. In general, significantly higher levels of mental health problems and lower levels of well-being are reported in those whose marriages have dissolved (Chatav & Whisman, 2007).

Other studies have found evidence that symptoms of depression may precede and contribute to the dissolution of romantic relationships. Amato (2000) refers to this as the "selection perspective", or the belief that people who bring problematic characteristics such as depression symptoms into a relationship are predisposed to divorce and other forms of marital disruption. According to Doohan et al. (2010), depression symptoms along with loneliness are important indicators of, and are linked to, the future likelihood that a marital relationship will end. A study by Beach, Harris, Winters, and Weintraub (1986) examined psychiatric in-patients after their release from the hospital and found that those who were depressed had a worse course of marital change over time, and that they had significantly higher rates of divorce at a later date, although this was not the case for all depressed patients. Because support exists for both causal directions regarding the association between depression and relationship dissolution, more work must be done to determine exactly how these two variables are related.

**Demand/Withdraw Communication and Steps Toward Leaving a Relationship**

Although the literature shows a clear connection between depression symptoms and couples' use of demand/withdraw communication, studies have also shown a connection between these communication patterns and the degree to which partners have taken steps toward leaving their relationship, often measured in terms of relational dissolution or divorce. Heavey, Layne, and Christensen (1993) contend that the

demand/withdraw pattern is one of the most destructive interaction patterns when couples are trying to solve a problem, and that it is tied to relationship dysfunction. Baucom et al. (2007) reported that partners who are distressed have a tendency to interact using the demand/withdraw communication pattern, and this finding was replicated in a study of couples' conflict communication that showed that the use of demand/withdraw communication is associated with relational distress (Givertz & Safford, 2011). As noted previously Papp et al.'s (2009) study found that both wife demand/husband withdraw and wife withdraw/husband demand patterns are predictive of lower levels of conflict resolution as well as the presence of more negative emotion, and these patterns were more likely to occur when the couple discussed aspects of their relationship. Papp et al. (2009) also contend that demand/withdraw communication is more likely to be expressed by distressed couples than by non-distressed couples, and they propose several possible reasons for the association between demand/withdraw communication patterns and relationship dissolution: that the pattern might interfere with constructive problem resolution and positive expression, as well as increase anger and other negative emotions, resulting in a heightened cycle of relational dysfunction, leading to distress in the relationship.

**Gender Differences in the Use of Demand/Withdraw Communication Patterns**

Existing literature has focused on whether differences are present in the ways in which males and females engage in the use of demand/withdraw communication with their romantic partners. A general consensus exists that the majority of research conducted repeatedly demonstrates the female demand / male withdraw pattern as more common and pervasive than the male demand / female withdraw pattern (Christensen,

1988; Christensen & Heavey, 1990; Klinetob & Smith, 1996). However, other individual studies have found different results. Some researchers have proposed that the partner who has greater desire to discuss an issue or to change an aspect of the relationship would be more likely to play the "demand" role (Klinetob & Smith, 1996). Papp et al. (2009) found nearly equal frequency of female demand / male withdraw and male demand / female withdraw patterns in their study, but found that when one spouse was depressed, use of the male demand / female withdraw pattern increased. However, Uebelacker et al. (2003) found the opposite: irrespective of the gender of the depressed partner, they found that symptoms of depression were associated with higher rates of female demand / male withdraw communication but not with the opposite pattern. Gabriel et al. (2010) found that distressed couples with a depressed wife exhibited greater female demand/ male withdraw communication whereas distressed couples with a depressed husband exhibited more equal levels of female demand / male withdraw and male demand / female withdraw patterns. Demand/withdraw patterns have been found to be stronger and more gender-typed (e.g., female demand / male withdraw) when couples discuss a topic relevant to their lives (Christensen & Heavey, 1990). Due to the varied outcomes, it is important for gender to be taken into account when working with demand/withdraw communication as a variable.

**Effectiveness of Couple Treatment for Depression**

Consistent with the findings described in the present literature review, Barbato and D'Avanzo (2008) cite a large body of research that shows a strong association between the experience of depression in a partner and symptoms of marital distress in their relationship. There is evidence that depression and relationship discord have a

bidirectional relationship with each other, in that each can contribute to the other. Whereas depressive behavior has been linked to poorer relationship outcomes, the presence of discord in a relationship has also been shown to elevate the risk of a partner experiencing a major depressive episode in the next 12 months (Whisman et al., 2012). Because depression has been so strongly linked to relationship distress, the use of couple therapy as a treatment for depression has been expanding in recent years, and empirical support for couple intervention has been increasing (Gilliam & Cottone, 2005).

Although depression is a disorder affecting the individual, the disorder typically exists in an interpersonal context, and several studies have demonstrated the benefits of utilizing couple therapy in treating the symptoms of depression in many cases (Barbato & D'Avanzo, 2008; Gilliam & Cottone, 2005; Whisman & Beach, 2012). The rationale for treating depression at the couple level, despite the fact that depression is an individual disorder, is that research has shown the exacerbating effects of relational stress and lack of social support on depression, so addressing these contributing factors may alleviate both the depression symptoms and the relational distress (Beach et al., 2008). Couple therapy approaches to treating depression share the goals of adjusting negative interaction patterns and fostering more supportive interactions between partners, which can modify the interpersonal context within the relationship, thereby decreasing depression symptoms (Barbato & D'Avanzo, 2008).

There is some debate in the clinical community over whether individual or couple therapy is more efficacious in the treatment of depression. However, a growing body of research has shed light on the appropriateness of treatment at the couple level. Whisman et al. (2012) found that interventions at the couple level were equally as effective in

treating depression as interventions at the individual level. Barbato and D'Avanzo (2008) found no difference in depression symptoms at the end of treatment between individual psychotherapy and couple therapy for adults with mild to moderate depression, and found that both types of treatment resulted in improvement in depression symptoms for the affected individual. In addition, relational distress experienced by the depressed person and his or her partner significantly decreased among those who received couple therapy instead of individual therapy, which demonstrates an additional positive outcome for couple treatment (Barbato & D'Avanzo, 2008). Gilliam and Cottone (2005) reviewed the empirical literature on this debate and found very similar evidence for the efficacy of couple therapy. The authors found that couple therapy is an effective treatment for depression and also has the advantage of having positive effects on the couple's relationship and functioning. A study conducted by Whisman and Beach (2012) found that couple therapy was effective in reducing symptoms of depression and improving couple functioning through interventions focusing on communication and problem solving. Their results included evidence that both partners' attitudes and behaviors toward depression were also improved (Whisman & Beach, 2012).

Some exceptions to the benefits of using couple treatment for depression, as well as cautions and areas in need of future research, have been identified. Gilliam and Cottone (2005) found that individual therapy may be a better choice for treatment if the depressed individual is not experiencing relational distress or if the relationship distress developed after the depression symptoms began to occur. Some authors suggest that understanding the temporal order of the problems that a couple is experiencing (i.e., did depression or relational distress come first?) might serve as a guide to selecting the best

treatment in order to maximize the benefits of therapy, treating primary depression individually and primary relational distress at the couple level (Whisman et al., 2012). Beach (2003) recommends a similar approach of treating depression individually when the client presents with depression first, and using dyadic treatment when depression seems to have developed in response to relational problems. Additionally, although couple therapy has been found to be effective for couples with a depressed partner, there is still a need for relationally-oriented individual treatments for cases in which a depressed individual's partner refuses to participate in therapy, or in which one partner does not believe that their relationship is distressed while the other partner does believe so (Gupta & Beach, 2005). Some authors (e.g., Whisman et al., 2012) have identified the importance of understanding, through future research, the specific emotions, cognitions, and behaviors that couples exhibit that may be targeted for change in couple treatment in order to alleviate depression symptoms, and they also have suggested that treatment processes may need to be modified for couples in which both partners show signs of depression.

## The Importance of Assessing Both Partners in Studies of Depression and Relationship Distress

Because levels of depression in one partner inherently affect the everyday experience of the other partner due to the systemic nature of a couple relationship, it is important that researchers simultaneously examine the experiences of both partners as well as how they are related. Despite this realization of the interdependence between partners' functioning, the majority of studies conducted to date on relational functioning and depression have only examined one partner's level of depression and one partner's

outcome behaviors and experiences, not taking into account the ways in which the mental health of both partners jointly affects their relational outcomes (Whisman et al., 2004).

Still, some studies have taken into account the important yet complex manner of examining a couple's relationship and have demonstrated support for the inclusion of measures of both partners for each variable included in the study. According to Whisman et al. (2004), without including data from both partners, it is impossible to determine whether observed associations between measured psychopathology and marital outcomes are resulting from one partner's mental health versus the other's, or a combination of the two. Although many couples may have no depressed partners, or only one depressed partner, it is possible that some couples may include partners who each experience their own level of depression that may affect their relationship. Marital satisfaction has been shown to be predictable based upon an individual's own level of depression as well as that of his or her spouse, showing a partner effect (Whisman, et al., 2004). Although the actor effects, or those effects of one's own depression on one's own marital satisfaction, were shown to be stronger, it is clear that individuals' levels of depression also influence their partners (Whisman et al., 2004). The present study was designed to take this interdependence between partners into account.

Even if only one partner shows significant levels of depression symptoms, this still may affect the ways in which both partners experience their relationship. As noted earlier, the study by Johnson and Jacob (1997) found that both depressed individuals and their spouses were significantly different on relational measures from a non-depressed control sample, which suggests that psychopathology affects the couple system as a whole. Heene et al.'s (2007) study demonstrated that both depressed patients and their

partners experienced a significantly lower level of positive marital adjustment, as well as higher levels of negative perceptions and conflict communication. Furthermore, depressed persons and their partners show deficiencies in their capacity to solve relational problems as well as to enhance levels of intimacy in their relationship (Basco et al., 1992). Finally, depressed persons' partners have been found to exhibit higher levels of aggression and defensiveness, as well as lower levels of emotional self-disclosure and interest than even depressed persons themselves (Gabriel et al., 2010). These behaviors may be a reflection of the ways in which partners react to the other's experience of depression, which may further reduce the quality of their relationship. According to Coyne et al. (1987), burdens associated with being a romantic partner to someone who experiences mental health problems can lead to lower relationship satisfaction. Thus, without assessing both partners in a relationship on each measured variable, a great deal of valuable information and insight into the processes at work within the couple system would be lost. The present study includes measures for both partners of depression symptoms, demand/withdraw communication, and steps taken toward leaving the relationship.

# CHAPTER II: METHOD

## Variable Definitions

The independent variable in this study is the level of depression that each individual within a couple is experiencing. Depression is a form of psychopathology that is characterized by emotional symptoms such as feelings of sadness, physiological symptoms such as lack of energy, cognitive symptoms such as an inability to concentrate or maintain interest in life, and behavioral symptoms such as social withdrawal. Depression can exist in varying degrees, and although it often is evaluated in terms of individuals meeting at least minimum criteria for diagnostic categories (e.g., major depressive disorder), it also is commonly assessed along a continuum of symptom severity (from none to severe). In the present study, depression was assessed in terms of the severity of symptoms in the female and male partners, with the possibilities that only the female will exhibit depression symptoms, only the male will exhibit symptoms, both will exhibit symptoms, or neither will exhibit symptoms.

The dependent variable in this study is the steps that each individual member of a couple has taken toward leaving the relationship. This variable is referred to in this document as "steps toward leaving," and it is an indication of the level of commitment that a member of a couple has to maintaining his or her relationship in the near future. Fewer steps taken by a partner toward leaving his or her relationship demonstrate a stronger commitment on that partner's part to stay in the relationship, whereas more steps toward leaving indicate that the partner may not continue to invest in this relationship and may desire to dissolve the relationship. Because some individuals who are unhappy in

their relationships nevertheless choose to remain committed to staying in it, it is not assumed in this study that few steps taken toward leaving are a proxy for relationship satisfaction.

Two forms of demand/withdraw communication occurring in the couple were tested as mediators between the independent and dependent variables in this study: the degrees to which the members of the couple engage in female demand/male withdraw communication and male demand/female withdraw communication. This type of communication may serve as a pathway through which levels of depression may influence the steps that partners have taken toward leaving their relationship.

Because the dataset includes only heterosexual couples, and because the model being utilized takes both partners' experiences into account, gender is inherently built into the model but does not constitute its own variable. Rather, the influence of gender was examined as a framework through which different pathways of association among depression, demand/withdraw communication, and steps toward leaving might be identified. Given the mixed prior findings regarding gender and depression, no hypotheses regarding gender were proposed, but rather a research question explored possible gender differences in the associations among depression, demand/withdraw communication, and steps toward leaving.

**Hypotheses**

Based on prior research findings and my own work with couples, I hypothesized the following:

1. The more depressed an individual is, the more steps the individual will have taken toward leaving the couple relationship.
2. Perceptions of demand/withdraw communication will mediate the relationship between depression and steps taken toward leaving for both genders, resulting in depression in one individual affecting the steps that the other partner has taken toward leaving.
3. The more depressed either member of a couple is, the more the couple will engage in both forms of the demand/withdraw communication pattern (female demand/male withdraw; male demand/female withdraw).
4. A higher degree of either form of the demand/withdraw communication pattern within a couple will be associated with a greater tendency for the members of the couple to take steps toward leaving their relationship.
5. The scores of partners within a relationship on measures of their relational and individual functioning will be interdependent, such that their scores on each measure will be positively associated.

Research Question: Are there gender differences in the associations among depression, demand/withdraw communication, and steps toward leaving?

**Sample**

Data from this study, which involves a secondary analysis, were collected from 216 couples. The sample from which data were derived is a population of all heterosexual couples who have come to the Center for Healthy Families at the University of Maryland since the year 2000 seeking couple therapy and who have completed a standard pre-

therapy assessment. Data on a total of 529 couples are available within the Center for Healthy Families, but only 216 of these couples had completed all three of the questionnaires needed for this study (the Beck Depression Inventory, Communication Patterns Questionnaire, and Marital Status Inventory-Revised), especially because the clinic included the Communication Patterns Questionnaire at a different point in the therapeutic process during some years, and therefore only those couples who completed all 3 questionnaires could be included. A descriptive analysis of the sample's demographic characteristics indicated that the therapy clients are diverse across a variety of variables. Participants' ages ranged from 18-60 for females and 17-67 for males, with mean ages of 31.31 years for females and 33.42 years for males. On average, couples reported having been in their current romantic relationship for 6.39 years (females) and 6.25 years (males). Couples reported having an average of 1.16 (females) or 1.00 (males) children living in their home at the time of measurement. Overall, the sample is highly educated, with approximately 75% of participants having completed "some college" or more. A wide variety of educational backgrounds were reported, which are summarized in Tables 1 and 2. The mean yearly gross income reported by females was $27,530, and that for males was $42,694, with income varying widely in the sample, representing a wide variety of socioeconomic statuses. The sample was also racially diverse, with approximately 40% of participants identifying as White, 37% as African American, 10% as Hispanic, 2-3% as Asian, and 7% as Other. Tables 3 and 4 show the racial make-up of the sample.

Overall the sample is similar to those in related studies on many demographic variables, but is unique in a few ways. Most related studies had fewer participants who

tended to be slightly older and significantly less racially diverse than the current study's sample (e.g., Baucom et al., 2007; Heene et al., 2007; Johnson & Jacob, 1993; Papp et al., 2009; Uebelacker et al., 2003). However, the current study's participants reported similar lengths of time together in their relationship, similar education levels, and similar incomes to participants in these other studies. Because of the diversity of the sample on demographic variables, one can expect the findings of the current study to be reasonably generalizable to a larger population of couples who have sought relationship therapy in an urban clinical setting, but the results may not be generalizable to couples in areas with less racial diversity.

Table 1

Females' Highest Level of Education

| | Frequency | Percent |
|---|---|---|
| some high school | 8 | 3.7 |
| high school diploma | 17 | 7.9 |
| some college | 53 | 24.5 |
| associate degree | 19 | 8.8 |
| bachelors degree | 29 | 13.4 |
| some graduate education | 33 | 15.3 |
| masters degree | 30 | 13.9 |
| doctoral degree | 15 | 6.9 |
| trade school | 12 | 5.6 |
| Total | 216 | 100.0 |

Table 2

Males' Highest Level of Education

| | | Frequency | Percent |
|---|---|---|---|
| | some high school | 9 | 4.2 |
| | high school diploma | 39 | 18.1 |
| | some college | 52 | 24.1 |
| | associate degree | 18 | 8.3 |
| | bachelors degree | 19 | 8.8 |
| | some graduate education | 25 | 11.6 |
| | masters degree | 24 | 11.1 |
| | doctoral degree | 21 | 9.7 |
| | trade school | 7 | 3.2 |
| | 12 | 1 | .5 |
| | Total | 215 | 99.5 |
| Missing | System | 1 | .5 |
| Total | | 216 | 100.0 |

Table 3

Females' Races

| | | Frequency | Percent |
|---|---|---|---|
| | African American | 81 | 37.5 |
| | Asian/Pacific Islander | 5 | 2.3 |
| | Hispanic | 20 | 9.3 |
| | White | 91 | 42.1 |
| | Other | 16 | 7.4 |
| | Total | 213 | 98.6 |
| Missing | System | 3 | 1.4 |
| Total | | 216 | 100.0 |

Table 4

Males' Races

| | | Frequency | Percent |
|---|---|---|---|
| | Native American | 5 | 2.3 |
| | African American | 79 | 36.6 |
| | Asian/Pacific Islander | 6 | 2.8 |
| | Hispanic | 21 | 9.7 |
| | White | 87 | 40.3 |
| | Other | 14 | 6.5 |
| | 22 | 1 | .5 |
| | Total | 213 | 98.6 |
| Missing | System | 3 | 1.4 |
| Total | | 216 | 100.0 |

**Measures**

In addition to the specific questionnaires described below, the clients at the clinic complete a general questionnaire requesting demographic information, including the gender of the individual. This questionnaire is given to the participants at the same assessment session when they complete the questionnaires described below. The demographic questionnaire can be found in Appendix 4. Table 5 below provides a summary of the attributes of each measure.

Table 5

Variables and Properties of Scales Used to Measure Them

| Variable | Measure | Number of items | Range of scores | Meaning of scores |
|---|---|---|---|---|
| Depression | BDI | 21 | 0-63 | Higher = more |
| Demand/Withdraw Communication | Subscale of CPQ | 6 (3 for each partners' perception of female demand/male withdraw and vice versa) | 3-27 for each partners' perception of female demand/male withdraw and vice versa | Higher = more |
| Steps Toward Leaving | MSI-R | 18 | 0-18 | Higher = more |

*Note. BDI = Beck Depression Inventory; CPQ = Communication Patterns Questionnaire; MSI-R – Marital Status Inventory - Revised.*

**Depression**

For the purposes of this study, depression was measured as a continuous variable by the total score for the 21 items that comprise the Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988). On this inventory, participants read four options for each item (which describes a common symptom of depression) and choose the option that they feel best describes the way they have been feeling over the past week. Each option corresponds to a score value. For example, item 4 reads as follows: 0 – I get as much satisfaction out of things as I used to; 1 – I don't enjoy things the way I used to; 2 – I don't get real satisfaction out of anything anymore; 3 – I am dissatisfied or bored with everything. Depression severity is a continuous variable that is measured for each

individual within a couple. Participants' responses to each individual item are added to comprise a total score, which can range from 0 – 63, with higher scores representing more symptoms of depression. The BDI has been utilized in a large number of prior studies and is therefore well-established as a measure of depression (Barbato & D'Avanzo, 2008; Doohan et al., 2010; Gabriel et al., 2010; Givertz & Safford, 2011; Johnson & Jacob, 1997; Uebelacker et al., 2003). The BDI has been shown to demonstrate high internal consistency (.81-.86), high concurrent validity (.60 with clinical ratings and .74 with the Hamilton Rating Scale for Depression), and good discriminant validity for differentiating between depression and anxiety (Beck et al., 1988). Cronbach's alpha levels for the BDI in this study were $\alpha = .88$ for females and $\alpha = .83$ for males. A copy of the BDI can be found in Appendix 1.

**Demand/Withdraw Communication Pattern**

The Demand/Withdraw Communication subscale of the Communication Patterns Questionnaire (CPQ; Christensen, 1988; Christensen & Sullaway, 1984) served as an operational measure of the dyadic communication patterns exhibited by each couple. The CPQ includes subscales assessing mutual constructive communication, mutual avoidance, female demand/male withdraw communication, and male demand/female withdraw communication patterns, in heterosexual couples. However, for the purposes of this study, only the two demand/withdraw subscales were used because they directly measure demand/withdraw communication, whereas the others do not. The demand/withdraw communication subscales include the following items for perceptions of male demand / female withdraw: A. 3a, B. 5a, and B. 6a, as well as the following items for perceptions of female demand / male withdraw: A. 3b, B. 5b, and B. 6b. The CPQ items use a Likert-

type response scale ranging from 1 (very unlikely) to 9 (very likely) as descriptors of the degree to which the couple engages in each dyadic pattern, making the possible range of scores for each member's perception anywhere from 3-27, with higher numbers representing more demand/withdraw communication. The questions on the demand/withdraw communication subscale of the CPQ include: A. 3. "Man tries to start a discussion while woman tries to avoid a discussion", B.5. "Man nags and demands while woman withdraws, becomes silent, or refuses to discuss the matter further", and B.6. "Man criticizes while woman defends him/herself", with "man" and "woman" changing depending on which gendered type of demand/withdraw communication is being measured.

The CPQ has been utilized in a large number of studies in the literature reviewed in this thesis, and is therefore well-established as a measure of demand/withdraw communication patterns within romantic relationships (Givertz & Safford, 2011; Heene et al., 2007; Papp et al., 2009; Uebelacker et al., 2003). Christensen (1988) demonstrated high validity and reliability of the CPQ as well as a high correlation between partners' responses (.70). In the present study, a conscious decision was made to examine each partner's perception of both patterns of demand/withdraw behavior, because each member of a couple may perceive the couple's dyadic patterns differently. This can help to counter the assumption that the CPQ, as a self-report measure, is an objective measure of demand/withdraw communication and instead examines how each partner experiences the couple's interactions subjectively. Cronbach alpha levels for perceptions of male demand / female withdraw in the current study were $\alpha = .67$ for females and $\alpha = .68$ for

males, and levels for perceptions of female demand / male withdraw were $\alpha = .72$ for females and $\alpha = .71$ for males. A copy of the CPQ can be found in Appendix 2.

**Steps Toward Leaving**

The extent to which each member of the couple has taken steps to leave the relationship was measured by a revised version of the Marital Status Inventory (MSI; Weiss & Cerreto, 1980), the Marital Status Inventory - Revised (MSI-R) that was developed in the Center for Healthy Families to be more broadly applicable to couples who are not legally married (e.g., the original MSI items refer to marriage and divorce, but the MSI-R items do not). This inventory consists of 18 questions, each of which the individual can answer by checking "yes" or "no". The questionnaire asks if the individual has engaged in certain thoughts or actions that are related to leaving a relationship in the past 4 months. As the respondent proceeds down the page, the items progressively correspond with more serious thoughts and actions taken toward leaving. Sample items include: 4. "Seriously thought about the costs and benefits of ending the relationship," and 6. "Made specific plans to discuss separation with your partner, for example what you would say." The number of "yes" responses is summed to produce a total score, with a possible range of scores of 0-18, with a higher score representing more steps taken to leave. Because there is a paucity of research on the mechanisms by which a partner decides to leave his or her relationship, the MSI-R has not been commonly used in research studies. However, the MSI-R has been measured against the Marital Adjustment Test (MAT) and was shown to be effective in differentiating severely distressed couples who are close to divorce from moderately distressed couples and non-distressed couples (Whiting & Crane, 2003). Cronbach alpha levels for the MSI-R in the current study were

$\alpha$ = .88 for females and $\alpha$ = .90 for males. A copy of the MSI-R can be found in Appendix 3.

**Procedure**

The data that were used in this study had already been collected and are available to Center for Healthy Families therapist interns for research purposes when approved by the University of Maryland's Institutional Review Board (IRB). IRB approval was obtained. Therapist interns at the Center for Healthy Families began to collect these data in the year 2000 and have continually collected it since that date. Couples included in this sample had sought therapy at the Center for Healthy Families and arrived at the Center for at least the first assessment session, seeking couple therapy. At this assessment session, participants completed an array of questionnaires related to their current personal and relational functioning. Included in this assessment packet were the measures employed in this study: the BDI, CPQ, and MSI-R. The responses that couples gave to the questionnaires are kept confidential from their partners and are not connected to the participants' names in the numerical data set that is stored on a password-protected computer in the Center.

**Analytic Strategy**

First, descriptive statistics including means and standard deviations for male and female depression, male and female perceptions of male demand/ female withdraw and female demand / male withdraw, and male and female steps toward leaving were calculated. Next, *t*-tests for paired samples were conducted to test for gender differences in the variables. Path analysis using EQS 6.1 was conducted to assess relationships

among the variables of interest (depression, perceptions of demand/withdraw, and steps toward leaving for each gender). This is described in detail in the paragraph below. Then, a Chi-square test was used, along with three fit indices suggested by Hu and Bentler (1999) to assess model fit. These analyses include the Comparative Fit Index (CFI), Standardized Root Mean-Square Residual (SRMR), and Root Mean-Square Error of Approximation (RMSEA). According to Hu and Bentler (1999) the cut-off values to determine good model fit are: CFI > .96, SMRS < .09, RMSEA < .06. In addition, a 1:3 ratio criteria of degrees of freedom to chi-square difference test score is used to measure model fit. Non-significant chi-square values with a ratio of 1 to 3 (degrees of freedom to chi-square value) indicate good model fit. The Lagrange Multiplier (LM) test is used to re-specify the model, should it be necessary to create a model with better fit by adding one or more paths that had not been hypothesized. A multivariate analysis of covariance (MANCOVA) was run with the sample's demographic variables (including age, income, race, education level, and length of relationship) and the variables of interest. None of the demographic variables had a main effect for more than one variable of interest in the model, so the analysis did not control for these variables as they could not have confounded the results.

The Actor Partner Independence Model (APIM) was used to analyze the data. The APIM is a statistical model created specifically for the purpose of testing actor and partner effects in dyadic relationships, examining and controlling for the interdependence between two related people in a statistical manner. The rationale for the development of this tool was that relationship partners have been shown to be more similar in a range of ways than two randomly selected individuals, which creates difficulties when examining

processes occurring within the relationship (Cook & Snyder, 2005). The model has been recommended for use in the study of families, couples, and therapeutic outcomes (Cook & Kenny, 2005). This technique takes into account both relationship partners' scores and the degree to which they are interdependent. In other words, actor effects are estimated while partner effects are controlled, and vice versa, while the degree to which the effects interact is also measured (Cook & Kenny, 2005). The APIM has been demonstrated as an effective tool in testing the mediation of variables, especially when partners can be distinguished by major demographics such as gender (Ledermann, Macho, & Kenny, 2011). This allows tests of the various pathways in the model depicted in Figure 1 to examine which of the pathways exist and are statistically significant.

# CHAPTER III: RESULTS

## Results

Cases with more than 3 items of missing data on any single instrument were deleted. Only .0023% of the remaining data within the 216 cases was missing. The remaining missing answers were dropped from the analysis. Due to the large dataset and the low frequency of missing values, the impact that the missing items had on the results is mostly negligible.

Overall, on average both men and women in the sample reported mild amounts of depression (with BDI means of 10.49 and 12.55, respectively), with women scoring significantly higher than men (see Table 6 below). However, the standard deviations in Table 6 indicate that a sizable number of couples experienced higher levels of depression in one or both partners. Although the average level of depression was relatively low, this is representative of a population of clients who seek therapy for relational issues (couple therapy) rather than for depression, as the Center for Healthy Families does not specialize in the treatment of depression, but the clients seek assistance for a variety of significant relationship issues typical of those seen in community clinics. The level of depression within this sample seems likely to be representative of clients seeking outpatient couple therapy, so it is useful to study the relationship that depression has with the other variables of interest in this study – negative communication patterns and steps taken to leave the relationship. Although both genders had relatively low scores on the MSI-R assessing steps taken toward leaving their relationship, again with women having taken significantly more steps (6.78) on average than men had (5.35), the high standard

deviations indicate that many couples had taken a large number of steps toward leaving. In addition, the sequence of items on the MSI-R indicates increasingly more severe steps toward leaving, and even item 6 states "made specific plans to discuss separation with your partner, for example what you would say," indicating that, on average, the couples in this sample had seriously considered leaving their relationships and often had taken significant steps in that direction.

Both men and women appear to have had relatively low mean scores on their perceptions of both female demand / male withdraw (5.32 and 5.53, respectively) and male demand / female withdraw (4.06 and 4.57, respectively) communication. However, these numbers still indicate a notable presence of demand/withdraw communication patterns. Females reported a significantly higher level of male demand / female withdraw communication than males did (see Table 6).

Table 6

Path Model Variables for Females and Males

| **Variable** | **Females** | | **Males** | | |
|---|---|---|---|---|---|
| | *Mean* | *SD* | *Mean* | *SD* | *t-Test* |
| Depression | 12.55 | 7.98 | 10.49 | 7.73 | 2.397* |
| Perception of Male Demand / Female Withdraw | 4.57 | 2.05 | 4.06 | 1.85 | 2.530* |
| Perception of Female Demand / Male Withdraw | 5.53 | 2.04 | 5.32 | 2.11 | 1.012 |
| Steps Toward Leaving | 6.78 | 4.34 | 5.35 | 4.23 | 4.130** |

** $p < .01$ (2-tailed)
* $p < .05$ (2-tailed)

Correlations were computed among the variables of interest in the study's hypotheses. The data are multivariately normal, with a mardia-based kappa value of -.0413 and a mean scaled univariate kurtosis value of - .1091. The correlations ranged from -.265 to .461 and are presented in Table 7 below. Female depression was significantly positively correlated with both female perception of female demand / male withdraw communication (.263) and female steps toward leaving (.261). Male depression was negatively but significantly correlated with male perception of female demand / male withdraw communication (-.265) and positively correlated with male steps toward leaving (.285). Male and female perceptions of male demand / female withdraw communication were significantly positively correlated (.436), as were male and female perceptions of female demand / male withdraw communication (.461). Female perception of male demand / female withdraw communication was significantly positively associated with female steps toward leaving (.228). Male steps toward leaving were significantly positively correlated with both female (.193) and male (.194) perceptions of the female demand / male withdraw pattern. Lastly, male and female steps toward leaving were significantly positively correlated (.473). Notably, male and female levels of depression were not significantly correlated (.092). These correlations provide an idea of the extent to which the variables of interest are related to each other for each sex, independent of the partner's responses, as well as the degrees to which females' and males' scores are associated on each variable.

Table 7

Correlations Among the Model Variables

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Female Depression | -- | | | | | | | |
| Male Depression | .092 | -- | | | | | | |
| Female Perception of MD/FW | -.014 | .007 | -- | | | | | |
| Male Perception of MD/FW | .042 | -.029 | .436** | -- | | | | |
| Female Perception of FD/MW | .263** | -.140 | .006 | -.103 | -- | | | |
| Male Perception of FD/MW | .104 | -.265** | -.149 | .104 | .461** | - | | |
| Female Steps Toward Leaving | .261** | .139 | .228* | .179 | .165 | .175 | -- | |
| Male Steps Toward Leaving | .130 | .285** | .166 | .08 | .193* | .194* | .473** | -- |

*Note*. MD/FW = male demand/ female withdraw; FD/MW = female demand/ male withdraw.
** $p < .01$ (2-tailed)
* $p < .05$ (2-tailed)

## Multivariate Analysis

A visual representation of the pathways tested, with those identified as significant bolded, can be seen in Figure 2 below. Several criteria were used to determine the fit of the specified model. The Chi-Square test comparing the covariance matrix of the observed variables and the matrix implied by the specified model was used in conjunction with Hu and Bentler's (1999) three recommended fit indices: the Comparative Fit Index (CFI), the Standardized Root Mean-Square Residual (SRMR), and the Root Mean Square Error of Approximation (RMSEA). Even though the CFI (.967) and the SRMR (.047) suggested a good model fit, the Chi-square difference test reached statistical significance and did not meet the standard acceptable 1:3 ratio criterion (6 df, Chi-square = 18), meaning that the model could be improved to better explain the data. The Lagrange Multiplier (LM) test suggested that adding one path from Male Depression

to Female Steps Toward Leaving would improve the fit of the model. After examining the fit of this path theoretically, it was determined to be relevant and was added to create Model 2. Model 2 exhibited a good fit, because although the Chi-square value is significant: Chi-square (5) = 14.55, $p < .05$, the model fits the 1:3 ratio (5 df, Chi-square < 15). Additionally, the three indices were within the normal range of acceptability for good fit (CFI > .96, SRMR < .09, RMSEA < .06), indicating that Model 2 fits the data well. The fit of Model 2 was significantly better than the fit of Model 1, as the difference between the two Chi-square values was only 3.69 with 1 degree of freedom.

**Figure 2**

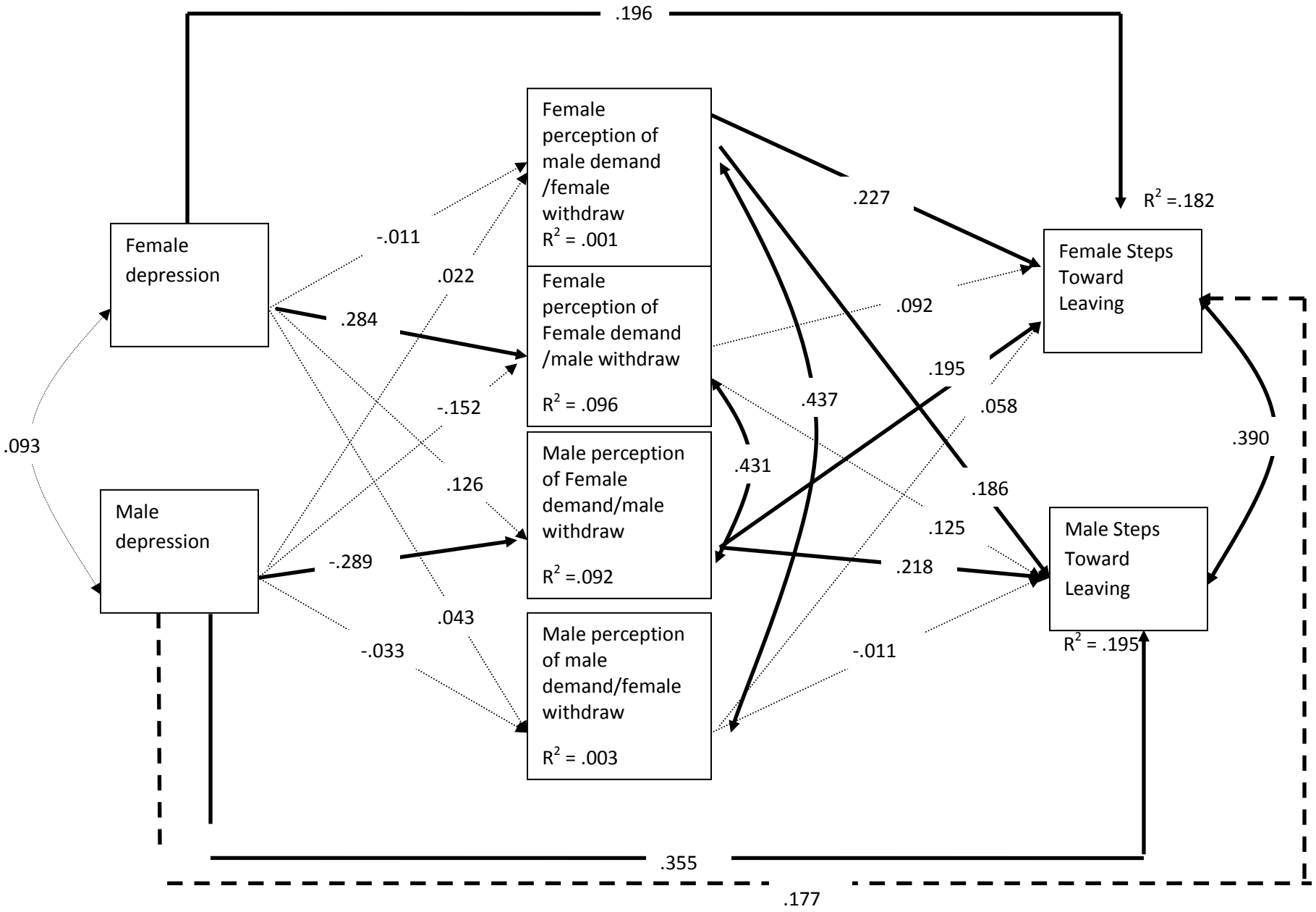

.196
Female depression
Male depression
.093
-.011
.022
.284
-.152
.126
-.289
.043
-.033
Female perception of male demand /female withdraw
$R^2$ = .001
Female perception of Female demand /male withdraw
$R^2$ = .096
Male perception of Female demand/male withdraw
$R^2$ =.092
Male perception of male demand/female withdraw
$R^2$ = .003
.227
.092
.195
.437
.058
.431
.186
.125
.218
-.011
$R^2$ =.182
Female Steps Toward Leaving
Male Steps Toward Leaving
$R^2$ = .195
.390
.355
.177

Table 8

Summary of the Fit Statistics for Each Path Model

| Fit Indices | Model 1 (original model) | Model 2 (1 path added) |
|---|---|---|
| Chi-Square | | |
| | $\chi 2$ = 19.29 | $\chi 2$ = 14.55 |
| | *df* = 6 | *df* = 5 |
| | *p* = .004 | *p* = .012 |
| CFI | .967 | .986 |
| SRMR | .047 | .037 |
| RMSEA | .069 | .050 |
| (90% confidence interval) | .0 - .137 | .0 - .129 |

Hypothesis 1 was fully supported as female depression was significantly associated with female steps toward leaving (.196) and male depression was significantly associated with male steps toward leaving (.355). Hypothesis 2 was partially supported, as female perception of male demand / female withdraw communication significantly mediated the path between depression and both male (.186) and female (.227) steps toward leaving. Additionally, male perception of female demand / male withdraw communication significantly mediated the relationship between depression and male steps toward leaving (.208). However, no other indirect effects were found to be significant. Hypothesis 3 was also partially supported, as female depression was associated with female perception of female demand / male withdraw communication (.284), but was not associated with perceptions of male demand / female withdraw communication. Male depression was negatively associated with male perception of female demand / male withdraw communication (-.289), but was not associated with perceptions of the male demand / female withdraw pattern. Hypothesis 4 was partially supported as significant positive associations were found between female perception of

the male demand / female withdraw pattern and both female and male steps toward leaving (.225 and .186 respectively), but the associations between female perception of female demand / male withdraw communication and both genders' steps toward leaving were not significant. Significant positive associations were also found between male perception of female demand / male withdraw communication and both female and male steps toward leaving (.195 and .218 respectively), but the associations between male perception of male demand / female withdraw communication and both genders' steps toward leaving were not significant. Hypothesis 5 was partially supported, as male and female scores on the MSI-R were positively related (.390), male and female perceptions of the male demand/female withdraw pattern (.437) and the female demand / male withdraw pattern (.431) were positively related, but scores on the male BDI and female BDI were not significantly positively associated (.093). The results of the study show trends indicating that gender differences are present among the relationships between variables of interest, but exact calculations have not been performed to test the significance of these apparent differences.

# CHAPTER IV: DISCUSSION

## Discussion

The results of this study provide support for the notion that romantic partners' experiences of depression and perceptions of demand/withdraw communication patterns are predictive of an individual taking steps toward leaving the relationship, depending upon the gender of the partner experiencing the depression symptoms and the perceptions of the communication pattern. Female depression was found to uniquely predict female steps toward leaving, as well as to predict female perception of female demand / male withdraw communication in the relationship. Similarly, male depression was found to uniquely predict male steps toward leaving, as well as male perception of female demand/male withdraw communication. Additionally, however, male depression uniquely predicted female steps toward leaving – an association that was not predicted. It is interesting to note that females seem to be affected more than males by depression's presence in their relationship, whether they experience it personally or not, whereas men do not show signs of "wanting out" when their partner is depressed. Female perception of male demand / female withdraw communication predicted both female steps toward leaving and male steps toward leaving. Similarly, male perception of female demand / male withdraw communication predicted both genders taking steps toward leaving the relationship. It is important to note that individuals' experiences of depression were not associated with the degree to which their partner experienced depression. However, partners tended to have similar perceptions of the degree to which they engage in female demand / male withdraw behavior and male demand / female withdraw behavior, as well as in the degree of commitment they have to the relationship, as female steps taken to

leave was correlated with male steps taken to leave. Overall, gender had a role in which pathways were found to be significant.

As predicted, the more depression symptoms an individual experienced, the more likely he or she was to have taken steps to leave the couple relationship. Although a direct relationship between one partner's depression and the other's steps toward leaving was not predicted, it was found that the more depression symptoms the male partner reported the greater the number of steps the female partner had taken to leave. However, the opposite was not found – males did not show evidence of taking more steps to leave the relationship when females exhibited more symptoms of depression. Female depression was associated with female perception of female demand / male withdraw communication, and male depression was negatively associated with male perception of female demand / male withdraw communication. This finding was contrary to predictions and deserves further investigation, as it shows that the more depressed a male is, the less he perceives himself in the withdrawing role and his partner in the demanding role. It is possible that this reflects gender roles in couples, as females might act as caretakers when male partners show signs of depression, which might decrease the male's desire to withdraw. However, neither gender's depression was predictive of perceptions of male demand / female withdraw. Each gender's perception of the other gender demanding / oneself withdrawing was significantly related to both genders taking steps to leave the relationship. In other words, when the female perceived that the male was demanding and she withdrawing, both she and he were more likely to leave. The same was not true for each gender's perception of the self demanding and the other person withdrawing, providing evidence that individuals feel more comfortable when they are in the "demand"

role, and that partners' tendencies to take steps toward leaving might be influenced by the degree to which they see their partner doing the same. Throughout the findings, gender differences are notable, and many have already been highlighted.

Of note is the fact that three parameter indirect effects were found. Female perception of male demand / female withdraw communication mediated the relationship between both genders' experience of depression and the steps that both genders had taken toward leaving the relationship. In addition, male perception of female demand / male withdraw effectively mediated the relationship between both genders' depression and male steps toward leaving the relationship. This provides evidence that demand/withdraw communication mediates the relationship between depression and steps toward leaving in some cases.

The findings of this study fit fairly well with the existing literature available regarding the known relationships among depression, demand/withdraw communication, and relationship distress. They also add significantly to the knowledge base previously developed, and synthesize the results of many studies through the investigation of complex pathways among variables for each gender. The results provide support for previous findings that both depression and demand/withdraw communication predict negative consequences for one's romantic relationship. (Heavey, Layne, & Christensen, 1993; Johnson & Jacob, 1997). In addition, the results offer new information in that they demonstrate a significant and detrimental association between depression and demand/withdraw communication and a measure of relationship dissolution (steps taken toward leaving) rather than just relationship satisfaction. In addition, the current study indicates that gender differences do exist in the ways in which partners experience

depression, through a look at the ways that it is associated with demand/withdraw communication and steps toward leaving depending upon the gender of the partner.

Furthermore, the study provides support for a family systems theory view of depression, as outlined in existing studies (e.g., Whisman et al., 2004), in that it exists in an interpersonal context and that it can affect relational outcomes, both directly and indirectly, for both the depressed individual and his or her partner. However, the findings are inconsistent with Heene et al.'s (2007) and Whisman's (2001) idea that depression holds stronger negative consequences for the relationship when the depressed partner is female rather than male. Instead, the current study's results could be interpreted as indicating that relationships in which the male is depressed are more at risk, as both female and male steps toward leaving are shown to be associated directly with male depression. Because this study was not longitudinal, there is no evidence as to whether depression precedes taking steps to leave the relationship or vice versa.

Previous findings that depression and negative communication patterns such as demand/withdraw are positively correlated (e.g., Papp et al., 2009) are supported by some of the results of this study, as is the notion that one partner's perceptions of each type of demand/withdraw pattern is associated with the other partner's experience of the same type of pattern. However, the finding that male depression is negatively associated with male perception of the female demand / male withdraw pattern is contrary to previous findings, potentially due to gender roles in couples. Future research on male perception of female behavior in response to their depression may shed light on this finding. In addition, this study provides further evidence that demand/withdraw communication is a mediator of the relationship between depression and negative relational outcomes

generally, again adding specifically that it mediates between depression and steps toward leaving. Uebelacker et al.'s (2003) finding that both male and female depression is linked with the female demand / male withdraw pattern was replicated in the current study, providing support for this notion rather than the opposite finding of Papp et al. (2009). The current study further indicates that when a partner, regardless of gender, is in the "withdraw" role, this is positively associated with both partners taking steps toward leaving the relationship, but this is not the case when the partner perceives the self to be in the "demand" role. Interestingly, depression in both genders was shown to be associated with the female demand / male withdraw pattern, which does not provide support for the debated issue of whether depressed individuals more commonly fall into the "demand" role, but it suggests that when either member of a couple is depressed it may be the female member who is more likely to take action to make changes in their relationship. The results of this study support Heavey et al.'s (1993) notion that demand/withdraw communication is positively associated with relationship dysfunction – in this case, with taking steps to leave the relationship. However, this study adds to this idea in that it found that an individual's perception that his or her partner is demanding while he or she is withdrawing is associated with both partners taking steps toward leaving, whereas that is not true when they perceive themselves to be in the demanding role. This finding merits additional attention and future research, as it shows that both female demand / male withdraw and female withdraw / male demand can lead to relationship dissolution, but that this depends upon who perceives each pattern. These findings are contrary to those of Uebelacker et al. (2003) and Papp et al. (2009).

There are several explanations that may account for the findings of the present study. Numerous gender differences were found among the associations between variables, and these may be a result of the differential ways in which depression is known to affect males versus females, the findings of prior research showing that females are more likely to demand while males are more likely to withdraw, and/or a combination of both of these. Members of the two genders may express themselves differently to a partner. In addition, because females demonstrated greater levels of depression, steps toward leaving, and perceptions of male demand / female withdraw communication than males, this may have affected the ways in which the variables are related. Along these lines, it is possible that male depression is directly linked to female steps toward leaving, but not vice versa, because females traditionally are more sensitive to others' emotions, whereas males may not be as affected by or in tune with female depression. It is also important to note that depression manifests differently in males, often as anger as noted in previous literature, which could prompt females to exit the relationship, whereas female depression manifests more commonly in sadness, which might not have the same effect. It is possible that the BDI might not adequately capture males' experiences of depression symptoms, which may account for the difference found in the degree to which the genders experienced depression.

Examination of the results raises the question of why certain gendered patterns of demand/withdraw communication are linked with the independent and dependent variables. Although we cannot be sure, it is important to begin to explore potential explanations. Both male and female depression were linked to the depressed partner's perception of female demand / male withdraw communication. It could be hypothesized

that females become distressed when they try to reach out emotionally to their partner but do not receive what they are seeking (demand), and that males withdraw when they are distressed and are not able to give their partner what they are looking for emotionally. This hypothesis fits well with Fincham et al.'s (1997) findings that different causal pathways between depression and relational distress exist for men and women: that depression leads to marital issues for men whereas marital issues lead to depression for women. It is also important to notice that both partners' perceptions of themselves in the withdraw role and their partner in the demand role were associated with both partners taking steps toward leaving the relationship. This finding makes sense when viewed through an understanding of the meaning of demand/withdraw behavior. When one is engaging in demand behavior, or actively pursuing his or her partner, one's desire is for connection, and it makes sense that the individual would not take steps to end the relationship. However, when one is withdrawing and perceives the other as demanding too much, one tries to distance himself or herself, which may result in taking steps toward leaving the relationship. Then, because male and female steps toward leaving are linked, one partner's initial steps may lead the other partner to take steps as well, explaining why both pathways to steps toward leaving are significant.

**Implications of the Findings**

The information gathered in this study has rich implications for researchers and clinicians alike. The significant pathways within the overall model provide evidence that supports the use of analyses such as the APIM that are able to calculate the relative influence that each partner has on the experience of the other in addition to their unique experience. A much more complete picture of the ways in which male and female

partners' depression, demand/withdraw communication, and steps toward leaving a relationship are and are not interrelated is achieved than if simpler regression analyses of each partner's experience were used, or if only one partner's experiences were measured. The findings also provide an example of applied Family Systems Theory that supports the idea that individuals do not exist in a world of their own, and therefore aspects of their environment, such as the experiences of their partners, should be incorporated into the overall understanding of their lives.

The findings also provide rich clinical implications for couple therapists working with couples experiencing depression, demand/withdraw communication patterns, and who show evidence of taking steps to leave their relationship. Generally, the model provides support for the use of couple therapy in treating symptoms of depression when they are linked to relational patterns such as demand/withdraw communication. The path model indicates which experiences might be related to the others (e.g., female depression is linked to female perception of female demand/male withdraw), which may inform clinicians of areas to check on with clients who are showing signs of one of these experiences. For example, if a client is depressed and a clinician discovers that he or she is also stuck in a demand/withdraw pattern with a partner, it is possible that the clinician may make some progress in decreasing the client's depression symptoms through interventions aimed at reducing the demand/withdraw communication between partners. Similarly, the findings provide clinicians with an idea of the risks that depressed partners as well as those who perceive the use of certain demand/withdraw patterns face in terms of the relationship ending. If a clinician notices that a partner has begun to take steps to leave his or her relationship, the clinician might try to measure the client's levels of

depression and demand/withdraw communication to understand whether these factors are contributing to the decision to leave. The results also inform clinicians as to the gender differences that exist in how these variables are related, which might help them to understand how best to intervene in any given couple's therapy sessions.

**Limitations and Suggestions for Future Study**

Although this study has provided statistically significant and clinically useful findings, there are aspects of it that limit the application of its results. First, the sample that supplied the data was not randomly selected. Because couples who filled out the questionnaires used to measure each variable had sought therapy at a clinic located in a university setting in one area of the country, it can be reasonably assumed that the results are not generalizable to the general population of couples in the United States. In addition, because the data are both correlational and cross-sectional in nature, one can assume neither a causal relationship between the variables nor the direction in which each of the variables are related. In other words, for instance, the highly debated issue of whether depression leads a partner to take steps to leave a relationship or whether taking steps to leave a relationship leads a partner to experience depression symptoms cannot be answered by this study. Lastly, because the data collected were cross-sectional rather than longitudinal, the study fails to capture the element that time may play in the associations among depression, perceptions of demand/withdraw communication, and steps toward leaving. The results do not address whether depression, demand/withdraw communication, or taking steps to leave a relationship occurred first for each couple, nor do they address whether a couple's relationship actually dissolved or not, both of which would provide important information to clinicians.

This study's results suggest a variety of additional research studies that must be conducted on this topic to answer some of the questions the study did not address. Conducting a longitudinal study, measuring each of the variables at multiple time points, would provide crucial information allowing researchers to understand more about the temporal order in which the variables tend to be related. Expanding the population studied to non-clinical couples, same-sex couples, and couples in multiple locations throughout the country (including rural, suburban, and urban areas) would allow researchers to determine whether the patterns found in the current study hold true for a wider population. Another beneficial venture could be to use more behaviorally-oriented, observational measures to capture a more realistic picture of partners' experiences than is possible through the short, self-report questionnaires used in this study. Because measures of depression and of perceived demand/withdraw communication only accounted for approximately 18% of the variance in women taking steps to leave their relationship and 19% of the variance for men, future studies might consider examining what other variables might be at play that lead couples to take steps to leave their relationship.

Lastly, it may be useful for future researchers to consider including relationship type (married vs. unmarried, heterosexual vs. same-sex, etc.) as a control variable in their studies. Although research has consistently shown that different levels of commitment exist in different types of relationships (Dainton & Aylor, 2001), we were unable to examine the role that this might play in the current study due to logistical constraints. Differentiating between even married and unmarried couples would have added a large number of additional pathways to the model, going beyond the statistical power available

for the current analysis. The participant pool was significantly smaller than desired due to certain cohorts of couple clients who were not given questionnaires for each of the measures in the study. However, it would be pertinent to include relationship type as a moderating variable in related studies in the future.

Appendix 1

# BDI

Gender: _____ Date of Birth: _____ Therapist Code _____ Family Code _____

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the ***PAST WEEK,*** **INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

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

2. 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

4. 0 I get as much satisfaction out of things as I used to.
   1 I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.
   1 I feel guilty a good part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all 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 don't feel I am worse than anybody else.
   1 I am disappointed in myself.
   2 I am disgusted with myself.
   3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
   1 I am critical of myself for my weaknesses or mistakes.
   2 I blame myself all the time for 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 any more than usual.
1 I cry more than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated now than I have ever been.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.

14. 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I cant' do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to an cannot get back to sleep.

17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired more doing almost anything.
3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than 5 pounds.
2 I have lost more than 10 pounds.
3 I have lost more than 15 pounds.
***I am purposely trying to lose weight. Yes ___ No ___***

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems such as aches, pains, an upset stomach or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think about anything else.

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 2

# CPQ

Gender: _____ Date of Birth: _____ Therapist Code: _____
Family Code: _____

Directions: We are interested in how you and your partner typically deal with problems in your relationship. Please rate each item on a scale of 1 (=very unlikely) to 9 (=very likely).

| **A. WHEN SOME PROBLEM IN THE RELATIONSHIP ARISES:** | Very Unlikely | | | | | | | | Very Likely |
|---|---|---|---|---|---|---|---|---|---|
| 1. Both members avoid discussing the problem. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Both members try to discuss the problem. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Man tries to start a discussion while Woman tries to avoid a discussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman tries to start a discussion while Man tries to avoid a discussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| **DURING A DISCUSSION OF A RELATIONSHIP PROBLEM:** | Very Unlikely | | | | | | | | Very Likely |
|---|---|---|---|---|---|---|---|---|---|
| Both members blame, accuse, and criticize each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Both members express their feelings to each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Both members threaten each other with negative consequences. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Both members suggest possible solutions and compromises. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Man nags and demands while Woman withdraws, becomes silent, or refuses to discuss the matter further. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman nags and demands while Man withdraws, becomes silent, or refuses to discuss the matter further. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Man criticizes while Woman defends herself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman criticizes while Man defends himself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Man pressures Woman to take some action or stop some action, while Woman resists. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman pressures Man to take some action or stop some action, while Man resists. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Man expresses feelings while Woman offers reasons and solutions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman expresses feelings while Man offers reasons and solutions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Man threatens negative consequences and Woman gives in or backs down. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman threatens negative consequences and Man gives in or backs down. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | |
|---|---|
| 10. Man calls Woman names, swears at her, or attacks her character. | 1 2 3 4 5 6 7 8 9 |
| Woman calls Man names, swears at him, or attacks his character. | 1 2 3 4 5 6 7 8 9 |
| 11. Man pushes, shoves, slaps, hits, or kicks Woman. | 1 2 3 4 5 6 7 8 9 |
| Woman pushes, shoves, slaps, hits, or kicks Man. | 1 2 3 4 5 6 7 8 9 |

| **C. AFTER A DISCUSSION OF A RELATIONSHIP PROBLEM:** | Very Unlikely | | | | | | | | Very Likely |
|---|---|---|---|---|---|---|---|---|---|
| 1. Both feel each other has understood his/her position. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. Both withdraw from each other after the discussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. Both feel that the problem has been solved. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. Neither partner is giving to the other after the discussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. After the discussion, both try to be especially nice to each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. Man feels guilty for what he said or did while Woman feels hurt. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman feels guilty for what she said or did while Man feels hurt. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 7. Man tries to be especially nice, acts as if things are back to normal, while Woman acts distant. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman tries to be especially nice, acts as if things are back to Normal while Man acts distant. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. Man pressures Woman to apologize or promise to do better, while Woman resists. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman pressures Man to apologize or promise to do better, while Man resists. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. Man seeks support from others (parent, friend, children. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Woman seeks support from others (parent, friend, children). | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Appendix 3

# MSI-R

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**Gender: _____ Date of Birth: _____ Therapist Code: _**
**Family Code: _____**

**We would like to get an idea of how your relationship stands right now. Within the past four months have you…**

Yes __ No__ 1. Had frequent thoughts about separating from your partner, as much as once a week or so.

Yes __ No__ 2. Occasionally thought about separation or divorce, usually after an argument.

Yes __ No__ 3. Thought specifically about separation, for example how to divide belongings, where to live, or who would get the children.

Yes __ No__ 4. Seriously thought about the costs and benefits of ending the relationship.

Yes __ No__ 5. Considered a divorce or separation a few times other than during or shortly after a fight, but only in general terms.

Yes __ No__ 6. Made specific plans to discuss separation with your partner, for example what you would say.

Yes __ No__ 7. Discussed separation (or divorce) with someone other than your partner (trusted friend, minister, counselor, relative).

Yes __ No__ 8. Discussed plans for moving out with friends or relatives.

Yes __ No__ 9. As a preparation for living on your own, set up an independent bank account in your own name to protect your interest.

Yes __ No__ 10. Suggested to your partner that you wish to have a separation.

Yes __ No__ 11. Discussed separation (or divorce) seriously with your partner.

Yes __ No__ 12. Your partner moved furniture or belongings to another residence.

Yes __ No__ 13. Consulted an attorney about legal separation, a stay away order, or divorce.

Yes __ No__ 14. Separated from your partner with plans to end the relationship.

Yes __ No__ 15. Separated from your partner, but with plans to get back together.

Yes __ No__ 16. File for a legal separation.

Yes __ No__ 17. Reached final decision on child custody, visitation, and division of property.

Yes __ No__ 18. Filed for divorce or ended the relationship.

Appendix 4

# COUPLE INFORMATION & INSTRUCTIONS

This is a first in a series of questionnaires you are being asked to complete that will contribute to the knowledge about couple therapy. In order for our research to measure progress over time we will periodically re-administer questionnaires. Please answer the questions at a relatively fast pace, usually the first that comes to mind is the best one.
There are no right or wrong answers.

1. Case #: _____ 2. Therapist's(s') Code: _____ 3. Co-therapist's Code: _____ 4. Date: _____

The following information is gathered from each partner separately.

**Name: (Print)** _____ **Address:** _____

_____

**E-mail address:** _____ _____zip____

_____

**Phone Numbers**: (h) _____ (w) _____
(cell) _____ (fax) _____

5. Gender: M F 6. SS# _____ 7. Age (in years) _____

8. You are coming for: a.) Family _____ b.) Couple _____ c) Individual Therapy _____

9. **Relationship status** to person in couple's therapy with you:
   1. Currently married, living together
   2. Currently married, separated, but not legally divorced
   3. Divorced, legal action completed
   4. Engaged, living together
   5. Engaged, not living together
   6. Dating, living together
   7. Dating, not living together
   8. Domestic partnership

10. Total Number of **Years** Together: _____
    a. **If married**, number of years married: _____

11. What is your **occupation** ?_____
    1. Clerical sales, bookkeeper, secretary
    2. Executive, large business owner
    3. Homemaker
    4. None – child not able to be employed
    5. Owner, manager of small business
    6. Professional - Associates or Bachelors degree

12. What is your **current employment status** __
    1. Employed full time
    2. Employed part time
    3. Homemaker, not employed outside
    4. Student
    5. Disabled, not employed
    6. Unemployed

7. Professional – master or doctoral degree 7. Retired
8. Skilled worker/craftsman
9. Service worker – barber, cook, beautician
10. Semi-skilled worker – machine operator
11. Unskilled Worker
12. Student

13. Personal **yearly gross income**: $_____ 14. **Race**: _____
(i.e., before taxes or any deductions)

1. Native American
2. African American
3. Asian/Pacific Islander
4. Hispanic
5. White
6. Other (specify)_____

15. What is **your country of origin**? _____
What was **your parent's country of origin**?
16. _____(father's) 17. _____(mother's)
How many years have you lived in the USA? _____

18. Highest Level of **Education** Completed: _____

1. Some high school (less than 12 years)
2. High school diploma (12 years)
3. Some college
4. Trade School (mechanic, carpentry, beauty school, etc.)
5. Associate degree
6. Bachelors degree (BA, BS)
7. Some graduate education
8. Masters degree (MA, MS, etc.)
9. Doctoral degree (PhD, MD, EDD, etc.)

Number of people in household:_____
20. Number of **children** who **live in home** with you: ___
21. Number of children who **do not live** with you: _____

Names and phone number of **contact people** (minimum 2):

_____

_____

22. What is your **religious** preference? _

1. Mainline Protestant (e.g., Episcopal, Lutheran, Methodist, Presbyterian, Unitarian)
2. Conservative Protestant(e.g., Adventist, Baptist, Pentecostal)
3. Roman Catholic
4. Jewish
5. Other(e.g., Buddist, Mormon, Hindu)
6. No affiliation with any formal religion

23. How often do you **participate in organized activities of a church or religious group?** _____

_____

1. several times per week
2. once a week
3. several times a month
4. once a month
5. several times a year
6. once or twice a year
7. rarely or never

24. How **important is religion or spirituality** to you in your daily life?_____

1. Very important 2. Important 3. Somewhat important 4. Not very important 5. Not important at all

25. **Medications**: _____ Yes _____ No If yes, please list the names, purpose, and quality of **medication**(s) you are currently taking. Also list the name and phone number of the medicating physician(s) and primary care physician:

**Medications:** _____

**Primary Care Physician:** _____ **Phone:** _____

**Psychiatrist?** Yes/No Name & Phone, if yes.

_____ **Phone:** _____

**Legal Involvement:**

26. A. Have you ever been involved with the police? Yes/No (circle)
If yes, what happened? Explain: _____

_____

_____

27. B. Have formal, legal procedures (i.e., ex-parte orders, protection orders, criminal charges, juvenile offenses) been brought against you? Yes/No (circle)
If yes, what happened? Explain: _____

_____

_____

28. If formal procedures were brought, what were the results (e.g., eviction, restraining orders?) _____ _____

_____

Many of the questions refer to your "family". It will be important for us to know what individuals you consider to be your family. Please list below the names and relationships of the people you will include in your responses about your family. Circle yourself in this list.

29. (Number listed in family) _____.

Name Relationship

---

List the concerns and problems for which you are seeking help. Indicate which is the most important by circling it. For each problem listed, note the degree of severity by checking (√) the appropriate column.

| | 4-Severe | 3-Somewhat Severe | 2 – Moderate | 1 - Mild |
|---|---|---|---|---|
| 30. | 31. | | | |
| 32. | 33. | | | |
| 34. | 35. | | | |
| 36. | 37 | | | |

38. The most important concern (circled item) is # _____

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