

Perceived Criticism and Marital Adjustment Predict Depressive Symptoms in a Community Sample

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Depressive symptoms are related to a host of negative individual and family outcomes; therefore, it is important to establish risk factors for depressive symptoms to design prevention efforts. Following studies in the marital and psychiatric literatures regarding marital factors associated with depression, we tested two potential predictors of depressive symptoms: marital adjustment and perceived spousal criticism. We assessed 249 spouses from 132 married couples from the community during their first year of marriage and at three time points over the next 10 years. Initial marital adjustment significantly predicted depressive symptoms for husbands and wives at all follow-ups. Further, perceived criticism significantly predicted depressive symptoms at the 5- and 10-year follow-ups. However, at the 1-year follow-up, this association was significant for men but not for women. Finally, a model where the contributions of marital adjustment and perceived criticism were tested together suggested that both play independent roles in predicting future depressive symptoms. These findings highlight the potential importance of increasing marital adjustment and reducing

perceived criticism at the outset of marriage as a way to reduce depressive symptoms during the course of marriage.

Keywords: depressive symptoms; marital adjustment; perceived criticism; marital conflict; expressed emotion

DEPRESSION IS ONE OF the top contributors to the burden of disease worldwide and has enormous economic, physical, and social consequences (Kessler et al., 2003; World Health Organization, 2008). It is increasingly becoming recognized that subclinical levels of depressive symptoms are also associated with a variety of both negative individual and family outcomes (Ayuso-Mateos, Nuevo, Verdes, Naidoo, & Chatterji, 2010; Kessler, Zhao, Blazer, & Swartz, 1997; Magruder & Calderone, 2000). For example, depressive symptoms are related to problems with physical health, such as the onset of coronary artery disease (Wulsin & Singal, 2003) and nonadherence to medical treatment recommendations (DiMatteo, Lepper, & Croghan, 2000). Parental depressive symptoms are associated with marital dissatisfaction (Whisman, 2001), as well as poor parenting (Cummings & Davies, 1994; Dix & Meunier, 2009; Downey & Coyne, 1990) and children's adjustment problems (Brennan et al., 2000; Cummings, Keller, & Davies, 2005; Luoma et al., 2001). Because of their impact and widespread prevalence, depressive symptoms are of growing public health concern (Magruder & Calderone, 2000). Therefore, identifying early predictors of later depressive symptoms may be of great importance because it would allow

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professionals to focus on delivering preventive interventions to specific groups at high risk for depressive symptoms and would inform practitioners about potential clinical targets of such prevention efforts.

Theory and empirical evidence suggest that poor marital functioning plays a role in the development of depressive symptoms. In fact, marital adjustment has been implicated in both onset (Whisman & Bruce, 1999) and relapse (Hooley & Teasdale, 1989) in major depressive disorder and depressive symptoms over time (Kouros, Papp, & Cummings, 2008; for reviews, see Rehman, Gollan & Mortimer, 2008; Whisman, 2001). In a meta-analysis, Whisman (2001) concluded that, cross-sectionally, global marital dissatisfaction accounts for 18 and 14% of the variance in women's and men's depressive symptoms, respectively. What is more, in a newlywed sample followed over the first 4 years of marriage, within-person changes in marital satisfaction and depression were related to each other (Davila, Karney, Hall, & Bradbury, 2003). In another sample, initial marital dissatisfaction predicted depression 3 years later (Du Rocher Schudlich, Papp, & Cummings, 2011). Therefore, it is clear that marital adjustment and depressive symptoms are related; however, continued replication of such effects, including studying even longer follow-ups, would be profitable. Doing so would add impetus for early marital interventions that could potentially increase initial levels of marital adjustment and hence possibly lower the risk for depressive symptoms over the course of marriage.

Beyond the broad construct of marital adjustment, there may be specific factors associated with poor marital adjustment that may also lead to depressive symptoms. One of these specific factors is criticism. The marital discord model of depression suggests that marital conflict predicts depression in part because of negative spousal behavior, such as criticism (Beach, Sandeen, & O'Leary, 1990). In addition, criticism, as a form of social rejection or rejection/humiliation, has also been linked to depression (Kendler, Hettema, Butera, Gardner, & Prescott, 2005; Slavich, O'Donovan, Epel, & Kemeny, 2010). Therefore, converging evidence from the social/romantic relationship field indicates that criticism from one's spouse may be a specific marital predictor of depressive symptoms.

Evidence from another area of research, the expressed emotion literature, also supports the notion that criticism plays an important role in depression. Relatives' observationally coded criticism of patients is a strong predictor of depressive relapse (Hooley, 2007). An even stronger predictor of depression is patients' report of perceived criticism (Hooley & Teasdale, 1989). In fact, one study with a sample of depressed inpatients demonstrated that perceived

criticism from spouses is a stronger predictor of depressive relapse at 9 months than is overall marital adjustment (Hooley & Teasdale, 1989). This finding suggests that there is something specific about perceived criticism as opposed to the more general construct of marital adjustment that might make people prone to developing depression. Despite such findings regarding perceived criticism's ability to predict relapse, other studies investigating perceived criticism and short-term relapse rates in inpatient samples ($n_s < 60$) have been mixed (Andrew, Hawton, Fagg, & Westbrook, 1993; Hayhurst Cooper, Paykel, Vearnals, & Ramana, 1997; Okasha et al., 1994; see Renshaw, 2008, for a review). Therefore, some authors suggest that perhaps perceived criticism is a stronger predictor of depression in less severely depressed samples (Kronmüller et al., 2008; Sherrington, Hawton, Fagg, Andrew, & Smith, 2001). The current study will extend and replicate findings in this literature by examining the extent to which an association between perceived criticism and later depressive symptoms exists at 1-, 5-, and 10-year follow-ups in a community (nonclinical) sample ($n = 249$ spouses).

In addition to a gap in the literature regarding perceived criticism's ability to prospectively predict short-term depressive symptoms in community couples, few studies have investigated the ability of perceived criticism to predict depression beyond 9 months or 1 year. One recent study of 5- and 10-year follow-ups of patients hospitalized with major depression failed to find an association between initial perceived criticism and depressive relapse (Kronmüller et al., 2008). However, the authors noted that this study had methodological problems, namely, a lack of power and that some patients were no longer living with their partners at the 10-year follow-up. Given that perceived criticism is most strongly related to outcomes when it is rated by patients who live with the person they are rating (Renshaw, 2007), it may be more powerful to examine longer-term follow-ups in a sample where participants are still living with their partners. Thus, our study examines depressive symptoms in married partners who are still living with their partner at all follow-ups.

Last, it is important to note that both marital adjustment and perceived criticism are related to each other in a variety of samples (e.g., Hayhurst et al., 1997; Hooley & Teasdale, 1989; Smith & Peterson, 2008). Given the strong link between perceived criticism and marital adjustment, it is important to test the contributions of both in regard to their prediction of depressive symptoms. In a study of inpatients hospitalized for depression, Hooley and Teasdale (1989) found that perceived criticism

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