The Systemic Relationship Between Relationship and Marriage Education and Depression
Angela Bradford, M.S., Scott Ketring, Ph.D., Francesca Adler-Baeder, Ph.D., Thomas Smith, Ph.D., Mallory Lucier-Greer, M.S.
Human Development and Family Studies, Auburn University

INTRODUCTION
Depression is estimated to affect 14.8 million adults in the United States (Kessler et al., 2005). Because it is such a prevalent problem, it is important to understand the correlates and possible treatments of depression. There is a large body of research linking marital satisfaction to depression. Increased levels of depression correlate with lower levels of marital satisfaction for self and partner (Whisman, 2001; Whisman, Uebelacker, & Weinstock, 2004). Approaching treatment of individual and relational symptomology with a systemic perspective, Marriage and Family Therapists have maintained that treatment of marital distress can also decrease individual symptomology and vice versa. The literature on systemic approaches to treating individual symptoms such as depression is mixed. Durana (1996) found that men and women participating in the relationship education course, PAIRS, reported decreased depression and anxiety in addition to increased marital satisfaction. This lends support to the idea that a systemic approach can act to decrease individual depression. Still, the majority of the literature supports findings such as those reported by Jacobson, Dobson, Fruzzetti, Schmaling, and Salusky (1991), where marriage therapy was only more effective than individual treatment in decreasing depression among individuals who are maritally distressed. This would suggest that a systemic approach to decreasing depressive symptoms is only especially useful among individuals who report interpersonal symptomology as well. Systems thinkers, however, continue to suggest that the bidirectional relationship of depression and marital satisfaction gives weight to the importance of approaching these dimensions in tandem (Mead, 2002). While the emphasis has traditionally been on relationship intervention, or therapy, a growing approach to couple functioning is relationship prevention, or Marriage and Relationship Education (MRE). While MRE is intended as a resource to individuals and couples who are seeking to enhance or revitalize their relationships, the National Extension Relationship and Marriage Education Network (NERMEN) has identified self-care as an important and common component among empirically-validated relationship education programs. This systemic perspective suggests that participation in MRE should carry with it decreases in individual symptomology, regardless of relationship distress level. The current study seeks to investigate whether the systemic framework of MRE is valid, by examining depression among participants of MRE courses. Specifically, it is hypothesized that depression levels will decrease among participants, regardless of relational distress level.

METHOD
Participants
Participants were drawn from a sample (n=1991) of individuals who attended a minimum of 6 sessions in community-based MRE programs. Of these, 33.1% were male and 66.9% were female. Forty per cent (44%) were European American while 52.3% were African American. The remaining participants reported being Latin, Asian American, Native American, or “other.” Income levels ranged, with half (50.6%) making less than $25,000 annually, 16.1% reporting an annual income of between $25,000 and $39,999, 21.3% reporting between $40,000 and $74,999, and the remaining 9.1% making more than $75,000 annually.

Measures
Participants completed self-report questionnaires containing 131 items prior to participation in the program, and again following participation. In addition to demographic variables, relational and individual functioning dimensions were assessed. Couple Quality at pre-test (from Norton, 1983) was assessed using a 7-point Likert scale, from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Participants responded to 5 items such as “We have a good marriage/relationship” and “Our marriage/relationship is strong.” Cronbach’s alpha was .96. Depression/Distress (from the Center for Epidemiological Studies; Radloff, 1977) was measured using 3 items on a 4-point Likert scale from 1 (None) to 4 (3+ times in the past week). Participants responded to such items as “I felt depressed” and “I felt sad.” Cronbach’s alpha was .89 at both pre- and post-test.

RESULTS
For both measures, mean scores were computed. Individuals whose mean score of Couple Quality at pre-test was lower than 1.5 standard deviations below the sample mean (mean = 64.342 p < .001, partial eta squared .031), where depression scores lowered from pre-test to post-test (see Table 1). There was also a Time X Relational Distress interaction (F [1, 1991] = 4.339 p < .05, partial eta squared .002). Follow-up analyses revealed that both groups of individuals (those who were relationally distressed and those who were relationally non-distressed) reported decreased levels of depression following participation in MRE, but those who were relationally distressed had greater decreases (see Figure 1).

Table 1. Pre- and Post-test Mean Scores and Standard Errors for Relationally Distressed and Non-distressed Participants.

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th></th>
<th>Post-test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Error</td>
<td>Mean</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Relationally Distressed</td>
<td>1.74</td>
<td>.08</td>
<td>1.36</td>
<td>.08</td>
</tr>
<tr>
<td>Relationally Non-distressed</td>
<td>1.31</td>
<td>.02</td>
<td>1.08</td>
<td>.02</td>
</tr>
</tbody>
</table>

Figure 1. Change in depression levels from pre-test to post-test among relationally distressed and relationally non-distressed participants.
DISCUSSION

The findings of this study indicated that depressive symptoms do decrease over the course of MRE. While a control group was not utilized, and this study can therefore not definitively assert that it was due to MRE that these participants’ depressive symptoms decreased, there is ample evidence to suggest that a systemic approach may indeed be preferable among both relationally distressed and non-distressed participants, contradicting the findings of Jacobson et al. (1991). Still, participants who reported being relationally distressed reported greater declines in depression following intervention, echoing aspects of their findings. Further research should be conducted to examine the relationship between relational distress and depression in MRE. Systemic theory would posit that change in interpersonal dynamics will spill over into individual functioning. It would therefore hold that individuals who have the most potential for change in one dimension (i.e., those who are most distressed) also have the most potential for change in other dimensions (such as depression).

This study uniquely contributes to the literature because it examines the systemic nature of general relationship intervention. Previous studies examining the relationship between depression and marital satisfaction have focused on clinical samples and thus therapeutic interventions. Results of this examination indicate that while MRE is not designed to treat individual symptoms of depression, its systemic framework may also result in clinical benefits for individuals, regardless of relationship distress levels. In other words, participants of non-clinical, yet systemic intervention report significant improvements in a typically-clinical domain. This finding is especially salient because MRE does not carry the stigma that therapy long has, so individuals and couples may be more willing to participate in MRE, likely translating into increased individual and interpersonal functioning among a greater percentage of the population.

Once replicated, the implications of these findings are expansive. Facilitators can gain increased understanding of the systemic nature of their participants’ individual and interpersonal functioning, which in turn can lead to more pointed and skilled intervention. Programmatic efforts can focus on relationship dynamics while participants’ gains include multiple domains of functioning. Marketing strategies can appeal to people seeking help for individual concerns, who still avoid therapy. The spillover from relationship to individual functioning also emphasizes the need for continued funding of the effort to improve relationships and marriages. Ultimately, these findings emphasize the importance of MRE for individuals as well as couples.

REFERENCES


