

Article 6

Marriage and Early Life Stressors as Correlates for Depression and Anxiety: Implications for Counselors

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One cannot argue the significance of marriage in our society. Marriage can be one of the most important events in an individual's life, and there has been a consistent amount of research that supports an association between marriage and psychological wellness (Stack & Eshleman, 1998; Stutzer & Bruno, 2006). For example, a comparison study of married and single mothers found a higher prevalence of psychiatric disorders such as depression, posttraumatic stress disorder, generalized anxiety disorder, and dysthymia among single mothers (Afifi, Cox, & Enns, 2006). The juxtaposition of marriage compared to others types of romantic involvement (cohabitation) have also been documented (Brown, 2000; Horwitz & White, 1998). Of particular importance are the differences purported among groups of coupled individuals. What this research supports is there is something significant about the marital relationship that increased the positive impact of romantic coupling. Duration, stability, and the permanence of marriage have all been considered. However, the essence that differentiates these types of relationships cannot be reduced to one mere construct. Research is unable to deduce the benefits of marriage with one specific theme. Nonetheless, researchers limit the scope of their understanding to a

topic that is tangible and able to be empirically assessed. Similarly, this study examined differences in depression and anxiety scores for married and nonmarried individuals who have experienced early life stressors.

Differences in the psychological health of married and non-married individuals are frequently measured. The literature has reported a decrease in depression, stress levels, personality disorders, generalized anxiety disorder, posttraumatic stress disorder, substance abuse, and dysthymia for married individuals compared to nonmarried individuals (Afifi, Cox, & Enns, 2006; Brown, 2000; Cairney, Boyle, Offord, & Racine, 2003; Gutierrez-Lobos, Wolf, Scherer, Anderer, & Schmidl-Mohl; 2000; Horwitz & White, 1991). These comparisons have also been made with different types of romantic relationships in order to indicate that the benefits of marriage are not solely associated with social support. For example, Brown reported that married individuals had lower levels of depression when compared to couples who were cohabiting. Furthermore, this discrepancy between married and cohabiting individuals was not associated with financial differences or demographic factors. Brown suggested that the increased depression with individuals who were cohabiting was associated with the quality of the relationship.

Adverse experiences in childhood, like marital status, have also been shown to impact the mental health of individuals. Early life stressors (ELS) are associated with increased risks of generalized anxiety disorder, posttraumatic stress disorder, depression, substance abuse, attempted suicide, and personality disorders (Brodsky et al., 2001; Brown, Cohen, Johnson, & Smailes, 1999; Heim & Nemeroff, 2001; Heim, Newport, Bonsall, Miller, & Nemeroff, 2001; McFarlane et al., 2005; Stein, Harvey, Uys, & Daniels, 2005; Teicher, Andersen, Polcari, Anderson, & Navalta, 2002). Furthermore, this increased likelihood to report mental disorders suggests that ELS may be an important factor that could predispose individuals to psychological conditions (Heim & Nemeroff, 2001; Heim et al., 2001; Stein et al., 2005).

The empirical support for the association between ELS and mental disorders leads one to question what factors may serve a protective function against these disorders. Because research has shown marriage to provide psychological benefits, above and beyond other types of romantic relationships, the purpose of this study is to examine the relationship between ELS history and marital status in a nonclinical population. The research questions for this study are a) Do early life stressors and marital status predict an individual's anxiety and depression, b) Do unmarried individuals with early life stressors report depression scores higher than married individuals, and c) Do unmarried individuals with early life stressors report anxiety scores higher than married individuals?

Methodology

Archival data from 672 non-clinical participants was analyzed for this study. The population volunteered to participate in the Brain Resource International Database (BRID). Data was collected in four countries (United States, Australia, Holland, and England) across six different sites. An overwhelming majority of participants were Caucasian. The majority were females (52%) and ages ranged from 20 to 82 ($M = 39$, $SD = 16$). To participate in the BRID, individuals could not have a history of psychological disorders, brain injuries, and neurological disorders.

In order to measure ELS, a questionnaire was created for the BRID based on the Child Abuse and Trauma Scale (Gorden, Cooper, Rennie, Hermens, & Williams, 2005; Hoth et al., 2006; McFarlene et al., 2005; Paul et al., 2005). This questionnaire assessed for premature or difficulties at birth, adoption, severe injuries or illnesses, hospitalizations and surgeries, bullying, physical abuse, natural disaster, emotional abuse, sexual abuse, poverty, neglect, home destruction, witnessing warfare, parental divorce or separation, familial conflict, long-term separation from immediate family, death of immediate family member, domestic violence, and other traumas. Depression and anxiety were measured using the Depression and

Anxiety Stress Scale (DASS). According to Lovibond and Lovibond (1995), this is a valid and reliable measure.

Results

Initial analysis of the data indicated that the dependent variables (anxiety and depression scores) were positively skewed due to a number of extreme outliers. Prior to analysis, the dependent variables were transformed to eliminate the outliers. Cases with anxiety and depression exceeding a score of 8 were eliminated. This resulted in 538 cases suitable for analysis.

In order to answer research question one, we conducted two separate regression analyses. In the first regression, ELS and marital status were transformed into dichotomous variables (high ELS vs low ELS and married vs non-married respectively). High ELS was defined as consisting of at least three or more early life stressors, and low ELS comprised two or less early life stressors. Next, ELS and marital status were entered as the predictor variables with depression serving as the dependent variable. Results of the regression indicated the full model significantly predicted depression. The variance accounted for (R^2) equaled .10, which was statistically significant from zero ($R^2_{adj} = .09$, $F(2, 232) = 12.75$, $p < .001$). Both marital status and ELS significantly contributed to the model, with ELS accounting for the largest contribution ($\beta = .25$, $p < .05$) and marital status showing a negative relationship with depression ($\beta = -.15$, $p < .05$). In the second regression, ELS and marital status were again entered as the predictor variables, and anxiety entered as the dependent variable. This regression was also significant, with the full model accounting for 12% of the variance in anxiety ($R^2_{adj} = .11$, $F(2,237) = 16.83$, $p < .001$). As in the prior regression, both marital status and ELS significantly contributed to the model, with ELS accounting for the largest contribution ($\beta = .31$, $p < .05$), and marital status exhibiting a negative relationship to anxiety ($\beta = -.16$, $p < .05$).

To answer the second and third research questions we

conducted a 2 X 2 MANOVA (married vs nonmarried) X (high vs low ELS) to examine depression and anxiety by marital status and ELS. The means, standard deviations, and sample sizes for depression and anxiety scores are reported in Table 1. Multivariate analysis of variance revealed main effects for both marital status (Wilks's Lambda = .959, $F(2, 228)=4.93$, $p=.05$, partial $\eta^2 = .04$) and ELS (Wilks's Lambda = .933, $F(2, 288)=8.14$, $p=.05$, partial $\eta^2 = .084$) on the dependent variables. There was not a significant interaction effect ($p=.42$) between marital status and ELS. Tests of between subjects effects indicated significant differences in marital status on anxiety ($F(1, 229) = 5.40$, $p < .05$, partial $\eta^2 = .02$), and depression ($F(1, 229) = 5.40$, $p < .05$, partial $\eta^2 = .03$), with married participants reporting significantly lower depression and anxiety scores than non-married participants. Tests of between subjects effects also indicated significant differences in ELS on both anxiety ($F(1, 229) = 5.40$, $p < .05$, partial $\eta^2 = .05$), and depression ($F(1, 229) = 5.40$, $p < .05$, partial $\eta^2 = .04$), with high ELS participants reporting significantly higher depression and anxiety scores than non-married participants (see Table 1).

Implications for Counselors

This study examined the effect of marital status and ELS on depression and anxiety. First, it was found that both marital status and ELS predicted a significant amount of the variance in participant depression and anxiety (10% and 12% respectively). Further, higher ELS scores accounted for the largest contribution to one's depression and anxiety scores, with marital status providing an inverse relationship, indicating that those who are currently married may have a slight mediating effect on depression and anxiety. Second, although MANOVA revealed there was not a significant interaction between ELS and marital status on depression and anxiety, those who were currently married scored significantly lower on both. This suggests that without a history of ELS, married individuals are less likely to suffer from depression and anxiety as compared to non-

married individuals. However, those with more than three ELS scored significantly higher on depression and anxiety, regardless of their marital status. This indicates that those with three or more ELS are more vulnerable to developing depression and anxiety in later life, and that marriage will not necessarily serve a protective factor for those individuals who suffer from either anxiety and/or depression related to ELS.

Onset of Counseling

Master's level counselors are trained to work with nonclinical populations who seek out counseling when something is impairing one's life (Ivey & Ivey, 2007). This may be a reflection of a lack of coping skills, traumatic events, or difficulty with relationships, but regardless of the reason, there exists a need for assistance. In this sample, history of ELS was associated with increased depression and anxiety scores without any impetus to seek out counseling. Therefore, this leads any practitioner to question how childhood history may be impacting the client's current life. Consequently, exploring the history of trauma and ELS is imperative.

In this study, examples falling under the auspices of ELS include poverty, house fires, and familial history of serious illness. These events are typically not integrated in a diagnostic interview; therefore, events that may not come up in counseling may be playing a significant role in the psychological health of the client. Thus, being thorough while gathering information is a necessary component of counseling. Furthermore, ELS should be loosely defined. What impairs the psychological health of one individual may not for another. Moreover, ELS may be invisible, such as is often the case with emotional neglect. For the counselor, this may include asking the client about how childhood events or lifestyles impacted him or her.

Individual and Conjoint Counseling

When assessing ELS research, what makes this study unique is the utilization of the married population for comparisons. The importance of the marital relationship is reflected in this study, given

the association of reduced depression and anxiety scores with married individuals. Thus, supporting and nurturing this relationship is imperative. In counseling, it is not uncommon for only the individual with a history of ELS to be seeking out therapy; thus, the counselor may not consider enhancing the marital relationship as a crucial component of counseling.

As the counselor, it may be necessary to encourage the individual to seek out support from his or her spouse and to share information about counseling with his or her spouse. Including the spouse in the counseling process should be considered, whether the spouse attends some or all of the sessions. Having the spouse at the session provides the individual with additional support to work through this difficult period, and it encourages open communication and provides another option for managing the depression or anxiety.

Counseling Sessions

In the counseling sessions with an individual or couple, there are certain areas of exploration relevant to an individual with a history of ELS. The sample utilized for this study was a nonclinical population. This suggests that these individuals have developed effective coping strategies even though exposure to ELS may create a predisposition to mental illness. Therefore, it may be necessary to explore what coping skills the individual utilizes and expand on these in order to facilitate change. This might also include exploring how they effectively dealt with stressors in childhood. In addition, with any counseling, it is important to be preventative. It is important to explore what resources the clients already have such as their support system and encourage the clients to maintain a healthy lifestyle.

The events included in the ELS questionnaire, such as natural disasters or parental divorce, were all outside of the control of the individual experiencing it. Therefore, it may be necessary to explore this issue of what is and is not within the control of the individual. Another area of exploration is substance abuse. Many individuals with ELS self-medicate with drugs or alcohol; thus assessing for substance abuse is necessary. A history of ELS is associated with a

hyperarousal response (Heim et al., 2001; Teicher et al., 2002); accordingly, ordinary stimuli may produce an exaggerated anxious response in individuals with a history of ELS. Consequently, exploring if this impacts daily life may be necessary. This may include asking how the client deals with perceived risks and threats.

There are limitations to the current study. Only self-report measures were utilized; thus, participants responding in a socially desirable manner and each construct being solely assessed from a self-perceived lens are concerns. Furthermore, this was a predominately Caucasian, non-clinical sample; therefore, results should only be generalized to individuals with a similar background.

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Table 1: Sample Sizes, Means and Standard Deviations for Depression and Anxiety by ELS and Marital Status

Variable	Marital Status	ELS	M	SD	n
Anxiety	Not Married	Less than three	.60	.88	115
		Three or more	1.25	1.35	59
		Total	.81*	1.11	174
	Married	Less than three	.33	.90	39
		Three or more	.75	.96	20
		Total	.50*	.93	59
Depression	Not Married	Less than three	.86	1.41	115
		Three or more	2.03	2.35	59
		Total	1.26*	1.86	174
	Married	Less than three	.48	1.18	39
		Three or more	1.00	.97	20
		Total	.66*	1.13	59

* $p < .05$