

Relationship Dynamics

Understanding Married Women's Mental Health

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Because married women are at increased risk for depression, it is important to identify factors that explain women's experience of mental health. Bowen Theory was used to examine differentiation of self and relationship factors, such as need fulfillment, as predictors of married woman's psychologic well-being. Multiple regression demonstrated that a significant proportion of women's well-being was attributable to interdependence in the marriage and the perception that interactional, emotional, and sexual needs were being met. Clinicians can support positive mental health outcomes through early identification of women who may be at risk for psychologic distress and referral for individual or marital counseling. **Key words:** *Bowen Theory, differentiation of self, emotional needs, family systems, interactional needs, psychologic well-being, need fulfillment, sexual needs, women's mental health*

FOR the past 2 decades, evidence has consistently confirmed that adult women, at every age group, experience psychologic distress at greater rates than do men.¹ National health statistics verify that depression affects twice as many women as men (12% vs 6.6%) each year.² Numerous studies have identified factors that contribute to women's psychologic distress, yet there is little evidence about the factors that explain positive mental health states such as psychologic well-being (PWB).

Psychologic well-being and psychologic distress have been explained as 2 unipolar, inversely correlated dimensions of mental health.³ General positive affect, emotional ties, and life satisfaction have been found to define PWB, whereas anxiety, depression, and loss of behavioral/emotional control explain psychologic distress.³ From the perspective of these dimensions of mental health, it follows that a woman who experiences PWB is one who is generally happy and satisfied

with her life and emotional relationships, and, thus is less likely to experience mental health problems.

Much of the research on women and depression in the context of relationships was conducted in the 1990s. The 1990 National Task Force on Women and Depression reported that a key factor in understanding women's depression lies in "the external expectations that women respond to the needs of others."^{4(p16)} Sherrill et al⁵ found that life stressors, such as the responsibility for the care of others, contributed significantly to depression in women. Other literature on women's mental health, which addresses attachment and caring relationships, has pointed to both intrapersonal and relationship factors that place women at risk for symptoms of psychologic distress.⁶⁻¹¹ For women, the quality of the marital relationship has specifically been linked to the experience of well-being.⁹⁻¹² Indeed, it has been pointed out that women in unhappy marriages are 3 times more likely to be depressed than married men and single women,⁴ and that women in nonconflictive, satisfying relationships report significantly greater PWB.^{13,14}

It has further been suggested that need fulfillment is associated with well-being.¹⁵ This association may be particularly true

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in the marital relationship, as need fulfillment is a seminal component of marital satisfaction.^{14,16-19} Early work by Hoskins^{20,21} described the components of need fulfillment in the context of partnered relationships. Interactional-emotional need fulfillment (I-ENF) refers to the ability of partners to perceive and then complement each other's needs for affection, recognition, and security, while sexual need fulfillment (SNF) is viewed as the satisfaction of a partner's sexual needs based on the other's perception of these needs. More recently, several studies have examined sexual satisfaction in the context of marriage and have supported the contention that SNF is a component of marital satisfaction.^{18,22,23} Need fulfillment, then, and its interactional, emotional, and sexual components, may provide some explanation about how women's PWB is experienced in the context of important relationships such as marriage.

Bowen Theory provides a framework from which to examine both the interpersonal and intrapersonal aspects of PWB for women. This family system theory addresses 2 constructs that are purportedly associated with emotional well-being or mental health—differentiation of self (DOS) and emotional relationship systems.^{24,25} The cornerstone construct of Bowen Theory, DOS, is an intrapersonal factor that is concerned with interdependence, or the ability to be both separate and connected in emotional relationships such as marriage.²⁴ Bowen explains that anxiety is generated in every relationship and is a product of "people's neediness and their reactions to that neediness in others."^{25(p78)} Poorly differentiated individuals have little or no capacity for interdependence or autonomous functioning in a relationship. Whenever these individuals experience anxiety as a result of perceived slights, hurts, criticisms, or rejection, they become increasingly emotional and highly distressed. Their automatic emotional feeling and subjective responses will totally dictate their actions.²⁵ More highly differentiated individuals, or those who are able to experience interdependence, may also respond

to feelings of hurt or criticism at an emotional feeling or subjective level; however, these individuals have the capacity to process their responses on an objective level. They are less likely to be emotionally reactive and more likely to respond from a thinking or autonomous perspective while still being able to maintain a sense of togetherness in the relationship.²⁵ Thus, Bowen Theory proposes that failure to have needs met in an emotional relationship results in varying degrees of anxiety and psychologic distress, depending on the person's level of differentiation.

The purpose of this study was to identify and examine factors that explain married women's PWB, from a family systems framework. By examining factors that predict the positive mental health state of PWB, it was anticipated that the findings could contribute to our understanding of the gender-specific determinants that promote and protect mental health in women. The following hypothesis was proposed for testing: DOS and 2 components of need fulfillment, I-ENF and SNF, are related individually and collectively to married women's PWB. The study further sought to determine which family system predictor would explain the greatest portion of the variance in married women's PWB.

METHODS

Sample

The convenience sample for this cross-sectional, correlational-predictive study was composed of 136 adult, married women. A sample size of 77 was required for a power of 0.80 with a medium effect size and a significance level of .05.²⁶ Inclusion criteria consisted of a requirement that participants be married, having lived with their spouses in a separate residence from their families of origin for a period of at least 1 year²⁷; have a minimum of a high school education; and possess the ability to read and write English without difficulty. Following the institutional review board (IRB) approval, participants were recruited from 3 women's healthcare practices in the greater New York City metropolitan

area. Of the 200 participants who agreed to participate in the study, useable survey packets were received from 136 participants.

The participants ($N = 136$) were between 21 and 75 years of age ($M = 38$, $SD = 10.47$). All were married for at least 1 year, with the mean length of marriage being 12.6 years ($SD = 10.2$ years) and the range being 1 to 47 years. Although the distributions of the demographic characteristics were mixed, the sample consisted primarily of first-time married (80.9%), Caucasian (92.7%), Catholic (58.2%), full-time employed (58.1%) women. More than three fourths of the women (77.2%) reported completion of at least some college course work. More than four fifths (83.8%) of the participants were from dual-income families.

Instruments

Psychologic well-being was measured using the 14-item PWB scale of the Mental Health Inventory (MHI)³ developed by the Rand Corporation under a grant from the US

Department of Health, Education, and Welfare. Factor analysis of the MHI has been reported by Viet and Ware.²⁸ Internal consistency reliability for all scales of the MHI has been demonstrated using 4 different national sample populations ($N = 5089$). The reported range is from 0.81 to 0.96, with an alpha coefficient of .92 for the PWB scale.³ The Cronbach alpha for the PWB subscale in the current study was .93. Based on a Likert-type response format with ratings ranging from 1 to 6, subscales are scored so that higher scores indicate more of the construct named by the subscale label. Table 1 reports sample items from this scale.

Haber's²⁹ Level of Differentiation of Self Scale (LDSS) was used to measure DOS. The LDSS is a 24-item unidimensional scale that measures the degree to which a person maintains intellectual functioning as opposed to being controlled by emotional forces within relationship systems. Haber²⁹⁻³¹ has reported construct and factor-analytic validity of the LDSS. The Cronbach alpha in the present study was .88, which is consistent with the

Table 1. Sample items from the study instruments

Measure	Items
Psychological Well-Being subscale (MHI)	During the past month, how much of the time were you a happy person? During the past month, how much of the time have you felt that the future looks hopeful and promising? How much of the time, during the past month, have you felt calm and peaceful?
Level of Differentiation of Self (LDSS)	A lot of my energy goes into being what other people want me to be. I make decisions based on my own set of values and beliefs. When I have a problem that upsets me, I am still able to consider different options for solving the problem.
I-E need fulfillment (PRI)	I can usually predict how my partner feels about things. I feel that my partner appreciates my efforts. My partner listens to my views.
Sexual need fulfillment (PRI)	My partner cares for me as a total person rather than mostly as a sex partner. I seldom feel imposed upon sexually. My partner understands when I try to tell him what my sexual needs are.

alpha value of .91 reported elsewhere by Haber.²⁹ The instrument is based on a 4-point Likert-type response format from which a score is obtained by summing the responses. Higher total scores are indicative of higher levels of DOS. Sample items are included in Table 1.

Need fulfillment was measured by the I-ENF and the SNF subscales of the Partner Relationship Inventory (PRI) developed by Hoskins.³² The PRI measures the degree of fulfillment of interactional, emotional, and sexual needs in marital relationships, based on partners' perceptions of these needs. Both validity and reliability of the PRI have been reported by Hoskins.^{20,21,32} Form IIE, used in the current study, contains 27 interactional-emotional needs items and 6 sexual needs items and has a reported alpha value of .92 for the I-E need subscale and .67 for the sexual need subscale.²¹ The Cronbach alpha for the current study was calculated at .94 for the I-E need subscale and .75 for the sexual need subscale. The 4-point Likert-type response format produces an overall score as well as 2 subscale scores. Higher scores on any of the scales are indicative of greater perception of lack of fulfillment of those particular needs. Examples of items from the PRI are also included in Table 1.

Procedures

At the time of an office visit for routine gynecologic care at each woman's health practice site, prospective participants were recruited by receiving a written description of the study with a request to indicate their willingness to participate by releasing their name and address to the researcher. All potential participants, regardless of whether or not they wished to participate, were instructed to place the intent form in a sealed box located in the waiting room so that neither the office staff nor the physician was able to identify those women who had agreed to participate and those who had not. Upon receipt of the intent to participate, each potential participant was mailed a survey packet contain-

ing the questionnaire booklet and a stamped, preaddressed envelope and postcard for return mailing and request of the study results. A modified Dillman³³ technique was used to generate reminders and/or replacement packets to all prospective participants whose surveys were not returned within 7 weeks of the original mailing.

RESULTS

Table 2 displays the results of the bivariate analysis for DOS, I-ENF, and SNF with PWB as the outcome variable. All predictor variables were significantly correlated with PWB. I-ENF demonstrated the strongest correlation ($r = -0.62$, $P < .001$) with PWB, followed by SNF ($r = -0.56$, $P < .001$), and DOS ($r = 0.27$, $P < .01$). It should be noted that higher scores on the PRI and its subscales were indicative of greater dissatisfaction with need fulfillment. The interval-level demographic variables of age and length of marriage were also analyzed for associations with the outcome variable, PWB; neither was found to be significantly related to PWB for the women in this sample ($r = -0.06$, $P = .43$, and $r = -0.11$, $P = .27$, respectively).

Following bivariate analyses, a standard multiple regression was performed. Table 3 reports these results. I-ENF, SNF, and DOS were found to significantly predict PWB ($R^2 = 0.437$, $F_{1,132} = 34.19$, $P < .001$). Standardized partial regression coefficients (beta weights)

Table 2. Intercorrelations among need fulfillment subscales (I-ENF, SNF), differentiation of self (DOS), and psychological well-being (PWB) ($N = 136$)

Variables	PWB	DOS	I-ENF
DOS	.27*		
I-ENF	-.62 [†]	-.20*	
SNF	-.56 [†]	-.13 [‡]	-.71 [†]

* $P < .01$.

[†] $P < .001$.

[‡] $P < .05$.

Table 3. Summary of standard regression analysis for variables predicting psychological well-being ($N = 136$)*

Variable	<i>B</i>	β	<i>F</i> ratio
I-ENF	-37.03	-.43	20.75 [†]
SNF	-18.81	-.23	6.40 [‡]
DOS	.23	.15	5.25 [‡]

* $R^2 = .437$, $F_{1,132} = 34.19$ [†] $P < .001$.[‡] $P < .05$.

were then examined to determine the individual contributions of each of the predictor variables. DOS, I-ENF, and SNF were all significant individual predictors of PWB, with I-ENF emerging as the most important predictor of PWB ($\beta = -.43$, $P < .001$). Because of the high bivariate correlation between I-ENF and SNF ($r = 0.71$, $P < .001$), semipartial correlations were calculated to provide additional information about the contribution of each predictor variable. I-ENF remained the most important contributor of PWB ($r_s = -0.30$), even after removing the contribution of SNF and DOS.

DISCUSSION

Examining PWB within the context of the emotional relationship of marriage provided a new frame of reference for identifying and explaining the processes underlying this important caring relationship as it is related to women's mental health. The hypothesis that DOS, need fulfillment, and PWB would be individually and collectively correlated was supported. Both I-ENF and SNF demonstrated a strong and statistically significant association with PWB, while the relationship between DOS and PWB was weaker but still statistically significant. It is important to note that these variables, together, were able to explain 43.7% of the variance in PWB. All were significant predictors alone, but the strongest predictor of married women's PWB in this equation was I-ENF.

A partner's need for interaction is reportedly met when there is a perceived congruency in thinking by the partners; when there is a degree of openness in each partner's communication of feelings and perceptions to the other without fear of rejection; when each partner has insight into, and is considerate of, the feelings of the other; and when partners share activities, interests, and companionship foundational to the relationship.^{18,21} To the degree that the women in the current study reported that their needs for interaction were met, they also reported higher levels of well-being. Similarly, fulfillment of emotional needs is believed to take place in marriage when a partner is satisfied with the expression of affection toward her; when a partner feels secure in the marital relationship and have sense of stability of the marriage; and when a partner perceives that she is appreciated by her spouse.^{15,21} When women in the current study believed that their emotional needs were being met by their husbands, their level of well-being correspondingly increased. The fulfillment of sexual needs in a committed relationship, such as marriage, generally includes more than sensuousness and sexual feelings between the partners.^{16,18,23} Rather, satisfaction of sexual needs in a committed relationship includes the manner by which partners translate feelings of love and sensuousness into overt acts. This includes verbalizations and open communication, which tends to increase sensitivity to the needs of the self and partner during sexual activity.^{17,23,32} In the current study, when a woman was satisfied that her sexual needs were being met in the marriage, her sense of well-being correspondingly increased.

While it is not surprising to discover that the fulfillment of interactional-emotional and sexual needs is associated with PWB in married women, the significance of the study findings is more appropriately understood in the context of women's mental health. The family systems factors included in the current study provided a structure for understanding how married women experience happiness,

connection, and satisfaction with life. Because positive mental health states are the polar opposite of anxiety, depression, and corresponding loss of behavioral and emotional control, these study findings suggest that DOS and need fulfillment may exert a protective effect against mental health problems in married women.

Findings have also provided support for Bowen Theory as a framework from which to view women's mental health. Differentiation of self was found to be significantly associated with PWB; however, given its weak, although significant, contribution to the explanation of PWB, further research may be warranted to confirm its importance as a health-promoting factor for mental health. Because need fulfillment is an essential element of partner satisfaction,^{14,16-18,22,23} findings from the current study support those reported by others who found marital quality to be a predictor of women's psychologic health.⁹⁻¹² In light of the fact that women in unhappy marriages are at greater risk for depression,⁴ these findings may provide more direction and specificity for healthcare professionals to identify women who might be at greater risk for depression.

It should be noted that the volunteer sample is a limitation for generalizability of the study results. This ethnocentric sample generally represented Caucasian, well-educated, employed women living in the eastern United States. Potential bias may have been introduced in the self-selection for participation by participants and in the use of private practice settings for participant recruitment. The sample characteristics should, therefore, be considered when interpreting and generalizing the results of this study.

Suggested future research to extend the findings of the current study should take several directions. The use of a longitudinal design might give a more representative pattern of how PWB varies over time with respect to need fulfillment and DOS. Replicating the present study with partnered lesbian women to determine whether the same findings exist for women who are in primary

emotional relationships with other women would also contribute to our understanding of women's PWB, as would replicating the study with unmarried, partnered women. All of these issues need to be explored to gain a better understanding of how women experience their lives in positive ways so that a body of evidence can be accumulated to identify gender-specific determinants and mechanisms that promote and protect their mental health. Evidence-based interventions also need to be designed to mediate the effects of, or protect women from, the interpersonal and intrapersonal factors that put them at greater risk for mental health problems.

The findings of this study point to the need for healthcare professionals, particularly those working in primary care or women's health, to assess and address relationship issues with their women patients. Because women are more likely to seek help from, and disclose symptoms of psychologic distress to, nonpsychiatric healthcare professionals,³⁴ these providers are in a key position to implement strategies to promote women's mental health.

The use of theory-based strategies suggested by findings from the current study can provide a framework for practice. Asking women directly about marital quality before they develop symptoms of psychologic distress can be an effective health promotion strategy. Those women who report that they are in unhappy marriages should be identified as being at risk for depression, anxiety, or other symptoms of psychologic distress. Early intervention through referral for marriage or individual counseling can provide these women with access to resources that will allow them to make informed choices about the nature of their relationships.

Women also need to be asked about whether and how their needs for companionship, sharing, and expression of affection (both sexual and instrumental) are being met in the marital relationship. Married women may need to be coached in effective communication skills and other techniques to support a differentiated position in the

marital relationship. Interdependence must be promoted by healthcare professionals as an essential component of a healthy marital relationship. When women are encouraged to identify and challenge intrapersonal and interpersonal factors that make them feel dependent and/or unable to feel connected without having their thinking, emotions, and behavior governed by their relationships, they will

be less vulnerable to anxiety, depression, and the emotional and behavioral symptoms associated with these mental health problems. Using these and other theory-based health-promoting strategies to support a woman's DOS, along with helping her recognize, value, and meet her needs in marriage can improve her overall PWB and, perhaps, reduce her vulnerability to future mental health problems.

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