



Riegler, Shienbold & Associates

Mental Health Quick Notes

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Depression and Family Dynamics

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Depression has been called the mental health common cold of our time. In fact, the National Institute of Mental Health reports that 15 million Americans, or about 6.7% of the adult population is affected by a major depression in a given year. One sign of its importance in the mental health field is the extensive theoretical clinical and outcome research on the treatment of depression. Paralleling this focus is the explosion of information in the media about depression, especially in the last decade. Much of the information, however, conceptualizes depression as a disease a person "has," as an internal mood state of the individual sufferer, or as the product of distorted thoughts.

A systemic and interpersonal perspective suggests additional ways to think about and treat depression. This perspective should not becloud the critical biochemical and genetic perspectives, but broaden them. Clinical experience and outcome research suggest this is particularly important in the

treatment of couples where one or both partners present with depression.

Intergenerational patterns are a key variable--beyond the standard medical family history questions to check for genetic causes. Each person's emotional family history holds keys important to understanding depression. Exploring intergenerational patterns of unresolved loss, affairs, divorce and separation, trauma (including physical, sexual, and emotional abuse), and gender roles can be critical for both the person presenting as depressed and the non-depressed partner.

In fact, the partner presenting as depressed when a distressed couple begins treatment may not be the depressed partner at mid-treatment. Denial of negative feelings can play a role in mate selection. A spouse may grow up in a family where depression was not acknowledged or treated, making them comfortable with the depressed partner selected. The family of origin may have had a strong negative beliefs about

depression. A child growing up in this family may internalize the belief that normal sadness is bad and shows weakness. As adults, they may continue to "fight" feeling depressed--using repression, addictions, and their mates to avoid these feelings. The non-depressed partner can even get some "secondary gain" from having a reason to vent anger or being able to play the savior/rescuer role in the relationship or having a focus other than their own emotional problems. Improvement can lead to the "normal" partner becoming depressed.

Interactional patterns are also key in understanding the origin and maintenance of depression and are therefore important in successful treatment. A number of behavioral interactions and communication problems are associated with depression and may evolve over time to maintain distress and conflict. Often increased responsibility is required of the partner (especially if there are children), as the depressed mate

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may temporarily be unable to work, do their part of household chores or parent consistently. The non-depressed partner may also feel responsible for the depression and making the other person better. In the face of common withdrawal or negative and angry communication by the depressed person, the other partner may also feel responsible for the relationship itself.

A common initial response is for the partner of the sufferer to provide increased attention and help in an effort to provide support and to "save the day." This shift can backfire over time. With increased demands the initially nonsystematic partner may become exhausted and feel like they are "walking on eggshells." The helper may even become overwhelmed: a

significant number of partners become clinically depressed themselves or report increased physical complaints. Feeling increasingly burdened over time, the non-depressed partner's support behaviors and communication may "leak" impatience, criticism and resentment. Eventually caretaking and support can even shift to overt hostility and increased relationship conflict.

A shift to more parent-child-roles can also add to the low self-esteem and the frustration of autonomy/competency needs of the partner already affected by depression. In addition, by denying the severity of the depression and the inability of one partner to "fix" the other's illness, this interaction often leads to delay in seeking help from physicians, therapists and depression support groups.

Looking forward and looking up (while facing problems) is the opposite of depression. The depressed person and their partner can recognize the depression, determine its roots, keep communication open, and get professional help for the biological and emotional issues if needed. The result will be an improved relationship as well as remission or resolution of the depression!

This material is adapted from a chapter in Weeks, G.R., Hof, L., with chapters by Howard, B. L., et al. (1995). *Integrative Solutions: Treating Common Problems in Couples Therapy*. New York: Brunner/Mazel.

**Riegler • Shienvold & Associates provides comprehensive mental health services for individuals, couples, and families.
Please contact us with any questions.**

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