Emotional and relational correlates of depression in dual-earner families: the key contexts of gender and family life stage

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ABSTRACT

Depressive disorders are common and debilitating and compromise social functioning. Sociological and psychological theories of development and behavior would predict gender differences in the emotional and relational experience of depression. In this paper, we develop a gender-sensitive model of the experience of depression drawing on socialization of emotion theory, self-in-relation theory, and social role theory and we test the model's predictions using psychological, emotional, and relational data obtained from husbands and wives in the Sloan 500 Family Study. Specifically, our model predicts that (a) women with depression will experience greater inward negativity while men with depression will experience greater outward negativity; (b) both own and spousal depression will be more strongly associated with decreased marital satisfaction in women than in men; and (c) parenting behaviors (e.g., time spent talking with and doing things with children) will be more strongly affected by depression in men than in women. The results of our study confirm the presence of gender differences in the experience of depression. However, our results also point to the important contextual effect of family life stage for the experience of depression; the emotional and relational correlates of depression were different for parents of young children compared with parents of adolescent children.

INTRODUCTION

Depression is a common and debilitating disorder, affecting up to 14 million men and women in the United States each year; depression is nearly twice as common in women as it is in men (Culbertson 1997; Kessler et al. 2003; Kessler et al. 1993). The hallmark symptoms of depression are sadness and lost of interest in previously pleasurable activities, but individuals with depression also often experience changes in appetite and sleep as well as psychomotor symptoms such as increased agitation and an inability to focus on particular tasks (American Psychiatric Association 2000). Depression is psychologically isolating and it compromises one's ability to maintain important social relationships; thus, the consequences of depression are rarely confined to the individual. Very few studies, however, have been able to study the experience of depression in the context of individuals' day-to-day work and family lives. Key gender differences in the socialization process and psychological development of girls and boys would predict differences in the emotional and relational experiences of depression for women and men, however such differences have been largely unexplored.

In this paper, we describe a gender-sensitive model of the experience of depression that we have developed based on socialization of emotion theory, self-in-relation theory and social role theory. We then discuss the results of testing this model using data from the Sloan 500 Family Study, an in-depth, cross-sectional study of dual-earner families in different family life stages from across the United States. This dataset is uniquely suited to an exploration of depression in the family context because it includes data from psychological, emotional, and relational domains from multiple family members.

In this study we focus not on clinically diagnosed depression, but on *substantial depressive symptomatology*, as assessed by the Center for Epidemiological Studies Depression (CES-D) Scale (Radloff 1977). The CES-D has been used extensively in research on diverse populations and is a widely accepted tool for measuring depressive symptoms in survey settings (Steffick 2000). Here, we use the standard cut-off of ≥16 to categorize individuals as having (versus not having) substantial depressive symptomatology (Comstock and Helsing 1976). We use the dichotomous measure because our primary interest is in how individuals and families are affected by something akin to clinical depression rather than the changes associated with, say, a one-unit increase on the CES-D scale. The CES-D has been shown to correctly identify most people who would be diagnosed with depression in a clinical setting but it also identifies as depressed a number of individuals who would not receive such a diagnosis (Fechner-Bates, Coyne and Schwenk 1994). Substantial depressive symptomatology as measured with the CES-D, however, has a strong negative impact on quality of life and functioning and is itself a strong predictor of future major depression (Wells et al. 1989). Therefore, although we acknowledge that depression identified by the CES-D is not equivalent to clinically diagnosed major depression, for simplicity's sake we will often use the term "depression" henceforth.

All of the data in the Sloan 500 Family Study were collected in the home and work settings of the study participants, giving the study a naturalistic window onto day-to-day life. The study participants comprised dual-earner families, a common family form in the U.S. today (Waite and Nielsen 2001). Two separate family life stages are represented in the study population: families with young children (aged 5-6 years) and

families with adolescent children. This study extends past work on depression with the provision of novel data on the day-to-day emotions of individuals with depression compared with non-depressed individuals and tests of associations between depression and marital satisfaction and parenting behaviors for both women and men.

BACKGROUND

Gender differences in the experience of depression

The marked gender difference in the incidence of depression raises the question of whether the experience of depression is also gendered, for example, whether some sets of symptoms are more common in women than in men, or vice-versa (Culbertson 1997). Theorized gender differences in psychological development and in the socialization of emotion would predict gender differences in the experience and/or expression of particular emotions (Gilligan 1982; Thoits 1989). In the case of depressed individuals, for example, we might expect women to experience and report more inward negativity (e.g., sadness and low self-esteem), whereas men might experience and express more outward negativity (e.g., anger).

Gender differences in the incidence of particular psychiatric disorders – women are more likely to become depressed whereas men are more likely to develop substance abuse or antisocial behavioral disorders (Kessler et al. 1994) – are consonant with the overarching idea that psychological distress may be manifested differently by men and women (Horwitz and Davies 1994). Studies comparing the pattern of symptom reporting between depressed men and women have had mixed results, but suggest that the physical experience of depression (i.e., eating and sleeping disturbances) may be more acute for

women than for men and that anxiety and diminished self-worth may be more common in depressed women than in depressed men (Bogner and Gallo 2004; Kornstein et al. 2000; Williams et al. 1995). To date, however, comparisons of depressive symptoms in men and women have been based on data from symptom checklists where individuals are asked to report on the frequency of each given symptom over the past 1-2 weeks. There have been no studies of the day-to-day emotions of individuals with depression. Here, we use Experience-Sampling Method (ESM) data collected multiple times during the day over the course of a week to test for effects of gender and family context on the emotions experienced by individuals with substantial depressive symptoms.

Depression and marriage

The real time emotional experience of individuals with depression matters for families because emotions often spill over from one individual to others; happiness, frustration, and stress, for example, are often not masked to family members and can, in turn, produce emotional reactions toward the relationship itself. For example, depressed feelings associated with a stressful event in one spouse have been shown to concurrently predict more negative feelings about the relationship in the other spouse (Thompson and Bolger 1999). Typically, women are more empathic than men, possibly due to male-female differences in role socialization and the mother-daughter bond (Surrey 1991); this increased emotional attentiveness and responsiveness would presumably make women more vulnerable than men to the psychological distress of others.

Further, the marital partner often serves as the primary kin confidant and depressed individuals are not as competent at playing that role since depression compromises relational ability, particularly in intimate relationships (Dehle and Weiss

1998; Fincham et al. 1997). Self-in-relation theory posits that relationships are critical to the ongoing psychological development of women, in contrast to male-based psychological development models that emphasize autonomy as the developmental goal (Baker Miller 1986; Gilligan 1982). Given this theorized gender difference in the salience of relationships for identity formation and maintenance, one would expect that the temporary "loss" of one's spousal confidant to depression may have a much larger effect on women than on men, which could be reflected in gender differences in marital satisfaction consequent to spousal depression. Consistent with this expectation, it has been shown that spousal depressive symptoms are strongly associated with declining marital satisfaction in women, but not in men (Beach and O'Leary 1993).

Individual depression is also strongly associated with decreased marital satisfaction (Beach, Arias and O'Leary 1986; Birtchnell and Kennard 1983; Dehle and Weiss 1998; Fincham et al. 1997; Gotlib and Whiffen 1989; O'Leary, Christian and Mendell 1994). This is likely a dynamic association – poor marriages may be depressogenic and depression itself negatively affects individuals' relationships. There is some evidence that the relationship between depression and decreased marital satisfaction is stronger for women than it is for men (Heim and Snyder 1991; Whisman 2000) (but see (Williams 2003)), and that the temporal sequence of depression and marital dissatisfaction may vary by gender. Marital dissatisfaction often precedes depressive symptoms in women (Whisman 2000), whilst depressive symptoms in men more strongly predict their future marital dissatisfaction (Fincham et al. 1997). On the whole, it appears that there may be stronger links between depression (own or spousal) and relationship quality for women than for men. In this study, we used data on depressive symptoms and

marital satisfaction collected from both spouses in a community-dwelling sample of married couples to test for gender differences in the associations between own depression and marital satisfaction and spousal depression and marital satisfaction in two different family life stages.

Depression and parenting

Depression disrupts parent-child relationships as well as marital relationships (Orvaschel, Weissman and Kidd 1980). Belsky's process model of parenting emphasizes that while parenting is multiply determined (i.e. by the parent's characteristics, the child's characteristics, and the social context of parenting) the most important determinant of parental functioning is the parent's psychological well-being (Belsky 1984). A review of parent-child interactions in the presence of parental depression highlighted the negative emotional effects of parental depression; children of depressed parents are exposed to sadness and despair but also, potentially, to increased irritability and aggression (Cummings and Davies 1999). These interactions are frequently set within a context of low marital quality and greater marital discord. Clearly, parental depression can increase the risk for poorer child well-being (Repetti, Taylor and Seeman 2002).

Much of the literature to date has focused on the negative effects of maternal depression on infants or very young children (Burke 2003; Hans 2005), however, studies of depressed mothers with older children also find that depressed mothers are less warm and positive with their children. The limited literature that exists on paternal depression suggests a positive association between paternal depression and father-child conflict (Kane and Garber 2004; Simons et al. 1990) and a possible increased incidence of developmental problems in the sons of fathers with depressive symptoms (Ramchandani

et al. 2005). Very little, however, is known about the effects of depression on the emotions and parenting behaviors of mothers and fathers of adolescent children.

Sociological and psychological theories of gender would predict that mothers' parenting behaviors would be less strongly affected by depressive symptoms than would fathers'. Social role theory leads us to expect that mothers' parenting behaviors are operating under stronger constraints than those of fathers (Doherty, Kouneski and Erickson 1998; Hochschild and Machung 1989; Risman 1998). Consistent with this expectation, the empirical literature shows that that the extent of fathers' involvement with their children is more elastic and more strongly determined by contextual factors, such as the quality of the co-parental relationship, than that of mothers' (Doherty, Kouneski and Erickson 1998; Feldman, Churnin Nash and Aschenbrenner 1983; Levy-Shiff and Israelashvili 1988). Further, self-in-relation theory would posit that women would not fail to take action on others' behalf, even in the face of depression, because of the importance of relationships to women's core self-structure (Kaplan 1991). The father-child relationship, therefore, may be more vulnerable to outside disturbances and depression could act as just such a disturbance. In this study, we present an analysis of the relationship between parental depression and parenting behaviors for both mothers *and* fathers of young children and adolescent children.

A gender-sensitive model of the experience of depression

We have developed a simple, gender-sensitive model of the emotional and relational experience of depression that integrates the theoretical perspectives described above, namely, socialization of emotion theory (Thoits 1989), self-in-relation theory (Baker Miller 1986; Gilligan 1982; Surrey 1991), and social role theory (Risman 1998;

Risman 2004). Socialization of emotion theory posits that girls and boys are brought up to learn that different types of emotions are more or less acceptable for their gender; among negative emotions, for example, sadness would be more acceptable for girls and anger would be more acceptable for boys (Thoits 1989). Self-in-relation theory emphasizes the greater importance of relationships for women's versus men's core identities and well being (Baker Miller 1986; Gilligan 1982; Surrey 1991). Finally, social role theory highlights the different social role expectations operating for mothers and fathers (Risman 1998; Risman 2004).

We expect gender differences in the emotional profile associated with depression because, we suggest, women are more likely than men to direct psychological distress inward than outward and women are more likely to take responsibility for failing relationships and so, potentially, suffer from lower self-esteem as a result. We expect gender differences in the relationship between either own or spousal depression and marital satisfaction because of the stronger ties hypothesized between relationship quality and psychological well-being for women than for men (Baker Miller 1986; Gilligan 1982). Finally, we expect gender differences in the relationship between depression and parenting behaviors because of the pervasive social role expectations of maternal behavior and the resultant stronger social constraints on maternal as compared with paternal behaviors (Hochschild and Machung 1989; Risman 1998).

Our theoretical model leads to the following specific predictions to be tested in this study: (1) Women and men will have different emotional profiles associated with depression centered, respectively, around inward and outward negativity. (2) Women's levels of marital satisfaction will be more strongly associated with their own and their

spouse's depression than will men's. (3) Men's parenting behaviors will be more strongly compromised by their own depressive symptoms than will women's.

DATA AND METHODS

Study Population

The data used here are drawn from a sample of families with children aged 5-18 years participating in the Sloan 500 Family Study, which was carried out in 1999 and 2000. The Sloan study obtained information from three family members in each family – mother, father, and child – using multiple methods – in-depth interviews, questionnaires, and the Experience Sampling Method (ESM, described in detail below). Study families were drawn from eight communities across the United States and were recruited through solicitation by phone, mail, newspaper advertisements, and school-based advertisements. There are three types of families represented in the Sloan study: (1) families with adolescent children (teen families); (2) families with children aged 5-6 years (tot families); and (3) a small set of families with both young children and adolescent children. For simplicity, our sample here includes only the first two family types. Most study participants are non-Hispanic Whites (Table 1). The families in this sample are economically advantaged compared to married parents in the United States as a whole, with high levels of education completed. (See (Hoogstra 2005) for a detailed description of the study.)

Study participants filled out detailed questionnaires, which included measures of depressive symptoms, marital satisfaction, and parenting behaviors, and also reported on their emotions up to eight times a day over the course of a week. Collection of emotion

data generally started within a day or two following completion of the questionnaire. Complete data on depression status and the key control variables (age, education, income, race, self-rated health, and spouse's self-rated health) were obtained from 276 fathers and 294 mothers in the study (see Tables 1 and 2). Complete data for this analysis are available for both parents from 161 teen families and 101 tot families; in addition, we have complete data for analysis for one of the two parents in 39 teen families and 7 tot families. Sample sizes vary across the analyses due to heterogeneity in the completion of ESM data collection or filling in the questionnaire or the presence or absence of spousal depression data (for the marital satisfaction analyses); sample sizes for any given set of analyses are noted in the column headings of Tables 3 through 5. We observed some differences between participants with sufficient and insufficient data for analysis in this study. Study participants (those included in the analyses) reported higher total incomes, on average, and mothers with complete data for analysis were more educated and had lower depression scores, on average, compared with mothers with incomplete data.

Measures

Depression. Depression was assessed with the Center for Epidemiological Studies Depression scale (CES-D) (Radloff 1977). CES-D scores were calculated for all individuals who were missing three or fewer items from the 20-item measure; missing values were imputed using the average of the other responses. Depression was coded dichotomously; individuals with scores greater than or equal to 16 were coded as having depression, following conventional use of the CES-D (Comstock and Helsing 1976). Between 12 and 15% of the men in the sample and approximately 10% of the women in the sample had CES-D scores equal to or exceeding 16 (an indication of substantial

depressive symptomatology) (Table 2). In the full Sloan dataset as well, equal proportions (14%) of men and women have CES-D scores equal to or exceeding 16.

Observing approximately equal rates of depression in men and women is unusual. There are several possible reasons for why this may have occurred. First, responsibility for collection and dispatch of the survey data in most cases likely rested with the mothers; therefore, depression in a subset of the mothers may have impeded full data collection (and therefore mothers with high CES-D scores may be underrepresented in the dataset). However, it is also worth noting that self-rated health is generally better among the women than in the men in the sample (Table 1); this also could help to account for our findings.

Experience-Sampling Method (ESM) emotion measures. The "Experience-Sampling Method" is a method of collecting data about the subjective experience of peoples' day-to-day lives (Csikszentmihalyi and Larson 1987). Participants wore watches with pre-set alarms that beeped eight times each day over the course of a week. The watch signals occurred at random moments within evenly spaced intervals across the day. When alerted by the beeps, participants filled out brief structured diaries describing their location, activities, who they were with, and how they were feeling. Respondents were queried specifically about how they felt about the main activity they were engaged in (12 items) as well as how they felt more generally (22 items). Each ESM observation was coded on the basis of location (home, work, in public) and social context (e.g., alone, with spouse, with children).

We selected three positive emotions – happy, caring, and feeling good about oneself – and two negative emotions – angry and strained – for a set of in-depth analyses

in relation to depression. These emotions were chosen to represent major affective changes associated with depression (happy, angry), and to capture possible effects on self-esteem (feeling good about oneself), consequences for relationships with others (caring), and the feeling of being overwhelmed (strained). The five emotions were measured as follows: (1) **Happy**: Participants rated how they felt on a seven-point spectrum from happy (6) to sad (0). (2) **Caring**: Participants reported how caring they were feeling on a scale from 0 (not at all) to 3 (very much). (3) **Feel good about self**: Participants responded to the question, "Did you feel good about yourself?" on a scale from 0 (not at all) to 3 (very much). (4) **Angry**: Participants reported how angry they felt on a scale from 0 (not at all) to 3 (very much). (5) **Strained**: Participants reported how strained they felt on a scale from 0 (not at all) to 3 (very much). Because we were interested both in the overall emotional experience of depression and in how family context might modify that experience, we calculated the following for each of the five emotions: (a) an average level across all contexts; (b) an average level restricted to beeps when the respondent reported being with their spouse; and (c) an average level restricted to beeps when the respondent reported being with their child. See Table 2 for average emotion levels across all the study participants. Emotions were modeled as continuous variables in the analyses.

Marital functioning. Marital satisfaction was measured with the 15-item ENRICH Marital Satisfaction Scale. The ENRICH scale is comprised of 10 items that ask individuals to assess their satisfaction with key aspects of their marriage, such as communication, financial management, and parenting and of 5 items that tap marital conventionalization (Fowers and Olson 1993; Olson, Fournier and Druckman 1987).

Raw scores from the ENRICH scale were first normed to national data then adjusted using the marital conventionalization items to correct for any tendency to endorse unrealistically positive descriptions of the marriage. Only individuals who completed all items on the ENRICH scale were included in the analyses (N = 366) of marital satisfaction. Marital satisfaction scores were modeled as continuous variables in the analysis.

Parenting measures. A number of measures of parenting were included in the questionnaire. For each of the measures described below, only individuals who completed all of the items were included in the analyses. For the measures below assessing how much time parents spend with their child talking or in shared activities, the response categories ranged from never (0) to 2-3 times per week (4).

(1) Participants' negative feelings about parenting were measured with four items. Respondents described how true they felt each statement was in their life, from 1 (never true) to 5 (always true): (a) Being a parent is harder than I thought it would be, (b) My child does things that really bother me, (c) I find myself giving up more of my life to meet my child's needs than I ever expected, (d) I feel trapped by my responsibilities as a parent. A summed score was used in the analysis. Complete data were obtained from 567 parents. Cronbach's alpha for the 4-item scale was 0.74.

(2) Time spent talking about day-to-day events was measured with three items assessing how often the parent spends talking with their teen about everyday events in their lives, important life issues, and news, politics or world events. A summed score was used in the analysis. Complete data were obtained from 566 parents. Cronbach's alpha for the 3-

item scale was 0.63 for the parents in the teen families and 0.57 for parents in the tot families.

(3) Time spent in shared activities was measured with fourteen items assessing the frequency with which the respondent did the following with their teen: sports/athletic activities, listening to or playing music, doing arts or crafts activities, doing volunteer/charity work, attending religious services, doing other shared hobbies, going to theater/symphony/musical/cultural events, going to movies, visiting museums, going to watch sports events, going out to eat sit down dinner, visiting nearby relatives and or family friends, visiting relatives that live far away, and traveling together for fun. A summed score was used in the analysis. Complete data were obtained from 442 parents. Cronbach's alpha for the 14-item scale was 0.69.

(4) Time spent on monitoring talk was measured with twelve items assessing how frequently the respondent or their spouse talked with their adolescent child about (a) how the teen spends time (time watching tv, where teen is after school, where teen is at night, what teen does with free time), (b) rules and decision making (how late the teen stays out, teen breaking rules, how the teen spends money), and (c) friendships and peer pressure (who the teen's friends are, dating, sexual relations, alcohol, drugs). A summed score was used in the analysis. Complete data were obtained from 341 parents. Cronbach's alpha for the 12-item scale was 0.82.

Analytic Approach

The main goal of these analyses was to test for associations between depression and emotions and relational variables in parents in dual-earner families. Because the effects of parent gender and family life stage were of interest, we present the results of

gender- and family life stage-stratified regression models (Tables 3 through 5). All gender and family life stage differences were tested with interaction terms in full regression models and significant results are noted in the tables. Age, race, education, income, self-reported health, and spouse's self-reported health were included as control variables in each model. In the marital satisfaction analyses, spousal depression was included as a predictor of interest. In the parenting behaviors analyses, adolescent child depression was included as a control variable in the teen families. Age was modeled continuously. Race was included as a dummy variable in the analyses, coded as described in Table 1. Educational attainment, total family income, and self-reported health were coded into ordinal categories as described in Table 1. Spousal depression and adolescent child depression were both dichotomous variables, coded as 1 when the CES-D score was equal to or greater than 16 and 0 if below. All models were checked for linearity, homoscedasticity, and normality of errors.

RESULTS

Results of multiple regression analyses examining depression as a predictor of emotions and relational variables, controlling for demographic and health variables, are presented in Tables 3 through 5.

Emotions

Analyses of the ESM data yielded somewhat distinctive emotional profiles associated with depression for men and women (Table 3) and, in some cases, pointed to the important influence of family life stage on the emotional experience of depression.

Average happiness levels were significantly lower in depressed compared with non-depressed women, in both tot families and teen families, across the contexts studied. This average effect hovered around a one unit change, or approximately 14% of the total scale. In contrast, and surprisingly, happiness levels were *not* significantly lower in association with depression in men with small children. Further, although levels of happiness were lower *overall* in association with depression in men with adolescent children, the decrements were not significant when depressed men were with their spouses and/or children. Interaction terms from the full models showed significant gender-by-depression interaction effects for overall happiness levels in both tot families and teen families, for happiness levels when with one's spouse in the teen families, and for happiness levels when with one's children in the tot families.

Average caring levels were not significantly influenced by depression in any of the analyses, although a decrement in overall caring levels reached suggestive significance in women (Table 3).

Depression was strongly and highly significantly associated with lower scores on "feeling good about myself" item; this effect was relatively consistent across gender, family type, and family context (Table 3). The average decrease in this emotion was approximately half a point, or 12.5% of the total.

Overall, anger levels were elevated in association with depression, however gender, family type and family contexts emerged as important influences in this relationship (Table 3). Depressed fathers of adolescent children had consistently higher anger levels across family contexts. In contrast, although fathers of young children had higher anger levels overall, they did not show significantly higher anger levels when with

their spouse and/or children. Depressed mothers of young children showed a very similar pattern. Finally, depressed mothers of adolescent children had the *strongest* elevation in anger levels when with their spouse and showed no difference in anger levels compared with non-depressed mothers when with their children.

In general, depression was associated with increases in reports of feeling strained (Table 3). This effect was strongest in (a) fathers of young children and (b) in mothers of adolescents when with their spouses.

Marital satisfaction

Depression was strongly and significantly associated with lower marital satisfaction in men and women in teen families and in women, but not men, in tot families (Table 4). The coefficients were stronger for women compared to men in both family types, but the gender-by-depression interaction terms were not significant. Spousal depression was marginally significantly associated with lower marital satisfaction in both men and women in teen families. The smallest effect of spousal depression was observed for women in tot families.

Parenting outcomes

We observed several gender and family type differences in parenting in association with depression for men and women (Table 5). While both depressed fathers and mothers of adolescents reported significantly more negative feelings about parenting than their non-depressed counterparts, only depressed fathers reported spending significantly less time talking with and monitoring their teen and marginally significantly less time doing activities with their teen. In contrast, depressed mothers did not report spending significantly less time talking with or engaged in activities with, or monitoring

their adolescent children than non-depressed mothers, although the gender-by-depression interaction terms for the parenting variables were not significant. Interestingly, none of the parenting variables that we tested (experiencing negative feelings about parenting, time spent talking with child, time spent doing activities with child) showed significant associations with depression among mothers or fathers of young children.

DISCUSSION

Many of the emotional and relational correlates of depression that we studied varied by gender. However, we also uncovered important influences of family life stage and family context on the experience of depression in dual-earner families.

Do men and women with depression show different emotional profiles?

To our knowledge, this is the first report of the day-to-day emotional experience of individuals with substantial depressive symptomatology. Our findings indicate that depression is more strongly associated with decreased happiness in women as compared to men in dual-earner families; in contrast, increases in anger were observed more consistently in association with depression in men than in women. These findings echo the literature on different manifestations of psychological distress in men and women (Horwitz and Davies 1994) and are generally consistent with our model's prediction that depression would be associated with greater inward negativity versus outward negativity in women as compared to men. Of note, however, we would have expected gender differences in the effect of depression on self-esteem – that is, greater decrements in self-esteem for women than for men – and our results indicate, in contrast, a uniformly negative effect of depression on self-esteem across gender and family type. Indeed, of

the five emotions we studied, decreases in "feeling good about myself" were the most common emotional symptom of depression, with relatively uniform effects across gender, family type, and family context.

Our analyses stratified by family life stage and social context yielded other more nuanced findings as well. One interesting general finding was that among depressed fathers of young children, neither decrements in happiness nor increases in anger were observed when these men were with their spouses and/or children, despite overall changes in these emotions. It is possible that being with family members simply makes them feel better. An important consequence for the family is protection against the emotional effects of depression in these men.

In contrast, depressed fathers of adolescent children showed uniform increases in anger levels across contexts. Adolescents pose important challenges for parents, including greater levels of intra-familial conflict even in the absence of parental depression, and it may be that depressed fathers are less able to control their anger if engaged in difficult interactions with their teen. As a corollary, adolescents are likely less affectionate and affirming than 5 and 6 year olds – hence, possibly, the absence of the ameliorative emotional effect in depressed fathers of adolescents when with their children.

For the anger analyses, we observed that depressed mothers of adolescents showed a mild elevation of anger overall, a very strong elevation in anger when with their spouses, and no elevation in anger when with their children. The same effect was observed for reports of feeling "strained". One possible explanation for these findings could be that marital strife is driving depression among an important subset of the

depressed mothers of adolescents, however controlling for marital satisfaction in the analyses does not materially change the depression coefficient in either case. Another possible explanation is that spouses provide the "safest" outlet for negative emotions in working mothers with adolescent children.

Does depression affect the marital experience differently for men and women?

We did not find any evidence that either own or spousal depression was related more strongly to marital satisfaction in women than in men, as predicted by our model. In this sample, own depression was more strongly associated with lower marital satisfaction in wives as compared with husbands in the two family types, however the gender-by-depression interaction terms were not significant. Notably, own depression was not significantly associated with lower marital satisfaction in fathers of young children, although the coefficient was not substantially different from that for fathers of adolescents and no significant depression-by-family type interaction effect was observed.

According to self-in-relation theory, we would expect low marital quality to be more depressogenic for women than for men because an unsuccessful marital relationship would be expected to impinge more strongly on women's identities than on men's identities. The uniform effect of depression on the emotional correlate of self-esteem – "feel good about self" – for both men and women argues against this hypothesis. However, because our data are cross-sectional, we are unable to test this or other specific causal pathways. Study participants could become depressed in reaction to poor marital quality, depression itself could reduce marital quality, or depressed individuals may perceive (and report) their life circumstances through a particularly negative lens. Our

data suggest that the sum of these processes is acting with equal strength for men and women.

Spousal depression was not significantly linked with either husbands' or wives' reports of decreased marital satisfaction, although the associations were marginally significant for husbands and wives in the teen families. Of particular note was the complete absence of an effect of spousal depression for mothers of young children. As we saw, anger was much more common in depressed fathers in teen as compared with tot families; therefore, perhaps paternal depression poses a more important relational problem for families with adolescent as compared with young children. Our parenting findings are also consistent with this explanation; only among depressed fathers of adolescents were significant depression-associated decreases in time spent talking with and engaged in activities with one's child observed.

Are fathers' parenting behaviors more strongly affected by depression than mothers' parenting behaviors?

Our findings indicated that while depression was associated with more negative feelings about parenting for both men and women with adolescent children, depression was only associated with *spending less time* with teens for fathers and not for mothers. These results are consistent with our theoretical model predicting stronger constraints over maternal than paternal behaviors via both social expectations and inner psychological expectations.

There are a number of possible explanations for the observed difference in time spent with teens between depressed mothers and fathers of adolescents. First, perhaps mothers do not have the option to decrease time spent with their teen, for example, if they

are primarily responsible for supervising the teen. Mothers in this sample do spend fewer hours working outside the home than do fathers and so would likely be more responsible for the teen, however many of the activities reported on in this study were voluntary activities such as doing sports, listening to music, doing volunteer work, or going to the movies together – not caretaking activities *per se*. Second, perhaps the association is confounded by work hours, such that fathers who work longer hours are both more depressed and have less time to spend with their teen. We found no association, however, between depressive symptom scores and reported work hours for the men in our sample. A third alternative explanation is that fathers who are depressed are lower in marital satisfaction and so spend less time with the family as a whole; marital quality has been shown to be more closely related to parenting for fathers then mothers (Doherty, Kouneski and Erickson 1998). Including marital satisfaction in our model, however, did not meaningfully change the association between fathers' depression and the reported time spent with their teen. A final possible explanation, which we cannot evaluate, is that mothers resist reporting that they spend relatively little time with their teen, even if there are true decrements associated with depression.

Although we are not measuring the effect of parental depression on adolescents in this paper, we would expect that the decreased time spent by fathers with their teenage children could affect the parent-child bond. The quality of parent-child attachment is a strong predictor of adolescents' self-esteem and life satisfaction (Greenberg, Siegel and Leitch 1983) and low social support from one's family has been shown to be important psychosocial risk factor for major depressive disorder in teens (Lewinsohn, Rohde and Seeley 1998).

Interestingly, we did not observe any significant increases in negative feelings about parenting or decreases in time spent talking or engaged in activities with one's child among depressed parents of young children. The sample was smaller and some of the coefficients were comparable with those of the teen families, so it is possible that we lacked sufficient power in this group to detect the same types of effects.

Limitations

Our study has a number of strengths, including diverse types of data from multiple family members, however some limitations should also be noted. First, our sample recruitment strategy makes it difficult to identify the population to which our results can be generalized. The married couples in the sample were selected from a small number of communities, so the sample is not nationally representative. To the extent that marital and parenting dynamics differ in this population from that of the general population, it is possible that the depression-associated changes we observed may be most applicable to professional dual-earner families. There is some chance that the effects we observed were smaller than those that might be detected in the general population, as it is likely that the highly educated women in the study may have a stronger ideology of gender equity than women in the general population. While the relative uniformity of the sample simplified our analysis – residual confounding of the associations by SES is unlikely – we cannot be certain that our results would apply to different populations.

Second, as alluded to earlier, our data are cross-sectional and so preclude causal interpretation. Implicit in much of the analysis and discussion of the results is the idea that depressive symptoms precede and thus may predispose to our outcomes of interest,

but we cannot be certain of this causal direction and it is probable that a number of these associations are dynamic. Finally, because of the intensive data collection undertaken in this study, the overall number of families sampled was relatively small and some of our primary outcomes of interest – for example, emotions and time spent with adolescent – are quite variable. Limited power may help to explain that while the gender differences we observed were generally consistent, in a number of cases the gender interaction terms were not statistically significant.

CONCLUSION

In this paper, we have presented evidence of gender differences in the emotional, marital, and parenting correlates of depression. In addition, we have demonstrated how family life stage and family context shape the experience of depression. Predictions from our gender-sensitive model of the experience of depression in the family context, based on self-in-relation and gender role theory, were partly upheld. In general, women showed stronger inward negativity in association with depression while men showed stronger outward negativity and there was evidence that fathers' parenting behaviors were more strongly compromised by depression than mothers'. However, neither own nor spousal depression was associated more strongly with decreased marital satisfaction in women than in men, as we predicted, and some of the associations detected in families with adolescent children were not present in families with young children, pointing to complex family-related contextual effects on the experience of depression.

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Table 1. Demographic and health characteristics of the study participants (N = 570).

	Parents in Teen Families		Parents in Tot Families	
	Men (*N* =172)	Women (*N* = 189)	Men (*N* =104)	Women (*N* = 105)
Age (mean (SD))	49.6 (4.8)	47.6 (4.8)	40.6 (5.1)	39.4 (3.9)
Race (%)				
Non-hispanic white	94.8	90.5	90.4	86.6
Asian or Pacific Islander	0.6	0.5	1.9	5.7
Hispanic, regardless of race	1.2	4.2	1.9	1.9
Non-hispanic black	2.9	3.2	5.8	4.8
Multiple categories endorsed	0.5	1.6	0	1.0
Employment status (% employed)	97.7	89.9	98.0	85.7
Highest level of education (%)				
High school degree or less	1.2	2.1	0	2.9
Some college education	9.3	12.7	5.8	5.7
Bachelor's degree	23.8	29.1	26.9	33.3
Advanced degree	65.7	56.1	67.3	58.1
Family income (%)				
< 50,000/yr	6.4	5.8	5.8	7.6
50,000 – 100,000/yr	36.0	37.6	38.4	36.2
> 100,000/yr	57.6	56.6	55.8	56.2
Health status (%)				
Excellent/very good	66.9	70.9	55.8	71.4
Good	25.0	24.9	38.5	24.8
Fair/poor	8.1	4.2	5.8	3.8

Table 2. Depressive symptom levels and emotional characteristics of the study participants (N=570).

	Parents in Teen Families		Parents in Tot Families	
	Men (*N* =172)	Women (*N* = 189)	Men (*N* =104)	Women (*N* = 105)
Depression				
Depressive symptoms (mean (SD)) [a]	8.2 (7.1)	7.4 (6.7)	8.4 (6.7)	7.8 (6.9)
CES-D score ≥ 16 (%)[a]	12.8	10.0	15.4	9.5
Emotions – overall levels				
Happy[b]	5.0 (0.6)	5.0 (0.7)	5.0 (0.5)	5.1 (0.6)
Caring[c]	1.5 (0.6)	1.6 (0.6)	1.6 (0.5)	1.7 (0.6)
Feel good about self[c]	2.2 (0.5)	2.2 (0.5)	2.1 (0.4)	2.1 (0.4)
Angry[c]	0.16 (0.19)	0.14 (0.14)	0.17 (0.20)	0.15 (0.17)
Strained[c]	0.32 (0.36)	0.29 (0.35)	0.38 (0.41)	0.35 (0.40)

a: Depressive symptoms were measured with the 20-item CES-D scale (Radloff 1977). Scores can range from 0 to 60 – scores in this population ranged from 0 to 43. Individuals with a score of 16 or higher are considered to have substantial depressive symptomatology.

b: Happiness scores can range from 0 to 7 – average scores in this population ranged from 2.8 to 7.

c: Scores for feeling caring, good about self, angry, and strained can range from 0 (not at all) to 3 (very much). In this population, average scores ranged from 0.2 to 3 (caring), 0.7 to 3 (feel good about self), 0 to 1.25 (angry), and 0 to 2 (strained).

Table 3. Results of linear regression analyses testing for associations between depression (CES-D ≥ 16) and average emotion levels as reported on the ESM questionnaires. All models were adjusted for age, education, income, race, self-rated health, and spouse's self-rated health.

	Predictor Variable: CES-D score (modeled dichotomously)			
	Men		Women	
	Teen families β (SE) N=139	Tot families β (SE) N=95	Teen families β (SE) N=159	Tot families β (SE) N=103
Outcome Variables: Positive Emotions				
Happy: Overall	-0.09 (0.16)[a]	-0.38 (0.14)**[b]	-0.715 (0.17)***[a]	-1.19 (0.21)***[b]
With spouse	-0.01 (0.20)[a]	-0.27 (0.19)	-0.83 (0.22)***[a]	-0.89 (0.30)**
With children	-0.12 (0.20)	-0.27 (0.17)[b]	-0.55 (0.21)*	-1.01 (0.29)**[b]
Caring: Overall	0.06 (0.17)	-0.18 (0.16)	-0.05 (0.14)	-0.33 (0.20)[†]
With spouse	0.01 (0.18)	-0.14 (0.16)	-0.24 (0.16)	-0.35 (0.23)
With children	0.09 (0.18)	-0.19 (0.15)	-0.02 (0.16)	-0.17 (0.19)
Feel good about self: Overall	-0.50 (0.13)***	-0.47 (0.11)***	-0.60 (0.12)***	-0.56 (0.14)***
With spouse	-0.49 (0.15)**	-0.43 (0.13)**	-0.82 (0.14)***	-0.37 (0.19)*
With children	-0.41 (0.14)**	-0.40 (0.14)**	-0.49 (0.14)**	-0.49 (0.14)**
Outcome Variables: Negative Emotions				
Angry: Overall	0.16 (0.05)**	0.15 (0.06)**	0.09 (0.04)*	0.16 (0.06)*
With spouse	0.19 (0.06)**	0.12 (0.08)	0.23 (0.06)***	0.10 (0.10)
With children	0.17 (0.05)**[a]	0.11 (0.06)[†]	0.001 (0.06)[a]	0.14 (0.10)
Strained: Overall[c]	0.25 (0.10)*[c]	0.55 (0.10)***[c]	0.22 (0.09)*	0.38 (0.14)**
With spouse	0.21 (0.10)*	0.48 (0.11)***	0.42 (0.11)***	0.32 (0.16)*
With children	0.24 (0.11)*	0.42 (0.10)***	0.15 (0.10)	0.33 (0.15)*

†p<0.10; *p ≤ 0.05; **p < 0.01; ***p < 0.001

a: Significant (p ≤ 0.05) within teen-family gender interaction effect observed.

b: Significant (p ≤ 0.05) within tot-family gender interaction effect observed.

c: Significant (p ≤ 0.05) within-males family type interaction effect observed.

Table 4. Results of linear regression analyses testing for associations between depression and marital satisfaction scores. All models included both individual depression and spousal depression as predictors and were adjusted for age, education, income, race, self-rated health, and spouse's self-rated health.

	Outcome Variable: Marital satisfaction score			
	Men		Women	
	Teen families	Tot families	Teen families	Tot families
	β (SE)	β (SE)	β (SE)	β (SE)
	N=165	N=100	N=182	N=103
Predictor Variables				
Own CES-D score ≥ 16	-9.6 (3.0)**	-7.0 (4.3)	-13.8 (4.2)**	-15.9 (3.8)***
Spouse's CES-D score ≥ 16	-6.6 (3.5)†	-7.1 (5.6)	-6.6 (3.5)†	-1.5 (3.2)

†p<0.10; *p ≤ 0.05; **p < 0.01; ***p < 0.001

Table 5. Results of linear regression analyses testing for associations between substantial depressive symptomatology and parenting variables. All models were adjusted for age, education, income, race, self-rated health, and spouse's self-rated health. The teen family models also adjusted for adolescent depression (CES-D score ≥ 16).

	Predictor variable: CES-D score (modeled dichotomously)			
	Men		Women	
	Teen families	Tot families	Teen families	Tot families
	β (SE)	β (SE)	β (SE)	β (SE)
	N=156	N=103	N=169	N=105
Outcome Variables: Parenting Items				
Negative feelings about parenting	1.83 (0.68)**	1.06 (0.80)	1.57 (0.75)*	1.42 (0.92)
Talking with child about day-to-day events	-0.97 (0.41)*	0.21 (0.44)	-0.52 (0.40)	-0.66 (0.41)
Doing activities with child	-2.2 (1.3)†	-2.4 (1.4)†	-1.3 (1.8)	-1.1 (1.5)
Monitoring teen's activities	-5.0 (2.1)*	--	-1.9 (2.4)	--

†p<0.10; *p ≤ 0.05; **p < 0.01
c: Significant (p ≤ 0.05) within-males family type interaction effect observed.