The Occurrence of Depression in Women and the Effect of the Women’s Movement

When considering mental illness in general since 1940 there have been periods when men have had a higher incidence of mental illness than woman, for example, during the decade of the forties. However, from 1964 on, men never again had a higher incidence of mental illness than women. The dramatic increase of mental illness in women began during the decade of the sixties which is the same decade that the women’s movement came into the forefront.

When focusing on the statistics for one specific type of mental illness, depression, since 1940 there has never been a short-term trend where the number of depressed men has outnumbered the number of depressed women. Since 1940 one long-term trend has been established reflecting the higher incidence of depression in women. With each new decade since the forties the disparity between the incidence of depressive disorders in men and women has become larger and larger.

Presently there is a shift in the peak age of the onset of depression.1 Before World War II the onset of depression occurred after age 40. A short-term trend is now present wherein the onset of depression is occurring during young adulthood. This trend has been most noticeable in young women. One plausible explanation for this new short-term trend may possibly be the women’s movement.

The traditional female role may provide one plausible explanation for the long-term trend of the vulnerability of women to depression. Married women have been found to be consistently more depressed than married men.2 However, in the category of never married and widowed, men were found to be more depressed than women. Both housewives and working wives experienced more depression than working men. These findings suggest that employment outside the home does not shelter women from depression.

The dual role hypothesis is another plausible explanation for the higher incidence of depression in women. This hypothesis states that married men have two sources of satisfaction, their job and their marriage, while housewives only have one source of satisfaction, their marriage. If a housewife’s only source of satisfaction fails, she does not have a second role for support. The dual role hypothesis, however, cannot explain why working wives are still more depressed than working husbands. Additional explanations are needed besides the dual role hypothesis to help shed some light upon the phenomenon of higher depression rates in women as opposed to men. Learned helplessness and actuarial prejudice as possible effects of the women’s movement will now be

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explored as two of these additional explanations.

Helplessness occurs when nothing a person does matters in whether or not rewards are obtained. What is crucial to the occurrence of helplessness is how the individual obtains her reinforcements or rewards. A person experiences helplessness when she is not able to obtain reinforcements by her own actions. Learned helplessness occurs when a person repeatedly experiences helplessness in multiple situations. The person starts to generalize and stops responding at all, even to new situations where she could have had an effect. Learned helplessness can lead to depression. This loss of control over reinforcers may be one possible cause of depression.

Learned helplessness, as one result of the women’s movement, can be utilized as one plausible explanation for the astonishing increase in the statistics of depression in women in the United States. Many more women are entering the labor force. Most of the fields, however, that women are entering for employment are male dominated. Frequently a woman may have to function as the only female in her work group.

In small groups, each containing only one woman, it has been found that a woman’s attempts to influence her group were ignored by the men. Women who persisted in attempting to influence their groups and to compete for status were isolated and labeled as deviants. The women in these small groups became depressed because of their imposed isolated roles.

The concept of actuarial prejudice has strong implications for the occurrence of depression in women in today’s labor force. Actuarial prejudice occurs when the probability of a person’s success is decreased because of the probability of success of the group to which that person is a member is lower than that of other groups. Because of actuarial prejudice the probability of success for females is lower than it is for males. Traditional female fields are less prestigious than male dominated fields. Women do not have to achieve as much as men do to reach expectations. A limit is set, due to low achievement expectations, on the goals women are able to aspire to within social norms. If a woman attempts to achieve beyond the socially accepted expectations, rewards and reinforcements from others will decrease.

It has been found that the earlier a woman violated her sex role norms in a problem-solving group, the less influence she had and the amount of resentment men felt toward her increased. Men viewed this nonconforming female as a less desirable co-worker. The woman was ascribed low status because she was a member of a low status group — females. Because women are ascribed low status, it is more difficult for women to influence groups or to violate procedural rules than it is for men who hold higher status.

As evidenced by the studies previously discussed, women are not allowed to compete freely for status. When women enter into the labor force, they quickly learn their contributions frequently are ignored or punished. Women are ascribed low status. Their work is valued as less significant than men’s. Women receive fewer rewards and, more importantly, have less control over these reinforcements than men. Learned helplessness results. A vicious cycle exists among learned helplessness, low self-esteem, and depression.

Past history rate increases in depression have occurred during times of rapid social change. Weissman and Klerman suggest that possible explanations for the recent increase in the rates of depression among females include rising expectations women have, new opportunities available to them, and attempts to remedy the social inequalities of women. Women of today have greater expectations because of the women’s movement. Depression may be more likely to occur when there is a possibility of improvement and not when situations are at their worst.

When the possibility of improvement of a situation occurs, there is a discrepancy between people’s budding aspirations and the reality that these aspirations will be fulfilled. This discrepancy does exist for women and may be a partial explanation for the recent increase in depression in women. The women’s movement is not the sole major cause for the long-term trend of higher depression rates among women since, even before the onset of the women’s movement, statistics showed a higher predominance of depression in women. The women’s movement does, however, help interpret the current statistics that reveal a short-term trend in the increased rates of depression in young women.

The combination of the impact of the women’s movement and the predominance of male psychiatrists and psychologists may be another plausible explanation for the recent increase in female depressive disorders. Psychiatrists and psychologists may be possibly labeling many women as mentally ill because these women fail to conform to our society’s stereotypes of normal female behavior. Mental health professionals may be incorrectly equating women’s role unhappiness with psychopathology. Since the women’s liberation movement began in the
sixties, many women have become more vocal in expressing their condemnation of the traditional female role which preaches passivity, submissiveness, dependency, and non-aggressiveness. When male therapists are confronted in their offices by women questioning their traditional female roles, the therapists may react by searching for symptoms of psychopathology in these women. Psychotherapy has been criticized for isolating women from each other and focusing therapy sessions on the woman's individual problem. Therapists need to recognize that women's consciousness-raising groups may be much more beneficial to women with role conflict than psychotherapy.

IMPLICATIONS FOR NURSING

Even though there is an overwhelming predominance of females in the profession of nursing, this does not exempt nurses from the possibility of their also incorrectly labeling women as suffering from depression or other forms of mental illness who are questioning their traditional female roles. Two recommendations for nursing can be drawn from this article. First, nurses need to begin to acknowledge the potential benefits that consciousness-raising groups can produce for women who are experiencing role conflict. Consciousness-raising groups may first be needed for many nurses themselves before they can begin to help their patients who are frustrated with their traditional female roles.

Secondly, future nursing research in the prevalence of depression in women should focus on the role of learned helplessness in depression. Nursing researchers should also begin to explore the incidence and effect of learned helplessness in the profession of nursing itself.

REFERENCES