Final Project Letter of Intent:

“The Good Woman:”

Sociocultural Approaches in the Treatment of Women with Depression

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Problem Statement

Feminist conceptualizations of depression are fairly new in the research, dating back less than 35 years (Stoppard, 2000). Early feminist researchers sought to refute the approaches of mainstream authors, criticizing much of the conventional depression research as sexist, reductionist, and/or decontextualizing (Ballou, 1995; Stoppard & McMullen, 2003). An important contribution of feminist research has been the identification of salient cultural and social factors in the development and maintenance of women’s depression (Jack, 2001; Stoppard, 1999; Worell & Remer, 2003), an element that had been previously ignored. More recently, the use of standpoint theory in qualitative research has further highlighted sociocultural influences, pointing to important gaps in traditional treatment models.

The following letter of intent describes a final project in which I will explore sociocultural themes in theories of depression, with an aim to translate this theory into the practical application of counselling techniques. Given the vast body of research that has accumulated about depression in women, sociocultural factors such as gender role socialization, cultural imperatives, and environmental contributors to depression will be emphasized. The ways in which women internalize gender-driven expectations and cultural messages will be the central focus of this work. Moral themes of goodness resonate throughout the feminist depression literature, highlighted when women in various studies compared themselves to a standard of what it meant to be a “good woman”, a “good wife”, or a “good mother” (Jack, 2003; McMullen, 2003; Simonds,
2001). Feminist research that has explored the ways in which women strive to achieve cultural standards of femininity and the implications of this striving will be a central focus of this project.

In this project, I propose to: (1) conduct a literature review of no more than 25 pages that explores and synthesizes feminist theories of depression; (2) emphasize the evidence (both in feminist and traditional research) that points to the influence of social and cultural factors in the development and maintenance of depression; (3) investigate intervention strategies and techniques that can be used to bring a broader sociocultural focus to the treatment of depression; (4) develop a brief handbook of interventions that incorporates the findings in a practical and useable format for feminist practitioners, offering strategies that can be woven in as part of a holistic treatment plan.

It should be noted that while this project and the final product are most applicable for female clients working with feminist practitioners, the concepts could also be utilized with male clients and appropriated by male practitioners. In addition, practitioners who may not strongly identify with feminist principles might find that the handbook encourages them to reflect on their practice and integrate some of the interventions in their work.

**Rationale**

The Canadian National Population Health Survey has recently confirmed the incidence of depression in Canadian women, with 7.1% of women reporting symptoms of a major depressive disorder, compared with 3.3% of men (Stewart, Gucciardi, & Grace, 2003). The World Health Organization has reported that depression is among the leading causes of disability worldwide, highlighting that counselling practitioners in a variety of
settings are bound to encounter women struggling with this issue. Traditionally, depression research has sought to understand, from a post-positivist orientation, why depression occurs, and the reasons why women are more likely to be diagnosed than men (Stoppard, 1999). More recently, social constructionist researchers have sought to understand the lived experiences of women dealing with depression from their perspective, an approach referred to as standpoint theory (Stoppard, 1999). This research has brought a richer and more comprehensive understanding of women’s experience of depression, and will be used extensively to inform this project.

As a body of work, current qualitative approaches point to the salience of social and cultural factors as critical elements in the development and maintenance of depression. The ways in which culture shapes feminine identity is not a new theme, and was explored extensively in seminal works such as The Feminine Mystique (Friedan, 1963). Friedan sought to challenge societal values and definitions of what it means to be a woman, particularly as they relate to roles of wife, mother, and housewife. Naomi Wolf (1990) highlighted how, even as women released themselves from domesticity, social control was maintained by the age-old ideology of feminine beauty. Even as the feminist movement has evolved, the pressure women feel to conform to societal standards of femininity and womanhood has remained.

In the psychological literature, one predominant theme that emerges time and again is that of the “good woman.” Often, this is demonstrated when women express that they should feel, think, and act in certain culturally acceptable ways (Jack, 2003). These expectations cut across roles and settings, including women’s roles in the home as wives and mothers, and also in social, community, and employment roles. Brown (1986)
summarized the “good” woman as “an individual marked by a focus on interpersonal relationships, nurturance, compliance, avoidance of conflict and expression of anger…She is likely to have some kind of clear vocational goal, but equally as likely to devalue the goal in relationship to goals for long-term marital and parental roles for herself” (p. 244). These cultural narratives reflect embedded meanings of what it is to be, act, and live as a woman, often referred to as “discourses of femininity” (Stoppard & McMullen, 2003). These themes are woven throughout women’s narrative accounts of their depressive experiences and will be discussed in subsequent sections.

While some work has been done to draw the connection between cultural imperatives and depression, little research exists that translates this knowledge into practice. The need to recognize both the influence of culture on depression, and the heterogeneity of women’s experiences was acknowledged at a summit of women and depression by the American Psychological Association (Mazure, Keita, & Blehar, 2002). However, Worell and Remer (2003) noted that research has been slow to move beyond symptom reduction and, in particular, have called for research on feminist interventions that relate to specific diagnoses and presenting problems.

Feminist therapy is built on the premise that it is essential to consider the social and cultural context that contributes to a person’s difficulties in order to understand that person (Corey, 2001). It has been argued that feminist therapy is not a theory, but rather a philosophical orientation (Corey, 2001; McGrath, Keita, Strickland & Russo, 1990). The feminist approach to therapy has often involved the application of existing techniques and strategies within a feminist approach (McGrath et al., 1990). While the advantage of this eclectic approach is that the practitioner chooses the tools that are the best fit for the
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presenting situation, the disadvantage is a lack of clear strategies for specific concerns, such as depression. As a result, counselling practitioners who wish to work from a feminist perspective may be at a loss as to how to incorporate a cultural perspective into their work with clients. This is compounded by the fact that the vast majority of research exploring women and depression is oriented to the factors that cause and maintain it, as opposed to that which helps women heal. It is with this in mind that I seek to translate feminist theory and what is known about depression into practical intervention strategies.

Referencing the Literature

There is a vast body of literature concerning women and depression. The following section explores and summarizes some of the feminist research in this area.

Theories of depression. Depression can be described as a condition characterized by symptoms that may include depressed mood, loss of interest or pleasure in daily activities, significant weight change, sleeping problems, fatigue, feelings of worthlessness or guilt, decreased ability to concentrate, and/or recurrent thoughts of death or suicide (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 2000). Current explanations for depression can be described as psychosocial (incorporating the diathesis-stress model and the role of stressful life events), social (exploring the social environment, including poverty, disadvantage and adversity such as abuse), women-centered approaches (focusing on the psychological aspects of femininity, self-in-relation approaches and issues of self-silencing) and biomedical (highlighting genetics, biochemistry, and hormones) (Stoppard, 2000). Stoppard (1999) advocated strongly for approaches formed by feminist standpoint and
social constructionist perspectives as a way to offset the limitations of mainstream approaches, a number of which are briefly summarized here.

Themes of cultural values and norms are pervasive in the accounts of depressed women, emphasized in the work of McMullen (2003) and Jack (2003). Cultural imperatives in women’s roles resonated throughout these works, summarized in the account of one woman who described that she was doing “what she thought she should be doing, what she thought was expected of her both in the eyes of the community and the eyes of God” (McMullen, 2003, p. 22). Depression has been linked to the values of our Western society in that the way depressed women construct their experience mirrors the value our society places on autonomy, personal control, responsibility, and achievement. Women in McMullen’s (2003) study reported the paradox in these values. For example, cultural imperatives related to care giving were presented as a double-edged sword in that the role was expected, but also required considerable self-negating.

The *self-in-relation* is a well-known feminist theory of personality development that proposes that women and men differ fundamentally in their needs for attachment and separation. The theory highlights the value women place on intimacy and connection in relationships, suggesting that women’s sense of self is organized around mutuality (Worell & Remer, 2003). In developing a theory of depression centered on themes of interrelatedness, Kirsh and Kuiper (2002) brought together existing research that pointed to contradictory cultural messages women receive. Women feel a tension between the need to be heavily invested in relatedness, and also a desire to be individualistic, a theme often characterized by a wish to be “strong” and “confident”. The authors cautioned against stereotyping men and women according to gender role expectations, suggesting
that both men and women who are depressed experience a conflict between societal standards and their own attitudes and beliefs. Other researchers (e.g., Jack, 2003; Hurst, 2003; Scattolon, 1999;) have also emphasized that the way women perceive themselves in relation to others and how this relates to messages they have received about these roles are factors that influence women’s depression.

**Interventions.** A number of feminist researchers have suggested intervention approaches to promote healing in women with depression. Issues of power, gender roles, and moral self-evaluation acknowledged by these researchers highlight the relevance of gender-role analysis in the therapeutic environment, a technique emphasized by Brown (1986) that was also prioritized as a recommendation of the American Psychological Association task force investigating women and depression (McGrath et al., 1990). It has been emphasized that while some behaviors are gender-role normative, they may also be seen as sources of distress and obstacles to change, which may go unchallenged because of their relationship to valued cultural roles (Brown, 1986). A number of researchers (Jack, 2003; Schreiber, 1998; Simonds, 2001) have suggested that, for a woman to recover, a turning point must occur wherein she begins to redefine and transform herself. A theme emerges where the good woman role is challenged, and there is a gradual reinvention of the self in which new ways of being in the world are created.

It would be impossible to discuss the issue of women and depression without mentioning the role of the biomedical model. By and large, the vast majority of depressed women see their general practitioner as the first attempt at relief (Gammel & Stoppard, 1999; Schreiber & Hartick, 2002). The treatment with antidepressants that frequently follows has become a contentious issue among feminists, with some saying that the use
of medication disempowers women (Schreiber & Hartick, 2002) and others asserting that women should have the right to explore and choose whatever treatment they wish to use (Gammell & Stoppard, 1999). The need for feminists to place themselves on one side or the other of this debate has led to dissonance among practitioners, who are challenged by trying to integrate conflicting research and information (Thomas-MacLean & Stoppard, 2004). However, in practical settings, counsellors need to feel armed to balance information and integrate theories in order to provide the best intervention for their clients. As such, the proposed project endeavors to accomplish such a balance by providing information in an evenhanded way.

Description of Methods

I intend to provide a comprehensive picture of how feminists have conceptualized depression, both in terms of theory and practice, using issues related to discourses of femininity (the “good woman”) as a central conceptual theme. In order to enhance the comprehensiveness of the data, both quantitative and qualitative research will be examined. A thorough searching strategy will be utilized to collect information based on Mertens (1998) recommendations for a literature review. Databases such as PsycInfo, CINAHL, and individual publishers’ databases will be used. Both primary and secondary sources will be examined. The focus will be on material that has been published since 1990. Key terms will include “depression”, “feminism” and “sociocultural factors”, as well as terms such as “sex role attitudes.”

Once literature is collected, it will be analyzed for content (e.g., theoretical framework, type of research, recommendations, etc.) as well as quality (i.e., strengths and weaknesses). In terms of treatment and intervention-oriented research, traditional
outcome studies will be explored; however, there will be an emphasis on standpoint sources that have explored how women got through their depression (either with or without professional supports). These studies in particular offer insight about what personal resources clients have drawn on to heal, and provide important clues as to what factors facilitate the healing process.

The end product of the literature review and synthesis will be a brief handbook that summarizes intervention approaches to depression that incorporate sociocultural factors. The handbook will not serve as a treatment manual, but will provide information about strategies that can be used to augment an existing treatment plan or enhance ongoing practice. The handbook is intended for application in one on one counselling sessions, the focus of which will be to offer a number of practical and concrete strategies to practitioners that is grounded in the theory related to sociocultural influences on depression. It will provide a quick reference to various interventions, including practical information detailing how these interventions might be applied, with examples of activities for use in counselling sessions. A detailed hypothetical case study will be utilized to demonstrate how various intervention strategies might be applied. Detailed references will be provided so that practitioners may follow up on particular areas of interest.

**Implications**

The literature review and handbook are intended to inform my own personal practice and competence, as well as contribute to the feminist body of knowledge. Perhaps most importantly, I will gather information together in the handbook that presents an alternate view to much of the mainstream research that counsellors encounter.
This handbook may be used primarily by feminist practitioners, but it may also have utility for counsellors utilizing more traditional approaches who want to learn more about sociocultural factors in depression. Armed with new information, it is anticipated that such materials would aid and encourage counsellors to supplement existing treatment approaches with information that integrates sociocultural factors. It is hoped that this work might also encourage counsellors to reflect on their own approaches, and consider what attitudes and techniques they may be utilizing that serve to perpetuate certain ideals about women. The handbook may be useful for practitioners working in a variety of counselling settings. There may also be interest in this resource through avenues such as the Canadian Counselling Association Feminist Network, of which I am currently a member. It is expected that this work will serve to support the development of a holistic framework and integrated approach to working with women who experience depression.
References


