

Factors Predicting Depressed Mood among Victims of Stressful Life Event: The Case of Spouses of Incarcerated Males in Ibadan, Nigeria

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ABSTRACT—*The occurrence of major life events such as incarceration of a partner signals a period of increased risk of depressed mood and when supportive interventions are lacking it may result from evolution of distress to disorder. This study examined factors predicting depressed mood among female partners of prisoners in Ibadan, Nigeria. A total of 109 female partners of inmates in Ibadan who were selected through purposive sampling techniques participated in the study. The ages of the participants ranged between 20 years to 65 years with mean age of 39.47 years and standard deviation of 10.03 years. Data collection was through the use of questionnaires. Multiple regressions were used to test the hypothesis. Findings indicate that coping strategies (problem focused and emotion focused), social support, perceived social stigma and emotional needs significantly jointly predicted depressed mood with ($R^2 = .47$, $F = (5,103) = 18.92$; $P < .001$). This implies that emphasis should be placed on coping strategies, social support, perceived social stigma and emotional needs as the factors mediating depressed mood among female partners of inmates in this study. However, it was suggested that effective coping mechanism should be adopted in order to handle circumstances that are responsible for expression of depressed mood as this enhance or improve the mental and psychological status of the spouses of incarcerated males and possibly change their perception about depression encountered as a result of the stressful life event.*

Keywords— Depressed mood; Coping strategies; Social support; Perceived social stigma; Emotional needs.

1. INTRODUCTION

Stress can be conceptualized as a life event that disrupts the equilibrium of a person's life (1). It has been long recognized that stress plays a significant role in understanding how psychopathology (depression mood) develops in individuals (2). Life events and changes that may precipitate depressed mood include, menopause, financial difficulties, job problems, loss of a loved one, natural disasters, relationship troubles, separation, and catastrophic injury (3, 4). Incarceration can bring about separation for female partners of prisoners and result into their being depressed as a result of the event.

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being (5). Depressed mood is not necessarily a psychiatric disorder. It may be a normal reaction to certain life events such as incarceration, particularly, that of one's spouse. Separation due to incarceration can be a stressful experience for the family members, especially the female partners of the incarcerated men. This is because for every man who is incarcerated, there are women and children, who suffer social, psychological and financial consequences (6). These challenges are stressors which may have negative consequences for the psychological wellbeing of the dependants, especially spouses, of the incarcerated person. A person going through stressful life event such as having his/her partner incarcerated may experience depression as well. Depression can lead to emotional and physical problems. Typically, people with depression find it hard to go about their day-to-day activities, and may also feel that life is not worth living. According to MediLexicon's Medical Dictionary, depression is: "*a mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach; accompanying signs include psychomotor retardation (or less frequently agitation), withdrawal from social contact, and vegetative states such as loss of appetite and insomnia.*"

When you have depression, it interferes with daily life and causes pain for both you and those who care about you. Depression can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day

activities, and depression may make you feel as if life isn't worth living. Depression symptoms according to the National Institute of Mental Health include: Feelings of sadness or unhappiness, Irritability or frustration, even over small matters, Loss of interest or pleasure in normal activities, Reduced sex drive, Insomnia or excessive sleeping, Changes in appetite (depression often causes decreased appetite and weight loss, but in some people it causes increased cravings for food and weight gain), Agitation or restlessness — for example, pacing, hand-wringing or an inability to sit still, Irritability or angry outbursts, Slowed thinking, speaking or body movements, Indecisiveness, distractibility and decreased concentration, Fatigue, tiredness and loss of energy (even small tasks may seem to require a lot of effort), Feelings of worthlessness or guilt, fixating on past failures or blaming yourself when things aren't going right, Trouble thinking, concentrating, making decisions and remembering things, Frequent thoughts of death, dying or suicide, Crying spells for no apparent reason, Unexplained physical problems, such as back pain or headaches

One of the factors that could predict depressed mood among female partners of prisoners is social support. Social support is seen as one of the social determinants for overall health in the general population. Studies have found higher probability of experiencing depression among people who lack social support (7,8,9). Subjective perception that support would be available if needed may reduce and prevent depression and unnecessary suffering. It can turn around damaging isolation, affect a person's life focus, and generate solutions for depression management. When the partners of incarcerated males have a few people in their life who are ready to stand by them during their hard times, then such people should be held on to because they are a priceless part of their life and depression recovery. According to the framework of the World Health Organization, social support is an intermediate factor that can affect mental status of people (10). Social support is defined by Lin et.al. (9) "as support accessible to an individual through social ties to other individuals, groups and the larger community". The greater the social support received by an individual from family members, kin, friends, acquaintances, co-worker and larger community, the less likely that the individual will experience depressed mood.. It is believed that social support can directly help the spouses of incarcerated males to behave in a healthy manner. It can also indirectly cause social adjustment and balance individual's response to stressors and reduce stress, which in turn causes physical and mental health (10,11,12).

Other factor that could predict depressed mood among female partners of prisoners is coping strategy adopted by them. Some researchers have referred to factors that seem particularly important in determining successful adjustments which include effective coping (13,14) and perceived control (15,16,17). Whenever an individual experiences a syndrome stressful life event, the degree to which such an individual overcome the experience is a function of available social support and adopted coping mechanism (18). However the potential role of coping behavior in relation to stressful life events has not been given much attention in literature. This is further compounded by the fact that several theoretical and measurement problem have prevented this body of literature from progressing towards a vigorous paradigm that could explain the significance of coping behavior in reducing the impact of stressful life event (and in this case, incarceration).. Over the course of a life time, each individual develop various method of handling stressful depression producing life events. Perhaps the relevant method is the one suggested by cognitive- phenomenological theorists (e.g.,19). The authors refers to coping strategies as a person's cognitive and behavioral efforts to manage (reduce, minimize or tolerate) the internal and external demands of a particular stressor. Pearlin and Schooler (20) pointed out that the protective functions of coping behavior could be exercised by (a) eliminating or modifying the conditions that give rise to problems; (b) perceptually controlling the meaning of experience in a manner that neutralizes its problematic character; (c) Keeping the emotional consequences of problems within manageable bounds. This invariably means that coping strategy includes all responses made by the individual who encounters a potentially harmful outcome including overt behaviours, cognition, psychological responses and emotional reactions

Apart from social support and coping strategies, another factor that could predict depressed mood among spouses of incarcerated males is social stigmatization. Stigma has been described as a quality that significantly discredits an individual in the eyes of others (21). Stigma has important consequences for the way in which individuals come to see themselves. Although there is great variation in conceptualizing stigma (22), stigma is generally considered to be an attribute used to separate affected individuals from the normalized social order (23). The separation implies a process of devaluation and discrimination against the stigmatized group (23). Other authors have found there is an important distinction to be made between "felt" and "enacted" stigma (24). Felt stigma arises from the real or imagined stigmatizing response of others, while enacted stigma refers to actual acts of discrimination (24, 25). According to the model, stigmatization is "wholly contingent on access to social, economic, and political power that allows the identification of differences, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination" (26). Several social and psychological theories developed in the United States have hypothesized that the experience of stigmatization may result in negative psychological and physiological changes among stigmatized individuals and lead to greater risk for depressive distress and anxiety, and higher rates of some psychiatric disorders (27,28). Williams and colleagues, in the Detroit Area Study (DAS), have also suggested an association between perceived discrimination (both chronic and acute) and mental health, depression, and psychological distress (29,30). Based on these empirical results, several investigators concluded that both

the psychological and physiological correlates and consequences of discrimination are similar to those of other psychosocial stressors (31,32,33,34). The social stigma that goes with imprisonment is so high such that the female partners of prisoners are expected to adopt an effective coping skill to help reduce its effect on their mental health.

Furthermore, another factor that could be said to predict depressed mood among spouses of incarcerated males is emotional needs. Incarceration is laden with numerous troubles for family members: for example, financial loss with its ramifications; emotional trauma (including conflicting feelings--on the one hand, love for and identification with the absent person; on the other hand, anger toward and rejection of the absentee); the assumption of new roles such as disciplinarian or sole caretaker; disrepute in the community and denial of normal social outlets for grieving the "departed" member; the dilemma of the free parent of deciding what and how to tell the children and extended family members; the experience for many children of ostracism, guilt, discipline problems, failure to sustain school performance levels, and symptoms such as eating disorders, insomnia, or clinging; the complexity of maintaining contact with the offender; and dealing with the prison environment as well as the intimidating criminal justice system, (35). When a person's innate physical and emotional needs are met in a balanced way such a person will be mentally healthy and level of depression experienced will be highly reduced. An emotional need is a craving that when satisfied, leaves you with a feeling of happiness and contentment and when unsatisfied, leaves you with a feeling of unhappiness and frustration. It must be acknowledged that some family members could not care less that a relative is in prison (36) and families of prisoners usually do encounter a variety of physical and psychological problems. In this study, emotional need is conceived as perceived lack of basic needs that is important to the spouse of prisoners, for example communication, sex, finances e.t.c.

From the ongoing therefore, the present study will therefore examine factors predicting depressed mood among spouses of incarcerated males in Ibadan, Nigeria. It was therefore hypothesized that, coping strategies, social support, perceived social stigma and emotional needs will independently and jointly predict depressed mood among female partners of inmates in Ibadan

2. METHODOLOGY

2.1. The setting

Ibadan city, the capital of Oyo State was selected as the geographical location within which the data were collected.

2.2. Participants

The participants consist of a specific category of people who are the spouses of the incarcerated males and purposive sampling technique was used to select women who come around to visit their husbands in prison. One hundred and nine (109) spouses of incarcerated men at a prison yard in Ibadan, Nigeria who comes for visitation participated in the study. The inclusion criteria were women of incarcerated men that were willing to participate and that were available throughout the duration of the study. Spouses who can read and those who cannot read were involved in the study because the questionnaire was interpreted. Seventy-four(67.9%) of the participants were Christians, thirty-five(32.1%) were Muslims. Their age ranged from 20 years to 65years with mean age of 39.47years and standard deviation of 10.03 years.

2.3. Research Instrument

A well - structured questionnaire in five sections namely Demographic section, Social Support, Coping Strategies, Perceived Social Stigmatization and Emotional Needs respectively, was used to collect relevant data for this study.

Demographic variables: This section tapped information on demographic characteristics of the prisoners female partners as indicated by their responses to the questions which includes age, religion, educational background, income, occupation, length of sentence of husband, health status, family type, ownership of house, type of crime were collected.

Depressed mood: The Depressed mood was measured with the sub scale of Psychological wellbeing consisting of 22-item index developed by Goldberg (37) and revised by Revicki, Leidy and Howland (38). It is a Likert format scale with 5 response options ranging from 1= None of the time to 5= All of the time. The authors reported alpha level of 0.89 for depressed mood. The higher the score the more the depressed mood of the individual while the lower the score on this scale the lesser the depressed mood of the individual.

Perceived social stigmatization scale: This was the 9-item scale developed by Bada (39). It has summated rating format with response choices ranging from 1=strongly disagree to 5= strongly agree. The higher the score the more negative the individual perceived herself as being stigmatised while the lower the score on this scale the poorer level of stigmatisation being experienced by the individual. Bada (39) reported an alpha co-efficient of .90.

Social support scale: This consists of a 13-items social support scale developed by Zimet, Dahlem, Zimet and Farley, (40). It has an internal co-efficient alpha of 0.91 as reported by the authors. The format is summated rating with response choices ranging from 1= very strongly disagree to 5= very strongly agree. Low score on this scale means low social support while high score means high social support. The scale was revalidated for this present study, the score has Cronbach alpha of .80

Coping scale: This section contains of a 28-item scale developed by Carver, Scheir and Weintraub (41). It has summated rating with 4 response choices ranging from 1= usually don't do this at all to 4= to usually do this. It is dichotomised into problem focused coping and emotion focused coping (42). The problem-focused coping strategy scale contains 15 items. The minimum score on this scale is 15 while the highest is 60. On the other hand, the emotion-focused part contains 13 items with minimum score of 13 and maximum of is 52. The higher the score on each of this subscale, the more the individual uses that method in any particular context/situation. The author reported reliability co-efficient of 0.82 for the scale. The scale was revalidated for this study and reported Cronbach alpha of .75

Emotional needs scale: This is a 10 item scale developed by Harley (43). It has summated rating with 4 response choices ranging from 0 = I have no need, to 6 = I have great need. The higher the score on the scale the more the indication of missing emotional needs, while lower score indicates less feelings of emotional needs. Cronbach alpha of .80 was reported by the authors.

2.4. Procedure

Questionnaire administration took place at the waiting room of a prison yard in Ibadan, where the participants were purposively drawn from the women of incarcerated men who come around for visitation. Permission was sought from the controller of prisons by the researcher before the administration of the questionnaires. Verbal consent of prospective participants was sought after brief explanation of the research. Those who consented were given the questionnaire with assurance of anonymity and confidentiality of responses. Participants were also informed that they were not under any obligation to participate and that they have the right to withdraw at any point they feel inclined to discontinue with the exercise. It was impressed on the participants that there were no right or wrong answers but they were encouraged to be honest in their responses. One hundred and fifty (150) questionnaires were administered but 115 were retrieved and 6 were rejected because it was not filled properly. The duration of the administration was 2 months; the language of the questionnaire was in English and Yoruba language. Those who could not read and write were assisted by reading the question and the answers to them.

3. RESULTS

Results in Table 1 showed that perceived social support, emotional needs, , perceived social stigmatization problem focused coping strategy and emotional focused coping strategy, significantly contributed to depressed mood, $R^2 = .47$, $F = (5,103) = 18.92$; $p < .001$).

Table 1: Summary of multiple regression showing influence of, social support, emotional needs, perceived social stigmatization and coping strategies on depressed mood of spouses of incarcerated men

Model	Bet a	T	P	R	R ²	F	P
SOCIAL SUPPORT	-.22	- 2.37	<.05	.69	.47	18. 92	<.001
EMOTIONAL NEEDS	-.54	- 5.90	<.001				
PERCEIVED SOCIAL STIGMATIZATION	.21	2.2 6	<.05				
PROBLEM FOCUSED	-.17	- 1.66	>.05				
EMOTION FOCUSED	.15	1.2 9	>.05				

Dependent Variable: DEPRESSED MOOD

The predictor (perceived social support, emotional needs, perceived social stigmatization problem focused coping strategy and emotional focused coping strategy) variables jointly accounted for 47% of the variance in depressed mood. Independently, social support ($\beta = -.22$; $t = -2.37$; $p < .05$), emotional needs ($\beta = .54$; $t = -5.90$; $p < .001$) and perceived social stigmatization ($\beta = .21$; $t = 2.26$; $p < .05$) predicted depressed mood while problem focused coping ($\beta = -.17$; $t = -1.66$;

$p > .05$) and emotion focused coping ($\beta = .15$; $t = 1.29$; $P > .05$) did not predict depressed mood among partners of prisoners. Emotional needs appeared to be the strongest predictor followed by social support, perceived social stigmatization and coping strategies respectively.

4. DISCUSSION

Results from the study indicated that social support independently predicted depressed mood. This implies that when the spouses receive enough care, love, respect, support and value from families, friends, neighbours and loved ones present in their lives during the period of incarceration of their husbands, it helps in moderating the effect that the imprisonment of their spouses has on the level of reported depressed mood. To support this finding, studies have shown a significant relationship between social support and health. People who enjoy higher social support have better health status (44). Researchers believe that physiologic reactions to stress change under the influence of social support, that is, people's reaction is less severe among friends and relatives as compared with the time when they face stress alone (45). It is assumed that the causative effect of life events on causing depression is moderated through supportive factors like social support. Although most probably the vulnerability factors such as lack of support predispose people to express depressed mood after a stressing event, there is a lot of evidence for both direct effect and moderating effect (46). This also has support in the study by (7,8,9), where it was found that there is higher probability of experiencing depression among people who have a lack of social support.

The finding has also demonstrated that emotional needs independently predicted depressed mood. In addition, we find that the level by which the spouses of prisoners put their cravings under control goes a long way in determining the degree of the depressed mood expressed as a result of the experience of incarceration of their husbands. This means that the spouses of prisoners in the study have innate needs that are not met as a result of the imprisonment which has now affected the level of depressed mood expressed. We can find from the study that when a craving in an individual is not satisfied, it can leave such a person with the experience of frustration and lack of happiness. This is supported by Schalock (47) who found that a person's psychological well being and quality of life can be determined by satisfying their needs

This finding also indicated that perceived social stigmatization independently predicted psychological well-being. From the study, this means that female partners of prisoners have allowed the reaction of others to affect the outcome of the level of depressed mood expressed. This is supported by the study conducted by Williams and colleagues, in the Detroit Area Study (DAS), where they have suggested an association between perceived discrimination (both chronic and acute) and mental health, depression, and psychological distress (29,30). To further confirm the result of the study, several social and psychological theories developed in the United States have hypothesized that the experience of stigmatization may result in negative psychological and physiological changes among stigmatized individuals and lead to greater risk for depressive distress and anxiety, and higher rates of some psychiatric disorders (27,29). When stigma is not well managed, it will result in serious depression for the individuals experiencing it.

On the other hand, coping strategies, be it problem focused or emotion focused did not predict depressed mood among spouses experiencing stressful life event as a result of husband's incarceration. This is contrary to the findings of other researchers who have referred to factors that seem particularly important in determining successful adjustments which include effective coping (13,14) and perceived control (15,16,17). Also the study by Balogun (18) which reported that whenever an individual experiences a syndrome of stressful life event, the degree to which such an individual overcome the experience is a function of available social support and adopted coping mechanism. The non-significant influence of coping strategy on depressed mood expressed in the present study may be because they have concluded in their mind that there is still hope and they have adjusted and cope well with their present state.

Moreover when the spouse of incarcerated males are stigmatized and lack emotional needs but have good social support coupled with the use of an effective coping strategies, the effect of incarceration on level of depressed mood expressed will be reduced.

5. CONCLUSION

Incarceration of spouses, especially husbands has been shown to influence the psychological wellbeing of the spouses, especially their mood depression as found out in this study. However, this condition can be improved upon if there is good social support from significant others, if available along with emotional needs being met, whether stigmatized or not. In other words, irrespective of the spouses being stigmatized, if there is enhanced social support, and emotional needs are met, there is the possibility of the spouses coping well and therefore enjoy better psychological wellbeing through a reduction in depressed mood that would experienced.

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