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Leah Christine Goodwin

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TELL ME WHAT YOU NEED:  
AN EXAMINATION OF DIALECTICAL TENSIONS WITHIN ROMANTIC  
RELATIONSHIPS WITH DEPRESSED PARTNERS

A Thesis  
Presented to  
The Faculty of the Department of Communication  
Western Kentucky University  
Bowling Green, Kentucky

In Partial Fulfillment  
Of the Requirement for the Degree  
Master of Arts

By  
Leah Christine Goodwin

May 2020

TELL ME WHAT YOU NEED:  
AN EXAMINATION OF DIALECTICAL TENSIONS WITHIN ROMANTIC  
RELATIONSHIPS WITH DEPRESSED PARTNERS

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Dedicated to my husband, for whom I will never stop learning.

## ACKNOWLEDGEMENTS

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RELATIONSHIPS WITH DEPRESSED PARTNERS

Leah Christine Goodwin

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75 Pages

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Department of Communication

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While depression communication in romantic relationships has been heavily studied in psychological-based research, there is a lack of research grounded in communication theory. By using Relational Dialectics Theory (RDT) as a framework, communicative tensions and coping strategies were explored within relationships where one partner suffered from depression. Through eleven semi-structured interviews with both depressed and non-depressed individuals in a relationship, three major dialectical tensions and two major maintenance strategies emerged. Findings suggest that couples with a depressed partner faced unique and challenging tensions including *involvement/distance*, *openness/closedness*, and *revelation/concealment*. A number of positive and negative coping strategies for managing the tensions emerged, including *selection* and *integration*, with different coping strategies emerging for depressed or non-depressed partners. Practical implications, limitations, and future research directions are addressed.

## Chapter 1: Introduction

Depression is a serious mental disorder that affects an estimated 16.2 million adults in the United States (National Institute of Mental Health, 2017). The National Institute of Mental Health (2018) defines depression as a mood disorder that can “affect how you feel, think, and handle daily activities, such as sleeping, eating, or working.” Depression can leave someone feeling sad, hopeless, guilty, angry, and worthless (NIMH, 2018), and these feelings can affect a depressed individual’s interpersonal communication (Knobloch, Knobloch-Fedders, & Durbin, 2011; Segrin, 2011; Sharabi, Delaney, & Knobloch, 2016). Additionally, depression can affect the way two people communicate within the context of friendship (Egbert, Miraldi, & Murniadi, 2014) or romantic relationships (Duggan, 2007).

Depression communication is important to study because depression affects such a large portion of adults in the United States. According to Segrin and Dillard (1992), communicating as the individual with depression and communicating with a depressed individual can be a challenging and trying process (Sharabi et al., 2016). Learning more about how depression affects communication, such as learning through trial-and-error or searching for information specifically about depression, has two direct benefits. First, it can help those *with* depression understand why and how they communicate the way they do (Segrin & Rynes, 2009). Second, it can help those *without* depression understand how and why depressed individuals communicate the way they do and how to best communicate with them (Knobloch-Fedders, Knobloch, Durbin, Rosen, & Critchfield, 2013).



The research in this area addresses four major themes about depression communication: indicators and predictors of depression, depression communication in general, depression communication with romantic partners, and non-depressed partner communication. Studying these areas of research can broaden the understanding of interpersonal communication further. Since depressed people do communicate differently, it is important to study these differences and learn how they can affect their own lives as well as the lives of those around them. Learning about depression communication can also help foster relationships people might have with depressed individuals or help depressed people better understand their own communication strategies. Understanding how patterns of communication are affected by depression can help couples navigate relational issues both within and outside of depressive episodes and improve their overall communication effectiveness.

Relational Dialectics Theory (RDT) can provide a useful framework for studying how depression affects communication. This theory explains how necessary but contradictory tensions exist within relationships (Baxter & Montgomery, 1996). RDT explains how communication is specific to the individuals in a relationship, since meaning is made through communication. When two people bring in their own viewpoints and understandings about the world around them, this can lead to competing discourses when communicating. RDT helps to explain why those discourses and contradictions occur and how they exist throughout the relationship.

Currently, there is a gap in the literature regarding depression communication. Most research about depression and relationships is psychology-based; this study fills a gap by providing a communication-based approach to learning about how couples

experience and manage depression in their relationships. Knobloch and Delaney (2012) highlighted the need for communication scholars to engage in research surrounding depression and its impact on interpersonal relationships, specifically those with romantic ties. This study answers that call with a qualitative investigation grounded in communication theory guided by two overarching research questions:

RQ 1: How are relational dialectics experienced in romantic relationships where one partner suffers from depression?

RQ 2: How do partners in romantic relationships affected by depression manage existing tensions within the relationship?

To address the research questions, depression and the way it impacts communication was explored. Outlining the more specific ways depression communication affects relationships provided a broader understanding of depression communication as a whole. RDT was also used as a research framework to understand what communicative tensions exist between a depressed and non-depressed romantic partner.

This thesis includes five chapters. The current chapter provides an introduction to the prevalence of depression and its challenges for communication. Next, a review of the literature on depression communication and RDT is provided, followed by a description of the qualitative methods used for data collection and analysis. The fourth chapter addresses the specific findings and themes that emerged from data analysis, and the final chapter provides a theoretically-based discussion of the themes, practical implications of the study, and limitations and future directions.

## **Chapter 2: Literature Review**

Research examining the effects of depression on romantic relationships is limited; however, a number of studies address different facets of how depressed individuals communicate and offer insight into the challenges of communicating with depressed individuals. The following sections address four major themes from existing literature: indicators and predictors of depression, depression communication in general, depression communication with romantic partners, and non-depressed partner communication. Relational Dialectics Theory (RDT) offers a useful framework for exploring tensions present among couples affected by depression.

### **Indicators and Predictors of Depression**

In order for someone to be diagnosed with depression, the NIMH (2018) states that depressive symptoms such as sadness, hopelessness, restlessness, etc. have to be present for a minimum of two weeks. Among college students, low levels of responsiveness and attentiveness during class (Carton & Goodboy, 2015) and reports of alcohol consumption (Pauley & Hesse, 2009) can be indicators of depression.

Knowing the symptoms of this diagnosis can help those without depression recognize it and develop coping strategies. In a study examining depressed and non-depressed married couples, some couples were able to identify the signs and symptoms as well as the causes of depressive episodes such as fighting and criticism (Sandberg, Miller, & Harper, 2002). Other known predictors of depressive symptoms include decreased marital satisfaction (Kouros, Papp, & Cummings, 2008; Marchand & Hock, 2000), high levels of self-uncertainty (Knobloch & Knobloch-Fedders, 2010), and family of origin experiences (Sandberg et al., 2002).

The quality and nature of interpersonal relationships has an effect on depression. According to Segrin and Rynes (2009), when a depressed individual has more positive relations with others, they will be less likely to show depressive symptoms.

Unfortunately, the opposite is also true. If a depressed individual has negative relations with others, they will be more likely to show depressive symptoms. This demonstrates how powerful interpersonal communication and interpersonal relationships can be when learning about and managing depression. Understanding some of the communicative causes of depression can help the overall understanding of how and why depressed individuals communicate the way they do.

### **Depression Communication**

In addition to recognizing the symptoms and predictors of depression outlined above, it is important to examine the specific ways that depression affects an individual's pattern of communication. People with depression communicate differently, generally following a unique, cyclical pattern. Coyne (1976) developed a model of how depressed individuals interact with their environment. He found that when people interacted with someone who has depression, the depressed person would project their negative mood onto the non-depressed person. The non-depressed person would then offer weak advice and try to avoid the depressed person in the future, thereby causing the cycle of depression to continue. Continued research on depression communication expands on this idea. Segrin (2011) found that "depressed people use excessive annoying reassurance seeking for interpersonal reassurance" (p. 432). This annoying reassurance seeking can be one of the ways a depressed person projects their negative mood onto another person,

as suggested in Coyne's (1976) model. By constantly asking someone else for their opinion, they can put the non-depressed person into a more negative mindset.

Additionally, depressed people try to get other people to "confirm" their negative self-views, perpetuating the cycle even further (Segrin, 2011; Weinstock & Whisman, 2004). When someone feels hopeless and refuses to see the positive aspects about him or herself, they will want others to reinforce outwardly what they are feeling inwardly. This only contributes to their depression and puts another person in a difficult position.

Perfectionism in a romantic relationship where one partner has depression also perpetuates the cycle by "leading to depressive symptoms and dyadic conflict" (Mackinnon et al., 2012, p. 223). The partner with perfectionistic concerns can cause conflicts to be more intense or worse for the couple, leading to depressive symptoms for the depressed partner.

The way in which a depressed individual discloses information about his or her depression to others also plays a role in how someone will respond to them (Scott, Caughlin, Donovan-Kicken, & Mikucki-Enyart, 2013). Following Coyne's (1976) model, depressed people tend to seek out reassurance from others about the negative aspects of their attitude and behavior. According to the model, those from whom they ask for reassurance may provide a reinforced negative view of the depressed person. However, if the depressed person is seeking help, it will be more likely that another person will help. The manner in which the depressed person discloses their depression to others is what will determine the receiver's reaction. While depression communication in general poses issues, depression communication between romantic partners provides its own set of challenges. Being romantically involved affects the way a couple communicates with

each other. When someone in the relationship has depression, this can cause additional strain and struggle.

### **Depression Communication with Romantic Partners**

The largest portion of literature pertaining to depression communication is related to romantic partners, specifically married couples where either one or both partners have depression. Sharabi et al. (2016) performed a qualitative study about the effects of depression on romantic relationships from a dyadic perspective. After interviewing 135 couples, nine major themes emerged about the effects of depression on their relationship: emotional toll, romance and sexual intimacy, communication, isolation, lack of energy/motivation, dependence on the relationship, lack of understanding, uncertainty, and enhanced intimacy. The last category, enhanced intimacy, represented the lone positive effect of depression on the relationship; the rest of the categories were regarded as negative. This is important because depression is often shared in a negative light, but this shows that not every aspect of depression is perceived as negative for a romantic relationship.

Uncertainty and relationship satisfaction comprised other major themes in the literature about romantic relationships and depression. Knobloch, Sharabi, Delaney, and Suranne (2016) discussed the impact that topic avoidance had related to relational uncertainty. They found that couples avoided talking about their depression within the relationship, which caused relational uncertainty. If the couple did not communicate about how they felt to one another, they were less certain about how their partner viewed the relationship and their satisfaction within the relationship. Overall, both self-uncertainty and partner uncertainty within the relationship negatively impacted

relationship quality (Knobloch & Knobloch-Fedders, 2010), and for men specifically, this negative impact increased depressive symptoms even more (Whitton & Kuryluk, 2013). Furthermore, a couple's "increased symptoms over time predicted lower levels of marital satisfaction" (Kouros et al., 2008, p. 674). The longer a married couple continues to grapple with the negative symptoms of depression, the more likely it is that their marital satisfaction will be lower.

Communication within a romantic relationship where at least one partner has depression is different from couples where neither partner has depression. Couples with at least one depressed partner report that each partner is dissatisfied with their communication abilities and that they are not skillful communicators within the relationship (Basco, Prager, Pita, Tamir, & Stephens, 1992; Sandberg et al., 2002). Depressed individuals also show more of a desire to be alone, which can negatively impact relational communication (Sharabi et al., 2016). Basco et al. (1992) noted that the reasons for communication dissatisfaction included behaviors such as not contributing to conversation, not agreeing on problems and ways to solve them, verbal aggression, and poor listening skills. Interestingly, Kouros et al. (2008) found that when depression is present, hostile marital conflict could be good for the relationship. The authors explained this by suggesting that partners are actually showing interest and commitment to the relationship by engaging in such strong emotions and conversations rather than ignoring the problems and withdrawing altogether.

Although Kouros et al. (2008) suggested positive outcomes of conflict, other researchers have found that those with depression tend to avoid conflict (Marchand & Hock, 2000). As previously mentioned, conflict can lead to depressive symptoms

(Mackinnon et al., 2012; Sandberg, Miller, & Harper, 2002). If depressed people do not engage in conflict in the first place, there is no risk for increased depressive symptoms. While this is a coping strategy that may help short-term, this is more detrimental for the relationship long-term. Unfortunately, depressed couples report that they feel “reactive and powerless” when negative events occur in their lives (Sandberg et al., 2002, p. 261). This may also support the reason why depressed people choose not to engage in conflict management- they feel as though nothing they do will help alleviate the situation. In addition to the effects of depression on patterns of communication within romantic relationships, research has also addressed implications for non-depressed partners.

### **Non-Depressed Partner Communication**

Partners of depressed individuals are people who are in a romantic relationship with a depressed person but do not have depression themselves (non-depressed partners). Even if one partner in a romantic relationship does not suffer from depression, these feelings can still be projected onto them. In addition to Coyne’s (1976) model of depression communication, Basco et al. (1992) pointed out that spouses can influence how their partners will act and respond to situations. If one partner has depression, they may reflect that onto their non-depressed partner. The non-depressed partner may then take on depressive-like symptoms and actions without having depression. This can be saddening because depressed individuals often report feelings of being isolated and hopeless, therefore potentially influencing their partner to feel the same way (Sandberg et al., 2002).

Research has also focused on how non-depressed partners react when depressive symptoms are displayed. Rehman, Ginting, Karimiha, and Goodnight (2010) found that



when wives displayed depressive symptoms to their husbands, the husbands would adjust their mood and behavior to take care of their wives and to cater more to their needs.

Sandberg et al. (2002) also found that non-depressed partners helped their partner by putting additional effort into solving problems as they arose. Even though non-depressed partners do their best to care for their depressed partners, it can still be difficult to communicate with them and understand where their depressed partner is coming from emotionally. Non-depressed partners face a unique tension in not having depression themselves but trying to understand and react to their partner's needs.

One of the biggest misunderstandings with non-depressed partners is that they may lack an understanding of "their partner's problems with depression, especially when their partner displayed few, if any, visible symptoms" (Sharabi et al., 2016, p. 433). This can make communication particularly challenging if a depressed partner is trying to express their struggles when the non-depressed partner cannot see anything wrong. This can leave the non-depressed partner feeling frustrated because they are unable to understand their own partner's emotions.

While non-depressed partners cannot fully understand what their depressed partner is going through, they still try to help. This can create a discursive tension within the relationship of how the non-depressed partner helps their depressed partner in ways they see fit versus how the depressed partner actually needs to be helped. Duggan (2007) conducted a qualitative study with 68 couples where one partner had been diagnosed with depression. The researcher looked at how the non-depressed partner changed their strategies for helping as they labeled phases of the depression within the context of their relationship. The three labels used were prelabel for the time before the non-depressed

partner knew about their partner's depression, postlabel for when the non-depressed partner learned about their partner's depression, and postfrustration for when the non-depressed partner's strategies for helping their partner were not working.

Duggan (2007) divided the results by comparing how male and female partners reacted and found that during the prelabel period, female partners used more involved strategies to help their partner than male partners did. Also in the prelabel period, non-depressed partners would encourage their partner to use different emotional outlets more if the depressed partner was a female rather than a male. However, female partners would encourage their partner to use different emotional outlets more in the postlabel period. In the postfrustration period, males used more negatively valenced strategies and strategies that reinforced depression than did females.

When a non-depressed partner cannot get through to their depressed partner or if their depressed partner does not react to their partner's assistance, this can leave the non-depressed partner feeling frustrated (Sandberg et al., 2002) and lead to them using negatively valenced strategies, such as no longer helping when their partner feels depressed or ignoring their partner's needs altogether. Non-depressed partners tend to focus their hostility onto their depressed partner (Knobloch et al., 2013). If the depressed partner is showing no outward signs of change, the non-depressed partner feels as though they have failed, hence leading to higher levels of frustration. One strategy that would help curtail those feelings would be more open communication, but previous literature shows that depressed individuals do not always want to communicate or know how to communicate their feelings effectively (Coyne, 1976; Basco et al., 1992; Sandberg et al., 2002).

## **Relational Dialectics Theory**

As outlined above, romantic partners in relationships affected by depression experience a number of relational tensions. Specifically, depressed partners may engage in behaviors that affirm their negative sense of self, avoid conflict with partners which might exacerbate depression, and refuse to seek help or assistance. Non-depressed partners may take on the negative feelings of their depressed partner, avoid conflict to prevent escalation of depression, and struggle with offering help and assistance.

Relational Dialectics Theory (RDT) may be a useful tool for examining the complexities in these relationships.

Baxter and Montgomery (1996) researched how necessary but contradictory tensions exist within relationships. They developed RDT as, "... a theory of the meaning-making between relationship parties that emerges from the interplay of competing discourses," (Baxter & Braithwaite, 2008, p. 349). The term "discourse" explains how we use language to communicatively connect and understand others. Discourses can span across entire groups, allowing for vast colloquial understanding; conversely, discourses can also be contained between two people for specific, unique understanding relevant to their relationship (Baxter & Braithwaite, 2008).

In this way, discourses help to construct meaning within relationships by creating a language and foundation that two people share together. However, discourses can be at odds with one another based on how each person within the relationship constructs meaning. Discourses can also occur synchronically and diachronically, further affecting how meaning is constructed. A synchronic discourse occurs at one specific moment in time, and a diachronic discourse occurs over a longer period of time (Baxter &

Braithwaite, 2008). In this way, discourses can change and adapt based on the shared meaning created at different points in time. If a discourse was created synchronically, it could change meaning based on how those who created the discourse alter the definition and context of it. In depression communication, this could be manifested within a romantic relationship when partners create a discourse within or outside of a depressive episode. A discourse may take on a specific meaning outside of a depressive episode but be altered or changed within the context of the episode itself. In this way, discourses can be experienced in one way by both partners but change when the context changes.

RDT helps to explain how competing discourses work within relationships as well as why they are necessary. It also explains how meaning is created out of everyday communication (Baxter & Braithwaite, 2008). However, when shared meaning begins to break down, tensions are created. Within these tensions, there is a need for each side of the tension to exist. RDT provides a both/and perspective when interpreting discourses (Braithwaite & Baxter, 2006). The both/and perspective points to the idea that there is no “better” side of a tension; one side of a tension is not inherently negative or positive. Instead, both ends of a tension are necessary to experience the full range of the tension. The way that opposing ends of a tension interact with one another provides the dynamic interplay of dialectics. People do not experience only one side of a tension, and what they view as a “positive” end of a tension may shift from day-to-day. According to Baxter and Montgomery (1996), these tensions are not necessarily brought to light within the relationship. Oftentimes, the tensions will exist in the background, being “owned” by both members of the relationship. Finding a balance between the two tensions is important for maintaining homeostasis within relationships.

**Common dialectical tensions.** Common dialectical tensions that occur in relationships (See Table 1) are manifested both internally and externally (Baxter, 1988). Internally-manifested tensions are tensions that are created which exclude any outside forces or opinions. Externally-manifested tensions are tensions that incorporate forces and opinions that occur outside of the relationship. Three of the most common tensions that are manifested internally include autonomy-connection, predictability-novelty, and openness-closedness (Baxter, 1988). Autonomy-connection reflects the need for each person to be independent versus being together in the relationship. Predictability-novelty examines how aspects of and experiences within the relationship need to be familiar versus new. Openness-closedness explores the need of each person sharing information versus keeping some things private.

**Table 1**

*Common dialectical tensions within relationships*

External	Internal
<b>Inclusion-Seclusion</b> The need for couples to include and involve others in their relationship versus seclude them from their relationship.	<b>Autonomy-Connection</b> The need for each partner to be independent versus be together and involved in the relationship.
<b>Conventionality-Uniqueness</b> How couples feel when comparing themselves to others on their levels of being familiar versus spontaneous.	<b>Predictability-Novelty</b> The need for aspects of the relationship to be familiar and concrete versus the need for newness and spontaneity.
<b>Revelation-Concealment</b> The tension of how much information to share with others about their relationship versus what information to keep private.	<b>Openness-Closedness</b> The need for the couple to share information with each other versus keep information private.

Many researchers have used RDT as a framework for studies beyond romantic and friend relationships, including examination of tensions in education (Thompson,

Rudick, Kerssen-Griep, & Golsan, 2018) and family communication (Halliwell & Franken, 2016). Thompson, Rudick, Kerssen-Griep, and Golsan (2018) examined the relational dialectics present in teaching within an educational setting. The researchers identified how teachers experienced tensions with giving students one-on-one attention within the larger group, their desire to go in depth on subjects but being required to teach many subjects on the surface level, and their hopes for students to truly understand the material rather than only learn for the sake of a test.

In the context of family communication, Sporer and Toller (2017) examined the impact of mental illness using RDT. The researchers discovered that the discourses of normality and closeness arise when someone in a family has a severe mental illness. RDT is a strong framework to use for understanding opposing viewpoints and meaning making.

**RDT maintenance strategies.** Although tensions occur naturally within relationships, there are ways to manage them. Baxter (1990) outlined two common ways couples attempt to manage their tensions: segmentation and spiraling inversion. Segmentation involves choosing which specific topics within a tension they want to navigate. There may be topics in their life which one partner will freely share and discuss, but they may choose to keep other topics private altogether. Spiraling inversion involves prioritizing one side of the contradiction for a certain amount of time (Baxter, 1990). For example, a couple may mutually emphasize predictability for most of the month to establish a routine with work, school, hobbies, etc. However, they may choose to emphasize novelty when planning date nights or trips.

In addition to the strategies mentioned above, Sahlstein and Dun (2008) provided three more tension maintenance strategies: balance, selection, and integration. Balance occurs when both partners in a relationship attempt to compromise on their own feelings and satisfy each side of the tension. Selection occurs when one partner chooses to completely ignore one side of the tension and only respond to the other. Integration occurs when the couple attempts to reframe the tension and simultaneously manage both sides. No “perfect” solution for how to manage dialectical tensions exists; however, using maintenance strategies can help couples manage tensions in a way that will work best for their relationship.

**RDT within the context of romantic relationships involving depressed partners.** As noted above, depression tends to have negative impacts on romantic relationships (Sharabi et al., 2016) causing relational uncertainty and dissatisfaction (Knobloch et al., 2016; Knobloch & Knobloch-Fedders, 2010). Depressed individuals report that they are not good communicators within their relationship (Basco et al., 1992; Sandberg et al., 2002) and tend to avoid conflict (Marchand & Hock, 2000), which can cause additional relationship dissatisfaction. Partners of depressed people tend to have trouble comprehending their partners’ struggles (Sharabi et al., 2016) and will often get frustrated when their attempts to help their partner fail (Sandberg et al., 2002). These frustrations then get projected onto their depressed partner and perpetuate the depression cycle (Knobloch et al., 2013). However, couples will try to adjust their moods and strategies to help out their depressed partner as much as they can (Rehman et al., 2010; Sandberg et al., 2002).

The struggles of trying to understand their partner and learn the best ways to help them may represent one side of common dialectical tensions for non-depressed partners. On the other hand, depressed partners may struggle with avoiding conflict, withholding information, or seeking reassurance when sensing partner dissatisfaction, leaving non-depressed partners unsure of how to navigate interactions. RDT provides a rich framework for examining and understanding the tensions that exist between couples where one partner has depression and the other does not. RDT can help reveal the natural, underlying tensions already at work within the relationships and provide understanding to the ways in which these couples manage the tensions. Therefore, the following research questions guided this research:

RQ 1: How are relational dialectics experienced in romantic relationships where one partner suffers from depression?

RQ 2: How do partners in romantic relationships affected by depression manage existing tensions within the relationship?



### **Chapter 3: Methods**

The previous literature and proposed research questions suggested qualitative methods, specifically interviews, to gather and interpret data. Qualitative research methods are most appropriate for this study because of the nature of communication. Learning about experiences first-hand and in the voice of the participants will provide data from the point of view of both the depressed and non-depressed partner, which is an under-represented group within existing depression literature.

#### **Participants and Sampling**

In order to participate in the study, participants had to be at least 18 years old and currently be in a romantic relationship where they themselves have depression or their partner has depression. Participants could not be in a romantic relationship where both partners suffered from depression. Additionally, all couples recruited were heterosexual couples to align with existing research on depression communication. In order to appropriately capture the tensions experienced by both depressed and non-depressed partners, effort was made to recruit an equal number of participants from each category. A combination of convenience and snowball sampling was used to find participants who fit the criteria. Eleven participants were interviewed, ranging in age from 20 to 33 years old, with the average age being 24.5 years old. Seven participants had depression (depressed partner), and four participants did not have depression (non-depressed partner). Ten participants were Caucasian, and one was Hispanic. Of the 11 participants, five participants were in dating relationships and six participants were married. Participants had been in relationships with their partners anywhere from five months to eight years. Nine participants were female and two were male.

## **Data Collection**

After receiving IRB approval, semi-structured interviews were conducted with each participant (Cohen & Crabtree, 2006). Two different sets of questions were prepared that would be asked of each participant depending on whether or not they were the partner with depression. Discussion was altered around certain topics depending on how the participant responded to the question. Questions regarding their communication were asked such as, “In what ways do you think your partner’s depression affects your communication with your partner? What are the most difficult things to talk about regarding your partner’s depression? What is most helpful about your partner’s communication with you? Can you provide an example?” (see Appendices B and C for complete interview protocol).

Three interviews were conducted face-to-face, six interviews were conducted via FaceTime, and two interviews were conducted via phone calls. According to Novick (2008), computer-mediated communication is equally as beneficial as face-to-face interviews. All interviews were audio recorded using a cell phone or audio recording software on a laptop with the participants’ permission. All interviews were transcribed verbatim to produce 79 typed, single-spaced, 1-inch margin transcripts. Interviews that were conducted face-to-face were held in private meeting areas, and computer-mediated interviews were performed in a quiet, private space. Interview lengths ranged from 14 minutes to 42 minutes long with an average interview length of 30 minutes.

## **Data Analysis**

Each participant was assigned a pseudonym matching his/her gender and race/ethnicity to ensure anonymity and confidentiality. Open coding (Strauss & Corbin,

1998) was used to analyze the data line-by-line. RDT was used as a framework to guide the coding process, using existing dialectical tensions and maintenance strategies as a foundation for open coding. Codes were combined and edited to develop 64 codes. The codes were reanalyzed and grouped into categories on the basis of similarity and coordination. Twelve categories emerged and were given operational definitions for clarity and coherence. The constant comparative method (Glaser & Strauss, 1967) was used to analyze the categories against one another and existing research to create broader, larger themes. Themes were identified based on recurrence, repetition, and forcefulness (Owen, 1984). Five themes emerged that were significant based on the research question. The categories were reanalyzed to determine if each category supported the five emergent themes.

### **Verification Procedures**

Trustworthiness and credibility were developed based on Creswell and Miller's (2000) criteria of member checking (Lincoln & Guba, 1985), peer review, and thick, rich description. One participant in the study was given a copy of the findings and discussion to verify if the written account is accurate based on their own personal experiences. The member check attestation can be found in Appendix C. The participant provided affirmation of the themes surrounding tensions and maintenance strategies. A copy of the study was also given to a fellow researcher to review and suggest changes, providing an outside perspective of coherence and understanding of the research. Lastly, thick, rich description was used by providing detailed explanations of the participants' accounts to ensure that the participants' voices were conveyed and interpreted accurately.

### **Role of the Researcher**

In addition to Creswell and Miller's (2000) criteria for validity previously listed, researcher reflexivity was also used to disclose any personal biases I may have. I have a personal connection with this topic as someone in my family has depression. My interest in depression communication grew out of the struggles and triumphs I have overcome within our own relationship due to their depression. Based on my own knowledge and experience, I had preconceived ideas of the type of data I would collect from other participants who are in similar situations. I expected that participants would have similar experiences to mine; however, this was not necessarily the case. I maintained an open mind and kept my own biases in check by not disclosing the exact type of information for which I was studying. I allowed the participants to answer the questions from their own experiences and analyzed the data according to the data I was provided.

## Chapter 4: Results

Interviews with participants revealed themes corresponding to the research questions of how relational dialectics are experienced in romantic relationships where one partner suffers from depression and how partners in those relationships manage existing tensions. After interviewing participants, coding and categories were used with the framework of RDT to establish dialectical tensions and coping strategies. To answer RQ1, three major tensions emerged: involvement/distance, openness/closedness, and revelation/concealment. To answer RQ2, two major maintenance strategies emerged: selection and integration.

### **Dialectical Tensions**

While participants in the study discussed many tensions they faced in their relationships with depressed and non-depressed partners, dialectical tensions were identified based on the presence of interdependent yet contradictory poles (Baxter & Montgomery, 1998). The dialectical tensions that emerged naturally from the interviews closely matched Baxter's (1988) RDT framework and included involvement/distance, openness/closedness, and revelation/concealment.

**Involvement/Distance.** The dialectical tension of *involvement/distance* emerged when both depressed and non-depressed participants struggled with a competing desire to be involved by providing instrumental and emotional support to their partners while at other times needing to allow their partners distance to handle things on their own. For example, depressed partners shared that it was helpful when their non-depressed partner made decisions on their own without involving them because it can be difficult for depressed partners to think and analyze options during a depressive episode. Having

someone else decide things for them removed that burden. Sarah said that her non-depressed partner made decisions on her behalf:

... he's like, this is what we're going to do. And he goes ahead and organizes everything for me, and he's like this is going to be better without kind of like pointing out that I'm getting stressed and drawing attention to it. He just goes ahead and does it. That's so much help.

Decision-making was used to take stress off of her, which allowed her to focus on other tasks; however, decisions made by the non-depressed partner were not always viewed positively if partners perceived the wrong decision was made. Some depressed partners noted that they did not want the help of their non-depressed partners in any capacity. Elle, a depressed partner, said, "I need to get things done and I often feel like only I can do it. Everyone else is just going to keep messing up or do it slowly." For her, any decision from her non-depressed partner would have made it worse. Making what was perceived as the wrong decisions created tension for both parties and sometimes pushed the non-depressed partner to shy away from the involvement end of the contradiction.

Sometimes the involvement/distance contradiction involved uncertainty on the part of the non-depressed partners as they determined the best way to extend emotional support. For example, Chad, a non-depressed partner, described how he navigated the extension of support for his partner during a depressive episode:

Sometimes when she's really depressed she just sort of shuts down, and it's not so much that she will stay shut down, but I got to recognize when she needs the space. Because then what will happen is I'll be like, "Why are you mad?" or "What's wrong?" Of course, you can't brute force your way out of depression, but

I want to know if there's some sort of overlaying symptom I could help with.

Like, if the house is in fucking shambles and that's causing your depression or making it worse, I can help with that.

He struggled with whether or not he should get directly involved because he knew that she shut down. In the end, he was able to analyze the situation surrounding his partner's depressive episode and made a decision regarding how to be involved. In his case, he provided more instrumental support by managing household tasks which alleviated some pressure from his partner.

Non-depressed partner decision-making was not only limited to practical tasks; it also included physical or emotional responses to their depressed partner's depressive episode. Depressed partners expressed a need for physical involvement and stated that simply having someone in the room during a depressive episode was helpful. Bailey, a depressed partner, said:

... what I really need is just I need a presence in the room. For every person, it's different. Some people need a hug, some people need talking to. I just need someone to just be there while I work through my own thoughts.

When depression makes communication difficult, having someone there for support can be crucial. However, since it is difficult to communicate needs, depressed partners may not be able to effectively tell their partner that this is something they want, leaving the non-depressed partner to try to figure this out on their own. Chad, a non-depressed partner, said:

I think that she just needs to know someone's there. The two things I think she fears most is the loss of control. So if she feels trapped, that is bad. If we got into

a fight and I was like, “No, you can’t leave,” she would fly off the rails. But at the same time, she also needs to know somebody is there. It’s a razor’s edge. You want to feel there by choice with a comforting presence, not trapped with an agitated presence.

Chad outlined the tension of trying to balance getting involved without making her feel forced or trapped. It was difficult for non-depressed partners to learn what would work best for their depressed partner.

Additionally, non-depressed partner involvement and support during and after a depressive episode was also important. Bailey, a depressed partner, explained how her partner would react to a depressive episode:

I think we both ease back into what I need, and he just asks me once every day. If I’m struggling, he’ll ask me one or two times a day just how are you feeling. He can tell when I’m doing better and when I’m doing worse. It’s changed from what you need; it’s like an open question. It’s turned into, “What can I do to make you smile today?”

Bailey’s partner learned her physical and emotional responses to a depressive episode. During the episode, Bailey discussed that she needed space in order to manage the episode herself, and her partner recognized that need and gave her distance. Towards the end of a depressive episode, he was able to effectively respond to her and actively chose to communicate with her in order to provide support. Other participants also described the complexity of determining when to provide support versus when to give partner space. Chad, a non-depressed partner, explained the consequence of choosing the wrong strategy:



I had misread. It's more art than science. Sometimes the shutdown means I need to be there to hold her. But in this instance I thought it was I need space, I'll talk to you when I'm ready. It was not. That caused quite the argument. It was not good.

Eight participants discussed how depression made it difficult to communicate effectively about a variety of needs, which suggests to their partners that they desire distance.

Rebecca, a non-depressed partner, said that her depressed partner "... shuts down, almost like he wants to keep the thoughts in, which we know it's unhealthy." Since depressed partners struggle to communicate, they are not able to tell their partners what they want or what they need which deepens the involvement/distance conundrum. Elle, a depressed partner, outlined this struggle:

I think that I've noticed I need space, but at the same time I need him there. I don't want him rubbing my knee or rubbing my arm, trying to comfort me or the pity, I don't want any pity. I just want him to act like things are normal but be around. I don't want to be alone, but I also don't want to be babied, like something's wrong.

Even though a sense of normalcy is what would help, Elle would rather her partner do this on his own without guidance from her. Without explicit directions from their partners, the non-depressed partners are left to make decisions on their own. The decision-making leads them to choose whether or not they should get involved in their depressed partner's struggles or leave them to their own thoughts. This can be beneficial as in Sarah's case, or it can cause more harm than good as in Chad's case.

**Openness/Closedness.** The dialectical tension of *openness/closedness* was exemplified by the need for the couple to share information with each other versus keep information private. Depressed and non-depressed partners struggled with whether or not they wanted to communicate about the depression. Depressed partners and non-depressed partners both stated that depression made it difficult to communicate and often created a contradiction between sharing information or keeping thoughts and feelings to oneself. Savannah, a depressed partner, noted that "... it'll be hard to convey how I'm feeling because [my partner] has never been depressed, so he doesn't get it and it's hard to put into words." Rather than struggle with trying to communicate her feelings effectively, Savannah chose to keep her communication with her partner closed in order to prevent more miscommunication.

However, because depressed partners chose to close off communication, non-depressed partners struggled to fully understand where their depressed partner was coming from. Kelsey, a non-depressed partner, said that when her depressed partner is in a depressive episode, their communication suffered in terms of quality. She explained "... it gets frustrating whenever he like, you know, is fixating on things that to me aren't a big deal, but to him are a big deal." Since Kelsey has never suffered from depression, she cannot understand what is going on inside her partner's head. She struggled to understand how something could make her partner upset or why he focused on things that, to her, were seemingly unimportant. Without her partner providing open communication to help her understand, she also closed her communication with him to prevent additional frustration.

Although depression causes communication issues and makes it difficult to communicate, depressed partners stated that open communication about their situation was helpful during a depressive episode. Elle, a depressed partner, mentioned that while depression makes it difficult to talk to her partner, "... I ended up just having to talk it through with him and it was good and it worked out." Open communication during the episode proved to be beneficial, even though the non-depressed partner may not fully understand their issues or be able to provide solid answers.

This type of open communication was also beneficial for the non-depressed partner. Rebecca, a non-depressed partner, talked about how communication from her partner during a depressive episode was valuable for her:

Sometimes there's not a lot of communication as he's going into it, and so I feel like "Okay, did I do something? What's wrong?" I guess a little validation that I haven't caused anything, but then also I just want him to know he can feel safe at home with me and we're together, just to talk when he's ready, but not to intentionally hold things in.

This need for open communication helped Rebecca understand that the depressive episode was not her fault, relieving some pressure off of her. Having open communication also helped the depressed partner know that someone was there to help them if they need and that they did not have to be alone.

As open communication can be helpful for both depressed and non-depressed partners, forcing communication was not helpful. While talking about unhelpful communication, Bailey, a depressed partner, said:

I guess, just trying to get me to communicate when I don't know what I need.

Like I said, in those moments when he's trying to get something out of me and even I don't know. I think that's really the biggest struggle.

It can be difficult for depressed partners themselves to pinpoint what is causing an issue, but if someone else is asking them to do the same, it can cause even greater frustration and communication breakdown. While a non-depressed partner may think that they are helping by asking questions and encouraging communication, it may be causing more issues for their depressed partner. Even though this type of communication is not helpful for depressed partners, non-depressed partners said it was helpful for them to try to understand how they can help their partner. Sarah, a depressed partner, noted that her non-depressed partner told her that "... I just need you to tell me what you need, and I will do it." Non-depressed partners try to understand and encourage openness, but depressed partners cannot always provide them with the information they need and lean toward the closedness end of the tension.

Participants also discussed whether or not they would specifically communicate about the depressive episode once it was over. Bailey, a depressed partner, commented on her partner's post-depressive episode communication, saying, "[My partner] knows I'll talk about it once it's passed if I need to. If I don't, then we move on. He's gotten good at that." Her partner learned that she will come forward when, and if, she wants to discuss the episode. Other participants experienced similar situations; however, some participants chose not to communicate about the episode at all once it is over. Elle, a depressed partner, commented that "... how I communicate with [my partner] through it is discussing I think what's going on, so when it's all over, I don't think that more needs to

be said, I guess.” In order to get through the episode, Elle talked about it during the episode itself. Therefore, she did not feel the need to discuss it once it had passed. In this way, participants actively lived out the contradictions communicatively as they were experienced both outside of and within depressive episodes.

**Revelation/Concealment.** The final tension, *revelation/concealment*, described how participants dealt with privacy management, specifically the challenge of how much information a couple wanted to share with others about their relationship versus what information they kept private. Participant descriptions of this tension captured whether or not both partners’ families and friends knew about their depressed partner’s depression and whether there were any communication changes with family or friends after the depression was revealed to them. A majority of participants stated that the depressed partner’s family knew about their depression. Esma, a depressed partner, said, “[My family] knows. We don’t really talk about it a whole lot unless there’s something bad going on, but yeah.” Even if a couple chose not to share much information about the depression itself, sharing that the depressed partner has depression is still including others in their personal relationship.

For the majority of depressed partners, there was little communication about their depression with their families and their non-depressed partners’ families post-depression reveal. Bailey, a depressed partner, shared, “[My partner’s family] know the full extent of it, but we don’t usually share that. Since they’re living far away, both families, there’s really not a whole lot of interaction in those moments.” Even though both families knew about the depressed partner’s depression, the couple actively chose not to share additional

information with them. In this way, they conceal that part of their relationship from others.

Similarly, Luke, a non-depressed partner, shared that even though his family knows about it, he did not frequently talk about his partner's depression. He said, "There's nothing I don't really keep anything from them about it, but I don't talk about all the time with them the way I do with [my partner] though." He noted that he still communicated with them about his partner's depression, but it is not something that occurred regularly. For some depressed partners, however, the decision not to share any additional information with their family stems from their family's lack of understanding. Elle, a depressed partner, touched on this:

I definitely feel like I can't really talk to people in my family about a lot of things because they just won't really understand what is happening. So yeah, I think it just doesn't allow me to talk to them about certain things I'm dealing with or going through because they'll pass it off as nothing or something and so I just don't talk to them much about it.

Even though her family knew about her depression, they are unable to see where she was coming from and had trouble understanding what she was going through. Rather than trying to make them understand, it was easier for Elle not to discuss it with them. While participants revealed their condition to their families, they concealed specific information about depressive episodes or avoided providing details or asking for support due to physical distance and a lack of ability to understand on the part of the family.

Whereas couples chose to limit details of the depression with their families, they reported more openness in communicating with friends. The majority of participants

stated that the depressed partner's friends knew about their depression. Luke, a non-depressed partner, said that his partner had open communication with her friends regarding her depression, saying, "With her close friends especially, it's open, very open. And with other friends, she doesn't usually make a point to hide anything about how she's feeling and she's a pretty open book about that stuff, especially if prompted." His partner not only included close friends in her battle with depression, but she also did not hide that information from other casual friends.

Depressed partners also talked about any communication changes with friends post-depression reveal. The majority of participants stated that there was no communication change with their friends once they revealed their depression. Bailey, a depressed partner, said depression has not changed her communication with friends "... because I'm up-front. I'm usually pretty honest from the beginning, so I think that's why I'm okay with sharing it so easily because it doesn't seem like out of the ordinary for me to share something really personal like that." She felt comfortable enough around friends to reveal her depression and talk about it without worrying that it will alter their communication.

Interestingly, some participants outlined that depression had actually improved their communication with their friends. Taylor, a depressed partner, said that revealing her depression to her friends changed their communication, stating, "Yeah, [our communication] is more relatable. It's more of just like a more personable level of communicating rather than like skimming the surface of things." Interestingly, when depressed partners revealed their depression to friends, it made their communication better and provided a deeper level of conversation.

While depressed partners revealed their condition to their families with limited details and expressed more openness with friends, non-depressed partners' disclosures about their partner's illness were guided by privacy rules. Couples constructed different rules guiding how or what non-depressed partners would disclose to their friends and family with confidentiality as a central feature. Chad, a non-depressed partner, said, "I checked with [my partner] that it would be cool that I did this [interview]. Not really my story to tell, so I don't really generally bring it up." Non-depressed partners were less likely to include many of their own family members in the situation, since they themselves were not the ones dealing with depression. Rebecca, a non-depressed partner, also said, "... I just try to be careful of not giving away too much of [my partner's] personal information, like whatever he's going through, if we talk about it. Just because I know that's private and intimate." When it is not their information, it affects the way non-depressed partners choose to include others in their private affairs.

Non-depressed partners also talked about whether or not their friends knew about their depressed partner's depression. Similar to how they chose to share information with their family members, non-depressed partners also limited information regarding their partner's depression with friends. Rebecca, a non-depressed partner, said:

My close friends know. It depends if I talk about it. If I think it's going to help someone I might give vague details, so they feel comfortable acknowledging mental illness and this is a thing and it's okay if they're struggling too. Usually if I talk about it with my close friends it's probably just asking for prayer for [my partner] if I know he's struggling. My best friend, I might tell her maybe more



details, but I still don't like to talk too much about it because that's his story to tell.

Rebecca mentioned various levels of what she would share and with whom, demonstrating that different people receive different information. Acquaintances may have gotten vague details, but only if she thought it may have helped someone else suffering from depression. Her closest friend received the most details, but even then, she still monitored what she chose to say because it is not her information to share.

Non-depressed partners also discussed if communication with their friends changed after they shared that their partner suffered from depression. The majority of non-depressed partners said that there was no communication change with their friends. In fact, non-depressed partners said that there was a general lack of communication with their friends regarding their partner's depression. Esma, a depressed partner, said her non-depressed partner will not talk with his friends about her depression "... unless he has to." Non-depressed partners may not find a need to discuss their partner's depression with others unless asking for help or advice; otherwise, they see no reason to discuss it.

Non-depressed partners also disclosed information to friends as a way to get advice about what to do. Kelsey, a non-depressed partner, discussed how she talked about her partner's depression with her friend:

A friend that was really close, my best friend that was really close with both [me and my partner] in high school, sometimes I talk to her about it. She also has depression, so sometimes I, like if I'm just feeling a little overwhelmed, then I'll like turn to her and ask for her advice since she can you know offer better

insights, and she can kind of understand like what that does to him more than I can.

For Kelsey, talking to her friend was a release as well as an avenue for advice. Kelsey's friend also has depression, so she was able to provide personal advice from a perspective that may be similar to Kelsey's partner's experiences. This helped Kelsey better understand what her partner may be going through. Ultimately, for non-depressed partners, privacy rules involved disclosing limited details to family and friends, unless seeking advice or possibly providing assistance to others.

### **Maintenance Strategies**

Participants in the study described many ways they dealt with the relational dialectics at play in their relationships. Maintenance strategies are ways that couples naturally cope with and manage the tensions within their relationship. While there are many different types of maintenance strategies, participants mainly used two strategies in their relationships when dealing with the depressed partner's depression: selection and integration.

**Selection.** Selection involves one partner choosing to completely ignore one side of the tension and only responding to the other. When it came to coping, many depressed partners chose to distance themselves from their partner because they believed it would make the situation easier. Kathryn, a depressed partner, said, "... so often I push my depression aside because I'm trying to avoid an argument." Rather than share information with her partner about her depression, she chose to put herself on the back burner to avoid any negative confrontations.

Depressed partners are not the only ones who put their emotions temporarily to the side. Kelsey, a non-depressed partner, said, “I guess I’ve just kind of like learned when to express them and when not to, if that makes sense. I’ll put my needs aside and like be there for him, so that way you know we can switch.” Kelsey understood that there will be a time later to focus on what she needs, but she has learned that sometimes she needs to be more attentive to her partner’s needs in order to cope with the depressive episode. Contrastingly, Rebecca made an opposite observation, saying that revealing her needs to her partner sooner would have helped them cope:

I was just trying to be supportive and not bring my feelings into play, but I was just consistently putting myself on the back burner. I think if I had been up front about how I felt earlier on, we could have avoided a lot of heartache.

Timing and figuring out when to focus on a certain topic were difficult for couples to ascertain, particularly when one person suffers from depression. It was challenging for non-depressed partners to bring up their own issues outside of their partner’s depression. Similarly, depressed partners grappled with whether or not to share their feelings and struggles for fear of misunderstanding from their partner. This motivated both parties to lean toward one pole of a dialectic over others.

Choosing open or closed communication occurred in various forms throughout the relationships as a coping strategy. Communication between partners and communication with friends both served as successful coping strategies. Within the relationship, direct communication was used most frequently. Savannah, a depressed partner, noted how direct communication worked for her:

I feel like I really just try to talk through it with him and I'll be like, "This is what I need you to say. This is what I need you to do." I'm just very direct about it and I'll just try to explain it further so that he can kind of understand it in some sense. Direct communication was used to reduce ambiguity for her non-depressed partner and outline specific ways her partner could offer help. Direct communication also helped Savannah explain her experience with depression to her partner so that he could hopefully better understand her point of view.

Additionally, non-depressed partners stated that what they needed most from their depressed partner during a depressive episode was open communication. Rebecca, a non-depressed partner, talked about what she needs from her partner during one of his depressive episodes:

I think mostly just the open communication of just like, "Yes, I'm going through this hard time, but it isn't necessarily caused by anything you've done." I guess as a person I just require more validation. I guess finding little ways to have that validation and affirmation when he is depressed, but also not constantly searching for it because I know that's hard for him to give during those times too.

Even though she recognized that it can be hard for her partner to provide answers and validation during a depressive episode, that type of open communication helped her cope and get through the episode with him. It was good for her to hear that she did not cause the depressive episode and allowed her to get a better understanding of what he was going through.

While selecting open communication as opposed to remaining closed was a successful strategy for most couples, some selected the closed side of the continuum as a

form of negative coping. Rebecca, a non-depressed partner, recounted when she and her partner were early on in their relationship:

I feel like when we first started dating, [my partner] used to just not talk about any of it, not me or his friends. He would keep it all bottled up, almost like he could think it away. And so over time we were able to learn new things to help deal with it and actually seek therapy and counseling and workbooks. But in that time, we weren't really looking. I felt like I didn't know him well enough, even though we were dating, to point him to those resources, and I wasn't really aware of them myself.

Her depressed partner would keep his emotions bottled up rather than sharing with her or friends. Eventually they learned how to cope with different strategies, but until then lack of communication made things difficult. Rebecca was unable to learn about what he needed, and her partner was unable to communicate what he needed or how he was feeling. Elle, a depressed partner, also attempted to cope with her depression by not communicating, saying, "I also just tried to bottle up what is going on, my feeling and everything, and I don't think that's the best to do." She was able to recognize later that bottling up emotions was not helpful, but it was still an attempted coping strategy that proved to be unsuccessful.

Communication with others outside of the relationship or revealing information to others was also used as a coping strategy. Kathryn, a depressed partner, mentioned that her friends "... go through similar things, so it makes me not feel all alone." Talking with others provided another outlet for coping and dealing with depression, and friends offered different perspectives beyond just what their partner recommended. Some participants

had friends that also suffered from depression. Elle, a depressed partner, mentioned how communication with her friend who also has depression helped her when she had a depressive episode:

I feel like I can explain myself better with them or not even have to explain myself. If I'm upset about something, I can just text my roommate a brief text message and she totally gets it and she'll help me out, or she'll know what to do, or she'll just know what to think I guess and how to understand it and how to react with her words.

Since her friend already knew what she was going through, she could more easily provide her with advice or know what to say in order to help her cope. Having someone outside of the relationship who understands their exact feelings helped depressed partners manage their depression in a different way.

When faced with the revelation/concealment contradiction, participants often selected some level of concealment based on negotiated privacy rules. Bailey, a depressed partner, specifically gave her non-depressed partner rules on how to communicate with others about her previous suicide attempt:

Now, after I had my attempt, that was really hard for him to deal with because I asked him not to tell anybody, like his family and stuff, and like I said, he's a verbal processor, so that was really hard for him.

The severity and intensity of the information regarding the depressed partner's depression can impact the rules of normal communication. Non-depressed partners were willing to agree to their partners' requests because they understood the sensitive nature of depression.

Many depressed partners also mentioned selecting distance or alone time as a positive coping strategy. Bailey, a depressed partner, said that alone time would be beneficial for the couple in the long run if her partner simply let her be alone for a time. She said, “[My partner has] just started to realize that I’ll come back a lot quicker if he just lets me go sooner. I’m just going to go sit on the front step, and he will leave me alone.” While this may not be beneficial for the couple as a whole, this helped the depressed partner manage her thoughts without needing to explain anything to her partner in the moment.

**Integration.** Integration was the maintenance strategy used when the couples attempted to reframe the dialectical tensions by developing solutions that addressed both sides. One of the most common ways participants did this was by learning over time. Participants noted that the longer they were together with their partner, the more they learned about them and the best ways to cope with the depressed partner’s depression. Sarah, a depressed partner, said, “We definitely learned what I needed, like what we need to do better to get things over quicker.” Here, learning from both partners took place in order to help Sarah get through a depressive episode. The couple navigated involvement/distance by taking the time to discuss ways that each partner could help during the depressive episode. Sometimes being distant is more beneficial, but other times having someone make decisions works best. Learning what to do over time helped steer Sarah and her partner to make the right decision during an episode rather than shutting down and causing more issues. Taylor, a depressed partner, mentioned that “... over time of just trial and error, seeing what works and what doesn’t and what makes things worse and stuff like that,” was beneficial for her and her partner. Again, the couple

was simultaneously trying to balance involvement/distance by discovering what was successful and what was not. Learning together by seeing what works best and what to rule out for the future demonstrates that the couple as a unit wanted to work together to help the depressed partner as best as they could.

Learning over time also included both partners learning about depression. Kelsey, a non-depressed partner, talked about how openness and acceptance helped her partner cope:

Just in general, he's gotten a lot better about communicating about [mental illness] because I think also, like I said, as I've learned about it, he's also learned more about it. And so he's learned that it's not really anything to be ashamed of. Like he's kind of grown to accept it as a part of who he is, and that's helped him talking about it.

Kelsey and her partner navigated openness/closedness as they both learned about depression separately. This included more closed communication while learning, but eventually they came together and were able to be more open and knowledgeable about her partner's depression. Simply learning more about mental illness helped both of them cope individually, which led to her partner being more open about it. In this way, they balanced openness/closedness while finding beneficial ways to cope.

Another way couples reframed tensions was by creating solutions together. Chad, a non-depressed partner, said, "It's like it digests in [my partner's] mind, and usually if we have a big argument, the next day when we wake up we debrief, we dress down what happened, and then we generate resolutions that way." Rather than separately trying to cope, Chad and his partner chose to focus on how they could improve as a couple. They



navigated openness/closedness together by learning the appropriate times to be closed with their communication and when to be open. For them, they understood that being closed is beneficial during and just after the depressive episode. Later on, they were able to come together and be open to discuss what to do.

Creating possible solutions together helps ensure that each side of the relationship is represented; it gives the couple an opportunity to share what would help each of them in the situation. Bailey, a depressed partner, mentioned how she and her partner created a solution to keep her safe:

[My partner] knows that I can tell him I do not feel safe. It's taken a lot of trust to start to build up that when I can tell him I don't feel safe. Luckily, I haven't really had to do that a whole lot, but I know that's an option, and I feel comfortable telling him now because I know he's not just going to up and send me off to some mental health facility because he already understands how I feel about that.

By navigating openness/closedness together, they were able to build trust and communication to create a solution that worked for both of them. They have a plan that they can enact should something happen, making it easier during a depressive episode to cope and get through it.

Participants faced many tensions throughout their relationships, including some that are unique to depressed and non-depressed partners. Through living out these tensions daily, participants developed specific coping strategies that helped them manage the tensions and paradoxes that emerged. There is no single best coping strategy, and couples faced with this unique situation must work to identify the tensions that exist and create positive coping strategies to help them through it.

## Chapter 5: Discussion

Through interviews with depressed and non-depressed partners, the research questions of how relational dialectics are experienced in romantic relationships where one partner suffers from depression and how partners in romantic relationships affected by depression manage existing tensions within the relationship were explored. Three major dialectical tensions and two major maintenance strategies emerged. This chapter elaborates on the tensions and maintenance strategies that depressed and non-depressed partners experienced in their relationships and discusses the theoretical implications of the study. Practical implications, strengths, limitations, and future research directions are explored.

### **Involvement/Distance and the Trouble with Decision-Making**

The tension *involvement/distance* described the competing desire of both depressed and non-depressed partners to be involved by providing instrumental and emotional support to their partners while at other times needing to allow their partners distance to handle things on their own. One way the tension *involvement/distance* manifested within the participants' relationships was through decision-making. As Owen, Freyenhagen, Hotopf, and Martin (2015) discuss, depression can make it difficult for individuals to make decisions on their own, thus decision-making on behalf of the depressed partner was useful. Non-depressed partners would take control by performing tasks in order to take the burden off of the depressed partner. This included practical tasks, such as organizing and taking care of household chores, as well as physical and emotional support. The physical and emotional support that depressed partners needed most included having a presence in the room. These findings contradict Sharabi et al.'s

(2016) work which suggested that depressed partners commonly withdraw physically and psychologically during a depressive episode. Non-depressed participants in the current study reported a concerted effort to stay involved physically and emotionally for their partners. While depressed partners noted that they preferred to be alone in some instances, they repeatedly pointed out that having someone else there with them helped them get through the episode.

Conversely, depressed partners did not want to feel trapped or forced into staying present if they did not want to. Non-depressed partners had to navigate this edge with little information from their partners since depressed partners struggled with effective communication, which according to Knobloch et al. (2016), can lead to topic avoidance and relational uncertainty. Non-depressed partners were left to attempt decision-making on their own. However, a paradox emerged when depressed partners outlined that wrong decision-making from their partner made things worse. Harris, Pistrang, and Barker (2006) also found this paradox in their research, noting that couples with a depressed partner struggled to find the best ways to offer support with little input from the depressed partner. The researchers found that non-depressed partners experienced fear and uncertainty when making decisions without input from their partner, hoping that they did not cause them additional issues through poor decision-making. Similar to the current study, non-depressed partners had to find the balance of being involved and helping versus staying distant.

### **Communication Rewards and Consequences for Openness/Closedness**

*Openness/closedness* was experienced as the tension of wanting to share information versus keep information private within the relationship. The tension

manifested differently in both depressed and non-depressed partners. Depressed partners struggled with communicating their feelings and emotions to their non-depressed partners for fear of misunderstanding. This led most depressed partners to shift towards the closed end of the tension rather than providing open communication to their partner. Additionally, non-depressed partners lacked understanding about their partner's depression, since they had never experienced depression themselves. Gordon, Tuskeviciute, and Chen (2013) confirmed the inability of non-depressed partners to gauge the severity of their depressed partner's emotions surrounding a depressive episode. This leads to frustration and might explain why both partners in this study moved toward the closed end of the tension.

Research examining RDT within married couples without depression also supports the openness/closedness pattern. Hoppe-Nagao and Ting-Toomey (2002) found that married couples experienced *openness/closedness* in two distinct ways: when one partner wanted to discuss something more than the other partner did, and when a partner experienced an internal struggle of whether or not they should share something with their partner at all. Participants in the current study experienced *openness/closedness* in similar ways. When the topic of discussion was directly related to depression, the non-depressed partners wanted to understand and discuss depression more than their partner, which pushed the depressed partner towards closedness. In this way, participants experienced opposing sides of *openness/closedness* simultaneously with their partners.

Deciding to communicate about a depressive episode once it was over was another tension point participants highlighted. Some participants preferred not to discuss the episode once it was over, but rather communicated about it during the episode itself,

displaying a high degree of openness. If participants discussed the episode while it was happening, they did not feel the need to rehash everything again after the episode. Communicating about the episode as it occurred became a way for the depressed partners to get through the episode. Other participants noted that they would discuss it if they felt the need, but their non-depressed partners learned that they do not need to discuss the episode every single time. Through this, the *openness/closedness* tension was manifested both within and outside of a depressive episode.

In light of these struggles, open communication was still beneficial for both the depressed and non-depressed partners. Open communication helped depressed partners work through their feelings and emotions during a depressive episode, and it helped non-depressed partners understand what may have caused the depressive episode for their partner and relieved some of the fear that they could have been the cause. Even recognizing the need for open communication, depressed partners stated that *forcing* communication was not helpful, even though non-depressed partners preferred asking questions to try to understand what their partner needed. This additional effort put forth by non-depressed partners in an attempt to understand their partner's needs is the way they communicatively displayed caring, as outlined by Rehman et al. (2010) and Sandberg et al. (2002). Open communication was ultimately another balancing act, particularly for the non-depressed partner, as depressed partners mostly preferred closedness.

Furthermore, it is important to note that many of the non-depressed participants focused on openness in terms of how it related back to their partner's depression without much regard for what openness might mean for their relationship in general. It was rare

that a non-depressed participant discussed his/her own issues with communication inside of the relationship without discussing how their partner's depression made it difficult to understand their struggles or how it caused communication breakdowns. In this sense, non-depressed participants may not have been aware of how their own poor communication skills impacted the communication within their relationship, since they connected most of their communication breakdowns with their partner's depression. Gordon et al. (2013) confirmed this issue in their research which found that non-depressed partners were not aware of their own misunderstandings when it came to their partner's depression. This caused lower relationship satisfaction for the depressed partner as well as increased conflict, since their partner was not able to understand their feelings. Lower relationship satisfaction for depressed partners could push them towards the closed end of the tension with the non-depressed partners unaware of their struggles.

### **Privacy Management Outside of the Relationship**

The tension *revelation/concealment* described how a couple communicated about their relationship with others, including how much information they should share versus keep private. The tension described how each depressed and non-depressed partner managed disclosing information about their partner's depression to people outside of their relationship. Most of the depressed partners' families knew about their depression, but there was little change in communication after they revealed it. This was due to the fact that there may have been physical and emotional distance between the depressed partner and their family, causing the lack of communication change. Most of the non-depressed partners' families also knew about their depressed partner's depression with little change in their communication after the families found out about it. Non-depressed

partners viewed the information surrounding their depressed partner's depression as their partner's information to share; they frequently stated that it was not their place to share a story that did not belong to them. Communication Privacy Management (CPM) theory explains the process of privacy boundary management and the creation of rules for disclosing information to others (Petronio, 2002). Communicators regulate their private information by providing boundaries to others regarding their information and what they can or cannot do with it. Non-depressed partners in the current study did not view their partner's information as theirs to freely share; thus, they were less likely to disseminate information surrounding their partner's depression to family members. They recognized the sensitive and private nature of depression and were not willing to risk their partner's trust or privacy for the sake of family disclosure.

Most couples also reported that there was more openness about depression with their friends rather than their family. Generally, depressed partners had the most open communication with their close friends and limited information to casual friends and acquaintances. Some depressed partners found that their communication with friends actually improved after revealing their depression. This communication improvement could be explained by the benefits of self-disclosure. When one person reveals intimate details about his or herself, the receiver feels obligated to reciprocate intimate details about him or herself back to the sender (Derlaga & Berg, 1987). Reciprocal disclosure increases trust within the relationship, which can also increase the communication. Positive relationships where a depressed partner can have an emotional outlet is extremely beneficial for the depressed partner. Whitton and Kuryluk (2013) found that co-rumination, or excessively discussing negative problems and emotions with others, is

related to fewer depressive symptoms. The current study found that participants enjoyed discussing issues surrounding their depression with a friend who also had depression, since it was easier for them to understand the depressed partner's feelings and experiences. Having an interpersonal outlet for those emotions is also extremely important for treatment of depression. Segrin and Rynes (2009) found that positive relations with others helped to completely mediate depression and low social skills. These researchers highlighted the importance of friendship for those with depression which participants in this study also supported.

For non-depressed partners, communication surrounding their partner's depression was managed by certain privacy management rules. Non-depressed partners would check with their partners to ensure that they were "allowed" to share certain information with different groups of people. Non-depressed partners were careful with what information they disseminated to others, ensuring that they did not discuss too much of their partner's struggles with depression without explicit permission. In line with CPM theory (Petronio, 2002), depressed partners created rules by explicitly outlining the information their partners could share with someone else, and non-depressed partners took it upon themselves to manage their depressed partner's information accordingly. Weber and Soloman (2008) found similar patterns in relationships where one partner or spouse was diagnosed with breast cancer. Partners of women diagnosed with breast cancer faced similar challenges in navigating what information to share with others regarding their partner's condition versus what to keep within the relationship. The researchers noted that some partners would struggle with the ownership of information surrounding their partner's diagnosis and treatment, but other participants would support



their partner's requests of privacy, recognizing that their partner suffering from breast cancer was the primary owner of the information. Participants in the current study faced similar challenges with privacy and severity of information, but most non-depressed partners recognized that their partner was the primary information owner and had the right to set boundaries and privacy rules accordingly.

That said, when allowed, non-depressed partners shared information about their partner's depression with friends as a way to receive advice. Similar to how depressed partners found it easier to discuss their issues with someone else who also had depression, non-depressed partners would turn to friends who also suffered from mental illness. In this way, non-depressed partners attempted to get a better understanding of where their partner was coming from and tried to learn more about their problems. Uncertainty reduction theory (URT) can help explain the reason non-depressed partners sought out help from others. URT outlines that when an individual does not know information about someone (i.e. they are uncertain), they will seek out information to reduce that uncertainty (Berger & Calabrese, 1975). In the current study, non-depressed participants sought out information from others outside of their relationship regarding their lack of understanding about depression. Depressed partners frequently noted that it was hard for them because their partners would never be able to understand what was happening since they have never dealt with depression. Even though non-depressed partners could not fully understand what their partner was going through, they still wanted to help in any way that they could. In this way, they were revealing their own information about their relationship in order to learn more about how they could support their depressed partner.

## **One-Sided Maintenance Strategies**

The maintenance strategy of *selection* occurred when one partner chose to completely ignore one side of the tension and only responded to the other. Hoppe-Nagao and Ting-Toomey (2002) found that some depressed couples would use selection exclusively, meaning that they would only navigate one end of a tension without any acknowledgement of the opposing end of the tension. In this study, depressed partners predominantly put their emotions on the back burner in order to avoid arguments, and non-depressed partners did the same in an attempt to be more emotionally available for their partner. This type of coping strategy seems logical for depressed partners since they tend to avoid conflict (Marchand & Hock, 2000). By disengaging, they will be less likely to have arguments that could lead to more depressive symptoms or a greater depressive episode (Mackinnon et al., 2012; Sandberg et al., 2002). Rather than disengaging for the sake of avoiding arguments, depressed partners would bottle up their emotions because they felt as though they could not be open about their struggles with their partner or close friends. Harris et al. (2006) noted the paradox of the depressed partner needing communication to cope while finding it difficult to communicate. Closedness became a way to avoid any form of coping, which caused it to inherently become a coping strategy in itself. Some depressed partners also outlined that closedness in the form of alone time was used as a coping strategy. Depressed individuals showed more of a desire to be alone, which may have negatively impacted communication within the relationship (Sharabi et al., 2016). Alone time was beneficial for the depressed partner but not for the couple as a unit. Being alone allowed the depressed partner to get away from the situation, but it was not always the best coping strategy.

On the other hand, non-depressed partners disengaged as an attempt to be available and accommodating. Previous research supports the actions non-depressed partners took in order to cater to their depressed partner's needs. Rehman et al. (2010) explored changes in husbands whose wives suffered from depression and found that husbands would alter their behaviors after their wives had a negative mood induction from the researchers. The researchers were unable to conclude whether or not the husbands' behavioral shift was an automatic or active response to their wife's mood change, but participants in the current study discussed their actions as active choices they made to accommodate to their depressed partner. Even though each partner chose to lean towards the closed end of the tension rather than open, they did so for different reasons. Both depressed and non-depressed participants in this study noted similar feelings, and closedness became a primary coping strategy as an attempt to navigate *openness/closedness*.

Although participants frequently chose closedness in order to cope, many noted that open communication was most beneficial as a coping strategy and made an effort to select openness when faced with the tension. Depressed partners used direct communication with their non-depressed partners to help them explain what they were going through and to specify ways their partner could help during the depressive episode, if they were able to pinpoint the issue. Non-depressed partners explicitly pointed out that open communication from their depressed partner during a depressive episode was most beneficial to help them cope. Specifically, non-depressed partners wanted affirmation that they did not cause the depressive episode as well as any information on how they could help their partner get through the episode. While other research outlines that non-

depressed partners feel frustration from lack of understanding (Sharabi et al., 2016), this study specifically highlighted non-depressed partners' needs to be relinquished of the uncertainty of the cause of the episode as well as their need to understand what they can do to help their depressed partner during an episode.

Comparable to how participants would select one side of the *openness/closedness* tension, participants would also select one side of the *revelation/concealment* tension as a coping strategy. Any type of outside interpersonal relationship is beneficial for someone with depression (Segrin & Rynes, 2009), and participants also found that to be true. Depressed partners would cope by communicating about their depression to friends, choosing to reveal that part of their relationship with others rather than conceal it. Depressed partners would talk with friends that did not have depression and with friends who did, and it was found that communicating with friends who also suffered from depression proved to be a beneficial coping strategy. Friends who also suffered from depression already knew what the participant was going through, thereby making communication and understanding easier.

### **Joint Maintenance Strategies**

The maintenance strategy *integration* occurred when both partners reframed the tensions and developed solutions that addressed both sides. One of the most frequent strategies that couples used was learning over time. Part of this included learning about depression and mental illness as well as finding solutions and coping strategies through navigating *involvement/distance*. Participants were able to determine when they should get involved and when they should let their partner cope on their own, and this knowledge was gained by being together and learning about one another. Another way of

learning over time was through trial-and-error. Participants noted that simply trying a coping strategy was a way to find out whether or not it would be successful, which made them effective at ruling out unsuccessful coping strategies for the future. Harris et al. (2006) made a similar finding in that couples with a depressed partner would often resort to trial-and-error in their efforts to find effective coping strategies. The researchers noted that couples would “stumble along” trying to create coping strategies that would work for them. As participants in the current study also found, using *integration* by learning over time and ruling out ineffective coping strategies proved to be most beneficial.

Participants also reframed tensions by creating solutions together. By navigating *openness/closedness*, participants were able to find ways to improve as a couple; they learned appropriate times to be open and closed with each other surrounding a depressive episode. This ensured that each partner had a voice in the solution and were not solely focused on the depressed partner. Harris et al. (2006) found that even though non-depressed partners could not fully understand their depressed partner’s needs, they still worked to find solutions together even if that meant the non-depressed partner had to attempt a solution on their own. Working together as a couple to create solutions built strength, trust, and mutual understanding. While reframing and creating solutions together may be one of the most difficult and time-consuming coping strategies, it can be one of the most beneficial for the couple as a unit.

### **Practical Implications**

This research explained the unique contradictions, struggles, and coping strategies couples used when one partner was diagnosed with depression and explored how both partners had issues due to the depressed partner’s depression. The results highlighted

specific issues couples faced that can be used as a basis for future research and suggested concrete coping strategies that both depressed and non-depressed partners used, which can be applied to future research or to couples in the same situation who are looking for answers.

This project uncovered several healthy coping strategies couples used when managing the depressed partner's depression. For depressed partners, one positive coping strategy was open communication with both their partner and with friends. Open communication was most beneficial for depressed partners when it was not forced; depressed partners enjoyed having the ability to be open without feeling as though their partner required it. Sometimes open communication helped a depressed partner get through an episode, and other times it proved useful when discussing the episode once it was over. Open communication with friends was also used as a coping strategy, and disclosure to friends who also suffered from depression was beneficial. Having someone else that understood what they were going through proved to be invaluable, as depressed partners were able to confide in them without having to explain everything in detail.

A similar coping strategy for non-depressed partners emerged. Talking about their partner's depression and the struggles they faced allowed the non-depressed partners to receive outside advice. The open communication with friends was even more beneficial if it came from someone who also suffered from mental illness, since those friends were able to more accurately understand what their depressed partner was going through and could provide specific advice tailored to their situation. Even if a non-depressed partner did not disclose information to someone else in a similar situation, any type of communication with friends proved helpful.

Coping strategies were also developed for the couple as a unit. One positive coping strategy that was repeated by participants was open communication. While choosing to be open can be difficult, especially for the depressed partner, having open communication by both partners helped them cope and manage the depression. Open communication provided a way for depressed partners to express their feelings and struggles with their partner, and this allowed the non-depressed partner to better understand where their partner was coming from and learn more about their depression. Open communication helped couples prevent arguments and issues preemptively. If each person within the relationship was willing to communicate, they could avoid certain struggles that arose from poor communication.

Furthermore, privacy management was important for couples when managing the depressed partner's depression. Privacy management was a way that depressed partners could have some sense of control over their depression by regulating who their partner could talk to regarding their depression and what information they could disseminate. Most non-depressed partners recognized this as the depressed partner's information and were willing to accommodate to their partner's requests. In this way, couples could work together by creating boundaries and following them to avoid trust issues and dissemination to people outside of the relationship.

Depression communication is multi-faceted and includes many different sub-sections of study. It is important to the study of interpersonal communication because depressed people have their own trends and patterns they tend to use when communicating. Depressed and non-depressed people need to be aware of these

tendencies so that they can better understand why depressed people communicate the way that they do and to learn the best ways to communicate with them.

### **Strengths, Limitations, and Future Research**

Unlike previous psychology-based studies on depression in romantic relationships, this study provided insight into what depressed and non-depressed partners both need during a depressive episode in order to cope with and manage the episode. It is important to understand the dyadic tensions at play. By using RDT as a framework, the tensions and contradictions became more evident. Most research about depression and relationships is psychology-based; this study filled a gap by providing a communication-based approach to learning about how couples experienced and managed depression in their relationships. There was a good variety of dating and married couples, which provided a continuum of results based on experiences and amount of time spent together. There was also a varied amount of relationship length in the sample, which proved beneficial in the results.

However, there were also several limitations to this study. First, there were only 11 participants in the study. In order to achieve greater richness and generalization, future research should endeavor to increase the sample size. There were also fewer non-depressed partner participants when compared to depressed partners that chose to participate. While the lack of non-depressed partner participants could be explained based on privacy management rules, a more even distribution of depressed and non-depressed partners is needed to fully capture the unique tensions experienced by non-depressed partners. Additionally, all participants were under 40 years old and were majority Caucasian. An ideal sample size would include a wider variety of ages and ethnicities.



Participants were also not selected from the same relationship, so no depressed and non-depressed partners who participated in the study were in a relationship together. Having the unique perspective of each partner from the same relationship could provide valuable information and insight that was lost in this study.

Future research needs to continue to analyze the unique situations that couples face when there is one partner that suffers from depression. While this study adds to the growing body of communication-based research on this topic, more studies need to be grounded in communication theory. Future work might also consider the relationship between the length of relationship and successful coping strategies among couples. Specifically, it would be interesting to trace the development and maturation of maintenance strategies. Some results in the present study alluded to this, but a comprehensive picture did not emerge. Finally, further research is needed to address the lack of awareness non-depressed partners have about their own communication skills in the relationship. Since most non-depressed participants were focused on how communication breaks down in light of their partner's depression, many may not have been aware of their own miscommunication and poor communication skills. This is a topic that could add to the communicative body of knowledge surrounding depression communication.

## **Conclusion**

By learning more about the unique communicative struggles and tensions that these couples faced, the body of communicative depression research is growing. This research provided a deeper understanding of the specific tensions couples face when one partner suffers from depression. While other relationships may deal with similar issues,

the couples in the current study faced unique tensions surrounding communication and coping strategies due to depression. Although many other tensions and maintenance strategies exist, expanding and dissecting a few of the most common ones helps researchers better understand what these couples face from a communicative standpoint. This research also provides a glimpse into negative coping strategies that were used and how those can also impact the relationship. Studying the contradictions that romantic partners face when one person suffers from depression helps both researchers and people in similar situations learn and better understand what they face on a daily basis. By successfully identifying existing tensions, both depressed and non-depressed partners were better able to develop successful coping strategies. A variety of tensions and coping strategies were outlined, and more may be discovered through future research.

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# Appendices

## Appendix A: IRB Consent Form



### INFORMED CONSENT DOCUMENT

**Project Title:** Tell Me What You Need: An Examination of Dialectical Tensions Within Romantic Relationships with Depressed Partners

**Investigator:** Leah Goodwin, Department of Communication, Western Kentucky University  
E-mail: [leah.pendley569@topper.wku.edu](mailto:leah.pendley569@topper.wku.edu)

You are being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement to participate in this project.

**You must be 18 years old or older to participate in this research study.**

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have to help you understand the project. A basic explanation of the project is written below. Please read this explanation and discuss with the researcher any questions you may have. If you then decide to participate in the project, please sign this form in the presence of the person who explained the project to you. You should be given a copy of this form to keep.

- 1. Nature and Purpose of the Project:** It is my understanding that the purpose of this project is to explore how depression influences communication between romantic couples.
- 2. Explanation of Procedures:** It is my understanding that the researcher will conduct individual interviews, approximately 30 minutes in length, during which I will be asked some questions about the tensions experienced and methods partners develop to cope with communication problems because of depression.
- 3. Discomfort and Risks:** It is my understanding that this study places me at little to no risk. The probability of harm anticipated is no greater than I would encounter in everyday life.
- 4. Benefits:** While this study offers no direct benefits, it is my understanding that I will have an opportunity to give my opinions and experiences which will help generate knowledge that helps us understand better how depression influences partner communication.
- 5. Confidentiality:** It is my understanding that my responses will be kept strictly confidential. Records will be viewed, stored, and maintained in private, secure files only accessible by the researcher and faculty sponsor for three years following the study, after which time they will be destroyed. All participants will be assigned pseudonyms to ensure confidentiality, and any other subject identifiers will be altered or reported only in comprehensive form.

WKU IRB# 20-166  
Approved: 12/13/2019  
End Date: 5/01/2020  
EXPEDITED  
Original: 12/13/2019

6. **Refusal/Withdrawal:** Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

*You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

- I agree to the audio/video recording of the research. **(Initial here)** \_\_\_\_\_

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT  
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY  
THE WESTERN KENTUCKY UNIVERSITY INSTITUTIONAL REVIEW BOARD  
Robin Pyles, Human Protections Administrator  
TELEPHONE: (270) 745-3360



WKU IRB# 20-166  
Approved: 12/13/2019  
End Date: 5/01/2020  
EXPEDITED  
Original: 12/13/2019

## Appendix B: Interview Protocol- Depressed Partner

1. Tell me a little about your relationship with your romantic partner.
  - a. Specifically, how did you meet, how long have you known them?
  - b. What brought you together?
2. When and how did you first reveal your depression to your partner?
  - a. How did they react to that news?
  - b. How has your depression been treated?
3. In what ways do you think your depression affects your communication with your partner?
4. What are the most difficult things to talk about regarding your depression?
5. Describe the communication between you and your partner on a day-to-day basis.
6. Describe the communication between you and your partner during a depressive episode.
7. What do you personally need from your partner when you go into a depressive state?
8. Tell me about a time when your partner communicated in a way that contradicted what you needed.
9. Describe the successful coping strategies you used when faced with this contradiction.
10. Tell me about a time when you tried a coping strategy that didn't work.
11. How have the coping strategies you use changed over time?
12. How, if at all, have your needs changed over time?

13. What is most helpful about your partner's communication with you? Can you provide an example?
14. What is most unhelpful about your partner's communication with you? Can you provide an example?
15. What do you think your partner needs from you when you are in a depressive state?
16. Tell me about a time when you communicated in a way that contradicted what your partner needed.
17. Describe the successful coping strategies your partner used when faced with this contradiction.
18. Tell me about a time when your partner tried a coping strategy that didn't work.
19. How have your partner's coping strategies changed over time?
20. How, if at all, has your partner's needs changed over time?
21. What is most helpful about your communication with your partner? Can you provide an example?
22. What is most unhelpful about your communication with your partner? Can you provide an example?
23. How, if at all, does your communication with your partner change after a depressive episode?
24. How do you communicate about your depression with other family members? Do they know?
  - a. Has your communication with family members been different since your depression was revealed? If so, how?

25. How does your partner communicate about your depression with other family members?
- a. Has your partner's communication with family members been different since your depression was revealed? If so, how?
26. How do you communicate about your depression with friends? Do they know?
- a. Has your communication with friends been different since your depression was revealed? If so, how?
27. How does your partner communicate about your depression with friends?
- a. Has your partner's communication with friends been different since your depression was revealed? If so, how?
28. If you could provide advice to other couples touched by depression, what would you advise them to do or say?
- a. What have you tried that didn't work?
  - b. What have you found to work?
29. What is your age?
30. What is your gender?
31. What is your ethnicity?

### Appendix C: Interview Protocol- Non-depressed Partner

1. Tell me a little about your relationship with your romantic partner.
  - a. Specifically, how did you meet, how long have you known them?
  - b. What brought you together?
2. When and how did your partner first reveal their depression to you?
  - a. How did you react to that news?
  - b. How has their depression been treated?
3. In what ways do you think your partner's depression affects your communication with your partner?
4. What are the most difficult things to talk about regarding your partner's depression?
5. Describe the communication between you and your partner on a day-to-day basis.
6. Describe the communication between you and your partner during a depressive episode.
7. What do you personally need from your partner when they go into a depressive state?
8. Tell me about a time when your partner communicated in a way that contradicted what you needed.
9. Describe the successful coping strategies you used when faced with this contradiction.
10. Tell me about a time when you tried a coping strategy that didn't work.
11. How have the coping strategies you use changed over time?
12. How, if at all, have your needs changed over time?

13. What is most helpful about your partner's communication with you? Can you provide an example?
14. What is most unhelpful about your partner's communication with you? Can you provide an example?
15. What do you think your partner needs from you when they are in a depressive state?
16. Tell me about a time when you communicated in a way that contradicted what your partner needed.
17. Describe the successful coping strategies your partner used when faced with this contradiction.
18. Tell me about a time when your partner tried a coping strategy that didn't work.
19. How have your partner's coping strategies changed over time?
20. How, if at all, has your partner's needs changed over time?
21. What is most helpful about your communication with your partner? Can you provide an example?
22. What is most unhelpful about your communication with your partner? Can you provide an example?
23. How, if at all, does your communication with your partner change after a depressive episode?
24. How do you communicate about your partner's depression with other family members? Do they know?
  - a. Has your communication with family members been different since your partner's depression was revealed? If so, how?



25. How does your partner communicate about their depression with other family members?
- a. Has your partner's communication with family members been different since their depression was revealed? If so, how?
26. How do you communicate about your partner's depression with friends? Do they know?
- a. Has your communication with friends been different since your partner's depression was revealed? If so, how?
27. How does your partner communicate about their depression with friends?
- a. Has your partner's communication with friends been different since your partner's depression was revealed? If so, how?
28. If you could provide advice to other couples touched by depression, what would you advise them to do or say?
- a. What have you tried that didn't work?
  - b. What have you found to work?
29. What is your age?
30. What is your gender?
31. What is your ethnicity?

## Appendix D: Member Check Attestation

The role that I played in Leah Goodwin's research was that of a participant who also provided a member check as described by Lincoln and Guba (1985). I was asked to review the findings and interpretations of the study and offer feedback on the extent to which I believed the summaries represented my own views, feelings, and experiences.

The central purpose of the member checking procedure was to establish authenticity and credibility by allowing someone other than the researcher to confirm the accuracy and completeness of the data and interpretations. Through the process, I had the opportunity to assess the adequacy of data, to correct perceived errors, to confirm and/or challenge interpretations, and to offer additional information as necessary.

Attested by: \_\_\_\_\_

(Participant Name)

Date: \_\_\_\_\_

Source: Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.