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Exploring Depression and Coping Strategies among the Widowed and Divorced Working Women

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ABSTRACT

The present investigation was designed to explore the prevalence of depression among single married working women (widow and divorced) to see the relationship between tribal and non-tribal with special focus on their coping strategies. The data was collected from 100 widowed and divorced women (50=divorced; 50=widows). In both the groups of women, 25 were tribal and non-tribal women in each group. The correlational analysis was done to find out the relationship of depression, and coping strategies between the above mentioned groups. The results also indicate that depression is significantly higher among widow than the divorced participants both in case of tribal and non-tribal than the divorce tribal and non-tribal and as well the coping style is significantly better and effective in case of divorced tribal and non-tribal than the widow tribal and non-tribal. Therefore, the results indicate that better the coping style lower the depression.

Keywords: Depression, Coping Style, Widow, Divorced Women

World Health Organization has ranked depression as leading cause of morbidity in developing nations like India. The dreary aspect of depression is that is itself being an illness breeds many other sorts of health hazards. Generally, it refers to a set of conditions, which lead to the deterioration of both physical and psychological functioning and is referred to as common cold of psychopathology at once familiar and mysterious. Feldman (1990) on the basis of review of empirical evidences suggested that women are prone to the spells of depression, ranging from mild through moderate to major depressive disorders.

The women in general and widows and divorced in particular confront depression directly in three visible areas, family, working place, and society that affects their physical and psychological health. Singh (2000) has concluded that in India, frequency of mental illness is

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higher in females than males and the genesis of mental illness is more social psychological than biological. Jaco (1980) has found that manic-depressive disorders were significantly higher among divorced than among the married and 66.9% of Khorana's (1989) sample were widows who have developed heart disease. The women-without-men are more or less prone to depression which is a form of mental illness that remains almost invisible due to lack of knowledge of its symptoms on the part of the individual and specifically, the tendency of scarifying their health among women for their family members. Many other times, its symptoms are overlooked and taken for granted as normal occurrence (Broota and Kumari, 1998).

In the patriarchal system of India society widowhood and divorce hood are depression generating events in life. These events still encompasses social restrictions, curtailed social participation, feeling of insecurity and many other socio-economic and health problems including depression, anxiety, tension (Hussain and Sharma, 1994; Khan and Khan,1994; Singh and Misra,1987; Khorana, 1989; Srivastava and Sinha, 1989). A part of their problems are due to their being women living under stressful conditions. Besides, Premi (2004) has argued that much of their problems arise out of their status of being a 'women-without-men'. The significance attached to the word without-men is that these women due to loss of their husbands play certain roles and do certain works which otherwise would have been done by their husbands.

Widowed and divorced/separated women constitute significant proportion of the nation's population. As per Census of India 2011, widowed/divorced/separated (W/D/S) females constitute 8.2 percent of the total population. They are unevenly distributed in all parts/States of India ranging from 4.7 percent lowest to 12.4 highest in Bihar and Kerala respectively. Percentage distribution of population by marital status and sex is given in table 1.1.

Table 1.1Percentage distribution of population of India by marital status and sex

Sex	Marital Status			
	Never married	Married	W/D/S	
Male	52.5	45.2	2.3	
Female	42.9	48.9	8.2	
Total	47.8	47.0	5.2	

Source: Census of India, 2011 (Total may not add to 100 percent due to rounding)

The data in table 1.1 reflects that the proportion of women-without-men is higher than 'menwithout-women' at national level by 5.9 percent. These signify that women tend to remain widowed or divorced for longer time than their marital partners. The State of Himachal Pradesh has also considerable population of such females. Data for the State of Himachal Pradesh is tabulated in table 1.2.

Table 1.2 Percentage distribution of population of Himachal Pradesh by marital status and sex

Sex	Marital Status	Marital Status			
	Never married	Married	W/D/S		
Male	51.1	46.4	2.5		
Female	40.0	50.9	9.2		
Total	45.4	48.7	5.9		

Source: Census of India, 2011 (Total may not add to 100 percent due to rounding)

In respect of widowed/divorced/separated population, it can be seen that average W/D/S population is 5.9 percent in HP which is higher than the national average of 5.2 percent. In case of females i.e. women-without-men, the average is 9.2 percent which is also more than the national average of 8.2 percent by 1 percent in Himachal Pradesh.

It is argued that in the traditional societies where men tend to earn for family and women work inside home, widowhood and divorce hood put a pressure on such women for making living of their family by working outside home. While working outside home, for survival, is a compulsion for them their stressful life events tend to increase and the working conditions for widowed and divorced women have never been conducive for their physical and psychological health (Pandey and Srivastava, 2000). Thus, it may be said that they constituted signification proportion of the population and their health concerns deserves to be given serious attention.

Concept of Depression and Coping

Depression is understood as a form of mood disorder. The mood associated with normal depression vary in length, sleep difficulties, eating problems and thoughts of despair and at the end of disorder spectrum is psychotic depression, in which a person lose contact with reality, and may develop delusion and retardation. Though it is difficult to ascribe universally accepted symptoms of depression, the following symptoms have been found to have been existing in the person living with depression:-

- 1. *Mood*: It is estimated that more than 90% of depressed people experience prolonged moods of sadness and crying occurs not only in response to specified experiences, but also because of miner frustration and sometime even for no apparent reason.
- 2. Thought: Depressed persons tend to manifest loss of interest, decrease in energy, inability to accomplish tasks difficulty in concentration, and the erosion of motivation and ambition all combine to impair efficient functioning.
- 3. Behaviour and Appearance: The persons under depression reflect dejected face and attitude. While this may be interrupted by an occasional smile, particularly if he/she thinks that it is expected of him, the smile is usually frozen and superficial that has earned the name mirthless.
- **4.** Cleanliness: Their clothes may be sloppy and even dirty. Personal hygiene may be neglected. Women are, normally, found to be unconscious of their hair.

- **5.** *Speech*: It has been noticed that depressed person's spontaneous speech is reduced and they attempt little to initiate conversation. In very severe cases, retardation becomes so marked that the patient becomes mute and almost stupor.
- **6.** Loss of appetite and weight: The person under depression may show a marked loss of appetite and weight loss particularly as the illness progresses.
- **7.** *Constipation*: It is assessed that when the depression may become quite severe and the patient may have ten days or more without a bowel movement.
- **8.** *Sleep disturbance*: It is found that the person under depression complain of difficulty in falling asleep, restlessness, awaking during the night and inability to return to sleep but quite contrarily some people sleep excessively when depressed.
- **9.** *Aches and pains*: It is ascertained that the patients complain of dry mouth, aches and pains, headaches, neuralgia, tight feelings in the chest, and difficulty in swallowing.
- **10.** *Menstrual Changes*: It is found that depressed women frequently report changes in their menstrual cycle and mostly a lengthening of the usual.

Having the above mentioned symptoms, the person in the state of depression invariably show self-negation and in extreme spell of depression, he may attempt or commit suicide. Further, it is also found that there is variation in characteristics of depression across life span. Bogadia et al (1974) have observed that the cases of depression showed higher incidences during monsoon period. Based on depression variations, depression has been classified into two categories-Manic Depressive Type and Depressive Type (Carson and Butcher,1992). While manic depressive type includes, hypomania, acute mania, hyper-mania, depressive type is a state of emotion marked by sadness, feeling of loss of interest in life activities The DSM-IV attempts to differentiate depression from normal sadness along the history and is manifested in seasonal affective disorder, dysthymia, mild depressive, moderate depression, major depression, and depressive stupor. The other kind of classification of depression involves simple depression, acute depression, hyper acute depression and agitated depression.

Depression has been found to been influenced by biological and psychological factors (Money and Ehrhardt, 1972; Wig et al, 1969; Sethi and Gupta, 1970) like heredity, age, gender, family genetics, hormonal imbalance, and medical conditions. In case of women it is estimated that women are two to three times more likely than men to suffer from depression. Many empirical evidences have supported this view that women are more prone to depression due to gender and social position and the various life events. However, the human beings have tendency to manage their balance by way of coping strategies.

Coping, in general, is defined as effort, both action-oriented and intrapsychic, to manage i.e. master, tolerate, reduce minimize environmental and internal demands with a motive to reduce conflicts. Empirical evidences have shown than depressed people cope with stressful events (Haghighatgou, 1995). Dise-Lewis (1988) has found that life stress was significantly correlated

with measures of anxiety, psychosomatic symptoms and depression. In the same line, Kolence et al (1990) studied the relationship of mild depression to stress and coping and administered the Beck Depression inventory. Their result suggested that depressed subjects were engaged in less problem focused coping than non-depressed subjects. Desenova et al (1994) in their study of depression and copying style revealed a significant main effect for emotion focused coping on depression. Subjects who used more emotion-focused coping also experienced more depression. No interaction effects or main effects for problem-focused coping were found.

Objective and Hypothesis

Having the foregoing background and a brief review of literature, it has been presumed that that depression would be negatively correlated with coping strategies and low coping strategies leads to high depression.

For testing this hypothesis, and given to widowed and divorced women's high probability for undergoing depression on account various socio-economic, biological and psychological factors, it has been decided to assess the depression and copying strategies of widowed and divorced working women. Further, in the study are also lived tribal women, therefore, it was also endevoured to seek assessment of depression among widowed and divorced women separately for tribal and non-tribal women.

MATERIAL AND METHODOLOGY

This study has been carried out in the Shimla city of Himachal Pradesh. This city is the capital of the State and comprises of the population from different part of the State. Besides, this city being main hub for employment in governmental and non-government sector as most of the State offices, Universities and other educational institutions are situated in and around this city.

Correlational design was used to study the relationship between depression, and coping style among the sample of the study on these variables. The sample is of 100 working women (50 widowed+50divorced). In the each ground of widowed and divorced women, 25 were of tribal origin and 25 were non-tribal.

The sample was given Multidimensional Coping Inventory Scale (Charles et al, 1989). Five scales of multidimensional coping inventory (four items each) measure conceptually distinct aspects of problem focused coping (active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental and social support), five scales measures aspects of what might be viewed as emotion focused coping (seeking of emotional social support, positive reinterpretation, acceptance, turning to religion and denial) have been used. Further, for scoring, responses choice of each question was given the weight age from 1 to 4. Each response choice that the subject responds as right was summarized up for active coping, planning, and suppression of competing activities and so on for the ten sub-scales. The sample was also

administered Hindi Version of Beck's Depression Inventory (1961). The scale is used for measuring attitudes and symptoms associated with depression. It is a 21-items scale with the total score ranging from 0 to 63. Although, these have been some controversy concerning the use of the BDI Beck, Steer and Garbin (1998) has reviewed a large number of studies that demonstrates the reliability and validity of the measure. In this, score of twenty-one questions will be added and the total score will be obtained. The highest score or each of the twenty-one questions is three; the highest possible total for the whole-test is sixty-three. The lowest possible score for the whole test is zero.

The participants of the study were contacted through resource women, who were requested to arrange interaction session with tribal and non-tribal widow and divorced employed women respectively. In this session the participants were given a brief overview of the concepts of depression, and coping style. After that they were contacted individually by the investigator and were assured that the information given by them would be kept confidential. After establishing a good rapport with the subjects, they were asked to respond any one alternative of each item by marking a tick. They were again assured that the data so collected should only be used for academic purpose. After collecting all the questionnaires, scoring was done as per the instruction given in the scoring manuals of each variable of depression and coping style.

RESULTS AND DISCUSSION

The present investigation was designed to explore the prevalence of depression among single married working women (widow and divorced) to see the relationship between tribal and non-tribal with special focus on their coping strategies. The data was collected from 100 widowed and divorced women (50=divorced; 50=widows). In both the groups of women, 25 were tribal and non-tribal women in each group. The correlational analysis was done to find out the relationship of tribal, non-tribal widow and divorced women with depression, and coping strategies on these variables between the above mentioned groups.

First of all, inter-correlations among coping style and depression were computed. The results indicated that depression is significantly and negatively correlated with copying style (r=-.302**, P<0.01) in whole group (N= 100) of tribal and non-tribal, widow and divorced employed women. To be specific, in case of tribal women (N=50), depression is significantly and negatively correlated with copying style (r=-.232*, p<.05) and that the depression is correlated negatively and significantly with copying style (r=-.299*, p<.05) in case of non-tribal participants (N=50). The depression score for tribal widows is significant (r=-.588**, p<0.01) and negatively correlated with copying style. In case of non-tribal widows, depression is significantly and negatively correlated with copying style (r=-.312*, p<.05).

In case of tribal divorced women, depression is significantly and negatively correlated with copying style (r=-.241*,p<.05) and that the depression is negatively and significantly correlated

with coping style among non-tribal divorced (r=-.490*,p<.05). In nutshell, the results indicate that depression is significantly and negatively correlated with copying strategy among tribal widows, tribal divorced and tribal in whole; non-tribal widows, non-tribal divorced and non-tribal in whole and tribal and non-tribal in whole employed women participants.

It can be summarized that depression is negatively and significantly correlated with coping styles in all the participant groups which state that higher the level of depression lower the use of effective coping styles. And Further, the results also indicate that depression is significantly higher among widow than the divorced participants both in case of tribal and non-tribal than the divorce tribal and non-tribal and as well the coping style is significantly better and effective in case of divorced tribal and non-tribal than the widow tribal and non-tribal. Therefore, the results indicate that better the coping style lower the depression. These findings do find support through some others direct and indirect studies who have reported that problem-solving and affective regulation styles of coping were correlated negatively with depressive symptoms and that emotional discharge and avoidance styles of coping were correlated positively (Coyne et al, 1981). Thus on the basis of discussion it can be safely inferred that depression is negatively related with coping style and the hypothesis that there is significant difference on depression among tribal and non-tribal widows and divorces women.

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REFERENCES

- Beck., A. T., Ward, C. H., Mendleson, M., Mock, J. & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-71.
- Bogadia, V. N., P. V. Pradhan, I. P. Shah (1974), "Ecology and Psychiatry in Bombay." *International Journal of Social Psychiatry*, 40-302.
- Carson, R. C.; James N. Butcher (1992) *Abnormal psychology and Modern Life* (9th edition). New York: Harper Collins.
- Census of India (2011). www.Census2011.co.in./census/city/4-shimla.html.
- Coyne, J. C; Cotlib, I. H. (1983), "The role of cognition in depression: A Critical appraisal". *Psychological Bulletin*, 4, 472-503.
- Dise-lewis, Jeane D. (1988), "The Life Events and coping inventory: An assessment of stress in children". *Psychosomatic Medicine*, 50(5), 484-99.
- Feldman, S. Shilley; Fisher, Lawrence; Ransom, Donald C; and Dimiceli; Sue. (1995) "Sex differences in relations between adolescent coping and adult adaptation." *Journal of Research on Adolescence*, 5(3), 333-59.

- Haghighatgou, Hedien; &Plterson, Christopher, (1995), "Coping and depressive symptoms among Iranian students." Journal of Social Psychology, 135(2), 175-80.
- Jaco, A. G. (1960), The Social Epidemiology of mental Disorders. New York: Sage Foundation.
- Khorana, Suman A. (1989), "Psychological Risk Factors in Ischemic Heart Disease." Indian *Journal of Clinical Psychology*, 16, 13-17.
- Kolence, Koleen M; Hartley, Duane & Murdock, Nancy L. (1990), "The relationship of mild depression to stress and coping." Journal of Mental Health Counseling, 12(1), 76-92.
- Levitt, E. E. & Lubin, B. (1975), Depression. New York: Springer Publishing.
- Pandey, Shushma, Srivastaya, Shipra (2000), "Coping with work Stress: The role of Job Category, Family Type and Job Tenure" Journal of Research And Applications in Clinical Psychology, 3, 18-21.
- Premi, Rajender K. (2004), Working Women, Living without Men: A Sociological Study. An Unpublished M. Phil Dissertation, HP University, Shimla.
- Sethi, B. B. & Gupta, s. C. (1970), "An epidemiological and cultural study of Depression" *Indian* Journal of Psychiatry, 12, 13-22.
- Singh, Jitendrakumar (2000), "Psychological intervention for Facilitating mental health in village: An Experimental report." Journal of Research and Application in Clinical *Psychology*, 3, 28-32.
- Srivastava, G. P., Sinha, S. P. (1989), "Stressful Life Events and Health' Indian journal of Clinical Psychology, 16, 26-28.
- Wig N. N. H. C. Verma, D. K. Shah(1969), "Parental depression and Mental Illness". Indian Journal of Psychiatry, 11, 1-6.

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