A socio-cultural model of depression

Brown & Harris (1978) carried out a classic study to see to what extent social and cultural factors may play a role in the onset of depression in women. Their study is still used today as a model for how social factors may contribute to mental health or dysfunction.

Procedure

The aim of the study was to investigate how depression could be linked to social factors and stressful life-events in a sample of women. 458 women in South London were surveyed on their daily life and depressive episodes. The researchers focused on important biographical details - that is, particular life events or particular difficulties faced by the women. These events were later rated in severity by independent researchers.

Results

Generally there was a large effect of social class as measured by the occupations of the women's husbands on the development of depression in women with children. Working class women with children were four times more likely to develop depression than middle-class women with children.

8% of all the women - that is, 37 in total - had become clinically depressed in the previous year. 33 of these women (nearly 90%) had experienced an adverse life event (e.g. loss of a loved one) or a serious difficulty (e.g. being in an abusive relationship). Only 30% of the women who did not become depressed suffered from such an adversity. Only four of the 37 women who became depressed had not experienced any adversity.

The researchers identified three major factors that affected the development of depression.

1. **Protective factors** found to protect against development of depression in spite of stressors, e.g. high levels of intimacy with one's husband. These factors lead to higher levels of self-esteem and the possibility of finding other sources of meaning in life.

2. **Vulnerability factors** found to increase risk of depression in combination with particularly stressful life events - called provoking agents in the study. The most significant vulnerability factors were (1) Loss of one's mother before the age of 11, (2) lack of a confiding relationship, (3) more than three children under the age of 14 at home and (4) unemployment.

3. **Provoking agents** found to contribute to acute and ongoing stress. These stressors could result in grief and hopelessness in vulnerable women with no social support.
Discussion of results

The study showed that social factors in the form of life-stress (or serious life-events) could be linked to depression. The fact that working class mothers were more likely to develop depression than middle class mothers showed risk factors associated with social class. According to Brown and Harris, low social status leads to increased exposure to vulnerability factors and provoking agents, whereas high social status was associated with increased exposure to protective factors and decreased exposure to provoking agents.

This was a new way of looking at depression since much research until then had focused only on personality factors and childhood experiences. The study was very important for psychiatry at the time because it was one of the first studies investigating social factors and life stressors associated with the etiology or origin of depression. The study was important in that it recognized that life events and difficulties could provoke onsets of depression. It also provided a model for investigating the interrelationship between social stressors and depression. The results is also support for Beck's theory of cognitive vulnerability factors.

Evaluation

The study provided a new way of investigating depression with focus on individual experiences and exploration of depression using semi-structured interviews to get an in-depth understanding of the participants' situation as they see it themselves. This increased the reliability of the results. The study provided new methodological insights that were later applied to similar studies.

However, only females were interviewed so the results may not be generalized to men as such, but the relationship between stressful events and onset of depression might be applicable to men as well. In addition, this study is based on self-reporting of depressive episodes. Therefore, it is impossible to accurately determine the actual extent of depression for each of the women interviewed. Finally, this is an example of correlational research. Though there appears to be a relationship between stressful events and depression, we cannot determine that it is a cause and effect relationship. As other variables are not controlled for, it is possible that biological vulnerability may also play a role in this study. Further study is clearly needed.

Reference