

## **SOCIAL INTERVENTION RECOMMENDATIONS FOR DEPRESSED WOMEN WITH INSECURE STYLES, CORRELATED WITH RISK FACTORS**

(Cadangan intervensi sosial untuk wanita murung dengan gaya tidak selamat, dihubungkan dengan faktor risiko)

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### **ABSTRACT**

A list of social interventions for insecure and depressed Malay women was recommended in order to enhance their well-being and social functioning. In order to develop an intervention program for insecure and depressed women and to see if these attachment styles related to support, self-esteem, and life events, would also be correlated with depression symptomatology, a preliminary study is crucial. A thousand and two mothers completed questionnaires assessing severe life events (RLEQ), psychosocial vulnerability (VASQ), and the General Health Questionnaire-30 to assess depression. The Attachment Style Interview (ASI) was used to tap attachment styles and Structured Clinical Interview for DSM-IV (SCID) to assess depression. The 61 women interviewed were selected on the basis of high General Health Questionnaire scores from a large questionnaire survey of 1,002 mothers. Findings have shown that 60.5% of single mothers and 39.5% of married mothers have depressive symptoms. Fearful styles were the most common (43.3%) and high proportion of the women exhibited Dual/Disorganised style (29.5%). The study suggested several social interventions: increasing psychotherapy and counselling services, raising public awareness, providing professional training for clinical psychologists and increasing treatment availability.

**Keywords:** *insecure style, attachment, depression, social intervention, Malay women*

### **ABSTRAK**

Kertas kerja menyediakan usulan senarai intervensi sosial untuk wanita murung dan dikenalpasti mempunyai gaya perapatan tidak selamat dalam usaha membantu mereka meningkatkan kesejahteraan dan kefungsiian sosial. Untuk membentuk program intervensi, adalah menjadi satu keperluan mengendalikan kajian awal untuk mengenalpasti gaya perapatan tidak selamat di kalangan wanita Melayu dan untuk melihat sekiranya gaya perapatan yang dikaitkan dengan sokongan, penghargaan sendiri dan peristiwa hidup berhubungan dengan simptom kemurungan. Seramai seribu dua orang wanita yang sekurang-kurangnya mempunyai seorang anak melengkapkan soal selidik peristiwa hidup (RLEQ), faktor psikososial (VDQ), gaya perapatan (VASQ), dan General Health Questionnaire-30 untuk meneliti kemurungan. The Attachment Style Interview (ASI) telah digunakan untuk menentukan gaya perapatan dan Structured Clinical Interview bagi DSM-IV (SCID) untuk diagnosis kemurungan klinikal. Kajian ini mencadang beberapa intervensi sosial: meningkatkan perkhidmatan psikoterapi dan kaunseling, latihan professional untuk ahli psikologi klinikal dan meningkatkan kemudahan rawatan.

**Katakunci:** *Gaya tidak selamat, perapatan, kemurungan, intervensi sosial, wanita Melayu*

### **INTRODUCTION**

Depression is one of the most common mental disorders. Higher rates of depression have been found amongst disadvantage women around the world (Brown & Harris, 1978; Kinyanda et al., 2009). Often these individuals come from poor-family, less educated and lack of social support (Abdul-Kadir & Bifulco, In press; Bifulco et al., 2002a; 2002b; Bilszta et al., 2008; O'Connor & Brown, 1984). Other social investigators revealed that social disadvantage (e.g. low income,

living space), housing difficulties, having more than four young children, being in debt as well as single parental status are correlated to depression symptoms (Husain et al., 2004; Husain et al., 2007; Abas & Broadhead, 1997; Broadhead & Abas 1998). This paper aims to propose social interventions for depressed Malay women who denoted insecure attachment styles but also have been identified as disadvantage group, to help them in enhancing their well-being and social functioning. Previous studies reported that cognitive-behavioural therapy is among the best method of treating depressed patients (Asarnow, Scott, & Mintz 2002; Butler et al 2006) whilst others suggested psycho-educational, cognitive therapy, behavioral therapy, interpersonal psychotherapy (Reynolds et al., 1999; Shaw, 1977) or counseling together with prescribed medication. One treatment alone does not improve depression symptoms (Miller et al 2001). Evidence has shown that psychosocial and drugs therapy combined is more effective in treating depression patients (Areán & Cook 2002).

To be effective and efficient practitioners, understanding both depression and attachment theory, and risk factors to depression helps them to design a specific therapeutic relationship for clients. In relation to attachment theory, the practitioners need to understand the physical and social development of the child that turned her/his into healthy adult, the needs from attachment figures or primary caregivers in times of distress and what happens if those needs are not met. This fundamental knowledge helps practitioners to draw social interventions in relation to increase the positive self and of others of clients. Dealing with depressed clients in many cases become more complex when involves both the past histories and the present of life experiences. The social workers particularly need to assess, act and make decisions what is best for the clients. Not only assessment is substantially required to explain well the cases but also intellectual input.

Attachment theory was first introduced by John Bowlby (1970; 1982). He proposed a strong bond or special tie between infants and caregiver if broken will cause a great upset and distress, and this early close relationship is important to individual's well-being throughout the lifespan. Childhood experiences of abuse and neglect with their caregivers or parent figures contribute to psychopathology in adulthood (Bifulco et al 2006), reflecting the negative impact of early close relationships. Bowlby (1970; 1982) found out that the infants had shown three responds during separation or loss of mothers: protest, despair and detachment. Protest seems related to anxiety; despair is a period of grief and mourning whilst detachment is more on defense mechanism (Howe et al 1999). These losses and separation from the primary caregivers are the cause of later psychological problems. This article discusses social interventions suitability for depressed women with insecure attachment style, correlated with risk factors.

## **METHOD**

The participants were married and single mothers living in and around Johor Bahru. Most of single mothers were members of Single Mothers Associations. Using house-to-house approaches, 84% of 1,200 participants were agreed to participate, completed and returned the questionnaires. A set of questions consisted of life events (RLEQ; Brugha & Cragg 1990), negative evaluation of self and others (VDQ; Moran, 2001), attachment style (VASQ; Bifulco et al., 2003), and depression measures (Goldberg 1978). These standardised measures used were developed in Western countries. All measures were translated into Malay language and then translated it back into English to ensure consistency and accuracy of its meaning. A professional translator with no educational background in psychology or social work was employed. The

sample consisted of 486 single mothers and 516 married mothers. All of them are Malay women and Moslems by religion. This study was carried out in Johor Bahru from April to September 2006. A subsample of 61 depressed women was approached for further interviews to validate depression and examine supportive relationships in relation to attachment styles. A complete description of research design and statistical analysis was described elsewhere (Abdul-Kadir, 2009).

## **RESULTS AND DISCUSSION**

### **a) Executive summary of findings**

Results had shown that in terms of depression rates, single mothers are double than that of married mothers (60.5% vs. 39.5%) (Abdul Kadir & Bifulco, in press). Higher rates of stressful life events (56.1% vs. 43.9%) and negative element in close relationships (57.4% vs. 42.6%) have been found in single mothers whilst low self-esteem in married mothers (58.2% vs. 43.8%) (Abdul Kadir & Bifulco, in press). In term of insecure style, Fearful were the most common (43.3%), followed by Enmeshed (22.6%). When combined as 'Anxious' styles these accounted for 66 per cent of the sub-series. Avoidance was much less common (17%) comprising 12 per cent Withdrawn and 5 per cent Angry-Dismissive. However, a high proportion of the women exhibited Dual/Disorganised style (29.5%). Results also found that those with a high SCID score for depression was found among those with Fearful style (36%), followed by Dual/Disorganised style (29.5%) (Abdul Kadir 2009).

This study has shown vulnerability and stress factors to depression amongst Malay women, residing in Johor Bahru. The risk factors identified in UK women were similar to those women studied in this sample, correlated with depression. The study was also showed the difficulties experienced by these women in relation to unsupportive partnerships, poor support from family and friends and this was largely explained by their higher social deprivation, greater number of life events and difficulty in interpersonal relationships.

In order to increase self-awareness and public awareness of depression, it is suggested that intervention and prevention programmes should be taken seriously as public policy in order to improve understanding and treatment of depression. Different interventions relevant to the study are outlined below.

### **b) Social intervention**

**Raising public awareness:** At national level, the government, private sectors and the NGOs should be offering useful information on depression and its alleviation and treatment. This can be done through campaigns, public talks, and website and leaflet distribution. Experience in the UK (e.g. Defeat Depression Campaign, Paykel, Tylee, Wright et al., 1997) suggests that mental health campaign can be effective, but should be continuously organised every four to six months in order to change perception and attitudes toward mental illness. Such campaigns could be undertaken through electronic media, newspapers and the internet as well as local sources. In the USA public awareness has been raised by life talk television programmes. Thus members of the public such as depressed patients and carers, are invited to discuss depression and share their views and life experiences in order to reduce social stigma. This is important since social stigma of mental illness contributes to lack of mental services utilization. Campaigns are necessary in educating the general public about depression and the availability of treatment, in order to encourage people to seek professional help at earlier stage. It is also necessary to further train

health professionals particularly general practitioners in the importance of recognition and management of depression (e.g. guidelines should be provided as in the UK). Managing depression needs to occur in primary care settings to be effective. Given most women with children visit their GPs on a regular basis, this is an ideal location for providing information and treatment (Goldberg & Gournay, 1998; Plummer & Gray, 2000). Counsellors or social workers would ideally also be available in primary care teams. In terms of screening tools, the GHQ-30 could be used for identifying disorder among GP patients.

As Malaysia encourages its people to actively use the internet, campaigns focused on internet users could promote awareness, early detection of depression and intervention. This web based intervention should develop interactive website with useful information about depression for women. This informative website should offer a simple explanation about prevalence rates of depression, symptoms of depression, risk factors to depression, clinical treatment and women's attitudes toward depression. An interactive screening tool for depression such as GHQ-12 would be useful to internet users. This would educate the internet users in recognizing depressive symptoms. Similar sites have been established in Australia (<http://www.blackdoginstitute.org.au/>) and other European countries.

**Support groups:** Evidence suggests that support groups may help depressed people to find a positive alternative to overcome depression and develop greater wellbeing (Houston, Cooper & Ford, 2002; Zlotnick, Johnson, Miller, Pearlstein & Howard, 2001; Chen et al., 2000; Klemm & Hardie 2002). The support group process is often moved forward by conveners who have had personal experience of disadvantage or depression. It would be beneficial to introduce such groups into Malaysian society. To be effective, it is suggested that each group should consist of 6-10 depressed people. There are several advantages of support group: members of support group learn that they are not alone in dealing with depression, they are able to speak about their life experience because they are in a friendly and accepting situation, they can initiate social and supportive contact with other participants in the group where emotional needs can be more fully met and they can become more self-analytical. The program should be designed to help participants change and provide the opportunity for them to put the change into effect. The group would then facilitate a chance to moved on from past vulnerable relating and encourage new opportunities. A specific program such as improving self-esteem, increasing and maintaining close relationships, shyness and social anxiety program could all be offered to reduce risk to depression.

**Befriending:** In Malaysia, befriending groups were formed in 1970 with the assistance of psychiatrists and psychologist from the University Hospital at Kuala Lumpur. However, there is little information about Befriending and services on television, radio or newspapers. Fears of sharing problems with outsiders can be the reason that this service is not popular among Malaysians. However, this fear can be overcome by informing people of the principle of confidentiality and the importance of relieving their distress by talking to people who are will not judge them. Therefore, Befriending with chronic depression is strongly recommended for Malaysian women and improvement is needed for this service. Befriending has been shown to be successful in the UK and has been applied widely. Harris and colleagues evaluated Befriending for chronically depressed women in London, UK and found that 65 per cent to 75 per cent of depressed women who were offered Befriending recovered compared with 39 per cent in the control series (Harris, Brown & Robinson 1999a). To enhance the effectiveness of Befriending, the researchers suggested that this intervention should offer a fuller package including training in

social skills, drug treatments and cognitive therapy where necessary. The advantage of the Befriending is its availability in natural settings by non-professionals generally acceptable in the community. Given the intervention is relatively cheap, the overall impact is good in relation to cost-benefit. Therefore, befriending with chronic depression is another promising service which could be offered widely to depressed women in Malaysia at relatively low cost.

**Self-help:** A self-help group is one which involves members with disadvantage in common (e.g. depression) as well as people who are caring for family members and friends with depression. The purpose of self-help groups is to offer emotional and social support to members, to improve their coping skills and sense of self worth. This happens through sharing, learning, listening and helping others to feeling less alone and facilitating self-growth. Online self-help is also potentially available. This type of self-help could offer a worldwide network support from peers, enabling sharing of experience, understanding and information. The internet overcomes barriers of time, distance and disability. It would be suitable to those with practical constraints against joining local groups and for those who were too avoidant or fearful to share their feelings face to face.

**Couple-relationship services:** It is timely for the Malaysian government to consider providing more couple-relationship services. This service should be offered to couples or individuals who are having difficulties in marriage or trouble with a relationship. The role of the counsellor in such services is to help clients think about their relationships and resolve some of the conflicts and tensions. In Malaysia there is almost no attention given to couple relationship services. Moslem women if they do seek advice will go to religious officials who act as counsellors at the Islamic Religious Department before filing for divorce. But most religious officials are not trained in counselling or any psychotherapy for couples and the point of planning divorce may be too late to act as preventative work. A couple-relationship service could offer a safe and confidential environment to encourage individuals and couples to explore their relationships with guidance from professional counsellors. This helps them to identify and clarify the root of the problems, therefore enhance positive change. Its role could also be to avert domestic violence as a means of exerting authority and encourage better communication and respect in marriages.

**Workplace interventions:** Depression is a significant problem to employees and effects productivity in the workplace, and leads to absenteeism, poor interpersonal interactions and lower quality of life. Helping to treat employees with depression could provide great benefits for employers. This could be done by offering medical insurance to allow employees to gain more effective treatment. Educating employers and employees about depression, depressive symptoms and treatment would also enhance their understanding of the disorder and ideally make the employers offer more emotional and financial support early prior to full disorder ensuing. Education about depression would also reduce stigma towards employees with depression and allow for more acceptance in the workplace.

## CONCLUSION

Public issues such as effectiveness of information campaigns, quality of service and availability, shortage of professional practitioners and public awareness of depression require some improvements. Integration from multi-agencies including government, private sectors and NGOs would be effective in enhancing public awareness of depression and prevention at early stages. Community-based resources to cater for the needs of women and their families would be an

inexpensive way of meeting such needs. This would help many women from various backgrounds in improving their quality of life. Self-help groups, Befriending and couples services could be offered and included in social planning. At present there are few interventions in the workplace, even though many Malaysian women are in employment. Web based interventions may be useful for those computer literate who are home-based and require anonymity. To help mothers who have depression, self-help groups are strongly recommended which focus on boosting self-esteem, encouraging self-reliance and increasing a sense of autonomy while also encouraging support-access through Befriending schemes.

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