

Overperception of Spousal Criticism in Dysphoria and Marital Discord

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Depression and marital discord are related to feeling criticized by others, especially by spouses (e.g., Hooley, J. M., & Teasdale, J. D. 1989). This study evaluated the extent to which criticism was overperceived in relation to “actual” spousal critical comments, with actual critical comments being established by independent observers and by criticizing spouses themselves. Using dyadic interaction and questionnaire data from 72 married couples, signal detection and regression analyses suggested that both dysphoria and marital discord were associated with a general bias towards feeling criticized. Marital discord's association with criticality bias subsumed dysphoria's, but dysphoria's did not subsume marital discord's. Criticality bias also accounted for a significant proportion of perceived spousal criticism. A common cognitive process may underlie established associations among perceived criticism, dysphoria, and marital discord.

DEPRESSION AND MARITAL DISCORD are related to feeling criticized by others, especially spouses (e.g., Hooley & Teasdale, 1989; Lynch, Robins, & Morse, 2001; Riso, Klein, Anderson, Ouimette, & Lizardi, 1996). It is unclear, however, whether these reports reflect (a) actual exposure to hypercritical spouses, (b) the generally negative views taken by people who are feeling depressed or maritally dis-

cordant (e.g., Bradbury & Fincham, 1990; Epstein & Baucom, 2002; Gotlib & Krasnoperova, 1998; Ingram, Miranda, & Segal, 1998; Townsley, Beach, Fincham, & O'Leary, 1991), or (c) some combination of spouse hypercriticality and criticality bias. The purpose of this study is to examine these possibilities in a design that permits observational assessment of exposure to interspousal criticism independent of self-reported perceived criticism.

Criticism and Depression

Criticism has been linked to depression relapse in studies of expressed emotion (EE; Hooley, Orley, & Teasdale, 1986; Hooley & Teasdale, 1989; Vaughn & Leff, 1976a). EE, which is indicated by family members' critical, hostile, or emotionally over-involved statements about their relatives, has traditionally been assessed with the Camberwell Family Interview (Brown & Rutter, 1966; Rutter & Brown, 1966; Vaughn & Leff, 1976b) or with the Five Minute Speech Sample (Magaña et al., 1986).

The importance of EE is underscored by a study of potential demographic and clinical relapse predictors in a sample of patients hospitalized for unipolar depression (Hooley et al., 1986). Among the candidate demographic and clinical variables tested, only EE predicted relapse to a statistically significant degree. A meta-analysis of this literature suggests that patients who are hospitalized for the treatment of depression have a 2 to 3 times greater risk of relapse when they live with “high EE” relatives than when they live with “low EE” relatives (Butzlaff & Hooley, 1998).

EE has been linked to poor outcomes in a number of other psychological and medical conditions, such as schizophrenia, eating disorders, rheumatoid arthritis, and diabetes (for a review, see Wearden, Tarrar, Barrowclough, Zastowny, & Rahill, 2000).

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However, the link between EE and relapse may be especially strong with respect to depression. A meta-analysis of studies examining EE and several psychological disorders revealed that EE was a significantly better predictor of relapse in mood disorders than in schizophrenia (Butzlaff & Hooley, 1998). Furthermore, the criticism dimension of EE may be especially toxic for those with depression. Criticism from others may reinforce depressed people's own self-critical tendencies, validating and perpetuating depressive cognitions (Wearden et al., 2000). Relapse in depression is associated with lower levels of criticism than is relapse in schizophrenia, suggesting that depressed people may be particularly sensitive to criticism (Hooley et al., 1986; Vaughn & Leff, 1976a). Additionally, among EE, marital adjustment, and responses to the question, "How critical is your spouse of you?", the single-item measure of perceived criticism was the best predictor of relapse following recovery from depression (Hooley & Teasdale, 1989). Perceived criticism has been described as an especially potent relapse predictor because, beyond indicating mere exposure to criticism, it reflects how much criticism is "getting through" to patients (Hooley & Teasdale, 1989).

Criticism and Marital Discord

Criticism can be considered a generic stressor because it has been linked not only to various forms of medical and psychiatric pathology but also to marital dysfunction (Hayhurst, Cooper, Paykel, Vearnals, & Ramana, 1997; Hooley & Teasdale, 1989; Lynch et al., 2001). In both observational and self-report investigations of the "demandingness" dimension of the demand-withdraw pattern, criticism has been shown to correlate with and predict marital adjustment (Christensen & Shenk, 1991; Lynch et al., 2001). Gottman (1994) identifies criticism as one of the "four horsemen of the Apocalypse," factors he believes to be especially predictive of divorce. Finally, according to the marital discord model of depression, poor marital adjustment may lead to depression, in part because it undermines spousal support and increases stress and criticism (see Beach, Sandeen, & O'Leary, 1990).

Depression and Marital Discord

Processes such as interspousal criticism that relate to both marital discord and depressed mood are particularly interesting because they might account for at least part of the substantial relationship between poor marital adjustment and depressive symptoms (Dehle & Weiss, 1998; O'Leary, Chris-

tian, & Mendell, 1994; Scott & Cordova, 2002; see Beach, Smith, & Fincham, 1994; Gotlib & Hammen, 1992; Whisman, 2001, for reviews). For instance, a recent meta-analysis revealed that approximately 16% of the variance in depressive symptoms can be explained by level of marital adjustment (Whisman, 2001). Longitudinally, depressive symptoms predict later declines in marital adjustment (Beach & O'Leary, 1993a), and marital adjustment predicts levels of dysphoria over time, even after controlling for earlier levels of depressive symptoms (Beach, Katz, Kim, & Brody, 2003; Beach & O'Leary, 1993b). First episodes of major depressive disorder are often preceded by marital and other interpersonal stressors (Whisman & Bruce, 1999).

Distinguishing "Perceived" and "Actual" Criticism

Although the picture emerging from this brief summary of the criticism literature is fairly consistent, it is worth remaining mindful of a potentially important distinction not being emphasized, namely, the distinction between criticism as it is *perceived* and criticism as it is *expressed*. On the one hand, EE ratings in the depression literature are based on observations of criticism *expressed* during a Camberwell Family Interview or Five Minute Speech Sample, both undertaken in the absence of the patient (e.g., Hooley et al., 1986; Magaña et al., 1986). On the other hand, *perceived* criticism is assessed via patient self-reports of their global experiences (e.g., Riso et al., 1996). In the marital literature, the prototypic observational coding study of 10-minute videotaped marital problem-solving interactions is concerned with *expressed* criticism (Weiss & Summers, 1983). However, owing to their self-report nature, the more typical marital assessments are concerned with *perceived* criticism (Christensen & Shenk, 1991; Fiscella & Campbell, 1999; Lynch et al., 2001). Because these disparate literatures rely on different assessment perspectives, synthesizing their results is perilous. The more broadly integrative the effort, the more reliant it would be on the untested assumption that perceived and expressed criticism are substantially related to each other.

Especially insofar as depression and marital discord are concerned, it is probably unwise to assume expressions and perceptions correspond with each other. The general negativity bias that is known to underlie interpersonal perceptions of people who are depressed or maritally discordant (e.g., Bradbury & Fincham, 1990; Epstein & Baucom, 2002; Gotlib & Krasnoperova, 1998; Ingram et al., 1998; Townsley, Beach, Fincham, & O'Leary, 1991) might even be defined as a lack of correspondence between

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