DEPRESSION IN WIVES IN RELATION TO MARITAL AGGRESSION#

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This research measured depression in wives in relation to marital aggression. Sample consisted of women victim of their husbands' aggression and were taken through nongovernment organizations, from institutions (n= 38), and informally from homes (n= 52). To measure husbands' aggression, a self-constructed questionnaire was used. Beck's Depression Inventory (Beck & Steer, 1987) was also used to assess depression in wives. Interview schedule was the procedure of data collection. Correlation analysis, regression analysis, and one-way analysis of variance were used to analyze the data. The results indicated a significant relationship between marital aggression and depression in wives. The findings have important implications for wives' psychological well being.

Aggression is a physical or verbal behavior that is intended to hurt someone. This excludes accidental hurts, and includes a wide variety of actions aimed at hurting someone. Aggression is also defined as a 'behaviour' that results in personal injury which may be psychological or physical (Bandura, 1973; Berkowitz, 1981).

There are four major types of aggression i.e., hostility, verbal-aggression, anger, and physical-aggression. Hostility is pure form of aggression, in that injury to the target is the primary purpose, usually resulting from the aggressor's disliking or hating the target. Anger is the mild form of aggression. It has been defined as an emotional reaction that may be conceptually different from behavioral acts of aggression (e.g., Spielberger, Jacobs, Russel, & Crane, 1983). Physical-aggression is the most severe form of aggression. Here aggression goes in the degree of violence, which includes stabbing, pushing, kicking or any physical harm to the victim.

Marital aggression is a problem in all countries including Pakistan. In the past decade, aggression against women has become increasingly recognized deserving international concern and action (e.g., Gayford, 1983; Levinson, 1989). Women's organization around the world

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embraced gender violence as a priority issue during the United Nations decade for women (1975-85). However, in Pakistan, this problem has been ignored by society at large, by the government and to an extent by women's group.

Marital aggression may have very serious and negative consequences which are not confined to the victim of violence but the violent himself (e.g., Gondolf, 1985). Children, family, and society has to face the consequences as well (Goodman & Rosenberg, 1987). Furthermore, aggression and violence towards wives have negative implications for the stability of marriage, the quality of family-life, health, and socialization of children (Gottman & Levenson, 1986; Heavy, Layne, & Christensen, 1983). It should be considered that violence against women has the most worst and direct effects on the victims. These effects could be physical, social, and psychological. (United Nations, 1989).

In physical effects, injuries range from cuts, bruises, black-eyes, burns, broken bones, internal injuries, and brain damage (loss of memory, etc.), difficulty in concentration, mood-changes, loss of sight and hearing. There could be a number of social implications. Victim's work performance may suffer. She may be frequently absent from work and may lose her job. Some may become isolated, as it is her husband, who controls whom she sees and where she goes (Heise, 1994; United Nations, 1989).

The studies which have examined the psychological and physical health problems of victimized wives have reported a significantly higher level of anxiety, depression, and somatic complaints. Further, they also suffer from what is termed as 'battered women trauma syndrome'. Battered women syndrome is a term used both to describe patterns of violence typically experienced by battered women and the psychological impact this violence has on the women (Walker, 1984). They exhibit a paralyzing terror that is augmented by the stress of an ever present threat of attack (United Nations, 1989). Other psychological effects which have been identified are: Changing the feelings of love for the husband into fear of him, and of what might happen, confusion (because she often does not really know what brings on violence), loss of confidence in herself (because her husband is always telling her, it is her fault that he hits her), feeling of helplessness (because her husband controls her through his violence), inability to make decision on her own (in case he does not approve and punish her) (e.g., Davies, 1994).

Further studies have indicated that psychological harm i.e., humiliation, verbal harassment, and anxiety are experienced

significantly more than physical harm (Elbow, 1977; Faulk, 1974; Makman, 1978; Maiuro, Calm, Vitaleano, Wagner, & Zegree, 1988). The worst and severe distress is in the form of depression. A number of victimized women experience severe depression. They report experiencing debilitation symptoms, decreased motivation, loss of emotional and physical energy, and lower initiation of voluntary responses. Depression reactions vary from person to person. Some victimized women are completely immobilized by depression. They feel drained, fatigued, and numb, often without energy to do more than minimal household chores and childcare (Ewing, 1987). Moreover, victimized women have been reported to take treatment not only for physical-injuries but mostly for psychological problems such as headaches, asthma, allergies, choking, gastrointestinal upsets, and hyper-ventilation (Maiuro, Calm, Vitaleano, Wagner, & Zegree, 1988; Pagelow, 1981).

Marital aggression is a common phenomena in Pakistan. Incidences such as, stove burning to kill the wife or severe physical violence are frequently reported in daily newspapers (Afreedi, 1992; Hasan, S. S., 1995; Javed-ur-Rehman, 1996; Mirza, 1990, Nizami, A., 1992; Nizami, M., 1992). A content analysis of newspapers indicated that 80% of women in Pakistan were subjected to some kinds of domestic violence (Hassan, Y., 1995; Waheed, 1995). However, there is a lack of empirical data.

This research aimed to empirically examine depression among wives in relation to their husbands' aggression. It was hypothesized that there would be a positive relationship between husbands' aggression and depression the wives would experience.

METHOD

Sample

The sample consisted of female spouses who had been staying in a nuclear family system, and had been victims of their husbands' aggression. It included 90 victimized wives. They were recruited through different nongovernment organizations (NGOs: Aurat Foundation, Shirkat Gah, Dastak, Rehabilitation Centre, and Bahbood Association), Government Mental Hospital and Services Hospital (through psychologists) (n=38) or were taken from homes informally at Sheikhupura (n=52). Those taken from homes, were contacted through family, friends, through local health centres, taken from local

schools, colleges, and from a factory. All participants were currently staying with aggressors (husbands).

Mean age of the participants was 32 years (SD=8.08). Their average income was Rs.3,550. Education level of the majority ranged from Matric to F. A. (51%). Almost half of them were nonworking (55.6%). They had been married from 1 to 38 years, with the mean duration of marriage being 10.91 years (SD=7.66). Majority of the couples had been married with their parents' will (62.2%). Aggressors mean age was 30 years (see Table 1 for detailed demographic information).

Table 1

Demographic information of the sample (N=90)

Variables		
Wives' age	Range	20-58 years
-	M	32-49 years
	SD	8.08 years
Wives' education level	Below Matric	28.9%
	Matric-F.A.	51%
	Above F.A.	20.0%
Wives' work status	Working	44.4%
	Nonworking	55.6%
Working womens' monthly income	Rs. 2000-4000	71%
•	Rs. 4100-8000	26.3%
	Rs. 8100-10,000	2.6%
Husband's income	Rs. Upto 4000	50%
	Rs. 4100-10,000	33.3%
	Rs. 10,000 & above	13.3%
	Missing = 3	3.3%
Marriage duration	Range	1-38 years
	M	10.91 years
	SD	7.66 years
Number of children	No child	8.9%
	1-4	71.1%
	5-8	20%
Husbands' age	Range	24-70 years
	M	30.08 years
	SD	9.77 years
Husbands' education	Below Matric	27.8%
	Matric - F.A.	37.8%
	Above F.A.	34.4%

Instruments

To assess marital aggression, a self designed questionnaire was used. The items on the questionnaire were derived from already existing literature (Buss & Perry, 1992; Forsyth, 1987). Questionnaire consisted of 28 items, which assessed four types of aggression, i.e., verbal aggression, physical aggression, anger, and hostility. For each item, the subject had to respond on a 5-point scale indicating the extent of aggression they had been experiencing. Beck's Depression Inventory (BDI: Beck & Steer, 1987) was used to measure depression among wives (Urdu translation). This inventory consists of 21 items and each item has four options indicating the severity of depression.

Procedure

Procedure of data collection for wives contacted through NGOs and from institutions (n=38) was different from those who were recruited informally. Some of them filled in the questionnaires in the researcher's presence. Those who did not want to disclose their identity, their questionnaires were completed through the wardens or heads of their institutions. Interview schedule was used as a procedure of data collection for those recruited on informal basis.

RESULTS

Table 2

Depression scores of women on BDI

Score	Frequencies	Percentages
< 10	2	2.2
11-15	10	11.1
16-30	36	40
30-52	42	46.7

Majority of the participants had been experiencing depression (98% scored above 10) as shown in Table 2. In order to examine relationship between depression in wives and different types of aggression, a set of correlation analyses was carried out. The results indicated that there was

a significant positive relationship among depression experienced by wives and different types of marital aggression (Table 3).

Table 3

Correlation between depression in wives and marital aggression

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	Depr	ession
Marital Aggression	r	p
Verbal Aggression	.39	.001
Physical Aggression	.43	.001
Anger	.32	.001
Hostility	.39	.001
14.00		

d.f = 89

Table 4

Types of aggression as predictors of depression in wives (Regression analysis results)

В	t	p
.21	1.86	ns
.21	1.51	ns
.04	.30	ns
.24	1.83	ns
	.21	.21 1.51 .04 .30

 $F=7.63; p \ge .001; MR=.51; R^2=.26; \triangle R^2=.23$

Furthermore, four types of aggression were regressed against depression as a dependent variable in regression analysis. Results revealed that overall aggression predicted depression in wives. However, no specific type of aggression emerged as a strong predictor of depression in wives (Table 4).

A set of t-test analysis was carried out to compare subjects recruited through NGOs and institutions, and those recruited informally (from homes) on aggression and depression. No significant difference was found in both groups on aggression and depression. It was revealed that working women experienced significantly less depression compared to their nonworking counterparts, (t = 2.33, df = 88, p > .05).

Correlation analysis revealed that working women's income level had a negative relationship with depression $(r = .42, n = 38, p \ge .001)$.

A series of one-way analysis was performed to examine the effect of other demographic characteristics of the sample on aggression and depression. Education of wives had significant effect on depression $(F=6.05, df=2, 89, p \ge .001)$, and their husbands' aggression: total aggression $(F=6.00, df=2, 89, p \ge .001)$, hostility $(F=4.74, df=2, 89, p \ge .01)$, verbal aggression $(F=4.83, df=2, 89, p \ge .01)$, and physical aggression $(F=4.60, df=2, 89, p \ge .01)$. Post-hoc tests indicated that women with high level of education (above F.A.) experienced less aggression compared to those with low level of education (below Matric). Women with high level of education (above F.A.) experienced significantly less depression as compared to those with low level of education (below Matric: $F=6.05, df=2, 89, p \ge .001$). However, husband's education did not have significant effect on aggression except for verbal aggression $(F=3.05, df=2, 89, p \ge .01)$. Less educated husbands (below Matric) were verbally more aggressive as compared to those with high education level (above F.A.).

DISCUSSION

This study was conducted to measure depression among wives in relation to marital aggression. The findings indicated that there is a significant relationship between marital aggression and depression among wives. Almost all the participants were depressed. When relationship between different types of aggression and depression among wives was examined, it was found that depression experienced by wives had significantly high positive relationship with all types of aggression. The findings of this study are in agreement with previous researches which has identified psychological effects of marital violence on victims (e.g., Davies, 1994; Ewing, 1987; United Nation, 1989).

A number of explanations could be offered for this finding. In Pakistani society, there are high expectations of strong commitments in marital relationship, and it is mainly the wife who is expected to make compromises, sacrifices, and is expected to stay with her husband at any cost. A separated or divorced woman is not respected by the society. Therefore, she has to stay with her aggressive husband, either due to social pressure, for her children's betterment or for economic support. In Pakistan, there is no concept of a woman staying on her own. She has to stay either with her parents or with her husband. Parents wouldn't accept a divorcee or a separated daughters for various reasons.

A woman who is subjected to marital aggression continuously and who has to stay with her husband, may become more vulnerable to develop depression according to Seligman's model of Learned Helplessness (1975).

The working status of women, their high level of income, and their education acted as a buffer against husband's aggression and depression in wives. It could be for the reasons that working women keep themselves busy and can channelize their energies rather than limiting themselves to their household chores. Nonworking women are limited to their homes and have been victims of continuous and uncontrollable marital abuse from their husbands, from which there is no apparent escape. Furthermore, financial stability for working women particularly those who are earning well may help them cope with anticipated separation or divorce compared to those who are either not working or earning very little. Financial problems have been reported to effect the psychological well being of a person (Dobash & Dobash, 1984; Edwards, Fuller, Vorakitphokatorn, & Sermsri, 1994; Hotaling & Sugarman, 1986, 1990; Pagelow, 1981; Rosenbaum & O'Leary, 1981; Straus & Gelles, 1989).

As for the effect of woman's education on aggression and depression is concerned, better educated women experienced less aggression compared to less educated ones. A woman with better education, may understand her husband's temperament, can comprehend interpersonal situations, and deal with it more effectively. Moreover, an educated women can discuss her problems and negotiate with her husband more effectively, where as a less educated woman may lack ability to negotiate with her husband.

Although husbands' aggression showed a substantial relationship with depression in wives, the findings of this research need to be interpreted with caution. As regression analysis indicated that only 23 per cent of the variance was accounted for by aggression against depression in wives. It means that besides husbands' aggression, other factors could be important predictors of depression in wives. Furthermore, experience of aggression and depression was measured through subjective report of wives. Their subjective perception may not correspond to the reality. Further research needs to use objective measures to assess marital aggression.

Despite above mentioned limitations, the findings of this research have very important implications for psychological health of wives who are victims of their husbands' aggression. There is a great need to take concrete steps to eliminate aggression against women and to provide the victims with psychological services and support. There is also a strong need for further research so that different facets of this phenomenon would get explored to increase awareness in people and to make recommendations to benefit the victims.

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