

AFRICAN JOURNAL

OF SOCIAL & BEHAVIOURAL SCIENCES



VOLUME 10, NUMBER 1
MAY, 2020

**MARITAL SATISFACTION, INTERPERSONAL DEPENDENCY
AND EMPLOYMENT STATUS PREDICTING GENERAL
HEALTH STATUS AMONG MARRIED WOMEN IN NIGERIA**

**Vivian Chizoma Njemanze¹, Leonard C. Onwukwe^{2*}, Ugochukwu A.
Amandiogu², Ethelbert C. Njoku² & Enuma Ituma¹**

¹ Department of Sociology, Alex Ekwueme Federal University, Ndufu-Alike, Nigeria.

²Department of Psychology, Imo State University, Owerri, Nigeria.

*leonabraham1975@gmail.com

ABSTRACT: This study investigated the influence of marital satisfaction, interpersonal dependency and employment status on general health status among married women in Owerri. Pearson correlation coefficient and multiple regression analyses were carried out on a sample of 300 married women selected through stratified random sampling techniques across communities in Owerri. The results show that interpersonal dependency was negatively related to health status. Contrary to expectations and previous findings, marital satisfaction was not significantly related to general health status while employment status was positively related to general health. However, marital satisfaction, interpersonal dependency and employment status jointly predicted general health status among married women. The study confirms the importance of employment status in the etiology of mental health problems among married women, and that the nexus between marital satisfaction, interpersonal dependency and employment status should be considered in the assessment of psycho-social problems. It also provided opposing data on previous studies conducted mostly on Western and individualist cultures which linked marital dissatisfaction to health disorders as a single predicting factor. This is underscored by the effect of the culture of merry-making and collectivism.

Keywords: Marital Satisfaction, Interpersonal Dependency, General Health Status Married Women, Owerri.

Introduction

Literature has suggested that there are factors that contribute to a happy marriage (Fincham, 2006), yet marriages are still collapsing. Research also points out that mental health challenges encountered by women adversely affect their spouse and children in every way (Henderson, Sayger, & Horne, 2003) an increasing number of marriages are breaking down due to dissatisfaction. There is an urgent need to stem the tide of divorce; this makes it pertinent to study factors that impact significantly on the general health status of women. Also, it appears there is a chasm in terms of studies that explore the nexus of marital

satisfaction, interpersonal dependency and employment status on the general health status of married women in Nigeria.

Marriage as an institution has been documented in every known society in the world, although there are variations in its content and form across cultures. In Sociology, marriage is conceptualized as a socially approved union between two or more people in a steady and lasting relationship, this is “usually based on some kind of sexual and economic bonds and involves new roles, some mutual rights, and obligations between the spouses and their kinsmen” (Eteng & Njemanze, 2018:65). In literature, it is described as a normative, personal life event in adulthood involving the cohabitation of two people with different characteristics and needs (Sevinc & Garip, 2010). Generally, people get married for specific purposes such as finding meaning in life and loving for a better quality of marital life (Tayebe, Jannati, Mobasher, Taghavi, Abdollahi, Modanloo & Naser, 2014). More than 90% of the world's population will marry at least once (Shackelford & Buss, 2000). In the United States, the evidence supporting the benefits of being married has formed the foundation of an argument for promoting and encouraging marriage (Waite & Gallagher, 2000). In Africa marriage is a highly valued phenomenon and is maintained by a strong and complex set of norms. It may not necessarily involve just one man and one woman but may involve a man and two or more women or a woman and two or more men, who are in turn connected and affected by a network of the extended family system and kinship. Literature generally presents a fairly rosy view of married life, and that is the reason marriage is portrayed as conferring happiness, health and wealth on those who enter it. This like the rose comes with challenges, sacrifices and sometimes in extreme conditions negative outcomes for some individuals.

Being married on the average is associated with better health, the health impacts of marriage are affected by marital quality (Kiecolt-Glaser & Newton, 2001). Thus, Robles, Slatcher, Trombello and McGinn (2014) theorized that high marital quality is typically characterized by high self-reported satisfaction with the relationship, generally positive attitudes toward one's spouse, and low levels of hostile and negative behaviour. A troubled marriage is a significant source of stress and limits one's ability to seek support from other relationships (Coyne, & DeLongis, 1986). Unmarried people are, on the average, happier than those unhappily married (Glenn & Weaver, 1981). Marital satisfaction is an index of marital quality. It is simply the degree of contentment regarding certain aspects of the marital relationship as well as the whole relationship. According to previous research, marital satisfaction refers to the subjective and global evaluation of the relationship (Daiuto, Baucom, Epstein & Dutton, 1998; Marcaurette, Belanger & Marchand, 2003); it is a situation in which couples have satisfaction and feel happy about living together (Shakerian, 2010). It is worth noting that continuation of marriage may depend on factors like quality of marital relationship; because matrimony is more successful when spouses establish a sense of satisfaction with each other (Kalantarkousheh & Hassan, 2010; Lucas, Parkhill, Wendorf, İmamoğlu, Weisfeld, Weisfeld, & Shen, 2008). In particular, the criteria for a satisfying marital relationship may be highly varied and may depend on a unique set of culturally enforced norms, obligations, and values (Lucas et al., 2008; Wang, 1994). Marital satisfaction is when the desire, intimacy and perceived need of a partner in a relationship are

actualized. It is a state of contentment and pleasure in which problems and complaints are non-existent (Omolayo, Falegan & Ajila, 2013). According to Fincham (2006), there are many factors that contribute to a happy marriage because there seems to be no one magic factor that guarantees marital bliss. These factors include effective communication, interaction, gender roles, conflict management, problem-solving and intimate play.

Health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"(World Health Organization, 2006). General Health Status is a measure of an individual's perception of her overall health which includes: somatic symptoms, anxiety, social dysfunction, and severe depressive symptoms (Goldberg & Williams, 1988).

Dependency has long been central in clinical theory (e.g. Beck, Rush, Shaw, & Emery, 1979; Blatt, 1974; Bowlby, 1980) and research (Blatt & Zuroff, 1992; Bornstein, 1992; Coyne & Whiffen, 1995; Nietzel & Harris, 1990). Dependent individuals are conceptualized as being highly sensitive to interpersonal events and cues, relying on others to provide a sense of well-being, needing to keep close contact with others, experiencing deep longing to be loved and protected, fearing rejection and abandonment, and having difficulty expressing anger (Blatt, 1974; Blatt & Zuroff, 1992). Interpersonal dependency is one of the psychological components of marital satisfaction and it is the amount of comfort and help that one individual gets from another (Drug & Alcohol Rehab Asia, 2015). Some people may have a high amount of interpersonal (pathological) dependency and this can lead to low self-esteem, total dependence on others for their sense of self and social anxiety. Individuals in this category find it hard to deal with things without the help of others (Drug & Alcohol Rehab Asia, 2015).

Employment status is the legal status and classification of someone who works as an employee, self-employed (Dictionary of Sociology, 1998; Perry-Jenkins, Reppeti, & Crouter, 2000), or unemployed. Work is of primary importance to mankind and it has been a source of physical, ethical and ideological motivation; it has provided needed avenues for social relations and interaction. Work has given human beings a sense of mastery over nature and it has provided a tremendous feeling of self-fulfillment (Omolayo, Falegan & Ajila, 2013). Employment status may have implications for an individual's health status. The assumption may be that poor health (albeit physical or mental health) limits employment and better health facilitates employment. But there is another possibility. Employment may actually improve health and unemployment may deteriorate health. If the goal is to improve health in the most cost-effective way, it is important to understand how an individual's employment may affect their health. If employment contributes to improving health status, efforts to increase participation in employment could reduce health care costs. It is well documented that unemployment, or job loss, has negative effects on a person's mental health, including increased rates of depressive symptomatology (Catalano, Alderete, Vega, Kolody, Aguilar-Gaxiola, 2000; Dooley, Prause & Ham-Rowbottom, 2000; Murphy, & Athanasou, 1999). Several studies have also found that mental health problems are higher in persons who have lower levels of education, unemployed, and are separated, divorced, or widowed (Blazer, Kessler, McGonagle, & Swartz, 1994; Lehtinen & Joukamaa, 1994).

Marital satisfaction is operationally defined as the magnitude of contentment and pleasure a partner is having or perceives in a marital relationship. In the same vein, interpersonal dependency is defined as the tendency to look to others for nurturance, guidance, protection, and support, even in situations where autonomous functioning is possible. Furthermore, employment status is operationally categorized as employed (either self-employed or working for someone) and unemployed (not working at all). Finally, general health status is defined as a measure of an individual's perception of her overall health.

The overall objective of this study is to explore the predictive influence of marital satisfaction, interpersonal dependency and employment status on the general health status of married women. The study is also interested in finding out if marital satisfaction, interpersonal dependency and employment status will jointly predict general health status among married women. The interaction effect could constitute the basis of a study's contribution to knowledge and at times the interaction effect maybe more important than the main effect (Aron, Aron & Coups, 2006; Stanley, 1976).

In light of these objectives, we generated four hypothetical postulations that were tested in this study.

H1: Marital satisfaction significantly predicts general health status among married women.

H2: Interpersonal dependency significantly predicts general health status among married women.

H3: Employment status significantly predicts general health status among married women

H4: Marital satisfaction, Interpersonal dependency and employment status jointly and significantly predicts general health status of women.

Theoretical Background

Three theories were employed as a theoretical fulcrum for this study. They comprise the Dynamic Goal Theory of Marital Satisfaction by Li and Fung (2011), the Interpersonal Paradigm (Sullivan 1953a, 1953b; Pincus, Lukowitsky & Wright, 2010) and Theory of Employment, Interest and Money by Keynes (1936). The Dynamic Goal Theory of Marital Satisfaction posits that people have multiple goals to achieve in their marriage. According to Li and Fung (2011), marriage is more voluntary in nature and is symbolized by the couple's love for each other and desire to be together. This theory focuses on marital quality and the emotional aspect of the marriage. It argues that marital goals and how they are achieved lies at the core of marital quality and satisfaction. Hence, how marital goals are achieved could influence the health status of the partners.

According to The Theory of Employment, Interest and Money (Keynes, 1936), employment depends upon effective demand and effective demand results in output. Output creates income and income provides employment. Since Keynes assumes all these four quantities

viz: effective demand (ED), output (Q), income (Y) and employment (N) equal to each other, he regards employment as a function of income. What necessitates employment in a marital relationship is the need for a steady income, not only to provide for family needs but also to maintain a healthy mental state. A host of studies have identified the nexus between employment status and general health among people with disabilities (Okoro, Strine, McGuire, Balluz, & Mokdad, 2007; Turner & Turner, 2004), employed patients (Miller & Dishon, 2006; Leduc & Lepage, 2002) and the normal population (Artazcoz, Borrell, Benach, Cortes, & Rohlfs, 2004; Passannante & Nathanson, 1985).

The interpersonal paradigm (Sullivan, 1953a, 1953b) viewed interpersonal relations and its influence on self-concept to be the central theme in understanding personality and psychopathology (Pincus, Lukowitsky & Wright 2010). Thus, it emphasizes interpersonal functioning (Horowitz, Wilson, Turan, Zolotsev, Constantino, and Henderson, 2006). This paradigm can be conveniently linked with interpersonal dependency especially in line with the concept of pathoplasticity which maintains that psychopathology has a link with other psychological systems such as personality and environment (Widiger, Verheul and Vanden Brink 1999). Millon (2000) argued that it will be irrational to disentangle mental disorder from the way an individual relates to his environment as well as his cognition, perception, and emotion. Therefore, interpersonal dependency relates to an individual characteristic and unconventional manner of relating to significant individuals in their environment. Mitchell (1998) in his analysis of the interpersonal field maintains that it generates reciprocal relational patterns within which several transactional influences affect both interactants as they resolve, negotiate or disintegrate the interpersonal situation. The anticomplementary relationship results in anxiety, depression and aggression (Onwukwe, 2014), which in turn negatively affects the general health status of an individual.

Method

Data for this study were collected from three cross-sectional survey sources involving married women from Owerri in Imo state. Owerri is an ancient kingdom and the capital city of Imo State. It is made up of three Local Government Areas (LGA)- Owerri Municipal, Owerri North and Owerri West Local Government Areas. The participants comprised of 300 married women; 135 unemployed (45%) and 165 employed (55%), within the age range of 25-50 years with a mean age of 37.5. They were selected through stratified random sampling from the three LGAs in the state. Thus, two locations were selected from each of the three Local Government Areas (LGAs) for even representation. In Owerri North, Egbu and Amakohia were selected; in Owerri West, Ohii and Irete and in Owerri Municipal, Umuoyima and Umuororonjo. The simple random sampling technique involved using folded pieces of paper on which were written the names of the locations, and only two folded pieces of paper from each LGA was selected. The research took place during the annual women's August meeting. The choice of the timing of the research was purposive. August Meeting is an annual gathering for married women in all the communities in Igboland. Scheduling the survey during the August meeting enabled the researchers to gain easy access to the groupings of women. This is because both the urban and rural, rich and those

living with poverty, educated and the uneducated, with or without children all converge at the August meeting.

Three questionnaires containing both the predictor and criterion variables were administered to three hundred and thirty (330) participants from six (6) localities by the researchers with the aid of two research assistants. 55 questionnaires were administered in each of the locations. Questionnaires were administered during the annual women's August meeting for different locations. Since different communities had different meeting days, the researchers went to a particular location on their specific meeting day. In all, 30 questionnaires were either not returned (13) or incomplete (17), this missing data was not addressed because the August Meeting was an annual event and there was no means of ensuring that non-responders will attend subsequent meetings. Thus 300 properly completed questionnaires were used for data analysis.

Index of Marital Satisfaction (IMS) developed by Hudson (1982) was used to measure marital satisfaction. It is a 25-item inventory designed to measure the degree and magnitude of contentment and pleasure one spouse or partner perceives to be having in the marital relationship with his or her partner. It has five response options which are: 1- Rarely or none of the time, 2- A little of the time, 3- Some of the time, 4- A good part of the time, 5- Most of all of the time. Hudson (1982) obtained a validity coefficient of .96 and a test-retest reliability coefficient of .96. In order to ascertain the suitability of the scale, the researchers administered the scale alongside Couples Satisfaction Inventory (CSI) (Funk & Rogge, 2007) to 50 participants and it produced a concurrent validity coefficient of .45 and split-half reliability of .86. A norm of 57.90 was obtained; scores higher than the norm indicates poor marital satisfaction while scores lower than the norm indicates adequate marital satisfaction.

Interpersonal Dependency was measured using the Interpersonal Dependency Inventory (IDI) developed by Hirschfield, Klerman, Gough, Barrett, Korchin, and Chodoff (1977). It is a 48-item inventory designed to measure interpersonal dependency and need for affiliation or for close association with valued people. IDI consists of 3 subscales which are: Emotional reliance (18-items), Lack of self-confidence (16-items) and Assertion of autonomy (14-items). It has four response options from 4- very characteristic of me to 1- not characteristic of me. Hirschfield et al. (1977) reported split-half reliability coefficients ranging from .72 - .91 for the three subscales of IDI. A pilot study was conducted to validate and adapt the instrument to Nigeria participants. The researchers administered the questionnaire alongside Henderson-Zimbardo Shyness Questionnaire of Henderson and Zimbardo (2000). It produced a concurrent validity coefficient of .46 ($p < 0.01$). It also yielded a Cronbach's Alpha of .58 and norm of 115.9 was established; scores higher than the norm indicates high interpersonal dependency while scores lower than the norm indicates low interpersonal dependency.

General Health Questionnaire (GHQ-12) developed by Goldberg and Williams (1988), as a measurement for general current psychological wellbeing and for gauging common mental disorders. It consists of 12 items which measure the inability to carry out normal functions and the appearance of new and distressing phenomena over the past few weeks using a 4-

point scale from 0 to 3. The response options are; 0-less than usual, 1- no more than usual, 2- rather more than usual, 3- much more than usual. The score was used to generate a total score ranging from 0 to 36, with higher scores indicating worse/poor conditions. It is a method of quantifying the risk of developing psychological distress or detect possible minor psychiatric morbidity in a population. In this study, a Cronbach Alpha reliability coefficient of .56, concurrent validity coefficient of .47 ($P < 0.01$) and norm of 27.1 was obtained by the researcher after administering GHQ-12 alongside Depression, Anxiety and Stress Scale (DASS) using 50 participants in a pilot study. Scores higher than the norm indicates a high risk of developing psychological disorder. The scale also has a demographic section which elicited information on employment status (employed or unemployed), age and gender.

Ethical considerations were observed in the study; the study received approval by the leadership of the Women Organization in each of the approached community. Informed consent was acquired from the respondents who voluntarily participated in the study. The researchers ensured the participants that all the information gathered from them is strictly for academic purposes. Again, the researchers did not seek access to identifiable information like name and address of the participants. Enquiries made as to whether any participants encountered negative feelings or mood as a result of the questionnaires administered were negative, so there was no need for debriefing.

Pearson correlation coefficient and Multiple Regression Analysis was used to analyze the data.

RESULT

Table 1: Summary of Pearson correlation coefficient of the predictor and criterion variables

Variables	General Health	Marital Satisfaction	Interpersonal Dependency	Employment Status
General Health	1.000			
Marital Satisfaction	.456*	1.000		
Interpersonal Dependency	.113*	.187*	1.000	
Employment Status	.811*	.574*	.158*	1.000

* = Significant (one- tailed)

From Table I above, general health correlated significantly with all the criterion variables and there were also considerable intercorrelations among the criterion variables.

Table 2: Multiple Regression Analysis of General Health on Marital Satisfaction, Interpersonal Dependency and Employment Status

Variables	R	R ²	Adjusted R ²	R ² Δ	F	Beta	Df	t	Sig	Durbin Watson
	.811	.658	.654	.658	189.716			3,296	.000	2.303
Marital Satisfaction						-.012		-.280	.780	
Interpersonal Dependency						-.014		-.392	.695	
Employment Status						.820		19.709	.000	

P < 0.05

The result from table II above indicates that marital satisfaction as a single variable did not regress significantly on general health [Beta -.012 t (3, 296) = -.280, p > .05]. This means that marital satisfaction did not predict general health of women. The first hypothesis is therefore rejected. Similarly, the result shows that interpersonal dependency [Beta -.014 t (3, 296) = -.392, p > .05] was not significant. This implies that Interpersonal dependency did not significantly predict general health among married women. The second hypothesis is also not upheld.

In contrast, employment status significantly predicted general health of women. As shown in Table 2, employment status correlated positively with general health denoting that as employment increases general health of women increases. [Beta .820 t (3, 296) = 19.709, p > .05]. The third hypothesis is, therefore, accepted. Furthermore, the table shows there is a significant joint effect of marital satisfaction, interpersonal dependency and employment status on general health of women [R² .658 Beta (3,296) = 189.716 p < .05]. This is within the conventional Durbin Watson range of (1.5 <) < 2.5). Thus, the fourth hypothesis, which state that marital satisfaction, interpersonal dependency and employment status jointly predict general health status of married women, is accepted.

Discussion

The first hypothesis of the study was not upheld, it was found that marital satisfaction did not significantly predict general health status among married women. This result is in line with the findings of Bogner and Gallo (2003) which confirms that even though women report sadness almost twice as often as men, confidence intervals indicate that women are not more likely to report sadness as a symptom of depression. Thus, they maintained that the higher incidence rates of depression are not explained by an increased likelihood of women to report depressive symptoms. Contrarily, Henderson, Sayger and Horne (2003) found that mothers with depressive symptoms report lower levels of marital satisfaction and higher levels of child behaviour problems. Whisman (1999) confirmed that marital dissatisfaction was related with 7 of 12 specific disorders for women and 3 of 13 specific disorders for

men. A plausible reason for the result could be because of high rate of merrymaking among married women in Owerri. Owerri as people have a long history and culture of merrymaking. When you talk about Owerri, you talk about enjoyment of all sorts. Many married women engage in social activities which help to ease off the stress and tension, and as such they do not really bother much even if the problem is coming from their marriage. Therefore, in a collectivist and merry-making culture like the Owerri, marital dissatisfaction does not singularly predicate negative health outcomes like depression.

The second hypothesis which stated that interpersonal dependency will significantly predict general health status among married women was, also, rejected. Contrary to the result, Rado (1928) and Fenichel (1946) in their separate studies found that people prone to depression have excessively high interpersonal dependency needs. They desperately seek approval and reassurance from others, and depression arises when they fail to receive it. Also, Huprich, Rosen, and Kiss (2013) also found that destructive overdependence was positively correlated with anaclitic and introjective depression and negatively correlated with overall perceptions of mental health. Dysfunctional detachment was positively correlated with introjective depression and negatively correlated with generalized perceptions of one's own mental health. Healthy dependency was negatively correlated with introjective depression and positively correlated with mental health. The plausible reason for the result could be because of the fact that Owerri women are very industrious. They engage in work to support their husband financially; some of them are the breadwinners of their families. Due to this fact, they are not absolutely dependent on their husbands for support.

Employment status was found to predict general health status. The result of this study supports the following findings, Passannante and Nathanson (1985) found that Wisconsin women in the labour force had a lower death rate than Wisconsin housewives. Furthermore, unemployed British single mothers (Baker, North, & The ALSPAC Study Team, 1999) and unemployed American women on welfare (Chandler, Meisel, Jordan, Rienzi, & Goodwin, 2005; Corcoran, Danziger, & Tolman, 2004) had more mental health problems (including depression) than those who were employed. The findings on physical health have been somewhat mixed. The British employed single mothers reported more cough/cold symptoms than did those who were unemployed (Baker et al., 1999), whereas employed American women on welfare reported better physical health than those who were unemployed (Corcoran et al., 2004; Horwitz & Kerker, 2001).

In the researchers' opinion, the plausible reason for the result is that someone that is unemployed will not be happy. As a married woman who is not employed, there are some vital personal needs which are expected to be satisfied, but since the person is not working and has no other source of income other than her husband (perhaps the husband does not provide enough money to take care of the family needs talk more of her own personal needs), this could result to sadness and depression. And when the person is not happy for a long period of time, it will certainly affect the woman's general health status negatively. Also, there may be other minor illnesses that may require early medical attention, if the woman is unable to seek this medical help, such illness may degenerate.

The fourth hypothesis, which stated that marital satisfaction, interpersonal dependency and employment status will jointly predict general health status of married women, was accepted. Employment status combined with marital satisfaction and interpersonal dependency influenced general health status. When someone is unemployed as well as dependent on the spouse the tendency for the person's general health status to be reduced is high. But if the person is employed and dependent, she may be satisfied with the marriage so the person's health status will be intact.

The findings of this study have deep implications for clinical psychologists, psychotherapists and marriage counsellors who are concerned with behaviour change. Specifically, the findings imply that employment status should be considered in the search for the etiology of mental health problems. This study is an eye-opener for married men who do not want their wives to engage in any work not knowing the attendant psychological implications which include somatic symptoms, anxiety, social dysfunction and depressive symptoms that such women are prone to. The finding that marital dissatisfaction does not exclusively relate to health status of women has an implication within our data and maybe a strong indicator of the interaction effect of the culture of marriage on marital dissatisfaction and health status. Also, the findings imply that marital satisfaction and interpersonal dependency should not be considered separately when searching for the cause of mental health problems. Other variables, for instance, employment status should be considered alongside marital satisfaction and interpersonal dependency. The existence of joint impact of the predictor variables on the criterion variable suggests the interplay of psychological, socio-cultural and demographic factors in the etiology of psychopathology. The broad implication of this is that the interplay of psychological (marital satisfaction), socio-cultural (interpersonal dependency) and demographic (employment status) factors should be considered in the assessment and treatment of psychological problems.

Conclusion

In reconnoitring the nexus between, marital satisfaction, interpersonal dependency, employment status and general health, the paper reiterates the need for looking at socio-cultural, psychological and demographic factors in the etiology of disease and wellbeing. The study contributes to research on women in employment, satisfaction and interpersonal communion in marriage and general wellbeing. It principally extends knowledge that employment status strongly and singularly can and does predict general health status among married women in Igboland as against the single unpredicting effects of marital satisfaction and interpersonal dependency on general health among women in our data. Thus, it puts forward that in a collectivist and merry-making culture, marital dissatisfaction does not singularly predicate negative health outcomes but can be regarded as a co-factor influencing wellbeing. The article established the joint effect of marital satisfaction, interpersonal dependency and employment status on general health among married women. The study is limited in method, scope, and content and thus raises issues in the area of establishment of causality and generalizability. More research with a wider scope is needed in this area and also to investigate the influence domicility has on general health status.

References

- Aron, A., Aron, E. N. & Coups, E. H. (2006). *Statistics for psychology* (4th Ed.). India: Pearson Education, Inc.
- Artazcoz, L., Borrell, C., Benach, J., Cortes, I., & Rohlfs, I. (2004). Women, family demands and health: The importance of employment status and socio-economic position. *Social Science & Medicine*, 59, 263-274.
- Baker, D., North, K., & The ALSPAC Study Team. (1999). Does employment improve the health of lone mothers? *Social Science & Medicine*, 49, 121-131.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy for Depression*. New York: Guilford Press.
- Blatt, S. J. & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review*; 12, 527–562.
- Blatt, S. J. (1974). Levels of object representation in anaclitic and introjective depression. *Psychoanalytic Study of the Child*; 29, 107–157.
- Blazer, D. G., Kessler, R. C., McGonagle, K. A., & Swartz, M. S. (1994). The presence and distribution of major depression in a national community sample: The national comorbidity survey. *American Journal of Psychiatry*, 151, 979-986.
- Bogner, H. R., & Gallo, J. J. (2003). Are higher rates of depression in women accounted for by differential symptom reporting? *Social Psychiatry and Psychiatric Epidemiology*, 39, 126-132.
- Bornstein, R. F. (1992). The dependent personality: Developmental, social, and clinical perspectives. *Psychological Bulletin*, 112, 3–23.
- Bowlby, J. (1980). *Attachment and loss: Loss, separation, and depression*. New York: Basic Books.
- Catalano, R., Aldrete, E., Vega, W., Kolody, B., & Aguilar-Gaxiola, S. (2000). Job loss and major depression among Mexican Americans. *Social Science Quarterly*, 81(1), 477-487.
- Chandler, D., Meisel, J., Jordan, P., Rienzi, B. M., & Goodwin, S. N. (2005). Mental health, employment, and welfare tenure. *Journal of Community Psychology*, 33, 587-609.
- Corcoran, M., Danziger, S. K., & Tolman, R. (2004). Long term employment of African-American and white welfare recipients and the role of persistent health and mental health problems. *Women & Health*, 39, 21-40.

- Coyne, J.C. & Delongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. *Journal of Consulting and Clinical Psychology*, 54 (4), 454–60.
- Coyne, J. C. & Whiffen, V. E. (1995). Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy-self-criticism. *Psychological Bulletin*, 118, 358–378.
- Daiuto, A.D., Baucom, D. H., Epstein, N., & Dutton, S. S. (1998). The application of behavioral couples-therapy to the assessment and treatment of agoraphobia: implications of empirical research. *Clinical Psychology Review-Journal*, 18(6), 663–687.
- Dictionary of Sociology (1998). Retrieved from <http://www.encyclopedia.com/doc/1O88-employmentstatus.html>
- Dooley, D., Prause, J., & Ham-Rowbottom, K. (2000). Underemployment and Depression: longitudinal relationships. *Journal of Health and Social Behavior*, 41, 421-436.
- Drug & Alcohol Rehab Asia (2015). Retrieved from <http://alcoholrehab.com/drug-addiction/interpersonal-dependency/employment>
- Eteng, M. J. & Njemanze, V.C. (2018). Child abuse, gender and social work. In M.I. Ifeancho (Ed), *Gender and social work: A synthesis of key issues in Nigeria* (pp. 64-91). Port Harcourt: Print et cetera.
- Fenichel, O. (1946). *The psychoanalytic theory of neurosis*. Routledge & Kegan Paul, London.
- Fincham, F.D. (2006). Marital conflict: Correlates, structure and context. *Journal of Marriage and Family*, 62, 964-980.
- Funk, J. L., & Rogge, R. D. (2007). Test the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the couples satisfaction index *Journal of Family Psychology*, 21(4), 572-583.
- Glenn, N.D., & Weaver, C. N. (1981). The contribution of marital happiness to global happiness. *Journal of Marriage and Family*, 43 (1), 161–168.
- Goldberg, D., & Williams, P. (1988). *A user's guide to the general health questionnaire*. Winder, UK: NFER-Nelson.

- Henderson, A. D., Sayger, T. V., & Horne, A. M. (2003). Mothers and sons: A look at the relationship between child behavior problems, marital satisfaction, maternal depression, and family cohesion. *The Family Journal*, 11(1), 33-41.
- Henderson, L., & Zimbardo, P. Z. (2000). *The Henderson/Zimbardo, shyness questionnaire*. Palo Alto: The shyness institute.
- Horwitz, S. M. & Kerker, B. D. (2001). Impediments to employment under welfare reform: the importance of physical health and psychosocial characteristics. *Women & Health*, 32, 101-117.
- Horowitz, L. M., Wilson, K. R., Turan, B., Zolotsev, P., Constantino, M. J., & Henderson, L. (2006). How interpersonal motives clarify the meaning of interpersonal behavior: A revised circumplex model. *Personality and Social Psychology Review*, 10, 67-86.
- Hudson, W. W. (1982). *Index of marital satisfaction. The clinical measurement package: A field manual*. Chicago: Dorsey Press.
- Huprich, S., Rosen, A. & Kiss, A. (2013). Manifestations in major depressive disorder. *Journal of Clinical Psychology*, 71(1), 93-104.
- Kalantarkousheh, S. M. & Hassan, S. A. (2010). Function of life meaning and marital communication among Iranian spouses in universiti Putra Malaysia. *Procedia - Social and Behavioral Sciences Journal - Elsevier*; 5(0), 1646–1649.
- Keynes, J. M. (1936). *The general theory of employment, interest and money*, London: Macmillan.
- Kiecolt-Glaser, J. K. & Newton, T. L. (2001). "Marriage and health: His and hers". *Psychological Bulletin*, 127(4), 472–503.
- Kiesler, D. J. (1983). The 1982 interpersonal circle: Taxonomy for complementarity in human transactions. *Psychological Review*, 90, 185-214.
- Kiesler, D. J. (1986). The 1982 interpersonal circle: An analysis of DSM-III personality disorders. In T. Millon & G. L. Klerman (Eds.), *Contemporary directions in psychopathology: Toward the DSM-IV* (pp. 571-598). New York: Guilford Press.
- Leduc, B. E. & Lepage, Y. (2002). Health-related quality of life after spinal cord injury. *Disability and Rehabilitation*, 24, 196-202.
- Lehtinen, V. & Joukamaa, M. (1994). Epidemiology of depression: Prevalence, risk factors and treatment situation. *Acta Psychiatrica Scandinavia*, 377, 7-10.

- Li, T., & Fung, H.H. (2011). The dynamic goal theory of marital satisfaction. *Review of General Psychology*, 15(3), 246-254.
- Lucas, T., Parkhill, M. R., Wendorf, C. A., Imamoglu, E. O., Weisfeld, C. C., Weisfeld, G. E., & Shen, J. (2008). Cultural and evolutionary components of marital satisfaction: A multidimensional assessment of measurement invariance. *Journal of Cross-Cultural Psychology*; 29(1), 109–123.
- Marcaurelle, R., Belanger, C., & Marchand, A. (2003). Marital relationship and the treatment of panic disorder with agoraphobia: A critical review. *Clinical Psychology Review – Journal*, 23(2), 247–276.
- Miller, A. & Dishon, S. (2006). Health-related quality of life in multiple sclerosis: the impact of disability, gender and employment status. *Quality of life research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*, 15, 259-271.
- Millon, T. (2000). Reflections on the future of DSM Axis 11. *Journal of Personality Disorders*, 14, 30-41.
- Murphy, G. & Athanasou, J. (1999). The effects of unemployment on mental HEALTH. *Journal of Occupational & Organizational Psychology*, 72(1), 83-100.
- Nietzel, M. T. & Harris, M.J. (1990). Relationship of dependency and achievement/autonomy to depression. *Clinical Psychology Review*, 10, 279–297.
- Okoro, C., Strine, T., McGuire, L., Balluz, L., & Mokdad, A. (2007). Employment status and frequent mental distress among adults with disabilities. *Occupational Medicine*, 57, 217-220.
- Omolayo, B.O. (2005). *Psychology of human being at work*. Akure: Adeyemo publishing house.
- Omolayo, B. O., Falegan, T., Ajila, C. K. (2013). Influence of job demand and employment status on marital conflict and marital satisfaction among women in Ekiti state, Nigeria. *Journal of Psychology and Behavioral Science*, 1(1), 1-3.
- Onwukwe, L. C. (2014). *Influence of reciprocity, self-esteem and gender on aggression, anxiety and depression among university undergraduates*. (Unpublished doctoral dissertation). Imo State University, Owerri.
- Passannante, M. R. & Nathanson, C. A. (1985). Female labor force participation and female mortality in Wisconsin 1974-1978. *Social Science & Medicine*, 21, 655-665.

- Perry-Jenkins, M., Reppeti, R.L. & Crouter, A.C. (2000). Work and family in the 1990s. *Journal of Marriage and Family*, 62(4), 981-999.
- Pincus, A. L., Lukowitsky, M. R., & Wright, A. G. C. (2010). The interpersonal nexus of personality and psychopathology. In T. Millon., R. F., Krueger & E. Simonsen (Eds.), *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD- 11* (Pp. 453-472) New York: The Guilford Press.
- Rado, S. (1928). The problem of melancholia. *International Journal of Psycho-Analysis*, 9, 420-438.
- Ramalingam, P. T. (2006). Dictionary of psychology. 1st Edition: Academic Publishers.
- Robles, T. F., Slatcher, R. B., Trombello, J. M. & McGinn, M. M. (2014). "Marital quality and health: A meta-analytic review". *Psychological Bulletin*, 140 (1), 140–187.
- Sevinc, M. & Garip, E. A. (2010). Study of parent's child raising styles and marital harmony. *Procedia - Social and Behavioral Sciences Journal – Elsevier*, 2(2), 1648–1653.
- Shackelford, T. K. & Buss, D. M. (2000). Marital satisfaction and spousal cost-infliction. *Personality and Individual Differences Journal – Elsevier*, 28(5), 917–928.
- Shakerian, A. (2010). Evaluation of the factors influencing marital satisfaction in the students of islamic Azad University in Sanandaj. *Scientific Journal of Kurdistan University of Medical Sciences*, 14(4), 40–49.
- Stanley, J.C. (1976). Designing psychological experiments. In B. B. Wolman (Ed.) *Handbook of general psychology* (pp 90-106). New Jersey: Prentice-Hall, Inc.
- Sullivan, H.S. (1953a). *Conceptions of modern psychiatry*. New York: Norton.
- Sullivan, H.S. (1953b). *The interpersonal theory of psychiatry*. New York: Norton
- Tayebe, Z., Jannati, Y., Mobasheri, E., Taghavi, T., Abdollahi, H., Modanloo, M., & Naser, B. (2014). The relationship between marital and sexual satisfaction among married women employees at Golestan University of medical sciences. *Iranian Journal of Psychiatry and Behavioural Science*, 8(2), 44-51.
- Turner, J. B. & Turner, R. J. (2004). Physical disability, unemployment, and mental health. *Rehabilitation Psychology*, 49, 241-249.
- Waite, L. J. & Gallagher, M. (2000). *The case for marriage*. New York: Broadway Books.

- Wang, G.T. (1994). Social development and family formation in China. *Family Perspective*, 28, 283–301.
- Widiger, T. A., Verheul, R., & Vanden-Brink, W. (1999). Personality and psychopathology. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (2nd ed., pp. 347-366). New York: Guilford Press.
- Whisman, M. A. (1999). Marital dissatisfaction and psychiatric disorders: Results from the national comorbidity survey. *Journal of Abnormal Psychology*, 108(4), 701-706.
- World Health Organization (2006). Constitution of the world health organization – basic documents, (45th ed, supplement). Retrieved from <https://en.m.wikipedia.org/wiki/Health>