

## Tell Me What You Need: An Examination of Dialectical Tensions within Romantic Relationships with Depressed Partners

Leah C. Goodwin  
Holly J. Payne

*While depression communication in romantic relationships has been heavily studied in psychological-based research, there is a lack of research grounded in communication theory. By using Relational Dialectics Theory (RDT) as a framework, communicative tensions were explored within relationships where one partner suffered from depression. Through eleven semi-structured interviews with both depressed and non-depressed individuals in a relationship, two major dialectical tensions emerged. Findings suggested that couples with a depressed partner faced unique and challenging tensions including involvement/distance and openness/closedness. Implications, limitations, and future research directions are addressed.*

**Keywords:** Depression, depression communication, relational dialectics, tensions, non-depressed partners

### Introduction

Depression is a serious mental disorder that affects an estimated 19.4 million adults in the United States (National Institute of Mental Health, 2021). Depression can leave one feeling sad, hopeless, guilty, angry, and worthless (NIMH, 2021) which negatively affects a depressed individual's interpersonal communication (Knobloch et al., 2011; Segrin, 2011; Sharabi et al., 2016) specifically within the context of friendships (Egbert et al., 2014) and romantic relationships (Duggan, 2007). Depressed individuals may experience high levels of relational uncertainty and hostility (Knobloch-Fedders et al., 2013) as their partners also experience hostility and relationship dissatisfaction (Knobloch & Knobloch-Fedders, 2010). While communication researchers have studied media framing of depression (Lee et al., 2019; Wang, 2019), connections between depression and media use (Eden et al., 2021), health messages (Lienemann & Seigel, 2019; Lueck, 2019), and relational uncertainty (Knobloch et al., 2016) there are surprisingly few studies that focus on the impact of depression on both depressed and non-depressed relational partners as tensions arise. More research analyzing the communication challenges that emerge for those suffering from depression and for their relational partners is needed (Segrin & Dillard, 1992; Sharabi et al., 2016). Learning more about how depression affects communication can help those *with* depression understand why and how they communicate the way they do (Segrin & Rynes, 2009), and can help those *without* depression understand their depressed partner's communication and how best to communicate with them (Knobloch-Fedders et al., 2013).

Knobloch and Delaney (2012) highlighted the need for communication scholars to engage in research surrounding depression and its impact on interpersonal relationships, specifically those with romantic ties. Toward that end, this study provided a communication-based approach using the lens of Relational Dialectics Theory (RDT) (Baxter, 2011; Baxter & Montgomery, 1996) to explore how couples' communication is affected by depression. RDT offers a rich framework for studying unique tensions rooted in discourse between partners.

While tensions and contradictions are natural to ongoing relationships, they are also unique to those involved. The analysis of discourse surrounding the special challenges depression places on romantic couples allows us to gain an understanding of how communicative partners construct meaning, create relational patterns, and navigate contradictions. To identify common dialogical tensions experienced by those affected by depression, this study analyzed the discourses of depressed and non-depressed partners. The following section reviews current literature on the effects of depression on communication and relational dialectics theory as a lens for studying relational tensions.

## Literature Review

Research examining the effects of depression on romantic relationships is limited; however, several studies offer insight into the challenges of communicating with depressed individuals. First, relational uncertainty, including both self and partner uncertainty, often increases as the topic of depression is avoided which in turn negatively impacts relationship quality and fuels depressive symptoms (Knobloch et al., 2016; Knobloch-Fedders, 2010). Unfortunately, as depressive symptoms increase over time, relational satisfaction decreases. Kouros et al. (2008) found that the longer married couples grappled with the negative symptoms of depression, the more likely their marital satisfaction was lower. This is perhaps explained by how partners perceive one another's communication skills.

Couples facing depression often perceive one another's communication abilities within the relationship as unskillful based on partners not contributing to conversations, verbal aggression, poor listening skills, and disagreement about problems and solutions (Basco et al., 1992). Additionally, researchers have found that those with depression tend to avoid conflict as it can lead to depressive symptoms (Mackinnon et al., 2012; Marchand & Hock, 2000; Sandberg et al., 2002). While this is a coping strategy that may help short-term, this is more detrimental for the relationship long-term as depressed couples report that they feel "reactive and powerless" when negative events occur in their lives (Sandberg et al., 2002, p. 261). While depression has clear effects on relationship communication patterns and satisfaction it also has implications specific to non-depressed partners.

Non-depressed partners may take on depressive-like symptoms and actions without having depression, and they often report feelings of isolation and hopelessness potentially influencing their partner to feel the same way (Sandberg et al., 2002). On the other hand, Rehman et al. (2010) found that when depressed wives displayed symptoms to their non-depressed husbands, the husbands would adjust their mood and behavior to take care of their wives and to cater more to their needs. Non-depressed partners often put additional effort into solving problems (Sandberg et al., 2002). Even though non-depressed partners may do their best to care for their depressed partners, it can still be difficult to communicate with them and understand where their depressed partner is coming from emotionally. Non-depressed partners face a unique tension in not having depression themselves but trying to understand and react to their partner's needs which is especially difficult if their partner is not displaying symptoms (Sharabi et al., 2016). This can make communication particularly challenging if a depressed partner is trying to express their struggles when the non-depressed partner cannot see anything wrong.

While non-depressed partners cannot fully understand what their depressed partner is going through, they may still try to help. This can create a discursive tension within the relationship of how the non-depressed partner helps their depressed partner in ways they see fit versus how the depressed partner needs to be helped. When a non-depressed partner cannot get through to their depressed partner or if their depressed partner does not react to their partner's assistance, this can leave the non-depressed partner feeling frustrated (Sandberg et al., 2002) and lead to them using negatively valenced strategies, such as no longer helping when their partner feels depressed or ignoring their partner's needs altogether (Duggan, 2007). Non-depressed partners tend to focus their hostility onto their depressed partner (Knobloch et al., 2013). If the depressed partner is showing no outward signs of change, the non-depressed partner feels as though they have failed, hence leading to higher levels of frustration.

One strategy that would help curtail those feelings would be more open communication, but previous literature shows that depressed individuals do not always want to communicate or know how to communicate their feelings effectively (Basco et al., 1992; Coyne, 1976; Sandberg et al., 2002). The research on depression communication within romantic relationships highlights the difficulties both partners face as well as some strategies used in navigating their relationships; however, a nuanced communication lens is needed to more fully understand the discursive struggles couples face as they deal with tensions within these relationships. RDT affords an opportunity to examine these competing discourses (Baxter, 2011; Baxter & Montgomery, 1996).

## Relational Dialectics

As outlined above, romantic partners in relationships affected by depression experience relational tensions. Specifically, depressed partners may engage in behaviors that affirm their negative sense of self, avoid conflict with partners which might exacerbate depression, and refuse to seek help or assistance. Non-depressed partners may take on the negative feelings of their depressed partner, avoid conflict to prevent escalation of depression, and struggle with offering help and assistance. Beyond naming tensions faced, RDT provides a useful framework for examining the interplay of discourses (Baxter, 2011).

Originally, Baxter and Montgomery (1996) researched how necessary but contradictory tensions exist within relationships. They developed RDT as, "... a theory of the meaning-making between relationship parties that emerges from the interplay of competing discourses" (Baxter & Braithwaite, 2008, p. 349). Discourses in this sense are contained between two people for specific, unique understanding relevant to their relationship (Baxter & Braithwaite, 2008). New iterations of RDT (2.0) emphasize "the interplay of competing meaning systems" and "discursive struggle" which are "not conceived as a binary problem to be solved" (Baxter et al., 2021, p. 7). Baxter and Norwood (2015) encouraged studying these struggles within specific contexts with an eye toward broader discourses.

Discourses help to construct meaning within relationships by creating a language and foundation that two people share together. However, discourses can be at odds with one another based on how each person within the relationship constructs meaning. Discourses can also occur synchronically and diachronically, further affecting how meaning is constructed. A synchronic discourse occurs at one specific moment in time, and a diachronic discourse occurs over a longer period (Baxter & Braithwaite, 2008). In this way, discourses can change and adapt based on the shared meaning created at different points in time. If a discourse was created synchronically, it could change meaning based on how those who created the discourse alter the definition and context of it. In depression communication, this could be manifested within a romantic relationship when partners create a discourse within or outside of a depressive episode. A discourse may take on a specific meaning outside of a depressive episode but be altered or changed within the context of the episode itself. In this way, discourses can be experienced in one way by both partners but change when the context changes.

RDT helps to explain how competing discourses work within relationships as well as why they are necessary. It also explains how meaning is created out of everyday communication (Baxter & Braithwaite, 2008). However, when shared meaning begins to break down, tensions are created. Within these tensions, there is a need for each side of the tension to exist. RDT provides a both/and perspective when interpreting discourses (Braithwaite & Baxter, 2006). The both/and perspective points to the idea that there is no "better" side of a tension; one side of a tension is not inherently negative or positive. Instead, both ends of a tension are necessary to experience the full range of the tension. The way that opposing ends of a tension interact with one another provides the dynamic interplay of dialectics. People do not experience only one side of a tension, and what they view as a "positive" end of a tension may shift from day to day. According to Baxter and Montgomery (1996), these tensions are not necessarily brought to light within the relationship. Oftentimes, the tensions will exist in the background, being "owned" by both members of the relationship. Finding a balance between the two tensions is important for maintaining homeostasis within relationships.

As noted above, depression tends to have negative impacts on romantic relationships (Sharabi et al., 2016) causing relational uncertainty and dissatisfaction (Knobloch et al., 2016; Knobloch & Knobloch-Fedders, 2010). Depressed individuals report that they are not good communicators within their relationship (Basco et al., 1992; Sandberg et al., 2002) and tend to avoid conflict (Marchand & Hock, 2000), which can cause additional relationship dissatisfaction. Partners of depressed people tend to have trouble comprehending their partners' struggles and will often get frustrated when their attempts to help their partner fail (Sandberg et al., 2002; Sharabi et al., 2016). These frustrations then get projected onto their depressed partner and perpetuate the depression cycle (Knobloch et al., 2013). However, couples will try to adjust their moods and strategies to help their depressed partner as much as they can (Rehman et al., 2010; Sandberg et al., 2002).

The struggles of trying to understand their partner and learn the best ways to help them may represent a common dialectical tension for non-depressed partners. On the other hand, depressed partners may struggle with avoiding conflict, withholding information, or seeking reassurance when sensing partner dissatisfaction, leaving non-depressed partners unsure of how to navigate interactions. RDT provides a rich framework for examining and understanding the tensions that exist between couples where one partner has depression, and the other does not. RDT can help reveal the natural, underlying tensions already at work within the relationships. Therefore, the following research question guided this research:

**RQ 1:** How are relational dialectics experienced in romantic relationships where one partner suffers from depression?

### **Method**

To understand tensions within romantic relationships affected by depression, eleven semi-structured interviews were conducted. Learning about experiences first-hand and in the voice of the participants provided data from the point of view of both the depressed and non-depressed partner, which is an under-represented group within existing depression literature.

To participate in the study, participants had to be at least 18 years old and currently in a romantic relationship where they had depression, or their partner had depression. Participants could not be in a romantic relationship where both partners suffered from depression. To appropriately capture the tensions experienced by both depressed and non-depressed partners, an effort was made to recruit an equal number of participants from each category. A combination of convenience and snowball sampling was used to find participants who fit the criteria. Specifically, recruiting efforts included posting on Facebook and Twitter, an announcement at a campus Greek organization, and word-of-mouth. Most participants were recruited through social media. Eleven participants were interviewed, ranging in age from 20 to 33 years old, with the average age being 24.5 years old. Seven participants had depression (depressed partner), and four participants did not have depression (non-depressed partner). Ten participants were Caucasian, and one was Hispanic. Of the eleven participants all were heterosexual, five participants were in dating relationships and six participants were married, with a total of eight participants cohabitating. Participants had been in relationships with their partners anywhere from five months to eight years. Nine participants were female and two were male.

### **Data Collection**

After receiving IRB approval, semi-structured interviews were conducted with each participant (Cohen & Crabtree, 2006). Two different sets of questions were prepared that would be asked of each participant depending on whether they were the partner with depression (Appendix). The discussion was altered around certain topics depending on how the participant responded to the question. Questions regarding their communication were asked such as, “In what ways do you think your partner’s depression affects your communication with your partner? What are the most difficult things to talk about regarding your partner’s depression? What is most helpful about your partner’s communication with you? Can you provide an example?”

Due to travel distance, work schedules, and the start of the COVID-19 pandemic, different channels were used for conducting the interviews. Three interviews were conducted face-to-face, six interviews were conducted via FaceTime, and two interviews were conducted via phone calls. According to Novick (2008), computer-mediated communication is equally as beneficial as face-to-face interviews. All interviews were audio-recorded using a cell phone or audio recording software on a laptop with the participants’ permission. All interviews were transcribed verbatim to produce 79 typed, single-spaced, 1-inch margin transcripts. Interviews that were conducted face-to-face were held in private meeting areas, and computer-mediated interviews were performed in a quiet, private space. Interview lengths ranged from fourteen minutes to forty-two minutes long with an average interview length of 30 minutes.

## Data Analysis

Each participant was assigned a pseudonym matching their gender and race/ethnicity to ensure anonymity and confidentiality. Open coding (Strauss & Corbin, 1998) was used to analyze the data line-by-line. RDT was used as a framework to guide the coding process, using existing dialectical tensions as a foundation for open coding. Codes were combined and edited to develop 64 codes. The codes were reanalyzed and grouped into categories based on similarity and coordination. Twelve categories emerged and were given operational definitions for clarity and coherence. The constant comparative method (Glaser & Strauss, 1967) was used to analyze the categories against one another and existing research to create broader, larger themes. Themes were developed based on recurrence, repetition, and forcefulness (Owen, 1984). Two themes emerged that were significant based on the research question. The categories were reanalyzed to determine if each category supported the emergent themes.

## Verification Procedures

Trustworthiness and credibility were developed based on Creswell and Miller's (2000) criteria of member checking (Lincoln & Guba, 1985), peer review, and thick, rich description. One participant in the study was given a copy of the findings and discussion to verify if the written account is accurate based on their own experiences. The participant provided affirmation of the themes surrounding tensions and maintenance strategies. A copy of the study was also given to three fellow researchers to review and suggest changes, providing an outside perspective of coherence and understanding of the research. Lastly, thick, rich description was used by providing detailed explanations of the participants' accounts to ensure that the participants' voices were conveyed and interpreted accurately.

## Results

Interviews with participants revealed themes corresponding to the research question of how relational dialectics are experienced in romantic relationships where one partner suffers from depression. After interviewing participants, coding and categories were used with the framework of RDT to establish dialectical tensions. While participants in the study discussed many tensions they faced in their relationships with depressed and non-depressed partners, dialectical tensions were identified based on the presence of interdependent yet contradictory poles (Baxter & Montgomery, 1998). The dialectical tensions that emerged naturally from the interviews included: involvement/distance and openness/closedness.

### Involvement/Distance

The dialectical tension of involvement and distance manifested itself in multiple ways for both depressed and non-depressed partners. First, depressed partners struggled with wanting help from their significant other versus wanting to deal with issues independently. Within this dialectic, depressed participants had difficulty communicating their needs. Secondly, non-depressed partners experienced uncertainty as they struggled to determine their partner's needs and when to offer support in relation to a depressive episode. The following sections review the findings for each partner.

#### *Depressed Partner Dilemmas*

The dialectical tension of *involvement/distance* emerged for depressed partners as they experienced a pull between needing support versus needing space to handle things on their own. For example, depressed partners shared that it was helpful when their non-depressed partner made decisions without involving them given their difficulty thinking and analyzing options during a depressive episode. Having someone else decide things for them removed that burden. Sarah said that her non-depressed partner made decisions on her behalf:

... he's like, this is what we're going to do. And he goes ahead and organizes everything for me, and he's like this is going to be better without kind of like pointing out that I'm getting stressed and drawing attention to it. He just goes ahead and does it. That's so much help.

Decision-making was used to take stress from her, which allowed her to focus on other tasks; however, decisions made by the non-depressed partner were not always viewed positively if partners perceived the wrong decision was made. Some depressed partners noted that they did not want the help of their non-depressed partners in any capacity. Elle, a depressed partner, said, "I need to get things done and I often feel like only I can do it. Everyone else is just going to keep messing up or do it slowly." For her, any decision from her non-depressed partner would have exacerbated her negative feelings. Making what was perceived as the wrong decisions created tension for both parties and sometimes pushed the non-depressed partner to shy away from the involvement end of the contradiction.

In addition to instrumental support with decision making, depressed partners also conveyed the need for emotional and physical closeness, but to different degrees. Some depressed partners expressed a need for physical involvement and stated that simply having someone in the room during a depressive episode was helpful. Bailey, a depressed partner who had been in her relationship for five years, said:

... what I really need is just I need a presence in the room. For every person, it's different. Some people need a hug, some people need talking to. I just need someone to just be there while I work through my own thoughts.

When depression makes communication difficult, having someone physically present can be a crucial form of support.

While participants articulated their different needs, many acknowledged how depression made it difficult to communicate effectively in those moments which suggested to their partners that they desired distance. Rebecca, a non-depressed partner, said that her depressed partner "... shuts down, almost like he wants to keep the thoughts in, which we know it's unhealthy." Since depressed partners struggle to communicate, they are not able to tell their partners what they want or what they need which deepens the involvement/distance conundrum. Elle, a depressed partner, outlined this struggle:

I think that I've noticed I need space, but at the same time, I need him there. I don't want him rubbing my knee or rubbing my arm, trying to comfort me or the pity, I don't want any pity. I just want him to act like things are normal but be around. I don't want to be alone, but I also don't want to be babied, like something's wrong.

Even though Elle was quite specific about what she needed from her partner, she expected him to offer the right support on his own without guidance from her. Without explicit directions from their partners, the non-depressed partners are left to make decisions on their own. Ultimately, they must choose their level of involvement in their depressed partner's struggles.

### ***Non-depressed Partner Dilemmas***

Non-depressed partners experienced uncertainty in determining how, when, and if to offer support. For example, Chad, a non-depressed partner, described how he navigated the extension of support for his partner during a depressive episode:

Sometimes when she's really depressed, she just sort of shuts down, and it's not so much that she will stay shut down, but I got to recognize when she needs the space. Because then what will happen is I'll be like, "Why are you mad?" or "What's wrong?" Of course, you can't brute force your way out of depression, but I want to know if there's some sort of overlaying symptom I

could help with. Like, if the house is in fucking shambles and that's causing your depression or making it worse, I can help with that.

He struggled with whether he should get directly involved because he knew that she shut down. In the end, he was able to analyze the situation and decide how to be involved. In his case, he provided more instrumental support by managing household tasks which alleviated some pressure from his partner.

In addition to deciding which type of support to provide, non-depressed partners also had to determine the timing of their support based on the progression of a depressive episode. Non-depressed partners often considered whether to offer support or provide space to their partners based on whether it was during or after an event. Bailey, a depressed partner, explained how her partner would react to a depressive episode:

I think we both ease back into what I need, and he just asks me once every day. If I'm struggling, he'll ask me one or two times a day just how are you feeling. He can tell when I'm doing better and when I'm doing worse. It's changed from what you need; it's like an open question. It's turned into, "What can I do to make you smile today?"

Bailey's partner learned her physical and emotional responses to a depressive episode. During the episode, Bailey discussed that she needed space to manage the episode herself, and her partner recognized that need and gave her distance. Towards the end of a depressive episode, he was able to effectively respond to her and actively chose to communicate with her to provide support.

On the other hand, some participants had trouble determining specific needs, which led to negative outcomes. Chad, a non-depressed partner, explained the consequence of choosing the wrong strategy:

I had misread. It's more art than science. Sometimes the shutdown means I need to be there to hold her. But in this instance, I thought it was "I need space, I'll talk to you when I'm ready." It was not. That caused quite the argument. It was not good.

Chad's experience demonstrated the complexity of navigating depression. He later went on to describe the importance of providing the support needed without making his partner upset, "It's a razor's edge. You want [your partner] to feel there by choice with a comforting presence, not trapped with an agitated presence." Whether to intervene and in what way was an ongoing struggle.

In sum, the involvement/distance dialectic was experienced by both relational partners. Depressed partners had varying needs for involvement and distance at different points around their depressive episodes and often had difficulty communicating with their partners. In turn, non-depressed partners would enact strategies based on their read of the situation sometimes choosing to make decisions or being physically present or conversely providing partners space and trying not to push too hard for clarity from their partners. The uncertainty experienced by both parties also affected the degree to which couples chose to communicate about their depression within the relationship.

### **Openness/Closedness**

The second major dialectical tension experienced by participants surrounded being open in communicating about needs surrounding depressive episodes versus being closed in order to self-isolate or cope with uncertainties created by depression. Depressed and non-depressed partners both navigated this tension with non-depressed partners enacting more strategic decisions about degrees of openness or closedness as dictated by their partners.

### ***Closing off Communication***

Depressed and non-depressed partners closed off communication in different ways and with different motivations. First, depressed partners expressed difficulty in being able to articulate what they were experiencing during an episode. Savannah, a depressed partner, noted that "... it'll be hard to convey how I'm feeling because [my partner] has never been depressed, so he doesn't get it and it's hard to put into words." Rather than struggle with trying to communicate her feelings effectively, Savannah chose to keep her communication with her partner closed to prevent miscommunication. However, non-depressed partners would often push for more openness to offer support. Bailey, a depressed partner, expressed frustration over her significant other's attempt to get her to open up, "...in those moments when he's trying to get something out of me and even I don't know. I think that's really the biggest struggle." At the same time depressed partners are experiencing an inability to communicate their own personal needs, they also struggle to consider the needs of their non-depressed partners for more open communication that involves relationship maintenance. Kathryn, who had been with her partner for eight years, captures this issue that arises in her relationship,

He does mention to me he wishes I ask him more so like, how he really is feeling. Or like check on him, or you know. But it's not that I don't want to, I just don't honestly think about it...And sometimes I'm so caught up in, not to be selfish, but how I'm feeling, or I don't really know if he has something going on because he doesn't tell me. Or I just don't have a clue!

Kathryn's depression pushes her toward closed communication as she experiences trouble understanding or even inquiring about her partner's needs.

Another consequence of closed communication for non-depressed partners is the feeling of having done something wrong. Rebecca, a non-depressed partner, talked about how in the beginning of an episode she is often confused by the lack of communication yet expressed her desire to remain present,

Sometimes there's not a lot of communication as he's going into it, and so I feel like "Okay, did I do something? What's wrong?" I guess a little validation that I haven't caused anything, but then also I just want him to know he can feel safe at home with me and we're together, just to talk when he's ready, but not to intentionally hold things in.

Rebecca's articulated frustration stems from not knowing how to help her partner, but also demonstrates her need for validation. Sarah, a depressed partner also noted the frustration her non-depressed partner experienced as she recounted him telling her, "... I just need you to tell me what you need, and I will do it." Non-depressed partners often tried to understand and encourage openness, but depressed partners could not always provide them with the information they needed as they leaned toward the closed end of the tension.

While depressed partners were often closed off to their partners, non-depressed partners also made decisions to avoid communicating about relational issues or the depression. As Rebecca described,

I was just trying to be supportive and not bring my feelings into play, but I was just consistently putting myself on the back burner. I think if I had been up front about how I felt earlier on, we could have avoided a lot of heartache.

Rebecca's experience demonstrated how partners often avoided bringing up issues and neglected their own personal well-being. While couples engaged in closed communication due to an inability to articulate needs or as a way of offering support and protection, there were also times when they engaged in more open communication.



### **Opening Up**

Depression certainly poses challenges for remaining open in communication; however, some participants described striving for openness for many of the same reasons others remained closed. Specifically, participants worked toward openness to process depressive episodes and offer psychological support but determining the timing of openness was important. Bailey, a depressed partner, commented on her partner's post-depressive episode communication, saying, "[My partner] knows I'll talk about it once it's passed if I need to." Her partner learned that she would come forward when, and if, she wanted to discuss the episode. Other participants experienced similar situations; however, one depressed partner described her desire to be open during her depressive episode instead of after the event. Elle commented, "... how I communicate with [my partner] through it is discussing I think what's going on, so when it's all over, I don't think that more needs to be said, I guess." Elle did not feel the need to discuss the episode once it had passed. This was a pattern she and her partner negotiated. Another participant, Kelsey, shared that her depressed partner remained open even when it was difficult, "...he just doesn't bottle it in, he'll tell me exactly what he's thinking, even if he knows or thinks that it might bother me, he'll still like get it out in the open so that we can talk about it."

Finally, while depressed partners made efforts to be open, non-depressed partners also took opportunities to be open in seeking to assist their partners and by processing the effects of depressive episodes. Luke felt as though his partner's depression made their communication stronger claiming, "...if anything [it]causes us to communicate more because I feel I need to check in on her a lot..." He went on to discuss how he learned over time how to deal with his partner's depression. At first, he would work to be open with his depressed partner by helping her work through or "fix" problems, but he learned that this type of openness didn't help her cope with her depression,

A lot of times I tried to, to cope with her thoughts and behaviors by changing the thoughts and behaviors. And I tried that several times and it never works. And it usually causes her feelings of, I guess worthlessness type feelings. So, she's feeling like she's not meeting some expectation of mine, even though I'm just trying to help her. I guess she interprets it as me trying to change her because she's not what I need.

In this way, participants actively lived out the contradictions communicatively as they struggled between being open and remaining closed, both strategies influenced by depressive episodes. Finding the right balance of openness or the right kind of support to offer was navigated over time.

### **Discussion**

Through interviews with depressed and non-depressed partners, the research question of how relational dialectics are experienced in romantic relationships where one partner suffers from depression was explored. While participants described many ways depression affected their communication, two primary dialectical tensions emerged representing internal tensions within their relationships including involvement/distance and openness/closedness.

#### **To Be Involved or to Give Space**

The tension *involvement/distance* described the competing desire of both depressed and non-depressed partners to receive and/or offer instrumental and emotional support while at other times needing to allow distance and independence. One way this tension manifested within the participants' relationships was through decision-making. Decision-making on behalf of the depressed partner was useful because depression can make it difficult for individuals to make decisions on their own (Owen et al., 2015). Non-depressed partners took control by performing tasks to take the burden off the depressed partner. This included practical tasks, such as organizing and taking care of household chores, as well as

physical and emotional support. Sharabi et al. (2016) also found that depressed partners reported relying on their partners for care, running the household, and maintaining their relationship.

In addition to practical forms of support, depressed partners expressed differing needs for physical and emotional support. Echoing the findings of Sharabi et al. (2016), most of the depressed participants in this study preferred to be alone physically and mentally and communicated a need for isolation and to avoid feeling trapped by being forced to stay present. However, others noted a need for physical presence in the room, a more passive form of support. Non-depressed participants reported a concerted effort to stay involved physically and emotionally for their partners and depressed partners confirmed that having someone else there with them helped them get through the episode.

Ultimately, both partners experienced the contradictory nature of this tension. Non-depressed partners had to navigate this edge with little information from their partners since depressed partners struggled with effective communication. Ineffective communication led to relational uncertainty as well as an inability to know how to help their partner (Harris et al., 2006; Knobloch et al., 2016; Sharabi et al., 2016). Difficulty also emerged when depressed partners outlined that “wrong” decision-making from their partner made things worse. Non-depressed partners had to find the balance of being involved and helping versus staying distant. Depressed partners struggled to communicate their need for involvement some wanting assistance others wanting more control. The complexity of navigating this tension resulted in increased uncertainty and confusion mainly for the non-depressed partner.

### **To Talk About It or Avoid It**

In addition to staying involved versus providing space, participants also experienced a dialectical tension of being open or closed about the depression, support needed, and the impact on their relationships. *Openness/closedness* was experienced as the tension of wanting to share information specifically about the depression versus avoiding the topic or strategically deciding the amount and timing of being open. The tension manifested differently in both depressed and non-depressed partners.

Most depressed partners struggled with communicating their feelings and emotions to their non-depressed partners for fear of misunderstanding and even felt frustrated at their partners’ attempts to help them talk through an episode. Fowler and Gasiorek (2017) confirmed that depression is a negative predictor of relationship maintenance behaviors which may explain depressed partners’ annoyance at their partner’s attempts to communicate about what is happening. This led most depressed partners to shift towards the closed end of the tension rather than providing open communication to their partners.

Additionally, non-depressed partners lacked understanding about their partner’s depression and worried they had done something wrong or might make mistakes in offering support. Non-depressed partners are often unable to gauge the severity of their depressed partner’s emotions surrounding a depressive episode (Gordon et al. 2013; Sharabi et al., 2016). This leads to frustration and explains why many non-depressed partners in this study moved toward the closed end of the tension engaging in avoidant communication to withhold their thoughts or mask their emotions (Sharabi et al., 2016).

On the other end of the dialectic, participants also experienced openness, although openness seemed to be a condition of communicating at the right time. Some depressed participants wanted more openness during their episodes to avoid talking about it later. Communicating about the episode as it occurred became a way for the depressed partners to get through the episode. Other participants noted that they would discuss it if they felt the need, but their non-depressed partners learned that they do not need to discuss the episode every single time. Through this, the *openness/closedness* tension was manifested both within and outside of a depressive episode and couples seemed to learn over time what would work best for their relationships. Additionally, some participants reported that open communication led to feelings of relational closeness. Sharabi et al. (2016) found support for positive outcomes of depression on romantic relationships, citing that couples valued the support and experienced feelings of closeness. Some partners found the depression gave them more opportunities to check in with each other, to take care of each other.

In light of these struggles, open communication was still beneficial for both the depressed and non-depressed partners. Open communication helped depressed partners work through their feelings and emotions during a depressive episode, and it helped non-depressed partners understand what may have caused the depressive episode for their partner and relieved some of the fear that they could have been the cause.

### **Strengths, Limitations, and Future Research**

Unlike previous psychology-based studies on depression in romantic relationships, this study provided insight into what depressed and non-depressed partners both need during a depressive episode to cope with and manage the episode. It is important to understand the dyadic tensions at play. By using RDT as a framework, the tensions and contradictions became more evident. Most research about depression and relationships is psychology-based; this study filled a gap by providing a communication-based approach to learning about how couples experienced and managed depression in their relationships. There was a good variety of dating-and married couples, which provided a continuum of results based on experiences and amount of time spent together. There was also a varied amount of relationship length in the sample, which proved beneficial in the results.

There were several limitations to this study. First, the sample consisted of fewer non-depressed partner participants when compared to depressed partners. While the lack of non-depressed partner participants could be explained based on privacy management rules, a more even distribution of depressed and non-depressed partners was needed to fully capture the unique tensions experienced by non-depressed partners. Additionally, all participants were under forty years old and were majority Caucasian. An ideal sample size would include greater diversity in age and ethnicity and should consider the impact of gender, race, and sexuality. Participants were also not selected from the same relationship, so no depressed and non-depressed partners that participated in the study were in a relationship together. Having the unique perspective of each partner from the same relationship could provide valuable information and insight that was lost in this study. Finally, future research needs to continue to analyze the unique situations that couples face when there is one partner that suffers from depression. While this study adds to the growing body of communication-based research on this topic, more studies need to be grounded in communication theory to add to the body of knowledge surrounding depression communication.

### **Conclusion**

By learning more about the unique communicative struggles and tensions that these couples faced, the body of communicative depression research is growing. This research provided a deeper understanding of what specific tensions couples face when one partner suffers from depression. While other relationships may deal with similar issues, the couples in the current study faced unique tensions surrounding communication and coping strategies due to depression. Expanding and dissecting a few of the most common tensions helps researchers better understand what these couples face from a communicative standpoint. Studying the contradictions that romantic partners face when one person suffers from depression helps both researchers and people in similar situations learn and better understand what they face daily.

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## Appendix

### Interview Protocol- Depressed Partner

1. Tell me a little about your relationship with your romantic partner.
  - a. Specifically, how did you meet, how long have you known them?
  - b. What brought you together?
2. When and how did you first reveal your depression to your partner?
  - a. How did they react to that news?
  - b. How has your depression been treated?
3. In what ways do you think your depression affects your communication with your partner?
4. What are the most difficult things to talk about regarding your depression?
5. Describe the communication between you and your partner on a day-to-day basis.
6. Describe the communication between you and your partner during a depressive episode.
7. What do you personally need from your partner when you go into a depressive state?
8. Tell me about a time when your partner communicated in a way that contradicted what you needed.
9. Describe the successful coping strategies you used when faced with this contradiction.
10. Tell me about a time when you tried a coping strategy that didn't work.
11. How have the coping strategies you use changed over time?
12. How, if at all, have your needs changed over time?
13. What is most helpful about your partner's communication with you? Can you provide an example?
14. What is most unhelpful about your partner's communication with you? Can you provide an example?
15. What do you think your partner needs from you when you are in a depressive state?
16. Tell me about a time when you communicated in a way that contradicted what your partner needed.
17. Describe the successful coping strategies your partner used when faced with this contradiction.
18. Tell me about a time when your partner tried a coping strategy that didn't work.
19. How have your partner's coping strategies changed over time?
20. How, if at all, has your partner's needs changed over time?
21. What is most helpful about your communication with your partner? Can you provide an example?
22. What is most unhelpful about your communication with your partner? Can you provide an example?
23. How, if at all, does your communication with your partner change after a depressive episode?
24. How do you communicate about your depression with other family members? Do they know?
  - a. Has your communication with family members been different since your depression was revealed? If so, how?
25. How does your partner communicate about your depression with other family members?
  - a. Has your partner's communication with family members been different since your depression was revealed? If so, how?
26. How do you communicate about your depression with friends? Do they know?
  - a. Has your communication with friends been different since your depression was revealed? If so, how?
27. How does your partner communicate about your depression with friends?
  - a. Has your partner's communication with friends been different since your depression was revealed? If so, how?
28. If you could provide advice to other couples touched by depression, what would you advise them to do or say?
  - a. What have you tried that didn't work?

- b. What have you found to work?
- 29. What is your age?
- 30. What is your gender?
- 31. What is your ethnicity?

Interview Protocol- Non-depressed Partner

1. Tell me a little about your relationship with your romantic partner.
  - a. Specifically, how did you meet, how long have you known them?
  - b. What brought you together?
2. When and how did your partner first reveal their depression to you?
  - a. How did you react to that news?
  - b. How has their depression been treated?
3. In what ways do you think your partner's depression affects your communication with your partner?
4. What are the most difficult things to talk about regarding your partner's depression?
5. Describe the communication between you and your partner on a day-to-day basis.
6. Describe the communication between you and your partner during a depressive episode.
7. What do you personally need from your partner when they go into a depressive state?
8. Tell me about a time when your partner communicated in a way that contradicted what you needed.
9. Describe the successful coping strategies you used when faced with this contradiction.
10. Tell me about a time when you tried a coping strategy that didn't work.
11. How have the coping strategies you use changed over time?
12. How, if at all, have your needs changed over time?
13. What is most helpful about your partner's communication with you? Can you provide an example?
14. What is most unhelpful about your partner's communication with you? Can you provide an example?
15. What do you think your partner needs from you when they are in a depressive state?
16. Tell me about a time when you communicated in a way that contradicted what your partner needed.
17. Describe the successful coping strategies your partner used when faced with this contradiction.
18. Tell me about a time when your partner tried a coping strategy that didn't work.
19. How have your partner's coping strategies changed over time?
20. How, if at all, has your partner's needs changed over time?
21. What is most helpful about your communication with your partner? Can you provide an example?
22. What is most unhelpful about your communication with your partner? Can you provide an example?
23. How, if at all, does your communication with your partner change after a depressive episode?
24. How do you communicate about your partner's depression with other family members? Do they know?
  - a. Has your communication with family members been different since your partner's depression was revealed? If so, how?
25. How does your partner communicate about their depression with other family members?
  - a. Has your partner's communication with family members been different since their depression was revealed? If so, how?
26. How do you communicate about your partner's depression with friends? Do they know?
  - a. Has your communication with friends been different since your partner's depression was revealed? If so, how?
27. How does your partner communicate about their depression with friends?



- a. Has your partner's communication with friends been different since your partner's depression was revealed? If so, how?
28. If you could provide advice to other couples touched by depression, what would you advise them to do or say?
  - a. What have you tried that didn't work?
  - b. What have you found to work?
29. What is your age?
30. What is your gender?
31. What is your ethnicity?