The Instructor’s Manual accompanies the DVD Gender Differences in Depression: A Marital Therapy Approach (Instructor’s Version). Video available at www.psychotherapy.net.

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Instructor’s Manual for Gender Differences in Depression: A Marital Therapy Approach

Video presented by The Depression Project of the Ackerman Institute for the Family, with Peggy Papp, MSW, Jeffrey Seibel, MSW, Gloria Klein, MSW and Paul Feinberg, PhD.

Cover design by Sabine Grand

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Instructor’s Manual

GENDER DIFFERENCES IN DEPRESSION
A Marital Therapy Approach

with Peggy Papp, MSW, and the Depression Project of the Ackerman Institute for the Family

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPT
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. SEGMENT-BY-SEGMENT DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the sessions to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage the viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the sessions? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.
6. ROLE-PLAY IDEAS

After watching the video, organize participants into groups of four. Assign each group to role-play a therapy session with a couple in which one or both partners are depressed. Each role-play shall consist of one therapist, one couple and one observer. After the role-plays, have the groups come together to discuss their experiences. First have the clients share their experiences, paying special attention to issues related to gender and gender differences. Then have the therapists talk about their experiences in the session, and, finally, ask for comments from the observers. Open up a general discussion on what was learned about couples therapy with depressed male and female clients.

Another alternative is to do all of this in front of the group with just the therapist and the couple; the entire group can observe before discussing the interaction. After a while, another participant may jump in as the therapist if the therapist gets stuck or reaches an impasse. Follow up with a discussion that explores what does and does not work in therapy with depressed couples, particularly exploring differences in treatment approaches for men and women.

7. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Segment-by-Segment Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

CONFLICTING GENDER ROLES

1. Gender Roles: Do you think gender differences regarding the causes and manifestations of depression in this video are realistic or that they are based more on culturally defined gender stereotypes? Do you agree or disagree with Papp’s identification of gender differences in self-esteem and the different ways men and women are predisposed to depression? What makes sense or does not make sense with Papp’s assessment from your perspective? If you agree with her, how do you think the framework holds up across cultural groups?

2. Good Wife: What do you think about the way the therapists worked with Marsha around her feelings about her role in the marriage? What effect do you think their questioning had on the clients, and of the development of the therapeutic relationship? What would you have asked or done differently in this initial session?

EMOTIONAL DISCONNECTION

3. Not Present: Both Ed and Marsha describe Ed as not having been present in the relationship, ostensibly due to his depression. Does this interpretation work for you? Does this seem a particularly male experience, or are depressed women equally not present in their relationships?

4. Therapist Style: How do you react to the questioning style used by the therapist in this session? Does she seem too confrontational to you, or just right? Is there a way in which her style of interacting with the clients may be particularly effective, or ineffective, with depression?
BECOMING CONNECTED

5. **Helping Others:** What do you notice about the way the therapists in this session worked with Ed’s new experience of being useful and helpful to others? What stands out for you about this conversation? If you were the therapist and you noticed a connection between Ed’s experience of helping others and his tendency to keep emotions locked up inside, would you point it out as the therapist in the video did?

6. **Connecting Depressed Men:** Does the idea of helping depressed men get in touch with the feelings of others and actively respond to them make sense to you? Do you agree that this may be more effective than helping them get in touch with and express their own feelings? Talk about your responses.

EQUALIZING RESPONSIBILITY

7. **Accepting the Shift:** We don’t get to see how the therapists helped Marsha work through her initial difficulties letting Ed be responsible. How might they have facilitated that process? In what ways might you work with a female client around this issue? What about a male client—would you work differently? Would a man’s struggle around equalizing responsibility be different from a woman’s?

INCREASING SELF-WORTH THROUGH WORK

8. **Co-therapists:** What do you think about the way the therapists are working together in this session? Does it seem like they have different roles? Do they complement one another, seem competitive, disjointed? What do you like about the way they work together? What would you change?
FOSTERING EMOTIONAL CLOSENESS

9. **Manly Expression of Feelings:** Why, if at all, is it important for Ed to know that what makes sharing feelings and emotional pain difficult has to do with gender stereotypes and prescriptions from the wider culture? If you were the therapist, would you emphasize the gender issue more or less here? Would you even bring it up at all, or would you prefer to let the client understand his difficulty in any way he wants to? What role do you think explaining information like this to clients has in therapy? In what ways it is helpful, and in what ways not?

CONCLUSION

10. **Your Work:** What is helpful and not helpful to you as a therapist about seeing depression in terms of gender differences? What aspects of this framework will impact your work as a therapist and the way you sit with and think about clients?

11. **Personal Reaction:** If you were seeking couples therapy, how would you feel about being a client of Papp and her team? Do you feel an alliance could be made, and that they would be effective with you? Why or why not?
Reaction Paper for Classrooms and Training

• **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach discussion. Respond to each question below.

• **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about couples therapy? What stands out in how these therapists work?

2. **What I am resistant to:** What issues/principles/strategies did you find yourself having resistance to, or what approaches made you feel uncomfortable? Did any techniques or interactions push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.

3. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work?

4. **How I would do it differently:** What might you have done differently than the therapists in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

www.ackerman.org        The Ackerman Institute for the Family

www.psychotherapy.net    Interviews with master couple therapists John Gottman, Insoo Kim Berg, & Susan Heitler

www.newtherapist.com/papp15.html

Interview with Peggy Papp in The New Therapist

www.blackdoginstitute.org.au/depression/causes/gender.cfm

The Black Dog Institute: Australian research on gender and depression

http://menanddepression.nimh.nih.gov

Real Men, Real Depression from the National Institute of Mental Health
RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Couples Therapy: An Introduction
   – Ellyn Bader, PhD & Dan Wile, PhD

Effective Psychotherapy with Men
   – Ronald Levant, PhD

Over the Hump: Family and Couple Treatment
   – Insoo Kim Berg, MSSW

She’s Leaving Me: A Four-Stage Treatment Model for Men
   Struggling with Relationship Loss
   – Steve Lerner, PhD

The Abused Woman
   – Lenore Walker, EdD

The Angry Couple
   – Susan Heitler, PhD

Together in the Middle of the Bed: Brief Treatment with a Couple
   – Insoo Kim Berg, MSSW & Steven de Shazer, MSSW
INTRODUCTION

Ed: When you’re depressed, you don’t believe that you’re ever going to get out of that rut, of that hole. You don’t—You’re there, and that’s it.

Marsha: I feel like something inside of me either broke or gave up or…

One thing I keep thinking about is maybe this is an octopus or a centipede, with all these shoes and always going to be living my life waiting for the next shoe to drop. And it’s taken quite a toll on me.

Peggy Papp Commentary: In 1990, the American Psychological Association’s report on women and depression included the following treatment recommendation: “Understanding how to ameliorate the negative effects of gender roles and stereotypes is essential if optimal treatment outcomes are to be attained.”

A review of the vast professional literature on depression from recent years reveals that this important recommendation has largely been ignored by the mental health profession. In this video, I will present some of the work of the Depression Project at the Ackerman Institute. We began this project to address this serious omission of gender differences in the understanding and treatment of depression.

But first, what is depression? Depression is universally described as a profound disturbance of mood connected with a negative view of one’s self image. People suffering from depression use terms such as “lack of self-esteem,” “self loathing,” “low self image,” and “feelings of worthlessness” to describe their experience of themselves. Yet, it is
impossible to separate one’s self-esteem from one’s image of oneself as a man or woman. Self-esteem doesn’t exist in a vacuum, but instead in a relational and social context.

Men and women assess and maintain their self-esteem in different ways. Men’s self-esteem is highly performance oriented, having to do with work, achievement, sexual performance, money, status, hierarchy, competition, and being in the expert position in the outside world. For women, self-esteem is built largely around issues of relatedness, emotional connection, intimacy, and cooperation.

The following gender mandates predispose both men and women to depression.

For women:
- the prohibition against self-assertion and independence
- the need to please others
- inhibiting their anger
- putting their own needs second
- taking excessive responsibility for the physical and emotional well-being of others
- their propensity to accept blame.

For men:
- The preoccupation with achievement and performance
- The pressure to compete in the work world
- The denial of feelings of weakness or vulnerability
- The need to be in the expert position.

A key research finding that is ignored in most treatment approaches is that the most stressful life event precipitating depression is marital conflict, and marital conflict is also the most predictable indicator of relapse. Numerous studies have also shown that marriage itself is a risk factor for depression in women. Married men are least subject to depression as compared to single men or married women.

In our project, we focus on the marital relationship because marriage is the place where the personal and the cultural meet, and where gender
expectations and beliefs are played out on a daily basis. Our project was set up to address the following questions:

- Do women and men become depressed for different reasons?
- Do they react differently when they are depressed?
- In what way do stereotypical gender beliefs and behaviors contribute to depression?
- Is the adaptive behavior of husbands and wives to a depressed spouse different?
- How does this affect their marital interactions?
- Is marital therapy that takes these differences into account effective?

Through our work, we have discovered that men and women:

- Become depressed for different reasons
- Cope with depressive symptoms differently
- Are responded to differently by spouses

Women are generally at risk for depression when there’s a disruption in their personal relationships and when they feel powerless to change their lives. They are quicker to acknowledge their depression, seek professional help, and reach out to their husbands for more involvement and contact.

Men, on the other hand, are at risk for depression when their experience of their performance doesn’t sufficiently live up to their ideal. This risk increases when their relationship needs are not acknowledged, and when they are cut off from their feelings.

There is a marked difference in the caretaking practices of husbands and wives, which fall into stereotypical gender patterns. When wives are depressed, the husbands typically try to problem solve. They speak of fixing it or mapping out a plan of action. This goes counter to the wife’s need to be listened to and to have her feelings validated.

Wives react differently when their husbands are depressed. They tend to placate, protect, and appease. They shield them from the demands and responsibilities of family life and protect them from having to face their own painful feelings.
In our work, we attempt to modify these stereotypical gender patterns, which we have found to have a detrimental effect not only on the couple’s relationship but on the course of the depression.

Our treatment team consists of two men and two women, working in female/male co-therapy teams. The rest of the team includes Gloria Klein, MSW, Paul Feinberg, MSW, and Jeffrey Seibel, MSW.

While the primary team interviews the couple, the other two therapists observe from behind the one-way mirror and serve as a consultation team. Towards the end of each session, we take a break and discuss what new information has emerged. We then share our ideas with the couple.

Our referrals come primarily from psychiatric hospitals, and all of the depressed spouses are on anti-depressants. Medication is monitored by an outside psychiatrist with whom we maintain a collaborative relationship. We believe that depression is multi-determined, having to do with the complex interaction between biological, interpersonal, and cultural factors.

In the following case, both the husband and wife are depressed, although Ed was the one who was referred after two months in a psychiatric hospital. Initially, he did not associate his immobilizing depression either with the loss of his job or his wife’s threat to leave him.

Their 13 years of marriage has been plagued by financial difficulties and Ed’s frequent job changes. He ran up large debts and had difficulty earning a living.

Throughout their marriage, Marsha has played a supportive, protective role, seeing him through his depressed moods and taking responsibility for paying off their debts. She has been working full time, running the household, fighting off creditors, and making daily trips to the hospital to visit her dying father.

Ed spends his days sleeping or watching television, unable to mobilize himself to look for work. He has withdrawn emotionally from Marsha, leaving her feeling all alone and overburdened.

For many years, the couple has played out their cultural roles of the caretaking wife and the disconnected, withdrawn husband. However,
after Marsha’s discovery of Ed’s secret overspending that plunged them into debt, she has begun to question whether or not she wants to remain in the marriage.

Throughout this therapy process, Gloria Klein and Paul Feinberg are the therapists in the session. Jeffrey Seibel and I are behind the one-way mirror.

CONFLICTING GENDER ROLES

In the first session, Marsha is torn between her expectation of herself as a good wife and her fears about her own survival.

Marsha: One part of me says, “I should be the supportive wife, and the other part of me says, you know, “Wake up. It’s never going to be any different.” And then I have these little conversations with myself about being a good person or a bad person.

Paul Feinberg, MSW: So the one part of you says you should be a supportive wife and stay in the relationship and support him, et cetera, and understand.

Marsha: Right.

Feinberg: And the other part of you says, “It’s never going to change.”

Marsha: It’s never going to change.

Feinberg: And what?

Marsha: And like, I describe myself as being like a string attached to him. Wherever he goes, that’s where I get dragged. And it’s like, I mean, he can—with imagination, he can get into all kinds of trouble and I feel like…I think some movie had the expression “the man that walks behind the elephants.” Always these things, forever cleaning up and straightening out.

Feinberg: You feel like the man who’s walking behind the elephants?

Marsha: Yes. And I’ve got all kinds of stuff, you know, just plain old in my job, which is not the important part of my life…

Feinberg: Why do you—How do you cope with that? Why do you put up with that?
Marsha: I don’t know. I don’t know. Maybe because when I got married, I felt it was a forever thing. Maybe it’s because if I wouldn’t, then I wouldn’t be a good person. Maybe it’s because sometimes people are in trouble and people who love the people in trouble are supposed to help them.

Papp Commentary: Marsha equates being a good wife with being a good person, and a good wife sacrifices everything for her husband. These beliefs blinded her from the reality of their life together, and she has now begun to reevaluate them.

EMOTIONAL DISCONNECTION

In the following session, Marsha discusses her feelings of living in a dream world in which Ed was never really present. Ed describes his experience of being physically present but emotionally absent.

Marsha: And now I’m beginning to realize how much he really wasn’t—not only for me because if he’s not there for himself, he can’t be there for me, you know. But, you know, you just stop and think about, “So, like, who was I talking to? Who was I planning with? Who was I dreaming with? What was it all about?”

And then we had some conversations along the way here about some of the planning and some of the dreaming he was doing—How did you say it? Like for me...because he never really visualized himself in these plans and dreams. It’s just like there really wasn’t that much of a tomorrow.

Ed: Why plan for a tomorrow if you’re not going to be any better than you were today?

Gloria Klein, MSW: But it’s almost—I mean, it’s bewildering to me. It’s almost as if you’re describing feeling as if you were kind of fooled all these years. And how did you—how do you think you managed to give her the impression that you were there when you weren’t, to the extent that she thought you were?

Ed: I just was existing. I was there. I was talking. I was answering her.

Klein: But she didn’t—She did—She was like fooled.
Ed: Yeah.

Klein: How did you manage to fool her like that?

Ed: Just by answering her questions.

Klein:Were you aware during that time that you weren’t like all there for her? Or is this something that you discovered now?

Ed: I wasn’t—I wasn’t all there for myself.

Papp Commentary: Ed has been living in an emotional vacuum in which he was disconnected from himself as well as everyone around him. Our first step in helping him out of this vacuum is by encouraging him to connect with Marsha in a new way.

Both Ed and Marsha share the assumption that he can’t be there for her until he’s there for himself. We begin with a reverse assumption: that the best way for Ed to be there for himself is first to be there in a helpful way for Marsha.

BECOMING CONNECTED

In the following segment, the therapists express their concern over Marsha’s emotional state and ask Ed if he feels he’s capable of relieving her of some of her burdens. He agrees to do this and subsequently has a new experience. He comforts his wife’s mother and sister as they visit Marsha’s father in the hospital. For the first time in his life, he begins to see himself as having something important to offer to others.

Ed: Yeah, I think I was helpful emotionally both to Marsha while we were there and her mother and her sister.

Marsha: I mean, you guys must know that when something serious is going—if I have to tell you this and we should leave the room altogether—that when something serious is going on, sometimes it just helps to know that the person going through something is just not alone.

Klein: That’s what I was wondering. That’s the kind of…

Marsha: Yeah. And that, like days later, my mother told me like certainly—Actually, I thought it was a little out of character, but my
mother told me that Ed was holding my mother’s hand. Remember I asked you about that?

**Ed:** Yeah. We were sitting—we were sitting in the waiting…

**Marsha:** I couldn’t imagine how this could have come about. You know…

**Ed:** But Diane, also.

**Marsha:** Diane, also, what?

**Ed:** The same thing.

**Marsha:** Holding my mother’s hand or your hand?

**Ed:** No. My hand.

**Marsha:** Oh, you’re holding everybody’s hand.

**Ed:** Yeah.

**Marsha:** Okay, I don’t know how…

**Ed:** They were very…

**Marsha:** I can imagine my mother reaching over. I can’t imagine my sister reaching over and doing that. And I can’t imagine you reaching to either one of them. So I find that a little interesting.

**Klein:** What was that like for you, I wonder?

**Ed:** It made me feel good that I was needed. You know, that I was—during that whole week.

**Feinberg:** Sounds like it also was very touching for you. Moving.

**Ed:** Yeah. Yeah. It was very moving. In both cases.

**Feinberg:** And so you—Then you stayed—you hung in there. You didn’t pull your hand away.

**Ed:** No.

**Feinberg:** So it made you feel stronger.

**Ed:** Yeah, yeah.

**Papp Commentary:** *But you’ve never reached out to anybody for your…*
Ed: No. I’m more a person that keeps everything inside.

Feinberg: Did this experience—Would this experience change that in any way, do you think?

Ed: Oh, a lot of experiences recently have changed that. I think that I’m opening up more and more these days than I used to. Yes. Something like that can change you as other things that happened.

I think part of the reason, part of the reason that I hold everything in and wouldn’t let it out and tell and communicate with people was because of my low self-esteem of myself, that I wasn’t worthy of letting anything out, number one. And number two, if I did let anything out, I would feel that whoever I was letting it out to would feel that I was stupid or something like that. So in order not to be hit, to shield myself, I put up this barrier around myself where I wouldn’t let anything out.

Feinberg: So you were quite protective, self-protective?

Ed: Yeah.

Feinberg: Uh-huh. So all of this makes you feel like, “Maybe I don’t have to be quite so self-protective and…”

Ed: Right. Exactly.

Feinberg: “…I might be a resource for other people.”

Ed: Yeah. I might be, you know—there are people who might be able to depend on me.

Papp Commentary: Ed’s first experience of feeling good about himself comes from being able to give something to others. A prevalent idea in our field is that therapists should help depressed men get in touch with their feelings and express them. We have found as a first step that it’s more important to help them get in touch with the feelings of others and actively respond to them. This is a validating experience that makes a man feel needed and competent in an area in which he usually feels incompetent. It also allows him to become involved in a way that is tolerable because it is active and he is in charge.
EQUALIZING RESPONSIBILITY

At this point, the therapists encourage Ed to become even more helpful to Marsha, who is feeling like she was buried under a sandstorm of unsolvable problems.

Our goal here is to equalize the responsibility in the relationship, which up to this point has fallen heavily on Marsha’s shoulders. We believe a sense of responsibility is of primary importance to Ed’s self-esteem.

For much of his life, he has experienced himself as an irresponsible, undependable man. As he begins to assume more responsibility, Marsha is able to let go of it, thus rebalancing their rigid gender roles.

Klein: We wanted to ask you, Ed, if you would make a list of Marsha’s sandpit and sandstorm and everything else that’s just burying her, is the way she feels it. And if you could mobilize—if you would mobilize your strength, your resources, your intellect and some of the things that you’ve really demonstrated, your talents, some of the things that you demonstrated for us today in being helpful to her and help her with these things and some of the things that are on the list. Because she’s in crisis. And as you point out, she’s very depressed.

Ed: I have been—I have been trying to help her with as many things on the list as I can.

Klein: Well, we could see signs of that as you talked about it, and we would not—I guess, you’ve noticed that if you say to her, “Don’t worry about it,” that doesn’t work but there are other ways that...

Marsha: No. He’s been—There have—I mean, we didn’t get to talk about this, but just in a very significant way, he’s just been there. And I think the word that you used was that you were engaged in the conversation as opposed to just being in the conversation.

Ed: Right.

Marsha: And it wasn’t just like a one-shot deal. Over these last—actually, maybe two weeks, it’s been...

Feinberg: That’s good.

Marsha: Yeah.
Feinberg: But we thought it would be a good idea for you to actually make the list.

Marsha: Make the list.

Feinberg: You know, to have it.

Ed: Okay.

Feinberg: Concretely.

Ed: All right. From there and just—Okay.

Klein: If you can understand what…

Ed: Also, I’ve been trying to take more and more responsibilities, like this week—We always procrastinate about the taxes—income taxes now I’m talking about. And because of what happened to her father, last weekend came about and it still wasn’t done. And she went to Boston Monday, and on Monday night, she went to her parents’ house. She was doing something with her sister. And basically what I did was I did basically the taxes. But…

Klein: And that was helpful.

Marsha: Well, it was—a couple of things happened—it was helpful. It was very unusual that Ed would, you know, take the initiative to put the stuff together. One part of me said, “I hope there’s not a mistake.” And the other part of me said, “I can’t do anymore.”

Klein: Good. Good. And then Ed…

Marsha: You know—Yeah. And I mean, you know, in all honesty, I can’t tell you if it’s—if I will learn that I, you know, it’s all screwed up or something. But I thought, you know, “If it’s screwed up, so what? Everything else is screwed up also.”

Klein: You learned something about Ed’s stability, to use his strengths…

Marsha: Oh, I always knew he could do it. He just didn’t know it.

Klein: How do you think it was for Ed to be able to have you depend on him like that?
**Marsha:** I think that that was probably good, and I think it probably came as a major shock that I was willing to send it out.

**Ed:** Uh-huh.

**Papp Commentary:** Putting Ed in the caretaking role mobilized his available energy and resources. It also gave him concrete ways of alleviating his guilt and winning back his wife’s trust. At the same time, it provided Marsha with the rare experience of having her needs come first.

Ed was becoming more emotionally and physically available, and Marsha began to feel less alone in the marriage. As a result of his sense of accomplishment in his relationship with Marsha, his depression lifted and he began looking for a job.

Marsha initially found it difficult to let go of feeling responsible for Ed, as well as herself. This is a common problem for women who have spent their lives taking care of the needs of others. We worked to help her trust Ed enough to share the responsibilities, and we supported Ed in the difficult task of looking for work.

**INCREASING SELF-WORTH THROUGH WORK**

Finding meaningful employment was essential for the continuation of the marriage as well as Ed’s feelings of respect and self-worth. In order to better understand the meaning of work in his life, we drew an outline of his work history on the black board, highlighting his most positive and successful past experiences.

**Ed:** When I was in college, I worked for like Diner’s Club and Banker’s Trust and that was more positive because, you know, you had to use your mind and stuff like that.

**Klein:** So using your mind was an important thing for you?

**Ed:** Yeah.

**Klein:** Where did you—Who in the family used their mind? Because you did speak admiringly of your uncle as a man who made a decent living for his family.
Ed: Right. My mother, she was a book keeper for a lot of the period of my life except for some years when they had a candy store. But other than that, she was a book keeper.

Klein: That’s the kind of thing that you admired?


Feinberg: But how did it affect your self-esteem and your feelings about work and…?

Ed: Uh, self-esteem was better because I worked my way into a position where I was the only one who was doing hearing screening.

Feinberg: You did have distinction there.

Ed: And then I was doing all the hearing tests for the doctors and, at that base, they got—especially at that time—they were getting a lot of army and family-oriented hearing losses. So we saw a lot of people, and I was the one eventually who was doing all the hearing tests.

Feinberg: And so you felt good about yourself at that point?

Klein: My thoughts were, as Ed was describing it, describing that he was the only one that did that job, and that he had a real feeling about being given a position of responsibility…

Feinberg: Of importance.

Klein: And then…

Ed: Yeah.

Klein: …you enjoyed the responsibility part and that improved your feelings about yourself.

Ed: Yes, it did. Yeah.

Klein: So that’s an important thing to know about you.

Feinberg: Was that the first, as a matter of fact, that you had some sense of responsibility and…

Ed: Yeah.

Feinberg: And you liked that.
Klein: Can I just interject one thing: did you work for your uncle until the time you went into the army?

Ed: Yes.

Klein: So you had a pretty steady work history from the age of 15?

Ed: Yes. Yes.

Klein: Okay.

Ed: I worked for my uncle, then I went into the army.

Feinberg: You would agree at that point that responsibility was good for you?

Ed: Yeah.

Feinberg: And your sense of yourself.

Ed: Yeah.

Papp Commentary: This review of his work history led him to try and re-enter the audiology field. Within two months, he had obtained a job and felt good about helping people.

Klein: You’re enjoying it?

Ed: Yes.

Klein: How nice.

Ed: Yes.

Klein: What is it that you’re finding in the job?

Ed: Well, because I’m dealing in something I was trained to do earlier on and, you know, added to the sales and I’m helping people. So—And I’ve sold a couple of aides. You know, things are starting to come together.

Feinberg: So you’re making money?

Ed: Huh?

Feinberg: So you’re making money.

Ed: Starting. I mean, I—it’s just the last couple of days when…
Klein: So you can use a lot of your talents and accomplish a lot of the things that you want to accomplish in your job, it sounds like.

Ed: Yeah. Yeah.

Marsha: I’m just so happy that he’s found a place. The rest doesn’t matter.

Ed: Yeah. Well...

Klein: And you see that he’s happy with it?

Marsha: Yeah.

Papp Commentary: Now that Ed is working and Marsha is feeling more confident about their future together, the couple begins to look at other aspects of their relationship, what they refer to as the “us.”

Marsha: He’s had such a hole to dig out of, and I’ve kind of dug myself into it, had to dig myself out of a hole, that the “us” is kind of sitting in the wings, waiting in the wings to—You know, it’s on line for attention, but it’s just not quite getting it. Do you know what I’m saying?

Ed: Yeah, I know what you’re saying, but I mean, just the fact that we’re communicating better is—means that the “us” is starting to get out of the hole, also.

Marsha: Yeah.

FOSTERING EMOTIONAL CLOSENESS

Papp Commentary: In the next session, Marsha is asking for more emotional closeness in their relationship. And while Ed also desires this, it runs counter to his previously held gender belief that to express feelings openly is unmanly and a sign of weakness. We continue to work with him around this issue. The modification of this gender belief so commonly held by men is a key ingredient of this approach.

Marsha: I was thinking about this today. I think what I wanted to do—and this is not particularly because of Ed or with Ed—but I think for me, what I wanted to do was if I could see somebody else’s hurt place and somehow make it better—I don’t think I thought it
through this way—but maybe this other person could make my hurt place feel better.

It feels like it’s in here [touches chest]. I don’t know where it is, but it feels like it’s in here. That is—that either is so terrible or you’re so ashamed of or you feel so incompetent about or it’s some kind of a reflection upon you that you don’t want people to know about it or a lot of things like that. And it could be a lot of different ones for a lot of different people, but whatever it is that you want to close it up and not let the world know about that place because if somebody had the ability to look in there or poke in there, the person could do you some—could play you like a puppet and hurt you like terribly.

**Feinberg:** But have you been sharing more of this with Ed?

**Marsha:** Yeah.

**Feinberg:** You have?

**Marsha:** Yeah.

**Feinberg:** And that’s—I take it it’s times like that you probably feel less alone, then. You feel…

**Marsha:** Yeah.

**Feinberg:** I should say, you’ve been sharing more of these things with Ed and I guess when you feel heard by him you’re more likely to feel less alone.

**Marsha:** Yes. Yes. I have this hurt place and I’ll expose it to you and I’ll demonstrate trust in you and I really think that you have this hurt place, also. And for a long time I don’t think Ed even realized he had the hurt place. But I was hoping that he would open up to me, to trust me, and that—first of all, by opening up, it kind of let’s a little air onto it. It’s not, you know, like this dank place that nobody knows about.

**Feinberg:** And has he?

**Marsha:** Yeah, yeah.

**Feinberg:** What was it like for you to share these things and to let it out and to let her in and—Was it helpful?
Ed: It was very hard to do it. It was very hard to do it. Was it helpful? Yes, but…

Feinberg: Would you like to do more of it?
Ed: Yeah. But it was very—it’s very, very hard for me to do it. And it was hard for me to do it.

Feinberg: How do you get recruited into the idea of, you know, not sharing these things and that you shouldn’t share these things?
Ed: I don’t know. Maybe it was how I was brought up. I really don’t know.

Feinberg: Is it part of being a male, you think, in our culture?
Ed: Possibly. Possibly, that you’re supposed to be the strong person, which means you’re not supposed to talk about hurt and stuff like that. Possibly.

Feinberg: Did you feel less strong in having shared these things…
Ed: No.

Feinberg: …with Marsha?
Ed: Uh-uh.

Feinberg: You look like you’re feeling stronger, actually, lately.
Ed: Lately, yeah. I am.

Feinberg: And you’ve been in fact sharing more, I think, no?
Ed: Yeah. But the point is I think that this place Marsha’s talking about is up here.

Feinberg: Not here.

Marsha: Either way.

Ed: Yeah. Well, maybe that’s…

Feinberg: Maybe that’s there for you. That’s there for her.
Ed: Yeah. Maybe also that’s the difference between male and female, but whatever. And it just—it’s just difficult for me to talk about these things even though rationally I know that it’s much better if I did.
Feinberg: What impact has your opening up this door a little bit and sharing some of this stuff—you know, what impact has that had on your relationship?

Ed: I think it’s made it better, and again, probably if I would open up more, it would make it that much better both for myself, for Marsha, and for the two of us.

Feinberg: And so you tell her and she understands more about you. And has that, in turn, helped you? Has that helped?

Ed: Yeah. Like I said before, it’s helped me. It helps her…

Feinberg: How? Can you say how it helped you having her know these things and understand these things about you?

Ed: Yeah. It’s something that I just—that was locked up behind this door that’s now out. The door is…

Feinberg: So is that like a relief or is that freedom?

Ed: Yeah. Yeah. Exactly. The door—Whatever the door has behind it—whether it’s a room or whatever—doesn’t have as much in it.

Feinberg: I see. So there’s less…

Ed: There’s less hurt in the hurt place.

Feinberg: …hurt in the hurt place.

**CONCLUSION**

Papp Commentary: *This new discovery that there is less hurt in the hurt place when he opens up emotionally enables Ed to own the full range of his feelings: Those of helplessness, shame and vulnerability, as well as those of strength, competence and self-respect.*

*As a result, he’s beginning to experience himself in a different light, not as a disconnected, depressed, irresponsible man, but as someone who has something valuable to give and to receive. Hopefully his deepening relationship with Marsha will act as an insurance policy against future depression.*
We believe that effective treatment for depression should take into account many different levels of our clients’ experience. In particular, we have found it essential to examine their beliefs and behaviors arising from stereotypical gender roles, which can contribute to and maintain depression.

It’s our hope that as we continue to work on these complex links between gender and depression, we will be able to deepen our understanding of them. We also hope that other therapists will begin to join us in this exploration.
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