Depression in Mormon Women

Harry P. Bluhm, David C. Spendlove, and Dee Wayne West

Depression is a common problem in Western societies; various studies have reported that between 3.2 and 9.3 percent of the population suffers from clinical depression. Women seem to be at least two times more likely to suffer from depression than men. Among the factors related to depression in women are allocation to a homemaker's role at the expense of a career outside the home, little perceived support from husbands, large families, young children in the home, lack of education, and low income. Many Latter-day Saint women in the United States share at least some of these characteristics, and at least two reports have cited Mormon women as being especially susceptible to depression because of perceived pressure to be perfect, expectations of large families at the expense of other interests, and a traditional male-dominated homemaker's role in the face of a changing social system (Burgoyne and Burgoyne 1977; Degn 1979; Johnson 1979; Warenksi 1978, 98). To date, most of the evidence has come from anecdotes by therapists who have treated depressed Mormon women.

To clarify this issue, we designed a study to estimate the prevalence of depression among married Mormon women in Utah. We also designed the study to help determine if the factors affecting LDS women were similar to factors found in other depressed female populations. We used a random-digit phone dialing procedure in the Salt Lake City metropolitan area to identify both LDS and non-LDS women who were married, Caucasian, English-speaking, and whose children were all fourteen or younger.

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1 For the view of homemakers at high risk, see Brown and Harris (1978); Stewart and Salt (1981); Gove and Geerken (1977); and Gove (1972). For an opposing view, see Newberry, Weissman, and Meyers (1979), and Aneshensel, Frerichs, and Clark (1981).
We conducted the interviews by telephone for several reasons: reduced cost, monitoring by a third person for problems that might arise, and elimination of the influence of glances and facial expressions. Also, the response rates are higher than in face-to-face interviews and all households in the area with telephones (96 percent) had an equal chance of inclusion in the study. The interviewers asked questions relating to depression using the Beck Depression Inventory. This inventory consists of twenty-one items and includes, for example:

I cry all the time.
I feel I am a complete failure as a person.
I blame myself for everything that happens.
I am too tired to do anything.
I have to push myself very hard to do anything.
I have no appetite at all any more.

Of the 213 women who met our criteria, 179 completed the interviews. The 143 LDS and 36 non-LDS married women in the sample were similar in mean age and level of education but different in mean number of years lived in Utah, mean number of children, percentage employed, and median income level (see Table 1).

An analysis of the religious variables revealed that the typical married Mormon woman interviewed was married to a Mormon spouse (90.9 percent), attended the Mormon temple at least several times a year (55.2 percent), attended church meetings at least twice a month (74.8 percent), prayed almost every week (83.0 percent), and was intrinsically motivated (69.9 percent). Comparative data showed that the typical non-Mormon woman interviewed was extrinsically motivated (55.6 percent), was married to a non-Mormon spouse (80.6 percent), attended weekly church meetings once a month or less (61.2 percent), and prayed almost every week or more (66.7 percent).

LDS and non-LDS women responded similarly to most questions regarding non-religious variables: most had few stressful life events (78.3 percent LDS to 69.4 percent non-LDS), obtained adequate spouse support (86.0 per-

**TABLE 1**

**DEMOGRAPHIC DATA FOR MARRIED LDS AND NON-LDS WOMEN**

<table>
<thead>
<tr>
<th>Variables</th>
<th>LDS (N=143)</th>
<th>Non LDS (N=36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>29.5 years</td>
<td>30.7 years</td>
</tr>
<tr>
<td>Mean number of years lived in Utah</td>
<td>21.8 years</td>
<td>12.2 years</td>
</tr>
<tr>
<td>Mean number of children</td>
<td>2.8</td>
<td>2.1</td>
</tr>
<tr>
<td>% Employed</td>
<td>24.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>% High school or less education</td>
<td>56.6%</td>
<td>58.3%</td>
</tr>
<tr>
<td>Median income</td>
<td>$20,157</td>
<td>$23,333</td>
</tr>
</tbody>
</table>
cent to 80.6 percent), and had good to excellent health (85.3 percent to 88.9 percent). The two groups felt differently, however, about work satisfaction. Only 36.1 percent of the non-LDS women felt satisfied working only in the home, whereas 61.1 percent of the LDS women expressed satisfaction with homemaking exclusive of outside employment.

According to the inventory, 23.8 percent of the married LDS women and 22.2 percent of the non-LDS married women were classified as depressed, a difference that was not statistically significant. We analyzed the risk factors for depression only for the LDS women as there were too few non-LDS women cases in the survey to allow this refinement. Four variables were significantly related to depression after making control adjustments: education, caring from spouse, health, and income. Variables which we found did not increase LDS women's risk of depression were employment outside the home, age, stressful life events, number of children, and marriage to a non-LDS spouse. Interestingly, religious variables such as frequency of Church or temple attendance and frequency of prayer also did not affect depression rates.

The major finding of this study was that at least in Salt Lake City, married LDS women appear to be essentially at the same risk for depression symptoms as are non-LDS married women. This seems to confirm the clinical judgment of certain therapists who have contended that despite their apparent “risk factors” Mormon women do not get depressed more than other women. Parallel results are evident in comparable studies of depression among other religious groups. Therapists working with a depressed Mormon mother might well consider these risk factors for depression. Understanding them might also help bishops better determine which young mothers might be in more emotional need than others. As Barbara Smith, former president of the LDS Relief Society, has said. "It is important to understand the woman's situation, her

<table>
<thead>
<tr>
<th>Variable</th>
<th>High and Low</th>
<th>%</th>
<th>Adjusted Risk Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>No B.S. Degree</td>
<td>28.0</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>B.S. Degree</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Caring from</td>
<td>Little</td>
<td>60.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Spouse</td>
<td>A Lot</td>
<td>17.9</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Poor, Fair</td>
<td>47.6</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>Good, Excellent</td>
<td>19.7</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>under $16,000</td>
<td>37.8</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>over $16,000</td>
<td>17.3</td>
<td></td>
</tr>
</tbody>
</table>

* The risk ratios, adjusted for education, caring from spouse, health and income, reflect our best estimate of the independent effect each variable has on depression. For example, married LDS women without a bachelor's degree were 4.4 times more likely to be depressed as married LDS women with bachelor's degrees.
health, her mental frame of mind, the responsibilities she has with her children, and the financial problems she might be having so as not to put more stress upon her than she is able to handle” (Degn 1979, 26).

Programs need to be developed to help these women realize they are not alone in feeling depressed and to learn about symptoms and how to get help. All available resources, including reference and self-help books, the services of the LDS Social Service Agency, and counseling with a qualified therapist should be used to help a depressed mother obtain and maintain balance in her life.

Very few people live without experiencing depressive symptoms at some point in their lives. One reason depression in Utah has been attributed to religious values and norms is merely because religion becomes a factor in all aspects of life when religious involvement is heavy. It would seem wiser not to use this convenient scapegoat or, on the other hand, give total credit for one’s emotional well-being to a religious institution (or any other single factor). Giving either undue blame or undue credit to the Church for the quality of one’s life will not help in the difficult task of understanding and solving emotional problems.

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atric Clinic at the University of Southern California Medical Center; Jed Ericksen, a social worker and director of the Psychiatric Emergency Service at the University of Utah Medical Center; and Dr. R. Jan Stout, a Salt Lake psychiatrist and assistant clinical professor of psychiatry at the University of Utah College of Medicine.


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