D Aims
Brown et al. looked at factors involved in depression, and considered only women. They used interviewing techniques to find out how self-esteem and social support factors affected the development of depression. The aims were:

- to see whether crisis support protects against the onset of depression, even if there is low self-esteem and a lack of general support
- to see if a lack of support and low self-esteem are vulnerability factors for depression
- to see if support from a husband, partner or close relationship reduces the risk of depression

Procedure
The study took place in Islington, North London. The study used a prospective design – this means that it was a longitudinal study that started when the participants were not affected by the condition of interest, in this case depression. This allows risk factors to be studied. If someone with depression is interviewed once they are depressed, then the depression may affect answers given concerning events that led up to the depression. This would make it difficult to investigate the causation factors.

Women whose husbands worked in manual occupations, had at least one child aged 18 or under living at home, and were themselves aged between 18 and 50, were sent a letter by their GP asking if they were willing to take part. Women who fit the criteria and all single mothers (since depression is frequent among single mothers) were put into the sample. In total, 435 women were found, and a number of them were randomly selected to participate: 91% of the initial response (so 395 women in total) were used in the first stage of the study.

The study had two phases:
- at first contact measures of self-esteem and personal ties were measured, and psychiatric history collected
- the second phase, one year later, collected data about any onset of psychiatric disorder in the twelve months following first contact, and measures of live-event stress and social support were also taken
- the measures were carried out carefully and by experienced interviewers; there were tests for reliability, with 60 women being interviewed intensively and 21 used in a reliability study: of these 21, eleven were seen by two interviewers and ten were rated by a second person using tapes of the original interviews, and satisfactory inter-rater reliability was found

In this study, fifty participants who were found to be depressed when first contacted were excluded from the follow-up study one year later, as the researchers were only interested in new cases of depression to find causation factors.

Findings
In all, 353 women agreed to the follow-up interview one year on (89% of the original sample interviewed), although 50 of those were the initially depressed, and so the study excluded their data and analysed the cases of 303 women. About half of those women (150) had experienced a severe event or major difficulty at some point in the twelve months between first contact and the follow-up, and 32 of the women had the onset of depression.

Life events and onset of depression
Of the women who had developed depression in those twelve months, 29 of the 32 had experienced some major life event (involving a loss, failure or disappointment) six months prior to developing depression – that’s 91% of all those who were depressed. This compared to only 23% of the women without depression who had experienced such an event.

Self-esteem and the onset of depression
Of those who had a life event, 33% of those who developed depression had negative evaluation of the self and 13% did not. The table shows the relationship between provoking agents (life events) and negative self-esteem.

<table>
<thead>
<tr>
<th>Did they have negative evaluation of self?</th>
<th>Did the women have a provoking agent?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes (%) of those with onset</td>
</tr>
<tr>
<td>Yes</td>
<td>33% (18 out of 54)</td>
</tr>
<tr>
<td>No</td>
<td>13% (12 out of 96)</td>
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</tbody>
</table>
Social support

The majority of women with core crisis support (85 of 92) saw it as helpful, and there was no difference in their perception of support being helpful whether they had developed depression or not. It is interesting that where a woman had said she had confided in a close tie (core support) at first contact, but not at crisis support and so felt let down, 42% developed depression. Of those who had no support either at first contact or at crisis, 44% (or 4 of the 9) developed depression.

Note: core support refers to the support of a husband, partner or other close relation, whereas crisis support refers to (professional) support at the time of a provoking agent (life event) – which may possibly lead to depression

Conclusions

- In general, those who had a husband or other close tie had a lower chance of the onset of depression
- However, those women who were married and confided in their husbands (core support) but were let down by a lack of such support at crisis (crisis support) had an increased risk of developing depression
- Low self-esteem is implicated in the onset of depression after a provoking agent
- A provoking agent seemed to be necessary for the development of depression in most cases

Evaluation

Strengths

- Both the first contact and follow-up interviews gave the in-depth and detailed data that were required for the analysis of such complex inter-related concepts such as self-esteem, core social support and major life events
- There was strong inter-rater reliability, which strengthens the findings which come from the data
- The data were likely to be valid as they were gathered carefully by trained and experienced interviewers using a semi-structured interview technique, allowing detailed information to be gathered and explored
- Sampling was carefully carried out by contacting all eligible women and then carrying out random sampling – this meant that all the women had equal chances of being chosen, which removes a source of bias

Weaknesses

- It was hard to separate out the concepts that were scored as numbers and then percentages because qualitative data were in some cases reduced to quantitative data – for example, the presence or lack of support from a husband or partner at crisis point seemed easy to access, but then it was shown that such lack of support meant, at least in some cases, that the husband was part of the situation, rather than a bystander
- This was a study of working-class women with at least one child still at home – the sample was quite precise, and therefore generalising the findings to all women might not be possible