

**MARRIAGE, DEPRESSION AND THE AFRICAN (NIGERIAN) WOMAN: A
PHILOSOPHICO-THEOLOGICAL DISCOURSE**

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DOI: 10.13140/RG.2.2.15977.31841

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DOI: 10.13140/RG.2.2.15977.31841

Abstract

Marriage and family life has been very vital to the development of society; and marriage being an institution has always been taken very seriously but not to the extent in which the actors themselves in this institution come to terms with the realities that confronts them in marriage and family life; as such, so many issues are being taken for granted. One of those issues in marriage is 'depression'. The African (Nigerian) woman lives in denial most at times with this scourge called depression and so many have gone to their early graves. The ability for an African woman to 'speak out' or 'speak up' raises again another serious concern. The fact remains and which is the fact that depression is real and most especially in marriages. There are so many factors responsible for depression when looked at from the African (Nigerian) condition. The aim of this paper is to bring to awareness the causes and effect of depression and to give philosophical considerations and import to the discourse. This hopes to ameliorate the conditions of married women who are more vulnerable to this malaise in our African (Nigerian) society. In so doing, this paper shall adopt an expository and analytical approach using available data to help in the analysis presented by scholars from other disciplines.

Keywords: Depression, Marriage, African Woman, Nigeria, Philosophy

Introduction

In Africa (Nigeria) one of the realities and existential phenomenon that has left us in denial is that of mental disorder. There are lots of causes to mental challenges and as such to deny its existence is to live in denial. The psychological defense known as denial is protecting oneself from an unpleasant reality by

refusing to perceive it.¹ It is an established fact that both men and women are victims of the challenges that comes with mental disorder; but this paper shall focus on women because women are the most vulnerable and at the receiving end in marriages. Depression is the most common mental disorder and often differs in men and women. Women are twice as likely to suffer from depression as men are, and they are more likely to be much more vulnerable.² They are always the victim and often feel cheated in marriage; and this alone constitute a first level vulnerability. In the United States about 15 million people experience depression each year and the majority of them are women.³ The only area of divergence is the fact that in Africa, our women are either not aware that it is a mental disorder or they are very far in seeking help; or even if they seek help, they seek help from the wrong places, direction and avenue. No doubt, the stigmatization that comes with mental health challenge is again another problem in Africa; and this is the reason why a depressed woman will always want to pretend that all is well; when indeed all is not well. The mere mention of psychotherapy sends in a wrong signal; most especially when a psychiatric facility is involved. This unawareness poses a serious threat to marriage and family life considering the role women play in the family. It is important that this paper after critically looking into the causes of depression in general, focus will also be given to the causes of depression within marriage with particular reference to women in Africa. Although, men are also experiencing depression but not as women do; considering the level of their vulnerability and biological pre-disposition. According to World Health Organization, women are more vulnerable and affected with depression than men.⁴ There are so many avenues women can be pre-dispose to mental disorder due to the way they are wired and their psychological make-up; and as such this paper shall focus only on the women who are married and reside in Africa and with particular to Nigerian women. More so, this paper shall adopt a qualitative research methodology in adopting available data on the area of discourse; thereby using philosophico-theological analytical framework and multi-disciplinary engagement.

¹ Dennis C, & John M, *Introduction to Psychology: Active Learning Through Modules*. (Wadsworth: Cengage Learning 2012) 522

² <https://www.pyramidhealthcarepa.com/depression-in-women/amp/> Retrieved online 25th May, 2020

³ <https://www.webmd.com/depression/guide/depression-women> Retrieved online 25th May, 2020

⁴ <https://who.int/news-room/fact-sheets/detail/depression> Retrieved Online 28th May, 2020

Conceptual Explications of Terms

Marriage

In attempting to define or clarify what marriage is, this paper shall restrict marriage and family life to the smallest family unit known as the Nuclear Family and consists of a husband and wife and their immature offspring.⁵ Although, there exist other variations in family structure, and these includes extended families which is an extension of the basic nuclear unit.⁶ The vertical extensions – for example, the addition of members of a third generation such as the spouses’ parents – and/or horizontal extensions – for example, the addition of members of the same generation as the spouses, such as the husband’s brother or an additional wife.⁷ Therefore marriage can be referred to a legal contract and civil status, a religious rite, a social practice, all of which vary by legal jurisdiction, religious doctrine, and culture.⁸ Timothy Adidi in *Marriage (Family) and Society: A Philosophical Discourse on Related Issues* marriage is defined as an agreement between a matured man and a ‘matured’ woman to be together as husband and wife.⁹ The word ‘matured’ is very important in marriage; and this constitutes another ingredient in the formative life and process of the human person. In a document titled *Special Circumstances in Marriage Preparation*, the Catholic Church considers ‘maturity’ as the capacity to assume responsibility in life in a mature way; and it is a critical factor for the growth and stability in a marriage relationship. This is because presumption is not a correlation of maturity and age; even though, younger adults may be remarkably mature; but older adults may be immature.¹⁰ More so, there are other types of marriage and these include **Polygamy** (a man with more than one wife); **Polyandry** (a woman with many husbands); **Endogamy** (marriage within one’s group kinsmen); **Exogamy** (marriage outside one’s group or kinsmen). This paper thus reflects only on **Monogamy** (a man and a woman).

⁵ Michael H. Martin H. Steve C Stephen M, *Haralambos & Holborn Sociology: Themes and Perspectives* (8th Edition London: Harper Collins Publishers 2013) 509

⁶ *Ibid*, 509

⁷ *Ibid*, 509

⁸ Brake E, *Marriage and Domestic Partnership*. The Stanford Encyclopedia of Philosophy (Ed) Edward N. Zalta, In an Online Publication <http://plato.stanford.edu/archives/win2016/entries/marriage/>>. Retrieved Online 28th May, 2020

⁹ Timothy A, *Marriage (Family) and Society: A Philosophical Discourse on Related Issues*. (Kaduna: Hammerhead Publishers 2019) 24

¹⁰ Section III, *Special Circumstances in Marriage Preparation*. <https://www.rcan.org>filesPDF> Retrieved Online 28th May, 2020

Depression

Dennis Coon and John O. Mitterer define depression as a state of despondency marked by feelings of powerlessness and hopelessness.¹¹ Depression (major depressive disorder) is one of the most widespread emotional problems. According to the American Psychiatric Association, it is a common and serious medical illness that negatively affects how you feel, the way one thinks and acts.¹² According to World Health Organization, depression is different from usual mood fluctuations and short-lived emotional responses to challenges of everyday life¹³ and can become a serious health condition. This means that depressions deteriorate into becoming vulnerable to other health conditions; aside from it becoming a mental health disorder, it can lead to other health conditions.

Types of Depression and Symptoms

Ann Pietrangelo¹⁴ has listed Nine (9) Types of Depression and this paper shall adopt the list as follows:

- (a) **Major Depression:** This is also known as ‘major depressive disorder’, classic depression, or unipolar depression. People with major depression experience symptoms most of the day, every day. Like many mental health conditions, it has little to do with what’s happening around you. You can have a loving family, tons of friends, and a dream job. You can have the kind of life that others envy and still have depression. Even if there is no obvious reason for your depression, that doesn’t mean it’s not real or that you can simply tough, it out. It’s a severe form of depression that causes symptoms such as; despondency, gloom, or grief; difficulty sleeping or sleeping too much; lack of energy and fatigue; loss of appetite and overeating; unexplained aches and pains; loss of interest in formerly pleasurable activities; lack of concentration, memory problems, and inability to make decisions; feeling of worthlessness or hopelessness; constant worry and anxiety; thoughts of death, self-harm, or suicide.
- (b) **Persistent Depression:** Persistent Depressive Disorder is depression that last for two or more years. It is called dysthymia or chronic depression.

¹¹ Dennis C, & John M, *Introduction to Psychology: Active Learning Through Modules*. (Wadsworth: Cengage Learning 2012) 525

¹² <https://www.psychiatry.org/patients-families/depression/what-is-depression> Retrieved Online 28th, May 2020

¹³ <https://who.int/news-room/fact-sheets/detail/depression> Retrieved Online 28th May, 2020

¹⁴ <https://www.healthline.com/health/types-of-depression> Retrieved Online 28th May, 2020.

Persistent depression might not feel as intense as major depression, but it can still strain relationships and make daily tasks difficult. The symptoms of persistent depression are: deep sadness or hopelessness; low self-esteem or feelings of inadequacy, lack of interest in things you once enjoyed; appetite changes; changes to sleep patterns or low energy; concentration and memory problems; difficulty functioning at school or work; inability to feel joy, even at happy occasions; social withdrawal. Though, it's a long term of depression, the severity of symptoms can become less intense for months at a time before worsening again. Some people also have episodes of major depression before or while they have persistent depressive disorder. This is called **Double Depression**. Persistent depression lasts for years at a time, so people with this type of depression may start to feel like their symptoms are just part of their normal outlook of life.

(c) **Manic Depression or Bipolar Disorder:** Manic depression or Bipolar consists of mania and hypomania, where you feel very happy, alternating with episodes of depression. Manic depression is an outdated name for Bipolar disorder. In order to be diagnosed with bipolar disorder, you have to experience an episode of mania that lasts for seven (7) days, or less if hospitalization is required. You may experience a depressive episode before or following the manic episode. Depressive episodes have the same symptoms as major depression including: feelings of sadness or emptiness; lack of energy; fatigue; sleep problems; trouble concentrating; decreased activity; loss of interest in formerly enjoyable activities; suicidal thought. The signs of a manic phase include: high energy; reduced sleep; irritability; racing thoughts and speech; grandiose thinking; increased self-esteem and confidence; unusual, risky, and self-destructive behaviour; feeling elated. "High" or euphoric. In severe cases, episodes can include hallucinations and delusions. Hypomania is a less severe form of mania. One can also have mixed episodes in which you have symptoms of both mania and depression.

(d) **Depressive Psychosis:** Some people with major depression also go through periods of losing touch with reality. This is known as **psychosis**, which can involve hallucinations and delusions. Experiencing both of these together is known clinically as major depressive disorder with psychotic features. However, some providers still refer to this phenomenon as depressive psychosis or psychotic depression. Hallucinations are when you see, hear, smell, taste, or feel things that aren't really there. An example of this would be hearing voices or seeing

people who aren't present. A delusion is a closely held belief that is clearly false or does not make sense; but to someone experiencing psychosis, all of these things are very real and true. Depression with psychosis can cause physical symptoms as well, including problems sitting still or slowed physical movements.

- (e) Perinatal Depression:** This is clinically known as a major depressive disorder with peripartum onset, occurs during pregnancy or within four (4) weeks of childbirth. It's often called postpartum depression. But that term only applies to depression after giving birth. Perinatal depression can occur while a woman is pregnant. Hormonal changes that happen during pregnancy and childbirth can trigger changes in the brain that lead to mood swings. The lack of sleep and physical discomfort that often accompanies pregnancy and having a newborn doesn't help, either. Symptoms of perinatal depression can be as severe as those of major depression and include: sadness; anxiety; anger or rage; exhaustion; extreme worry about the baby's health and safety; difficulty caring for yourself or the new baby; thoughts of self-harm or harming the baby. Women who lack support or have had depression before are at increased risk of developing perinatal depression, but it can happen to anyone.
- (f) Premenstrual Dysphoric Disorder:** Premenstrual Dysphoric Disorder (PMDD) is a severe form of Premenstrual Syndrome (PMS). While PMS symptoms can be both physical and psychological, PPMD symptoms tend to be mostly psychological. These psychological symptoms are more severe than those associated with PMS. For example, some women might feel more emotional in the days leading up to their period. Yet, someone with PPMD might experience a level of depression and sadness that gets in the way of day-to-day functions. Other possible symptoms of PPMD include: cramps; bloating, and breast tenderness; headaches; joint and muscle pain; sadness and despair; irritability and anger; extreme mood swings; food cravings or binge eating; panic attacks or anxiety; lack of energy; trouble focusing; sleep problems. Similarly, to perinatal depression, PPMD is believed to be related to hormonal changes. Its symptoms often begin just after ovulation and start to ease up once you get your period. Some women dismiss PPMD as just a bad case of PMS, but PPMD can become very severe and include thoughts of suicide.
- (g) Seasonal Depression:** Seasonal depression, also called seasonal affective disorder and clinically known as major depressive disorder with seasonal pattern, is depression that related to certain seasons. For most people, it

tends to happen during the winter months (November – December). Symptoms often begin in the fall (March – July) days, as days start to get shorter, and continue through the winter. They include: social withdrawal; increased need for sleep; weight gain; daily feelings of sadness, hopelessness, or unworthiness. Seasonal depression may get worse as the season progresses and can lead to suicidal thoughts. Once spring rolls around, symptoms tend to improve. This might be related to changes in your bodily rhythms in response to the increase in natural light.

(h) Situational Depression: This is clinically known as adjustment disorder with depressed mood, looks like major depression in many respects. It's brought on by specific events or situations, such as: the death of a loved one; a serious illness or other life-threatening event; going through divorce or child custody issues; being in emotional or physically abusive relationships; being unemployed or facing serious financial difficulties; facing extensive legal troubles. Of course, it is normal to feel sad and anxious during events like these – even to withdraw from others for a bit. But situational depression happens when these feelings start to feel out of proportion with the triggering event and interfere with one's daily life. Situational depression symptoms tend to start within three months of the initial event and can include: frequent crying; sadness and hopelessness; anxiety; appetite changes; difficulty sleeping; aches and pains; lack of energy and fatigue; inability to concentrate; social withdrawal.

(i) Atypical Depression: This refers to depression that temporarily goes away in response to positive events. Your doctor might refer to it as a major depressive disorder with atypical features. Despite its name, atypical depression is not unusual or rare. It also does not mean that its more or less serious than other types of depression. Having atypical depression can be particularly challenging because you may not always “seem” depressed to others (or yourself). But it can also happen during an episode of major depression. It can occur with persistent depression as well. Other symptoms of atypical depression can include: increased appetite and weight gain; disordered eating; poor body image; sleeping much more than usual; insomnia; heaviness in your arms or legs that lasts an hour or more a day; feelings of rejection and sensitivity to criticism; assorted aches and pains.

African (Nigerian Woman)

This paper would not have bothered to define who an African woman is. In the study of African philosophy there is a serious academic controversy as to who an African is? Most of the controversies, arguments and discourses sometimes leave more questions than answer. For the sake of this paper, the author will be very particular about who an African woman is; and in so doing, the paper will not conclusively close the definition. Every definition is open to critique and questioning. An African woman is a woman who was born, live, and is from the continent of Africa either home or in diaspora.¹⁵ This definition of who an African woman is will advance when being described in the context of marriage and family life. This does not cover the African girl-child; but when discussed about a woman, she is expected to have a family life and so, Florence Ebila identifies the proper African woman as one who values marriage and accepts it to have children because marriage is seen as the end goal of a woman.¹⁶ But does marriage really define an African woman? Why is every woman expected to marry even though she knows she cannot carry on the burdens of marriage? Is marriage and family life expected to be a burden? To a very large extent life in itself is a burden and this burden comes with choice. Therefore, African women are those women who accept the responsibilities of their choices and make those choices not necessarily from external influence; but from their convictions. It is these convictions that establish their consciousness and gives them a firm reason to live. Now, whether those women in Africa who fall short of this definition are still African women or not is again problematic in definition. Nonetheless, within the context of marriage and family life this becomes the working definition of this paper. This paper cannot and does not hope to exhaust all definitions of who or what an African woman is. Nonetheless if feminist ideological framework is something to go by, then this definition should stand the taste of time.

Causes and Triggers of Depression in Marriage Among Women

There are so many causes of depression in marriage; especially when it pertains to women who are married. This paper does not hope to exhaust the causes of depression in marriage but will attempt to list some of them.

- 1. Silence:** In most marriages silence is either interpreted or misinterpreted to be respect to the man and been cultured on the part of the woman.

¹⁵ https://en.m.wikipedia.org/wiki/women_in_Africa Retrieved Online 28th May, 2020

¹⁶ Florence E, *A Proper Woman, In the African Tradition: The Construction of Gender and Nationalism in Wangari Maathai's Autobiography Unbowed*. <https://dx.doi.org/10.4314/tvl.v5i1.10> Retrieved Online 28th May, 2020

Florence Ebila made same observation considering the fact that silence is one way in which a woman is evaluated in her marriage as respectful.¹⁷ There is nothing wrong in silence; we have positive silence and negative silence. Silence when considered that which makes a woman not to express her feelings and outburst of emotions can be considered negative silence and destructive to the woman. A positive silence comes from contemplation, reflection and prayers. Most women in Africa are expected to be silent in marriage even when their husbands are very wrong in behaviour. The idea that her “marriage must work” have sent a number of women to their early grave in Africa as occasioned by silence. Even when the woman has something she needs to opine, but the mere fact she does not want to be considered as a nagging woman keeps her silent. Unfortunately, the day the silence gets to its elasticity it becomes an unmitigated disaster. This is again silence that can lead to depression.

2. **Family Domestic Violence:** A lot of women are victims of violence in the home; even though, for every violence in the home both the perpetrator and victim to some extent have a role to play. Nonetheless, most women in the home due to this silence are victims of family domestic violence and have not been able to speak out. They have decided to live with it, and in so doing become very depressed as there is no one they can speak to about the fact that their husbands are “women beaters”. Family domestic violence can either be physical or psychological. The psychological violence towards a woman kills faster. Most women who are victims of family domestic violence easily run into depression.
3. **High Expectations in Marriage:** Most women go into marriage with high expectations and unfortunately, most women have not realized that marriage and courtship are two different things. As such, when they go into marriage with the hope of getting the best out of it, forgetting the fact that life itself is not fair, they end up getting frustrated in marriage because their high expectations have been shattered. This again could lead to depression in the life of a married woman.
4. **Unhealthy Competition:** Women again due to the fact they ‘must’ meet to certain standards of life unhealthily compete with their contemporaries and peers. This level of unhealthy competition puts the woman off her

¹⁷ Florence E, *A Proper Woman, In the African Tradition: The Construction of Gender and Nationalism in Wangari Maathai's Autobiography Unbowed*. <https://dx.doi.org/10.4314/tvl.v5i1.10> Retrieved Online 28th May, 2020

limit into stress. At the verge of trying to impress people, she ends up leaving a fake life even though she knows that she has gone beyond her limit. This again puts the husband at a very high risk when he gives into her unnecessary demand to meet her fake lifestyle.

5. **Social Media:** We have used to social media again to cause problems rather than using it positively. Most women are carried away by what they see in the social media. To the extent that once they see pictures of their friends in Facebook, Twitter and WhatsApp story it becomes an issue of concern. For example, if they see their friends taking pictures around a Lexus jeep and beside a hotel gorgeously dressed, they begin to wonder in their mind if such friends have made it in life. Such women do not ask questions as to the situational basis of the pictures. But rather for such women “seeing is believing”. This again will ultimately lead a woman to depression because of what she has consumed in her mind.
6. **A Cheating Husband:** A cheating husband when so identified as one by the woman in her marriage and discovers she can do nothing about it and also silent about it can easily lead her into depression. In most cases again, most women do not have sufficient evidence as to their husbands cheating but mere suspicion can make them think the husband cheats even if the evidence is circumstantially based. This again covers for women who read messages in their husband’s phone just to be sure they are not in touch with the opposite sex other than them. This again calls for caution because it can set the stage for depression.
7. **An Idle Woman:** When a woman has nothing doing and just stays at home, not relating with people but only her husband and her kids and not even with a job; obviously this can make the woman stiffened in her marriage. An idle woman in a marriage can be suffocated into depression.
8. **Exaggerated Self-Esteem:** This poses a serious threat to the dignity of a woman. There is nothing absolutely wrong in having self-esteem; but there is something definitely wrong when it is exaggerated to think that you are the ‘Boss’ of your own life. This is commonly found amongst ladies who have found themselves in a particular class of people. This again is common amongst those who are hard core feminist; who think that whatever they say in their marriage and family life is final and would think they cannot be ‘bossed’ around by a man. For them, both the man and the woman are equal. Now, when the exaggerated self-esteem does not ‘feed on her host’ to be able to maintain the level of her attitudinal pre-

disposition, then such a woman becomes so devastated and frustrated; and this might make her slip into depression.

- 9. Childlessness:** Most women who due to one form of challenge or the other either temporary or permanently end up in depression. For them, they only way they think fulfillment comes in marriage is when they have been able to give birth. Hence, in Nigeria there is this adage that even if a woman gives birth to an imbecile it is believed she has the capacity of giving birth than not to give birth at all. Childlessness can lead to depression in women.

The Psychological Make-up of an African (Nigerian) Woman

Marriage today is evolving but not to the extent the African woman evolves. The progress in feminist scholarship and advocacy has often impeded most women to self-realization and self-actualization. There is a conscious need for women to understand themselves more than ever. Socrates a philosopher has always admonished us to do a self-examination and cross-examination of ourselves in his popular dictum "man know thyself". This means man and woman should constantly and daily ask themselves critical question as to why we live in this world and where we are going from here. This again will help African women build up their psychology to self-actualization and self-realization. The understanding of marriage and family life for an average African (Nigerian) woman comes with materialistic optimism. It is this material optimism that constitutes their psychological make-up and most times impedes their self-actualization and self-realization. No doubt, material acquisition is good but should be in moderation. This is where the psychology of most Nigerian women has refused to draw the balance in marriage. An average Nigerian woman wants to drive the best cars, live in the best house, wear the best clothes and of course live an exotic lifestyle to the detriment of values. It is this detrimental aspect of values that constitutes the problem that leads to depression for most women in Nigeria. Aristotle has always admonished that "virtue lies in the middle" but when virtue is not balance it's a concern in psychological studies. This does not deny the fact that men are not materialistic; they also are but women seem to be on a higher pedestal; as Reto Felix and Martha R. Garza agree to this fact in a research the conducted on females. Their article investigated how women in an emerging economy relate importance of material possession to the importance

they assign to the appearance of the body.¹⁸ Hence, this again suggests the measurement or standard of a man in most marriages today; and how wide is his financial network and not his moral net-worth. Integrity and good name does not and no longer put food on the table. This again reflects the political terrain and how wealth is being carted away from our national coffers. An average Nigerian woman knows that the salary of her husband is N150,000 (One hundred and Fifty Thousand Naira) give and take. The husband does not have any other business anywhere but receives a car gift of N6, 000,000.00 (Six Million Naira) from her husband. She will be so excited not to ask questions; How? When? Why? Who? Again, this is often seen in family life when a 'student daughter' comes home with a phone of N150,000.00 (One Hundred and Fifty Thousand Naira) and of course an I-phone; and the salary of the father is just minimum wage as received in Nigeria today. Nobody questions the student-daughter how she got the phone; and this again underscores the role of family in the inculcation of values. The psychological make-up of an African woman can be considered a trigger to depression. One would have expected that the progress made in feminist advocacy critically looks into these issues with a great deal of dignity to protect women from depression and materialistic tendencies. Feminist advocacy goes beyond women in power, equality and gender emancipation. It is the ability for women to remain focused in the midst of side attractions and distractions.

The Vulnerability of Women and Depression

In an article *Women and Depression* by Harvard Medical School, Genetic vulnerability, hormones, and environmental stress all contribute to the development of depression in both men and women. Researchers have had only limited success in identifying biological factors that might make women more vulnerable to depression.¹⁹ The following listed as given by Harvard Medical School on the vulnerability of women:

- (a) **Genes:** Studies in identical twins – who share the same genes – suggest that heredity may account for about 40% of the risk for major depression.

¹⁸ Reto F. & Martha G, *Rethinking Worldly Possessions: The Relationship Between Materialism and Body Appearance for Female Consumers in an Emerging Economy*. <https://doi.org/10.1002/mar.20579> in onlinelibrary.wiley.com Retrieved Online 28th May, 2020

¹⁹ Harvard Health Publishing <https://www.health.harvard.edu/womens-health/women-and-depression> Retrieved Online 28th May, 2020.

Certain genetic mutations associated with the development of severe depression occur only in women.

- (b) Hormones:** The gender difference in depression first emerges at puberty, with studies finding higher prevalence in girls starting at age eleven (11). Furthermore, the hormonal changes that accompany menstruation each month can bring on mood changes similar to those that occur in depression. And some women are vulnerable to developing depression after giving birth (see “prenatal and postpartum depression”) or during the long transition to menopause – two other stages in a woman’s life where hormone levels fluctuate wildly. Researchers have long suspected that the fluctuations in female hormones such as estrogen may underlie women’s greater vulnerability to depression. But while multiple studies have examined this question, they have not been able to prove that these hormonal fluctuations significantly affect mood in large groups of women. The consensus now is that hormonal fluctuations may render individual women more vulnerable to depression at certain times of life – perhaps by interacting with other factors, such as stress.
- (c) Stress:** Community survey find that women are more likely than men to say they are under stress. Other studies suggest that women are more likely than men to become depressed in response to a stressful event. Women are also more likely to experience certain kinds of severe stress, such as child sexual abuse, adult sexual assaults, and domestic violence. Traumatic experiences, especially early in life, can have a lasting effect on the brain. Every day experiences can also take their toll. Women are more likely than men to be caregivers – taking care of young children, elderly parents, or both. This chronic, low-grade stress may lead to depression. Another kind of stress is poverty. Women are on average poorer than men – especially single mothers with young children, who have a particular high rate of depression.
- (d) Other factors:** Some researchers suggest that women may be more likely to ruminate over events than men do, and are more prone to anxiety. These psychological traits may dispose some women to depression. Health and activity levels may also contribute. One intriguing study found, for example, that poor physical health and lack of exercise were associated with the gender gap in depression, even after the researchers controlled for other factors such as employment and stress levels.

The list as given from the Harvard Medical School as the paper adopts, shows clearly the vulnerability of women and the gender gap in depression. Yet, again

this will raise serious concerns in philosophy. At what point then is a woman who is depressed responsible and imputable for her actions and inactions? Could this paper begin to advocate for a philosophical approach to depression in the study of philosophy? No doubt, this is where the axiological praxis of philosophy of mind comes to play; the condition of depression in women Viz-a-vis freedom and responsibility. Will an average African woman give up on values and morals because she is depressed? Or does her destiny lie in her hands as an agent of her own destiny? What becomes of character formation in women? These are the areas Harvard Medical School has not given answers that philosophers will begin to interrogate. This should not only be the terrain of philosophers but a multidisciplinary engagement as to what value can one bring out from the depression of women? Is depression a problem or a solution in itself to a problem? Is the vulnerability of women a translation to the generalization of women being vulnerable? Are there exceptions of women to the vulnerability of depression?

A Philosophico-Theological Foundation to Marriage and Family Life

People marry for various reasons and it is for this reason most women agree to marriage; and this will be situated into the context of marriage when a lady accepts proposal from a man or when a man proposes to a woman. Why do people get into marriage? What is the justification of family life and marriage? Who should marry? This should form the basis for a Philosophy of Marriage and Family Life; this paper also reflects the fact that scholars in philosophy should begin to think of developing a philosophical foundation to marriage and family life. In theological studies, this has form a discourse of its own because of the role marriage plays in the development of society and even the state. Social and political philosophers have been busy in the political affairs and have always avoided this particular area of marriage and family life. Although, there has been related issues in Ethics were abortion, contraceptive, surrogacy and In vitro fertilization has been expounded, but marriage and family life should get more attention for it is the basis for which these issues relates to more. What could be the reason why people marry? In *The Universal Functions of the Family* George Peter Murdock made a survey; and from his analysis of two hundred and fifty (250) societies, Murdock argued that the family performs four basic functions in all societies, which he termed sexual, reproductive, economic, and educational.²⁰ He went further to argue that they are essential for social life, since

²⁰ Murdock G, Michael H. Martin H. Steve C Stephen M, *Haralambos & Holborn Sociology: Themes and Perspectives* (8th Edition London: Harper Collins Publishers 2013) 512

without the sexual and reproduction functions there would be no members of society, without the economic function (for example, the provision and preparation of food) life would cease, and without education (a term Murdock uses for socialization) there would be no culture.²¹ This again calls for serious concern because George Murdock's argument will lose serious weight if marriage and family is built on his functionalistic theory. Marriage and family life has more ontological basis than just a functional basis. Marriage and family life constitutes a necessity beyond George Murdock's functional approach. Every sexual intercourse does not necessary lead to procreation; but open to reproduction. This will mean that reproduction comes as a result of sexual love explored with or without reproduction. But, again we cannot throwaway the baby with the bath water and this gives the avenue to accommodate the functionalist thought of George Murdock; especially in Africa were children are seen as a necessary ingredient properties of a successful marriage.

The ontological reality that constitutes what marriage is goes beyond having children or educating them. Marriage is not an institution people come in and go out; this is the opening created when George Murdock listed his four basic functions of marriage.²² The functionalist argument of George Murdock puts Augustine in medieval philosophy on a very high pedestal; but with the coming of Thomas Aquinas a shift brought a new dimension. Till date, Thomas Aquinas thought on marriage and family life gives credence to an ontological foundation of marriage and family life. No doubt, marriage and family life has evolved in thinking and orientation from Ancient Greek; down to medieval period and through modern times. Contemporary understanding of marriage keeps evolving and this should form the basis of our philosophizing as philosophers if we must take marriage and family life as an Insitution seriously. The purpose of philosophy is not to destroy but to build, repair, adjust, progress, and live a good and responsible life and therefore, the act of marriage is to enhance society and not to destroy it. This again forms a permanent union in marriage and family life; for the simple reason to help create orderliness in the society. Pope Francis reflected on Marriage and Family Life in a conference sponsored by the Congregation for the Doctrine of the Faith. He said, "the complementarity of man and woman is at the root of marriage and family life, which is the first school where we learn to appreciate our own and others' gift, and where we begin to acquire the arts of living". Hence, for whatever reason people marry, it

²¹ Ibid, 512

²² Ibid, 512

must have a basis on Love, Permanence, Stability and Responsibility. This makes marriage evolves from a functional to a vocational enterprise. This will definitely suggest that not everybody is called to Marriage and Family Life. It is in recognition of this vocational enterprise in marriage and family life Paul's Letter to Corinth reflects the call to love as a vocation: "Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs" (I Cor. 13:4-7). The call to love is at the heart of marriage and this itself form the basis for the theological discourse of which is predicated on a sound philosophical thought and culminates in conjugal acts in marriage.

Men (Husbands) as Collaborators in Ameliorating Depression on Women (Wives)

It is very important for women to come to self-realization in ensuring they manage themselves better than anyone will do. Depression can lead to so many health conditions and since the woman is highly vulnerable there is a need for the men (husbands) to help in this self-realization towards self-actualization. Husbands should be aware of this malaise known as depression and give the women much more attention they deserve. It is very possible for a husband to be the trigger of the wife's depressive state; and should this not be given consideration as men deal with their wife's. A depressed woman does not make the home suitable for the man; and the man should also learn to understand what is affecting the woman in the home. It is also very important for the man to understand the signs and symptoms of depression in a woman so as to seek further help if he is not professional enough to deal with the situation. Most times, the problem is not in the woman being depressed in the home; it is the ability to manage a depressed woman and what advice is sought from either within or outside. The woman should also understand men go through depression but most times men have a way of diverting their depressed self-more than a woman will do. At the end of the day, both the man and the woman are collaborators in this regards. More so, if you suspect you have a depressed wife, talk about how she's feeling but be aware that her depression may keep her from being forthcoming. It is important men learn to use loving tones and sweet pleasantries most especially when attempting to ask her questions about what she is going through. Is she feeling over stressed in the office or at home? Is she dealing with something like postpartum depression after the birth of a new baby? Is she feeling the pressures of wanting to be perfect? Is she feeling like her friends are making it and she is far behind? Is she feeling not allowed to get

engaged in something productive? Is she idle at home and feel stuffed in the marriage? Is she sexually starved and not fully enjoying the pleasures that comes with conjugal intercourse? These questions flow from the immediate and remote causes of depression in a woman. There could be many reasons why a woman in her marriage is depressed and not limited to what is stated in this paper; but the woman should feel supported and let her speak without interruption when it is perceived she is either depressed or slipping into depression. When the woman is not in the mood to talk, the man should not push too hard; but again wait for another day to revisit the issue that affects her.

The Role of Religious Leaders and Guidance Counseling in Marriage and Family Life

Religious leaders should play a very vital role in this regard and ensure that marriage and family life becomes very strategic in ministry. The family as often said is a 'domestic church'; the term "Domestic Church" refers to the family, the smallest body of gathered believers in Christ. Though, recovered only recently, the term dates all the way back to the first century AD. The Greek word *ecclesiola* referred to "little church". Our Early Church Fathers understood that the home was fertile ground for discipleship, sanctification, and holiness²³ and not a battle ground. According to the Second Vatican Council's Dogmatic Constitution on the Church: "The family is so to speak, the domestic church" (Lumen Gentium #11). It is this notion of the family being a 'domestic church' our religious leaders must not take for granted and presume to know it all. Hence constant education, seminars, trainings should characterize pastoral situations. In his Apostolic Exhortation *Familiaris Consortio* of Pope John Paul II recognizes the fact that marriage and the family constitute one of the most precious of human values. As such, religious leaders should work with the professionals in ensuring they collaborate to help reduce what could lead to depression in women who are married. The existence of depression requires immediate attention in order to provide adequate time for the couple to address it responsibly. A referral to a professional therapist/counselor is the most prudent, pastoral response²⁴ unless in a situation where such a religious leader is a professional in that regard. In similar vein, religious leaders should establish offices dedicated to the professional therapist/counselor, who should always be available to listen and help women in cases that are related to depression. Unfortunately, most of these depression cases in women sometimes are misinterpreted to either spiritual or

²³ www.catholiccincinnati.org/ministries-office/family-life/parenting Retrieved Online 30th May, 2020

²⁴ Section III, Special Circumstances in Marriage Preparation, 34

demonic attacks; this cannot be ruled out. As such, this collaboration should not be a threat, but a mutual understanding in ensuring a smooth pastoral service towards making the Nigerian woman better, healthy and sound.

Conclusion

The destiny of every woman lies in her own hands and the ability to make right decisions that are calculatedly endorsed is indeed germane. Depression is real and this paper has been able to highlight the causes and effect of depression in and outside marriage. It has become established for now that women are more vulnerable and the risk factor is very high. It therefore, means that women should manage themselves better than anyone would do for them; and not minding how far men can assist them. Therefore, religious leaders have a role to play by ensuring that they make referrals and not to claim to have the requisite professionalism to handle cases they are not professional in carrying out. Marriage is a vocation and goes beyond procreation, education, economic reasons but a call to love. This love becomes the basis for permanency in the union as far as monogamy is concerned.

Bibliography

1. Adidi, T. *Marriage (Family) and Society: A Philosophical Discourse on Related Issues*. (Kaduna: Hammerhead Publishers 2019).
2. Brake E, *Marriage and Domestic Partnership*. The Stanford Encyclopedia of Philosophy (Ed) Edward N. Zalta, In an Online Publication <http://plato.stanford.edu/archives/win2016/entries/marriage/>>.
3. Dennis C, & John M, *Introduction to Psychology: Active Learning Through Modules*. (Wadsworth: Cengage Learning 2012)
4. Florence E, *A Proper Woman, In the African Tradition: The Construction of Gender and Nationalism in Wangari Maathai's Autobiography Unbowed*. <https://dx.doi.org/10.4314/tvl.v5i1.10>.
5. Murdock G, Michael H. Martin H. Steve C Stephen M, *Haralambos & Holborn Sociology: Themes and Perspectives* (8th Edition London: Harper Collins Publishers 2013).
6. Reto F. & Martha G, *Rethinking Worldly Possessions: The Relationship Between Materialism and Body Appearance for Female Consumers in an Emerging Economy*. <https://doi.org/10.1002/mar.20579> in onlinelibrary.wiley.com.