


## INTERSECTION BETWEEN SOCIAL PRESSURE, DISCRIMINATION AND MENTAL DISORDER: ANALYSIS OF THE RELATIONSHIP BETWEEN DEPRESSION AND INTERRACIAL MARITAL ARRANGEMENTS

 <https://doi.org/10.56238/arev6n2-141>

**Submission date:** 09/14/2024

**Publication date:** 10/14/2024

**Alan Araújo Freitas<sup>1</sup>.**

---

### ABSTRACT

The intersection between social pressure, discrimination, and common mental disorder is addressed by assessing the relationship between depression and marital arrangement. The analysis methodology is quantitative, and the information is secondary, available in the Social Dimensions of Inequality Survey. In summary, the importance of the relationship between depression and interracial marriage is highlighted, in which a significant difference in the prevalence of the disease was observed between women and men of different racial groups. The group that deserves the most attention due to the higher incidence of the disease is black men who live in a marital union with white women.

**Keywords:** Depression, Interracial marriage, Family Support.

---

<sup>1</sup> Doctorate  
Federal University of Itajubá (UNIFEI)  
E-mail: alan.freitas@unifei.edu.br  
ORCID: 0000-0001-7489-2126

## INTRODUCTION

Depression is a chronic psychiatric illness characterized by a profound state of sadness and mood variability (Kessler; Bromet, 2013). Since its discovery, it has been one of the main problems affecting the physical, social, and particularly psychological health of individuals (Katon, 2011). Epidemiological studies have been developed (Laguardia 2007, Silva et al., 2014, Stopa et al., 2015), as well as associations between depressive disorders and habits have been investigated, such as the relationship between smoking and depression (Rondina et al., 2007). Other studies have focused on the significance of inequality of access to the health system (Lopes et al., 2016), as well as the importance of pre-existing diseases in the development and exacerbation of mental disorders (Gonçalves et al., 2018).

The association of depressive disorders with religiosity and spirituality was evaluated by Moreira-Almeida et al. (2006). There are also analyses aimed at the development and improvement of methodologies, techniques and indicators to classify the types and forms of depressive mental disorders. These studies share the objective of establishing well-defined scientific boundaries aimed at the clinical diagnosis of the disease (Kroenke et al., 2001).

As depression mainly affects women (Pineiro et al., 2002), there are studies that establish divisions based on gender, some explanations for women's psychic suffering are interpreted as direct results resulting from their double or even triple work shifts (Pineiro et al., 2002). Araújo et al. (2005) evaluated the prevalence of mental disorders in women, as well as the correlation between depression and domestic work, and suggested that the overload of paid or unpaid work is related to the psychological distress of this group. This represents an attempt to treat the problem also as a result of social and cultural factors.

Other studies address the prevalence of dissatisfaction, unhappiness, and mental disorders associated with marital status (Carr et al., 2015). Specifically regarding the relationship between depression and marital status, it was found that there is a gap in the Brazilian literature on major depressive disorder, since there are no studies that establish the association between depression and marital union based on information from Brazil, although the study carried out in this article is different from others carried out in other countries (see Calderón et al., 2022). Firstly, due to the methodology adopted and, secondly, due to the difference in the results found here, which denote a different reality, for example, from those seen in the USA.

The social pressure exerted on interracial relations has been described in studies

carried out in other countries, particularly with regard to relations between black men and white women (Hodgdon et al., 2022). Interracial marriage has a long history of social opposition in the U.S. (Golebiowska, 2007). In order to find evidence of the existence of some significant correlation between depression and interracial marital union, Bratter and Eschbach (2006) showed, based on information from the United States, that some individuals in interracial unions had a higher prevalence of psychological distress, although this correlation cannot be generalized to all interracial couples.

Based on information from Brazil, this article evaluates the correlation between major depressive disorder and marital arrangement. And it is questioned whether most individuals living in interracial unions report suffering more from depression than individuals in inbred unions. Hypothetically, there is a significant relationship between depression and interracial union, as well as divergences in the prevalence of common mental disorders in interracial couples, so that this prevalence is evaluated with special attention, as performed by Musick; Bumpass (2012), Miller; Kail (2016), Luo (2017) and Burke (2015).

The article is divided as follows, first a brief conceptualization is made about what is understood as major depressive disorder. In this part, issues such as what depression is and how this disease is understood in general by specialists are addressed. Next, as the disease can also be associated with the marital arrangement, according to the literature consulted on other countries, the literature on interracial marriage is addressed. Then, an understanding of the problem is brought from the probable relationship between depression and social factors. Is the social pressure supposedly exerted on individuals in interracial arrangements associated with the diagnosis of depression? Soon after, we have a section on methodology, results, and finally, a discussion of the answers obtained in the present work.

## **ETIOLOGY OF MAJOR DEPRESSIVE DISORDER**

Sociological studies that evaluate psychological disorders resulting from affective interactions (marital unions) exist in the United States and other countries, although they are unprecedented in Brazil. In a recent study, Wong and Penner (2018) evaluated the association between interracial relationships and depressive symptoms. They examined the effect of marriage on psychological well-being, revealing that while married individuals reported higher levels of happiness and better self-rated health, this pattern was complex when it came to couples in interracial relationships. Although it is not possible to generalize,

the results showed that individuals in inbred relationships reported fewer symptoms or disturbances of a psychological nature.

In the same vein, Calderón et al. (2022) conducted a review of the correlation between physical health and psychological well-being of individuals in interracial romantic relationships. According to these authors, special attention should be given to interracial romantic couples consisting of white women and black men, since white women married or in a stable union with black men who lived in the United States reported living more with the problem of depression, when compared to women and men living in endogamous unions in the same social space (Calderón et al., 2022). That is, the theoretical benefits of being in a romantic union do not apply equally to everyone, especially to individuals in historically marginalized romantic relationships (Calderón et al., 2022).

Since an individual's health can affect their partner's health, the stressors that Black men face, such as structural racism, can negatively interfere with their partners' psychological well-being outcomes (Calderón et al., 2022). However, the negative results do not affect all individuals living in interracial unions in the same way, since there is an important diversity even within an apparently homogeneous group.

Another relevant factor for the psychological well-being of individuals is the support network they can count on on a daily basis. The support of family and friends, as well as the ability to communicate and understand possible situations of racial discrimination, are critical factors for the psychological well-being of individuals in interracial relationships (Tillman; Miller, 2017).

A consensus observed in the international literature is that interracial couples, on average, report worse psychological self-assessments when compared to individuals in inbred unions (Calderón et al., 2022). However, we do not know how this occurs in Brazil and we know even less how to mitigate the perverse effects of discrimination based on racial criteria.

It seeks to evaluate how the social relations established between individuals modify the course of their lives, inclining them or avoiding different problems. The main thing is to show how the social relationships established between people, social relationships that are mediated by socially significant symbolic factors, capable of exerting external coercion on the individual, can contribute, in certain cases, to the occurrence of certain mental disorders, such as the development of depression.

A difference between this article and the studies reported by Calderón et al. (2022) is

the specific focus not on people's subjective reports about their perceptions of psychological well-being/malaise, but based on an objective question that asks the interviewee if he or she has a medical diagnosis of MDD (depression). It is worth mentioning that the literature on the subject is recent, which means that the issues explored are still open and lack questions and answers.

## **MARRIAGE, ENDOGAMY AND DISCRIMINATION**

Sociological studies on marriage concern the tendencies and patterns of marital unions. Previous research has linked marital unions to socioeconomic aspects and religion. According to Johnson (1997) "marriage is a socially sanctioned union involving two or more individuals in what is considered a stable arrangement, based, at least in part, on sexual ties of some kind" (Freitas, 2023c). Marriage serves socially to identify children, by clearly defining the ties of kinship with father, mother, and various relatives (Freitas, 2023c). Or even, to regulate sexual behavior, to transfer, preserve or consolidate property, prestige, power and, above all, to constitute the basis of the Family institution (Freitas, 2023c).

The study of marital selectivity refers to the analysis of the relationship between the social characteristics of the spouses, as well as their consequences for social dynamics (Freitas, 2023c). In this sense, we seek to explain the empirical and universally observed tendency of people to choose a spouse, based on the inference of marital selection patterns (Ribeiro and Silva, 2009). Sociological studies in Brazil have shown, in general, patterns and trends in intermarriages based on race/color, education, religion, cultural and economic background of individuals (Freitas, 2023c).

The concept of interracial marriage refers to marital union between people of different races (Freitas, 2023c). Marriages are divided into homogamous and heterogamous. Homogamy or endogamy refers to marriage between individuals who are close in phenotypic, class, and level of study (Freitas, 2023c). On the other hand, heterogamy or exogamy, an antonym of homogamy, is the condition in which an individual marries a person from a different ethnic group (Freitas, 2023c). The concept of Race/Color, fundamental to research, has been defined based on a classification, based on genetic variations in physical appearance, especially skin color (Freitas, 2023c). Currently, the Brazilian Institute of Geography and Statistics (IBGE) uses the following categories to define race in Brazil: White, Brown, Black, Yellow, and Indigenous (Freitas, 2023c).

Racial discrimination is a social phenomenon that involves the unequal treatment of

individuals or groups based on ethnic and racial factors (Freitas, 2023b; Freitas, 2023d). This discrimination can occur in different ways, through educational, professional, and social exclusion, through the construction and use of negative stereotypes, physical or verbal violence, and other ways (Freitas, 2023b; 2023d). This can occur implicitly or explicitly, and usually punishes individuals based on their ethnic and racial belonging (Freitas, 2023b; Freitas, 2023d).

In Brazil, specifically, descent and the rule of hypodescent are not used to classify a person's race or color (Freitas, 2023b; Freitas, 2023d). The Brazilian racial criterion is the self-declaration of the interviewee and the particular classification of the interviewer (Freitas, 2023b). In Brazil, what is relevant for the racial definition are phenotypic traits or physical appearance, especially skin color, different, for example, from the USA and South Africa, which have historically used the criterion of ethnic descent (Freitas, 2023b).

## **REVISITING THE THEME**

Robert K. Merton (1941) was another social scientist who considered kinship as a way of understanding the problem of social order, as was Peter Blau (1977), who evaluated intermarriage in the United States based on the logic of interracial marital union as a symbol of the breakdown of the established functional order (Freitas, 2023c). Later, DiMaggio; Mohr (1985) proposed that individuals would tend to marry people close to them in terms of values and beliefs (Freitas, 2023c). In this way, cultural similarities would favor attraction between people, facilitate coexistence and contribute to mutual understanding.

Traditionally, there are three perspectives that explain interracial marriages; the assimilationist, structuralist and status exchange views. The main proponent of the assimilationist perspective is Milton Gordon, 1964 (Freitas, 2023c). Its basic argument is that miscegenation would be an indicator of distance and/or social approximation between groups. Assimilation would actually be a process of interpenetration and fusion, through which people acquire memories, feelings, and attitudes of other people and groups. Based on the shared experience and history, these individuals are incorporated into the dominant culture and begin to share common values, tastes, and beliefs (Freitas, 2023c). The term assimilation according to Gordon (1964) is the name given to the process by which individuals of diverse racial origins and diverse cultural heritages, occupying a common territory, achieve sufficient social and cultural solidarity, at least, to sustain peaceful coexistence between different people (Freitas, 2023c).

The main proponent of the structuralist perspective is Peter Blau (1977). His basic argument is that a person's decision when choosing a marital partner would be limited by the social structure, even without disregarding cultural aspects (Freitas, 2023c).

Structuralist approaches mainly took into account the population composition and its characteristics in terms of contingents of individuals of different sexes and races. This view would thus analyze how the actual availability of potential marital partners in the population would affect a person's marital choice (Freitas, 2023c).

One of Blau's (1977) theses is that the opportunities for intergroup contacts would be greater in heterogeneous and integrated communities than in communities with high segregation (Freitas, 2023c). Marriages would also be affected by specific attributes of the group, such as their size or sex ratio and the spatial and social proximity between groups with similar economic capital (Freitas, 2023c). Blau (1977) proposed that the selection of partners would depend not only on preferences but also on the opportunities available to individuals to marry. That is, even if people make marital decisions according to their cultural preferences, their decisions will nevertheless be limited and/or influenced by structural reality (Blau, 1977; Freitas, 2023c; Freitas, 2022a; Freitas, 2023e; 2023f).

Peter Blau's theory (1977) uses properties of the macrosocial structure to deduce properties of the microsocial structure, more specifically, how population distribution influences individual choices (Freitas, 2018; Freitas, 2021). Blau sought to explain how the distribution of the population along some characteristic such as race, age, gender, religion, and status influenced social relations and the associations that people have with each other (Freitas, 2013; Araújo-Freitas, 2015). Marriage patterns show that there is a preference for intragroup relationships or within the same group, and this choice also depends on the population distribution of societies (Araújo-Freitas, 2023a). According to these theories, in places where there is a disproportion of available partners, interracial marriage rates are expected to be higher (Freitas, 2023c).

The first authors to discuss the hypothesis of status change in interracial marital arrangements were Davis (1941) and Merton (1941). The basic argument of these authors was that even under circumstances of rigid intergroup boundaries and despite the high chance of marrying within their own group (homogamy), blacks with high socioeconomic status could sometimes marry white women of low socioeconomic status (Freitas, 2023c). According to Merton, marriages between wealthy blacks and whites of low socioeconomic status would represent an informal exchange (Freitas, 2023c). In these specific

arrangements, blacks would exchange their socioeconomic position (acquired *status*) for higher social status (attributed *status*), which would result in a "marital balance" (Freitas, 2023c).

Interracial marriages were during the twentieth century much studied by sociologists, and more recently, have been the focus of economists. The main sociological theory is still by Robert Merton, entitled – Theory of Exchange (1941). Merton's (1941) seminal idea is that interracial marriage brings benefits to non-whites even though whites have the principle of marrying individuals of the same race. In his words, this is because whites enjoy greater social *status*.

Thus, black men with higher socioeconomic status would marry white women, a situation in which there would be an exchange between color/status and financial condition, and for this same reason black women would be less likely to marry white men, as they are less predisposed to be employed and earning high wages. An obstacle to Merton's theory is the fact that black women continue to be at a disadvantage in this regard, even occupying better positions in the market, with a higher level of formal education and income than some time ago (Freitas, 2013; Araújo-Freitas, 2015; Freitas, 2023c).

The economic theories of marriage are based on the ideas of economist Gary Becker (1973). Becker's (1973) econometric models show marriage as the result of a balance in which spouses maximize their well-being, which includes household consumption or the relationship with symbolic goods that cannot be bought in the market, as in the case of love and companionship (Freitas, 2023c). The economic approach to marriage shows marriage as the result of a rational choice made by individuals who seek, among the available partners, the one that best maximizes their utilities (Freitas, 2023c). Considering marriage as a balance, the central question alluded to by Becker is whether spouses have complementary or substitutive characteristics (Freitas, 2023c).

If the characteristics of the spouses are complementary, the market will generate a positive classification of the union, but if they are substitute characteristics, the market will generate a negative classification (Freitas, 2023c). Economic analysis assumes that marriage results from rational decisions made by individuals who seek to maximize their well-being and thus use strategies in the marriage market aimed at better benefits and possible alternatives (Freitas, 2023c). Let's say that one of the fundamental principles of marriage is the increase of wealth, which is not exclusively patrimonial, but also operates at the level of human feelings, such as emotion, love, social prestige and, above all, offspring.

Becker proposes two fundamental premises that guide all subsequent analysis: First, marriage is a voluntary act, an individual marries only if the level of utility expected from the union exceeds that obtained if he remains single, thus maximizing his individual fullness (Freitas, 2023c). Second, it is assumed that there is a marriage market, where each actor always seeks the best partner in the same universe, considering the restrictions imposed by the marriage market (Freitas, 2023c).

Marriage theories that use the optics of economic analysis propose a rational explanation in marital selection.

## **THE BRAZILIAN MODEL**

Despite the fact that Brazil is recognized as a multiethnic nation and for its tolerance of racial differences, an unusual and interesting fact is that, even with this image, Brazil is a country segregated by skin color. A very clear way to see this is from the consultation of marriage rates. Exogamous racial marriage accounts for 21%, based on the research carried out by Moutinho (2004) on marriages in Brazil, and the most common exogamy pattern is that of black men (browns) with white women, followed by brown women with white men (Silva, 1992). Compared to the USA and South Africa, Brazil is a relatively open country in its unions.

If on the ideological level, whites and non-whites are equal, they do not seem to be equal with regard to opportunities in the labor and marriage markets (Araújo-Freitas, 2023a). In the two aforementioned markets of goods and symbolic exchanges, whites have an advantage in relation to non-white individuals (browns and blacks). The color category "Brown" is positioned in the middle of the White and Black racial groups. Specifically, in the labor market it is close to the "Black" group, while in the marriage market it is slightly closer to the "White" group. Which, in the words of Silva (1992), shows that social distances are not primarily socioeconomic in nature, but also follow determinations of other natures.

From the use of log-linear models with expressive parameters of these three variables to data from the sample (1%) of the 1980 population census, having constructed a marital selectivity table relating the color of the husband and the color of the wife in terms of the main groups (White, Brown, Black and Yellow) evidenced clear patterns in interracial marriage in Brazil (Silva, 1992). The "black" group, all else being equal, is the one characterized by a high propensity for inbreeding. On the other hand, the "browns" are the ones with the lowest rates of racial or color inbreeding. While the "whites" are in an

intermediate position between these two groups. Although the yellow group showed high inbreeding, it was numerically insignificant (Silva, 1992).

Many of the studies that have dealt with interracial marriage have established regional comparisons of race relations in Brazil, as well as their correlations with the process of economic and social development that has occurred in Brazil in the last hundred years. These analyses were largely justified by Hasenbalg's (1979) thesis about the regional concentration of blacks in the North and Northeast. Other theses in vogue are "racial democracy" and the thesis of "Brazilian backwardness". The first proposes that Brazil supplants a relative equality between whites and blacks (browns and blacks). From this point of view, Brazilian society would coexist without major racial conflicts, there would be under this paradigm a democracy with regard to racial relations, especially because of miscegenation.

The second proposes that Brazil's underdevelopment can be explained by miscegenation and by the descendants of Africans, ultimately to blame for the country's problems. Although it does not agree with either of the two theses, the second will be eliminated for its lack of veracity and for not being consistent with the current knowledge about Brazilian (under)development. The thesis of racial democracy, on the other hand, even if it is not consistent with the Brazilian reality, is more reasonable in its propositions and should receive adequate treatment. We will return to this specific point later.

Schooling, as proposed by the literature, also influences marriage. Ribeiro and Silva (2009) showed that there was a decrease in marriage barriers between different racial groups, as well as between individuals with different educational levels. This means that Brazilian society seems to be becoming significantly more open to interracial marriages. This does not mean, however, that color and educational barriers do not exist, but it indicates a strong downward trend (Ribeiro and Silva, 2009).

Religion was used in the work of Longo (2011) to analyze the associations between inter- and intra-racial unions in Brazil and two sociodemographic characteristics: schooling and religion, based on the censuses of the years 1980, 1991 and 2000. The author's main intention was to verify the possibility of race/color being based on the compensation of racial differences through religious differences and schooling (Longo, 2011). This author showed that there is a process of decline in racial endogamy noted between 1980 and 1991, and this process intensified in 2000, as seen in other authors (Silva, 1987), (Petrucelli, 2001), (Moutinho, 2004) and (Ribeiro and Silva, 2009). In the questions referring

to the associations between marriages and unions, education and religions, important associations were seen between these variables.

However, these associations occur differently. In the case of education, a black person is more likely to join a white individual when their differences in education compensate for racial differences (Longo, 2011). In the case of religion, the author said there is no possibility of religion serving as a "bargaining chip" for racial differences between partners. However, religion exerts considerable power over the choices of partners, since having the same religion favors both interracial and intraracial unions (Longo, 2011).

Ribeiro and Silva (2009) studied the compositions of inter- and intra-racial marriages and also reached similar conclusions regarding the positive relationship between schooling and marriage. This author showed that schooling is an important factor, much taken into account by men and women in their marital choices. The results of the studies by Ribeiro and Silva (2009) reinforce the importance of schooling in the process of choosing a marital partner. The overcoming of marriage barriers is greater when there is a proximity to the educational levels of the partners, which means that individuals with primary elementary and secondary elementary education, for example, would have greater chances of getting married than individuals with very different levels of education, such as higher education and elementary education.

The shorter the distance from school of individuals, the greater the chances of getting married. For those who marry people of the same educational level, the name of inbreeding is given by schooling, while those who have higher educational levels than their partners are given the name of hypogamy and the opposite hypergamy. These concepts can be unfolded beyond schooling, which means that individuals who marry partners of higher *status* and income can be considered hypergamous.

People who are close in terms of education tend to know each other through the markets of which they are an integral part without even knowing it, such as the same neighborhoods or between interchangeable neighborhoods, which have an analogous situation, or in the school itself, either through the market of friends or through social networks. Social networks, such as the internet, in general, create the illusion of the incommensurability of the possibilities of actions and attitudes conveyed by it and in it. The internet and social networks can only be used effectively when the relationship between the personal characteristics of individuals is minimally satisfied.

## **WHAT IS SOCIAL DEPRESSION?**

According to Claude Lévi-Strauss, it was the incest taboo that allowed the development of societies, since the incestuous sexual inclination would result in large clans, but not in complex societies, since love relationships would be limited to the families themselves. Kinship, as an elementary form of social organization, gives us important clues about the social taboos that exist in some cultural system. Through its analysis, we can understand what is considered sacred or profane, right or wrong in a given cultural system. In addition to signifying one of the main alliances between two individuals, marriage establishes the link between two family groups and represents the main exchange between families, in the words of Lévi-Strauss. Due to the intense and excessively intimate nature of social relationships mediated by strong ties, it is expected that conflicting social relationships are correlated with common mental disorders, as observed in bibliographic references constructed from other countries. Common mental disorders, including different types and degrees of depression, occur due to the pressure exerted by society on individuals, especially those considered social deviants.

The concepts of biological depression, anomic depression, and social depression are used as ideal types to describe biological and social situations of depression. Biological depression refers to neurological and physiological problems, whether enzymatic, hormonal, or structural. This condition can also be induced by systemic health problems, such as serious and chronic diseases, for example.

The concept of anomic depression parallels Durkheim's concept of anomic suicide. Anomie depression develops due to economic crises that, when they occur, prevent most individuals from achieving their goals. This type of depression arises from dissatisfaction resulting from the difference between the goals sought and those achieved by individuals. There is a state of social anomie in which people are unable to fulfill their individual expectations due to the social context in which they are inserted.

In social depression, coercion is related to the social structure of a given society, which may be more inclined to social openness or closure. This significantly influences the social relations that exist in this hypothetical society, as well as the attitudes and emotions of the individuals who live in it.

According to the interactionist sociological perspective, stress related to opposition to interracial romantic relationships can have a negative impact on the union and health of both spouses, regardless of whether they belong to minority or dominant groups. Symptoms

are correlated not with people's inherent characteristics, but rather with social discrimination in relation to interracial love relationships.

From this perspective, it is important to distinguish the stress of being socially framed in a racial minority from the stress of being in an interracial relationship. A black person can experience structural social discrimination (symbolic and material) regardless of their social relations, since, in the Americas, being black is considered a stigma.

Social discrimination, seen from the structural perspective in which society determines the behavior of the individual, is a possible analytical approach, although the structural-functionalist paradigm does not exhaust other perspectives, whether those based on individuals or on the social interactions between them. Durkheim's theory of Social Facts emphasizes the influence of social institutions on the individual. Max Weber's theory of Social Action allows us to think about how societies are formed from individuals, who, in larger groups, constitute the complex dimensions of the social universe. George Herbert Mead's theory of the Generalized Other, in a complementary way to Weberian thought, describes the bases of symbolic interactionism, in which social relations do not have a pre-defined meaning. The logical meaning of social action can only be extracted from the interaction that took place in a specific context, never from previous structural conditions. It is less about evaluating individuals in isolation or in relation to specific things and places, and more about understanding them through the analysis of their social interactions in cultures and societies with different meanings and public consensus.

A white person married to a black person may experience racial discrimination from the moment they join a black person, regardless of whether they are in a historically favorable or unfavorable social position. Here is at stake the way some individuals learn to deal with non-endogamous romantic interactions. On the one hand, black men who are spouses of white women are often pressured to compete in symbolic and material conditions that are disadvantageous compared to white and yellow men. Similarly, white women in marital unions with black men may experience discrimination based on established social interaction rather than personal characteristics.

Social depression is understood as a physiological response to the difficulty of integrating and competing with whites in a world whose rules do not favor blacks. This typology is mediated by the coercion exercised by groups of social closure, supported by a symbolic system that recognizes in a different way individuals with different characteristics in different social interactions. The concept of social depression seeks to understand the

problem based on the interaction between two or more people.

## **METHODOLOGY**

We used a sample that includes two indicators to measure depression: an objective and a subjective one. The objective criterion is the statement of having been diagnosed by a psychiatrist with the disorder, while the subjective criterion includes an indicator that considers the different degrees of the disease, from mild to severe. This is a quantitative cross-sectional study with probabilistic sampling, with representative information from Brazil in 2008. An analytical sample of 8,048 individuals was used, whose level of analysis is individual.

The sample included individuals who were between 15 and 80 years old in 2008. The mean age was 44 years. The gender distribution was 52% female and 48% male. Regarding race/color, 45% considered themselves white, 12% black and 42% brown, while yellow and indigenous people represented 1% of the population. The area of residence, rural or urban, was evaluated in two ways: the area where people lived when they were young or growing up and their current area of life (Freitas, 2022b).

Among Brazilian men, 7% reported having been diagnosed with depression by a doctor, while among women this number was 20%. The overall prevalence of the disease in the population was 12%. Based on race/color, the prevalence of depression was as follows: whites accounted for 14% of cases, blacks 9%, and browns 11%. The yellow and indigenous groups were considered insignificant from the population and sample point of view.

The variable "depression" consists of people who report whether they have been diagnosed with the disease. The database question used to measure major depressive disorder is, "Have you been diagnosed with or have a depressive disorder?" The answer here is dichotomous, yes (11%) or no (89%). The prevalence of depression was assessed based on the 2008 Social Dimensions of Inequality Survey (PDSD). Interracial marriage was defined as the marital union between people of different phenotypes. In all inferential analyses, depression was the dependent variable, the independent terms were Gender, Male = 0, Female = 1, Age (continuous variable), interactive terms of self-reported race/color were used and the following marital arrangements were compared: white woman and black man (interracial union), white man and white woman (marital endogamy), black man and black woman (marital endogamy), with the independent term depression.

Specifically in table 6, the dependent term "depression" was constructed from the following question in the database: Do you feel depressed? With the following possible answers: Always? Almost always? Sometimes? Almost never? Never? The family support variable was constructed from the questioning about the support received from family members: Do you receive or have you received support from relatives and family members? No support (0), with support (1).

## RESULTS

The first tables, 1 and 2, are descriptive crossings of the spouses' self-reported race/color, stratified into two possibilities, did not have the diagnosis of the disease (0), had the diagnosis of DMT (1). In the remaining 3, 4 and 5, multiple linear regression models were used, the results shown in the tables refer to the regression coefficients, the confidence intervals are in the tables and were described below; (+) not significant, (\*) significant at (10%), (\*\*) significant at 5%, (\*\*\*) significant at 1%. Table 3 (Model I) shows the relationship between depression, interracial marriage, and age without gender discrimination, while Table 4 (Model II) shows the same relationship based on gender stratification. Table 5 calculates the correlations between depression, marital arrangement and family support. In the inferential analyses, the current IBGE description was used, which associates self-described brown and black individuals as blacks. All analyses were performed using the Stata software, version 14. In the results section, the analyzed correlations are detailed.

Regarding the comparisons between endogamous and interracial unions, as shown in Table 1, it is observed that black men married to white women present, on average, a higher prevalence of depression when compared to white and black women. This is due to the greater social pressure exerted on these individuals. Similarly, black women married to white men are, on average, five times more likely to have depression compared to their white partners/spouses. This fact indicates that the social pressure exerted on black women in an interracial marriage is related to the racism rooted in Brazilian society.

Social pressure, evidenced in reports of depression, is also observed among brown men married to white women. It is important to note that the prevalence of depression among brown men in inbred unions is lower than among brown men married to white women. In this case, something similar occurs to what is observed among black men in unions with white women. Because the white racial group has historically had advantages

in the Americas over other racial/ethnic groups, brown and black men in unions with white women face greater adversity in their battles for employment, work, and income than white men. This, consequently, increases the social pressure on these individuals.

Table 1. Diagnosis of depression and marital union

|                | White Woman | Black Woman | Brown woman | Yellow woman | Indigenous woman | Total |
|----------------|-------------|-------------|-------------|--------------|------------------|-------|
| White Man      | 73%         | 5%          | 20%         | 0%           | 1%               | 100%  |
|                | 67%         | 25%         | 28%         | 0%           | 33%              | 48%   |
| N              | 101         | 7           | 28          | 0            | 2                | 138   |
| Black Man      | 14%         | 43%         | 39%         | 0%           | 4%               | 100%  |
|                | 3%          | 43%         | 11%         | 0%           | 17%              | 10%   |
| N              | 4           | 12          | 11          | 0            | 1                | 28    |
| Brown man      | 38%         | 7%          | 53%         | 2%           | 1%               | 100%  |
|                | 26%         | 25%         | 56%         | 100%         | 17%              | 36%   |
| N              | 39          | 7           | 55          | 2            | 1                | 104   |
| Yellow Man     | 33%         | 0%          | 67%         | 0%           | 0%               | 100%  |
|                | 1%          | 0%          | 4%          | 0%           | 0%               | 2%    |
| N              | 2           | 0           | 4           | 0            | 0                | 6     |
| Indigenous Man | 44%         | 22%         | 11%         | 0%           | 22%              | 100%  |
|                | 3%          | 7%          | 1%          | 0%           | 33%              | 3%    |
| N              | 4           | 2           | 1           | 0            | 2                | 9     |
| Total          | 53%         | 10%         | 35%         | 1%           | 2%               | 100%  |
|                | 100%        | 100%        | 100%        | 100%         | 100%             | 100%  |
| N              | 150         | 28          | 99          | 2            | 6                | 285   |

Prepared by the authors. Source: PDSD, 2008. The \* symbol represents the interaction between the two variables.

Table 2 presents information on individuals who did not report having the disease. Through it, it is possible to observe that the prevalence of depression in Brazilian society exists in terms of plausibility or estimated chance of occurrence. The results are not general, but specific to certain individuals who, in addition to the characteristics evaluated, have a series of other characteristics that have not been evaluated or even are not observable, which together affect and contribute to the incidence of the disease. In addition, it is difficult to determine whether the people who reported the problem already had it before the union or if they developed it later, also considering the fact that the disease increases proportionally with aging.

It can be inferred that, although it is possible to speak of greater prevalence in some marital arrangements, it is important to understand that most interracial couples do not and will not have the problem. In other words, it is necessary to understand statistical relations or associations, whether descriptive or inferential, in terms of plausibility or probability of occurrence, never as invariant or determinate laws. Like most diseases, prevalence in

different social groups depends on the joint incidence of multiple factors, which means that while it may be more prevalent in some individuals living in certain relationships, this is the exception to the rule rather than the rule itself.

Table 2. No diagnosis of depression and marital union

|                | White Woman | Therefore Woman | Brown Woman | Yellow Woman | Indigenous Woman | Total |
|----------------|-------------|-----------------|-------------|--------------|------------------|-------|
| White Man      | 66%         | 6%              | 26%         | 1%           | 2%               | 100%  |
|                | 61%         | 25%             | 28%         | 19%          | 46%              | 43%   |
| N              | 1132        | 99              | 447         | 10           | 32               | 1720  |
| Black Man      | 28%         | 28%             | 40%         | 2%           | 2%               | 100%  |
|                | 7%          | 35%             | 12%         | 15%          | 14%              | 12%   |
| N              | 138         | 138             | 196         | 8            | 10               | 490   |
| Brown man      | 32%         | 9%              | 56%         | 2%           | 1%               | 100%  |
|                | 29%         | 37%             | 58%         | 51%          | 29%              | 42%   |
| N              | 539         | 145             | 928         | 27           | 20               | 1659  |
| Yellow Man     | 37%         | 9%              | 56%         | 2%           | 1%               | 100%  |
|                | 29%         | 37%             | 58%         | 51%          | 29%              | 42%   |
| N              | 15          | 9               | 12          | 4            | 0                | 41    |
| Indigenous Man | 43%         | 6%              | 37%         | 5%           | 9%               | 100%  |
|                | 2%          | 1%              | 2%          | 8%           | 10%              | 2%    |
| N              | 35          | 5               | 30          | 4            | 7                | 81    |
| Total          | 47%         | 10%             | 40%         | 1%           | 2%               | 100%  |
|                | 100%        | 100%            | 100%        | 100%         | 100%             | 100%  |
| N              | 1859        | 396             | 1613        | 53           | 69               | 3991  |

Prepared by the authors. Source: PDSD, 2008. The \* symbol represents the interaction between the two variables.

Table 3 shows the prevalence of depression according to marital relationship and age. As in the previous analyses, multiple linear regressions were used to assess the relationship between having a diagnosis of depression (dependent/explicit variable) and independent/explicit variables, such as husband's color, wife's color, and age. As mentioned earlier, age affects the prevalence of the disease as it increases throughout the life cycle.

An interactional term was used to describe the relationship between the ethnicities of the spouses and the diagnosis of depression. The statistical prevalence of the disease in couples with a marital arrangement of a black man and a black woman (inbreeding) is low, as well as the impact of age is limited specifically for this marital arrangement. However, a distinct pattern emerges when the analytical focus is on the marital arrangement between blacks and whites (interracial union), regardless of gender, although there are differences in this regard, which will be evaluated later. Other values, such as constant values, correlation indices, and F-tests, are not relevant and have not been highlighted.

Table 3. Prevalence of Depression by Marital Arrangement (Age)

| Depression/MDD       |  |  | Coefficients |
|----------------------|--|--|--------------|
| Black                |  |  | -0.012(+)    |
| Black spouse         |  |  | -0.075(***)  |
| Black Spouse * Black |  |  | 0.008(+)     |
| Age                  |  |  | 0.001(***)   |
| Constant             |  |  | 0.067(***)   |
| Prob > F =           |  |  | 0.0000       |
| R – Square           |  |  | 0.014        |
| N                    |  |  | 8048         |
| Black                |  |  | -0.036(***)  |
| White spouse         |  |  | -0.073(***)  |
| Black Spouse * White |  |  | 0.032(*)     |
| Age                  |  |  | 0.000        |
| Constant             |  |  | 0.000        |
| Prob > F =           |  |  | 0.0000       |
| R – Square           |  |  | 0.015        |
| N                    |  |  | 8048         |

Notes: (+) not significant, (\*) significant at (10%), (\*\*) significant at 5%, (\*\*\*) significant at 1%. Prepared by the authors. Source: PDSD, 2008. The \* symbol represents the interaction between the two variables.

Table 4 shows the prevalence of depression according to marital arrangement and gender. As in previous analyses, multiple linear regressions were used to assess the relationship between having a diagnosis of depression (dependent/explicit variable) and independent/explicit variables, such as husband's color, wife's color, and gender. An interactive term was also used to describe the relationship between the ethnicity of spouses and the diagnosis of depression.

In Table 4, the influence of age was not considered, as it did not modify the correlations, and was therefore omitted from the model described. Table 3 shows that interracial marriage is associated with greater complaints of depression. However, until then it was not possible to assess the supposed gender differences in this sense, nor the significance of these differences.

According to the results in Table 4, black men married to white women had the highest correlations with the diagnosis of Major Depressive Disorder. On the other hand, although the remarkable studies on this reality in the United States have shown that white women in interracial unions report suffering more intensely from depressive symptoms, in Brazil a distinct pattern was observed based on gender analysis.

Table 4. Prevalence of Depression by Marital Arrangement (Sex)

| Depression/MD<br>D      |  | Man         | Woman     |
|-------------------------|--|-------------|-----------|
| Black                   |  | -0.043(***) | 0.042(*)  |
| White spouse            |  | -0.063(***) | 0.359(+)  |
| Black man * white woman |  | 0.062(***)  | -0.206(+) |

|                         |  |             |            |
|-------------------------|--|-------------|------------|
| White                   |  | -0.006(+)   | 0.101(***) |
| Black spouse            |  | -0.053(***) | 0.192(+)   |
| White man * black woman |  | 0.010(+)    | -0.434(**) |
| Black man * black woman |  | 0.041(+)    | -0.244(+)  |
| White man * white woman |  | 0.042(+)    | -0.510(*)  |
| Constant                |  | 0.109(***)  | 0.140(***) |
| Prob > F =              |  | 0.0000      | 0.0001     |
| R – Square              |  | 0.005       | 0.010      |
| N                       |  | 5065        | 2983       |

Notes: (+) not significant, (\*) significant at (10%), (\*\*) significant at 5%, (\*\*\*) significant at 1%. Prepared by the authors. Source: PDSD, 2008. The \* symbol represents the interaction between the two variables.

According to the literature review, another factor considered important in mitigating the problem of depression is family support, especially among interracial couples (Henderson; Brantley, 2019). Table 5 presents data on interracial marriages between white women and black men, interracial marriages between white men and black women, and endogamous unions between white men and white women. Pearson correlations were calculated to assess the association between depression, marital status, and family support. A scale was used that measures the intensity of the depressive feeling, ranging from no feeling (never) to the most intense feeling (always).

An interactive term was also used to describe the relationship between the ethnicity of spouses and the diagnosis of depression. When evaluating Table 5, the first impression is that the correlation between always feeling symptoms associated with depression and marital status is negative, regardless of the receipt of family support and the type of marital arrangement. When symptom intensity is almost always, modest but positive associations are observed between interracial marriages and depression, with an average correlation of one to two percent. On the other hand, modest but negative correlations were observed between endogamous marriages among white individuals, this being the group that most reported living with the disease.

Considering the issue of family support, it is possible to observe that in the marital arrangement of white women with black men, the absence of support is correlated, in 2%, with the feeling of suffering depression almost always. However, among couples who received family support, this amount is nil.

When evaluating the marital arrangement between a white man and a black woman, it is observed that family support, on average, does not influence the chance of these individuals in these unions feeling depressed. When analyzing couples who reported experiencing depression occasionally, it is observed that family support is irrelevant both in the interracial arrangement of a white woman and a black man (4%) and in the arrangement

of a white man and a black woman (3%). That's because couples who reported receiving family support also reported intermittent symptoms of Major Depressive Disorder. When analyzing inbred couples, this pattern is reinforced in the sense that family support is not a significant predictor of the absence of depression, making it a controversial subject.

Table 5. Depression and marital union based on family support

| Depression/<br>TDM | Interracial –<br>White woman * |                    | Interracial –<br>White Man * |                    | Inbreeding              |                    |
|--------------------|--------------------------------|--------------------|------------------------------|--------------------|-------------------------|--------------------|
|                    | Black man                      |                    | Black woman                  |                    | White Man * White Woman |                    |
| Sit<br>depressed?  | With<br>Support                | Without<br>Support | With<br>Support              | Without<br>Support | With<br>Support         | Without<br>Support |
| All the time       | -0.029                         | -0.017             | 0.005                        | -0.001             | -0.000                  | -0.021             |
| Almost<br>always   | 0.007                          | 0.016              | 0.015                        | 0.012              | -0.022                  | -0.049             |
| Sometimes          | 0.043                          | -0.010             | 0.028                        | -0.014             | 0.007                   | -0.046             |
| Almost<br>never    | 0.001                          | 0.025              | -0.012                       | 0.017              | 0.040                   | 0.036              |
| Never              | -0.024                         | -0.015             | -0.021                       | -0.010             | -0.028                  | 0.037              |

N=8048. Notes: (+) not significant, (\*) significant at (10%), (\*\*) significant at 5%, (\*\*\*) significant at 1%. Prepared by the authors. Source: PDSD, 2008. The \* symbol represents the interaction between the two variables.

## DISCUSSION

Society does not determine whether a person will suffer from any common mental disorder throughout their lives, but it influences the prevalence of the disease through its power to exert pressure on individuals. There are at least three intersecting factors: The social discrimination of intermarriage is the pressure exerted by society on the individual, based on the dominant and Manichean symbolic notion of right and wrong in terms of marital choice. The social pressure exerted by others on some individuals from historically marginalized groups in union with others who are not marginalized. The economic and social pressure exerted due to living with people from historically privileged social groups.

It is not possible to affirm that interracial marriage is directly related to depression in the case evaluated, since the disease is not universal among individuals in interracial unions. Although a significant proportion of black men married to white women reported suffering from the problem, white women married to black men did not show a significant association with depression diagnoses. The explanation for this fact is related to the greater competition and social pressure faced by black men who live with white women.

Although there is a relationship between depression and interracial marriage in Brazil, the Brazilian reality is different from that observed in the United States, where white women report more depression-related problems in interracial marriages. In Brazil, it is

black men married to white women who report more depressive problems. Specifically in this case, the causes for this difference are unknown, and further studies could focus on finding plausible causal hypotheses.

Future research could show the relationship between inbreeding and depression in other marital arrangements, such as assessing the prevalence of depression among black women married to white men, since this study presents this relationship in a superficial way. Other studies could investigate the relationship between depression and interracial marriages, controlling for socioeconomic factors such as schooling, income, occupation, among others, since this is another limitation of the present study.

### NOTE

This work used artificial intelligence tools as support for its preparation, especially in the following aspects: translation of selected passages into English, organization and control of bibliographical references, and copydesk assistance (revision and adjustments for textual clarity) in some parts of the text. All the content was carefully reviewed and validated by the author to ensure academic accuracy and the originality of the analysis.

## REFERENCES

1. Araújo-Freitas, A. (2015). Gender wage inequality measured using quantile regression: The impact of human, cultural, and social capital. *Revista Mexicana de Ciencias Políticas y Sociales*, 60(223), 287-315.5.
2. Araújo-Freitas, A. (2023a). Herencia social, capital humano y familia en Brasil. *Estudios Sociológicos*, 41(123), 805-838. <https://doi.org/10.24201/es.2023v41n123.2280>
3. Araújo, T. M. de, Pinho, P. de S., & Almeida, M. M. G. de. (2005). Prevalência de transtornos mentais comuns em mulheres e sua relação com as características sociodemográficas e o trabalho doméstico. *Cadernos de Saúde Pública*, 21(2), 593-597.
4. Blau, P. (1977). Inequality and heterogeneity: A primitive theory of social structure (p. 307). Macmillan Company.
5. Becker, G. (1973). A theory of marriage: Part I. *Journal of Political Economy*, 81(4), 813-846.
6. Bratter, J., & Eschbach, K. (2006). What about the couple? Interracial marriage and psychological distress. *Social Science Research*, 35(4), 1025-1047. <https://doi.org/10.1016/j.ssresearch.2005.09.001>
7. Burke, J. (2015). Investigating psychological distress in Latino romantic relationships. *Race, Gender & Class*, 22(3-4), 172-194. <https://doi.org/26505355>
8. Calderon, P., Wong, J., & Hodgdon, B. (2022). A scoping review of the physical health and psychological well-being of individuals in interracial romantic relationships. *Family Relations*, 71(5), 2011-2029. <https://doi.org/10.1111/fare.12765>
9. Carr, D., Freedman, V., Cornman, J., & Schwarz, N. (2015). Happy marriage, happy life? Marital quality and subjective well-being in later life. *Journal of Marriage and Family*, 76(5), 930-948.
10. Davis, K. (1941). Intermarriage in caste societies. *American Anthropologist*, 43(3), 376-395. <http://www.jstor.org/stable/663138>
11. Dimaggio, P., & Mohr, J. (1985). Cultural capital, educational attainment, and marital selection. *American Journal of Sociology*, 90(6), 1231-1261. <http://www.jstor.org/stable/2779635>
12. Durkheim, É. (2007). *As regras do método sociológico*. São Paulo: Martins Fontes.
13. Freitas, A. (2023b). Percepção da discriminação racial: Nuances e especificidades dentro da população negra brasileira. *Revista Contemporânea*, 3(6), 4699-4719. <https://doi.org/10.56083/RCV3N6-002>

14. Freitas, A. A. (2023c). Love and height. In *The Palgrave Handbook of Global Social Problems* (pp. 390-1). Palgrave Macmillan. [https://doi.org/10.1007/978-3-030-68127-2\\_390-1](https://doi.org/10.1007/978-3-030-68127-2_390-1)
15. Freitas, A. A. (2023d). Explorando fatores sociais e simbólicos da percepção da discriminação institucional. *Revista Contemporânea*, 3(6), 6396–6414. <https://doi.org/10.56083/RCV3N6-091>
16. Freitas, A. A. (2013). Debates sobre o retorno financeiro ao capital humano: O aumento da escolaridade das mulheres foi capaz de reduzir o hiato salarial de gênero? (Master's thesis). Universidade Federal de Minas Gerais, Belo Horizonte, Brasil. <http://hdl.handle.net/1843/BUOS-98JJJV>
17. Freitas, A. A. (2022a). Desenvolvimento do consumo de bens e grau de fechamento social no Brasil. *Revista Cadernos de Ciências Sociais da UFRPE*, 1(19), 46-66. <https://www.journals.ufrpe.br/index.php/cadernosdecienciassociais/article/view/518931>
18. Freitas, A. A. (2022b). Two indicators for the social sciences. In C. H. Skiadas & C. Skiadas (Eds.), *Quantitative methods in demography* (Vol. 52, pp. 631-645). The Springer Series on Demographic Methods and Population Analysis. Springer. [https://doi.org/10.1007/978-3-030-93005-9\\_31](https://doi.org/10.1007/978-3-030-93005-9_31)
19. Freitas, A. A. (2023e). The influence of family capital and residential area on the chances of accessing tertiary education. In *The Palgrave Handbook of Global Social Problems* (pp. 396-132). Palgrave Macmillan. [https://doi.org/10.1007/978-3-030-68127-2\\_396-132](https://doi.org/10.1007/978-3-030-68127-2_396-132)
20. Freitas, A. A. (2023f). Infraestrutura urbana e consumo privado no Brasil: Uma análise por regressão quantílica das regiões e estratos sociais. *Revista Contemporânea*, 3(6), 6278-6300. <https://doi.org/10.56083/RCV3N6-08>
21. Freitas, A. A. (2018). Desigualdades do mercado ou diferenças familiares: Da divisão social relativa ao patrimônio elementar (Doctoral dissertation). Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brasil.
22. Freitas, A. A. (2021). Bem-estar e estratificação social no Brasil contemporâneo. *Revista Brasileira de Sociologia*, 9(22), 196-221. <https://doi.org/10.20336/rbs.634>
23. Golebiowska, E. (2007). The contours and etiology of Whites' attitudes toward Black-White interracial marriage. *Journal of Black Studies*, 38(2), 268-287. <https://doi.org/10.1177/0021934705285961>
24. Gonçalves, Â. M. C., et al. (2018). Prevalence of depression and associated factors in women covered by Family Health Strategy. *Jornal Brasileiro de Psiquiatria*, 67(2), 101-109. <https://doi.org/10.1590/0047-2085000000192>
25. Gordon, M. (1964). *Assimilation in American life: The role of race, religion, and national origins* (p. 272). Oxford University Press.

26. Hasenbalg, C. (1979). Discriminação e desigualdades raciais no Brasil. Graal.
27. Henderson, A., & Brantley, M. (2019). Parents just don't understand: Parental support, religion, and depressive symptoms among same-race and interracial relationships. *Religions*, 10(3), 162. <https://doi.org/10.3390/rel10030162>
28. Hodgdon, B., Wong, J., & Pittman, P. (2022). The psychological well-being and physical health of sandwiched caregivers in the United States: A scoping review. *Families, Systems, & Health*. Advance online publication. <https://doi.org/10.1037/fsh0000716>
29. Katon, W. (2011). Epidemiology and treatment of depression in patients with chronic medical illness. *Dialogues in Clinical Neuroscience*, 13(1), 7-23.
30. Kessler, R., & Bromet, E. (2013). The epidemiology of depression across cultures. *Annual Review of Public Health*, 34, 119-138.
31. Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
32. LaGuardia, J. (2007). Raça e epidemiologia: As estratégias para construção de diferenças biológicas. *Ciência & Saúde Coletiva*, 12(1), 253-261. <https://doi.org/10.1590/S1413-81232007000100029>
33. Levi-Strauss, C. (2012). *As estruturas elementares do parentesco* (7th ed.). Vozes.
34. Longo, L. A. F. B. (2011). *União intra e inter-raciais, status marital, escolaridade e religião no Brasil: Um estudo sobre a seletividade marital feminina, 1980-2000* (Doctoral dissertation). Cedeplar, Universidade Federal de Minas Gerais, Belo Horizonte.
35. Lopes, C. S., Hellwig, N., Silva, G. A., & Menezes, P. R. (2016). Inequities in access to depression treatment: Results of the Brazilian National Health Survey - PNS. *International Journal for Equity in Health*, 15, 154. <https://doi.org/10.1186/s12939-016-0431-1>
36. Luo, S. (2017). Assortative mating and couple similarity: Patterns, mechanisms, and consequences. *Social and Personality Psychology Compass*, 11(8), e12337. <https://doi.org/10.1111/spc3.12337>
37. Mead, G. H. (1934). *Mind, self, and society: From the standpoint of a social behaviorist*. University of Chicago Press.
38. Merton, R. (1941). Intermarriage and the social structure: Fact and theory. *Psychiatry*, 4(36), 361-374. <https://doi.org/10.1080/00332747.1941.11022354>

39. Miller, B., & Kail, B. (2016). Exploring the effects of spousal race on the self-rated health of intermarried adults. *Sociological Perspectives*, 59(3), 604-618. <https://doi.org/10.1177/0731121416648504>
40. Miller, B. (2017). What are the odds: An examination of adolescent interracial romance and risk for depression. *Youth & Society*, 49(2), 180-202. <https://doi.org/10.1177/0044118X14531150>
41. Moreira-Almeida, A., Lotufo Neto, F., & Koenig, H. (2006). Religiousness and mental health: A review. *Revista Brasileira de Psiquiatria*, 28(3), 242-250. <https://doi.org/10.1590/S1516-44462006000300009>
42. Moutinho, L. (2004). Razão, “Cor” e desejo: Uma análise comparativa sobre relacionamentos afetivo-sexuais “inter-raciais” no Brasil e na África do Sul. São Paulo: UNESP.
43. Musick, K., & Bumpass, L. (2012). Reexamining the case for marriage: Union formation and changes in well-being. *Journal of Marriage and Family*, 74(1), 1-18. <https://doi.org/10.1111/j.1741-3737.2011.00873.x>
44. Petruccelli, J. L. (2001). Seletividade por cor e escolhas conjugais no Brasil dos 90. *Estudos Afro-Asiáticos*, 23(1), 5-28.
45. Pinheiro, R. S., Viacava, F., Travassos, C., & Brito, A. S. (2002). Gênero, morbidade, acesso e utilização de serviços de saúde no Brasil. *Ciência & Saúde Coletiva*, 7(4), 687-707.
46. Ribeiro, C., & Silva, N. (2009). Cor, educação e casamento: Tendências da seletividade marital no Brasil, 1960 a 2000. *DADOS – Revista de Ciências Sociais*, 52(1), 7–51. <https://doi.org/10.1590/S0011-52582009000100001>
47. Rondina, R. de C., Gorayeb, R., & Botelho, C. (2007). Características psicológicas relacionadas ao comportamento de fumar tabaco. *Revista Brasileira de Psiquiatria*, 29(3), 237-244.
48. Silva, N. V. (1987). Distância social e casamento inter-racial no Brasil. *Estudos Afro-Asiáticos*, 14, 54-84.
49. Silva, N. V. (1992). Uma classificação ocupacional para o estudo da mobilidade e da situação de trabalho no Brasil. [S.l.].
50. Silva, N. V. (2008). A dimensão social das desigualdades: Sistemas de indicadores de estratificação e mobilidade social [Projeto]. Ceres, Iuperj.
51. Silva, M., Galvão, T., Martins, S., & Pereira, M. (2014). Prevalence of depression morbidity among Brazilian adults: A systematic review and meta-analysis. *Revista Brasileira de Psiquiatria*, 36(3), 262-270.

52. Stopa, S. R., Malta, D. C., Oliveira, M. M., Lopes, C. S., Menezes, P. R., & Kinoshita, R. T. (2015). Prevalência do autorrelato de depressão no Brasil: Resultados da Pesquisa Nacional de Saúde, 2013. *Revista Brasileira de Epidemiologia*, 18(2), 170-180.
53. Tillman, K. H., & Miller, B. (2017). The role of family relationships in the psychological wellbeing of interracial dating adolescents. *Social Science Research*, 65, 240-252. <https://doi.org/10.1016/j.ssresearch.2016.11.001>
54. Weber, M. (1999). *Economia e sociedade: Fundamentos da sociologia compreensiva [1922]*. Editora UnB.
55. Wong, J., & Penner, A. (2018). Better together? Interracial relationships and depressive symptoms. *Socius*, 4, 1-13. <https://doi.org/10.1177/2378023118814610>