



## A STUDY OF THE EFFECT OF MENTAL ILLNESS IN RELATION TO MARITAL STATUS

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### Abstract

Fifty consecutive psychiatric patients and their spouses attending a tertiary psychiatry out patient department satisfying the inclusion and exclusion criteria were interviewed in detail using a semi-structured proforma to elicit the profiles related to their marital life and marital satisfaction. Majority of the patients got married at a younger age after the onset of illness, however mental illness was not disclosed at the time of marriage and their marital and sexual life was not satisfactory. Majority of the spouses had the feeling of being cheated and it was reflected in the day to day interaction in the form of avoidance, frequent quarrels, physical and psychological abuse, hesitation to take for social functions etc. Despite all these problems majority of spouses continued to stay with the patient. Findings of this study are discussed with special reference to Indian context.

**Key words:** mental illness, married life, marital satisfaction

### Introduction

Marriage is one of the universal social institutions established by human society to control and regulate the sex life of man. It is closely connected with the institution of family. Intact family and marriage are complimentary to each other. Marriage for most Indians is a sacrament. Unlike the west, in our culture an individual is not expected to go in out of marriage. Divorce rate in India, taking the total population into account, is low. But it does not guarantee marital peace, amity, fulfillment and growth. There are problem marriages and troubled married life in our country, but even in such cases divorce may not be always desirable as separation particularly a divorce leaves a scar on the personality of the partners (Willittsi. et al, 2004).

Marriages involving a mentally ill person is generally doomed from the start as they are based on deception from the beginning. The bitterness starts soon after the spouse realizes that something is wrong with the partner, this in turn generates resentment leading to hostility. The position of the concerned psychiatrist in these cases is inevitable as there is a conflict between loyalty to the patient and humanitarian consideration for the partner. Many caregivers of psychiatric patients believe that marriage is the cure for their wards illness, irrespective of the ability of the patient to take up responsibility. When mentally ill people are married, the normal partner is bound to certain expectations of the other. And when the fact of mental illness becomes clear, the wife or husband and the family feel cheated. The ensuing hostility,

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aggression and name calling can only devastate the person who is ill (Gopala Sarma 1998).

In such a situation it is pertinent to study—how wife/husband takes care of the mentally ill partner in our context.

### Materials and methods

The universe of this study was Government Mental Health Center at Calicut. Fifty consecutive out patients who satisfied the following inclusion and exclusion criteria were selected for this study.

#### Inclusion criteria

1. Both male and female psychiatric patients
2. Age 18 years and above
3. Marital status- married/separated/divorced
4. Written informed consent

#### Exclusion criteria

1. If both couples are psychiatric patients
2. Consultation exclusively for marriage problems
3. Patients not accompanied by spouse/care giver
4. Unmarried/widow/widower

Apart from collecting the socio-demographic and illness profile the details of marital relationship were obtained using a semi-structured proforma. Details such as age of patient and spouse at the time of marriage, type of marriage—arranged/love marriage, spouse's relationship—consanguineous/non-consanguineous, attitude of spouse—hostility, avoidance, violence etc, stability of marriage, global view of marriage of partner, feeling of protection, satisfaction with sexual life etc were collected from the patient in a detailed and confidential personal interview. After compiling the data simple statistics was applied for analysis.

### Results

Table -1 shows the sample characteristics of patients. Majority were below 45 years age,

females, Muslims, literate, from rural background, having monthly income below 3000 rupees and unemployed. Table-2 shows the profile of marital relationship. Majority of the spouses and patients got married at a younger age before the onset of mental illness, however mental illness was not disclosed at the time of marriage. Majority of patients suffered hostility, frequent quarrels, avoidance from decision making, hesitation to take for social functions from spouse. In a significant proportion, marriage was unstable with unsatisfactory marital and sexual life. A few patients had the feeling of protection and support from the spouse. Majority of the spouses had no knowledge about patient's illness and their attitude towards the illness was negative. Table-3 shows that majority of patients had psychiatric illness in the form of schizophrenia followed by depression, bipolar mania with only a small proportion having other psychiatric disorders.

### Discussion

Not much data are available regarding marriage and mental illness from India. Married life is a stressful one even for majority of normal individuals. Marriage needs understanding, adjustments, compromises and sacrifices on the part of one or both partners in various spheres including sex, for its smooth and harmonious functioning. Many a time there will be lacunae in one or more of these even in normal individuals. But these get ironed out without much scarring. But in the case of psychiatric patients these get exaggerated, either due to illness or treatment or both, leading to greater difficulties.

In the present study majority of patents as well as spouse were younger, less than 25years at the time of marriage and most of them got married after the onset of mental illness. Shukla et al (1990) have put forward several reasons for early marriage in mentally ill. In our culture marriage is social obligation and is performed by the elders irrespective of the individual's preparedness for it. Further, marriage is believed to be part of the treatment for mental illness and the mentally ill



are therefore more likely to get married earlier than the mentally healthy. In the west, on the other hand, marriage is believed to be a measure of emotional stability and married people have lower rate of mental illness.

In this study though the majority had mental illness before marriage it was not revealed to the spouse prior to marriage. Probably this has generated a feeling of resentment and cheating in many spouses and the subsequent reactions like hostility, avoidance, frequent quarrels, hesitation to take for social functions etc. Had the illness was known before probably many of these spouses would not have agreed to this marriage. Probably the concerned spouse was not mentally prepared for such a marriage and the unexpected news of mental illness after the marriage prevented them from divorce only because of social pressure and financial commitments. It is quite obvious that pulling on such unwanted relationship can generate lot of negative emotions with subsequent undesirable attitude and reaction towards the patient. A significant number of our spouses has shown negative feeling towards the patient's illness. Spouse's knowledge about the concerned mental illness was also less.

Gopala Sarma (2005) in a comparative study of married mentally ill versus married non-patients reported significantly low stability, high rate of strained/disharmony, higher amount of physical and psychological violence in mentally ill group. Similar to this observation, dissatisfaction with the married life, instability in marriage and violence was very high in the present study. Sexual life also was not satisfactory in many of our patients. The attitude of spouse in some cases can aggravate the condition of patient. The patient side almost invariably blames the spouse for the unhappy marriage/breakdown. Most often they attribute onset of illness to the marriage and the partner's uncooperative attitude. In spite of these negative reactions, most of the patients in the present study stayed with the patient for a long time. The spouse may stay on with the patient, in spite of violence,

because of lack of alternative. Most of the partners were sticking to it due to various reasons like pressures by family, absence of support and alternative, societal considerations, consideration of children, philosophy of karma etc. The legal remedies are time consuming, protracted and expensive. Only very few our patients had the feeling of protection and support from the spouse especially during relapse.

Though no effort is made to correlate the quality of marriage with type of psychiatric illness majority our patients were psychotic. Probably this observation reflects the general characteristics of the patients attending the hospital. The dictum is that those who knew how to make compromises could survive in normal life could as well apply in marriages when one partner is mentally ill with the provision of greater sacrifices.

These types of unhealthy marriages will have great deleterious effect on children as well. The genetic vulnerability compounded by unhealthy family circumstances can predispose and precipitate a whole lot of psychiatric disturbance in these vulnerable children. Improper communication, lack of affection, stigma, irresponsible behavior and dual burden of caring the sick and the responsibility of looking after the family can precipitate added emotional disturbance in the spouse. Such emotional disturbance in the spouse can further aggravate the negative feeling and attitude towards the patient. Hence to bring back such families into a normal psychological rhythm, early identification of unhealthy relationships, analysis of the root cause for such relationships, psycho-education, counseling and proper management of the index psychiatric patient is essential. Further, as a preventive approach, psychiatrists and other mental health professionals in a single voice should discourage the responsible relatives marrying their dearest one without informing the other family the news about mental illness. In order to achieve these targets mental health professionals have to focus on the family as a whole rather than treating individual patient's signs and symptoms.

**Table-1**  
**Sample characteristics of patients**

		Frequency	%
Age	15-25	3	6
	26-35	14	28
	36-45	16	32
	Above 45	17	34
Sex	Male	22	44
	Female	28	56
Religion	Hindu	20	40
	Muslim	21	42
	Christian	9	18
Domicile	Rural	41	82
	Urban	8	16
	Tribal	1	2
Education	Illiterate	4	8
	1-5 years	13	26
	6-10 years	18	36
	11-15 years	10	20
	16 and above	5	10
Occupation	Unemployed	6	12
	Employed	24	48
	House wife	20	40
Monthly income	Upto 3000	31	62
	3001-5000	5	10
	5000-10,000	8	16
	Above 10,000	6	12
Type of family- Nuclear		37	74
Total duration of illness -More than 10 years		30	60
Total duration of treatment-Les than 10 years		32	64
Past history of hospitalization		42	84
F/H/O psychiatric illness in 1st degree relatives		37	74



**Table-2**  
**Profile of marital relationship**

<b>Marital Relationship - Profile</b>	<b>Frequency</b>	<b>%</b>
Type of marriage- Arranged	43	86
Pt's age at the time of marriage- Up to 25 years	32	64
Spouses age at the time of marriage- Up to 25 years	29	58
Married after the onset of illness	23	46
Not revealed illness before marriage	8	16
Hostility from spouse	33	66
Avoidance by spouse	40	80
Frequent quarrels with spouse	36	72
Spouses knowledge about illness	37	74
Hesitation to take for functions	34	78
Keeping away from decision making	37	74
Feeling of protection from spouse	14	28
Spouse's support during relapse	24	48
Spouse's negative attitude towards illness	30	60
Not satisfied in sexual life	28	56
Stability of marriage-disturbed	28	56
Violence	21	42
Global view of marriage-dissatisfied	35	70
Duration of marriage- more than 10 years	28	56

**Table-3**  
**Psychiatric diagnosis**

<b>Diagnosis</b>	<b>Frequency</b>	<b>%</b>
Schizophrenia	21	42
Depression	13	26
BPAD/Mania	8	16
Neurotic disorders	3	6
Personality disorders	2	4
Alcoholism	1	2
Organic psychosis	1	2
Alcoholism	1	2

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