

The Marital Adjustment among Spouses living with Persons of Bipolar Affective Disorder and those without

Abstract

Background: Spouses of patients with bipolar affective disorder (BPAD) have a lot of problems with their marital life and social support. Identification of these problems is important to develop strategies to solve them for improving quality of life. **Aims:** To assess and compare marital adjustment among spouses living with persons of BPAD and those without. **Methods:** A hospital-based cross-sectional descriptive design was used to collect the sample from 100 spouses living with persons of BPAD and those without (50 with BPAD and 50 without BPAD). The sample was selected from the OPD of CIIMHANS, Dewada, Rajnandgaon, Chhattisgarh by using a purposive sampling method. Tools used for data collection included socio-demographic and clinical details to all the spouses of persons with BPAD and normal control assessed by using the Marital Adjustment Questionnaire (Kumar & Rohatgi, 1999). **Results:** Findings of the study was significant differences in terms of Sexual Adjustment, Social Adjustment, Emotional Adjustment and overall Marital Adjustment among spouses living with persons of BPAD and those without the disorder. **Conclusion:** This is especially important in light of the fact that sexual, social, and emotional support or adjustment for spouses of persons with bipolar affective disorder is an important aspect of well-being and quality of life for patients and as well as their spouses.

Keywords: Marital adjustment, Bipolar affective disorder

Introduction

Bipolar affective disorder (BPAD) is a complex mental disorder characterized by episodes of depression and mania/hypomania/mixed states with inters episodic phases of remission. However, over the years, it has been realized that even during remission, residual symptoms may be present in a high proportion of patients with BPAD (Fava, 1999; Judd et al., 2003). BPAD is a severe, chronic, recurring illness, with estimated

to affect 2–3% of the population (Merikangas et al., 2011). The disorder cannot be cured, but managed with medications, therapies, and with adaptations to lifestyle, such as stress reduction and regular sleep/wake cycles. Living with bipolar disorder presents a variety of stresses and challenges to both the person with the disorder and those who live with and care for them (Judd et al., 2008).

The complexity and variability of the illness is a challenge for

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individuals suffering from this illness and as well as their spouses. As this illness starts early in life, i.e., during adolescent or young adulthood, it is important to understand the impact of bipolar disorder on marital life. Marriage is the most important of all institutions in human society as it lays the foundation for building up of the family, the basic unit of society (Sayers and Moras, 1994)). Marital adjustment is considered as a part of emotional and social well-being, it is understood as an experience of satisfactory relationship between the couple characterized by mutual concern, care, understanding, and acceptance (Muke et al., 2014). The disturbed marital relationship can adversely affect both physical and mental health, quality of life, and economic status of the individuals (Suet-Ching Luk, 2004). For several patients with chronic illnesses, marital relationship is a serious concern. It can directly affect disease adjustment and the way they face disease outcomes and complications (Trief et al., 2002). Marital problems and conflicts may be common in families in which one of the members is suffering from BPAD (Goodwin and Jamison, 2007). Specific marital problems like sexual dysfunction among patients receiving various psychotropic medications have been reported to be high (Bella and Shamloul, 2013). Poorer marital adjustment among patients with BPAD and their spouses have been reported earlier (Grover et al., 2017). Patients with BPAD has considered the high divorce rate, it is important to uncover information related to the marital relationship in patients and spouses individually (Granek et al., 2016). The partners of patients affect the social life and leisure activities of the caregiver. Despite increase their burden, marital conflicts, and reduced sexual satisfaction in the partners of patients with BPAD (Lam et al., 2005). The sexual relations and recreation-leisure activities is an important problem area for spouses of patients with BPAD (Drisy et al., 2019).

Methods And Materials

A hospital-based cross-sectional descriptive design

was used among the spouses living with persons of BPAD and those without. The sample was selected from the outpatient department (OPD) of the Central India Institute of Mental Health and Neuro Sciences (CIIMHANS) Dewada, Rajnandgoan, Chhattisgarh by using a purposive sampling method. The sample was comprised of 100 spouses living with persons of BPAD and those without for this study which was further divided into 50 spouses living with persons of BPAD and 50 spouses of persons without BPAD. Tools used for data collection included socio-demographic and clinical details to all the spouses living with persons of BPAD and those without assessed by using the Marital Adjustment Questionnaire (Kumar & Rohatgi, 1999).

Inclusion and Exclusion Criteria

Inclusion criteria of the patients: Patients diagnosed with bipolar affective disorder as per ICD-10. DCR (1992) criteria for mental and behavioral disorders, gender- male, age between 25 to 55 years, duration of illness at least 2 to 8 years, and the individual who is married.

Exclusion criteria of the patients: Patient with a neurological problem, head injury, mental retardation or other physical illness and age less than 25 and more than 55 years, duration of illness less than 2 years and the individual who is not married.

Inclusion criteria of spouses of patients: Spouses who were the primary caregivers and staying with the patient at least 3 years or more than three years, gender female, age between 25 to 55 years, able to understand Hindi or English, those who gave informed consent form and those who have no significant psychiatric co-morbid condition.

Exclusion criteria of spouses of patients: Individuals with major psychiatric illness and neurological illness, individuals with major physical illness, age less than 25 and more than 55 years, lived with patient less than 3 years and those who did not give informed consent form.

Description of the Tools

Socio-Demographic Data Sheet: It is a semi-structured, self-prepared proforma especially drafted for this study. Its data sheet was used to collect details such as age, stay of length, education, occupation, monthly income, and family type.

Marital adjustment questionnaire (MAQ): It was developed by Dr. Pramod Kumar and Dr. Kanchana Rohatagi (1999). It consists of 25 highly perceptive “yes-no” type items. There are three domains given as sexual (item 9, 20, 23, 25), social (item 3, 4, 5, 6, 12, 14, 15, 18, 19) and emotional (item 1, 2, 7, 8, 10, 11, 13, 16, 17, 21, 22, 24). The split-half reliability, correlating odd-even items, applying the spearman-brown formula for doubling the test length, was found to be 49 (N = 60) with an index of reliability of 70. The face validity of the questionnaire appeared too high. The questionnaire was validated against Singh's marital adjustment inventory and was found to be 0.71 with the index of reliability of 0.04. The higher score shows better marital adjustment in this questionnaire.

Statistical Analysis: The statistical analyses were done with the help of the Statistical Package for Social Sciences-16 (SPSS 16 Version). For socio demographic variables and clinical variables descriptive statistics were used such as frequency, percentage, Mean and standard deviation. For testing the variance, chi-square test and student “t” test were used.

Results

Table 1 reveals that mean and standard deviation (SD) score of age and length of stay in spouses living with persons of BPAD and those without. Independent't' test was used and there was no significant difference in age of spouses ($t=1.480$, $p = 0.05$) and length of stay ($t=1.477$, $p=0.05$). The mean and SD score of the age of spouses with BPAD patients were 33.58 ± 5.82 and age of spouse those without living BPAD were 35.54 ± 7.33 . The mean and SD score in the length of stay in spouses of BPAD patients were 10.80 ± 4.27 and spouse those without living BPAD were 12.04 ± 4.11 .

Table 2 reveals that socio-demographic detail of the spouses living with persons of BPAD and those without living BPAD. Majority of 72% spouses living with persons of BPAD and 78% spouses of persons with normal were literate. In occupation, the majority of 56% spouses living with persons of BPAD were employed and 56% spouses of persons with normal were involved in housewife. In family type, the majority of both 80% spouses were belonging in a nuclear family. The majority of 34% spouses living with persons of BPAD and 46% spouses of persons with normal were middle family income status. In this table was used Chi-Square Test and found that there was no significant difference in education ($\chi^2=0.480$, $p= 0.05$), occupation ($\chi^2=1.440$, $p= 0.05$), family type ($\chi^2=0.392$, $p = 0.05$), and family income ($\chi^2=0.660$, $p=0.05$), between both the group.

Table-1
Comparison of age and length of stay in spouses living with persons of BPAD and those without.

Variables	Group (N=100)		t	df	p
	BPAD (Mean±SD)	Without BPAD (Mean±SD)			
Age of Spouses	33.58±5.54	5.82±7.33	1.480	98	0.142
Length of Stay	10.80±12.04	4.27±4.11	1.477	98	0.143

df=Degree of freedom, NS=Not significant, SD=Standard deviation, BPAD= Bipolar affective disorder, N= Number (100)

Table-2

Comparison of socio-demographic variables between spouses living with persons of BPAD and those without. (N=100)

Variables		Group (N=100)		df	χ ²	p
		BPAD	Without BPAD			
Education	Illiterate	14 (28.0%)	11 (22.0%)	1	0.480	0.488NS
	Literate	36 (72.0%)	39 (78.0%)			
Occupational	Employed	28 (56.0%)	22(44.0%)	1	1.440	0.230NS
	Housewife	22(44.0%)	28 (56.0%)			
Family Income	Less than 10000	14 (28.0%)	12 (24.0%)	2	0.660	0.719NS
	10000-20000	19 (38.0%)	23 (46.0%)			
	Above 20000	17 (34.0%)	15 (30.0%)			
Family Type	Joint Family	9 (18.0%)	8 (16.0%)	2	0.392	0.822NS
	Nuclear Family	40 (80.0%)	40 (80.0%)			
	Extended Family	1 (2.0%)	2 (4.0%)			

df=Degree of freedom, , NS=Not significant, BPAD= Bipolar affective disorder, N= Number

Table -3

Comparison of marital adjustment in spouses living with persons of BPAD and those without

Variables	Group (Mean±SD) (N=100)		t	df	p
	BPAD	Without BPAD			
Sexual Adjustment	1.20±0.63	4.34±1.94	10.849	98	0.00**
Social Adjustment	4.82 ± 1.04	8.86 ± 3.23	8.410	98	0.00**
Emotional Adjustment	4.22 ± 1.75	9.96 ± 3.70	9.895	98	0.00**
Overall Marital Adjustment	10.24±2.47	23.16±6.14	13.786	98	0.00**

N=Number, df=Degree of freedom, SD=Standard deviation, BPAD= Bipolar affective disorder,

**= Significant at the 0.01 level (2 -tailed).

Table 3 shows mean score and standard deviation of marital adjustment among spouses living with persons of BPAD and those without living BPAD respectively were as 10.24±2.47, 23.16±6.14. The mean score and SD in marital adjustment (domain wise) of both groups respectively were as 1.20±0.63,

4.34±1.94 in sexual adjustments, 4.82±1.04, 8.86±3.23 in social adjustments and 4.22±1.75, 9.96±3.70 in emotional adjustment. Independent't' test was used and found that significant differences in terms of sexual adjustment (t=10.849, p= 0.01), social adjustment (t=8.410, p=0.01), emotional adjustment

($t=9.895$, $p=0.01$) and overall marital adjustment ($t=13.786$, $p=0.01$) among both the groups.

Discussion

The present study has found no significant difference in areas of (socio-demographic profiles) age, length of stay, education, occupation, family type, and family income. Our study found that the majority of spouses living with persons of BPAD were employed as compared to spouses those without living BPAD.

The present study also shows that significant difference in marital life among the spouses living with persons of BPAD and those without. It also shows that all domains in marital adjustment (sexual, social, and emotional adjustment) had a significant difference in both the group. The spouses of BPAD patients had poor marital adjustment compare to spouses of normal control. Some earlier studies also support this. Grover et al., (2017) reported that couples with one of the partners having BD often experienced poor marital adjustment when compared to healthy couples. Ranjan et al., (2015) conducted a study on the BPAD and observed that spouses of persons with BPAD have poor sexual, social, emotional adjustment in comparison to other spouses. Levkovitz et al., (2000) suggested the spouses of patients had lower scores in terms of consensus and expressions of affection in their marital relationship as compared to healthy controls and also reported the receiving less emotional and practical support from their spouses. Frank et al., (1981) reported the significant difference in the marital adjustment between spouses of bipolar patient and spouses of non-patient. Perceptions of the courtship, the first year of marriage, and the degree to which the marriage had met expectations were also similar for both groups.

Our study found the spouses have poor sexual, social, and emotional adjustment, which live with BPAD Persons. Consistent results by other researchers Granek et al., (2016) reported the partners struggle with the impact of bipolar disorder

on their lives and on their relationships and have poor emotional and social support in spouses of the BPAD patients Drisya et al., (2019) reported the partners of patients with BPAD experience various problems related to their marital life. Whisman (1999) suggested that patients with BPAD have higher marital dissatisfaction compared to those without the disorder. Pompili et al., (2014) reported the spouses who live with bipolar patients have various difficulties experience together as problem areas in their marital life such as sexual, social, emotional support, and as well as recreation-leisure time. Borowiecka-Karpiuk et al., (2014) reported the quality of 'current sexual satisfaction' was significantly lower among the spouses of BPAD patients. Radke-Yarrow et al., (1998) reported the marital dissatisfaction is more among female patients with BD than those with unipolar depression or who are healthy.

Limitations

The present study findings may not be generalizable to all spouses living with persons of BPAD, because the sample size was smaller and use of purposive sampling technique. Female gender used only in this study. Both the sex (male and female) should have been included for better understanding. Spouses Assessment of other areas like quality of life, family function, burden, and environment could not be done.

Conclusion

The finding of present study suggests that significant difference in marital adjustments such as sexual, social, and emotional adjustment among the spouses who live with BPAD persons and those without. Spouses of BPAD patients have experienced various problems related to their marital life. This overview highlighted the need to better understand problem and views of spouses. This study of findings helps the mental health professional to develop practical appropriate interventions and to improve the training of BPAD patients and their spouses.

References

- Bella, A. J., & Shamloul, R. (2013). Psychotropics and sexual dysfunction. *Central European journal of urology*, 66(4), 466.
- Borowiecka-Karpiuk, J., Dudek, D., Siwek, M., & Jaeschke, R. (2014). Spousal burden in partners of patients with major depressive disorder and bipolar disorder. *Psychiatr Pol*, 48(4), 773-787.
- Drisy, P., Bindumol, K., Saleem, T. K., & Narayan, D. (2019). Marital problems among partners of patients with bipolar affective disorder. *Indian journal of psychological medicine*, 41(5), 448-454.
- Fava, G. A. (1999). Subclinical symptoms in mood disorders: pathophysiological and therapeutic implications. *Psychological medicine*, 29(1), 47-61.
- Frank, E., Targum, S. D., Gershon, E. S., Anderson, C., Stewart, B. D., Davenport, Y., ... & Kupfer, D. J. (1981). A comparison of nonpatient and bipolar patient-well spouse couples. *The American journal of psychiatry*.
- Goodwin, F. K., & Jamison, K. R. (2007). *Manic-depressive illness: bipolar disorders and recurrent depression* (Vol. 2). Oxford University Press.
- Granek, L., Danan, D., Bersudsky, Y., & Osher, Y. (2016). Living with bipolar disorder: the impact on patients, spouses, and their marital relationship. *Bipolar disorders*, 18(2), 192-199.
- Grover, S., Nehra, R., & Thakur, A. (2017). Bipolar affective disorder and its impact on various aspects of marital relationship. *Industrial psychiatry journal*, 26(2), 114.
- Judd, L. L., Akiskal, H. S., Schettler, P. J., Coryell, W., Endicott, J., Maser, J. D., ... & Keller, M. B. (2003). A prospective investigation of the natural history of the long-term weekly symptomatic status of bipolar II disorder. *Archives of general psychiatry*, 60(3), 261-269.
- Judd, L. L., Schettler, P. J., Solomon, D. A., Maser, J. D., Coryell, W., Endicott, J., & Akiskal, H. S. (2008). Psychosocial disability and work role function compared across the long-term course of bipolar I, bipolar II and unipolar major depressive disorders. *Journal of affective disorders*, 108(1-2), 49-58.
- Lam, D., Donaldson, C., Brown, Y., & Malliaris, Y. (2005). Burden and marital and sexual satisfaction in the partners of bipolar patients. *Bipolar disorders*, 7(5), 431-440.
- Levkovitz, V., Fennig, S., Horesh, N., Barak, V., & Treves, I. (2000). Perception of ill spouse and dyadic relationship in couples with affective disorder and those without. *Journal of Affective Disorders*, 58(3), 237-240.
- Merikangas, K. R., Jin, R., He, J. P., Kessler, R. C., Lee, S., Sampson, N. A., ... & Zarkov, Z. (2011). Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. *Archives of general psychiatry*, 68(3), 241-251.
- Muke, S. S., Ghanawat, G. M., Chaudhury, S., Mishra, S. K., Verma, A. N., & Singh, A. R. (2014). Marital adjustment of patients with substance dependence, schizophrenia and bipolar affective disorder. *Medical Journal of Dr. DY Patil University*, 7(2), 133.
- Pompili, M., Harnic, D., Gonda, X., Forte, A., Dominici, G., Innamorati, M., ... & Girardi, P. (2014). Impact of living with bipolar patients: Making sense of caregivers' burden. *World Journal of Psychiatry*, 4(1), 1.
- Kumar, P., & Rohatgi K. (1999). Marital Adjustment Questionnaire: revision. Vallabh Vidyanagar: Saradar Patel University.
- Radke-Yarrow, M., Yarrow, M. J., Martinez, P., Marian, R. Y., Mayfield, A., & Ronsaville, D. (1998). *Children of depressed mothers: From early childhood to maturity*. Cambridge University Press.
- Ranjan, L. K., Srivastava P., & Kiran M. (2015). Marital adjustment and quality of life among spouses of persons with schizophrenia and bipolar affective disorder. *Golden Research Thoughts*, 5(1).
- Sayers, S. L., & Moras, K. (1994). Intimate relationships and depression: Is there a casual connection?. *Journal of Consulting and Clinical Psychology*, 62(5), 1033-1043.
- Suet-Ching Luk, W. (2004). The HRQoL of renal transplant patients. *Journal of clinical nursing*, 13(2), 201-209.
- Trief, P. M., Wade, M. J., Britton, K. D., & Weinstock, R. S. (2002). A prospective analysis of marital relationship factors and quality of life in diabetes. *Diabetes care*, 25(7), 1154-1158.
- Whisman, M. A. (1999). Marital dissatisfaction and psychiatric disorders: results from the National Comorbidity Survey. *Journal of abnormal psychology*, 108(4), 701.
- World Health Organization (1992). *The ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization.