

MENTAL ILLNESS IN 30 MARRIED COUPLES¹

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SUMMARY

Diagnostic characteristics, personality pattern and certain psychosocial variables of 30 married couples where both partners were mentally ill (group A) were compared with the findings with another group of 30 couples where only one partner was psychiatric patient (Group B). Results revealed that couples in the Group A had significantly longer duration of marriage as compared to Group B. Significantly higher number of pairs in the Group A were from the higher socio-economic status. Nearly two third of the secondary partners (those developing illness later) in the Group A were wives. Primary partners of Group A (those developing illness earlier) had a significantly longer duration of illness than the sick spouses of Group B.

Marriage is an area where the dependency is marked, the relationship intimate and encounters so close that the emotional problems in one partner are likely to create disturbances in the other. There are number of studies in literature (Penrose, 1944 ; Slater and Woodside, 1951 ; Gregory, 1959 ; Ryle and Hamilton, 1962 and Kreitman, 1962 and 1968) which have demonstrated the above.

Despite several studies in the literature, not much has been clearly established regarding mental illness in married pairs. Most of these studies relate to Western culture, while this particular area has not attracted adequate attention of Indian workers. Mahendru (1975) reported some general observations on six married couples who were on active psychiatric treatment and found interactional theory to be more applicable to his series. In a recent Indian study, Trivedi *et al.* (1978) demonstrated a significantly higher psychiatric morbidity in the wives of neurotic patients.

Family studies of this kind may have more relevance in our set up because of the different socio-cultural background and our knowledge how personal and social factors jointly contribute to mental ill-health, might improve by studies in this

field. It is with this impression that some further observations on mentally ill married couples are presented here.

The present report therefore aims to study the diagnostic characteristics, personality pattern and certain psycho-social variables of the mentally ill couples and to examine how their illnesses are related to each other. An attempt has also been made to compare these findings with a group of couples where only one partner was a psychiatric patient.

MATERIAL AND METHOD

The sample in the present study consisted of 30 consecutive married pairs who have or had been receiving active psychiatric treatment at the mental health clinic, G.S.V.M. Medical College, Kanpur during a period of five years. The information regarding diagnosis, social and demographic variables, history of present illness, family history of mental illness and family structure was obtained by authors' interview with the couples, scrutiny of the case files and discussions with the colleagues, where necessary. The findings of the mentally ill couples were compared with another group of 30 couples selected randomly, and where only one partner had psychiatric

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illness. For convenience, the mentally ill couples were designated as Group A and the group of couples with illness in only one partner was known as Group B. Further, in Group A subjects, who developed the illness first were referred to as primary partners and those, who developed the disease later are called as secondary partners. I.C.D.-9 was used for diagnostic classification. The diagnostic entity of 'Depression' in this study includes depressive illnesses of categories 298 and 311 of I.C.D.-9. A long scale of M.P.I. (Hindi version), developed by Jalota and Kapoor (1965) was administered to both the partners of the two groups to assess the neuroticism dimension of the personality.

RESULTS

Out of 3656 patients seen by the author during the period of the study, 1913 were married, 1121 unmarried and 622 patients were widow, widowers or separated. The population of married patients consisted of 30 married couples as well where both the partners were receiving psychiatric treatment.

Analysis of socio-demographic variables (Table 1 (A) and (B) reveals that age did not influence the two groups of couples. The duration of marriage was found to be significantly longer in the group A as compared to group B, indicating increasing

morbidity with increasing duration of marriage. A significantly higher proportion of couples in group A belonged to social class I as compared to group B. More couples in group A were drawn from joint families. However, this finding lacked statistical level of significance.

TABLE 1(A)—Socio-demographic variables in the two groups—(contd.)

| | Group A (N=30) (illness in both partners) | | Group B (N=30) (illness in one partner) | |
|--|--|------|--|------|
| | N | % | N | % |
| <i>Family structure</i> | | | | |
| Joint .. | 19 | 63.3 | 13 | 43.3 |
| Unitary .. | 11 | 36.7 | 17 | 56.7 |
| <i>Socio-economic status :</i> (based on Prasad's (1970) social classification. | | | | |
| Class I* .. | 16 | 53.3 | 2 | 6.7 |
| Class II .. | 8 | 26.7 | 5 | 16.7 |
| Class III .. | 6 | 20.0 | 15 | 50.0 |
| Class IV .. | .. | .. | 5 | 16.7 |
| Class V .. | .. | .. | 3 | 10.0 |
| <i>Family history of mental illness</i> | | | | |
| Present .. | 9 | 30.0 | 8 | 26.7 |
| Absent .. | 21 | 70.0 | 22 | 73.3 |

*Denotes significance at .05 level.

63.3% of the husbands were primary partners while the equal percentage of wives were the secondary victims (Table 2). It is also evident from this Table that most of the patients in group A had post marital onset.

Diagnostic distribution in the group A (Table 3) shows a significantly higher proportion of schizophrenics in primary partners and neuroses in the secondary partners. Eight out of 30 couples (26.6%) had the same diagnosis (Table 4).

TABLE 1(A)—Socio-demographic variables in the two groups

| Variables | Group A (N=30) (illness in both partners) | | Group B (N=30) (illness in one partner) | |
|-------------------|---|------|---|------|
| | Mean | S.D. | Mean | S.D. |
| Age of husband .. | 42.0 | 10.2 | 38.2 | 9.3 |
| Age of wife .. | 35.4 | 11.2 | 34.2 | 10.2 |
| Duration of — | 17.7 | 12.7 | 12.5 | 7.1 |
| Marriage* .. | .. | .. | .. | .. |

*Denotes significance at .05 level.

TABLE 2—Distribution of onset in couples with illness in both partners (Group A)

| | | Onset In relation to Sympts. | | Onset In relation to marriage | |
|---------|------|------------------------------------|-----------------|-------------------------------------|------------------|
| | | Pri. Part. | Sec. partner | Pre- marital | Post- marital |
| Husband | N .. | 19 | 11 | 8 | 22 |
| Wife | N .. | 11 | 19 | 5 | 25 |
| | % .. | 36.7 | 63.3 | 16.7 | 83.3 |

TABLE 3—Diagnostic distribution in primary and secondary partners of Group A

| Diagnosis | Primary partner (N=30) | | Secondary partner (N=30) | | Level of signi- ficance |
|------------------------|------------------------------|------|--------------------------------|------|----------------------------------|
| | N | % | N | % | |
| Schizophrenia | 12 | 40.0 | 2 | 6.7 | p. .0.05 |
| M.D.P. | 4 | 13.3 | 3 | 10.0 | N.S. |
| Depression | 7 | 23.3 | 6 | 20.0 | N.S. |
| Neurosis | 1 | 3.3 | 16 | 53.3 | p. .0.05 |
| Personality Dis. | 3 | 10.0 | .. | .. | N.S. |
| Drug dependance | 2 | 6.7 | 2 | 6.7 | N.S. |
| Psychophysiol. Dis. | 1 | 3.3 | 1 | 3.3 | N.S. |

TABLE 4—Husband-wife diagnostic association in Group A

| | Husband | | | | | | |
|-----------------------------|---------|--------|------|-------|-------|------|--------|
| | Schizo. | M.D.P. | Dep. | Neuro | Pers. | Dep | Psycho |
| Wife | Schizo. | M.D.P. | Dep. | Neuro | Pers. | Dep | Psycho |
| | | | | sis | Dis. | end. | Dis. |
| Schizo- phrenia | 2 | 2 | 2 | 3 | .. | .. | .. |
| M.D.P. | .. | .. | 2 | .. | .. | .. | .. |
| Depres- sion | 1 | .. | 2 | .. | .. | .. | .. |
| Neurosis | 2 | 3 | 4 | 1 | 2 | .. | .. |
| Drug depend. | .. | .. | .. | .. | .. | 2 | .. |
| Psycho- physiol. Dis. | .. | .. | .. | .. | .. | .. | 1 |

Table 5 reveals a higher proportion of schizophrenia in primary partners of group A and that of neurosis in the sick spouses of group B but this was not found to be statistically significant. A significantly higher proportion of primary partners of group A had been ill for longer periods of time as compared to sick spouses of group B. (Table 6).

TABLE 5—Diagnosis in primary partners of group A and sick spouses of group B

| | Primary partners of Group A (N=30) | | Sick partners of Group B (N=30) | |
|---------------------|---|------|--|------|
| | N | % | N | % |
| Schizophrenia | 12 | 40.0 | 8 | 26.7 |
| M.D.P. | 4 | 13.3 | 2 | 6.7 |
| Depression | 7 | 23.3 | 7 | 23.3 |
| Neurosis | 1 | 3.3 | 11 | 36.7 |
| Personality Dis... | 3 | 10.0 | 1 | 3.3 |
| Drug dependance | 2 | 6.7 | .. | .. |
| Psychophysiol. Dis. | 1 | 3.3 | .. | .. |
| Organic brain Dis. | .. | .. | 1 | 3.3 |

Level of significance=N.S.

TABLE 6—Duration of illness in primary partners of Group A and sick spouses of Group B

| | Primary partners (Group A) | | Sick spouses (Group B) | |
|----------------------|----------------------------------|------|------------------------------|------|
| | Number | % | Number | % |
| Less than 5 years* | 6 | 20.0 | 16 | 53.3 |
| 5 years to 10 years* | 16 | 53.3 | 7 | 23.3 |
| More than 10 years | 8 | 26.7 | 7 | 23.3 |

*Denotes $p < 0.05$ level.

The neuroticism scores on MPI in the primary and secondary partners of group A and between sick and healthy spouses of group B were not found to be significantly different (Table 7 (A) and (B)).

TABLE 7(A)—*M.P.I. (N) scores in the primary and secondary partners of Group A*

| Neuroticism scores | Primary partners | Secondary partners | Level of significance |
|--------------------|------------------|--------------------|-----------------------|
| Mean .. | 27.1 | 29.4 | .. |
| S.D. .. | 5.17 | 4.49 | N.S. |

TABLE 7(B)—*M.P.I. (N) scores in healthy and sick spouses of Group B*

| Neuroticism scores | Healthy spouses | Sick spouses | Level of significance |
|--------------------|-----------------|--------------|-----------------------|
| Mean .. | 27.4 | 29.9 | .. |
| S.D. .. | 6.76 | 3.89 | N.S. |

DISCUSSION

It may be important to mention that the cases reported here are just a collection of mentally ill married pairs and not a random sample. The sole intention of the paper was to present the qualitative features of the mentally ill couples. Further, the number of couples is far too small to draw any crucial conclusions. The study does reveal certain interesting observations.

The age was not found to influence the two groups of married pairs but social class did. The role of social class has not been frequently mentioned in most of the earlier studies. However, the findings of Hagnel and Kreitman (1974) and those of ours do show an excess number of mentally ill couples in social class I. Among many, one possible explanation is that the couples in class I can afford to remain sick and the illness of the spouses may be their only concern, while couples in class III are subject to numerous stresses. Higher incidence of mentally ill couples in joint families indicates that they are overburdened not only by family and household responsibilities but also by social pressures.

Significantly longer duration of marriage in the mentally ill couples in comparison to those where only one partner was ill needs special mention. The role of increas-

ing duration of marriage in increasing the morbidity in the spouses of psychiatric patients has also been reported previously (Kreitman, 1964, 1968 and 1970 ; Buck and Ladd, 1965 ; Hare and Shaw, 1965). The present results thus add considerable weight to the positive evidence which is accumulating on the duration of marriage. Our observations also confirm another impression of these studies that wives are more susceptible than husbands to illness in the partner. This finding has particular relevance in our society where husband is mainly the earning member and housewife in addition to usual family and domestic problems has to shoulder financial difficulties in the face of husband's illness.

The diagnostic aspects of the study reveal that there are nearly one fourth couples with the same diagnosis but this proportion is much less as compared to figures reported by earlier studies (Penrose, 1944; Gregory, 1959 ; Kreitman, 1962, 1968 and Neilsen, 1964). The over all average reported proportion of same diagnosis pairs is nearly 36%. Thus the hypothesis that people with similar diagnosis and constitution tend to marry each other does not find much place in our study. This is further supported by more or less equal distribution of family history of mental illness in the two groups of couples which suggests that if the assortative mating theory is true, the husbands and wives should be correlated with regard to history of illness in their parents and siblings.

A significantly higher occurrence of neurotic illness in the secondary partners, longer duration of illness in the primary partners of group A and insignificant differences on MPI (Neuroticism) scores in the various groups of spouses point to commonly advanced interactional theory. The higher proportion of schizophrenia and depression in the primary partners of group A also makes the spouses to bear the stresses and strains of these chronic illnesses. It may thus appear that the spouse

confronted with a partner having a long standing psychotic illness is likely to react with a neurotic disturbance. The interactional theory which states that higher incidence that develops in time from the experience of living with a mentally ill spouse is supported by certain other factors which might be of greater importance and might be operating in our culture.

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