

MARRIAGE AND SCHIZOPHRENIA

Sir,

We have read with special interest the paper, 'Marriage and schizophrenia' (Thara & Srinivasan, 1997). We congratulate the authors for carrying out research in terms of second generation studies in schizophrenia i.e. to study the processes and details of the course and outcome of schizophrenic patients as well as their living situations. The paper raises a number of important issues for further consideration. The striking observation is that 70% patients were married and 80% marriages were intact. A follow up of 10 years indicates that the life of persons with schizophrenia is very different in India as compared to West. This observation opens up avenues for us to examine the possible contributory factors for a better outcome of schizophrenia in India as shown by repeated WHO and ICMR studies.

Our work based on a community sample of persons with schizophrenia from a

population of 32,000 individuals has shown similar results. Out of 60 persons diagnosed as schizophrenia 56 (93.3%) were ever married and only 4 (6.7%) were never married. About 36 (72%) of the persons from the group who were married were living in married situation and having children. When this was compared with a group of community sample (N=78) at Liverpool (U.K.) the figure for ever married were 18 (23.1%). Out of this 2 (11.1%) were separated, 11 (61.1%) were divorced and 5 (27.8%) were living in married situation. It was also found that the mean number of children in Bangalore sample was 2.6 ± 2.1 while that for Liverpool sample was 0.5 ± 1.2 children. The impression that we have from the data is that majority of the ill persons were not marginalised in India. In contrast the larger society seems to have excluded the ill persons from the marriage and family life in Liverpool. In another study of urban sample of persons with schizophrenia at NIMHANS, unmarried status was found to be different. These differing observation between rural and urban families, emphasises the need to look at the data in national, regional, state and at centre levels.

The observations of this paper have implications for care in terms of available persons to care for an ill person as well as acceptance of the ill persons by the family and the community. In terms of future research we feel the following questions need to be answered from the available data as well as by special studies, namely-

1. What does marriage mean to mentally ill person ?
2. What aspects are given importance by a married couple with one mentally ill ?
3. How do the rest of the family support the non-ill spouse to care for the ill persons, as well as to accept the ill person ?
4. What ways do the spouses adopt living with a mentally ill person ?
5. Is there any relationship with having or not having the information about the illness prior to marriage, to staying on in marriage ?
6. Is there any relationship to treatment regularity and marital status ?

These related questions need to be addressed. This should be studied not only in one centre but in many centres, as India represents a country with wide social variations, differing family structures and religions. The way these factors operate in different groups would provide us opportunity to understand the illness processes as well as areas for interventions.

In view of marriage being an important part of social life and having such striking difference between the married persons with psychiatric illness in India and rest of the world, this area should receive priority for further research.

Again we congratulate the authors for an excellent paper and hope that these above questions would receive attention in future research by Indian mental health professionals.

REFERENCES

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