

Marital adjustment in spouses of the patient with obsessive compulsive disorder

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ABSTRACT

Background: Obsessive Compulsive Disorder (OCD) creates challenges for both patients and their family system and affects several areas of life. This is a long-lived disorder that affects about 2.3% of the general population. Marital relationship is the foundation of family life due to the union between a male and a female as husband and wife but the presence of OCD hamper the smooth and usual functioning of marital life adjustment. **Aim:** The present study aims to assess the marital adjustment of the spouses of a patient with obsessive compulsive disorder. **Materials and Method:** The study included a total of thirty-three patients diagnosed with obsessive-compulsive disorder along with their spouses. Participants were recruited from OPD/IPD, at the Institute of Mental Health, Pt. B D Sharma University of Health Sciences, Rohtak, Haryana. This study was a cross-sectional hospital-based research. The severity of symptoms was assessed by Yale Brown's obsessive-compulsive scale, and a Marital Adjustment questionnaire was used for assessing marital life, written informed consent was taken from the participants before starting the information gathering. The socio-demographic profile of the patient and their spouse were recorded on a self-designed proforma for the study. **Results:** Only one (33.3%) male and two third (66.7%) female individuals participated in the study. The Y-BOCS score indicated that most of the participants suffered from severe levels of symptoms 45.5%, and only 3.0% of participants were living with extreme levels. The mean value of the overall Marital Adjustment Questionnaire (MAQ) score was 31.00 indicative of poor marital adjustment among the participants. **Conclusion:** Both male and female spouses have significant deterioration in marital adjustment.

Keywords: Obsessive compulsive disorder, spouses, marital adjustment

INTRODUCTION


Obsessive-compulsive disorder is an ordinary, long-lived disorder that affects about 2.3% of the general population,¹ and affects roughly around 3% of the population worldwide.² Obsessions are persistent recurring thoughts, impulses or images that are experienced as intrusive, inappropriate and distressing, and that are not simply excessive worries about realistic problems. Compulsions are repetitive behaviors or mental acts that a person feels driven to perform according to a

rigidly applied rule, in order to reduce distress or to prevent some fearful outcome obsessions and compulsions are ego-dystonic, considered by the subject himself as irrational or unrealistic, and they are at least partly resisted.³ Marriage is one of the most important processes of selecting a partner with entering into a marital contract which is considered both a maturational milestone and a personal achievement the choice of marital partner is a very important decision

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that one makes in their better life.⁴ Marital adjustment is an experience of a married couple acclimating to a marital relationship however new marriages start with a period of adjustment and both spouses learn how to adapt, and their adaptation is utilized in guessing marital success. Well-adjusted couples will more and more work as a team with cohesion. Marital adjustment is the accommodation of each other with a new role as husband or wife and to obligation of the marital relationship. It includes to level of marital satisfaction, cohesion, agreement, affection, and conflict.⁵

Aim: To assess the marital adjustment among spouses of the OCD patient.

MATERIALS AND METHODS

The Present study was a cross-sectional hospital-based study. Ethical approval was granted by the Institute. A purposive sampling method was used. An informed consent was obtained from each subject before entering the study. Thirty-three patients diagnosed with Obsessive compulsive disorder as per the International Classification of Diseases (ICD-10)⁶ along with their spouses' fulfilling inclusion and exclusion criteria were selected for the study. The study was approved by the institutional ethics committee.

Inclusion Criteria: Duration of illness more than two years, spouses Living together for one year, Age between 18-45 years, Able to read, write & and understand Hindi.

Exclusion Criteria: Co-morbid psychiatric or chronic physical illness, any other person (except patient) with mental illness in the family (Household).

Tools used: *Yale-Brown's Obsessive Compulsive Scale*⁷ was applied to assess severity in patients of Obsessive compulsive disorder. Yale-Brown's Obsessive Compulsive Scale is a clinician-rated administered interview for severity of OCD symptom scale. It has 10 items, each item rated 0 to 4, total range (zero to forty). It has a separate subtotal for the severity of obsession (sum of items one to five) and compulsion (sum of items six to ten). On the severity of scale distress, frequency, interference, resistance and symptom control of obsession and

compulsion are rated on (One to Ten).⁷ *Marital Adjustment Questionnaire*⁸ is a validated instrument for assessing personality qualities, emotional factors, sexual satisfaction, marital role, and responsibility factors, in-law relationships, attitudes towards family planning and children, interpersonal relationships and economic, religious and social factors are the areas included. It has 25 highly discriminating "Yes-No" types of items. There are 57 positively worded and 7 negatively worded items. All items are scored "1" or "0" depending on the direction of the marital adjustment score for the subject.⁸

Procedure: Patients with the diagnosis of obsessive compulsive Disorder and their spouses were selected from the inpatient and outpatient departments of Psychiatry, Institute of Mental Health, Pt. B D Sharma, University of Health Sciences, Rohtak. Written informed consent was taken from participants after explaining the aim and objectives of the study. Socio-demographic profiles were recorded in the self-designed semi-structured proforma. Thereafter, the severity of the psychiatric condition of the patients with the obsessive compulsive disorder was assessed with the help of YBOCS and a Marital Adjustment Questionnaire was administered to the spouses to know their marital adjustment.

Statistical analysis: All data was analyzed using SPSS software 16 version. Descriptive statistics including mean, standard deviation and Pearson correlation were used to describe the characteristics of the study.

RESULTS

Out of 33 cases, 22 (66.7%) were female and 11 (33.3%) were male. The mean age and SD were 39.36±4.98. Table 1 shows the education level of the participants was metric to intermediate (66.7%) and (30.4%) in graduate and above. Most of the participants belong to Hindu religion (97.0%). The categorical representation of the participants was general 48.5%, 36.4% of OBC and 63.6% belonging to rural background, 69.7% living with joint family in the occupation level of (66.7%) housewife and the family monthly income (63.6%) more than (<15000), 15.2% of positive family history of mental illness.

Table 1: Socio-demographic Characteristics of Participants (N=33)

Variables		n	%
Age	Mean ± SD	39.36	4.98
Sex	Male	11	33.3
	Female	22	66.7
Education	Primary	1	3.0
	10 th / 12 th	22	66.7
	Graduate	5	15.2
	Above	5	15.2
Religion	Hindu	32	97.0
	Sikh	1	3.0
Category	General	16	48.5
	OBC	12	36.4
	SC	5	15.2
Domicile	Urban	12	36.4
	Rural	21	63.6
Type of family	Joint	23	69.7
	Nuclear	10	30.3
Occupation	Service	7	21.2
	Agriculture	1	3.0
	Homemaker	22	66.7
	Unemployed	3	9.1
Family monthly income	5001-10000	7	21.2
	10001-15000	5	15.2
	15001-20000	21	63.6
Family history	Present	5	15.2
	Absent	28	84.8

Table 2 shows the mean age of the caregiver of patients with SD 35.66 ±7.74 and most of the caregivers were male 66.7% and female 33.3%. Of a large number of spouses occupation was 63.6% belong to service followed by homemakers 30.3%, the rest 7.1% are unemployed and highly educated metric to intermediate 48.5%, and graduates and above 42.4%. Most (60.6%) of the caregivers were belonging to lower middle socioeconomic status.

Table 3 shows the severity of Obsessive Compulsive disorder as per Yale brown obsessive compulsive scale the score of Y-BOCS indicated that most of the participants suffered from severe level of symptoms 45.5%, and only

3.0% of participants found extreme levels.

Table 2: Socio-demographic Characteristics of spouses of participants (N=33)

Variable		n	%
Sex	Male	11	33.3
	Female	22	66.7
Age	Mean + SD	35.66	7.74
Occupation	Service	21	63.6
	Agriculture	2	6.1
	Homemaker	10	30.3
Education	Primary	3	9.1
	Matric-inter	16	48.5
	Graduate	6	18.2
	Above	8	24.2
Socio-economic status	Lower	2	6.1
	Upper-lower	4	12.1
	Lower middle	20	60.6
	Upper middle	7	21.2

Table 3: Level of OCD

Variables	N	%
Normal	3	9.1
Mild	7	21.2
Moderate	7	21.2
Severe	15	45.5
Extreme	1	3.0

Table 4 Correlation between Study Measures

Variables	1	2	3	4	5	6
1.YBOCS Score	1					
2.Marital Adjustment	-.244	1				
3.Physical Health	-.727**	.185	1			
4.Psychological Health	-.596**	.200	.745**	1		
5.Social Relationship	-.335	-.056	.448**	.640**	1	
6.Environment	-.517**	.023	.620**	.643**	.716**	1

**Correlation is significant at the 0.01 level

The marital adjustment questionnaire shows a mean score of 31.00 and SD 8.15 indicating the poor marital satisfaction of the participants with spouses.

DISCUSSION

Psychiatric condition has a negative impact on a person and his/ her spheres of life may be personal or social aspects and it shows an effect on the spheres of marital life. Some research indicates that marital adjustment and psychological disorders reciprocally influence one another. The present study included individuals with obsessive compulsive disorder along with spouses and were assessed on the marital adjustment. The socio-demographic parameters were assessed of participants and their spouses (table-1 and 2) in the total sample size (N=33) and it was found that the mean age of participants was 39.36 ± 4.98 years which is the average of patients seeking treatment for psychiatry-related disorders. Although the gender prevalence of psychiatric disorders is almost similar⁹ in the current study 66% of participants were female and 33% male, indicating female patient dominance that is somewhere indicating female patients get fewer opportunities for treatment in comparison to males. The majority of the participants 97% were Hindu which might be a reflection of nearby locality as the maximum population in this geographical region is Hindu. Rural urban reflection is almost similar to the Indian scenario study shows 67% of participants came from rural areas. Indian Traditional family system is a joint family system that was visible in the current study as 70% of participants are from joint families. The occupational engagement of the participants were 67% homemakers, 21% service holder, 9% unemployed and 3% doing agriculture work which indicates most of the female patients are homemakers.

The findings of the study show almost half of the participants (48.5) were having severe symptoms that might worsen their overall life including marital life, that reflected in marital adjustment and poor adjustment. Whereas the rest half of the participants fell into the mild to moderate category of symptoms differences in the findings could be wide demographically distributed areas.

In Indian society, marriage is considered to be one of the most important institutions which has

a significant role in the interplay of social norms and values. Marriage is a social bond and meets the intimate needs of human beings which guide the path for procreation and maintenance of the human race. There is growing literature linking marital adjustment with OCD. Various issues of married life in the spouses of anxiety spectrum disorders (OCD) hold a lifetime prevalence rate of 20.7% in our country which was reported to be the highest among all psychiatric disorders.¹⁰ Despite its well-known morbidity, the Health Survey compared their scores with published norms for the general population and with patients with either depression or diabetes. Research influence of marital relationship in couples with OCD to be less adjusted. Furthermore, a quantitative analysis of the relationship between anxiety disorders and marital functioning found that the marriages of patients with OCD are more problematic than those of patients with other anxiety disorders.¹² Again, this finding does not necessarily denote a causal role for marital distress in the development of OCD. Obsessive and Compulsive disorders can directly affect of spouses of a person with mental illness and lead to much distress and dissatisfaction in marital life. Although the severity of obsessions and rituals was not related to relationship satisfaction, rater error may have contributed to this null finding, as standardized measures of assessment were not used in this study.¹³ Furthermore, because most individuals had severe obsessions and compulsions, the range of OCD symptom severity was restricted and reduced the potential association between OCD symptom severity and relationship satisfaction. Although another study negative association between OCD symptom severity and relationship satisfaction, this relationship was not significant after partially separating the variance attributable to depression. However, the study established that only severe levels of depression affect OCD treatment outcome¹⁴ and severe degrees of depression worsen OCD symptoms to the level that relationship satisfaction is diminished.¹⁵ There are studies documenting the association of obsessive-compulsive disorder (OCD) with low marital satisfaction. Emmelkamp et al compared the marital functioning of patients with OCD to

the norms for the Dutch population and found the marital relationships of the patients with OCD to be disturbed.¹⁶ A quantitative analysis of the relationship between anxiety disorders and marital functioning found that the marriages of patients with OCD are more problematic than those of patients with agoraphobia.¹⁷ Literature suggested that OCD was associated with marital distress, dissatisfaction, and negative impact on friendship, school performances and work functioning.¹⁸

Limitations

- The sample size of the study was small.
- The study was cross-sectional hence patient was assessed only once and the samples were selected by using a purposive sampling technique.
- The study could have included a few other variables for clarification of the marital adjustment in the spouse. Some other variables like the marital satisfaction, and marital quality.

CONCLUSION

In the present study, it was found that two-thirds of the primary sample (patients) were female and in the experimental group (spouses of anxiety patients), two-thirds of them were males. Results indicate that both male and female spouses have significant deterioration in marital adjustment. There was a high score of Y-BOCS in the patients was an indication of the poor marital adjustment among spouses. So, it's concluded that marital adjustment among patient of an obsessive compulsive disorder and their spouses was not conducive and sometimes pathological also.

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Ethical Clearance: Taken

REFERENCE

1. Muhlbauer JE, Ferrão YA, Eppingstall J, Albertella L, do Rosário MC, Miguel EC, Fontenelle LF. Predicting marriage and divorce in obsessive-compulsive disorder.

- Journal of sex & marital therapy 2020;47(1):90-8.
2. Abramowitz JS, Franklin ME, Schwartz SA, Furr JM. Symptom presentation and outcome of cognitive-behavioral therapy for obsessive-compulsive disorder. *Journal of consulting and clinical psychology* 2003;71(6):1049-57.
3. Leckman JF, Denys D, Simpson HB, Mataix-Cols D, Hollander E, Saxena S, Miguel EC, Rauch SL, Goodman WK, Phillips KA, Stein DJ. Obsessive compulsive disorder: a review of the diagnostic criteria and possible subtypes and dimensional specifiers for DSM-V. *Depress Anxiety* 2010;27(6):507-27.
4. Sneh R L. Marital adjustment and Depression among couples. *IJIP*.2017;4(2):34-42.
5. Kendrick, H. M., & Drentea, P. Marital Adjustment. *Encyclopedia of Family Studies* 2016;1–2. doi:10.1002/9781119085621.wbefs07.
6. World Health Organization. The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research. World Health Organization; 1993.
7. Goodman W K, Price L H, Rasmussen S A, Mazure C, Fleischmann R, Hill C L, Heninger G R, Charney DS. The Yale-Brown Obsessive Compulsive Scale. I. Development, use. And Reliability, *Arch Gen Psychiatry* 1989; 46:1006-11.
8. Kumar P & Rohtagi K . Certain Personality Correlates of Marital Adjustment. *Indian J Soc work*. 1984; 45: 325-30.
9. Murthy RS. National Mental Health Survey of India 2015–2016. *Indian journal of psychiatry* 2017;59(1):21.
10. Chandrashekhar CR, Reddy MV. Prevalence of mental and behavioural disorders in India: A meta-analysis, *Indian J Psychiatry* 1998;40:14957.
11. Rasmussen SA, Eisen JL: Epidemiology of obsessive-compulsive disorder. *J Clin Psychiatry* 1990; 51(suppl 2):10–13.
12. Stein MB, Forde DR, Anderson G, Walker JR: Obsessive-compulsive disorder in the community: an epidemiologic survey with clinical reappraisal. *Am J Psychiatry* 1997; 154:1120-26.

13. Emmelkamp PM, Gerlsma C. Marital functioning and the anxiety disorders. *Behavior Therapy*. 1994;25(3):407-29.
14. Lochner C, Mogotsi M, Toit P LD, Kaminer D, Niehaus D J, Stein D J. Quality of Life in Anxiety Disorders: A Comparison of Obsessive-Compulsive Disorder, Social Anxiety Disorder, and Panic Disorder 2003;36:255–262. doi: 10.1159/000073451
15. Abramowitz J.S, Foa E.B. Does comorbid major depressive disorder influence the outcome of exposure and response prevention for OCD. *Behav Thr* 2000;31(4):795-800.
16. Emmelkamp PM, DeHaan E, Hoogduin CA. Marital adjustment and obsessive compulsive disorder. *BrJ Psychiatry* 1990;156(1):55-60.
17. Emmelkamp P.M, de Lange. Spouse involvement in the treatment of Obsessive Compulsive patients. *Behav. Re Thr* 1983;21(4):341-46.
18. Emmelkamp PM, Gerlsma C. Marital functioning and the anxiety disorders. *Behavior Therapy*. 1994;25(3):407-29.
19. Norberg MM, Calamari JE, Cohen RJ, Riemann BC. Quality of life in obsessive-compulsive disorder: an evaluation of impairment and a preliminary analysis of the ameliorating effects of treatment. *Depression and Anxiety* 2008;25(3):248-59.

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