

Marital Adjustment Among Spouses of Patients Diagnosed with Obsessive Compulsive Disorder

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Abstract:-

Background: “Marriage and family are not optional; they are necessary. Marriage provides a person an opportunity for a secure and protected satisfaction of his need companionship, affections and sexual expression. Adjustment is very much an integral part of marriage but to be honest, adjustment is not always easy. The ground reality of adjustment is quite different from whatever is spoken or written about it. Marriage may be stressful for vulnerable people, which may lead to development of mental-health problems. Major mental-health disorders may be the cause or effect of marital discord. As it is evident from the literature OCD is considered to widely prevalent and significantly affect the marital adjustment among spouses of the patients. **Aim:** The aim of the study was to compare the marital adjustment between spouses of patients diagnosed with OCD.

Methodology: The present study was a cross-sectional, hospital based study, using purposive sampling. Sample collected from the outpatient departments of Gwalior Mansik Arogyashala Gwalior, Madhya Pradesh as per the inclusion & exclusion criteria. The study was conducted among randomly chosen 30 patients with OCD and their spouses. Sample had collected after informed about the nature and purpose of the study. Socio-demographic data of the patients and spouses, clinical data of patients, and marital adjustment were recorded. The severity of Obsessive and Compulsive Disorders was recorded using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) (Wayne K. Goodman, 1989) and Marital Adjustment Questionnaire (MAQ) (Dr. Kumar & Dr. Rohatgi, 1999) was used for assessment the marital adjustment of spouse. **Results:** Result shown that there was a significant negative correlation between the total score of marital adjustment and the severity of illness among patients diagnosed with Obsessive Compulsive Disorder.

Keywords:- Marital Adjustment, Spouses of Patients, Obsessive Compulsive Disorders.

I. INTRODUCTION

Marriage is one of the most significant turning points in an individual’s life. Marriage is an important institution in human society and particularly so in Eastern countries, including India (Ember, et. al.2006). In India, it is almost compulsory for every individual to marry and “settle down.” The concepts of marital adjustment, success, satisfaction, stability, happiness, consensus, cohesion, adoption, integration and role strain are used in a psychological sense referring to the state of one of the marital partners, sometime they are used in social, psychological sense referring of the state of the group or system. Earlier, the roles of husband and wife were fixed but now-a-days there are no prescribed rules as sometimes both the partners are working. Adjustment is innate in marriage but it is not always easy. Since long the roles of partners are fixed but presently there are no prescribed roles. Both of them are working so sometimes it creates difficulties and they condemn each other due to unfulfilled hopes, expectations and accountability.

Obsessive Compulsive Disorder (OCD) patients also suffer from disability in several areas, particularly in marital, occupational, emotional and social functioning and study result showed that a substantial number of obsessive-compulsives were found to have marital problems. Similar to other mental disorders high care burdens in the spouse of the patient as well as the entire family. Considering the severe nature of the illness, suicide, divorce, separation is not uncommon among spouses and family members. Several studies quote that critical commenting and hostile behavior are frequent in homes having such cases and thus creates a rubric of misunderstanding and judgments among spouses further leading to increased tension and burden in the family. Patients who suffered with obsessive compulsive disorder predominantly obsessive thoughts and ruminations showed a better marital functioning than compared to patients having only compulsive thoughts or mixed presentation.

Riggs, D. S., Hiss, H., & Foa, E. B. (1992) conducted a study on the sample of 54 married couple where one of the spouses from every couple had obsessive compulsive disorder. This study examined the relationship of marital distress to obsessive compulsive symptoms among 54 married subjects

who were treated with exposure and response prevention for severe Obsessive Compulsive Disorder. Almost 50% of the subjects were maritally distressed prior to treatment. The level of marital distress was not, however, related to the severity of obsessive compulsive symptoms. Marital distress was significantly reduced following the three-week course of behavior therapy for subjects who were distressed initially. Forty-two percent of the individuals who were maritally distressed prior to treatment were no longer distressed following treatment. Subjects who were maritally satisfied prior to treatment showed no significant change in marital distress. All subjects reported a reduction in their level of demandingness and dependency on their spouses. In addition, the maritally distressed subjects reported fewer arguments with their partners following treatment. Changes in marital distress were unrelated to reductions in depression that also were observed following treatment. Initial levels of marital distress and depression were not related to the efficacy of the behavioral treatment for reducing symptoms of Obsessive Compulsive Disorder.

II. MATERIALS AND METHODOLOGY

➤ Aim

The aim of the study was to assess the marital adjustment of spouses of patients diagnosed with OCD.

➤ Objectives

- To investigate the socio-demographic characteristics of spouses of patients diagnosed with OCD.
- To investigate the socio demographic characteristics of the patient with diagnosed OCD.
- To assess the marital adjustment among spouses of patients diagnosed with OCD.
- To investigate the socio-demographic characteristics of spouses and patient in relation to their marital adjustment.
- To study the relationship between marital adjustment and severity of illness in patient with OCD.

➤ Hypothesis:

- There is no significant relationship between the socio-demographic characteristics of spouses and the patient in relation to their marital adjustment.
- There is no significant relationship between marital adjustment and severity of illness in patients diagnosed with OCD.

➤ Research design:

➤ Sample

The present study was a cross-sectional, hospital based study, using purposive sampling. Sample collected from the outpatient departments of Gwalior Mansik Arogyashala Gwalior, Madhya Pradesh as per the inclusion & exclusion criteria. The study was conducted among randomly chosen 30

patients with OCD and their spouses. Sample had collected after informed about the nature and purpose of the study.

➤ Inclusion Criteria for Patients diagnosed with OCD

- Patients diagnosed with OCD as per ICD-10 DCR, WHO, 1993.
- Patients who had been diagnosed with the illness for at least 2 year.
- Patient of both sexes.
- The age of the patient between 21 years and 60 years.

➤ Exclusion Criteria for Patients diagnosed with OCD

- History of any major physical, neurological disorder or disability.
- Those who are diagnosed with any co-morbid psychiatric illness or mental retardation.
- History of alcohol and other substance dependence.
- Uncooperative patients.

➤ Tools

• Socio-demographic and clinical datasheet for the patient

A Performa specifically designed to obtain the socio-demographic and clinical details of the patient. It include socio- demographic details of the spouse, age, gender, education, residence, religion, family type, duration of marriage, children, current work situation (occupation), socio economic class, duration of mental illness, age of mental illness, family history of mental illness.

• Socio-demographic datasheet for the spouse -

A specifically designed Performa to obtain the socio-demographic and clinical details of the spouse. It include socio- demographic details of the spouse, age, gender, education, residence, religion, family type, current work situation (occupation), family history of mental illness, patient been on psychiatric medication, information about the mental illness before marriage, consanguineous or non-consanguineous marriage, consent of marriage.

• General Health Questionnaire-12 (GHQ-12) (Goldberg & William, 1978):

General Health Questionnaire is used to screen any psychiatric morbidity in a healthy person. It is the short version of the original General health Questionnaire containing 60 items The Internal consistency was observed to be 0.79 in the population study. Test-retest correlation coefficients for the 12 items score were highly significant. It was widely used to screen for the presence of psychiatric distress with the cut-off score ≤ 3 .

• Marital Adjustment Questionnaire (MAQ) (Dr. Kumar & Dr. Rohatgi, 1999):

It consists of 25 highly discriminating "yes-no" type items. According to this questionnaire, the higher the score, the better is the adjustment. 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).marital adjustment score for the husband or the wife: A 'yes' response is assigned a score of 1 except for item 4,10,19 in which case reverse is applicable. The sum of these values gives the marital adjustment score for the husband or the wife. Since the responses contributing towards marital adjustment are given a score, the higher the total score, the higher would be the marital adjustment of the husband or wife. The split-half reliability, correlating odd-even items, applying the spearman-brown formula for doubling the test length, was found to be .49 (N = 40) with an index of the reliability of .70. The r- values, .49and .71 respectively, were found to be significant at .01 level, showing that the questionnaire was reliable both in terms of internal consistency and stability of score. 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 0.84.

• *Yale-Brown Obsessive Compulsive Scale (Y-BOCS)* (Wayne K. Goodman, 1989):

Y-BOCS is used for measuring severity of symptoms of Obsessive Compulsive Disorder. It consists of 10 items and each item is rated from 0 indicating no symptoms and 4 indicating extreme level of symptoms (Goodman, 1989). Questions 1 to 5 are about obsessive thoughts Obsessions are unwanted ideas, images or impulses that intrude on thinking against your wishes and efforts to resist them. They usually involve themes of harm, risk and danger. Common obsessions are excessive fears of contamination; recurring doubts about danger, extreme concern with order, symmetry, or exactness; fear of losing important thingsand6 to10 next questions are about compulsive behaviors. Compulsions are urges that people have to do something to lessen feelings of anxiety or other discomfort. Often they do repetitive, purposeful, intentional behaviors called rituals. The behavior itself may seem appropriate but it becomes a ritual when done to excess. Washing, checking, repeating, straightening, hoarding and many other behaviors can be rituals. Some rituals are mental. For example, thinking or saying things over and over under your breath. The reliability and validity of the tool had been well established (Wu et. al, 2016; Hoogetboom, et al, 2006). The inter-rater reliability of the Y-BOCS is 0.72-0.98. Intra-class correlation has been reported as 0.80.

➤ *Procedure*

A file review of patients diagnosed with OCD was performed. A total of 30 patients with OCD and their spouses were obtained after the application of the aforesaid criteria. The socio demographic-cum-clinical details of the patient were collected. Than Y-BOCS were administered and their spouses were administered with GHQ. In the final phase data enter analysis and report writing.

➤ *Statistical Analysis*

Data were analyzed using the SPSS (20.0) computer program, version for windows. Appropriate parametric and

non-parametric test were used for analysis. Both descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics were used in the analysis. The normality of the data was tested using Shapiro-Wilk test. Chi-square test or likelihood ratio was applied to compare the groups on nominal data and Mann-Whitney U test was used to compare continuous variables between the groups. Spearman rank correlation was used for analyzing the correlation between variables. The level of significance was kept at $p < .05$.

III. RESULTS

The present study aimed to compare the marital adjustment among spouses of patients diagnosed with OCD. Data were collected from 30 patients and their spouses from the OPD of Gwalior Mansik Arogyashala through purposive sampling.

Table-1 Socio-demographic and Clinical Characteristics of Patients

Variables	frequency	percentage
Age		
21-30	5	16.7
31-45	17	56.7
46-60	8	26.7
Gender		
Male	7	23.3
Female	23	76.7
Education		
Illiterate	3	10
Up to middle School	5	16.7
Up Higher Secondary	18	60
Graduate/Above	4	13.3
Residence		
Rural	11	36.7
Semi-urban	6	20
Urban	13	43.3
Religion		
Hindu	28	93.3
Muslim	1	3.3
Others	1	3.3
Family Type		
Nuclear	19	63.3
Joint	11	36.7
Occupation		
Employed part time	8	26.7
Employed full time	6	20
Unemployed	16	53.3
Socioeconomic status		
Lower	8	26.7
Middle	21	70
Upper	1	3.3
No. of children		
None	4	13.3
One	10	33.3

Two or more	16	53.3
Family history of mental illness	9	30
Yes	21	70
No		
Onset of illness among patients	26	66.7
Before marriage	10	33.3
After marriage		
Patients undergoing Pharmacotherapy	26	86.7
Yes	4	13.3
No		

Age of the patients were divided in three categories i.e. 21-30, 31-45 and 46-60. Majority of the patients were age range between 31-45 years (56.7%). 76.7% patients were female and 60% sample educated up to Higher Secondary level. Above 63% patients were from urban or semi-urban background and 93% patients from Hindu community. In respect of socio-economic-status, 70% population were from middle socio-economic-status and above 50% were unemployed.

In respect of clinical Characteristics, 30% patients had family history of mental illness and almost 87% patients were undergoing Pharmacological treatment. Onset of mental illness started before marriage in 66.7% patients.

Table-2 Socio-demographic and Clinical Characteristics of Spouses

Variables	frequency	percentage
Age		
21-30	7	23.3
31-45	17	56.7
46-60	6	20
Gender		
Male	23	76.7
Female	7	23.3
Education		
Up to middle School	6	20
Up Higher Secondary	11	36.7
Graduate/Above	13	43.3
Residence		
Rural	11	36.7
Semi-urban	6	20
Urban	13	43.3
Religion		
Hindu	28	93.3
Muslim	1	3.3

Others	1	3.3
Family Type		
Nuclear	19	63.3
Joint	11	36.7
Occupation		
Employed part time	11	36.7
Employed full time	11	36.7
Unemployed	8	26.7
Socioeconomic status		
Lower	8	26.7
Middle	21	70
Upper	1	3.3
No. of children		
None	4	13.3
One	10	33.3
Two or more	16	53.3
Awareness about pts illness		
Yes	24	80
No	6	20
Informed about mental illness before marriage		
Yes	7	23.7
No	23	76.7
Consent for marriage		
Yes	30	100
No	0	
Non consanguineous marriage	30	100

Age of the spouses were divided in three categories i.e. 21-30, 31-45 and 46-60. Majority of the spouses were age range between 31-45 years (56.7%). Approx 77% spouses were male and 43% sample educated up to Graduate level. Above 63% were from urban or semi-urban background and 93% patients from Hindu community. In respect of socio-economic-status, 70% population were from middle socio-economic-status and 24% were unemployed.

In respect of clinical Characteristics, 80 spouses had no awareness about patient’s illness. 24% was informed about mental illness before marriage and consent of marriage and non consanguineous marriage was 100% each.

Table-3 The severity of OCD among patients as measured through Y-BOCS

Severity	Frequency	Percentage
Mild	3	10
Moderate	14	46.6
Severe	11	36.6
Extreme	2	6.6

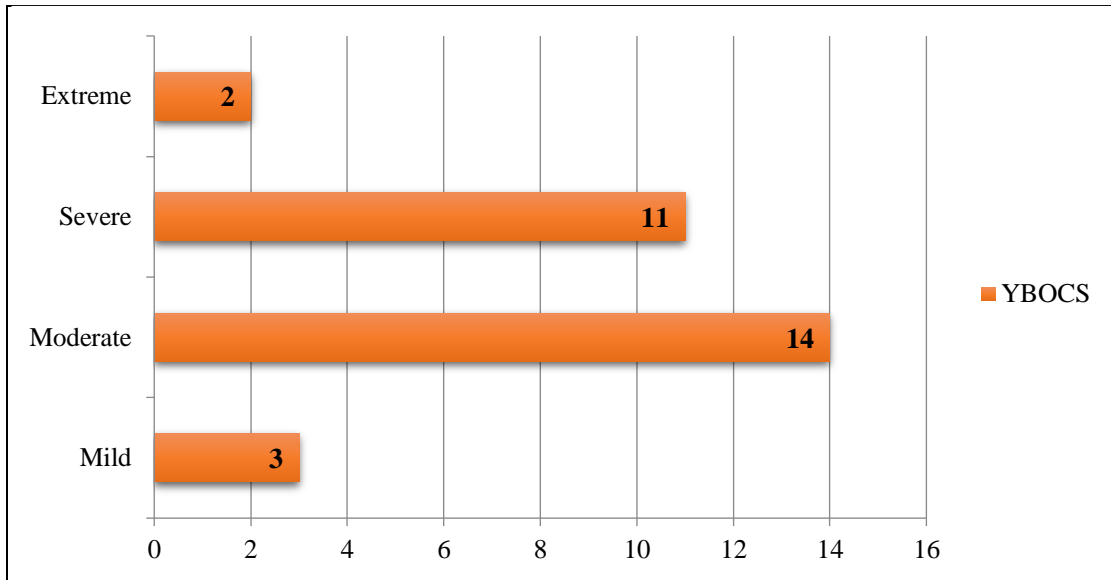


Fig 1 The severity of OCD among patients as measured through Y-BOCS

As shown in Table 3, nearly 83% of the patients diagnosed with OCD were having moderate to severe level of OCD in figure. Nearly 7% of the patients were having extreme level of OCD while 10% of the patients were having mild level of OCD.

IV. DICUSSION

The present study aimed to assess the marital adjustment of spouses of patients diagnosed with OCD. The study used a cross-sectional descriptive study design and data were collected from a total of 30 patients and their spouses from the OPD of Gwalior Mansik Arogyashala through purposive sampling. The marital adjustment and its relationship with the severity of illness were studied. Data were analyzed using appropriate statistical measures by SPSS version 20.0. Results were compiled and are discussed here.

Table-4 The relationship between marital adjustments with the severity of illness among patients diagnosed with OCD

Variable	Y-BOCS	
	ρ	P
Total	-.581	.001**
Social	-.530	.003**
Sexual	-.542	.002**
Emotional	-.455	.011*

Note. ρ = Spearman Rank Correlation
Spearman Rank Correlation was used for analysis as data were significantly deviated from normality. * $p < .05$, ** $p < .01$.

➤ *Socio-demographic characteristics of patients diagnosed with OCD and their spouses.*

Age: The results of the study showed that a significant number of patients belonged to the age group between 30 to 50 years and maximum spouses of patients with OCD nearly 56% were 31-45 age range. Research shows that this age range population is affected most by any mental disorder in India (Murthy, 2018) this implies the sizable loss of productivity and a huge burden on society. **Gender:** Result also showed that nearly 76% of patients diagnosed with OCD were females and the male spouses of patients with 76.7% in OCD. The present study shows that number of males spouses were more as compare to female spouses. An Indian study found that women were older, less educated, and more likely to be married than men, and age at onset was significantly later (Cherian et al., 2014). Unmarried males (74.5%) were higher than unmarried females in the present study which is supported by a review which found that male patients were more likely than females to be single, present early onset of symptoms and chronic course of the disorder and greater social impairment (Mathis et al., 2011). **Religion:** Current study showed that the majority of the patients and spouses belonged to the Hindu religion. Past literature showed that the majority of the patents religion depends on all living majority

of population ([Koujalgi&Patil](#), 2013). **Education:** Nearly 76.7% patients diagnosed with OCD were educated up to primary to higher secondary and nearly 13% patients were graduate or above and spouses nearly 43% were graduate or above. While previous studies showed that OCD were also 57% less likely to complete upper secondary school, 28% less likely to start a university degree, 41% less likely to finish that degree, and 48% less likely to complete postgraduate education, compared to individuals without OCD. **Residence:** table 2 results showed that nearly 63.3% of patients diagnosed with OCD were lived in urban and semi urban background. Negm, M., et al (2014). The lack of understanding regarding the OCD as a mental illness could be contributing to the same. **Occupation:** Current study showed that nearly 53% in OCD were unemployed and the result showed that spouse of the patients diagnosed with OCD were nearly 73% were employed full time and part time. The reason reported by the patients had been their current mental illness, which served as a barrier. In one large sample, 34% of OCD patients were unable to work because of their psychopathology ([Eisen et al](#), 2006). This is also consistent with other research findings, which indicates that the patients with obsessive-compulsive disorder show high rate of unemployment, and low income, which can be attributed towards their functional impairments, which also leads to low quality of life. **Family type:** In this study showed that maximum number of the patients and spouse with diagnosed with OCD were hailing from nuclear families, a reflection of increasing number of nuclear families rather than joint families in India. **Family history of mental illness:** In this study nearly 30% of patients were having family history of mental illness and in previous studies showed that genetics play an important role in OCD as well as in (Sadock, B. J., Sadock, V. A., & Ruiz, 2015). **Socio economic status and Family income:** This study showed that nearly 70% of patients with OCD belong to middle socio economic status. Socio economic status and employment is affected negatively in several ways - by not being able to complete education, social decline because of illness resulting in loss of competitive employment, unemployment or underemployment, hospitalizations, and deterioration in interpersonal relations. The loss of productivity and financial burden associated with mental illnesses are well documented (Bhaskaran, 1970; Murthy, 2017). **The patients undergoing pharmacotherapy:** In this study all patients were undergoing pharmacotherapy while patients with OCD nearly of 86% undergoing pharmacotherapy and nearly 13% were undergoing psychotherapy.

➤ *Relationship between marital adjustment and severity of illness in patient with OCD.*

The result of the current study showed that there were significant negative correlation present between severity of OCD and marital adjustment. There were significant negative correlation found total of Y-BOCS and MAQ. Severity of OCD was highly negatively correlated with social variable of MAQ. In emotional area of MAQ and severity of OCD were also negatively correlated. Palardy, V. et al. (2018) found in

their study that, marital adjustment also seems to be associated with OCD severity, so that a better quality of relationship between partners is correlated with less severe symptoms. These results are based on two studies. However, results were inconclusive for perceived marital adjustment and symptom severity. To summaries, the severity of symptoms influence the marital adjustment and it might contribute to the further deterioration of the support available.

V. SUMMARY

The present study explored the assessment of marital adjustment among spouses of the patient diagnosed with OCD. It was found that severity of the illness was negatively correlated with the marital adjustment. These findings have an implication over the treatment strategies that can be used to enhance the marital adjustment, which can further contribute towards better improvement.

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