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## MARITAL ADJUSTMENT AND QUALITY OF LIFE AMONG SPOUSES OF PERSONS WITH SCHIZOPHRENIA AND BIPOLAR AFFECTIVE DISORDER



Lokesh Kumar Ranjan<sup>1</sup>, Prashant Srivastava<sup>2</sup> and Manisha Kiran<sup>3</sup>

### BACKGROUND:

Individuals who suffers from disorders like schizophrenia and bipolar disorder not only they live traumatized life as it is a chronic disorder so, people associated with them also not escape from it and the family members specially wife have to face a lot it seems that while taking care of her husband she seems to be in battle ground every day fighting with the hindrances and obstruction in the form of stigma associated with mental illness, strain marital relationship, less social support coming in the way of her smooth life functioning.

Schizophrenia is a leading worldwide public health problem that exacts enormous personal and economic costs. Schizophrenia affects just less than 1 percent of the world's population. If schizophrenia spectrum

### Abstract

*Background: Marital adjustment calls for maturity that accepts and understands growth and development in the spouse. If this growth is not experienced and realized fully, death in marital relationship is inevitable. A relationship between couples is not instantaneous rather a slow progress. Quality of life means the degree of need satisfaction with physical, psychological, social material and structural areas of life. Schizophrenia and bipolar affective disorder are the most disabling mental illness which has long been the focus of medical, scientific and social attention and most people with schizophrenia and bipolar affective disorder who live with their families remain significantly disabled by their illness, while they suffer ongoing distress. People with schizophrenia suffer distress, reduced productivity and lowered quality of life. Aim: To assess and compare marital adjustment and quality of life among spouses of persons with schizophrenia and bipolar affective disorder. Methods: The sample will be consisting of 80 spouses of persons with schizophrenia and bipolar affective disorder (40 schizophrenia and 40 BPAD) will be selected from RINPAS, OPD by using purposive sampling method. Socio demographic and clinical details all the spouses of persons with schizophrenia and bipolar affective disorder will be assessed by using Marital Adjustment Questionnaire and The World Health Organization Quality of Life -BREF. Results: Findings of study indicate that quality of life and marital adjustment were better of spouse of the schizophrenia in the comparison to spouse of person with BPAD.*

**Keywords :** Marital Adjustment, Quality of life, Spouse, Person with Schizophrenia & BPAD

### Short Profile

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disorders are included in the prevalence estimates, then the number of affected individuals increases to approximately 5 percent. Bipolar affective disorder is associated with a significant degree of impairment in socio-occupational and other important areas of functions which cause significant pain and suffering to affected people and their acquaintances. At present bipolar affective disorder has been rated as the sixth leading cause of disability among all types of physical or mental health disorders in people aged 19-40 (Murray & Lopez, 1996); this disorder holds a higher position in causing burden and intimidation in life than schizophrenia. Marital adjustment as 'the state in which there is an overall feeling in husband and wife of

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happiness and satisfaction with their marriage and with each other' (Thomas EJ, 1977). All the marriages are aimed at happiness in one or another way. Most couples marry filled up with expectations. Some of the expectations will be realistic while others unrealistic. This is due to the complex nature of marriage and each individual is as complex as a universe. Therefore, in marriage two universes close together (Veenboven R, 1983). The term quality of life is used to evaluate the general well-being of individuals and societies. While Quality of Life (QOL) has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Quality of life includes freedom of action, a sense of purposefulness, achievement in one's works or family life, self esteem integrity and the fulfillment of some fundamental aspects of biological and psychological function (Goodinson & Singleton, 1989).

Kaushik and Bhatia (2013) conducted the cross-sectional study and investigated the effects of socio-demographic variable on spousal burden and quality of life of schizophrenia and bipolar patients and found that female spouses of schizophrenic patients experience below average quality of life. Female spouses of schizophrenia patient who are housewives, and do not earn anything have above average impact on their general well-being, and marital life is also affected greatly due to care giving. Mishra et al. (2005) reported that if the patient is male, family stress levels are likely to be significantly higher. Typically, female feel more anxious, tired, frustrated, isolated and greater workload. Besides full domestic responsibility, the illness in husband places extra financial, caring treatment and social responsibilities on female spouses which add their burden. As reported in research by Roychoudhuri et al. (1995) it was found that caregivers of schizophrenic patients have higher level of burden as compared to caregivers of bipolar patients. Roychoudhuri et al. (1995) tried to find out subjective and objective burden as well as subjective sense of well being of the caregivers of schizophrenia and bipolar affective disorder patients. In this study burden was found to be higher and sense of well being was found to be poor among the care-givers of schizophrenics than the care-givers of bipolar patients.

#### AIM OF THE STUDY:

To assess and compare marital adjustment

and quality of life among spouses of persons with schizophrenia and bipolar affective disorder.

#### METHOD AND MATERIAL:

The present study was a hospital based cross sectional comparative study among the spouses of persons with schizophrenia and bipolar affective disorder. The sample will be consisting of 80 spouses of persons with Schizophrenia and Bipolar affective disorder respectively, which was further divided into 40 spouses of persons with Schizophrenia and 40 spouses of person with Bipolar affective disorder patients will be selected from the outdoor patient (OPD) of the Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi, Jharkhand by using purposive sampling method.

#### OBJECTIVES OF THE STUDY:

- To assess and compare the socio-demographic profile among spouses of persons with schizophrenia and bipolar affective disorder.
- To assess and compare the marital adjustment among spouses of persons with schizophrenia and bipolar affective disorder.
- To assess and compare the quality of life among spouses of persons with schizophrenia and bipolar affective disorder.

#### INCLUSION AND EXCLUSION CRITERION:

Inclusion criteria of patient with schizophrenia and bipolar affective disorder:

- 1) Patients diagnosed with schizophrenia and bipolar affective disorder according to ICD-10. DCR.
- 2) Male respondents.
- 3) Age between 25 to 45 years.
- 4) Duration of illness at least 2 to 8 years
- 5) Married respondents.

Exclusion criteria of patient with schizophrenia and bipolar affective disorder:

- 1) Patient with neurological problem, head injury, mental retardation or other physical illness.
- 2) Age less than 25 years.
- 3) Duration of illness less than 2 years.

Inclusion criteria of spouses of patient with schizophrenia and bipolar affective disorder:

- 1) Female respondents.
- 2) Age between 25 to 45 years.

- 3) Educated up to primary level.
- 4) Spouses lived with patient for at least 3 years or more than three years.
- 5) Able to understand Hindi or English.
- 6) Those who gave informed consent form.
- 7) Those who have no significant psychiatric co-morbid condition.

Exclusion criteria of spouses of patient with schizophrenia and bipolar affective disorder:

- 1) Age less than 25 years.
- 2) Individuals with major psychiatric illness and neurological illness.
- 3) Individuals with major physical illness.
- 4) Lived with patient less than 3 years.
- 5) Those who did not give informed consent form.

**DESCRIPTION OF THE TOOLS:**

**Semi-structured Socio-Demographic and Clinical Data Sheet:** The socio demographic data sheet was developed for the present study and consisted of variables related to demographic information of the ill persons and their spouses included in the study. Socio-demographic and Clinical details such as age, sex, education, occupation, marital status, relationship status, religion, caste, domicile, family income, duration of illness etc. was included.

**Marital Adjustment Questionnaire (Kumar & Rohatgi, 1999) (Revision):** The marital adjustment questionnaire has been developed to provide a handy tool to identifying couples who are making poor

marriage and need psycho diagnostic help. This scale comprises of 25 items, which measures the following broad domain: sexual, social and emotional. This scale is a two point scale (YES, NO). One score is given if the response is yes and 'Zero' score is given when the response is no. Higher the total score shows the greater marital adjustment and lower total score shows poor marital adjustment.

**The World Health Organisation Quality of Life -BREF (WHOQOL -BREF) (Saxena et al., 1998):** Hindi version of the WHOQOL-BREF has been derived from the original World Health Organization Quality of life scale. The Hindi version WHOQOL-BREF scale is adopted by Saxena et al. (1998). WHOQOL-BREF is a short version of WHOQOL-100 questionnaires. WHOQOL-BREF has been tested in 15 centers including New Delhi and Chennai from India. WHOQOL-BREF contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, coronach alpha of the all domains are 0.87, the factor loading of the item ranges 0.52 to 0.84 WHOQOL-BREF is highly valid version across cultures.

**RESULT AND DISCUSSION:-**

Table-1: Comparison of age of spouse and length of stay between spouses of persons with schizophrenia and BPAD

Variables	Group		T	df	P
	Schizophrenia Mean±SD	BPAD Mean±SD			
Age of spouse	28.06 ± 5.72	31.15 ± 5.36	1.89	78	0.062
Length of stay	10.2 ± 5.13	11.97 ± 5.37	1.65	78	0.101

Table-1 shows mean age and SD of spouses of persons with schizophrenia (28.06 ± 5.72). And the mean age and SD of spouses of persons with bipolar affective disorder was found to be 31.15 ± 5.36. The table shows that mean length of stay and SD of female spouses who were living with persons with schizophrenia was 10.2 ± 5.13 and the mean length of stay and SD of female spouses who were living with persons with bipolar affective disorder was found to

be 11.97 ± 5.37. The result of t-test found (t=1.89, p >0.05) that there was no significant difference between spouses of persons with schizophrenia and bipolar affective disorder in terms of their age. And also result of t-test (t=1.65, p>0.05) of the length of stay variable shows that there is no significant difference between spouses of persons with schizophrenia and bipolar affective disorder.

Table-2: Comparison of socio-demographic variables between spouses of persons with schizophrenia and bipolar effective disorder.

Variables		Group		df	2	P
		Schizophrenia	BPAB			
Education	Illiterate	17(42.5%)	14 (35.0%)	4	6.963	0.138
	Primary	14 (35.0%)	21 (52.5%)			
	Secondary	8 (20.0%)	3 (7.5%)			
	H. Secondary	1 (2.5%)	0 (0%)			
	Graduation	0(0%)	2 (5.0%)			
Occupation	Farmer	10 (25.0%)	10 (25.0%)	2	0.324	0.882
	Professional	2 (5.0%)	2 (5.0%)			
	Housewife	18(45.0%)	15 (37.5%)			
	Daily labour	10(25.0%)	13 (32.5%)			
Religion	Hindu	34 (85.0%)	31 (77.5%)	3	0.972	0.808
	Islam	3 (7.5%)	5 (12.5%)			
	Christian	1 (2.5%)	2 (5.0%)			
	Sarna	2 (5.0%)	2 (5.0%)			
Category	General	6 (15.0%)	5 (12.5%)	2	0.202	0.977
	OBC	25 (62.5%)	25 (62.5%)			
	SC	5 (12.5%)	5 (12.5%)			
	ST	4 (10.0%)	5 (12.5%)			
Family types	Joint	4(10.0%)	1(2.5%)	2	2.854	0.240
	Nuclear	36(90.0%)	38 (95.0%)			
	Extended	0(0%)	1(2.5%)			
Family income	Less than 5000	29(72.5%)	28(70.0%)	2	1.018	0.601
	5000 to 10000	11(27.5%)	11(27.5%)			
	Above 10000	0(0%)	1(2.5%)			
Domicile	Rural	27(67.5%)	29(72.5%)	2	0.324	0.850
	Semi-urban	10(25.0%)	9(22.5%)			
	Urban	3(7.5%)	2(5.0%)			



Table-2 shows that 17 (42.5%) spouses of persons with schizophrenia and 14(35.0%) spouses of persons with bipolar affective disorder were in the illiterate, 14(35.0%) spouses of persons with schizophrenia and 21(52.5%) spouses of persons with bipolar affective disorder were in the education group of primary level, 8 (20.0%) spouses of persons with schizophrenia and 3 (7.5%) spouses of persons with bipolar affective disorder were in the education group of secondary level, 1(2.5%) spouses of persons with schizophrenia and 0 (0.00%) spouses of persons with bipolar affective disorder were in the education group of high secondary level and 0 (0.00%) spouses of persons with schizophrenia and 2 (5.0%) spouses of persons with bipolar affective disorder were in the education group of graduation level. The result of chi-square value = 6.963 and p-value= 0.138 were found that there is no significant difference between spouses of persons with schizophrenia and bipolar affective disorder in terms of their education.

The present study shows that, 10 (25.0%) spouses of persons with schizophrenia and 10 (25.0%) spouses of persons with bipolar affective disorder belong to farming occupation, 2 (5.0%) spouses of persons with schizophrenia and 2(5.0%) spouses of persons with bipolar affective disorder were doing private job, 18 (45.0%) spouses of person with schizophrenia and 15(37.5%) spouses of persons with bipolar affective disorder were house wife, 10 (25.0%) spouses of persons with schizophrenia and 13(32.5%) persons with bipolar affective disorder were daily wage labour. The chi-square=0.324 and p= 0.882 were found that showing there is no significant difference between spouses of person with schizophrenia and bipolar affective disorder in terms of their occupation. 34(85.0%) spouses of persons with schizophrenia and 31(77.5%) spouses of persons with bipolar affective disorder belong to Hindu religion, 3(7.5%) spouses of persons with schizophrenia and 5(12.5%) spouses of persons with bipolar affective disorder were following Islam religion, 1(2.5%) spouse of person with schizophrenia and 2(5.0%) spouses of persons with bipolar affective disorder were Christian religion and 2(5.0%) spouses of persons with schizophrenia and 2(5.0%) spouses of persons with bipolar affective disorder were following Sarana religion. No significant difference was found in religion of spouses of persons with schizophrenia and bipolar affective disorder. (Chi-square= 0.972 and p=

0.808).

The study shows that, 6(15.0%) spouses of persons with schizophrenia and 5(12.5%) spouses of persons with bipolar affective disorder were in the General category, 25(72.5%) spouses of persons with schizophrenia and 25(72.5%) spouses of persons with bipolar affective disorder were in the O.B.C. category, 5(12.5%) spouses of persons with schizophrenia and 5(12.5%) spouses of persons with bipolar affective disorder were in the S.C. category and 4(10.0%) spouses of persons with schizophrenia and 5(12.5%) spouses of persons with bipolar affective disorder were in S.T. category. No significant difference was found in category of spouses of persons with schizophrenia and bipolar affective disorder. (Chi-square=0.202 and p= 0.977). This study also shows that, 4(10.0%) spouses of persons with schizophrenia and 1(2.5%) spouses of persons with bipolar affective disorder belonged to joint family, 36(90.0%) spouses of persons with schizophrenia and 38(95.0%) spouses of persons with bipolar affective disorder belonged to nuclear family and 0(0.00%) spouses of persons with schizophrenia and 1(2.5%) spouses of persons with bipolar affective disorder belong to extended family. No significant difference was found in family types of spouses of persons with schizophrenia and bipolar affective disorder. (Chi-square=2.854 and p= 0.240). 28(70.0%) spouses of persons with schizophrenia and 29(72.5%) spouses of persons with bipolar affective disorder had family income less than 5000 Rs per month, 11(27.5%) spouses of persons with schizophrenia and 11(27.5%) spouses of persons with bipolar affective disorder had family income from Rs. 5000-10000 per month and 1(2.5%) spouse of persons with schizophrenia and 0(00.0%) spouses of persons with bipolar affective disorder had family income above Rs. 10000 per month. No significant difference was found in family income of spouses of persons with schizophrenia and bipolar affective disorder. (Chi-square = 1.018 and p= 0.601). This study also shows that, 27(67.5%) spouses of persons with schizophrenia and 29(72.5%) spouses of persons with bipolar affective disorder were belonging to rural background, 10(90.0%) spouses of persons with schizophrenia and 9(22.5%) spouses of persons with bipolar affective disorder belong to semi-rural background and 3(7.5%) spouses of persons with schizophrenia and 2(5.0%) spouses of

persons with bipolar affective disorder belong to urban areas. No significant difference was found in domicile of spouses of person with schizophrenia and

bipolar affective disorder. (Chi-square=0.324 and p=0.850).

Table-3: Comparison of marital adjustment among spouses of persons with schizophrenia and bipolar affective disorder:

Variables	Group		T	df	P
	Schizophrenia Mean±SD	BPAD Mean±SD			
Sexual Adjustment	1.47 ± 0.87	0.87 ± 0.64	3.48**	78	0.001
Social Adjustment	5.05 ± 0.98	4.77 ± 1.02	1.22	78	0.225
Emotional Adjustment	3.67 ± 1.99	3.72 ± 1.39	1.30	78	0.897
Overall marital adjustment	10.20 ± 2.74	9.37 ± 2.13	1.50	78	0.138

\*\* Significant at the 0.001 level

The mean score in marital adjustment of both groups respectively were as 10.20 ± 2.74, 9.37 ± 2.13. The mean score of marital adjustment (domain wise) was found in the spouses of the persons with schizophrenia in the sexual adjustment is 1.47±0.87, social adjustment is 5.05±0.98 and emotional adjustment is 3.67±1.99 whereas scores of marital adjustment (domain wise) was found in the spouses of the persons with bipolar affective disorder in the sexual adjustment is 0.87±0.64, social adjustment is 4.77±1.02 and emotional adjustment is 3.72±1.39. Significant difference was found in their sexual adjustment (t=3.48, p 0.001) whereas in social adjustment (t=1.22, p 0.05) and emotional adjustment (t=1.30, p 0.05). Among the spouses of person with schizophrenia and bipolar affective disorder reveals no significance. Total marital adjustment scores (t=1.50, p 0.05) that there was no significant difference found among the spouses of person with schizophrenia and bipolar affective disorder.

Previous study reveals that there was not any influence of marital adjustment on the course of bipolar illness and also when compared with that of patients with schizophrenia (Frank et al., 1981).

However, the evidence is far from conclusive because bipolar illness and schizophrenia is often overrepresented among those separated and divorced. Similar findings were reported from other studies. Marital adjustment has also been reported to be poor in bipolar illness and schizophrenia. However, a study from India observed poor marital adjustment in depressive disorders but found no evidence of its link to psychosocial functioning or QOL (Subodh et al., 2008). The findings of other studies have supported present study. For marital adjustment, there were differences noted between the groups only among patients but not among spouses. This is a surprising finding because it reflects the importance of perceived marital adjustment among patients as being poor, contrary to that of their spouses. It has been known that psychiatric illness as a whole might lead to poor marital adjustment (Batra&Gautam, 1995) even though stable marriages have been reported (Thara&Srinivasan,1997b).



Table-4: Comparison of quality of life among spouses of person with Schizophrenia and Bipolar affective disorder:

Variables	Group		t	df	P
	Schizophrenia Mean±SD	BPAD Mean±SD			
Physical Health	18.45 ± 1.48	18.27 ± 2.03	0.43	78	0.662
Psychological Health	14.60 ± 2.30	15.45 ± 1.64	1.89	78	0.062
Social Health	5.52 ± 1.26	4.65 ± 0.86	<b>3.62**</b>	<b>78</b>	<b>0.001</b>
Environmental Health	16.65 ± 1.70	17.07 ± 1.68	1.12	78	0.265
Overall Quality of Life	55.22 ± 4.67	55.45 ± 3.96	0.232	78	0.817

\*\* Significant at the 0.001 level

The overall mean score in Quality of life among spouses of persons with schizophrenia was 55.22±4.67 and in spouses with bipolar affective disorder is 55.45 ± 3.96. There was significant difference found in social health (t=3.62, P 0 . 0 0 5). No significant difference was found on physical health of quality of life scale among spouses of persons with schizophrenia and bipolar affective disorder in terms of their social support (t=0.43, P 0 . 0 45) well no significance difference were found in psychological health (t=1.89, P 0 . 0 5) environment (t=1.12, P 0 . 0 05) quality of life scale among spouses of persons with schizophrenia and bipolar affective disorder in terms of their social support. Total quality of life shows that there was no significant difference among spouses of persons with schizophrenia and bipolar affective disorder (t=0.232, P 0 . 0 5).

The findings suggest that there was no significant difference between the quality of life of spouses of patients with schizophrenia and bipolar disorder across physical, psychological, environment domains of quality of life except in social health domain significant difference was found between the two groups. Also no significant difference was found in the total quality of life between the groups.

The findings of previous study Kaushik and Bhatia (2013) conducted the cross-sectional study and investigated the quality of life of schizophrenia and bipolar patients. They found that female spouses of schizophrenic patients experience below average quality of life. Spouses of bipolar patients spouses of schizophrenia patient who are housewives, and do

not earn anything have above average impact on their general well-being, and marital life in also affected greatly due to care giving. Xavier et al. (2012) found on study about Quality of life among caregivers of individuals with affective disorders. They find out caregivers of individuals with bipolar affective disorders experienced lower QOL levels than French age-sex-matched controls. The most severe impairment concerned psychological distress, social and role disability due to emotional problems. Pandey et al. (2013) found on patients with spouses of schizophrenia reported poor quality of life, whereas a better quality of life was seen in patients with spouses of bipolar affective disorders.

IMPLICATIONS

In this study attempts were made to understand marital adjustment and quality of life in spouses of persons with schizophrenia and bipolar affective disorder. These results indicate towards the need of planned interventions at individual level, hospital set up and community level to protect the life of patients and their spouses from negative influences of stigma in their society by mental health professionals, especially, psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context. Based on the present study finding Psycho-social intervention programme be developed to enhancing marital adjusted and quality of life. To achieve this goal more community based programs and individual therapies is required to change the view of society favorably towards the schizophrenia and bipolar disorders and to change the view of these patients towards themselves.

**LIMITATIONS:**

Some of the methodological limitations of the present work need to be mentioned here. The major limitation of this study is its cross-sectional nature; the small sample size of the study was too small to generalize the findings; purposive sampling was used in the present study; the study was a hospital based study. Only those patients who came to utilize the hospital services were assessed and both the sex (spouse) should have been included for better understanding.

**CONCLUSION:**

As mental disorders like Schizophrenia and Bipolar affective disorder is a chronic disorder. The people associated with them also suffer. They have to face a lot of problem while taking care of them. In case of persons with mental illness who are married, their spouses suffer in every battle ground every day fighting with hindrances and obstruction in the form of stigma associated with mental illness, strained marital relationship and less social support.

Present study was indicated that spouses of persons with schizophrenia had better marital adjustment comparisons to the spouses of persons with bipolar affective disorder. It was also revealed that spouses of persons with bipolar affective disorder had better quality of life in comparison to the spouses of persons with schizophrenia. In both the group the spouses spend numerous care hours with their patients on a daily basis. Longer daily care hours significantly contribute to a higher care burden, poor quality of life and marital adjustment.

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