

ORIGINAL RESEARCH

Association of Mental Incompatibility in Marital Life of Patients with Depressive Disorders

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ABSTRACT

Aim: To study the association between mental incompatibility among married couples and depressive disorders. **Materials and Methods:** Married couples visiting the Psychiatry OPD at Teerthanker Mahaveer Medical College & Research Centre (TMMC & RC) with one of the partners diagnosed with depressive disorders as per ICD-10 criteria by our study team. After taking written informed consent, Patient Health Questionnaire-9 was applied only to the normal spouse, Beck Depression Inventory Second Edition was applied only to the spouse diagnosed of depression and Dyadic Adjustment Scale was applied to both the patient and the spouse to assess approximate extent of agreement or disagreement between both. **Results:** The majority of the subjects i.e. the patients in the present study were females (67.3%) with mean age being 37.50 years (SD: 9.32). All of the participants were married and majority of them belonged to Muslim religion (63.4%). Pearson correlation analysis revealed inverse significant correlation ($r=-0.46$, $p<0.01$) between score of PHQ spouse and DAS spouse i.e. with increase in score of PHQ spouse, there was decrease in score of DAS spouse. Similar relationship was observed for BDI II and DAS Score of patient ($p=0.041$). **Conclusion:** Patients with depression showed more distress and low adjustment with their spouses. Similarly spouses with partners suffering from depression showed poor marital adjustment as analyzed by Dyadic Adjustment Scale. Thus mental incompatibility in the married life was associated with the depressive disorders.

Key Words: Mental incompatibility, depressive disorders, married life, married couple

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INTRODUCTION

Marriage is the most significant social institution in human civilization. Every culture has always had it, in some form or another, offering societal sanction to a physical union between a man and a woman and providing the framework for the development of the family, which is the fundamental building block of society. There are various definitions of marriage provided by sociologists such as, "Marriage consists of the rules and regulations which define the rights, duties and privileges of the husband and wife."—George A. Lundberg, ; "Marriage is a contractual agreement which formalizes and stabilizes the social relationship which comprise the family."¹

In disturbed marriage, we see a lot of abnormal behavior like Intimate Partner Violence, Domestic Violence and Sexual Incompatibility.² Marital disharmony can lead to mental incompatibility, A)

between husband and wife, and B) between spouse and other family members.³

Depressive disorders are defined by depressive mood (such as melancholy, irritability, or emptiness) or loss of pleasure coupled with additional cognitive, behavioral, or neurovegetative symptoms that have a major impact on the person's capacity to function.⁴

Very few studies have been conducted in India regarding the role of mental incompatibility in marital life of patients with depressive disorders. So this study is planned to assess the role of mental incompatibility in marital life of patients with depressive disorders.

METHODOLOGY

Aim: To study the association between mental incompatibility among married couples and depressive disorders.

Inclusion Criteria: All the married couple, visiting the Psychiatry OPD, wherein atleast one of the partners (between the age of 18-55 years), was suffering from a depressive disorder. Among the above selected couple, persons willing to give written informed consent and participate in the study.

Exclusion Criteria: Separated / Divorced patients with depressive disorders. Patients suffering from any other psychiatric illness associated with depressive disorders. Either of the partners taking treatment for any other medical disorder. Either of the partners suffering from any substance use disorders.

Materials and Methods: After the Institutional Ethical Committee approval, an observational cross-sectional study was carried out in the Department of Psychiatry at Teerthankar Mahaveer Medical College & Research Centre (TMMC & RC), Moradabad, Uttar Pradesh, India. Married couples visiting the Psychiatry OPD at TMMC & RC with one of the partners diagnosed with depressive disorders as per ICD-10 criteria by our study team. Written informed consent was taken from the participants. Exclusion criteria was

applied. A semi-structured proforma was applied to record the socio-demographic details of the participants. Patient Health Questionnaire-9 (PHQ-9)⁵ was applied only to the normal spouse. Beck Depression Inventory Second Edition (BDI-II)⁶ was applied only to the spouse diagnosed of depression. Dyadic Adjustment Scale (DAS)⁷ was applied to both the patient and the spouse to assess approximate extent of agreement or disagreement between spouse and partner.

It was a time bound study from August 2021 to June 2022 and included all the cases which fulfilled the inclusion criteria from the time of approval from College Research Committee (CRC) and Institute Ethical Committee (IEC).

Statistical Analysis: Data was analyzed using Statistical Package for Social Sciences (SPSS) software version 24. A “p” value less than 0.05 was considered significant. Pearson correlation test was used to analyze the correlation between the scales administered.

RESULTS

- Table 1** shows the socio-demographic profile of the study subjects and as evident, the majority of the subjects i.e. the patients in the present study were females (67.3%) with mean age being 37.50 years (SD: 9.32). All of the participants in the current study were married and majority of them belonged to Muslim religion (63.4%). Majority 79.2% were primary school certificate holders and more than half, i.e. 59.4% belonged to lower socio-economic status.

Table 1: Socio-demographic Profile of the study subjects

Gender	N=101	%
Male	33	32.7
Female	68	67.3
Mean Age (in years)	37.50±9.32	
Marital Status		
Married	101	100
Unmarried	0	0
Religion		
Hindu	27	26.7
Muslim	64	63.4
Others	10	9.9
Education Status		
Graduate	5	4.95
High School Certificate	9	8.9
Middle School Certificate	7	6.9
Primary School Certificate	80	79.2
Socio-economic Status		
Lower	60	59.4
Lower Middle	4	3.95
Upper Lower	32	31.7
Upper Middle	5	4.95
Total	101	100

- Table 2** shows the descriptive analysis of the mean scores of the scales used. Mean PHQ score of spouse, BDI II score of patient, DAS score of patient and DAS score of spouse among the study subjects was 3.61±2.47, 25.98±4.503, 104.12±5.787 and 96.55±10.037 respectively.

Table 2: Descriptive analysis of PHQ score, BDI II score and DAS score

Scores	Minimum	Maximum	Mean	SD
PHQ Score of Spouse	1	9	3.61	2.47
BDI II of Patient	21	40	25.98	4.503
DAS Score of Patient	81	111	104.12	5.787
DAS Score of Spouse	80	111	96.55	10.037

3. **Table 3** shows the prevalence of the severity of depression among spouses as measured by the PHQ-9. Minimal and mild depression as measured by PHQ-9 was present in 79.21% and 20.79% of the spouses respectively.

Table 3: Prevalence of severity of depression among spouses as measured by PHQ-9

Severity of Depression (PHQ-9 Score)	N	%
Minimal Depression (1-4)	80	79.21
Mild Depression (5-9)	21	20.79
Total	101	100

4. **Table 4** shows the prevalence of the severity of depression among patients as measured by the BDI-II. Moderate and severe depression as measured by BDI II was found among 89.11% and 10.89% of the patients respectively.

Table 4: Prevalence of severity of depression among patients as measured by BDI II

Severity of Depression (BDI II score)	N	%
Moderate Depression (21-30)	90	89.11
Severe Depression (31-40)	11	10.89
Total	101	100

5. **Table 5** shows correlation between PHQ spouse with DAS spouse score and BDI II patient with DAS patient score. Pearson correlation analysis revealed inverse significant correlation ($r=-0.46$, $p<0.01$) between score of PHQ spouse and DAS spouse i.e. with increase in score of PHQ spouse, there was decrease in score of DAS spouse. Similar relationship was observed for BDI II and DAS Score of patient ($p=0.041$) as shown in the table.

Table 5: Correlation between PHQ spouse with DAS spouse as well as BDI II patient with DAS patient

Variables	r value	p value
PHQ spouse with DAS spouse	-0.46	<0.01*
BDI II with DAS Score of Patient	-0.24	0.041*

r: Pearson correlation *: statistically significant

DISCUSSION

For people who are married, the marital relationship serves as a gauge of wellbeing. Numerous studies have found that married men and women live longer and in greater health than their single counterparts. According to Umberson (1987)⁸one of the most important factors in promoting physical wellbeing is having a sense of purpose and meaning in life. Married people are supposed to have access to a wide range of these things. However, relatively little population research has examined how variations in marital quality may be connected to variations in health among married persons. The present study was carried out at TMMC & RC, Moradabad, in the OPD Department of Psychiatry among 101 married couples who visited the Psychiatry OPD with one of the partners diagnosed with depressive disorders as per ICD-10 criteria by our study team.

In the present study, females (67.3%) were comparatively more as compared to males (32.7%). Mean age among the study subjects was 37.50 ± 9.32 years. In this study, 26.7% and 63.4% of the subjects belonged to Hindu and Muslim religion respectively, only 4.95% of the subjects were graduate and maximum subjects (79.2%) had studied upto primary school level. Most of the subjects in this study belonged to lower socioeconomic status (59.4%) followed by upper lower socioeconomic status (31.7%).(**Table 1**) Singh RL et al⁹ in their study showed that the age of the study population was in the range of 23-55 years. The mean age was 38.2 ± 8.1 years. Majority of them were females (52%) and belonged to the Hindu religion (70%). 88% of depressed patients belonged to thereproductive age group of 20–50 years. While R. Mrinalini Reddy et al¹⁰ in their study found that the majority were housewives, from moderate socioeconomic position, with a high school

diploma and practicing Hinduism. Except religion, all the findings in the two studies were similar to the present study. The variation in religion might be due to the difference in study area.

In our study, minimal and mild depression as measured by PHQ-9 was present in 79.21% and 20.79% of the spouses respectively. Moderate and severe depression as measured by BDI II was found among 89.11% and 10.89% of the patients respectively. (Table 3 & 4)

R. Mrinalini Reddy et al¹⁰ in their study found that there were 47.40% mild cases, 44.44% moderate cases, and 8.15% severe cases of depression. Our present study consisted more percentage of mild and moderate depression cases similar to above study and this trend was attributable to the majority of subjects belonging to lower socio-economic status.

The results also showed that with increase in score of PHQ-9 in spouses, a decrease in DAS score was seen, suggesting that depression in spouses resulted in more distress and low adjustment with the patients and that a similar relationship was observed among the patients suggesting more distress and low adjustment with their respective spouses. This further suggested that mental incompatibility shared a dyadic relationship with severity of depressive disorders and that mental incompatibility was somehow related with poor adjustment and distress in the marriage of a couple with one spouse diagnosed as a case of depression. These findings were unique to our study as scarce or no data was available in other studies. (Table 5)

CONCLUSION

It can be concluded that the patients with depression showed more distress and low adjustment with their spouses and that a similar relationship was observed for the spouses when Dyadic Adjustment Scale (DAS) was applied to them thus showing that mental incompatibility in the married life was directly correlated with the depressive disorders. Hence the present study indicates that depression significantly impairs the mental compatibility between the husband and wife irrespective of the sufferer in the marriage and results in incompatibility in the marriage.

Since the study was conducted in the peak COVID-19 situation, it can be assumed that the period of the study itself was a stressful one for both the patients and their spouses and that this stress might have trickled down into our study questionnaire.

LIMITATIONS

The current study has limited generalizability in the general population due to a modest sample size, predominance of patients of one religious class (Muslim), lower socio-economic & low literacy of the majority of the subjects. Majority of patients belonged to lower literacy class, so couldn't comprehend the things and had to be helped at regular intervals by the interviewer for the completion of the interview, thus modest bias cannot be ruled out. History of marital life

prior to the onset of depression couldn't be assessed. In addition, the study was conducted in a hospital setting with no sample from community or control group for comparison.

DECLARATION OF CONFLICTING INTERESTS

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ETHICAL APPROVAL

Ethical committee approval was taken from Institute Ethics Committee of Teerthanker Mahaveer University, Moradabad.

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