

## Marital Adjustment Among Patients With Depression

Anubha Srivastava<sup>[1]</sup>

### Abstract:

*This study explored marital adjustment among patients with depression. Beck Depression Inventory-II (BDI-II) (Beck, Steel & Brown, 1996) and Marital Adjustment Inventory (Har Mohan Singh, 1972) were administered on a sample of 60 depressive patients (30 male and 30 female) with diagnosis of ICD10 were purposively selected for the present study, fulfilling the inclusion and exclusion criteria from Post Graduate Institute of Behavioral & Medical Sciences (PGIBAMS), Raipur, C.G. Patients were taken from both outdoor and indoor departments. Findings revealed that there are significant marital problems among depressive patients with males reporting comparatively more marital problems.*

**Key words:** Marital Adjustment, Depression.

### I. INTRODUCTION

Marital adjustment as 'the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other'. 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. 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. "It is like the undetected cancer that kills silently and softly". A study on 581 couples and 25% of them disclosed that at some time in the adjustment process, they discussed discovering and 18% had seriously considered it. Marital adjustment is the process during in which partners adopt and change to their new roles, complementing each other and acting as a team. It is also important to unify the following- interests and values, maintaining open lines of communication and encouraging the expression of each other's communication. The marital adjustment has been variously defined by researchers (Bowman, 1954; Burgess & Cottrell, 1935; Kapur, 1974) but the consensus regarding the precise definition of marital adjustment has been elusive. Crowther (1985) conducted a study to see the relationship between Depression and Marital Maladjustment. In this research measures of depression and marital adjustment were completed by patients hospitalized on inpatient psychiatric unit and their spouses. Therapists had also rated patients' depression and marital adjustment. Results indicated a significant negative correlation between patients self-reports of depression and marital adjustment, which was supported by the correlation between therapist ratings. These results demonstrate generalization of the previously established depression-marital maladjustment relationship from outpatients to inpatients. Analyses of sex differences indicated that, although there were no differences between depressed men and women in the severity of the

depression, depressed men rated their marriages as significantly better adjusted than depressed women. Merikangas, Prusoff, Kupfer, and Frank (1985) examined the association between depression and marital adjustment in 45 married in-patients with major depression as compared to 45 normal controls from the same community. It was found that the marriages of the depressed couples were significantly worse in all areas of functioning than were those of the normals. Two risk factors which distinguished the families of origin of the depressed and normal couples were history of divorce and/or separation in parents and death in the family. In addition, they also found that twice as many of the children of the depressives had serious medical or psychiatric illness compared to those of the normals. Ulrich-Jakubowski, Russell, and O'Hara (1988) attempted to clarify the causal relations between depression and marital adjustment difficulties within a single sample over time. The sample consisted of 78 older men who completed two assessments approximately 15 months apart. The results yielded evidence for a causal influence of depression on later marital adjustment. No support was found for the hypothesis that poor marital adjustment plays a causal role in the development of depression. Gotlib and Whiffen (1989) examined the specificity to clinical depression of problematic marital functioning and to assess potential gender differences in the marital relationships and spousal interactions of depressed persons. Depressed psychiatric patients, non-depressed medical patients, and non-depressed community control subjects and their spouses completed measures of marital satisfaction and then participated in a 20-min marital interaction task. Subjects then completed measures assessing their post-interaction mood and perceptions of their spouses, and the interactions were scored with respect to the frequency of occurrence of a number of behaviors. The depressed couples differed from the community controls on virtually every measure of marital functioning. Furthermore, although the medical patients and their spouses also reported marital dissatisfaction and exhibited dysfunctional interactional behavior, only the depressed couples were characterized

<sup>[1]</sup>Assistant Professor, Amity Institute of Behavioural and Allied Sciences, Amity University, Gurgaon. E-mail: srivastavaanubha15@gmail.com

by negative affect following the interactions and by negative appraisals of their spouses' behaviors. This negative affect was particularly pronounced for the depressed women. Kornstein et al. (2000) researched on 235 male and 400 female outpatients with DSM-III-R chronic major depression or double depression (i.e., major depression superimposed on dysthymia) by administering an extensive battery of clinician-rated and self-report measures. The results of their research showed that women were less likely to be married and had a younger age at onset and greater family history of affective disorder compared to men. Symptom profile was similar in men and women, with the exception of more sleep changes, psychomotor retardation and anxiety/somatization in women. Women reported greater severity of illness and were more likely to have received previous treatment for depression with medications and/or psychotherapy. Greater functional impairment was noted by women in the area of marital adjustment, while men showed more work impairment and hence concluded that chronicity of depression appears to affect women more seriously than men.

**II. METHODOLOGY**

**Aim:**

To compare Marital Adjustment in Depressive Patients.

**Objectives:**

1. To see the marital adjustment among depressive patients.
2. To compare marital adjustment in male and female depressive patients.

**Hypotheses:**

1. There will be significant problems in marital adjustment in Depressive Patients
2. There will be significant gender differences in marital adjustment in Depressive Patients.

**Sample:**

A sample of 60 depressive patients (30 male and 30 female) with diagnosis of ICD10 were purposively selected for the present study, fulfilling the inclusion and exclusion criteria from Post Graduate Institute of Behavioral & Medical Sciences (PGIBAMS), Raipur, C.G. Patients were taken from both outdoor and indoor departments.

**Inclusion Criteria:**

1. Patients diagnosed with depression according to the ICD 10 (WHO1992) criteria
2. Age criteria- above 18years to 60 years
3. Male and female.
4. Patients who were cooperative for the study
5. Only married patients

**Exclusion Criteria:**

1. Patients with other psychiatric co-morbidity.
2. Patients having any form of major physical illness
3. Patients having organic problems.

**III. TOOLS USED**

1. SOCIO-DEMOGRAPHIC DATA SHEET: A specially

designed proforma containing necessary and basic information like name, age, sex, religion, marital status, education, past illness, mode of onset, course of illness, nature of treatment, etc. was used.

2. BECK DEPRESSION INVENTORY (BDI) (Beck, Steel & Brown, 1996): It was developed to measure severity of depression. It contains 21 items and is a 5 point rating scale. Scoring is done in four categories: 0-16 (low), 17-30 (Moderate), 31 and above (Severe). An analysis of internal consistency yielded a Cronbach's alpha of 0.92 for the outpatients and .93 for the students. Validity of the scale was found to be .98 (Beck et al., 1996). Item-total correlations were performed on the scores of both samples, yielding significant correlations (at the level) for both groups on all items. The test-retest reliabilities were calculated, and yielded an average correlation of .93.
3. MARITAL ADJUSTMENT INVENTORY (MAI) (Har Mohan Singh, 1972): Marital adjustment inventory assesses the level of adjustment of the subjects. The inventory consists of two forms, form A for husbands and form B for wives. Each form consists of 10 questions. This inventory is based on various studies in the area of marriage. The reliability was obtained by correction odd even term and applying the Spearman-Brown-Prephecy formula. The reliability coefficient was found to be 0.94. The validity of the items was obtained by selection items in term of a degree to which they differentiate between the lower and upper 15 % of the person in the distribution of scores. Only those items were clearly differentiated between these extreme groups are included in the present form of the inventory.

**IV. PROCEDURE**

This study was conducted at Post Graduate Institute of Behavioral And Medical Sciences, Raipur, Chhattisgarh. 60 depressive patients (30 male and 30 female) from the out and in patient departments who fulfilled the inclusion & exclusion criteria, were selected purposively for the study. After developing good rapport with the patient their socio-demographic and clinical details were collected with their consent. Then the Beck Depression Inventory-II (BDI-II) and Marital Adjustment Inventory were administered on them.

**V. STATISTICAL ANALYSIS**

Data collected was analyzed in terms of means and standard deviation, comparisons were made between socio-demographic variables using Chi-square test and t-test were used for statistical analysis, using Statistical Package for Social Sciences (SPSS) version 16.

**VI. RESULTS**

**Table1:** Comparison of age of males and females

Variable	Group				t-test
	Male (30)		Female(30)		
	Mean	SD	Mean	SD	
Age	44.93	8.21	37.03	6.79	4.058***

\*p<0.050, \*\*p<0.01, \*\*\*p<0.000

Table 1 show that there is a significant difference in age between the male and female groups.

**Table 2:** Comparison of socio-demographic between male and female depressive patients

Variable: socio-demographic		Group				Chi-square
		Male(30)		Female(30)		
		f	%	F	%	
Education	Primary education	0	0.0	15	50.0	27.881***
	Secondary education	17	56.7	10	33.3	
	Graduation	13	43.3	2	6.7	
	PG & above	0	0.0	3	10.0	
Occupation	Service	13	43.3	3	10.0	29.705***
	Farming	7	23.3	7	23.3	
	Business	9	30.0	2	6.7	
	House wife	0	0.0	18	60.0	
	Daily wager	1	3.3	0	0.0	
Religion	Hindu	18	60.0	21	70.0	0.704
	Muslim	11	36.7	8	26.7	
	Christian	1	3.3	1	3.3	
Domicile	Rural	9	30.0	12	40.0	1.121
	Urban	15	50.0	11	36.7	
	Suburban	6	20.0	7	23.3	
Type of family	Joint	10	33.3	12	40.0	2.315
	Nuclear	14	46.7	16	53.3	
	Extended	6	20.0	2	6.7	
Family income	Upto-10000	6	20.0	7	23.3	1.871
	10001-20000	16	53.3	12	40.0	
	20001-30000	8	26.7	10	33.3	
	30001 - Above	0	0.0	1	3.3	

\*p<0.050, \*\*p<0.01, \*\*\*p<0.000

Table 2 shows that there was significant difference found between the male and female groups on the variables of education and occupation.

**Table 3(a):** Comparison of clinical details between male and female depressive patients

Variable: Clinical Details		group		Chi-square
		male(30)	female(30)	
		%	%	
Family history of any significant psychiatric illness	Present	2	2	0.098
	Absent	8	7	
Precipitating factor	Present	0	3	1.017
	Absent	1	9	
Type of present illness	Mild depression	4	3	1.121
	Moderate depression	4	4	
	Severe depression	1	2	
Nature of onset	Acute	3	0	1.017
	Insidious	9	1	
Nature of illness	Continuous	9	1	2.069
	Episodic	6	0	

\*p<0.050, \*\*p<0.01, \*\*\*p<0.000

Table 3(a) shows that there was no significant difference in the clinical details between the male and female groups.

**Table 3(b):** Comparison of clinical details between male and female depressive patients

Variable	Group				t-test
	Male(30)		Female(30)		
	Mean	SD	Mean	SD	
Age of onset	43.66	8.55	35.53	5.95	4.274***
Duration of illness	2.46	1.38	2.53	1.33	0.190
Duration of treatment	0.60	0.81	0.56	0.81	0.158

\*p<0.050, \*\*p<0.01, \*\*\*p<0.000

Table 3(b) shows that there significant difference in the age of onset of depression between the male and female groups.

**Table 4:** comparison of Beck Depression Inventory (BDI) categories between males and females

Variable		Group				Chi-square
		Male		Female		
		F	%	F	%	
BDI	Minimal (0-13)	11	36.7	7	23.7	3.298
	Mild (14-19)	4	13.3	6	20.0	
	Moderate (20-28)	8	26.7	13	43.3	
	Severe (29-63)	7	23.3	4	13.3	

\*p ≤ 0.050, \*\*p ≤ 0.01, \*\*\*p ≤ 0.000

Table 4 shows that there was no significant difference in the Beck Depression Inventory (BDI) categories between the male and female groups.

**Table 5:** Frequency and percentage of depressive patient falling under the different levels of marital adjustment

Marital Adjustment	Frequency(N=60)	Percent
Very unsatisfactory	47	78.3%
Unsatisfactory	10	16.7%
Average	1	1.7%
Excellent	2	3.3%

Table 5 showing the frequency and percentages of the depressive patients on the different levels of the marital adjustment inventory. Majority of the depressive patients had unsatisfactory (95%) marital adjustment.

**Table 6:** Showing the frequency and percentages on the different levels of marital adjustment between male and female depressive patients.

Marital adjustment	Males (N=30)		Females (N=30)		Chi-square
	f	%	f	%	
Very unsatisfactory	29	96.7%	18	60.0%	11.974**
Unsatisfactory	1	3.3%	9	30.0%	
Average	0	0.0%	1	3.3%	
Excellent	0	0.0%	2	6.7%	

\*p ≤ 0.050, \*\*p ≤ 0.01, \*\*\*p ≤ 0.000

Table 6 shows the different levels of marital adjustment between male and female depressive patients. Male depressive patients have significantly more problems in marital adjustment in comparison to female patients.

### VII. DISCUSSION

The present study included a sample of 30 male and 30 female depressed patients selected through purposive sampling from Post Graduate Institute of Behavioral And Medical Sciences, Raipur (C.G.). Regarding the age of both the groups (table 1) and it was found that there was significant difference between the ages of males (mean=44.93, SD±8.21) and females (mean=37.03, SD±6.79). According to Akiskal, (2009)

depressive disorders show much higher lifetime prevalence among people younger than 45 years. The mean age of both the male and female are found to be less than 45 years but the difference might have been caused because the age was not matched. Regarding the socio-demographic details of both the groups (table 2) and it was found that though there was no significant difference between the groups in terms of religion, domicile, type of family and family income, there was significant difference found between the male and female groups on the variables of education and occupation. Where 56.7% of the male participants had a secondary education, 50.0% of the female participants had a primary education. According to the Census (2011), male literacy was 92.39% and female literacy was 81.10% in Raipur (C.G.). So it can be said that in Raipur males are more educated than females which is also the case in the present sample. It was also found that 43.3% of the males were service holders, whereas 60% of the females were housewives. It can be said that since males are more educated than females, they are the primary bread winners in Raipur as compared to women, most of whom are housewives. Regarding the clinical details between the male and female (table 3a) it was found that there was no significant difference in the clinical details between the groups. Regarding the other clinical details between the male and female (table 3b) it was found that there was no significant difference in the duration of illness and the duration of treatment, but there was significant difference in the age of onset between male and female groups. The mean age of onset for males being greater (mean=43.66 years, SD±8.55) than the mean age of onset of females (mean=35.53, SD±5.95). According to Sadock and Sadock (2007), the mean age of onset for major depressive disorder is about 40 years, with 50% of all patients having an age of onset between the ages of 20 and 50. The mean age of onset of the present participants are all within the age range of 20 and 50 years though the difference could be a result of non-matched sampling.

Regarding the number of male and female (table 4) belonging to the different categories of depression, Beck Depression Inventory it was found that, there is no significant difference between both the groups.

Regarding the Frequency and percentage of depressive patients falling under the different levels of the marital adjustment inventory (table 5), it was found that a majority (78.3%) of the patients fell into the category of very unsatisfactory marital adjustment and only 3.3% of the sample reported of having excellent marital adjustment. It was found that 1.7% of the sample reported to have an average marital adjustment. Thus, our alternative hypothesis 1 is accepted that there will be significant problems in marital adjustment in Depressive Patients. This finding of the present study is also in accordance with previous studies like Coleman and Miller (1975), who found a significant correlation between depression and marital maladjustment for self-report data. Crowther (1985) found that these was a significant negative correlation between patients self-reports of depression and marital adjustment; and also Gotlib and Whiffen (1989) found that the depressed couples differed from the community controls on virtually every measure of marital functioning.

Regarding the Marital Adjustment and depression between males and females (table 6), when the frequency and percentages on the different levels of marital adjustment between male and female depressive patients was analyzed, it was found that a significant difference was found to exist. It was seen that 29 males (96.7%) and 18 females (60.0%) fell into the category of very unsatisfactory marital adjustment which was 78.3% of the present sample which consisted of patients with depression. This has been found by various other researchers like Merikangas et al. (1985) who examined the association between depression and marital adjustment in married in-patients with major depression as compared to normal controls and found that the marriages of the depressed couples were significantly worse in all areas of functioning than were those of the normals. Similar results were found by Stravynski, Tremblay and Verreault (1995), who worked with patients diagnosed with major depression and matched normal control subjects and compared them in terms of marital adjustment and other related features and found that Marital adjustment reported by the depressed group was significantly worse than that of the normal group. Researchers over the years have also found a significant correlation between depression and marital maladjustment (Coleman & Miller, 1975; Crowther, 1985). According to this finding, our alternative hypothesis 2 is accepted that there will be significant problems in marital adjustment in between male and female Depressive Patients. Though majority of both male & female patients had marital adjustment problems males reported comparatively more problems. The reason might be that depression results in deterioration in functions related to occupation resulting in financial problems, sexual problems etc., which are still considered to a great extent responsibilities of males & this might in turn result in marital dissatisfaction. Fincham, Beach, Harold, and Osborne (1997) also found that for men, causal paths emerged from depression to marital satisfaction, whereas for women causal paths were from satisfaction to depression.

### VIII. CONCLUSION

It can be concluded that there is significant marital problems among depressive patients with males reporting comparatively more marital problems.

### IX. LIMITATIONS

- The sample size is small.
- Sample was limited to one institute only.

### X. FUTURE DIRECTIONS

- Sample size can be increased for the generalization of results.
- Sample can be collected from more than one institution.
- Other psychiatric disorders can also be taken for comparison.

### XI. REFERENCES

- Akiskal, H. S. (2009). In Kaplan, B. J., Sadock, V. A. & Ruiz, P. (2009). *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, Volume 1, Ninth Edition. Lippincott Williams & Wilkins, USA.

- Beck, A. T., Steel, R. A & Brown, G. K (1996). Beck Depression Inventory Manual. *The Psychological Corporation*, (Second edition). Harcourt Brace & Company: San Antonio, USA.
- Bowman, H. A. (1954). *Marriage for moderns*, (3rd ed.) New York, McGraw Hill Book Company, 82.
- Burgess, E. W. & Cottrell, L. S. (1939). Predicting Success or Failure in Marriage. New York: Prentice Hall,
- Census (2011). "Provisional Population Totals, Census of India 2011; Cities having population 1 lakh and above" (PDF). Office of the Registrar General & Census Commissioner, India. Retrieved 26 March 2012. <http://en.wikipedia.org/wiki/Raipur>
- Coleman, R. E., Miller, A. G. (1975). The relationship between depression and marital maladjustment in a clinic population: A multitrait-multimethod study. *Journal of Consulting and Clinical Psychology*, 43(5), 647-651.
- Crowther, J. (1985). The Relationship between Depression and Marital Maladjustment A Descriptive Study. *Journal of Nervous & Mental Disease*, 173(4), 227-31.
- Fincham, F. D., Beach, S. R. H., Harold, G. T., & Osborne, L. N. (1997). Marital Satisfaction and Depression: Different Causal Relationships for Men and Women? *Psychological Science*, 8(5), 351-356.
- Gotlib, I. H., & Whiffen, V. E. (1989). Depression and marital functioning: An examination of specificity and gender differences. *Journal of Abnormal Psychology*, 98(1), 23-30.
- Kapur, P. (1974). The changing Status of working women in India. New Delhi: Vikas.
- Kornstein, S.G., Schatzberg, A. F., Thase, M. E., Yonkers, K. A., McCullough, J. P., Keitner, G. I., Gelenberg, A. J., Ryan, C. E., Hess, A. L., Harrison, W., Davis, S. M., & Keller, M. B. (2000). Gender differences in chronic major and double depression. *Journal of Affective Disorders*, 60(1), 1-11.
- Merikangas, K. R., Prusoff, B. A., Kupfer, D. J. & Frank, E. (1985). Marital adjustment in major depression. *Journal of Affective Disorders*, 9(1), 5-11.
- Sadock, B. J. & Sadock, V. A. (2007). *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. South Asian Edition (Tenth Edition). Lippincott Williams & Wilkins, USA.
- Singh, H. M. (1972). Marital Adjustment Inventory (MAI) [Literate] (ENGLISH VERSION). Form A and B. National Psychological corporation, Kacheri Ghat, Agra.
- Stravynski, A., Tremblay, M. & Verreault, R. (1995). Marital Adjustment and Depression. *Psychopathology*, 28(2), 112-117.
- Ulrich-Jakubowski, D., Russell, D. W. and O'Hara, M. W. (1988). Marital Adjustment Difficulties: Cause or Consequence of Depressive Symptomatology? *Journal of Social and Clinical Psychology*, 7(4), 312-318.
- Veenboven R. The growing impact of marriage. *Social Indicators Research* 1983;12:49-63.