

# Marital Adjustment among Patient with Depressive Disorder and Obsessive-Compulsive Disorder: A Comparative Study

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**Abstract:** Marriage is one of the important relationships between a man and women. Marriage needs commitment and emotional support which is base of relationship. Every marriage needs involvement of both partners to make their marriage successful. Life circumstances which involve financial stability, health conditions of both partners have major effect of its success. Long term mental illness as well as physical illness having negative impact on couple as well as family adjustment. Mental illness is a significant contributor to the global burden of disease and affects people in all communities across the world. If mental disorders starts at a young age; they reduce people's functioning and often are recurring. For these reasons, mental illness is the leading cause of disability worldwide in terms of total years lost due to disability. The present study is aimed at exploring the marital adjustments among patient with depression and obsessive-compulsive disorder. Sample of the study consisted of 30 depressive patients and 30 OCD patients with age ranged between 18 to 50 years. Marital Adjustment Scale were used for present study. Results indicated highly significant differences between marital adjustment, depression and OCD. The findings of the results also show that depressive patient have poor marital adjustment.

**Key words:** Mental illness, Marital Adjustment, Disability, OCD, Depression.

## Introduction:

One of the most important relationships between a man and women is marriage. It involves emotional and legal commitment that is quite important in any adult life. Moreover, selecting a partner and entering into a marital contract is considered both maturational milestone and personal achievement. There is no doubt that the choice of marital partner is one of the most important decisions one makes in his / her lifetime. People marry for many reasons, like; love, happiness, companionship, and the desire to have children, physical attraction, or desire to escape from an unhappy situation (Bernard, 1984). Marriage is a commitment with love and responsibility for peace, happiness and development of strong family relationships. Marriage as "socially legitimate sexual union, begun with a public announcement and undertaken with some ideas of permanence; it is assumed with more a less explicit marriage contract, which spells out the reciprocal rights and obligations between the spouses and future children"( Dalack , 1990). 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' (Thomas, 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. 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 (Veenboven , 1983).

A relationship between couples is not instantaneous rather a slow progress. "It is like the undetected cancer that kills silently and softly". Mental illness also having negative impact on marital adjustment.

**Depression:** Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO, 2008). Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman et al, 2008).

**Obsessive- Compulsive Disorder:** Obsessive-compulsive disorder (OCD) is a chronic anxiety disorder characterized by the presence of unwanted and recurrent thoughts, ideas, feelings, or mental images (collectively referred to as obsessions) that drive the patient to engage in behaviors or mental acts (referred to as compulsions) designed to prevent or reduce anxiety. OCD occurs not only in adults, but also in children and adolescents and results in substantial distress and functional impairment (APA, 2000). Gururaj et al. (2008) assessed the family burden, quality of life and disability in OCD patients and compared them with patients with schizophrenia of comparable severity. Patients with schizophrenia had higher family burden but were comparable to OCD patients with respect to quality of life and disability. The study showed that OCD patients were associated with significant disability, poor quality of life and high family burden comparable to schizophrenia. The study examines and compares the marital adjustment in persons with depressive disorder and obsessive - compulsive disorder.

**Problem:** To compare the marital Adjustment of patients with depressive disorder and obsessive-compulsive disorder.

**Aims and Objectives:** To examine and compare the level of marital adjustment among patients with Obsessive- Compulsive Disorder and Depressive Disorder.

**Hypotheses:** There would be significant difference on Marital adjustment among patients with Obsessive- Compulsive Disorder and Depressive disorder..

**Design:** A two group design would be used for the present study. Out of which two groups would be psychiatric patients with Obsessive- Compulsive Disorder and Depressive disorder

**Sample:** A sample of total 60 patients in which 30 patients with depressive disorder and 30 patients with obsessive- compulsive disorder diagnosed by the clinical psychologist or psychiatrist as per diagnostic criteria of DSM-5 or ICD-10.

**Inclusion criteria for patients:**

- Both inpatient and outpatient
- The age between 18-50 years
- Could read and understand English/ Hindi
- Duration of illness more than one year
- Either sex
- Living both partner at one home

**Exclusion criteria:**

- Any physical and psychiatric co-morbidity in partner and patient.
- Any legal issues between both partner
- Unwilling or uncooperative

**Tools:**

- **Socio-demographic data sheet:** A specially designed Performa for collecting information about socio-demographic and clinical variables for the study sample will be prepared for the study. It will include information such as-age, sex, residence, education, illness details like duration of illness, significant past psychiatric history, significant medical history, family history of medical illness and psychiatric illness, significant personal history of the sample population.
- **Marital Adjustment Questionnaire (MAQ):** MAQ develop by Kumar & Rohatgi, 1976. This Questionnaire has been developed to provide a handy tool to identifying couples who are making poor making marriage and need psycho diagnostic help. The self-reported MAQ consists of 25 Yes -No type items this item related to marital adjustment. Split-half and Test-Retest Reliability is .70 &.84.

**Procedure:**

After explaining the purpose of the study the participants would be selected after being assessed as per the inclusion and exclusion criteria. Written informed consent would be taken from them. Each participant would be contacted separately. Patients would be initially interviewed to collect the socio-demographic data. Efforts would be made to complete the administration of questionnaires in single session. However, keeping the nature of problem in mind, administration session can be extended to more than one.

**Result and Discussion:**

**Table No. 1. Showing Socio-demographic details (Age, Total duration of illness and marriage) of Patients with Obsessive- Compulsive Disorder and Depressive Disorder**

Variables	Patient with Obsessive-Compulsive Disorder	Patient with Depressive Disorder
Age	36.2± 1.2	38.3 ± 0.2
Total Duration of Marriage	7.2± 1.2	9.2± 1.3
Total duration of Illness	10.2± 1.2	14.2± 0.2

The mean age of the patients with obsessive-compulsive disorder was  $36.2 \pm 1.2$  and patient with depressive disorder was  $38.3 \pm 0.2$ . Total duration of marriage in patient with obsessive- compulsive disorder was  $7.2 \pm 1.2$  whereas in depressive disorder was  $9.2 \pm 1.3$  yrs. Total duration of illness in patient with obsessive-compulsive disorder was  $10.2 \pm 1.2$  and depressive disorder was  $14.2 \pm 0.2$  yrs.

**Table no. 2. Socio-demographic details of Patients with Obsessive- Compulsive Disorder and Depressive Disorder**

Variables		Patient with Obsessive-Compulsive Disorder		Patient with Depressive Disorder	
		N=30	%	N=30	%
Education	10 <sup>th</sup>	12	24	10	20
	12 <sup>th</sup>	10	20	15	30
	Graduation	8	16	15	30
	Post Graduation & Above	20	40	10	20
Occupation	Employed	18	36	14	28
	Unemployed	32	64	36	72
Family Type	Joint	26	52	18	36
	Nuclear	24	48	32	64
Background	Rural	18	36	8	16
	Urban	32	64	42	84

**Table No. 3 showing the mean, SD and t- value on marital adjustment of both groups**

Variables	Patient with Obsessive-Compulsive Disorder	Patient with Depressive Disorder	t-value	P-value
Marital Adjustment Inventory	20.2± .02	12.3 ± 1.2	.023	.000*

Findings indicated that there is significant difference on marital adjustment in both groups. Patient with depressive disorder reported poor or less marital adjustment as compared to patient with obsessive-compulsive disorder.

Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. Dettore et al., (2021) research has suggested that individuals with OCD are sexually nonsensual, an orgasmic, and avoidant study suggested that developing OCD before establishing sexually intimate relationships may interfere with the normal learning process in developing healthy sexual relationships. This may be especially relevant for those individuals with fears of contamination from bodily secretions because their use of rituals to reduce anxiety prevents them from being provided with contrary evidence. For example, after having sex with a partner, a woman may wash herself vigorously to prevent contamination. This neutralizing behavior precludes her from gaining the knowledge that bodily secretions are often harmless and reinforces her obsessional fears. found that 78% of the participants with OCD had obsessional fears of contamination including fear of bodily secretions and germs. These participants were more sexually nonsensical than individuals with other obsession fears. One study conducted in India by N V Roopesh Gopal et al. (2014) There is paucity of information on the relationship of quality of life (QOL) in obsessive compulsive disorder (OCD) and dysthymic disorder (DD) with disability grade in India.

The findings of the present research facilitate in understanding the marital adjustment among persons with depressive disorder and persons with obsessive-compulsive disorder by broadening the panoramic view for mental health professionals to identify marital adjustment among these patients so that appropriate interventions can be planned in advance by giving psychosocial support to them. Due to small sample size in the study, the generalization is difficult so there is an emergent need to undertake larger sample to further validate its contribution. Depressive disorder and obsessive compulsive disorder being most debilitating and chronic mental illnesses there is a strong need to focus more towards these indicators such as psychosocial functioning and social support and intervention can be planned including rehabilitation program, activity scheduling to avoid the chances of relapse and manage marital conflict.

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