MARITAL LIFE AND ANXIETY : IMPLICATIONS FOR MENTAL HEALTH PROFESSIONALS

V. N. RAO1, M.Sc., D.P.S.W., B.I.M.S., M.C.H., Ph.D.
S. M. CHANNABASAVANNA2, M.B., B.S., D.P.M.,
R. PARTHASARATHY3, M.A., D.P.S.W.

SUMMARY

The marital life situations of the anxiety patients are compared with that of normals based on four important dimensions—partner's behaviour as perceived by the subject during his/her difficulties, difference of opinion in domestic management, criticism regarding their in-laws and threats of divorce. For this purpose, 20 Anxiety patients and 40 Normals based on group matching were studied. The implications for mental health professional's role functioning in dealing with the marital difficulties of anxiety neurotics are discussed.

Mental health professionals focus on different aspects of psycho-social problems associated with the management of mentally ill, in institutional and non-institutional settings. Among mental illnesses, the neurosis requires relatively intensive psycho-social modalities of treatment. This again calls for deeper understanding of the interpersonal problems especially marital conflicts. As anxiety is the key to neurosis (Ibor, 1971), an attempt has been made to study the marital life of anxiety neurotics seeking psychiatric help.

Marital life is the focus of different studies conducted by mental health professionals in western settings (Slater & Woodside, 1951; Ackerman, 1958; Nelson, 1964; Krietman, 1962; Marini, 1976; Hicks et al., 1970; Svyadoschch, 1971; Collins et al., 1971; Overtone, 1973). However, only a few studies in India (Veeraraghavan, 1973; Satyavathi & Seth, 1975; Bhatti & Channabasavanna, 1979) have focused on some important aspects of marital problems faced by mentally ill in general and neurotics in particular. All these studies have clearly shown that the multifarious problems are encountered either as antecedent or consequence of mental illness. The role of functioning of the mental health professionals is significant by its absence in the above mentioned studies.

AIMS AND OBJECTIVES

The study aims at finding out the marital partner's behaviour as perceived by the subject during his/her difficulties, difference of opinion in domestic management, criticism regarding their in-laws and threats of divorce as seen in anxiety patients and normals. These are viewed with a view to adopt specific strategies to be undertaken by the mental health personnel in handling the marital problems in anxiety patients.

MATERIAL AND METHODS

The patients who reported at the Psychiatric out-patient Department of National Institute of Mental Health & Neuro Sciences, Bangalore during the 1979-80 and who fulfilled the following criteria were selected:
1. Those clinically diagnosed as having anxiety neurosis based on International classification of Diseases—9.
2. Those who visited the facility for the first time for consultation.

1. Lecturer in Psychiatric Social Work
2. Professor of Psychiatry & Medical Superintendent
3. Lecturer in Psychiatric Social Work

National Institute of Mental Health & Neuro Sciences Bangalore-560029.
3. Those who are married.
4. Duration of illness not more than one year.

20 patients who fulfilled the above mentioned criteria were selected.

For the purposes of comparison one more group comprising of 40 persons fulfilling the following criteria were selected.
1. Those who have had no professional consultation ever.
2. No history of mental illness in the family.
3. Those who are married.

In selection of the two groups (Anxiety patients and Normals) group matching was adopted in consideration of following variables:
1. Type of family
2. Religion
3. Family size
4. Monthly Income
5. Birth order
6. Education
7. Locality
8. Occupation.

To collect the information, a questionnaire was suitably prepared. The findings are analysed using chi-square test and Fisher's Exact Probability test.

RESULTS AND DISCUSSION

Sharing of happiness as well as unhappiness is the significant feature of successful marriage. When the husband or the wife is in difficulty, the other partner's concern would determine the level of harmony or disharmony in the marital life. When there is lack of mutual sharing during critical periods of life, the partners become insecure, isolated and anxious. This is clearly shown through the responses to the items of subjects' perception about their partners' reactions at the time of his/her difficulties (Table No. 1).

From this, we can infer that the anxiety patients lack support and sharing from the other partner, in comparison with normals. This calls for the therapists greater emphasis on sharing and supporting in dealing with marital prob-

| Table No. 1. The Partner's behaviour as perceived by the subject during her/his difficulties. |
|-----------------------------------------------|
| Nature of other Partner's reaction | Anxiety group | Normal group |
|-----------------------------------------------|
| 1. Sharing the difficulties | 4 | 21 |
| 2. Not sharing the difficulties | 16 | 19 |

\[ x^2 = 4.65, d.f. = 1, p < 0.05 \]

lems of Anxiety Neurotics. The problem solving approach should be family centred rather than mere individual oriented. If marital problems are dealt with in a group setting, this particular aspect could be a point for discussion, with the main intention of arriving at healthy responses during the partner's difficulties. The implication of such finding is relevant even in premarital counselling, as prevention of not only marital disharmony but also anxiety.

Day to day management of domestic life like budgeting, taking decisions pertaining to daily activities; and giving priorities to the needs play a vital role in making a person happy or unhappy. The resultant conflicts arising out of domestic management are clearly shown in the Table-2.

| Table No. 2. Distribution of groups with respect to the level of difference of opinion in domestic management. |
|-----------------------------------------------|
| Level of difference of opinion | Anxiety group (N=20) | Normal group (N=40) |
|-----------------------------------------------|
| 1. Constant & severe conflicts | 16 | 14 |
| 2. Infrequent difference of opinion | 4 | 26 |

\[ x^2 = 5.05, d.f. = 1, p < 0.05 \]
Thus the social therapeutic management of anxiety patients requires more focus on the domestic management. The therapeutic approach in such situation needs to be brief and directive specially where the clients are from rural areas, illiterates and low-income groups. It has been our experience that the group handles such situations through its senior member's authoritarian suggestion accompanied by approval of the professionals. However, the non-directive approach is suitable for the clients who are educated, urbanites and hailing from higher economic strata. When this important aspect is not taken into consideration the relief from anxiety either through anxiolytic drugs or other psycho-social measures, is but temporary.

The marital relationship poses different problems in Indian setting because of the fact that the partners come from closely knitted families. This strong bond with the family of origin makes the marital partner get irritated whenever his/her family members are criticised. The lack of respect for the feelings of affiliation for the other partner lead to a feeling of distress and discontentment. This may be seen in Table No. 3.

Table No. 3. Criticism of partners towards their Inlaws

| Criticism towards inlaws | Anxiety Normal patients (N=20) | (N=40) |
|--------------------------|-------------------------------|-------|
| 1. Highly critical without reason. | 12 | 18 |
| 2. No unreasonable criticism. | 8 | 22 |

χ²=4.42, d.f.=1, p<0.05

More often than not the anxious patients are affected not because of their own inadequacies but because of the unreasonable indication given by partner with respect to their inlaws. This forms a vicious cycle. The partner learns that the effective way of psychological punishment to the other partner is to criticise the inlaws. This in turn produces further stresses and strains in the minds of the marital partners.

The Psychiatrist/psychologist/psychiatric social worker should take into consideration such a situation in planning therapy. The conjoint family therapy sessions would be of great help in such situations. The other way of approach in this is to enlist the support of another elderly member in the family through whom suggestions could be offered to prevent unpleasant situations. The main theme in such sessions would be persuading the partners not to be unhealthy models for their own children.

Marriage in Indian culture is a religious sacrament and could not be dissolved at any cost. Whenever the threat of divorce is posed to the partner, he/she becomes anxious and irritable. The life of anxiety patients consists of more such threats than that of the normals as depicted in Table No. 4.

Table No. 4. Threats of divorce in normals and anxiety patients

| Threats of divorce | Anxiety patients (N=20) | normals (N=40) |
|--------------------|-------------------------|---------------|
| 1. Frequent threats | 6 | 0 |
| 2. No threats | 14 | 40 |

Fisher's Exact probability test p<0.02

Reactions which are unexpected and undesirable in a cultural milieu are the stressful situations which in turn arise out of accumulated hostile feelings towards inlaws or suppressed sexual interests. Hence the management of such situations pose a big challenge to the
mental health practitioners. The marital therapy sessions concurrent as well as conjoint sessions should enable the partners to freely ventilate the feelings to clarify the controversial issues, and to successfully confront the realities of life. In addition to marital and family therapy social networks approach—involving even the distant relations, friends and well wishers would go a long way in creating the healthy marital life.

REFERENCES

ACKERMAN, N. W. (1958). “The Psycho-dynamics of Family Life.” New York: Basic Books Inc.

BHATTI, R. S. & CHANNABASAVANNA, S. M. (1979). “Social system approach to understand marital disharmony”. Indian Journal of Social Work, XL(1): 79.

COLLINS, J.; KRIETMAN N.; NELSON, B. AND TROOP, J. (1971). “Neurosis and marital interaction III: Family roles and function”, British Journal of Psychiatry, 119: 233.

HICKS, MARY, W. AND MARYLIN PLATT (1970). “Marital happiness and stability, A Review of research in sixties”, Journal of marriage and family, 32: 553.

IBOR, L. (1971). “The Neurotic Society”, Totus Home.

KRIETMAN, N. (1962). “Mental disorder in Marital couples”, Journal of Mental Science, 108: 438.

KRIETMAN, N. (1970). “Neurosis and marital interaction I: Personality and Symptoms II: Time sharing the social activity”, British Journal of Psychiatry, 117: 33.

MARINI, M. N. (1976). “Dimension of marriage and happiness: A reseach note”, Journal of marriage and the family, 36: 443.

NELSON, J. (1964). “Mental disorder in married couples (assortive mating)”, British Journal of Psychiatry, 110: 683.

OVERTONE, T. M. (1973). Development of Neurosis in the wives of neurotic men”, British Journal of Psychiatry, 122: 33.

SLATER, E. AND WOODSIDE, M. (1951). “Patterns of Marriage, a study of marriage relationships in the urban classes”, Casell

SVYADOSCHI, A. M. (1971). “Etiology of Neurosis”, Moscow: Meditsina.

SAHYAVATI, K. AND SETH, S. (1975). “A study of marital disharmony in neurotics”, Indian Journal of Clinical Psychology, 2: 25.

VEERARAGHAVAN, V. (1973). Marital Relations—A comparative study amongst Neuotics and Normals”, Indian Journal of Psychiatric Social Work, 2: 1.