Qualitative Study on the Marital Needs of Couples with a Spouse Living with Schizophrenia in India

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Abstract-

Objectives: **To assess the marital needs of couples with a spouse living with Schizophrenia (SLWS) in India**

Methods: **Seven spouses and four persons living with Schizophrenia (N=11) participated in in-depth interviews where the marital needs were discussed. The interviews were recorded, transcribed and eleven marital needs were emerged.**

Results: **The needs that emerged were: Poor knowledge about schizophrenia, Partner violence towards wives, Emotional disturbances, Inadequate role functioning, Burdened spouses, Impact on children, Sexual problems, Poor social life, Legal complications, Stigma from spouses, Poor communication.**

Conclusion: **The marital needs were important in the context of schizophrenia.**

Key words: Marital needs, Couple, Spouse, Schizophrenia

I. INTRODUCTION

In India, managing marital and sexual problems of persons spouse living with Schizophrenia (SLWS) is an important need [1]. Most of the women with Schizophrenia were abandoned/ rejected/divorced by their spouses. Stigma attached to separation was as poignant as that of being mentally ill [2]. Women with severe mental illness related their experiences of stigma to marriage, pregnancy and child birth [3].

The spouses of persons living with Schizophrenia reported poor quality time, everyday life as dreary, tiring, increased conflicts, and hindering in the long term and sexual dysfunction [4]. The couples with Schizophrenia reported, they are going through a four-stage process of marriage formation and maintenance: (1) increasing desire to get married; (2) making decisions; (3) facing challenges; and (4) stabilizing and strengthening marriage [5].

In a comparative study, Majority of Indian spouses of persons living with Schizophrenia reported satisfying marital and sexual relationship with their spouse compared to Malaysian spouses [6]. The husbands of women with Schizophrenia reported hardships during wife hospitalizations, inadequate role functioning, impact of violence behavior on children and uncertainty about future [7]. Caregivers were burdened and often felt disappointed with the information and cooperation offered by the psychiatric institution [8].

Several men and women described how their mental illness contributed to sexual inactivity [9]. The prevalence of desire, arousal and orgasm problems are high in SLWS [10]. Women with severe mental illness had reported sexual coercion by the husband or intimate partner or a person in a position of authority in their community [11].

Further studies with scales to assess marital needs have the limitation of forcing the couples to answer from a set of questions. For instance, studies focus on knowledge about Schizophrenia [12, 13] or marital adjustment among couples with a SLWS [14]. Unfortunately, there are hardly any research studies which assessed the marital needs of couples with a SLWS in India. The current paper aims to explore into the marital needs of couples with a SLWS.

II. METHODS

The participants were seven spouses and four persons diagnosed with Schizophrenia (N=11) at the National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bangalore, India- tertiary care centre. NIMHANS has a 900 bed teaching hospital with training and research facilities in mental health and neuro sciences. The data was collected from April to June, 2013. The persons living with schizophrenia and spouses were screened. The patients without co-morbid psychiatric disorders and severe medical condition, speaks Kannada, Telugu and English languages were included. The spouse without psychiatric or severe medical conditions, living with spouse and not considering for divorce were included in the study. Eleven, patients and spouses were from different socio economic, cultural back grounds. The socio demographic data of the couples with SLWS who participated in the in-depth interviews and illness profile of the patients were depicted (Table I).

A. In-depth Interview:

Qualitative interviewing design is *flexible, iterative,* and *continuous,* rather than prepared in advance and locked in stone [15]. A structured interview guide was developed on the basis of review of literature and discussion with the experts. The researcher had identified broad areas and probes for each area were incorporated. The interview guide was shown to the experts and their suggestions were included. The interview followed semi structured interview format, using conversational style open ended questions.

B. Interview Guide:

A structured interview guide was developed on the basis of review of literature and discussion with the experts. The

researcher had identified broad areas and probes for each area were incorporated. The interview guide was shown to the experts and their suggestions were included. The interview followed semi structured interview format, using conversational style open ended questions. The interview guide was modified according to the needs emerged in the further interviews.

C. Procedure:

The study was reviewed and approved by the institute ethics committee. Written informed consent was obtained from all the respondents to participate in the study. The participants were explained about the study and voluntary nature of participation and the need for audio record of the interview. Confidentiality was assured as part of the research process. Socio demographic sheet including age, education, occupation, religion, diagnosis, duration of illness, number of hospitalizations, number of relapses, duration of onset and first contact with psychiatrist, family history of mental illness, onset of illness relation to marriage were completed. All the interviews were audio recorded. Each in depth interview had taken 60- 90 minutes to complete entire interview. The probes were used to amplify and clarify the information.

D. Data Analysis:

All the interviews that were audio recorded and transcribed by the researcher. Subsequently, the interviews were translated into English. The researcher had used the conventional content analysis method. Researcher immersed himself in the data to allow new insights to emerge [16]. Then, data was read word by word to derive codes by first highlighting the exact words from the text that appear to capture key thoughts or concepts. Next, the researcher approached the text by making notes of his first impressions, thoughts, and initial analysis. As this process continued, the researcher labeled for codes emerge that was reflective of more than one key thought. These came directly from the text and then become the initial coding scheme. Codes then are sorted into categories based on how different codes were related and linked. These emergent categories were used to organize and group codes into meaningful clusters [17].

III. RESULTS

The marital needs that emerged from the analysis of the in-depth interview were listed in table II.

A. Poor Knowledge about Schizophrenia

Most of the patients and spouses held various explanatory causal models of schizophrenia such as speaking harshly, excessive thinking, black magic, possession of ghost, interpersonal disputes, not able pursue higher education, hereditary, herbal extracts and not participating in sex. The explanatory treatment models were special prayers, offerings, meeting traditional healer, psychiatrist and social support.

Husband of the person with Schizophrenia said, *"I think that as we are married recently so she is possessed by a ghost" (P2).*

B. Violence towards wives

The respondents mentioned that they were perpetrators or victims of violence. The physical, verbal, emotional and neglect was expressed by the wives. Interestingly the violence was directed towards wives either they were patients or not.

Wife of person with schizophrenia said that, *"When I was 7 months pregnant he beat me badly with a stick used for making chapathi (Kolu). Look at the scars all over my body. I suffered for 11 years because of him. Tearful….."(P10).*

C. Emotional Difficulties

The respondents expressed two types of emotions i.e. anger and sadness. The sadness expressed in the context of disruption in marital life, getting Schizophrenia, not having peace of mind, calling names and extra marital affair.

Wife of men with Schizophrenia replied when asked about the positive aspects in their marital life - *"....Nothing is there. He did not keep anything good. I don't have peace of mind, I am feeling sad…."* Tearful………………..(P 10)

D. Inadequate role functioning:

Schizophrenia disrupted the functioning of many spouses and SLWS due to which they were largely absent from work or resigned to their jobs. The wives had expressed helplessness as they had to take multiple roles such as taking care of husband, children education and earning.

Husband of women with Schizophrenia told that, *"She is not quick in doing work. Even at 9.30 AM she would not give bath to children, she does not prepare breakfast nor does anything. Children go late to the school every day". (P2)*

E. Burdened Spouses

There were many hardships in the marital relationships such as acting out behavior towards spouses and financial problems faced by the normal spouses and extra marital affair. The husbands were frequently sending wives to their parent's home whenever they were over burdened.

Wife of men with Schizophrenia said that, *"My husband told that I have an affair with my brother (Due to delusion of infidelity). Hearing this my heart broke and I jumped into well. My brother saved me". (P6)*

Wife of men with Schizophrenia told that, *"He starts fighting with people without any reason. He does not allow us to eat and sleep peacefully. We don't want him. We decided to admit him somewhere permanently". (P10)*

F. Impact on Children

Children were one of the groups affected more after the spouses of SLWS. The parents were unable to fulfill the basic needs of children, violent towards the children and children taking parental roles.

Husband of women with Schizophrenia expressed that, *"She gets angry and beat the children without any reason.*

She throws objects at children such as chair, remote etc. Children gets upset due to this". (P4)

G. Sexual Problems

The themes were cultural factors (possession of goddess), low interest in sex, medical problems, absence from sex for years, inappropriate work timings and age factors which were directly related to sexual life.

P 4: Husband of women with Schizophrenia said that, *"Since 2010, we are not having proper sexual relationship as she was not interested in sex. She does not give any reason for that. I understand her illness, so I don't force her to have sex with me."*

H. Poor Social Life

The spouses expressed that their social life was disrupted after the onset of schizophrenia. The themes were: spouse getting angry, not coming out of home, not interested to attend social celebrations, withdrawn behavior, fighting with people and social stigma.

P 3: Husband of women with Schizophrenia mentioned that, *"When I ask her to come with me to attend marriage she would not come. She tells me 'I don't like to come, you go'. If I have to take her to someone's marriage I have to force her, she does not come on her own".*

I. Legal Complication

The participants had approached police due to psychopathology and violence from the spouses. However none of the spouses were arrested after registering first information report (FIR). The spouse's experienced high distress levels as their spouses gave police complaint (due to psychopathology).

P 4: Husband of women with Schizophrenia said, *"Since 6 moths she started writing letters to her department officials (Airforce) as well as police saying that, she is having problem from me (husband) and she want divorce. The police called me and said that they have got complaint against me. I carried all her medical records to the police station and explained them that she is a psychiatric patient. Then they closed the first information report (FIR)".*

J. Stigma from Spouses

The spouses called persons living with Schizophrenia as "daridryam" (sign of ill-fated), 'shani' (Bad luck) in their family life. Husband's calling the spouse as (paityam) mental. The family perceived social stigma of not inviting them heart fully to the social celebrations.

P 9: Women living with Schizophrenia told that, *"After I developed Schizophrenia my husband is changed a lot. He tells me mad, mad and mad. He tells that I am (paityam) mental. I feel so sad at that point and think that why people are like this….(tearful)…. My in laws are also like that, they tell me that I am mental (paityam)."*

K. Poor Communication

The respondents felt that the spousal interaction was one sided, pretends like listening, using filthy language, minimal communication, argumentative, apologize spouse without doing any mistake.

P 3: Husband of women living with Schizophrenia revealed that, *"Most of the time, it would be one sided interaction. She deeply involves in thinking something, whatever I talk it would be useless. Though I talk to her with love and affection, it does not reach her. When I talk to her she pretends like as if she is listening. But she does not respond to my interaction".*

IV. DISCUSSION

In India marital rates are markedly high compared to western countries [18]. The active involvement of family members in arranging marriages for its member could be one of the reasons for high marital rates. The marital needs of the couples with a SLWS would vary according the culture, severity of the illness, psychotic symptoms and improvement. The most important themes were (1) Poor knowledge about Schizophrenia (2) Violence towards wives (3) Emotional difficulties. There were no studies conducted to assess the marital needs of SLWS specifically. Most of the published Indian studies focused on different issues such as: caregiver needs of inpatients with schizophrenia [1], outcome of marriage in persons with schizophrenia [19], gender issues from socio cultural perspective related to stigma among people suffering from schizophrenia [3], marriage and separation and its various consequences [2].

The respondent held various explanatory model of schizophrenia as mentioned by [20]. The explanatory causal models of schizophrenia that ranged from black magic to lack of sex and explanatory treatment models that ranged from special prayers to psychiatrist interventions. The responses show the need for educating the respondents about schizophrenia.

The illness had significant negative impact on children. The child care activities such as feeding, bathing, sending them school, playing, feeling of unsafe and lack of motional expression were not taken care by the mother or father during illness. The children were in confusion as they were not informed about the parent illness. There were instances that the children had faced violence from the parent [7].

In the current study violence had emerged as an important need. The physical, verbal, emotional and neglect was expressed by the respondents. Interestingly the violence was directed towards females regardless of them having schizophrenia or not. This confirms that women with severe mental illness would be vulnerable to face violence [11, 21]. The violence was often driven by the psychotic symptoms [22]. In our study even during pregnancy the women faced physical violence from her husband. Similarly the intimate partner violence
and sexual coercion were found in pregnant women [23]. However in our study the respondents did not report any sexual abuse as reported by [11]. The spouses were verbally abused by their ill spouses that disturbed them considerably. However most of these were spoken during the illness

phase. Violence in men and women with schizophrenia was found to be more compare to general population [24]. This gender based violence need to be addressed at multi levels as it is deep rooted into Indian patriarchal society.

Inadequate role functioning in one of the spouse had resulted in multiplicity of the roles in healthy spouses. The multiple roles and care giving to the SLWS had resulted in high levels of burden in the spouses. The residual symptoms had effected in slow in work or loss of jobs in persons with schizophrenia. The poor functioning among women had disturbed day to day functioning of many families. Studies reported that association between unemployment and poor marital outcome [19] high mental disability in women compare to men [25].

The cultural beliefs that not to trouble a person with illness, not have sex with women possessed with goddess, no interest, medical problem etc. had kept the couples abstinent from sex. Surprisingly none of them had reported the sex related problems due to side effects of medication. This could be due poor knowledge about side effects of anti-psychotics [1]. However majority of Indian spouses of persons with schizophrenia reported satisfying marital and sexual relationship compared to Malaysian spouses [6].

The spouses with schizophrenia had experienced stigma from their spouses. The spouses called them as "daridryam" (sign of ill-fated), (paityam) mental, 'shani' (Bad luck) to their family life similarly mentioned in another study conducted in the same setting [3].

The spouses were burdened due to care giving experiences and hardships faced due to spouse's bizarre behavior. The acting out behavior due to delusions had resulted in significant amount of distress in normal spouses. These findings were in similar lines that poor functioning and bizarre behavior were associated with divorce [2].

In a country like India, where there are very few mental health professionals whose focus on symptom cure. In a tertiary multidisciplinary centre like NIMHANS the focus is always on the improvement of person with schizophrenia and occasionally looks into marital life of persons with schizophrenia. However the important needs such as sexual and emotional needs, violence, spouses mental health, child care need to be assessed by mental health professionals.

There were certain methodological issues the needs to be mentioned. The researcher could not interview the couples the spouses felt difficult to express the negative feelings towards the other spouse. Hence the researcher interviewed the spouses or persons with schizophrenia. Four respondents had not given consent to record the interview hence they were not included in the study. If the researcher had conducted focus group discussion with experts and could have triangulated the data. But considering the time constraints the researcher had not incorporated this step in the study.

V. CONCLUSION

This study is one of the first scientifically researched qualitative- marital needs assessment of the couples with a spouse having schizophrenia in India. This study gives comprehensive understanding of the needs of couples with the list of themes that needs future action. This emphasizes the need for marital intervention to the couples with a spouse having schizophrenia. The study findings bring new alarm to the mental health professionals to explore into marital issues in the clinical setting.

The striking aspect was that though there was high turmoil in the marital life the spouse's continuous support their spouses with illness shows the high tolerance levels and duty to care the ill which are part of Indian culture. Finally the future studies could test the results with different qualitative approach such as Phenomenological study could test the results with larger sample to confirm the reliability, validity and generalizability of the results.

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TABLE I: SOCIO DEMOGRAPHIC DETAILS AND ILLNESS PROFILE OF THE PATIENTS AND SOCIO DEMOGRAPHIC DETAILS OF SPOUSES

Patient's details		Spouse details		Illness Profile	
Variable	n (%) Mean (SD)		n (%) Mean (SD)		n (%) Mean (SD)
Age (in years)*	34.6 (10.6)	Age (in years)*	33.1 (7.5)	Type of Schizophrenia	11 (100)
Years of education*	9.18 (4.4)	Years of education*	9.45 (5.5)	Age at onset of Schizophrenia (Y)*	24.7 (5.90)
Gender		Gender		Duration of illness (M)*	73.45 (57.85)
Male	6 (54.5)	Male	5 (45.5)	No of hospitalizations*	1.54 (1.03)
Female	5 (45.5)	Female	6 (54.5)	No of relapses*	1.27 (1.34)
Religion: Hindu	11 (100)	Religion: Hindu	11 (100)	Duration of onset and first contact with psychiatrist (M)*	9.6 (14.9)
Occupation		Occupation		Family history of mental illness	
Agriculturer	3 (27.3)	Agriculturer	3 (27.3)	Present	8 (72.7)
Home maker	1 (9.1)	Daily wage labourer	1 (9.1)	Absent	3 (27.3)
Daily wage labourer	1 (9.1)	Tailor	2 (18.2)	Onset of illness related to marriage	
Office Assistant	1 (9.1)	Home maker	1 (9.1)	Before marriage	3 (27.3)
Tailor	1 (9.1)	Private job	2 (18.2)	After marriage	8 (72.2)
Unemployed	1 (9.1)	Self employed	1 (9.1)		
		Un employed	1 (9.1)		

*Mean (SD)

TABLE II: MARITAL NEEDS OF COUPLES WITH A SPOUSE LIVING WITH SCHIZOPHRENIA

S. NO.	THEMES
1.	Poor knowledge about schizophrenia
2.	Partner violence towards wives
3.	Emotional reactions
4.	Inadequate role functioning
5.	Burdened spouses
6.	Impact on children
7.	Sexual problems
8.	Poor social life
9.	Legal complications
10.	Stigma from spouses
11.	Poor communication

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