

Assessment of Marital Adjustment among Spouse of Patients Diagnosed with Anxiety Disorder

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ABSTRACT

Background: Marriage is the key to whole some adjustment, involvement and satisfaction. Symptoms of anxiety affect marital adjustment and satisfaction in some aspects. **Aim:** To study the marital adjustment amongst spouse of patients diagnosed with anxiety disorder. **Methodology:** The study was conducted on husband and wives both. Consent form, socio-demographic and clinical data sheets and Marital adjustment Questionnaire was used for data collection. In this study, state anxiety and marital adjustment was assessed on a sample of 40 couples. **Statistical analysis:** t-test and correlation was used. **Result:** The results indicated a high significant relationship between marital adjustment and anxiety. **Conclusion:** Thus if an individual has anxiety disorder then marital life of his/her spouse will be affected significantly. Marital adjustment is related to happiness and success in life. This study will be helpful in developing management plans for the spouse to reduced anxiety through psychological intervention by the professionals.

Keywords: Anxiety, Marital Adjustment, Marital Quality, Marriage

Marriage is socially or ritually recognized Union or legal Contract between two individuals. It is the most important event in one's life and one of the most important relationships between a man and woman. Marriage is portrayed as lifelong companionship for an individual, which is built upon mutual trust, commitment, support and a greater level of intimacy.

The desired needs of the individual and the demands imposed by the environment or any physiological disorder like symptoms of anxiety disorder in turn leads to adjustment problem between the husband and wife. Marital adjustment is a complex and kaleidoscopic phenomenon which play major role in determining the success of marital life.

Sinha and Mukerjee (1990) defined marital adjustment as the state in which there is an overall feeling between husband and wife of happiness and satisfaction with their marriage and with each other. Locke & Wallace defines marital adjustment as: "*accommodation of husband and wife to each other at a given time.*"

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Stable marital life brings prosperity within the family and society and marital adjustment is a major component of stable marriage life leads to satisfaction, happiness and peace of mind in their relation. According to Spanier and Cole (1976) Marital adjustment is a process the outcome of which is determined by a degree of troublesome marital differences, interpersonal tensions and personal anxiety, marital satisfaction on matters of importance of marital functioning.

There may be other reasons which may be directly or indirectly affecting the success the marital life. In India about 10% of people are affected by an anxiety disorder in a given year and between 5% and 30% are affected at same point in their life Kessler, et al. (2007). They occur about twice as often in females as males and generally begin before the age of 25 {psychiatric association (5th ed.), Craske MG; stein, MB (2016)}. In these days majority of the adults are affected from anxiety problem which deteriorate their relationship with their spouse leading to domestic violence, divorce and court cases. Anxiety in a spouse is an issue that most couple faces at some point in their marriage.

McLeod (1994) reported a strong association between an anxiety disorder in one of the partners and perception of poor marital quality by both. The impact or effect of anxiety disorders on marital functioning does not appear naturally on society (Whisman, Sheldon & Goering, 2000) and is not better accounted for by age, gender or co morbidity with alcohol or drugs dependence (Mc Lerel, 1994); Whsman 1999, 2007). Moreover the adults with anxiety disorders may engage in interpersonal behaviors that elicit poor reaction from others or jeopardize opportunities for support and intimacy (Darcy, Davila & Beck, 2005).

Some earlier researches were carried out on association between marital quality and anxiety disorder and found that an average adult with anxiety disorder are likely to experience poor relationship quality . However it remains unknown whether a person affected by an anxiety disorder is more or less likely to experience relational difficulties on those occasions when he or she experiences elevated anxiety. Tennen Afflock, Armeli & Carney (2000) cautioned against using crises-sectional between person associations to draw inferences about how two variables are related within the same person. It may be possible in some cases that adult with anxiety disorder experience improved relationship quality episodes of heightened anxiety because of increased support received from other partner at this time.

Aim of the Study

The purpose of this study was to assess the marital adjustment amongst spouse of those individuals who are suffering with anxiety disorder.

Objectives

1. To assess the marital adjustment of individuals diagnosed with anxiety disorders as per ICD-10, DCR.
2. To compare marital adjustment of working and non-working couples with one spouse diagnosed with anxiety disorder.
3. To study the association of family type on marital adjustment with one spouse diagnosed with anxiety disorder.
4. To compare marital adjustment of male and female when one spouse is diagnosed with anxiety disorder.

Hypothesis

1. There will be no significant effect of symptoms of anxiety disorder on marital adjustment.
2. There will be no significant difference on marital adjustment between working and non-working couples with one spouse diagnosed with anxiety disorder.
3. There will be no significant relationship between family type and marital adjustment with one spouse diagnosed with anxiety disorder.
4. There will be no significant difference between male and female on marital adjustment when one spouse is diagnosed with anxiety disorder.

METHODOLOGY

Design

A cross sectional research design was used for the study to assess the marital adjustment amongst spouse of patients diagnosed with anxiety disorder.

Sample

The sample of 40 married couples (20 male and 20 female) was taken for the research. Purposive sampling method was used for the study.

Instruments used for Data Collection

1. **Socio-demographic and clinical data sheets:** Socio-demographic details, such as age, gender, education, religion, marital status, employment and income, type of family and so on were collected through a self-prepared proforma. Similarly, for clinical details a Clinical Data Sheet consisting of variables such as diagnosis(As per ICD-10 criteria), age of onset of the illness, duration of illness, number of relapse, history of major psychiatric illness, family history of mental illness were collected through a self-prepared proforma.
2. **Marital Adjustment Inventory (MAI):** This questionnaire was constructed and standardized by C. G. Deshpande (Former Prof. & Head, Dept. of Applied Psychology, University of Mumbai). It consists of 25 items. It is a five point Likert type scale 1,2,3,4 and 5, lowest at the first preference and highest at the fifth preference. The total score for the marital adjustment is 25 and for worst adjustment 125. The reliability index ascertained by split half and test-retest method for the scale was found to be 0.83 and validity applying Biserial correlation it is 0.49 respectively.
3. **Beck Anxiety Inventory (BAI):** This scale is a self-report measure of anxiety. The Beck Anxiety Inventory (BAI), created by Aaron T. Beck and other colleagues, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of anxiety in children and adults. Reliability Internal consistency for the BAI = (Cronbach's $\alpha=0.92$) Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988). And Validity: The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988).

RESULT

Table 1: Correlation of score on anxiety and marital adjustment

Variable	Marital adjustment	N
Anxiety	-.368*	40

* Significant at .05 level.

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Correlation was used to assess the relationship between marital adjustment and anxiety. Results presented in the table 1 indicate that there is significant negative correlation between marital adjustment and anxiety disorder. The table suggests the correlation of Marital Adjustment is $r = -.368$, which is significant at .05 level. The null hypothesis is thus rejected as the results show a significant negative correlation between the two variables.

Table 2: t-test comparing the scores of working and non-working couples on MAI

Variable	N	Mean	Df	S.D.	t-test
Working	26	26.26	38	6.92	.431
Non-working	14	27.21	38	5.95	

t-test was used to see the difference between on marital adjustment between working and non-working couples with anxiety disorder. The analysis of anxiety scores of subjects in Table-2 shows that there is no significant difference between working and non-working married spouse with t-value = .431, $df = 38$, which is insignificant at .05 level.

Table 3: Correlation of score on Family type and marital adjustment

Variable	Marital adjustment	N
Family type	.157	40

Results presented in the table 3 indicate that there is no significant correlation between family type and marital adjustment when one spouse was diagnosed with anxiety disorder. The table suggests the correlation of family type and Marital Adjustment is $r = .157$, where $*p < .01$. Thus suggesting that third null hypothesis of the study is accepted.

Table 4: T-test comparing the scores of male and female with one spouse diagnosed with anxiety disorder

Variable	N	Mean	df	S.D.	t-test
Male	24	26.58	38	6.90	.019
Female	16	26.62	38	6.17	

The analysis of anxiety scores of subjects in Table-4 shows that there is no significant difference between male and female married spouses with $t = .019$, $df = 38$ which is insignificant at .05 level.

DISCUSSION

We have calculated mean to find out the average of the data and SD is calculated to show how much the data is scattered or in other words we can say that how much variance is seen in the data. In this study, the results of the present findings indicate mean value of age is 38.62 and Standard deviation of age 8.78. Thus, indicating that participants were around the age range of 30 to 47 years. The participants were educated up to at least high school (40%) with majority educated above high school (60%).

1. Sample consists of 60% of male and 40% of female. Married couples.
2. Socio economic status low 22%, middle 65%, and high 12%. Diagnosed with anxiety disorder.
3. Family type 60% had nuclear family and 40% had joint family.

The research was undertaken to investigate the marital adjustment among spouse of anxiety patients. The study hypothesized that “there will be no significant effect of symptoms of

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anxiety disorder on marital adjustment” and findings reject the stated hypothesis. This means that anxiety has a significant effect on Marital Adjustment. Marital adjustment is defined as the condition in which there is usually a feeling and sense of pleasure and Contentment in husband and wife and with each other in regard as whole (Hashmi, Khurshid, and Hassan, (2007). And adults with anxiety disorders often report interpersonal distress. It is possible that when couples collude in managing anxiety through avoidance, they may inadvertently maintain or exacerbate the degree of shared distress from day to day.

The findings reject the first null hypothesis that “There will be no significant effect of symptoms of anxiety disorder on marital adjustment”. The result of the study show significant negative correlation between anxiety and marital adjustment in spouse. It indicate that individual with anxiety disorder will have it’s effect on her/his marital adjustment.

The findings accept the second null hypothesis that “There will be no significant difference on marital adjustment between working and non-working couples with one spouse diagnosed with anxiety disorder”. The results of the study show that there lies no difference in the marital adjustment of the working and non-working spouse of the individuals diagnosed with anxiety disorders. The study results contradict to already done researches like Bhadoria, S. (2013) reported significant differences in level of Anxiety and depression with respect to both working and non working women. Working and non- working women differ from each other on apathy, sleep disturbances, pessimism, fatigability, irritability, self-centered, sadness, self-dislike, self-acquisition, self-preoccupation, indecisiveness. Dudhatra & Yogesh (2012) found significant difference in depression with respect to both working and non-working women. One of the reason could be the small sample size and the other reason could be that the present study included both male and female participants.

The finding of the study supports third hypothesis “There will be no significant relationship between family type and marital adjustment with one spouse is diagnosed with anxiety disorder.” According to findings that there is no significant correlation between family type and marital adjustment with one spouse is diagnosed with anxiety disorder. It indicates that family type does not effect on marital adjustment with spouse of anxiety disorder. Sneha Lata Rao (January-March, 2017) also found in their study that there is no significant difference between marital adjustment and family structure. This study is helpful in knowing that to spend married life because our society is male oriented and women are supposed to face all the problems effectively and thus Lata, S. (2017) rejected the hypothesis (better marital adjustment in nuclear family for women and poor marital adjustment in joint family for women, better marital adjustment in joint family for men and poor marital adjustment in joint family for men, any significant mean difference on marital adjustment between women and men).

Results of the study also do not support the fourth hypothesis “There will be no significant difference between male and female on marital adjustment when one spouse is diagnosed with anxiety disorder.” The analysis of anxiety scores shows that there is no significant difference between male and female spouses it implies that both spouse has to face problems in marital adjustment if their spouse is diagnosed with anxiety disorder.

CONCLUSION

The study concludes that marital adjustment is associated with the symptoms of anxiety disorder in anyone of the spouse. Therefore, it becomes important for the clinicians to deliver management for the marital adjustment to both the partners along with the intervention given to the spouse suffering from anxiety symptoms.

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Conflict of Interest

The authors carefully declare this paper to bear not conflict of interests

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