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RESEARCH ARTICLE

MARITAL SATISFACTION AND STRESS AMONG BIPOLAR PATIENTS

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ABSTRACT

The current study was conducted to assess the marital satisfaction and stress among bipolar patients. A total number of 60 patients, 30 men bipolar patients and 30 women bipolar patients were selected through convenient sampling from different hospitals of Faisalabad and Lahore, Pakistan. The participants were administered ENRICH Marital Satisfaction Scale (Blaine and Olson, 1993) and Holmes and Rahe Stress Scale (Holmes and Rahe, 1967) to measure the level of marital satisfaction and stress among Bipolar patients. The score on ENRICH Marital Satisfaction Scale and Holmes and Rahe Stress Scale among men and women Bipolar patients was compared. Pearson's Product Moment correlation and the *t*-test were used correspondingly to assess the relationship between marital satisfaction and stress among bipolar patients and gender difference on marital satisfaction and stress among bipolar patients. It was found that there was a negative relationship (r = -0.76, p < .01) between marital satisfaction and stress. Moreover a significant difference was found between men and women patients on marital satisfaction and stress score, which indicated that men patients scored high on stress and obtained low scores on marital satisfaction, on the other hand females obtained high score on marital satisfaction scale and low scores on stress. Implications of study results are discussed.

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INTRODUCTION

Pakistan is a developing country in which people of Pakistan face many crises in their lives. They have low economic growth and suffer from many financial problems. These issues create many psychological problems. Day by day decreasing status people cause increase in psychological patients mostly relevant to the mood. Depression, anxiety and stress are the main problems among people. Studies in Pakistan reveals that Adherence among depressed was 61.53%; psychotic was 58.82%; bipolar disorder was 73.91%. Reasons for non-adherence included sedation (30%), medication cost (22%), forgot to take medication (36%); and inability of the physicians to explain timing and dose (92%) or benefit of medication (76%) (Taj *et al*., 2008). Individuals with bipolar disorder have severe mood swings, which can last several weeks or months. These can include feelings of intense depression and despair, manic feelings of extreme happiness, and mixed moods such as depression with restlessness and over activity. About one percent of adults will experience bipolar disorder at some point, usually starting during or after the teenage years.

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Men and women are equally likely to be affected. It causes significant distress, disability and marital problems, and is linked to abuse of alcohol, drugs and other substances. Manic episodes of the illness are very disruptive to daily life, work and family relationships. Great demands may be placed on family members to be involved in caregivers and can persist even during remission, where residual symptoms are often still present (Collingwood, 2008). Theories about the impact of stressful life events (SLE) in bipolar disorder have focused on their role early in the disease. Few studies have examined SLE in older bipolar patients' e.g. Beyer, Kuchibhatla, Cassidy and Krishnan, (2008) evaluated negative SLE experienced by older bipolar subjects compared with younger bipolar subjects and older. Both older and younger depressed bipolar subjects reported more SLE in the previous 12 months compared with those in a manic state. Negative SLE is much more prevalent in bipolar patients compared with age matched controls. Marital adjustment is considered as a part of social well-being. Disturbed marital relationship can directly affect the disease adjustment and the way they face disease outcomes and complications. It may adversely affect physical health, mental health, the quality-of-life and even economic status of individuals. The aim of this study was to compare the marital adjustment among patients with substance dependence,

schizophrenia and bipolar affective disorder. The sample consisted of each 30 patients with substance dependence, bipolar affective disorder and schizophrenia, diagnosed as per international classification of diseases-10 diagnostic criteria for research with a minimum duration of illness of 1 year were evaluated using marital adjustment questionnaire. The data was analyzed using parametric and non-parametric statistics. Prevalence of poor marital adjustment in patients with schizophrenia, bipolar affective disorder and substance dependence was 60%, 70% and 50% respectively. There was a significant difference on overall marital adjustment among substance dependence and bipolar affective disorder patients. There was no significant difference on overall marital adjustment among patients with substance dependence and schizophrenia as well as among patients with schizophrenia and bipolar affective disorder. On marital adjustment domains, schizophrenia patients had significantly poor sexual adjustment than substance dependence patients while bipolar affective disorder patients had significantly poor sexual and social adjustment compared with substance dependence patients. Patients with substance dependence have significant better overall marital adjustment compared with bipolar affective disorder patients. Patients with substance dependence have significantly better social and sexual adjustment than patients with bipolar affective disorder as well as significantly better sexual adjustment than schizophrenia patients (Muke *et al.,* 2014).

Review of Literature

Davila, Bradbury, Cohan and Tochluk (1997), conducted a research on stress generation model to depressive symptoms in the context of marriage. Social support processes were hypothesized to function as a mechanism by which dysphoric spouses generate stress. It was concluded that marital stress generation among wives, and social support processes functioned as a mechanism of stress generation for wives. It also highlighted the cyclical course of dysphoria and stress among wives. The associations between marital distress and Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994) Axis I psychiatric disorders were evaluated in a United States population-based survey of married individuals in which there was no upper age exclusionary criterion (N = 2,213). The association between marital distress and major depressive disorder increased in magnitude with increasing age; there was no evidence that the association between marital distress and other psychiatric disorders was moderated by gender or age (Whisman, 2007). Bipolar disorder can be traumatic for both patients and patients' partners. Hence, partners' stress, burden, marital and sexual satisfactions are important areas to investigate. Using semi-structured interview researchers assessed the impact of bipolar disorder on aspects of everyday functioning and partners' attributions for patients' disturbing behavior. Despite couples staying together, significant numbers of partners reported strain as a result of socioeconomic and household changes. More men partners reported premature ejaculation and women partners reported sexual infrequency when patients were depressed. Overall, partners were less sexually satisfied when the patient was ill. Marital disharmony was greater when patients were ill and worse during manic than depressed phases. Reductions in sexual satisfaction during affective episodes may be the result of illness-related changes in sexual interest, responsiveness and affection. Partners who attribute control for the illness to the patient may use strategies to influence behavior that disrupt marital harmony. Interventions involving education, problem-solving strategies and sex therapy components may help to reduce marital dissatisfaction (Lam, Donaldson, Brown and Malliaris, 2005).

Mead (2007) reviewed several factors that contribute to marital distress and co-occurring depression and also reviews empirically supported therapies. Gender contributes to marital distress and depression but does not appear to be the cause of either. Marital distress and depression appear to have bidirectional influence on each other. The depressed spouse's depression has a marked impact on the marital adjustment of the nondepressed spouse. Both marital distress and depression appear to be chronic. It is recommended that treatment be designed to help couples be supportive of each another, to adapt, and to cope with the depressive symptoms within the framework of their ongoing marital relations. This is very reminiscent of the robust gender difference in favor of women found for unipolar depression (Nolen-Hoeksema, 1990; Weissman and Klerman, 1977). Quality of life (QOL) has gained increasing attention as an important yet underappreciated component of functional outcome in mood disorders. In particular, the relationship between subjective life satisfaction and objective measures of psychosocial adjustment has not been well-studied. The goal of the present study was to examine the longitudinal associations between subjective life satisfaction and objective functional outcome among individuals with bipolar and unipolar mood disorders. Recurrent depression remains a substantial contributor to poor life satisfaction across affective disorder subtypes. Subjective QOL in bipolar and unipolar psychotic depression patients may not accurately reflect objective functional outcome status, potentially due to diminished insight, demoralization, or altered life expectations over time (Goldberg and Harrow, 2005).

MATERIALS AND METHODS

Participants

Sample of study is consisted upon 60 bipolar patients, age ranges from 25 to 45, selected from DHQ hospital, Faisalabad and Sir Ganga Ram Hospital, Lahore. The convenient sampling technique is used to collect the data from the desired participants. The sample of study is divided into two groups; first group is consisting of 30 men bipolar patients. Second group is consisting of 30 women bipolar patients.

Inclusion and Exclusion criteria

Bipolar patients of 25 to 45 years old were included in the study, which were diagnosed bipolar disorder and these participants are selected from DHQ hospital, Faisalabad and Sir Ganga Ram Hospital, Lahore.

Research Design

Correlational design was used for the present study.

Instruments

Marital satisfaction and level of stress of bipolar patients are assessed with the help of ENRICH Marital Satisfaction Scale and Holmes and Rahe Stress Scale.

ENRICH Marital Satisfaction Scale

The ENRICH Marital Satisfaction scale [EMS], according to Fowers and Olson, yields a valid and reliable measure of marital quality or satisfaction, and it consisted of 10 items rated on a five-point Likert scale that included 10 domains of marital quality [i.e. communication, conflict resolution, roles, financial concerns, leisure time, sexual relationship, parenting, family and friends, and religion] with one question per domain. The scale was found to be reliable and to have strong correlations with other measures of marital satisfaction and moderate relationships with measures of family satisfaction and consideration of divorce. The EMS Scale offers an important alternative to researchers who require a brief but, nevertheless, valid and reliable measure of marital quality. It provides a means to obtain both dyadic and individual satisfaction scores. Ten of the scale's items survey 10 domains of marital quality. The other 5 items compose a marital conventionalization scale to correct for the tendency to endorse unrealistically positive descriptions of the marriage. National norms based on 2,112 couples were presented for the EMS Scale (Fowers and Olson, 1993).

Holmes and Rahe Stress Scale

The scale predicts a person's chances of developing a physical or emotional condition, based on cumulative exposure to stressful external events in the preceding year. Events range from mundane nuisances like getting a parking ticket to catastrophic events like the death of a spouse or the diagnosis of a life-threatening illness. The events are weighted: The parking ticket receives l point, the death of a spouse is assigned 50 points. Research indicates that when an individual accumulates more than 200 points in a year, he or she is at much greater risk of developing serious physical, emotional, or psychophysiologic conditions. Although constitutional factors and personality variables play a role in an individual's vulnerability and resistance to stress, no one can imagine an individual entirely unaffected by experiencing one or more of the following in the same year: the loss of a spouse, the amputation of a limb, an adult child's bitter divorce, or a hefty assessment by the co-op board. However, the specific nature and magnitude of these effects vary greatly because of the highly subjective ways in which different people experience the same situation (Holmes and Rahe, 1967).

Procedure

In order to fulfill the requirements of current research 60 subjects was selected from selected from DHQ hospital, Faisalabad and Sir Ganga Ram Hospital, Lahore. The age range of the subjects was 25 to 45 years. Participants were informed about purpose of this study and benefits also explained to them. Brief instructions about questionnaire were given to participants on first page of given questionnaires. It was made that all information would be kept confidential and would be utilize only for research purpose. They were requested to complete the questionnaire. All participants were complete the questionnaires in the presence of researchers. Researchers were clarify or interpreted the questions to the less educated or illiterate participants. They were also mention their age, gender, qualification and working type in which they work as demographic variables.

Statistics

Pearson's product moment correlation method and t-test were used to find out the significance level of data through SPSS.

RESULTS AND DISCUSSION

The present study is conducted to find out the relationship between marital satisfaction and stress level among bipolar patients. For this a sample (N=60) of bipolar patients were selected from DHQ hospital Faisalabad and Sir Ganga Ram Hospital, Lahore. Sample was further divided into two groups, first group consisted on men bipolar patients (n=30) and second group consisted on women bipolar patients (n=30). Stress was assessed by administration of Holmes and Rahe Stress Scale and marital satisfaction was assessed by administering ENRICH Marital Satisfaction Scale. For the statistical analysis t-test was used and results obtained from the data were proved to be significant. The findings are given below in the form of tables.

Table 1. Pearson's Correlation between marital satisfaction and stress among bipolar patients (N=60)

Variable	Marital Satisfaction
Stress	- .76**

**. Correlation is significant at 0.01 level (2-tailed)

The data in Table 1, is presenting that there is a negative relationship between marital adjustment and stress level (r = -.76) significant at 0.01 level. The result of table 1 is indicating a negative correlation between marital satisfaction and stress among bipolar patients. Findings of Lam, Donaldson, Brown and Malliaris, 2005, Bipolar disorder can be traumatic for both patients and patients' partners. More men partners reported premature ejaculation and women partners reported sexual infrequency when patients were depressed. Overall, partners were less sexually satisfied when the patient was ill. Marital disharmony was greater when patients were ill and worse during manic than depressed phases. They had increased domestic responsibilities; or were sexually dissatisfied. Reductions in sexual satisfaction during affective episodes may be the result of illness-related changes in sexual interest, responsiveness and affection. The above stated study is supporting the results of current study that there is a negative relationship between score on marital satisfaction and stress. Therefore, it is supposed that those patients exposed to any type of stressor in their environment leads to the less marital satisfaction in their later life.

The data in Table 2 presents that there is significant difference on ENRICH Marital Satisfaction Scale between men and women. Women have higher scores (26.46) as compared to men (19.06) and results are significant at p< 0.01 level.

Table 2. Difference between scores of men and women bipolar patients on marital satisfaction scale (N=60)

Group	Mean	S.D	df	t-test	p
Men (N=30)	19.06	2.15	84	6.445	006
Women (N=30)	26.46	3.16			

*Significance level $p<0.01$

According to the scores, mean score of women bipolar patients on ENRICH Marital Satisfaction scale is 26.46 and mean score of men bipolar patients on ENRICH Marital Satisfaction scale is 19.06. This showed that significant difference on score of ENRICH Marital Satisfaction scale between male and women bipolar patients. These scores are significant at p<0.01 level. *Statistically significant yet very small gender differences in marital satisfaction between wives and husbands, with wives slightly less satisfied than husbands according to* Jackson, Miller, Oka, and Henry (2014). Further Goldberg and Harrow (2005), Quality of life (QOL) has gained increasing attention as an important yet underappreciated component of functional outcome in mood disorders. A study examined the longitudinal associations between subjective life satisfaction and objective functional outcome among individuals with bipolar and unipolar mood disorders. Recurrent depression remains a substantial contributor to poor life satisfaction across affective disorder subtypes. It is concluded that there is a significant difference on score of marital satisfaction among men and women bipolar patients and it is concluded the women bipolar patients have more martially satisfied as compared to the male bipolar patients.

Table 3. Difference between scores of men and women bipolar patients on Stress Scale (N=60)

Group	Mean	S.D	df	t-test	p
Men (N=30)	219.04	34.53	96	4.639	.004
Women (N=30)	180.2	29.16			

*Significance level $p<0.01$

The data in Table 3 presents that there is significant difference on stress level between men and women bipolar patients. Men have higher scores (219.04) as compared to women (180.20) and results are significant at $p< 0.01$ level. Results of this hypothesis are shown in the third table. According to the results, mean score of men bipolar patients on Holmes and Rahe Stress Scale is 219.04 and mean score of women bipolar patients on Holmes and Rahe Stress Scale is 180.20. This shows that significant difference in score on stress scale among men and women bipolar patients. These scores are significant at p<0.01 level. Women, according to the APA survey, (2011) tend to experience stress in the form of physical symptoms. They are more likely than men to report stress-related health problems such as hypertension, depression, anxiety, and obesity. However, men are by no means getting away free. Although more women see the doctor for stress-related ailments, more men die from them. Beyer, Kuchibhatla, Cassidy, and Krishnan (2008) evaluated negative SLE experienced by older bipolar subjects compared with younger bipolar subjects and older. Both older and younger depressed bipolar subjects reported more SLE in the previous 12 months compared with those in a manic state. Negative SLE is much more prevalent in bipolar patients compared with age matched controls. Finally at the end of discussion it is clear that there is a significant difference among males and females bipolar patients on stress scale and it is concluded the men have more stressed as compared to the women bipolar patients.

Conclusion

The present study is conducted to find out the relationship between marital satisfaction and stress level among bipolar patients. For this a sample (N=60) of bipolar patients were selected from DHQ hospital Faisalabad and Sir Ganga Ram Hospital, Lahore. Sample was further divided into two groups, first group consisted on men bipolar patients (n=30) and second group consisted on women bipolar patients (n=30). Stress was assessed by administration of Holmes and Rahe Stress Scale and marital satisfaction was assessed by administering ENRICH Marital Satisfaction Scale. For the statistical analysis t-test was used and results obtained from the data were proved to be significant. The statistical analysis reveals that there is negative correlation between scores on marital satisfaction scale and stress among bipolar patients. Men bipolar patients have more score on stress as compare to the women bipolar patients. On marital satisfaction Scale, women bipolar patients have more score as compared to men bipolar patients. Finally, it is concluded the bipolar patients that are stressed have lead to dissatisfied marital life and it can also leads to psychological problems in future.

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