

Evaluating the relationship between mental disorders and marriage dissolution in Urmia of Iran

Mahsa Abbasi¹*, Mohammad Kakaie², Kourosh Saki³, Shaker Salari Lak⁴*, Mahmoud Bahmani⁵

¹MSc in private law, West Azarbayejan Sciences and Research Center. Urmia. Iran

²Psychiatrist .Tabriz University of Medical Sciences. Tabriz. Iran

³Shahid Beheshti University of Medical Sciences. Tehran. Iran

⁴Epidemiologist. Associate professor, Urmia University of Medical Sciences. Urmia. Iran

⁵Urmia University of Medical Sciences. Urmia. Iran

ABSTRACT

The present study examines the effects of certain mental disorders on marriage dissolution or divorce. A total sample of 105 couples on the verge of marriage dissolution, and 105 couples continuing a normal marital life were selected randomly. A Symptom Checklist (SCL-90) developed at Johns Hopkins University was used to assess mental pathology of the two groups. Results indicated a weak correlation between scores of mental disorder in study and control groups. Also, a significant difference (p_v value<0.001) was observed between average scores of mental disorders in both groups regarding all studied mental disorders. Thus, it is concluded that there is a correlation between mental disorders and marriage dissolution or divorce. Accordingly, consultations with psychologists and experts on family or couple therapy before divorce and dissolution of marriage may contribute to reduction of this phenomenon.

Key words: Mental disorder, marriage dissolution, divorce, Urmia, Iran.

*Corresponding author. E-mail address: m_abbasi 6085@yahoo.com (Mahsa Abbasi)

@2015 Int. J. Nat. Soc. Sci. all right reserved.

INTRODUCTION

Human-being is inherently and socially in need of a partner to live with, in order to achieve peace and tranquility. This is essential for both human perfection and comprehensive development of her/his talents and capabilities. Family, as the most fundamental and the smallest human community, plays a significant role in advancement of societies and civilization. Seeds of human personality are planted basically in the family and potential human resources tend to foster in stable family environments. A majority of people with mental disorders are found to be raised in unstable families (Manavi and Fadaei, 1983).

On the other hand, marriage is a conventional relationship between the couples that ensures peace, tranquility, love, forgiveness, dedication and preservation of humankind. However, this conventional bond can't be broken easily since it collapses family relations and causes a range of social harms such as delinquency, drug addiction, crime and poverty (Qaemi, 1992).

Men and women are differentiated by particular personality traits which may trigger some conflicts between the couple and even lead to divorce. Though divorce is considered as a social solution, its prevalence and negative social effects on people are considerable and deserve more in-depth studies to prevent it as much as possible (Danesh&Haratian, 2008).

Considering the fact that people are responsible for making the world around them, it is crystal clear that a shift in attitude, self-consciousness and spirits proves helpful in initiating social movements. Nevertheless, individuals can't make radical social and environmental changes in the short run. All people experience problems, but they shouldn't stop the journey towards perfection.

How to cite this article: M Abbasi, M kakaie, K Saki, SS Lak and M Bahmani (2015). Evaluating the relationship between mental disorders and marriage dissolution in Urmia of Iran. International Journal of Natural and Social Sciences, 2(5): 01-06.

One can be more tolerant and affable in dealing with society and other people to have a happy life only if he is intrinsically motivated to change and improve his surrounding world. This occurs when one makes conscious and informed choice and identifies challenges in early stages of marriage in order to overcome them. All couples face some kinds of conflicts in their relationships which may be severe or mild, short-term or long-term and have different causes. Some of these problems are easily solved, while some others seem to be unsolvable despite time and efforts invested in catering for them. Couples are supposed to be equipped with skills to remove barriers and increase satisfaction in their mutual relationship. As the time passes by, couples tend to be less tolerant of their differences. In addition, differences can lead to serious emotional arousal if they hurt individual shortcomings of couples. These differences, that escalate vulnerabilities, cause emotional conflicts rather than being sources of attraction between spouses. Either of the spouses strives to change the other and the more they try to do so, the more they insist on their own position (Khamseh, 2009).

In fact, mental disorder leads to inefficiency of patients and affects not only their performance but also their families. Evaluating the correlation between mental disorders and marriage dissolution or divorce is of dire importance for family health and prevention of divorce. Though divorce is considered as a social solution, its prevalence and negative social effects on people are considerable and deserve more in-depth studies to prevent it as much as possible. Divorce occurs as a result of factors including cultural, social and personal traits of spouses (Danesh and Haratian, 2008).

Posttraumatic stress disorder, in case they are exacerbated, can lead to marital disharmony. People with obsessive-compulsive disorder are more prone to marital disharmony. Similarly, patients with panic disorder who demand a companion whenever they get out of house may instigate marital disharmony. Personality disorders or traits such as dependence, passivity, anger, immaturity, paranoia, and obsession inflict harms to inter-personal relationships. Studies show that schizophrenia causes more marital instability than other emotional disorders do. Some certain forms of depression which are characterized by chronic fatigue, restlessness, decreased sexual desire, and malaise can also have negative effects on couples' relationships (Shamlou, 1997). Results obtained in different studies reveal that marital harmony among couples with identical personality traits is stronger than those at marriage dissolution (Mollazadeh, 1993).

A bulk of studies has primarily focused on divorce but has mostly concentrated on social and economic factors neglecting mental variables involved. Longitudinal studies on development show that no single variable other than preserving a sustained successful marriage can indicate mental health (Danesh and Haratian, 2008).

The present study undertakes to examine effects of mental disorders on marriage dissolution or divorce. In other words, it seeks to find out whether mental disorder scores obtained by SCL-90 in couples applied for divorce or marriage dissolution are significantly higher than those living in harmony? The study aims at evaluating effects of mental disorder on marriage dissolution or divorce in Urmia.

MATERIALS AND METHODS

Population and sampling

Study population includes couples conducting a normal marital life and those referring to family courts in Urmia. A total number of 105 cases among those applying for divorce or marriage dissolution and 105 controls among couples conducting a normal marital life were selected. Sampling was based on convenience method and by consent of couples and filling questionnaires.

Research tools

The Symptom Checklist (SCL-90) developed by john Hopkins university was used to distinguish healthy participants from patients. The collected data were measured by numerical and qualitative methods (Likert). Demographic data, social and economic variables of couples were measured through some questions embedded in the questionnaire. The process of filling the questionnaires was carefully observed to ensure the quality of data collection process. If needed, additional descriptions about items in the questionnaire were given to participants.

Data analysis

In the present study, data description is followed by statistical analysis of results obtained from tests. Data from testing hypotheses were analyzed using inferential tests such as Chi-square, independent t-test, and coefficient of correlation.

RESULT AND DISCUSSION

Table 1

Gender, common child, familial marriage, prior marriage frequency (Number and Percent) of study and control groups

		Male	female	Total
		N(P)	N(P)	N(P)
Gender	Study group	22(21%)	83 (79%)	105 (100%)
	Control group 64(61%)		41(39%)	105 (100%)
		Yes	No	Total
Common child		N(P)	N(P)	N(P)
	Study	60	45	105
	group	(51.7%) (48.3%)		(100%)
	Control	78 27		105
	group	(74.3%)	(25.7%)	(100%)
		Yes	No	Total
		N(P)	N(p)	N(P)
familial	Study	17	88	105
marriage	group	(16.2%)	(83.8%)	(100%)
	Control	18	87	105
	group	(17.1%)	(82.9%)	(100%)
		Yes	No	Total
		N(P)	N(p)	N(P)
prior marriage	Study group	8(7.6%)	97 (92.4%)	105 (100%)
	Control group	4(3.8 %)	101 (96.2%)	105 (100%)

As can be seen in Table 1, a total number of 22 and 64 men participated in study and control groups, respectively, while 83 and 41 women participated in the same groups.

In study group 60 participants (57.1%) had common children and 45 participants (42.9%) didn't have common children. However, in control group number of couples with common children was 78 (74.3%) and couples without common children were 27 (25.7%).

As shown in Table 1, 35 participants (17 and 18 from study and control groups, respectively) had familial bonds with their spouses, while 88 and 87 participants from experimental and control groups, respectively, didn't have a familial bond with their spouses.

Our results reveal that 12 participants (8 from Study and 4 from control groups) were formerly married and the other 198 participants were not, from which 97 belonged to Study group and 101 to control group.

Table 2 shows that 13 participants (10 and 3 from study and control groups, respectively) have left primary schools. Moreover, 26 participants (16 and 10 from study and control groups, respectively) have junior-high school degrees. A total number of 70 participants (46 and 24 from study and control groups, respectively) have diploma. Finally, 101 participants (33 and 68 from study and control groups, respectively) have degrees from higher educations.

Total number of 75 couples participated in the study were unemployed (60 and 15 from study and control groups, respectively). 8 participants were workers (5 and 3 from study and control groups, respectively). Also, 60 participants were civil servants (19 and 41 from study and control groups, respectively). Finally, 67 participants were self-employed (21 and 46 from study and control groups, respectively).

Table 2

Educational, Job, number of common children frequency of study and control groups.

		Primary	Junior-high school	High school	Higher education	total
Educational		N(P)	N(P)	N(P)	N(P)	N(P)
	Study group	10 (9.5%)	16 (15.2%)	46 (43.8%)	33 (31.4%)	105 (100%)
	Control group	3 (2.9%)	10 (9.5%)	24 (22.9%)	68 (64.8%)	105 (100%)
Job		Unemployed	Worker	Civil servant	Self- employed	Total
		N(P)	N(P)	N(P)	N(P)	N(P)
	Study group	60 (57.2%)	5 (4.8%)	19 (18.1%)	21 (20%)	105 (100%)
	Control group	15 (14.3%)	3 (2.9%)	41 (39.1%)	46 (23.8%)	105 (100%)
common children		No child	1 child	2 children	3 children	Total
		N(P)	N(P)	N(P)	N(P)	N(P)
	Study group	45 (42.9%)	41 (39%)	18 (17.1%)	1 (1%)	105 (100%)
	Control group	27 (25.7%)	27 (25.7%)	44 (41.9%)	7 (6.7%)	105 (100%)

Table 3

Mean± SD, t-value and p_ value of Participants in Study and Control Groups.

Degree of mental pathology	Study group Mean± SD	Control group Mean± SD	t-value	P_ value
Physical complaint	1.43±0.91	0.7±0.59	6.673	< 0.001
Obsessive-compulsive	1.8 ± 0.8	1.07 ± 0.59	7.308	< 0.001
Interpersonal Sensitivity	1.44 ± 0.77	0.7±0.51	7.693	< 0.001
Depression	1.85 ± 0.92	0.72 ± 0.63	10.352	< 0.001
Anxiety	1.6 ± 0.97	0.61±0.52	9.165	< 0.001
Hostility and aggression	1.49 ± 1.01	0.83±0.7	5.439	< 0.001
Phobia	0.98 ± 0.81	0.36 ± 0.4	6.911	< 0.001
Paranoia	1.82 ± 0.83	1.1±0.66	6.491	< 0.001
Psychosis	1.15±0.73	0.65 ± 0.45	5.930	< 0.001

Number of couples with 1, 2, and 3 common children in Study group was 41, 18, and 1, respectively, while 45 couples didn't have common children. In the control group, couples with 1, 2, and 3 common children were 27, 44, and 7. And 27 couples didn't have common children in this group.

Results of Table 3 indicate that mental disorder scores in Study and control groups based on t test were significantly different (p<0.001) and tend to be higher in Study group.

Then results of the present study indicate that couples applying for marriage dissolution or divorce suffer from mental disorders, while those conducting a normal marital life tend to be less susceptible to these disorders. Differences between these groups were statistically significant. If marriage is thought to be a conventional bond to achieve perfection, unity and satisfaction of human needs, a healthy emotional, interactive and adaptive relationship between couples guarantees a sustained and stable marriage. Thus, failure to develop a sustainable relationship is rooted in different complicated performative mechanisms of couples in various psychological dimensions (Kalafi&Hashemzadeh, 1994).

As Haley (1963) puts it, connubial life carries on when either of spouses shows more flexibility in disagreements and establishes peace. Otherwise, conflicts will arise, particularly in patients with ill behavioral symptoms. Degree of symptoms of the disorders among participants in the Study group was higher. Therefore, results of the study can be stated as the following items:

Obsession: this disorder is characterized by unwanted intrusive thoughts with rules and regulations and commitment to fulfilling them. In connubial relationships within which emotional responsiveness to the partner is limited, a cold atmosphere dominates home and weakens the power to manipulate mechanisms of compatibility in order to cope with daily tensions. Accordingly, the couple can't establish a complementary relationship and dispute over determining limits of common life and enforcing daily rules. Some antidepressants, called Monoamine Oxidase Inhibitors, are reported to be effective in treating obsession though they seem to be so convincing (Goodwin, 2009). In a number of studies, degree of obsession in participants of the two groups has been found to be significantly different (Kalafi&Hashemzadeh, 1994). The same result is seen between the study and control groups in the present study (P<0.001).

Depression: this disorder usually happens as a result of some stressful events like marriage or childbirth. In most of the cases, depression may be considered as appropriate behavior under stressful conditions, but tends to persist rather than improvement. In fact, the patient is radically pessimistic about everything and finds everything tragic (Irvin et al., 1998). Danesh&Haratian (2008) found in their study that depression is more common among couples determined to end up their relationship than those with compatible relationships. In the present study, level of depression differs significantly between study and control groups (P < 0.001).

Anxiety: people affected by anxiety suffer from changes in perception, in addition to disorders in physiological structure. Anxiety distortes perceptions of time and space and also deforms correct perceptions of daily events and what they imply (Kaplan and Sadock, 2010). Yazdkhahi et al. (1999) found in their study that level of stress and anxiety for couples applying for divorce was not high and the difference is not significant. However, women were found to experience more stress and anxiety. However, in the present study, level of stress and anxiety is found to be higher in the study group and the difference is significant (P< 0.001).

Phobia: these patients experience anxiety and fear most of the time and are quite often depressed, particularly when thinking about fears and their effects on their lives. In fact, depression is so strong that some theorists identify agoraphobia as a kind of depression (Goodwin, 2009). In a similar study, scores of phobia were significantly different for men and women in the two groups (Kalafi&Hashemzadeh,1994). In the present study, scores of phobia in the study and control groups are significantly different and tend to be higher in the former one (P<0.001).

Paranoia: these patients are suspicious about people and don't trust relatives. They ascribe their negative internal feelings to others and are aggressive and irritable most of the time. In such a situation, spouses rely on a relationship of suspicion and rejection, characterized with lack of trust, intimacy and cordiality and a struggle over power. In this relationship, the couple disagrees over setting regulations in their common life and fails to perform complementary roles (Kaplan and Sadock,2010). In a study by Kalafi&Hashemzadeh (1994), degree of paranoia in participants of study group was more severe than the control group. This is in agreement with findings of the present study and its significant level of difference observed for paranoia (P<0.001).

Psychosis: people impaired with schizophrenia suffer from thought disorders, illogical and bizzar thoughts, withdrawal from social environment, and show maladaptive behaviors. This illness is usually chronic and has three main phases: prodromal, active and residual. People with this mental disorder suffer from affective dichotomy and are often unable to establish affective relationships with their family members. This leads to disharmony and divorce (Kaplan and Sadock, 2010). Results of studies in this field show a significant difference between degree of psychosis in control and study groups (Danesh and Haratian, 2008). This is in line with our results and the significant difference observed for means of psychosis in the two groups (P<0.001).

The above results confirm hypothesis proposed in the present study and can be a basis for presenting more hypotheses to remove uncertainties in this field. Finally, it can be said that mental disorders have a correlation with marriage dissolution or divorce and can lead to court orders ending the marital relationship. However, studies on the relationship between mental disorders and divorce reveal that civil law of Iran provides no rules to deal with this issue. In addition, precedents and advisory opinions seem to offer nothing in this regard.

SUGGESTIONS

Based on above-mentioned discussions, the followings are recommended:

Training the engaged couples by consultants about marriage and adaptive living.

Providing infrastructural plans to meet needs and improve health conditions of women as a major part of population.

Seeking expert consultations in case marital conflicts arise.

Close cooperation of judges with family consultants to prevent divorce and separation. It is suggested that not to delay divorce in case family consultants decree that couples can't reach agreement since delayed divorce inflicts irreversible mental effects on them and their children.

REFERENCES

- Danesh E and Haratian F (2008). "Comparing Personality Disorders in Couples Applying for Divorce and Couples Conducting a Normal Life." 1(2): 23.
- Goodwin D (2009). Phobia.Trans. Nosratollah Poorafkari. Tehran: Roshd.pp 91.
- Hey LJ (2002). Family Psychotherapy. Trans: Bagher Sanaei. Tehran: Amirkabir.
- Irvine J and sarahson B (1998). Psychopathology. Trans: Bahman Najjayian. Tahran ministry of culture.
- Kalafi Y, Hashemzadeh I (1994). "Evaluating Effects of Mental Disorders on Divorce in Shiraz." Journal of Social Sciences in Shiraz. Vol. 10, No. 1.
- Khamseh A (2009). New Approaches in Couple Therapy. Tehran: Arjmand.
- Manavi E and Fadaei F (1983). A Psychological Approach to Marriage and Divorce. Tehran: Sahamichehr.
- Mollazadeh J (1993). Evaluating the Relationship between Personality Traits and Stressful Factors in Couples Applying for Divorce and Those Conducting a Normal.
- Qaemi A (2006). Family and Affairs of Young Couples. Tehran: Amiri.
- Sadock B and Sadock V (2010). Handbook of Clinical Psychiatry. Trans: Mohsen Arjmand. Tehran: Arjmand Publications.
- Shamlou S (1997). Mental Health. Tehran: Roshd.
- Yazdkhasti H (2008). Evaluating the relationship between Inclination and Guilt with Stress, Depression, and Anxiety in Couples Applying for Divorce in Isfahan and Arak." Journal of family. Vol. 4, No. 15.