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MARITAL ADJUSTMENT AMONGST SPOUSE AND PATIENT WITH BIPOLAR DISORDER

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Abstract
Background: Bipolar disorder (BD) is a complex mental disorder which is characterized by episodes of depression/ mania/hypomania/mixed states along with interepisodic phases of remission. This study is conducted with hope that a better understanding of marital functioning will help to address the needs of both patient and spouse resultantly improving the outcome of marriage and illness.
Methods: This study is conducted with 60 married patients with BD along with their spouses and 61 subjects free of any psychiatric disorder. Spouses and controls were age and gender matched.
Results: Less than half of the spouses felt cheated and about one-third of the spouses reported that they felt (to little or some extent) that they should separate from their spouses. About one-fifth (21.7%) of the spouses believed that marriage can be a treatment of mental illnesses and about one-fourth (23.3%) believed that marriage can be a cure from mental illnesses. About one-third (36.7%), of the spouses felt that marriage can help in improving the mental illness. About half of the spouses (45%) also believed that marriage can worsen mental illness.
Conclusion: We conclude that when comparisons were made based on the onset of illness prior or after marriage, it was seen that higher proportion of spouse of patients with bipolar disorder who had illness prior to marriage were worried that children may develop mental illness and were not fully satisfied with the child care provided by mentally ill spouse.
Keywords: Bipolar disorder (BD), Marriage

Introduction:

Bipolar disorder (BD) is a complex mental disorder which is characterized by episodes of depression/ mania/hypomania/mixed states along with interepisodic phases of remission. The complexity and variability of the illness poses a challenge both for the individuals suffering from this illness and their families. Since this illness starts early in life, i.e., during adolescent or early adulthood, it is known to be associated with many negative outcomes, including marital failure.[1,2]

Marriage is a social commitment, which has a legal binding too, hence, it also fulfills multiple emotional and social needs but at the same it also establishes certain rights and obligations for both the partners. Sex is the basic human (physiological) need and marriage provides a socially sanctioned way of sexual gratification. Marriage impacts multiple dimensions of an individual's life.

There are few studies focusing on the marital satisfaction, sexual satisfaction and dysfunction experienced by the patients with BD and their spouses. Most of these studies are conducted in Western countries where socio cultural beliefs are different from those of the Eastern countries. Thus, it is important to understand the marital functioning from the perspective of patients with BD and their spouses in the Indian context.

This study aimed to assess marital functioning (in the form of marital adjustment, quality of marriage and marital forgiveness) and sexual functioning (i.e., sexual satisfaction and sexual dysfunction) among patients with BD and their spouses. Additionally these factors were compared with a control group comprising of subjects free from any psychiatric illness who were age and gender matched. This study is conducted with hope that a better understanding of marital functioning will help to address the needs of both patient and spouse resultantly improving the outcome of marriage and illness.

Materials and methods:

Study Sample:

The sample comprised of 60 married patients with BD along with their spouses and 61 subjects free of any psychiatric disorder. Spouses and controls were age and gender matched.

Sampling: Purposive random sampling

The study subjects were recruited using the following criteria:

Selection criteria for the Study Group

Inclusion Criteria (for patients with bipolar disorder):

1. Diagnosis of BD as per DSM IV(as ascertained by using MINI-PLUS)
2. Patients were in a state of clinical remission which was defined by score <7 on the HDRS and < 7 YMRS.
3. Patients were 'clinically stable,' i.e., no exacerbations or relapses or greater than 50% hikes in medication dosages in the 3-month period prior to assessment for the study.
4. Age more than 18 years
5. Either gender
6. Married for at least 1 year
7. Duration of illness at least 1 year
8. Able to read Hindi/English

Exclusion Criteria for patients:

1. Presence of organic brain syndrome or mental retardation

Inclusion Criteria for spouses of patients with bipolar disorder:

1. Age more than 18 years
2. Married to the patient for at least 1 year
3. Staying continuously with the patient for most part of year prior to assessment for the study
4. Free from any diagnosed psychiatric morbidity (other than tobacco dependence)
5. Able to read Hindi/English

Exclusion Criteria for spouses of patients with bipolar disorder:

1. Presence of mental retardation

Selection criteria for the control group

Inclusion Criteria (for the control group):

1. Free from any psychiatric disorder (as ascertained by using MINI screening questionnaire)
2. Age more than 18 years
3. Either gender
4. Married for at least 1 year
5. Able to read Hindi/English

Exclusion Criteria (for the control group):

1. Presence of mental retardation

Procedure:

60 currently married patients with a clinical diagnosis of BD and their spouses were approached. They were explained about the nature of the study. Patients and their spouses who agreed to participate and provided written informed consent were assessed on selection criteria. Those meeting the selection criteria were recruited. First the diagnosis of BD was confirmed by using MINI-PLUS and remission for patients with BD was ascertained as per Hamilton Depression Rating Scale (i.e., score <7) and Young Mania Rating Scale (i.e., score of <7). The socio-demographic and the clinical profile sheets were completed from the information provided by the patient, the spouses and the medical records.

Patients with bipolar disorder were evaluated on Dyadic Adjustment Scale (DAS), Quality Marriage Index (QMI), Marital Forgiveness Scale, New Sexual Satisfaction Scale (NSSS), Arizona Sexual Experience Scale (ASEX), Perceived Criticism Measure (PCM), Global Assessment of Functioning Scale (GAF), Social and Occupational Functioning Assessment Scale (SOFAS), Socio-Occupational Functioning Scale (SOFS), Hamilton Depression Rating Scale (HDRS) and Young Mania Rating Scale (YMRS).

The spouses of patients with bipolar disorder were assessed on Dyadic Adjustment Scale (DAS), Quality Marriage Index (QMI), Marital Forgiveness Scale, New Sexual Satisfaction Scale (NSSS), Arizona Sexual Experience Scale (ASEX), General Health Questionnaire-12 (GHQ), Modified MINI screen, Perceived Criticism Measure (PCM), Family Burden Interview (FBI) schedule, Familism, Family Cohesion Subscale of Family Environment Scale (FES), Reasons given by caregiver for taking up care giver role and

Family Coping Questionnaire, Caregiver Abuse Screening (CASE) Questionnaire.

Control group subjects was evaluated on Dyadic Adjustment Scale (DAS), Quality Marriage Index (QMI), Marital Forgiveness Scale, New Sexual Satisfaction Scale (NSSS), Arizona Sexual Experience Scale (ASEX), General Health Questionnaire-12 (GHQ), Modified MINI screen and Perceived Criticism Measure (PCM).

Table 1: Instruments which were used in different groups

	Patient of BD	Spouse of patient with BD	Control group
MINI	√		
MINI Screen		√	√
Socio-demographic profile	√	√	√
Clinical profile	√		
HDRS	√		
YMRS	√		
GAF	√		
SOFAS	√		
SOFS	√		
Marital Inventory	√	√	√
Dyadic Marital adjustment scale	√	√	√
Quality Marriage Index	√	√	√
Marital Forgiveness Scale	√	√	√
Arizona Sexual Experience Questionnaire	√	√	√
New Sexual Satisfaction Scale (NSSS)	√	√	√
Perceived Criticism Measure (PCM)	√	√	√
Family Burden Interview (FBI) Schedule		√	
Caregiver Abuse Screening (CASE) Questionnaire		√	
Familism Scale		√	
Family Cohesion sub-scale of the Family Environment Scale		√	
Reasons given by caregivers for taking up the caregiver role		√	
Family Coping Questionnaire		√	
General Health Questionnaire-12 (GHQ)		√	√

Statistical analysis:

1. Categorical variables like gender, marital status, occupation, religion, locality, socio-economic status, family type, family history of mental illness are described using frequency/percentage. Continuous variables like age, education in years, duration of illness, total duration of treatment, duration of current treatment; YMRS, HDRS, GAF scores, QMI, MOFS, ASEX, NSSS, DAS, CASE, FBI, SOFAS, SOFS, Perceived criticism Scale are described by mean and standard deviation.

2. The relationship of scales assessing various aspects of marital functioning (QMI, MOFS, DAS) and sexual functioning (ASEX and NSSS) with continuous variables like age, education in years, duration of illness, total duration of treatment, duration of current treatment, HDRS, YMRS, QMI, MOFS, DAS, ASEX, NSSS, Perceived criticism Scale, SOFAS, CASE, FBI, Familism, FES, Family Coping Questionnaire, SOFS and GAF scores was studied by using Pearson's correlation coefficient.

3. The relationship of scales assessing various aspects of marital functioning (QMI, MOFS, DAS) and sexual functioning (ASEX and NSSS) with gender, marital status, occupation, religion, region, socio economic status, family type, Reasons given by caregivers for taking up the caregiver role,was studied by using Chi-square test or Spearman's correlation coefficient.

4. The demographic and clinical details of the study groups (i.e., patients, spouses and control groups) were compared by using t-test, Mann-Whitney U-test, ANOVA, Chi-square test and Fischer Exact test.

The marital functioning (QMI, MOFS, DAS) and sexual functioning (ASEX and NSSS) of the study groups (i.e.,

patients, spouses and control groups) was compared by using t-test, ANOVAand Mann-Whitney U test.

Results

A. Sociodemographic profile of patients with bipolar disorder

The mean age of the patients with bipolar disorder was 47.4 years and the mean duration of education in years was 11.23 years. More than half of the patients were male (60%), educated above matric (55%), Hindu by religion (60%) and from nuclear families. About two-third of the patients were currently unemployed (63.3%) and from upper or middle socioeconomic status (70%). More than three fifth of the patients (78.3%) were from rural background. The mean income of the patients was rupees 21025 with a median of rupees 7,000.

When the demographic profile of patients was compared with control group, participants in the control group were significantly younger, educated more than the patients, were more often employed, had higher income, higher proportion of them belonged to upper/middle socioeconomic status, were more often Hindus and urban background. Very few patients (13.3%) were the sole earning members of the family and 40% of the patients were head of the family.

Table 1: Comparison of Sociodemographic profile of patients with Bipolar disorder and healthy controls

Socio-demographic variables	Bipolar Group Mean (S.D) Frequency (%) N=60	Control Group Mean (S.D) Frequency (%) N=61	Chi square test/ t-test (p-value)
Age in years	47.41(9.91)	43.16(8.98)	2.47 (0.007)**
Gender Male Female	 36(60%) 24(40%)	 31(50.8%) 30(49.2%)	 1.031 (0.30)
Education (in years)	11.23(4.47)	13.95(4.38)	-3.37 (<0.001)***
Education Matric and below Above matric	 27(45%) 33(55%)	 15(24.6%) 46(75.4%)	 5.59 (0.018)**
Current employment status Currently employed Currently Unemployed	 37(61.6%) 23(38.4%)	 50(82%) 11(18%)	 5.29 (0.021)*
Income (per month in rupees) Median	21025(32047.87) 7000	34319.67(26542.73) 35000	-2.55 (0.005)**
Income of Family (per month in rupees) Median	40425(42318.78) 25000	72336.06(53893) 50000	-3.61 (<0.001)***
Socioeconomic status[1] Upper/ upper middle Lower middle/upper lower	 42(70%) 18(30%)	 55(90.1%) 6(9.9%)	 7.73 (0.005)**
Religion ndu[2]	 36(60%) 24(40%)	 53(86.9%) 8(13.1%)	 11.23(0.0008)**
Family type clear	 33(55%) 27(45%)	 37(60.7%) 24(39.3%)	 0.396(0.528)
Locality	 13(21.7%) 47(78.3%)	 27(44.3%) 34(55.7%)	 6.978(.008)**
Patients sole earning family member –Yes	8(13.3%)		
Patients head of the family –Yes	24(40%)		

***p≤0.05; **p≤0.01; ***p≤0.001**

B. Sociodemographic profile of spouses of patients with bipolar disorder

The mean age of the spouses of patients with bipolar disorder was 46.1 years and the mean duration of education in years was 10.66 years. More than half of the spouses were females (60%). About half of the spouses were educated less than matric (51.7%) and were currently employed (50%). The mean income of the spouses was rupees 14625 with a median of rupees 1250.

When the demographic profile of the spouses was compared with the control group, participants in the control group were significantly younger, educated more than the spouse of the patient, were more often employed, had higher income, higher proportion of them belonged to upper/middle socioeconomic status, were more often Hindus and urban background.

Table 2: Socio demographic profile of spouse of patient with Bipolar disorder and healthy controls

Socio-demographic variables	Spouse Group Mean (S.D) Frequency (%) N=60	Control Group Mean (S.D) Frequency (%) N=61	Chi square test/ t-test (p-value)
Age in years	46.10(10.50)	43.16(8.98)	1.65 (0.10)
Gender			
Male	24(40%)	31(50.8%)	1.42(0.23)
Female	36(60%)	30(49.2%)	
Education in years	10.66(5.32)	13.95(4.38)	-3.70(<0.001)***
Education			
Matric and below	31(51.7%)	15(24.6%)	9.41(0.002)**
Above matric	29(48.3%)	46(75.4%)	
Current employment status			
Currently employed	30(50%)	50(82%)	13.79(<0.001)***
Currently unemployed	30(50%)	11(18%)	
Income (per month in rupees) Median	14625(23239.83) 1250	34319.67(26542.73) 35000	- 4.33(<0.001)***

** p≤0.01; *** p≤0.001

C. Attitude towards marriage and perception of marital functioning as per patient and their spouses

Compared to patients, higher proportion of spouses felt that people with mental illness should not get married. Compared to spouses, higher proportion of patients were worried that their children may develop mental illness and higher proportion of spouses were not fully satisfied with the care of children provided by the patient.

When comparisons were made for patients and spouses of either gender, no significant differences emerged between the two genders.

Table 3: Attitude towards marriage and marital functioning as per patient with bipolar disorder and their spouses

Variables	Bipolar Group Frequency (%) N=60	Spouse Group Frequency (%) N=60	Chi-Square test/t-test (p value)
Should people with mental illness get married			
Yes	53(88.3%)	38(63.3%)	11.74(<0.001)***
No	7(11.7%)	22(36.7%)	
Worried that children may develop mental illness			
Yes	44(73.3%)	18(30%)	22.55(<0.001)***
Not at all	16(26.7%)	42(70%)	
Spouse cares for child			
Not applicable	2(3.3%)	2(3.3%)	6.56(0.01)**
Not Fully	6(11.7%)	17(28.33%)	
Fully	52(85%)	41(68.33%)	

****p≤0.01; ***p≤0.001**

Table 4: Attitude towards marriage and marital functioning as per patient with bipolar disorder based on gender

Variables	Bipolar Group Male Frequency (%) N=36	Bipolar Group Female Frequency (%) N=24	Chi-Square test/t-test (p value)
Should people with mental illness get married Yes No	 31(86.1%) 5(13.9%)	 22(91.7%) 2(8.3%)	0.06(0.80)#
Worried that children may develop mental illness Yes Not at all	 25(69.4%) 11(30.6%)	 19(79.2%) 5(20.8%)	0.69(0.40)
Spouse cares for child Not applicable Not Fully Fully	 1(2.8%) 1(2.8%) 34(94.4)	 1(4.2%) 5(20.8%) 18(75%)	3.49(0.46)#

#Chi-square with Yate's correction

Table 5: Attitude towards marriage and marital functioning as per spouse of patient with bipolar disorder based on gender

Variables	Spouse Group Male Frequency (%) N=24	Spouse Group Female Frequency (%) N=36	Chi-Square test/t-test (p value)
Should people with mental illness get married Yes No	 11(45.8%) 13(54.2%)	 25(69.4%) 11(30.6%)	1.44(0.22)
Worried that children may develop mental illness Yes Not at all	 16(66.6%) 8(33.4%)	 10(27.8%) 26(72.2%)	0.21(0.64)
Spouse cares for child Not applicable Not Fully Fully	 1(4.1%) 4(16.6%)(19(79.1%)	 1(2.8%) 13(36.1%) 22(61.1%)	1.74(0.18)#

#Chi-square with Yate's correction

When the comparisons were made based on the onset of illness prior or after marriage, no significant differences were seen among patients on these variables. These results are shown in **Table-6**.When the comparisons were made based on the onset of illness prior or after marriage, it was seen that higher proportion of spouse of patients with bipolar disorder who had illness prior to marriage were worried that children may develop mental illness and were not fully satisfied with the child care provided by mentally ill spouse. These results are shown in **Table-7**.

Table 6: Attitude towards marriage and marital functioning as per patient with bipolar disorder based onset of illness in relation to marriage

Variables	Bipolar Group Onset before marriage Frequency (%) N=22	Bipolar Group Onset after marriage Frequency (%) N=38	Chi-Square test/t-test (p value)
Should people with mental illness get married			
Yes	18(81.8%)	35(92.1%)	1.43(0.23)
No	4(18.2%)	3(7.9%)	
Worried that children may develop mental illness			
Yes	14(63.6%)	30(78.9%)	1.67(0.19)
Not at all	8(36.4%)	8(21.1%)	
Spouse cares for child			
Not applicable	0	2(5.3%)	FE=1.0
Not Fully	2(9.1%)	4(10.5%)	
Fully	20(90.9%)	32(84.2%)	

FE= Fisher Exact value

Table 7: Attitude towards marriage and marital functioning as per spouse of patient with bipolar disorder based on onset of illness

Variables	Spouse Group Onset before marriage Frequency (%) N=22	Spouse Group Onset after marriage Frequency (%) N=38	Chi-Square test/t-test (p value)
Should people with mental illness get married			
Yes	8(36.4%)	14(36.8%)	0.001(0.97)
No	14(63.6%)	24(63.2%)	
Worried that children may develop mental illness			
Yes	20(90.9%)	22(57.9%)	5.74(0.01)#**
Not at all	2(9.1%)	16(42.1%)	
Spouse cares for child			
Not applicable	0	2 (5.3%)	4.45(.03)*
Not Fully	10(45.5%)	7(18.4)%	
Fully	12(55.5%)	29(76.3%)	

***p≤0.05; ** p≤0.01; #Chi-square with Yate's correction**

D. Attitude towards marriage and perception of marital functioning as per patient and their spouses

Spouses were further asked about their own marriage and relationship of marriage and mental illness in general. Less than half of the spouses felt cheated and about one-third of the spouses reported that they felt (to little or some extent) that they should separate from their spouses. About one-fifth (21.7%) of the spouses believed that marriage can be a treatment of mental illnesses and about one-fourth (23.3%) believed that marriage can be a cure from mental illnesses. About one-third (36.7%), of the spouses felt that marriage can help in improving the mental illness. About half of the spouses (45%) also believed that marriage can worsen mental illness.

Table 8: Attitude towards marriage and marital functioning as per spouse of patient with bipolar disorder

Variables	Frequency (%)
Did you feel cheated	
Yes	26(43.3%)
No	34(56.66%)
To what extent you feel that you should separate from your spouse	
Not at all	39(65%)
Little	11(18.3%)
To some extent	10(16.7%)

Can marriage be a treatment for mental illness	
Yes	13(21.7%)
No	47(78.3%)
Can marriage cure mental illness	
Yes	14(23.3%)
No	46(76.7%)
Can marriage help in improving mental illness	
Yes	22(36.7%)
No	38(63.3%)
Can marriage worsen mental illness	
Yes	27(45%)
No	33(55%)

When male and female spouses were compared on these variables, no significant differences emerged. No significant differences were noted among spouses, whose marriage was solemnized before or after the onset of illness of the patient.

Table 9: Attitude towards marriage and marital functioning as per spouse of patient with bipolar disorder based on gender

Variables	Spouse Group Male Frequency (%) N=24	Spouse Group Female Frequency (%) N=36	Chi-Square test/t-test (p value)
Did you feel cheated			
Yes	8(33.3%)	17(47.2%)	2.20(0.13)
No	16(66.7%)	19(52.8%)	
Do you feel that you should separate from your spouse			
Yes	7(29.2%)	14(38.8%)	0.59(0.43)
No	17(70.8%)	22(61.2%)	
Can marriage be a treatment for mental illness			
Yes	11(45.8%)	11(30.5%)	1.44(0.22)
No	13(54.2%)	25(69.5%)	
Can marriage cure mental illness			
Yes	8(33.3%)	5(13.9%)	3.20(0.07)
No	16(66.7%)	31(86.1%)	
Can marriage help in improving mental illness			
Yes	9(37.5%)	11(30.5%)	0.31(0.56)
No	15(62.5)	25(69.5%)	
Can marriage worsen mental illness			
Yes	937.5%)	17(47.2%)	0.55(0.45)
No	15(62.5)	19(52.8%)	

Table 10: Attitude towards marriage and marital functioning as per spouse of patient with bipolar disorder based on onset before and after illness

Variables	Spouse Group Onset before Marriage Frequency (%) N=22	Spouse Group Onset after Marriage Frequency (%) N=38	Chi-Square test/t-test (p value)
Did you feel cheated			
Yes	**11(50%)**	**16(42.1%)**	**0.35(0.55)**
No	**11(50%)**	**22(57.9%)**	
To what extent you feel that you should separate from your spouse			
Yes	**7(31.8%)**	**14(36.8%)**	**0.15(0.69)**
No	**15(68.2%)**	**24(63.2%)**	

Can marriage be a treatment for mental illness			
Yes	**7(31.8%)**	**5(86.8%)**	**3.03(0.08)**
No	**15(68.5%)**	**33(13.2%)**	
Can marriage cure mental illness			
Yes	**7(31.8%)**	**6(15.8%)**	**2.10(0.14)**
No	**15(68.5%)**	**32(84.2%)**	
Can marriage help in improving mental illness			
Yes	**8(36.4%)**	**12(31.6%)**	**0.14(0.70)**
No	**14(63.6%)**	**26(68.4%)**	
Can marriage worsen mental illness			
Yes	**13(59%)**	**13(34.2%)**	**3.51(0.06)**
No	**9(41%)**	**25(65.8%)**	

Discussion

Bipolar disorder (BD) is a complex mental disorder which is characterized by episodes of depression/mania/hypomania/mixed states along with interepisodic phases of remission. Over the years it has been realized that even during remission, residual symptoms may be present in a high proportion of patients with BD.[3-5] Although, syndromal recovery may be achieved soon after hospitalization, functional recovery is more difficult to achieve.[6] Many patients experience psychosocial and occupational difficulties,[7-8] financial problems,[9] substance abuse,[10-11] neuropsychological deficits,[12] sexual dysfunction,[13]suicide,[14] poor quality of life,[15] legal issues,[16] poor parenting skills[17] and disability. [18.]

The complexity and variability of the illness poses a challenge both for the individuals suffering from this illness and their families. Over the years there has been a breakdown in structure of Indian families[2]. Consequently, more and more patients with bipolar disorder live in nuclear family set-up in contrast to extended or joint family set-up. Due to this on many occasions spouses are the primary caregivers of patients with bipolar disorder. Hence, it is important to understand the issues between the patients and the spouses, which can determine the continuation of spouses being in the caregiver role. Although there is information on the prevalence of sexual dyfunction among the patients of bipolar disorder, how this affects their spouses is not understood.

Marriage is a social commitment, which has a legal binding too. It fulfills multiple emotional and social needs but at the same time it also establishes certain rights and obligations for both the partners. Sex is the basic human (physiological) need and marriage provides a socially sanctioned way of sexual gratification. Marriage impacts multiple dimensions of an individual's life. There are very few studies focusing on the marital satisfaction, marital functioning, sexual satisfaction, sexual dysfunction experienced by the patients with bipolar disorder and their spouses. Moreover, the little information which is available is from the West where the sociocultural factors related to marriage are quite different from that in countries like India. Thus, it is important to understand the marital issues between the patients and their spouses.

The mean age of the patients with bipolar disorder was 47.4 years and the mean duration of education in years was 11.23 years. More than half of the patients were male (60%), educated above matric (55%), Hindu by religion (60%) and from nuclear families. About two-third of the patients were currently unemployed (63.3%) and from upper or middle socioeconomic status (70%). More than three fifth of the patients (78.3%) were from rural background. The mean income of the patients was rupees 21,025 with a median of rupees 7,000. This socio demographic profile is very similar to the profile of patients attending this hospital or other centers in India [11-13] and is similar to previous studies from this centre which has focused, on clinically stable patients of Bipolar disorder.[9-11] A small proportion of patients were the sole earning family member and about one fourth of patients were head of the family. This is also similar to the findings reported in the previous studies from this centre.[19,20]

Socio demographic profile of spouses of patients with bipolar disorder

The mean age of spouses of patients was 46.1 years, and three-fifth of the spouses was females (60%). About half of the spouses were educated less than matric (51.7%) and were currently employed (50%). This demographic profile of the spouses is very similar to that reported in previous studies evaluating

caregiver burden among caregivers of bipolar disorder.[21-22]

Spouses were matched for age and gender with the control group. This ensured that the difference in the marital and sexual adjustment observed between the spouse of patient with bipolar disorder and the control group cannot be attributed to the demographic variables.

Compared to patients, higher proportion of spouses felt that people with mental illness should not get married, were worried than children may develop mental illness, and perceived that spouse with mental illness did not care for children adequately. Published data is lacking on similar variable for couples with one partner having bipolar disorder. One of the previous study from this centre evaluated the same variables in couple were in one of the partner had been suffering from schizophrenia or recurrent depressive disorder findings in bipolar disorder are comparable to patient with recurrent depressive disorder higher level of dissatisfaction with parenting provided by the patient with bipolar disorder suggest that parenting skills of patient with bipolar may be impaired. Accordingly future research may focus on this issue. High level of apprehension amongst spouse of patient with bipolar disorder possibly reflects the knowledge about the nature of illness, risk of genetic transmission and distress associated with whole experience of illness.

A significant proportion of spouses of patients with bipolar disorder felt cheated, were worried that child(ren) may develop mental illness, felt like separating from their spouses, believed that people with mental illnesses should not get married and believed that marriage can worsen mental illness. These findings possibly reflect dissatisfaction in the spouses. This finding suggests that clinician managing patients with bipolar disorder must understand the emotional distress of the spouse and provide support to overcome the same. Surprisingly from one –fifth to one-third of the spouse believed that marriage can be a treatment for mental illness, marriage can cure mental illness and marriage can help in improving mental illness. When these findings were compared to findings in previous study the prevalence of these beliefs was slightly lower. Presence of these beliefs reflects the general cultural belief associated with mental illness and marriage.[23]

Conclusion

We conclude that when comparisons were made based on the onset of illness prior or after marriage, it was seen that higher proportion of spouse of patients with bipolar disorder who had illness prior to marriage were worried that children may develop mental illness and were not fully satisfied with the child care provided by mentally ill spouse.

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