



Demographic Differences among Internalizing Stigmatization, Marital Satisfaction, and Spousal Support Received by Depressive Patients

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Abstract

Background: There are surprising benefits to being married. Married people have lower stress and are less likely to be depressed. However, depression is not an exemption for married people. In Pakistani society, people undergoing depression are stigmatized as mentally ill. The ideal marriage is supposed to have a good understanding and friendly relationship. **Objective:** So, the effect of spousal support received by diagnosed depression patients and the level of marital satisfaction attained by a socially stigmatized spouse is the

subject of this study. **Methods:** This is a cross-sectional study. Purposive sampling was used to collect data from 240 individuals. After obtaining informed consent, responses were taken on *Azam et al. (2020)* rt scale, respectively. Descriptive and t-test analysis were used to analyze the data through SPSS. **Results:** The results revealed significant gender differences on the scale of internalizing stigma of mental illness. Depressed husbands showed lower marital satisfaction despite getting more support from their spouses. In contrast, depressed women seem to be satisfied as compared to men. Although demographic variables like love marriage, arrange marriage, the family system had a more significant impact on marital satisfaction and spousal support. **Conclusion:** This study finding provides information for the therapist can work in areas of depressed married individuals that Internalized stigma affects the quality of life, self-esteem, and sense of well-being that is indispensable to marital satisfaction.

Key Words: Mental illness, Stigma, Depression, Marital Satisfaction, Spouse Support

Introduction

Marital satisfaction is a significant area of study in family psychology. It encompasses multiple aspects of married life and married individuals. A sole hallmark of this relationship is that since the two people merry all of life, upcoming or previous shortfall becomes shared and to be dealt with mutually with understanding to each other. Marital satisfaction is a broader term that covers the overall satisfaction of an individuals' marital life. In the context of marital life, researchers investigated attachment styles for marital satisfaction (Hatch, 2008), depression and marital adjustment (Abbas et al., 2019), conflict patterns (Caughlin & Vangelisti, 1999), communication (Smith, Heaven, & Ciarrochi, 2008), and environmental factors such as couple support system, finance, employment, and illness (Sokolski & Hendrick, 1999).

Depression is one of the most reported disorders among the psychiatric population visiting for clinical consultation in adults, and it is more common in women (41.9%) than men (29.3%) (NIMH, 2018). Depression is described by low mood or loss of concentration or pleasure, additionally comprising of major symptoms of weight loss or gain, insomnia or hyper insomnia, psychometric anxiety or retardation, fatigue, feeling of worthlessness, inability to think or give attention to and suicidal ideation (American Psychiatric Association, 2014). Women are experiencing depression more than twice to men from 10 to 25 years of age. They can also experience depression at any stage of their life. Women have

several life roles like wife, mother, daughter, employee, friend, sister, caregiver, etc. Women tend to be emotional, experience more guilty feelings, and be unhappy when facing stress and depression. Demographic Differences among Internalizing Stigmatization, Marital Satisfaction, and Spousal Support Received by Depressive Patients. It lingers, but men who accept illness recognize it and take appropriate treatment. Men with depression have aggression, apathy, irritable mood, and sometimes hostile. There is evidence that interpersonal problems, especially in the marital context, are associated with the development of depression (Gabriel, Beach, & Bodenmann, 2010; Naz et al., 2019). People experienced negative attitudes towards them due to depression. Societal stigma and internalized stigma with the illness also hamper personal satisfaction (Shabbir et al., 2019).

Despite the fundamental importance, only a few studies are available on spousal support and quality of marital satisfaction in socially anxious couples and their romantic relationship. Social support would possibly check with the means of relieving depression, stress, and anxiety. Spouse support refers to the perception of taking care of each other, and resources may embrace nurturing real or intangible emotions to providing a way of happiness among individuals (Levy, Burns, Deschênes, & Schmitz, 2017) .

Pakistan is a country of 204 million people and has only one practitioner for every 10,000 individuals with mental illness. Similarly, in Pakistani culture, women experience more stigmatization than men(Khan, Kausar, Khalid, & Farooq, 2015) . In this context, it is of utmost importance to study the effect of mental illness related stigma on marital satisfaction. This study provides unique findings by analyzing the intervening role of spousal support in mental illness-related stigma and its subsequent effect on marital satisfaction. Our findings are helpful for couples to understand the essential factors of marriage life success and satisfaction.

Methodology

The purposive sampling was used to collect data for the study. The sample for the current study was collected from the Psychiatric departments of the hospitals located in Lahore, Pakistan. The study comprised a total of 240 married participants undergoing depression. The cross-sectional study has the following inclusion criteria: Clinical diagnosed patients of depression according to DSM-V with a minimum duration of 1 year, and duration of marriage was at least two years. The patient's ages ranged from 23 to 45 years. Participants were literate enough to read the questionnaire in the Urdu language.

Instruments

concerning received discrimination, feeling of alienation, stigma resistance, stereotype endorsement, and social withdrawal. In the present study, a translated tool was used. Cronbach's alpha worth of the scales is .82. But the internal consistency of the sub scales is Alienation .64, for social withdrawal is .69, and stereotype endorsement is .63, (Boyd Ritsher, Otilingam, & Grajales, 2003).

Couple satisfaction index was a thirty two-items scale to measure partner satisfaction during a relationship (Funk & Rogge, 2007). In the present study, the tool was translated into the Urdu language. The reliability of the Urdu translated scale was 0.80. Scale coding is as 0-5. 0 indicates strongly agree, and five indicates strongly disagree. Some items of the scale have reversed scoring.

Spousal support, a 6-item self-administered questionnaire, (Walen & Lachman, 2000). The Cronbach alpha of the size is good .86. Scale coding indicates that a lot, two is for some, three is for a little, and 4 indicates the not at all. Items were re-coded, so higher scores replicated higher partner support. In the present study, the tool was translated into the Urdu language. The reliability of the Urdu translated scale was 0.86.

Procedure

In this study, we tend to examine data from 240 married depression diagnosed individuals living in urban. Individuals were contacted to participate in research and provided us absolute data about their marital life. The study's primary inclusion criteria were that individuals ought to be diagnosed with depression for a minimum of one year at the time of information taking. Additionally, those individuals were approached for data collection, which had attended a minimum of 10th school to read out and perceived the translated instruments into the Urdu language. Participants initially read & signed on the informed consent form. All instruments were arranged so that participants initially completed a demographic form, followed by internalize mental illness stigma questionnaire – Urdu, Spousal support Scale- Urdu, and after that marital satisfaction index- Urdu.

Results

Table-1 Demographic characteristics of Sample (N= 240)

<i>Variables</i>	<i>F</i>	<i>%</i>
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Demographic Differences among Internalizing Stigmatization, Marital Satisfaction, and Spousal Support Received by Depressive Patients		
Gender	Male	55.8
	134	
	31---35	25.8
	36---40	22.5
	41---45	20.8
Nature of Marriage	Arrange Marriage	66.7
	Love Marriage	33.3
Family System	Joint family	50.8
	Nuclear Family	49.2
Education	Metric	36.7
	intermediate	13.3
	Graduation	20.0
	Post graduation	30.0
Duration of Illness	1-3	79.2
	4---5	20.8

Table-2 Mean, Standard Deviations and t- values of gender wise differences on internalize Stigma of mental illness, Spousal Support and Marital Satisfaction for male and female diagnosed with Depression (N=240)

Variables	Male (n=134)		Female (n=106)		T	p	95%CL	
	M	SD	M	SD			LL	UL
ISMI	39.4	7.2	37.7	5.3	1.9*	.04	.01	3.22
MS	122.2	24.1	128.3	15.6	-2.3*	.01	-11.1	-1.00
SS	7.4	1.4	6.9	1.4	2.4*	.01	.08	.84

Note. ISMI= internalize stigma of mental illness, MS= marital satisfaction, SS= spousal support. ** $P < .001$, * $P < .05$

Table-2 shows the statically significant differences in males and females on scales of internalizing mental illness stigma, marital satisfaction, and spousal support. In the sample, male scores are high on the dimension of internalizing stigma as compare to females. i.e. $\{(t(238)=1.9^*, P=.04)\}$. Females have a high score on marital satisfaction as compare to men. I.e. $\{(t(238)= -2.3^*, P= .01)\}$. On the scale of spousal support, male has received high support as compared to females. i.e. $\{(238)=2.4^*, P=.01)\}$.

Table-3 Mean, Standard Deviation and t- value of nature of marriage wise differences on Internalized Stigma of Mental Illness, Spousal Support and Marital Satisfaction of individuals diagnosed with Depression (N=240)

Variables	Arrange		Love		T	p	95%CL	
	(n=160)		(n=80)				LL	UL
	M	SD	M	SD				
ISMI	38.9	6.7	38.1	5.9	.968	0.33	-.893	2.61
MS	126.9	19.8	120.8	22.7	2.15*	.03	.516	11.7
SS	7.06	1.45	7.47	1.55	-1.99*	.04	-.808	-.044

Note. ISMI= internalize stigma of mental illness, MS= marital satisfaction, SS= spousal support. ** $P < .001$, * $P < .05$

Table-3 shows that arrange marriage and love marriage has not significant impact on internalize stigma of mental illness. i.e. $\{(238)=.96, P=0.33\}$ that demonstrate non significant differences. On the other hand, arrange marriage and love marriage has a significant differences on marital satisfaction, i.e. $\{(238)= 2.15*, P= .03$, and spousal support, i.e. $\{(238)= -1.99*, P= .04\}$.

Table-4 Mean, Standard Deviation and t- value of family system wise differences on Internalize Stigma of Mental illness, Spousal Support and Marital Satisfaction (N=240)

Variables	Joint		Nuclear		T	P	95%CL	
	(n=143)		(n=97)				LL	UL
	M	SD	M	SD				
ISMI	38.9	6.6	38.3	6.3	-.72	.47	-2.30	1.07
MS	124.8	21.3	125.3	20.7	.53	.59	-3.96	6.9
SS	7.1	1.3	7.2	1.6	.43	.64	-.31	.49

Note. ISMI= internalize stigma of mental illness, MS= marital satisfaction, SS= spousal support. ** $P < .001$, * $P < .05$

Table-4 shows that family systems have mean differences on the scales, but there are no statistically significant differences in the scales of mental illness's internalizing stigma, marital satisfaction, and spousal support.

Discussion

Unlike physical illness, mental illness has an additional burden of stigmatization that goes hand in hand with the individual suffering. In a culture like Pakistan, when there is little awareness about psychological problems, people tend to hide the secret of their psychological illness to fear getting a cold response from others. In this scenario, a married individual directly needs support from his or her spouse to help them out of these miserable circumstances responsibilities (domestic & external) to shield criticism of other family members or close ones.

The study has shown that males and females are both experiencing stigmatization in their lives due to mental illness, (Khan, Kausar, Khalid, & Farooq, 2015). Marital satisfaction and stigmatization due to depression significantly impact each other. Marital satisfaction could decrease as the level of stigmatization increased. These results indicate that there is a difference in men's and women internalized stigma and marital satisfaction. Men experienced more internalize mental illness stigmatization and less marital satisfaction as compared to women. People with depression are frequently dependent on their loved ones who are sticking by the patient's fear. One of the close people should continually be available to support the affected person. Results show that men received more spousal support than women (Table-2).

Moreover, differences in love marriage and arrange marriage demonstrate that individuals have no significant difference on the scale of internalized stigma. In contrast, arrange marriage individuals have more marital satisfaction as compare to love marriage. Zadeh's study demonstrates that in Pakistan, the upper class and educated people who got a tie in marriage through love have low marital satisfaction than arranged marriage individuals (Zadeh & Ahmed, 2007). On the other hand, love marriage individuals received more spousal support (Table-3). Qadir et al. (2013) the study supports the present study results where she concluded that marital issues adding to mental disorders. In Pakistan, parents usually chose the life partners for their adult children. It is an idea that arranges marriages are to hold families close. As in arranged marriage, parents try to marry in close relatives and cousins; they have high adjustment possibilities because of the same tradition and custom. This way also says it; spouses keep a strong bonding with the family.

An indigenous study by Khan & Aftab (2013) studied perceived social support among depression and marital satisfaction. Support from life partners prevents disputes from turning into vital behavior and stop raise in conflicts. In Pakistani society, a marriage is generally regarded as a relationship between families rather than only between the concerned couple (Gallagher, 2006). The family system of Pakistani society is incredibly powerful in couple marital life. In a joint family system, relatives share issues and difficulties. Many individuals take this interference as an uninvited interference, causing inconveniences (Fatima & Ajmal, 2012). In the present investigation, individuals with a nuclear family were high marital satisfaction and spousal support compared to individuals living in a joint family system (Table-4).

Conclusion

This study gives proof of concept and an exciting new understanding of the impact of mental illness stigma on marital satisfaction. The present study's findings could add to improving the understanding among spouses and counselors to improve marital satisfaction.

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