ORIGINAL ARTICLE

Socio-demographic characteristics and marital adjustment in patients with emotionally unstable personality disorder

Manish Bhargava

Associate Professor, Department of Psychiatry, National Institute of Medical Sciences & Research, Jaipur, Rajasthan, India

ABSTRACT:
Introduction: EUPD has been found to be associated with a low quality of intimate relationships and predispose to dysfunctional interactive behaviours and a negative marital outcome. Though the incidence of separation and divorce are on the rise, the problems of underlying personality factors are not given much significance and not adequately studied.
Materials and Methods: All consecutive EUPD patients of both genders attending psychiatry department during the study period (2015- 2016) were included in the study. Those with mental retardation, seizure disorder, psychotic illness before 18years of age and acute medical illness that interfere with assessment were excluded. After obtaining informed written consent, socio-demographic and clinical details were collected using a data sheet designed for this purpose. Data was collected from both patients with EUPD and their spouses. **Results:** 92.4%(n=44) of the group were in their first marriage. The average duration of the current marriage was less than ten years in 92.4% of the study group. 10 (24.2%) had no children, and 20 (53.1%) had children below 5years of age. 16 (42.3%) subjects received some psychosocial intervention for marital discord in the past. 71.5% of spouses (all were males, subjects reported a moderate to high level of marital dissatisfaction. Comorbid psychiatric diagnoses were present in 10 (24.2%) of the study subjects. Majority of spouses (98.3%) of the subjects had an education up to secondary level or above. **Conclusion:** This study found a high level of marital maladjustment among subjects with Emotionally Unstable Personality Disorder. Wives of persons with schizophrenia have lower QOL and marital adjustment compared to normal controls.
Keyword: Emotionally unstable personality disorder (EUPD), Relationships, marital satisfaction

Corresponding author: Manish Bhargava, Associate Professor, Department of Psychiatry, National Institute of Medical Sciences & Research, Jaipur, Rajasthan, India

INTRODUCTION

ICD-10 also has similar definition and nomenclature, except for borderline personality disorder, which ICD names as emotionally unstable personality disorder (EUPD). 1 EUPD is a personality disorder in which "there is a marked tendency to act impulsively without consideration of the consequences and also has affective instability". ICD-10 has divided it into impulsive and borderline subtypes.1 Marriage is a social institution. An intact and harmonious marital relationship is required for maintaining the family as a unit. However, as in any other relationships, conflicts often arise due to several reasons. Unlike the breakdown in other relationships, a marital breakdown or disharmony has a lot of negative implications on the individuals, especially the children. Personality disorders, especially EUPD, plays a significant role in marital disharmony.2 The link between personality characteristics and marital satisfaction has been explored in previous studies also.3,4 Batra et al. reported a high rate of unstable emotionality among females of divorce seeking couples compared to normal healthy controls.5 A lower social adjustment was seen among subjects with EUPD.6 A prospective study involving 142 late adolescent females reported an association between EUPD and dysfunction in romantic relationships.7 Those with EUPD are more likely to be involved in romantic relationships but

found to experience unstable, chaotic and less prolonged relationships.8,9

The close-knit family structure and lack of adequate government resources to support people with mental illness place the burden of care on the family which is perceived to be the "natural" caregiver. Sociocultural expectations envision care giving as an obligation and moral binding which is to be given by parents, children or the spouse. Religious-cultural beliefs frequently blame spirits, ghosts, and other supernatural factors for the appearance of psychiatric disorders.10 Due to these beliefs, families often seek the help of faith healers and charlatans who perform elaborate and expensive rituals to "cure" the person. However, the scenario is changing and more and more people are aware of, and seek modern psychiatric treatment at the beginning or after completing the rituals prescribed by faith healers.11 Illiteracy, ignorance, and superstition paint the perception of mental illness, and stigma and oppression become a daily challenge in lives of the families of psychiatric patients. The onset of schizophrenia is most commonly in late adolescence or early adulthood. The disorder manifests with profound disorder in thought, language, and personality along with characteristic symptoms of psychosis, such as hearing voices or delusions.12 The volatile nature of the disorder and its accompanying debilitating consequences burdens the

family in multiple domains causing social, emotional, and financial problems.13

EUPD has been found to be associated with a low quality of intimate relationships and predispose to dysfunctional interactive behaviours and a negative marital outcome.14,15 Though the incidence of separation and divorce are on the rise, the problems of underlying personality factors are not given much significance and not adequately studied

MATERIALS AND METHODS

Individuals in the age range of 18-45 years and diagnosed as having emotionally unstable personality disorder (EUPD) as per International Classification of Diseases-Diagnostic Criteria for Research (ICD 10-DCR) criteria and currently staying with the spouse were included in this study. All consecutive EUPD patients of both genders attending psychiatry department during the study period (2015- 2016) were included in the study. Those with mental retardation, seizure disorder, psychotic illness before 18years of age and acute medical illnessthat interfere with assessment were excluded. After obtaining informed written consent, socio-demographic and clinical details were collected using a data sheet designed for this purpose. Data was collected from both patients with EUPD and their spouses. Diagnoses were made by a psychiatrist using ICD-10-DCR. Locke Wallace Marital Adjustment Scale (MAT) was administered for self-rating by the subjects.Thisis a 15-item scale to assess marital satisfaction. Total score ranges from 2 to 158. Scores below 85 indicate poor marital satisfaction, and between 85 and 99 indicate moderate satisfaction. A score above 100 indicates high marital satisfaction. Malayalam version of the tool was finalised using forward and backward translation method. Type of marriage (arranged/love) was decided based on the report from the couple. The qualitative variables were summarised as frequencies and percentages. Differences in the family and spousal characteristics between those with low and high MAT score were compared using the chi-square test. A p-value of 0.05 or less was considered statistically significant.

RESULTS

44 subjects diagnosed with EUPD comprised the study sample. 35 (79.5%) were below 35 years of age. 4 (9.0%) had a family history of mental illness. None of the subjects reported any past mental illness.

Table1: Socio-demographic characteristics of EUPD patients

Characteristics		Number (%)
Age group	<25years	9(20.4)
	25-35years	28(63.6)
	36-45years	7(15.9)
Gender	Male Female	11(25)
		33(75)
Residence	Rural Urban	26 (59.0)
		18(40.9)
Education	Primary	2(4.5)
	Secondary/higher	21(44.7)
	Graduate	19 (43.1)
	Professional	2(4.5)
Occupation	Unemployed	18(40.9)
	Unskilled	7(15.9)
	Skilled	15(34.0)
	Professional	4(9.0)
Income/month	<Rs5000/-5000-	7(15.9)
	10000/-	24(54.5)
	>10000/-	12 (27.2)

92.4% (n=44) of the group were in their first marriage. The average duration of the current marriage was less than ten years in 92.4% of the study group. 10 (24.2%) had no children, and 20 (53.1%) had children below 5years of age. 16 (42.3%) subjects received some psychosocial intervention for marital discord in the past. 71.5% of spouses (all were males, subjects reported a moderate to high level of marital dissatisfaction. Comorbid psychiatric diagnoses were present in 10 (24.2%) of the study subjects. Majority of spouses (98.3%) of the subjects had an education up to secondary level or above.

Table 2: Family characteristics, marital history and MAT severity

Parameters		MAT severity(number,%)		P value
		Low/Moderate	high	
Family type	Nuclear	17(60.7)	11(39.2)	0.198
	Joint	9(81.8)	2(18.1)	
	Extended nuclear	2(40)	3(60)	

Family h/o mental illness	Yes	6(100)	0	0.182
	No	23(60.5)	15(39.4)	
Previous marriage	Yes	6(100)	0	0.182
	No	23(60.5)	15(39.4)	
Duration of marriage	<5years	13(61.9)	8(38.0)	0.998
	5-10years	11(61.1)	7(38.8)	
	>10years	3(60)	2(40)	
Type of marriage	Arranged	22(70.9)	9(29.0)	0.024*
	Love marriage	5(38.4)	8(61.5)	

Only 4 (11.8%) of spouses were below 25 years of age, and 53% were skilled workers or professionals. No significant difference in MAT severity was found between impulsive and borderline subgroups

Table 3. Spousal characteristics and MAT severity.

Parameters		MAT severity(number,%)		P value
		Low/Moderate	high	
Age of the spouse	<25years	3(50)	3(50)	0.056
	26-35years	12(50)	12(50)	
	36-45	11(100)	0	
	>45	3(100)	0	
Education	Primary	2(100)	0	0.306
	Secondary	13(56.5)	10(43.4)	
	Graduates	11(78.5)	3(21.4)	
	Others	2(40)	3(60)	
Occupation	Unemployed	2(22.2)	7(77.7)	0.307
	Unskilled	9(63.2)	4(30.7)	
	Skilled	10(83.3)	2(16.6)	
	Professional	7(70)	3(30)	
Substance abuse	Yes	9(90)	1(10)	0.048*
	No	13(54.1)	11(45.8)	
H/o mental illness	Yes	1(100)	0	0.453
	No	21(63.6)	12(36.4)	

DISCUSSION

A similar observation was made by Paris J, where the majority (80%) of BPD subjects receiving therapy were females compared to a community sample.16 This could be because more women than men tend to report to a clinical setting for mental health issues. This study showed a high prevalence of marital maladjustment among people with EUPD. This agrees with many previous studies that noticed a high rate of marital distress and disruptions among EUPD subjects.17 Gender, education, occupation, religion or socio-economic factors did not show any relationship with the severity of the marital adjustment. This could mean that borderline personality is a more important determinant of marital satisfaction than other socio-demographic variables. Though no statistical relationship was found between age group and marital adjustment, lower age group tend to report a high rate of marital dissatisfaction. However, this finding needs further exploration as the sample size was small. EUPD individuals with a history of love marriage reported a high rate of marital maladjustment compared to those with an arranged marriage. This association between the type of marriage and marital adjustment wasfound to be statistically significant. This may reflect the tendency of EUPD subjects to have affective instability and impulsivity. Many

previous studies reported a similar observation. Whisman et al. also reported a positive association between the severity of EUPD and marital distress.17 We have used ICD-10 criteria which brings objectivity. Locke Wallace Marital Adjustment Scale is an appropriate tool designed for marital adjustment issues. Sample size calculation was not done, but all consecutive cases fulfilling the inclusion criteria during the study period were included. The study is cross-sectional and descriptive without a comparison group. Hence confounding variables were not controlled. In- depth studies are required to shed light on how persons with EUPD and their spouses cope with intimate relationships like marriage. Since most of the spouses had substance use, this could have influenced the quality of marital relationship; more studies are required to explore this area.

In our study, significant group differences were found in terms of sexual adjustment, social adjustment, and emotional adjustment between the groups. The total score of marital adjustment was seen significantly higher in spouses of individual without psychiatric illness. It indicates that the spouses of individual without psychiatric illness have better marital adjustment than the spouses of individual with schizophrenia. In sexual, social, and emotional adjustment, the P value was 0.0001 which denotes a

117

significant difference in between spouses of patients suffering from schizophrenia as compared with spouse of subjects without psychiatric disorders. Total score of marital adjustment was also seen to be significant in our study. Kang et al. did a similar study which showed a lower rate of sexual satisfaction as compared with the general population.18 Another study on spouses of patients suffering from schizophrenia also showed a similar result. It is obvious that burden experienced by spouses differ from those experienced by parents in many respects: At the center of the spouses' problems are those relating to the partnership – such as challenging marital intimacy and commonality, reorganization of familial and partnership tasks, and redefinition of plans for mutual life.

In our study, we found QOL to be moderately low. This is similar to the findings of an Indian study which found that the QOL levels of caregivers of schizophrenia patients were either low or moderately low.19 In addition, another study reported that high family burdens were encountered by caregivers of schizophrenia patients in various parts of the world.20

CONCLUSION

We have used ICD-10 criteria which brings objectivity. Locke Wallace Marital Adjustment Scale is an appropriate tool designed for marital adjustment issues. Sample size calculation was not done, but all consecutive cases fulfilling the inclusion criteria during the study period were included. The study is cross-sectional and descriptive without a comparison group. Hence confounding variables were not controlled. In- depth studies are required to shed light on how persons with EUPD and their spouses cope with intimate relationships like marriage. Since most of the spouses had substance use, this could have influenced the quality of marital relationship; more studies are required to explore this area.This study found a high level of marital maladjustment among subjects with Emotionally Unstable Personality Disorder. Wives of persons with schizophrenia have lower QOL and marital adjustment compared to normal controls.

REFERENCES

1. World Health Organization, the ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. Geneva,Switzerland: World HealthOrganization; 1993
2. SouthSC,Turkheimer E,OltmannsTF:Personalitydisorder symptomsandmarital functioning.J ConsultClin Psychol 2008;76(5):769-80.
3. LuoS,ChenH,YueG,ZhangG,ZhaoyangR, Xu D: Predicting marital satisfaction from self, partner andcouplecharacteristics:is itme,you,orus?Journalofpersonality2008;76(5):1231-1262
4. SmithTW, BaronCE, GroveJL: Personality, emotional adjustment and cardiovascular risk: marriage asamechanism.Journal ofPersonality2014;82(6):502-14
5. Batra L, Goutam S: Psychiatric morbidity and personality in divorce seeking couples. Indian. J Psychiatry1995;37(4):179-185
6. Zlotnic C, Johnson DM, Yen S, Battle CL, SanislowCA,Skodol AE et al.:Clinical featuresand impairmentin women with borderline personalitydisorderwithpost-traumaticstress disorder, BPD withoutPTSD,andotherpersonalitydisorderswithPTSD.JNervMentDis2003;191:706-14
7. Daley SE, Burge D, Hammen C: Borderline personality disorder symptoms as predictors of 4- year romanticrelationshipdysfunctioninyoungwomen:addres singissuesofspecificity.JAbnorm Psychol 2000;109(3):451-60.
8. Navarro-GomezS, Friaz A, Palma C: Romanticrelationship of people with borderline personality: A narrative review. Psychopathology 2017;50(3):175-87
9. HillJ,SteppSD,WanMW,HopeH,MorseJQ,Steele M et al.: attachment, borderline personalityand romantic relationship dysfunction. J Pers Disrd 2011;25(6):789-805.
10. Grover S, Nebhinani N, Chakrabarti S, Shah R, Avasthi A. Relationship between first treatment contact and supernatural beliefs in caregivers of patients with schizophrenia. *East Asian Arch Psychiatry.* 2014;24:58–67.
11. StanleyS,ShwethaS.Integratedpsychosocialintervention inschizophrenia:Implicationsfor patients and caregivers. *Int J Psychosoc Rehabil.* 2006;10:113–28.
12. WorldHealthOrganisation.*Schizophrenia.*WorldHealth Organisation;2016.
13. YaziciE, KarabulutÜ,YildizM,BaskanTekeşS,Inan E,Çakir U, etal.Burdenon caregiversof patients with schizophrenia and related factors. *Noro Psikiyatr Ars.* 2016;53:96–101.
14. JeungH, Herpertz SC: Impairments of interpersonal functioning: empathy and intimacyin borderline personality disorder. Psychopathology 2014;47(4):220-34
15. de Montigny-Malanfant B, Santerre ME,Bouchard S,Sabourin S,Lazarides A,Balanger C: Couple`s negativeinteractionbehavioursandpersonality disorders. Am. J Family therapy 2013;41(3):251-79
16. Paris,J:Borderlinepersonalitydisorder.CMAJ2005;172(12) :1579-83.PMID15939918.
17. Whisman MA, Schonbrun YC: Social consequences ofborderlinepersonality disorder symptomsina population-basedsurvey:Maritaldistress, maritalviolence and maritaldisruption.J personality Disorder 2009;23(4):410-15.
18. Kang T, Kang G, Han H, Roh S. Marital and Sexual Satisfaction among Patients with Schizophrenia. *J Korean Neuropsychiatr Assoc.* 2012;51:263. [Google Scholar]
19. 27.Panigrahi S, Acharya RK, Patel MK, Chandrani KV. Quality of life in caregivers of patients withschizophreniaanditscorrelationwithseverityofilln ess.*IntJEngSci.*2014;3:55–60.[GoogleScholar]
20. 28.ChanSW.Globalperspectiveofburdenoffamilycare giversforpersonswith schizophrenia. *Arch Psychiatr Nurs.* 2011;25:339–49.