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*The valuation of satisfaction from the conjugal life
of patients with neurosis*

The experience of emotional bonds formed by husband and wife through mutual relationships, significant for reaching a state of satisfaction from marriage, is usually higher than satisfaction from other spheres of life and is strongly connected with the sense of general happiness.

From psychotherapeutic practice it appears that emotional experience of one spouse becomes part of experience of the other one and has an evident bearing on the satisfaction from marriage. Marriages are created by means of their members' interactions, i.e. real people with definite personality features, psychical needs and a self-picture. The mutual manner of adapting oneself individual systems has an influence on what features will be characteristic of the given conjugal and family system. The issue was touched in the literature on the subject by Rostowski (1987) and Tyszką (1980).

The aim of the researches was the analysis of the conjugal satisfaction level of patients with neurosis, the perception of marriage and occupational situation, and social contacts of the examined.

The following problem questions were posed: What is the level of satisfaction from conjugal life of patients with neurosis and of their spouses? What is a subjective valuation of the conjugal situation by people with neurosis? What is the sphere of the social contacts of the patient's family like? What is the actual occupational situation of the people with neurosis?

MATERIAL AND METHODS

To answer the above questions, patients with neurosis and their families were examined and the obtained results were compared to those of control group spouses. The empirical researches were carried out in the group of 160 patients from the Neurosis Ward of Public Health, Medical University of Lublin and their spouses and 80 marriage couples from the control group. Generally, 640 people were examined.

The researches were carried out in the years 1999–2002. The main criterion of patient selection was the generally obligatory Psychical and Behavioral Disorder Classification ICD-10. All of the examined people were married.

The following selection criteria were undertaken for the group examined: 1. The diagnosis of a patient's neurosis disorders – the diagnosis of a therapeutic team from the Neurosis Ward. 2. Lack of serious somatic disease or symptoms of OUN organic damages. 3. Staying for at least 5 years in marriage, age not more than 50 years. 4. Lack of mental disease symptoms. 5. The consent of the patient for participation in the researches. 6. Maintaining children. 7. Separate flat.

Totally, there were 180 hospitalized patients with diagnosed neurosis disorders. The control group (80 married couples chosen intentionally) made up people being in marriage. They had neither been treated for a mental disease, nor undertook psychotherapy. They did not take advice in marriage guidance, either. Yet, they needed to be characterized by similar socio-demographic features, and fulfil the criteria: 2, 4, 5 and 6. The diagnosis of the examined patients were: anxiety disorders, such as phobias – 13.3%, general anxiety disorders – 20%, obsessive-compulsive disorders – 13.3%, adaptive disorders – 16.5%, dissociative disorders – 8.3%, hypochondriac disorders – 13.3%, somatic disorders – 8.3%, neurasthenia – 6.6%.

In the research the Scale of Marriage Satisfaction SPM by M. Braun-Galkowska was applied. The scale enables us to find the rate of the examined person's marriage success, or in other words, extent to which marriage is a success. Patient's Questionnaire was used for the valuation of different aspects of life.

RESULTS AND DISCUSSION

The age of the respondents in case of patients ranged from 24 to 45 years, 39 on the average. People from the control group were at the age from 26 to 50, 42 on the average. The age of the patient's getting ill (estimated on the base of the data from anamnesis and medical documentation) ranged from 18 to 40, with lack of differences related to the patients' sex. The length of the disease was from one to 15 years. However, the length of disease duration in case of many people was quite long – about ten years, but for 85% patients it was their first hospitalization, for 12% – the second and for 4% – the third one.

The respondents represented the following levels of education: 26% of the respondents had basic technical education, 47% – secondary education, 27% – people had higher education. The place of residence of the respondents: 33% – a province capital, 44% – a district town, 22% – a village. The next analyzed variable was the number of children in the family: 38% patients had one child, 53% – two children, and only 9% – three children.

The patients and their spouses were examined individually, in the first two weeks after admission to the Neurosis Ward for 10-week psychotherapy. The married couples from the comparative group were also examined individually.

After finishing the researches, the data from anamnesis and medical documentation were arranged, and results in numbers were subjected to a statistic analysis, among others t-Student test, r-Pearson correlation rate, and concentration analysis with the use of SPSS/PC+ statistical procedure package. The obtained test's results of the examined and comparative group were subjected to quality and quantity analyses.

VALUATION OF SATISFACTION LEVEL FROM LIFE IN MARRIAGE

From the compiled data (Fig. 1) it appears that the highest level of satisfaction in conjugal life was reached by the spouses from the control group (gr. 5–6). The results were convergent. In the patients' group (gr. 1–4), the results of analysis show generally low level of satisfaction. Women with neurosis disorders got statistically considerably higher results than the examined men. It is possible that the women satisfied their emotional needs in their marriages, which influenced the level of their satisfaction positively. The situation of a marriage is multidimensional and can be characterized by designating the sensation of spouses' satisfaction, the level of adapting themselves to social and family tasks as well as subjective perception of this situation. The estimation of this area of life comprises providing mutual emotional needs, a sense of bonds and unity, experiencing mutual understanding between spouses, and also co-operation and psychical relationship.

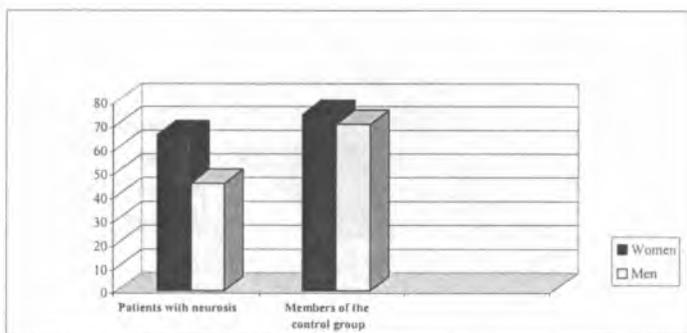


Fig. 1. The level of satisfaction from conjugal life in SPM test in the examined groups

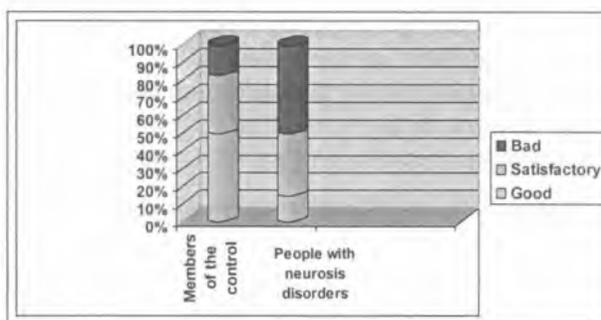


Fig. 2. The valuation of conjugal situation in the examined groups

From the carried out researches it appears that half of the people with neurosis (50%) were not satisfied with their marriage, qualifying it as bad or unsuccessful. Thirty-five percent of respondents from the patients' group qualified their conjugal situation as satisfying, and only 15% considered it was good. Conjugal situation was qualified as good (over 50%) and satisfying (30%) by 80% of the people from the control group. Only 20% of the group did express their negative attitude towards their marriage. The data show that there are some significant differences in the perception of conjugal situations by both groups. In the marriages afflicted with neurosis disorders there is noticed a strong concentration on their own families. It is very interesting that the spouses avoid social contacts purposely. The observation was confirmed in the present researches.

THE LEVEL OF SATISFACTION FROM SOCIAL CONTACTS

The social relations of the patients with neurosis disorders are as follows: 1. Isolation (permanent lack of contacts with other people from outside the family) – 17%. 2. Bad (occasional, lack of close friends) – 35%. 3. Tolerable (periodical limitations, not large group of friends) – 30%. 4. Good (lack of problems, many friends and acquaintances) – 18%. The social contacts of the members from the control group are the following: 1. Isolation (permanent lack of contacts with other people from outside the family) – 1%. 2. Bad (occasional, lack of close friends) – 3%. 3. Tolerable (periodical limitations, not large group of friends) – 40%. 4. Good (lack of the problems, many friends and acquaintances) – 56%.

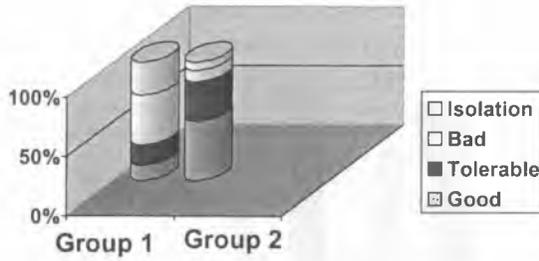


Fig. 3. Social contacts according to the examined patients

On the basis of the research results, we can find significant differences in valuation of the sphere of family contacts with their social environment (e.g. acquaintances, neighbours, friends) between the research group (group 1) and the control group (group 2). As good and satisfying, social contacts were valued by 30% of the patients and 80% of respondents from the control group. Family isolation from social contacts concerns 8% of respondents from the control group and as many as 30% of families of the patients with neurosis disorders. Forty-two percent of the respondents with neurosis disorders estimated their contacts as bad, which was found in the control group in 10% of their families.

THE OCCUPATIONAL SITUATION OF THE PATIENTS WITH NEUROSIS DISORDERS

The patients with neurosis disorders subjected their occupational situation to subjective estimation: 1. Bad (lack of work or serious difficulties and conflicts – 66.6%. 2. Tolerable (periodical difficulties) – 25%. 3. Good (rare or lack of significant difficulties) – 8.4%. The people from the control group also estimated their occupational situation with the scale of three degrees: 1. Bad (lack of work or serious difficulties and conflicts – 16%. 2. Tolerable (periodical difficulties) – 44%. 3. Good (rare or lack of significant difficulties) – 40%.

Lack of occupational satisfaction accompanied most of the people with neurosis disorder (66.6%), in the control group – only 16% of the respondents. A tolerable level of satisfaction was typical of 25% of patients and of 44% of people from the control group. The smallest percentage – 8.4%, was in the patients' group among the people who estimated the analyzed aspect as good; in the control group such valuation was characteristic of 44% of the respondents.

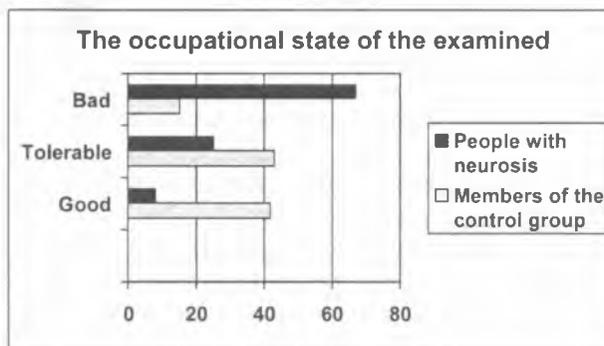


Fig. 4

CONCLUSIONS

In the present article, there were presented research results concerning the level of conjugal and occupational satisfaction, and also satisfaction from social contacts of families with neurosis disorders. The obtained results enable us to form the following conclusions:

1. Neurosis disorders had a significant influence on marriage dyads in many dimensions, such as: satisfaction from marriage, social contacts of a family, conjugal situation.

2. In people with neurosis disorders the level of satisfaction from their marriages in comparison to the people from the control group was lower. Among the examined people, women always reached higher levels of satisfaction from their marriages than men.

3. Social contacts of the neurosis patients' families were characterized by assuming attitudes of isolation and social alienation and withdrawal from their social lives.

4. The occupational situation of the patients with neurosis disorders is bad.

5. The above analyses were confirmed by clinical observations that the psychotherapy of neurosis disorders should be based on interaction, interpersonal and social approach.

REFERENCES

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SUMMARY

The experience of emotional bonds created by spouses through mutual relationship is significant for reaching the state of satisfaction and fulfilling personal needs. Neurosis disorders of one spouse have a significant influence on conjugal situation in many aspects, such as: the level of satisfaction from marriage and social contacts of a family.

Ocena zadowolenia z życia małżeńskiego pacjentów z nerwicami

Doświadczanie więzi emocjonalnych stworzonych przez małżonków poprzez wzajemne relacje jest istotne w osiągnięciu stanu zadowolenia i zaspokojeniu potrzeb osobistych. Zaburzenia nerwicowe jednego z małżonków mają znaczący wpływ na sytuację małżeńską w wielu aspektach, takich jak poziom zadowolenia z małżeństwa oraz kontakty towarzyskie (społeczne) rodziny.