

## Are there any gender differences in marriage and spousal support among psychiatric inpatients?

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**Objective:** The high rates of spousal incompatibility, separation and divorce have been reported and certain social skills have been disturbed among patients, who have psychiatric disorders. This is associated with low rates of marriage and high frequency of marital maladjustment. It is stated that marital satisfaction is significantly reduced in recurrent depressive disorders. Marriages resulting in separation and divorce are frequently seen among the individuals with bipolar disorder. Studies have shown that in married women are exposed to more stress than men are exposed, depending on psychological, social and biological factors such as pregnancy, childbirth, motherhood and familial responsibilities. Considering both the burden of marriage to females and negative effects of psychiatric disorders to marriage, we compared our male and female patients based on the hypothesis that, in female patients, who are hospitalized in psychiatry clinics, divorce rates would become higher and the spousal support would become lower than male patients would.

**Methods:** Male and female inpatients that are currently married or had a history of marriage have consequently been administered sociodemographic data form that questions a detailed marriage history. Insight and functionality was also assessed.

**Results:** 96 of the patients were female, 111 were male. The diagnoses of the total sample were as follows: 41.1% were schizophrenia, 26.1% were bipolar disorder, 11.5% were psychotic disorder NOS, 9.2% were depression. Others were schizoaffective disorder, delusional disorder, anxiety disorders, adjustment disorders and personality disorders.

The mean ages for males were  $46.8 \pm 12.0$ , for females were  $40 \pm 10.9$  ( $p=0.00$ ). The duration of illness in men was:  $13.1 \pm 10.3$ , in women:  $10.3 \pm 8.6$  ( $p=0.04$ ). Separation was significantly higher in women ( $p=0.04$ ). Spousal violence was significantly higher in female patients ( $p=0.00$ ). The history of alcohol and substance use disorder was significantly higher in male patients ( $p=0.003$ ,  $p=0.02$ ). Global assessments of functioning (GAF) scores were higher in women than in men. Among schizophrenia group, the rates of separation and divorce were significantly higher in female patients, whose duration of illness was above 10 years ( $p=0.02$ ,  $p=0.04$ ). Among male patients with schizophrenia, no significant differences were found in terms of duration of illness. It was not different for patients with affective disorder.

**Conclusion:** The finding that GAF scores were higher in women than in men could be explained by lower mean age and shorter duration

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of illness in women. Female patients married or with a history of marriage are younger than male patients. It may be explained by common earlier marriages among women in our society. The rates of spousal violence and separation were higher among female patients. This may support our hypothesis that spousal support is lower among female patients. Duration of illness was positively associated with the rates of separation/divorce among female patients with schizophrenia. This may be associated with stigmatization of mentally ill women. Among affective disorders, separation and divorce rates have not showed any differences according to gender. Affective disorders may affect social functioning less.

**Keywords:** marriage, divorce, mental health