

Compatibility and Marital Satisfaction in Disabled Couples Compared to Healthy Ones

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Objectives: The aim of current study was the evaluation and comparison of compatibility and marital satisfaction between handicapped couples and healthy ones.

Methods: In this study, 50 handicapped couples and 50 healthy couples were examined with Enrich's marital satisfaction questionnaire and Bell's adjustment questionnaire. The data were analyzed, using SPSS 15, correlation tests and ANOVA.

Results: The results showed that there was no significant difference between handicapped and healthy couples in compatibility and marital satisfaction.

Discussion: It is concluded that people who were handicapped before their marriage and those who decided to marry them were suitably aware of the issue, therefore accepting a handicapped person was not so hard. What is important in marital compatibility is accepting a partner.

Keywords: handicapped, marital satisfaction, marital adjustment.

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Introduction

Marriage is one of the oldest human ties, which has always given satisfaction for people and character development, leading them to choose it at least once in their lives. Nowadays the importance of marriage has been acknowledged by psychologists and consultants (1, 2). Individuals with chronic physical and mental illnesses suffer from severe prolonged physical, cognitive and behavioral impairments. In such mental-social actions, patients' self-care, interpersonal relationships and employment conditions are drastically affected. That is why they need society's permanent care and assistance to adjust and have a successful life. In fact, the disabled person is the one whose physical or mental health has been damaged temporarily or permanently, and who has lost his/her ability to perform personal and daily chores and social activities; as a result, he/she cannot continue living without help or special support and care. In other words, disability, due to severe and ongoing problems which cause limitations and many psychological and social pressures for the individual and his/her family, has several consequences. Undoubtedly the disabled person's spouse is closest to the patient, having the greatest emotional, cognitive, verbal and nonverbal

relationship with the patient. Various studies have shown, in case of marital dissatisfaction or inappropriate relationships, spouses may endure the most discomfort. By the same token, in a survey of consultants from 100 clinics, the most common problems expressed by wives of Vietnam war veterans were tolerating difficulties, loneliness, social isolation, feeling lost in their lives, responsibility, frustration, loss of identity, lack of control over their lives and blaming themselves (3). Amir et al., in a comparison of the wives of veterans and normal spouses, showed that wives of veterans have significantly poor mental status and suffer from hysteria, hypochondriasis and depression. In another research, Babaei et al. performed a comparative evaluation of the general health and marital satisfaction of Iranian women married to veterans and those married to non-veterans, using the Enrich Marital Satisfaction Questionnaire and GHQ (4), on 183 women of Mazandaran Province (Including 93 women whose partners participated in battle and 90 women whose partners did not participate in the war). They showed a significant difference between the two groups' scores of marital satisfaction and mental health, and Iranian women married to the veterans showed higher levels of marital satisfaction

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and general health compared with those married to non-veterans. In addition, those married to non-veterans suffered more from physical impairments, anxiety, insomnia, social dysfunction and depression. Furthermore, there is a significant positive correlation between marital satisfaction and general health of those married to veterans, compared with those married to non-veterans. Ren et al. showed that people with physical illness or disability have higher marital dissatisfaction compared with others. Chan studied the tension between spouses of handicapped people in Hong Kong, and showed that the most stressful situations were related to the wives' health, their family, relationships and heavy responsibilities (5). North, and Lapham-Rndlv, reported in their studies a significant change, intolerance, fatigue and disturbance in the disabled spouses' lives (6,7). Bahrainian and Borhan (2003) reported depression (mild to severe) in 88.9% of wives of veterans using the Beck Depression test(8). Their studies also showed that 86.7% of veterans' spouses are not healthy. In another study by Sardareie (2007) on 50 spouses of the disabled and 50 normal spouses, the Disabled Group mean depression was significantly higher (9). The findings also showed a significant negative correlation between passion-seeking and marital satisfactions among veterans who suffer from post-traumatic stress and pain. This means that an increase in passion-seeking among veterans and their spouses decreases marital satisfaction (10). Research shows a significant negative correlation between marital satisfaction and the dangers of war (11,12). Adler-Baeder stated that negative emotions such as anger and hatred can have a negative impact on the marital satisfaction of veterans due to long-term physical and psychological damage (13). However, there was no correlation between the severity of the disability and their life satisfaction. Furthermore, there was no relationship between the assistance the disabled received and their life satisfaction.

All these groups prized marriage and had similar expectations towards it, although not all of their needs and wants were fulfilled in this field (marriage). This becomes more complex and especially difficult in the case of people with disabilities. Problems and frustrations that may appear are primarily due to the society's negative attitude about the disabled person's work and life. Sedghamiz (2008) performed a study about factors affecting marital adjustment on 577 normal and disabled couples in Shiraz, and showed a highly

significant relationship between the level of education, number of children, the man's employment status, the couple's age difference and marital adjustment (14). In a research by Patterson to evaluate the effect of physical disability on marital adjustment (review of articles), it was shown that there is a relationship between marital stress and physical disability (15). This stress factor does not seem to be directly related to the severity of disability, but it seems that it affected the couples in various forms and depended on the integrity and function of a person's sexuality. Cognitive and mental deterioration towards physical disability leads to more stress in marital relationships.

Hashemi's research on the effectiveness of training partners of veterans with posttraumatic stress disorder with Adler's approach came to the conclusion that the approach had increased marital satisfaction (16). Fyncham and Bradbury express that the spouse's attitudes and interpretations of each other are effective in their marital life. Holland et al., in a study performed in 1992, concluded that a positive attitude and behavior of each member of the couple gives hope for a happy marriage in the future. They also express that positive expectations have a role in a positive marital adjustment. Furthermore, the couple's perception and interpretation of family life has an effect on marital adjustment. Also, women's perceptions and experiences of their family are more important than men's, which means the interference of past patterns from women has a stronger effect in marital adjustment (17). Research conducted by Coombs suggests that there is an association between marital satisfaction and health (18).

This means that with physical health, couples can have more pleasant experience by living together, thus physical and mental disabilities can, sometimes, have serious negative impacts on relationships between couples and their marital satisfaction. It is of importance for everyone to have a stable and healthy family; for those with a physical disability it requires more effort and strategies to prevent them from feeling emptiness and frustration in life, or even possibly being abused, and to be able to play their role in various areas of their lives. This is necessary for human dignity in society, because people with physical disabilities who lack mobility in their daily lives, due to unsuitable living environments, might also have problems in their marriage. This may be especially true if both spouses (husband and wife) have mobility

impairments. Given that no research has been conducted to evaluate the marital adjustment and satisfaction of these couples, the present study explores these two issues among disabled people and compares them with non-disabled couples.

Methods

The statistical population of this research consists of all the handicapped social workers of the Welfare Organization in Tehran Province. 50 selected couples were the available population who were tested and 50 healthy couples were selected for comparison. These two groups were matched with each other based on age, education, and the length of their marriage. For measuring marital satisfaction, the ENRICH Marital Satisfaction Questionnaire was used. This questionnaire consists of 12 scales that include: a conventional response, marital satisfaction, personal issues, marital relationship, conflict solution, financial management, leisure time activities, sexual relationships, marriage and children, relatives and friends, the roles related to the couple's equality, and ideological stances (19). Grading is based on five choices (1-5) where the higher score indicates greater marital satisfaction. Due to the large number of questions in ENRICH questionnaire which consists of 115 questions and made the subjects exhausted, Soleimani provided a short form of the questionnaire that has 47 questions. The original form of the ENRICH marital satisfaction questionnaire reports a

cronbach Alpha of 0.92 (20). The Soleimani short form questionnaire reports 0.90, and in the present study, the short form of the questionnaire was used with value of 0.91.

In order to measure personal and social adjustment, the Bell Adjustment Inventory was used (21). The Adjustment Inventory was compiled by Bell (Professor of Psychology) in 1961, and consists of five separate measurement scales of personal and social adjustment as follows: a) Adjustment at home: High scores in this area indicate incompatibility with the family environment and low scores indicate the compatibility with the family environment. B) Health and fitness: High scores in this area indicate inappropriate health adjustment and low scores indicate satisfactory adjustment. C) Social adjustment: High scores indicate avoidance and withdrawal from social contact and submission and low scores indicate aggressive mode in social contact. D) Emotional adjustment: People with high scores show emotional instability and people with low scores have emotional stability. E) Occupational adaptation: People who receive low scores are satisfied with their jobs and those who have gained high scores are dissatisfied with their jobs. The reliability of the five sub-scales of the questionnaire and the total scores are reported in the table (1). The correlation coefficient is determined by comparing odd items of the measurement to the even and using the Spearman - Brown prediction formula.

Table 1. Validity and reliability of Bell's Adjustment Inventory

Code	Adjustment	reliability	Code	Adjustment	reliability
A	In House	0.91	D	Emotional	0.91
B	Health	0.81	E	Job	0.85
C	Social	0.88		Total scores	0.94

Cronbach Alpha obtained in the present study was 89%

Participants were invited by Tehran Welfare Organization and, due to the particular conditions of the participants, the researcher attended in a place and at a time where the participants were comfortable. After giving advice on how to respond and assuring the participants about the confidentiality of the questions, they were asked to complete the questionnaires separately. In cases of illiterate

participants or those with certain physical problems, the questionnaires were read and recorded.

Results

The mean age of the disabled couple group was 45.3 (SD= 8.37), and the mean age of the healthy couple group was 47 (SD= 10.99). Table (2) indicates the education level of two groups.

Table 2. Level of education of the two groups of the disabled and healthy couple

Level of education	Disabled couples	Healthy couples	Total	Chi-square	Df	Significant
Junior High	12	14	26	10.74	1	0.378
High	19	14	33			
AA	10	11	21			
BA	7	9	16			
MA	2	2	4			
Total	50	50	100			

Regarding the length of the marriage, the mean length of marriage in the disabled group was 19.95 (SD= 9.08) and the mean length of marriage in the healthy group was 20.15 (SD= 10.79). As the collected data was obtained during the experiment, it is concluded that the two groups, are not

significantly different in terms of age, education and length of marriage. Thus, it can be argued that the control group of healthy couples and the disabled couples showed no significant difference in terms of marital satisfaction and adjustment, using ANOVA (table 3).

Table 3. The marital satisfaction and adjustment in healthy and disabled groups

Variables	Group	Mean	Standard deviation
Adjustment	Disabled Couple	55.42	17.91
	Healthy couple	56.9	18.81
Marital Satisfaction	Disabled Couple	158.95	31.37
	Healthy couple	149.5	35.52

There was a significant negative relationship between level of education and adjustment in the disabled people (-0.365), which means that the higher their educational level is, the lower their levels of marital adjustment. In addition, there is a significant correlation between marital satisfaction and adjustment (0.433).

Discussion

A disability of a family member has a profound impact on family, roles, performances, quality of life, adjustment and the mental health of family members. Therefore, taking care of a disabled family member disrupts family life and, as a result, has a negative effect on a family's mental health (22). Kaplan et al. noted that an illness in a family member can affect the whole family system and often leads to depression and isolation of family members from each other (23). By the same token, Street also concluded that an illness of a family member affected the functioning of the entire family (24). Studies also suggest that disability or chronic illness profoundly impacts the mental health of a family, as well as their marital satisfaction, especially on the disabled person's partner (6,7). The findings in this part of the research do not replicate the findings of Amiri et al., where they compared spouses of veterans with a normal group and showed that spouses of veterans have significantly poor mental health and suffer from hysteria, hypochondriasis and depression (3). Nor is it consistent with Babaee et al.'s research conducted on 183 women of Mazandaran Province, using the Enrich Marital Satisfaction Questionnaire, where they showed that there is a significant difference in marital satisfaction between the two groups of women married to disabled veterans and women married to normal people (4). Bahrainian and Borhan reported depression (mild to severe) in

88.9% wives of veterans using the Beck Depression test (8). Their study also showed that 86.7% of veterans' spouses are probably not healthy. In yet another study on 50 women married to disabled and 50 women married to normal people, the disabled wives group had a significantly higher mean in depression, which is not consistent with the current research. The present study results are also inconsistent with the Ren et al. findings which showed that people with physical illness or disability reported higher marital satisfaction. In addition, Jeremy Yvsgasvn's study on 1,217 couples over 12 years of research has proven that people whose spouses have become disabled after marriage are more satisfied with their marital relationship than the relationship prior to the disability.

The reasons behind the satisfaction after disability are increased interaction and couples becoming more active. Research conducted by Coombs suggests that there is an association between marital satisfaction and health. This means that with physical health, couples can have more pleasant experience by living together, thus physical and mental disabilities can, sometimes, have serious negative impacts on relations between couples, which is inconsistent with the current research (18). The results also showed that there was a significant negative correlation between educational level and adjustment, which means that the higher their educational level is, the lower their levels of marital adjustment. There was also a significant positive relationship between adjustment and marital satisfaction.

Conclusion

The aim of this study was to investigate the hypothesis to see if there is a significant difference in the scale of adjustment and marital satisfaction between normal couples and couples with disabilities. The results indicated that there was no

significant difference between healthy couples and couples with disabilities in the scale of adjustment and marital satisfaction. To explain these findings, we can say that the disabilities were premarital, and that couples with disabilities were aware of this fact; therefore, accepting the disability would not be too difficult and that the important factor in adjustment and marital satisfaction is acceptance. Also, research shows support from spouses of the disabled as the most important factor, along with mental health and marital satisfaction, which enhances the quality of their lives. Therefore, there is a need for raising awareness of family support, for providing counseling centers for marriage, genetics and family which are specialized for the disabled to advise them in choosing their spouses. This can increase the acceptance rate of disability or chronic illness in the family, reduce the relapse rate of the illness, and strengthen family ties and improve the lives and well-being of family members. In addition to that,

various organizations' support of the disabled in economic areas (such as providing employment opportunities for disabled people to earn money and assisting them in becoming settled to marry and raise a family) is required for the different disabled groups according to their capacity. Also, improving social facilities and the importance of giving more attention to social opportunities for the disabled, especially through forums where they can get to know each other, will assist their progress in different areas of life, and it will decrease their everyday problems and limitations when they can continue to live as normal people.

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