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Research Paper

A Study on Sexuality and Marital Adjustment among Person with Somatization Disorder

Social Science

KEYWORDS :

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ABSTRACT

Aim of the study: The present study aims to measure the dimension of sexuality and marital adjustment among persons with somatization disorder. Methodology: The study was conducted at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur Assam. It was a comparative study. Thirty married person diagnosed with somatization (according to ICD, 10) in the age range of 20 to 40 was included and for the normal control group 30 married females with a cut of score below 2 in GHQ were included in the study. Random sampling technique was used .Socio demographic data sheet, Bradford Somatic Inventory, Marital Adjustment Questionnaire, Sexuality Scale and General Health Questionnaire were administered. Results: Our results shows that female with somatization disorders were having low sexual self esteem, higher score on sexual depression and preoccupation as compare to normal females. Somatic symptoms has a correlation with sexuality and marital adjustment in person with somatization disorder

Background

Sexuality means different things to different people. For some people it could mean the act of sex and sexual practices, for others it could mean sexual orientation or identity and/or preference and yet for others it could mean desire and eroticism. Sexuality encompasses many ideas and has many facets. The definition of sexuality has been evolving along with our understanding of it. There are a number of definitions that cover various components of sexuality. WHO draft working definition of sexuality[1] is broadly accepted: Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors .[2] Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity .Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence .

Marital adjustment as 'the state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other' [3]. Comprehensive study of husbands and wives investigated some of the factors that contributed to marital satisfaction. Some of their findings revealed that existing social, cultural, educational level contributed to satisfaction. Occupation and income, which are often thought to be associated with levels of satisfaction, have no relationship with it. The number of children too affects marital satisfaction [4]. There is evidence that the pressures of managing multiple roles in women are the greatest, and the psychological benefits of employment are the least, under conditions of increased family responsibilities, especially when young children are at home[5].But beyond specific factors such as these, what is important to marital satisfaction over the course of marriage is the ability of partner to adjust to a variety of changes and to cope with a number of stresses. Marital role can be defined as set of attitudes and behaviours a spouse is expected to demonstrate in the content of the marriage relationship [6]. A marital role comprises cultural expectations associated with the husband or with a wife. A husband is expected to provide as he is considered the head of the family while wife is expected to make home and companion, or the wife may be expected to be the strong one, upon whom the husband can rely [7].

Marital distress and relationship conflict also contribute to mental illness. Symptoms include feelings of sadness, hopelessness, helplessness, anxiety, irritability, agitation, fatigue, low energy, and a reduced activity level are common, and there is also withdrawal from social contact and loss of interest in previously enjoyed activities, including sex. There may be changes in appetite, weight or sleep patterns, memory problems or difficulty concentrating. Often there are feelings of worthlessness or inadequacy and a lowered sense of self-esteem. In more serious cases there may be suicidal thoughts or a feeling that "life is not worth living" (Comer, 1996) [8]. Somatization is a prevalent problem among individual in cross cultural transition and are associated with psychological distress and demographic characteristics such as gender, age and marital status. The demographic characteristics most often associated with somatization is sex .In ECA study, women were 10 times more likely to meet criteria for somatization disorder than men [9]. A more complex picture of the association between sex and somatization was suggested by the WHO cross national study in which female primary care patients were more likely to met ICD 10 criteria for full somatization disorder. Gender is an important variables in predicting both somatization and marital satisfaction .Hintikka et al[10] investigated a 1603 subjects to determine whether marital happiness was related to the prevalence of common mental disorder .They found that men and women who were unhappy in their marriage suffered from common mental disorder more often than others who were not .Both men and women in unhappy marriage were found to be significantly higher risk for common mental disorder as compared with the unmarried and to those in a happy marriage. The present study will focuses on relationship between marital adjustment and various dimensions of sexuality among person with somatization disorder.

Aim of the study: The present study aims to measure the dimension of sexuality and marital adjustment among persons with somatization disorder.

Objectives:

- To assess sexuality among individuals with somatization disorder.
- To assess the marital adjustment among individuals with somatization disorder.
- To measure the association between marital adjustment and sexuality among individuals with somatization.
- To find difference between sexuality and marital adjust-

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ment between individuals with somatization and normal control group.

Methodology: The study was conducted at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur Assam. It was a comparative study. Thirty married person diagnosed with somatization (according to ICD, 10) in the age range of 20 to 40 was included and for the normal control group 30 females with a cut of score below 2 in GHQ were included in the study.

Sample size: 30 individual diagnosed with somatization disorder (ICD -10) and 30 individual with GHQ score below 2 was be the sample size in the normal group.

Sampling technique: Random sampling technique was used

Tools of data collection-

- **Socio demographic data sheet:** It was self designed semi structured Performa especially designed for this study. It contains information about socio demographic variable age, sex educational status, marital status, occupational and socio economic status, religion, etc were recorded.
- **Bradford Somatic Inventory** [11]: Bradford Somatic Inventory (BSI) is a 44-item inventory for psychosomatically expressed psychological distress.
- **Marital Adjustment Questionnaire** [12]: Marital Adjustment Questionnaire (Kumar and Rohtagi, 1999) is a standardized tool that was used as a quantitative measure for assessing marital adjustment.
- **Sexuality scale** [13]**:** A measure of sexual esteem, sexual depression, and sexual preoccupation.30 items asking respondents to indicate how much they agree or disagree with statements using a scale ranging from 1 (agree) to 5 (disagree).
- **General Health Questionnaire:** [14] It is a self report instrumental questionnaire to screen psychiatric morbidity in normal subjects. It consists of 12 items, each assessing the mental problem over the past few weeks. The original version consists of 60 items. The items have been scored as zero or one. The higher the scores, the higher was the distress.

Inclusion criteria-

- **I**ndividuals diagnosed with somatization disorder according to ICD 10
- Both gender
- Age ranging between 20 to 40 years

Exclusion criteria-

- GHQ score above two for the normal group
- Any individuals with any major physical illness.

Statistical analysis-

The data was entered in a spread sheet. Coding was done using the statistical package for social science SPSS (18version). Analysis of data was done using descriptive techniques such as mean, standard deviation and frequency .To compare the significant differences between means of two groups, independent sample't' test was used. Pearson correlation was used to find out the degree of association between the variable.

Results and Discussion

In the present study, majority of the respondents in both group were illiterate, Muslim, belong from rural areas, living in nuclear family. In both the groups' majority of the respondents were home makers and majority of the respondents having a family income up to Rs.5000

Table 1: Mean age of the group

Variables	GROUP 1 (SOMATIZATION) N=30		GROUP 2 (NORMAL) N=30	
Age	Mean	SD	Mean	SD
	34.17	4.67	33.3	4.4

In somatization group mean with standard deviation of age were 34.17± 4.67and in normal group mean with standard deviation of age was 33.3 ± 4.4,after applying the t test, significant difference at P <0 .01 was found (table 2)

Table 2: Group Difference in Sexuality Scale

Variable	GROUP 1 (SOMATIZATION) N=30		GROUP 2 (NORMAL) N=30		df	t
	Mean	SD	Mean	SD		
Sexual Esteem	8.366	8.942	27.73	12.733	5 8	6.817**
Sexual Depression	28.40	6.499	15.96	7.2038	58	-7.019**
Sexual Preoccupation	34.26	9.2510	28.566	6.212	5 8	2.802

Table 3 shows the group difference in sexuality scale between the two groups. There is a significant difference in the domains of sexual esteem and sexual depression in both the groups but no statistical significance difference was found between the groups in the domain of sexual preoccupation.

Table 3: Group difference in Marital Adjustment

Variable	GROUP 1 (SOMATIZATION) N=30		GROUP 2 (NORMAL) N=30		df	t
	Mean	SD	Mean	SD		
Marital adjustment	15.0333	3.31645	22.1333	2.30042	58	-9.635**

Table 4 shows the difference in marital adjustment between the two groups. t test showed a significant difference at P < 0.01 between the two groups.

Table 4: Correlation between Marital Adjustment and Domain of Sexuality

Variables	Sexual Esteem	Sexual Depression	Sexual Preoccupation
Marital adjustment	.110	.156	.010

Table 5 shows the correlation between marital adjustment and domain of sexuality in the somatization group in which it was found to have no statistical significance correlation was found.

Table 5: Correlation of somatic symptoms with Marital Adjustment and Domain of Sexuality

Variables	Marital adjustment	Sexual Esteem	Sexual Depression	Sexual Preoccupation
Bradford Somatic Inventory	-.175	.020	-.192	.046

Correlation of Bradford Somatic Inventory with marital adjustment and domain of sexuality in the somatization group was done and no significant correlation was found between them (table 6).

Discussion

In the present study it was found that only female respondents reported with somatization disorder and based on that normal population was matched in socio demographic variables for better results. Results indicated that female gender was suffering more from somatization disorder as compare to men.These findings are consistent with result of previous studies[15,16,] .

A physiological difference between males and females is proposed as a cause for it [9]. Accordingly, gender differences in brain function, hormones and reproductive processes were considered as possible factors related to the increased risk to complain for somatic symptoms in women. The occurrence of somatization varies across socio cultural group and seems to be influenced by environmental stressors. In the present study it is found that majority of the persons with somatization were illiterate, Muslim, belonging to rural background and lower economic status. Similar findings are reported by Barskey [17] who observed that somatization is more common among those who are less educated, of lower socio economic status, of rural background, and among ethnic groups that discourage the direct ex-

pression of emotional distress.

Our results shows that female with somatization disorders were having low sexual self esteem, higher score on sexual depression and preoccupation as compared to normal females. Further in our study negative correlation was found between somatic symptoms, marital adjustment and sexual preoccupation .Sexual satisfaction has been described as "the individual's subjective evaluation of the positive and negative aspects of one's sexual relationship, and his/her subsequent affective response to this evaluation" [18]. Sexual satisfaction has been shown to be related to relationship satisfaction [(9)] and stability [19, 20], as well as overall quality of life [(21, 22,23).] Sexual distress has been described as worry, frustration, and anxiety regarding sexual activity [(24)]. Recent studies have found that low satisfaction with the relationship is a prominent risk factor for high sexual distress [25.] In the case of somatization disorder, the patients occupy the sick roles in the absence of demonstrable somatic pathology. Those who chronically inhabit the sick role grow disabled over time, and their impairment is genuine .Low expectation of self, much time spent focused on symptoms, social reinforcement of in capacity, and withdrawal from active, productive life, and ultimate erosion of capacity for normal functioning and produce authentic impairment. In the present study marital adjustment was poor as compared to the normal population. Women have consistently been shown to report more somatic symptoms than men do and a possible influence of the marital status was reported in some cases [9].

Marital problem were reported to be very common in somatizing patients [(26).] Somatic distress is highly correlated with the exacerbation of relationship problems in the patients.**Swartz et al., reported that marital conflict increases with display of pain behaviour There is some evidence linking negative effect between the marital partner and ill health. In our study spouses were not included; small sample size was and it may be considered as limitation for the study.** Small sample size of the present study limits the generalization of results.

Conclusion: Our results shows that female with somatization disorders were having low sexual self esteem, higher score on sexual depression and preoccupation as compare to normal females. Somatic symptoms has a correlation with sexuality marital and adjustment

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