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A comparative study of marital adjustment in patients with obsessive compulsive disorder and normal participants

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Abstract

Background: Marital adjustment is a key factor in fostering emotional well-being and harmony within married life. Obsessive-Compulsive Disorder (OCD) is a chronic and often disabling mental health condition that can significantly impact various aspects of an individual's functioning. Research indicates that OCD can disrupt occupational performance, social interactions, and interpersonal relationships, including those within marriage. OCD is a chronic condition that affects 2.3% of peoples in the normal population.

Aim: To compare the level of marital adjustment between individuals diagnosed with Obsessive-Compulsive Disorder (OCD) and matched healthy controls

Materials and Method: This study was cross-sectional in nature. It included 60 people diagnosed with obsessive-compulsive disorder (OCD) and 60 healthy individuals of the same age and gender. The patients were selected from the outpatient and inpatient departments of the Psychiatry Department at AIIMS, Jodhpur, and Rajasthan. The healthy group was chosen from different areas of Jodhpur city. The informed consent was taken from all the participants before initiating the study. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was applying to measure type of OCD symptoms and the severity of symptoms. Marital adjustment was checked using a Marital Adjustment Questionnaire. Information about the participants' socio-demographic details was recorded using a self-made form. The General Health Questionnaire (GHQ) was given to the healthy group to assess their overall health.

Results: The findings showed that individuals with OCD had much lower marital adjustment scores compared to healthy controls ($p < 0.001$). Among the OCD group, females reported significantly lower marital adjustment than males ($p = 0.038$). Analysis of variance (ANOVA) revealed a significant effect of group ($p < 0.001$), however the effect of gender ($p = 0.110$) and the interaction between group and gender ($p = 0.080$) were not statistically significant.

Conclusions: The study demonstrates that OCD is significantly associated with poorer marital adjustment, with female patients experiencing comparatively greater challenges. These findings highlight the importance of incorporating marital counselling and family-cantered strategies into treatment approaches, aiming to enhance relationship quality and overall well-being in individuals with OCD.

Keywords: Obsessive compulsive disorder, marital adjustment, psychiatric illness

Introduction

Marriage is more than a social arrangement it is a living relationship that relies on both partners to grow and adjust emotionally, mentally, and behaviourally. Marital adjustment, or how well partners feel happy and at peace with each other, matters deeply for individual well-being. It includes how couples share feelings, solve disagreements, manage roles, and maintain intimacy and satisfaction.

When one partner has a psychiatric condition like Obsessive-Compulsive Disorder (OCD), these normal routines and emotional bonds may suffer. OCD involves repeated unwanted thoughts (obsessions) and actions (compulsions) that take up time and cause stress. Globally, it affects about 2.3% of people at some time in their lives (Ruscio *et al.*, 2010; Sharma, 2019) [2, 7].

OCD often disrupts daily life, including marriages. People with OCD may become rigid, overly dependent, avoidant, or struggle to express emotions all of which strain their relationships (Doron *et al.*, 2008; Moritz *et al.*, 2021) [8, 9]. For example, studies show higher

rates of relationship difficulties, lower intimacy, and reduced satisfaction among individuals with OCD. In one study, the severity of obsessions was strongly linked with lower intimacy and worse relationship satisfaction (Doron *et al.*, 2008) [8].

In India, emerging research sheds light on how OCD impacts marital life. Singh and Singh (2022) [10] reported that spouses of individuals with OCD had significantly lower marital adjustment scores even when OCD symptoms improved highlighting the weight of this issue in the Indian context. Given how OCD undermines emotional bonds and daily harmony, comparing marital satisfaction in individuals with OCD and those without psychiatric disorders becomes important. Understanding these differences and how they vary by gender can help design culturally appropriate interventions. By exploring how OCD affects marriage, this study aims to improve support not only for individuals facing OCD but also for their partners and their relationship.

Method:

The main aim of the present study is to compare of marital adjustment between patients diagnosed with OCD and matched normal participants.

Objectives

- 1) To evaluate marital adjustment in patients with obsessive-compulsive disorder.
- 2) To evaluate marital adjustment in normal participants.
- 3) To compare the marital adjustment between OCD patients and normal participants.
- 4) To compare the level of marital adjustment between genders across both groups.

Methodology

The present study was a cross-sectional study. A selective sampling method was used to collect data. Each participant gave consent before taking part in the study. Participants were 30 male patients and 30 matched female patients diagnosed with obsessive-compulsive disorder as per the International Classification of Diseases (ICD-11) and 30 normal male and 30 normal female included in the study.

Inclusion criteria

For OCD patients

- Diagnosed with OCD according to ICD-11.
- Aged between 21 and 55 years.
- Minimum duration of illness: 1 year or more.
- Married and living with their spouse.

For healthy participants

- No symptoms of OCD or other psychiatric disorders.
- A score of less than 3 on the General Health Questionnaire (GHQ-12).
- Married and cohabiting with their spouse

Exclusion criteria

For OCD patients

- Presence of any comorbid psychiatric or major physical illness.
- Current or past psychoactive substance abuse.
- Diagnosis of a severe depressive episode alongside OCD.

For healthy participants

- Any signs or history of psychiatric or significant medical illness.

- Separated, divorced, or living apart from their spouse.
- One spouse having any major psychiatric, medical, or physical disability.

Tools used

- **Socio-demographic data sheet:** A structured proforma was prepared to gather socio-demographic details of the participants. It included information like age, gender, education, and where the person lives.

Yale-Brown Obsessive Compulsive Scale (Y-BOCS) (Wayne K. Goodman, 1989) [11]

Y-BOCS is a structured scale used by clinicians to assess the nature and intensity of obsessive and compulsive symptoms. It contains 10 items, each rated on a scale from 0 to 4, resulting in a total possible score ranging from 0 to 40. The scale provides different scores for obsessive and compulsive symptoms. It identifies different OCD symptom types including magical thinking, contamination, aggression, miscellaneous, somatic, and sexual obsessions. The severity is measured through ratings of distress, frequency, interference, resistance, and control of symptoms, each rated on a scale from 1 to 10.

General Health Questionnaire (GHQ-12) (Goldberg & William, 1997) [12]

The GHQ-12 is a brief screening tool used to detect psychiatric morbidity in otherwise healthy individuals. The GHQ-12 demonstrates good internal consistency, with a reliability coefficient of 0.79 reported in population studies. Test-retest correlations for the 12-item scale are also significant. A cut-off score of 3 or less is typically used to screen for the presence of psychiatric distress.

Marital Adjustment Questionnaire (Dr. Kumar & Dr. Rohatgi, 1999) [13]

This validated instrument assesses various aspects of marital quality, including personality traits, emotional factors, sexual satisfaction, marital roles and responsibilities, attitudes toward in-laws, family planning, childcare responsibilities, and economic and social factors. It consists of 25 dichotomous "Yes-No" items, each scored as 1 or 0 based on the direction of marital adjustment. The tool measures the quality and adjustment within a marriage.

Procedure

Patients with the diagnosis of obsessive compulsive disorder were selected from inpatient and outpatient department of psychiatry, at AIIMS Jodhpur. Normal couples selected from various place of at Jodhpur city Rajasthan. Participants were briefed about the study and informed consent was obtained. Socio-demographic datasheet were recorded. The types and severity of OCD of the patient with Obsessive Compulsive Disorder (OCD) was assessed with the help of YBOCS. In normal participant were assessed general health with the help of General Health Questionnaire (GHQ-12) and Marital Adjustment Questionnaire was administered on both groups to know their marital adjustment. The assessments were conducted individually.

Statistical analysis: Data were analysed with SPSS Version 21.0. Descriptive statistics mean, standard deviation, frequency was used to describe the data. The t-tests and ANOVA were conducted to compare groups and gender.

Result

Table 1: Socio demographic variables of OCD patients and normal participants

Variables	OCD patients N=(60)	Normal N=(60)
Age (Mean±SD)	34.33±6.9	35.68±8.5
Education	Frequency (%)	Frequency (%)
Below 10 th	7 (11.7%)	01 (1.7%)
10 th	10 (16.7%)	04(6.7%)
12 th	10(16.7%)	08(13.3%)
Graduate	15(25%)	17(28.3%)
PG	18(30%)	30(50%)
Residence	Frequency (%)	Frequency (%)
Urban	37(61.7%)	38(63.3%)
Rural	23(38.3%)	22 (36.7%)

The OCD group (M = 34.33, SD = 6.9) and the control group (M = 35.68, SD = 8.5) were similar in mean age. Residence patterns were also comparable, with most participants in both groups residing in urban areas (61.7% in the OCD group; 63.3% in the control group). However, educational attainment differed, with the control group having a larger proportion of participants holding postgraduate degrees (50%) compared to the OCD group (30%).

Table 2: Clinical characteristics of OCD patients

Types of obsession	OCD patients
Magical	02(3.3%)
Contamination	22 (36.7%)
Aggression	14(23.3%)
Miscellaneous	09(15%)
Somatic	07(11.7%)
Sexual	06(10%)
Severity of OCD	OCD patients
Subclinical	0(0%)
Mild	15(25%)
Moderate	25(41.7%)
Severe	16(26.7%)
Extreme	04(6.7%)

In the OCD group, contamination obsessions were most frequently reported (36.7%), followed by aggression-related themes (23.3%) and miscellaneous obsessions (15%). Fewer participants reported somatic (11.7%), sexual (10%), or magical thinking (3.3%) obsessions. Regarding severity, no cases were classified as subclinical. Most patients experienced moderate (33.3%) or severe (26.7%) symptoms, with smaller proportions reporting mild (25%) or extreme (15%) symptom severity.

Table 3: Marital adjustment of OCD patients and normal participants

	OCD patients (N=60)		Normal (N=60)	
	Male	Female	Male	Female
Marital adjustment (Mean±SD)	14.46±4.01	12.30±3.8	18.01±5.1	16.98±5.7
Marital adjustment categories	Frequency (%)		Frequency (%)	
Poor adjustment	47 (78.3%)		08(13.3%)	
Average adjustment	12 (20%)		14 (23.3%)	
Above average	1 (1.7%)		14(23.3%)	
Adjustment very good	0 (0%)		24(40%)	

Male participants with OCD had a mean marital adjustment score of 14.46 (SD = 4.01), while female patients scored slightly lower at 12.30 (SD = 3.80). In the control group, males scored 18.01 (SD = 5.10) and females 16.98 (SD = 5.70), reflecting generally higher marital adjustment compared to the OCD group. In terms of marital adjustment categories, most OCD participants (78.3%) fell into the poor adjustment range, with 20% in the average category, and only one participant (1.7%) in the above-average range; none achieved a very good rating. By contrast, in the control group, only 13.3% were classified as poor, with a greater spread across average (23.3%), above average (23.3%), and very good (40%) categories.

Table 4: Gender differences in marital adjustment among OCD patients

	OCD Patients (N=60)		Mean difference	t(df)	Sig.
	Male	Female			
Marital adjustment (Mean±SD)	14.46±4.01	12.30±3.8	2.16	2.12(58)	.038*

In the OCD group, male patients had a mean marital adjustment score of 14.46 (SD = 4.01), while female patients scored lower, with a mean of 12.30 (SD = 3.80). The mean difference of 2.16 was statistically significant, $t(58) = 2.12$, $p=0.038$, indicating that male patients reported significantly better marital adjustment than female patients.

Table 5: Comparison of marital adjustment between male OCD patients and male healthy controls

	N=60		Mean difference	t(df)	Sig.
	Male (OCD)	Male (Normal)			
Marital Adjustment (Mean±SD)	14.46±4.01	21.5±3.2	-7.10	-7.5(58)	.000**

Male patients with OCD had a mean marital adjustment score of 14.46 (SD = 4.01), whereas males in the control group scored notably higher, with a mean of 21.50 (SD = 3.20). The mean difference of -7.10 indicated substantially lower scores in the OCD group. An independent samples t-test confirmed that this difference was highly significant, $t(58) = -7.50$, $p<0.001$, reflecting considerably poorer marital adjustment among male OCD patients compared to their healthy counterparts.

Table 6: Comparison of marital adjustment between female OCD patients and female healthy controls

	N=60		Mean difference	t(df)	Sig.
	Female (OCD)	Female (Normal)			
Marital adjustment (Mean±SD)	12.3±3.8	21.6±2.7	-9.36	-10.8(58)	.000**

Female patients with OCD scored an average of 12.30 (SD = 3.8) on marital adjustment, while healthy female participants had a much higher average score of 21.60 (SD = 2.7). The difference between the groups was -9.36, showing

that women with OCD had notably lower scores. An independent samples *t*-test confirmed that this difference was highly significant, $t(58) = -10.80$, $p < 0.001$, indicating that female OCD patients had much poorer marital adjustment than healthy women.

Table 7: Gender differences in marital adjustment among healthy controls

	Normal (N=60)		Mean difference	t(df)	Sig.
	Male (n=30)	Female (n=30)			
Marital adjustment (Mean±SD)	18.01±5.1	16.98±5.7	-.1000	-.129(58)	.898

In the normal control group, male participants had a mean marital adjustment score of 18.01 (SD = 5.1), while females scored slightly lower with a mean of 16.98 (SD = 5.7). The mean difference of -0.10 indicated only a small difference between genders. An independent samples *t*-test revealed that this difference was not statistically significant, $t(58) = -0.129$, $p = 0.898$, suggesting that marital adjustment did not differ meaningfully between males and females in the healthy control group.

Table 8: Comparative analysis of marital adjustment of OCD patients and normal subjects (Two-Way ANOVA)

Source	Sum of squares	df	Mean square	Obtained F ratio	Sig.
Corrected model	2104.200 ^a	3	701.400	56.825	.000
Intercept	36750.000	1	36750.000	2977.371	.000
Group (OCD patients and normal)	2033.633	1	2033.633	164.759	.000
Gender (Male & female)	32.033	1	32.033	2.595	.110
Group * gender (Interaction effect)	38.533	1	38.533	3.122	.080
Error	1431.800	116	12.343		
Total	40286.000	120			
Corrected total	3536.000	119			

A two-way ANOVA was used to study how group (OCD patients vs. healthy controls) and gender (male vs. female) affect marital adjustment scores. Results showed a significant main effect of group, $F(1, 116) = 164.76$, $p < 0.001$, meaning OCD patients had much lower marital adjustment scores than healthy controls. The main effect of gender was not significant, $F(1, 116) = 2.60$, $p = 0.110$, suggesting no overall difference between males and females. The interaction between group and gender was close to significant but did not meet the standard level, $F(1, 116) = 3.12$, $p = 0.080$, indicating that gender differences in marital adjustment did not vary much between the two groups. These findings suggest that OCD strongly impacts marital adjustment, while gender alone does not.

Discussion

This study found that people with Obsessive–Compulsive Disorder (OCD) had significantly poorer marital adjustment compared to healthy individuals. This result is in line with recent studies (Banerjee & Kumar, 2021; Lee *et al.*, 2023; Rahimi *et al.*, 2024) [14, 18, 20] showing that OCD can negatively affect relationships. Symptoms such as time-consuming rituals, intrusive thoughts, and avoidance behaviours can reduce the amount of time couples spend together, cause misunderstandings, and make

communication more difficult (Sharma & Gupta, 2022) [21]. A quantitative study on anxiety disorders and marital functioning showed that individuals with OCD experience greater marital difficulties compared to those with other anxiety disorders.

In this study also found that women with OCD reported lower marital adjustment than men with OCD. This agrees with previous research suggesting that women may experience more relationship strain due to societal expectations, multiple roles and responsibilities, and greater emotional sensitivity to partner criticism (Kiran & Chatterjee, 2021; Rahimi *et al.*, 2024) [16, 20]. However, in the healthy control group, there was no difference between men and women, suggesting that these gender differences are linked to the presence of OCD rather than general marital trends. Although the interaction effect between group and gender was not statistically significant, the pattern suggests that females with OCD may be more affected.

Our results highlight the need for including marital counselling and psychoeducation in OCD treatment, especially when one partner is struggling with the disorder. Recent studies (Bhatia *et al.*, 2022; Kim & Park, 2025) [15, 17] show that couple-based Cognitive–Behavioural Therapy (CBT) can improve relationship satisfaction and reduce OCD symptoms. Interventions that help partners communicate better, provide emotional support, and clarify role expectations could reduce relationship strain and support recovery.

In our sample, contamination-related obsessions were the most common symptom type, similar to findings by Stein *et al.* (2019) [22]. These symptoms often involve compulsive cleaning or avoidance behaviours, which can disrupt daily routines and create tension between partners. Most patients had moderate to severe symptoms, supporting earlier findings that higher symptom severity is linked to greater problems in relationships (Stengler-Wenzke *et al.*, 2007) [23]. Gender-related differences in marital adjustment in OCD could be linked to how men and women cope and express emotions. Women with OCD may experience more guilt, distress, and social withdrawal, which can affect spousal interactions (Torres *et al.*, 2006; McCabe, 2010) [24, 19]. In contrast, no gender differences were found in the healthy group, reinforcing the idea that these patterns are specific to OCD.

Statistical analysis showed that whether a person had OCD or not was a strong predictor of marital adjustment, but gender alone was not. The trend toward greater gender differences in the OCD group, although not statistically significant, could be important in clinical practice and may need further study with larger samples.

From a practical perspective, improving marital relationships should be considered an important part of OCD treatment. CBT with a focus on relationships, along with educating spouses about the disorder, can reduce strain and improve treatment cooperation (Van Noppen & Steketee, 2009) [25]. Addressing marital dissatisfaction is important because it is linked to poorer quality of life and higher emotional distress, both of which can make OCD harder to manage.

Implications

- Mental health professionals should integrate marital counselling and family-based interventions into the

treatment of OCD to address relationship strain and enhance support systems.

- Psych education programs for spouses can improve understanding of OCD symptoms, enhance coping strategies, and reduce interpersonal conflict.
- Future research should examine additional factors influencing marital adjustment such as age at marriage, marriage duration, type of marriage, educational level, and living arrangements and include long-term follow-up to assess the persistence of relational changes over time.

Limitations

- The study sample size was relatively small, which may limit the generalizability of findings.
- A purposive sampling technique was used, which may introduce selection bias.
- Only a limited set of variables related to marital adjustment were examined; factors such as age at marriage, marriage duration, type of marriage, educational level, and living status were not fully explored.

Conclusion

This study demonstrates that obsessive-compulsive disorder (OCD) significantly impairs marital adjustment compared to healthy controls, with female patients experiencing relatively greater difficulties. These findings highlight the importance of addressing relational well-being alongside symptom reduction in OCD management. Integrating marital and family-based interventions into treatment plans may help improve both relationship satisfaction and overall clinical outcomes.

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