Social, psychological, and sexual aspects among couples seeking marital therapy in a sample in Cairo 2013–2014

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Aim
The aim of the study was to describe and reveal an association of social, psychological, and sexual aspects among couples seeking marital therapy.

Background
There are scanty data in Egypt on social, psychological, and sexual aspects among couples seeking marital therapy.

Participants and methods
Fifty couples attending the marital counseling clinic in the psychological medicine hospital in Cairo between June 2013 and June 2014 were assessed. Informed consent was given by couples, who were assessed on the basis of the following: (a) psychiatric interview; (b) General Health Questionnaire (GHQ); (c) ICD-10 symptom checklist (positive score on GHQ); (d) structured assessment of personality (negative score on GHQ); (e) sexual function questionnaire; (f) marital silence scale; (g) marital conflicts scale. Statistical analysis was carried out using SPSS version 16.

Results
At least one or both partners of all couples had a positive score on GHQ. Women showed higher rates of positive score on GHQ than did men. Personality disorders and accentuated traits were highly prevalent in the study sample. Women showed higher rates of depressive episodes, whereas men showed higher rates of substance abuse. Marital conflicts are directly associated with education level and inversely associated with age; marital silence is inversely associated with education level and directly associated with age.

Conclusion
Marital conflicts and silence are associated with the presence of psychiatric morbidity. Age and level of education are associated with marital conflict and silence.

Keywords:
social, psychological, sexual

Background

Until the late 20th century, marital counseling was done by friends, family, or local religious figures. With increasing shift toward isolated nuclear families the trend is toward trained and accredited relationship counselors (Nichols and Schwartz, 2010).

A follow-up study in 2000, with 87.4% accuracy for predicting divorce, used couples' perceptions about their marriages and each other (Gladwell, 2005).

Robert Sternberg developed the triangular theory of love, which suggests that passion, intimacy, and commitment (physical, psychological, and social aspects) are three dimensions of love relations. According to the presence of and persistence of each dimension love takes a special pattern, as illustrated in Fig. 1 (Sternberg, 2007).

Gottman states four destructive reactions as predictors of a divorce: criticism, defensiveness, stonewalling, and contempt. All are psychological, with contempt being the most important of them all (Carrere *et al.*, 2000). General relationship deficiencies, such as unresolved conflict, undermine the mutual acceptance that is important to healthy sexual functioning (Metz and Epstein, 2002).

From this we conclude that the psychological aspect in love relations is pivotal, and its deterioration can lead to consequent social deterioration (mounting to divorce) and sexual deterioration (such as nonorganic sexual dysfunction).

Couples seeking divorce have high psychiatric morbidity, especially neurotic traits (Rao *et al.*, 2009). Married men have a lower rate of depression, compared with divorced men. Similar results were seen for women

in the Epidemiologic Catchment Area Study (ECA) (Robins and Regier, 1991). In the National Survey of Mental Health and Well-being of Adults in Australia (1997), marriage was found to be associated with a lower risk for mental disorders for both men and women (De Vaus, 2002). There is a direct positive relation between marital conflict and the following factors: age difference, educational level, relatives' interferences, and family income (Bahremani *et al.*, 2014).

Eastern cultures prefer social group harmony to expression of individuals' inner thoughts, unlike western culture (Kim, 1999); the former also prefer silence so as to protect their partner from society's negative perception of them (Chen, 2002). Men tend to use silence as a strategy to control partners in intimate conflicts (De Francisco, 1991).

Participants and methods
Study design
This is an observational cross-sectional study.

Participants
Fifty couples attending the marital counseling clinic in the psychological medicine hospital in Cairo between June 2013 and June 2014 were assessed. Informed consent was given by the couples, who were assessed in several ways.

Procedures
All couples underwent a psychiatric interview with the following tools:

(1) General Health Questionnaire (GHQ).
    (a) ICD-10 symptom checklist (positive score on GHQ).

(b) Structured assessment of personality (negative score on GHQ).
(2) Sexual function questionnaire.
(3) Marital conflicts scale.
(4) Marital silence scale.

Statistical analysis was carried out using SPSS, version 16 (IBM, USA).

Ethical considerations
(1) Informed consent was taken from couples before participation.
    (a) The aim and procedures of the study were explained to them.
    (b) There was no moral or financial pressure on them to participate.
    (c) Confidentiality was assured.
    (d) Results of the study were planned to scientific publication that serves and improves policies and plans affecting their quality of life.

Results
Sample description
Mild, moderate, and severe degrees of marital silence were found in the study sample (Figs. 1–6).

There were also mild, moderate, and severe degrees of marital conflict.

(1) At least one or both partners of all couples had a positive score on the GHQ.
(2) Women showed higher rates of positive score on the GHQ than did men.
(3) Personality disorders and accentuated traits were highly prevalent in the study sample. Personalities of the same cluster tended to get attracted to each
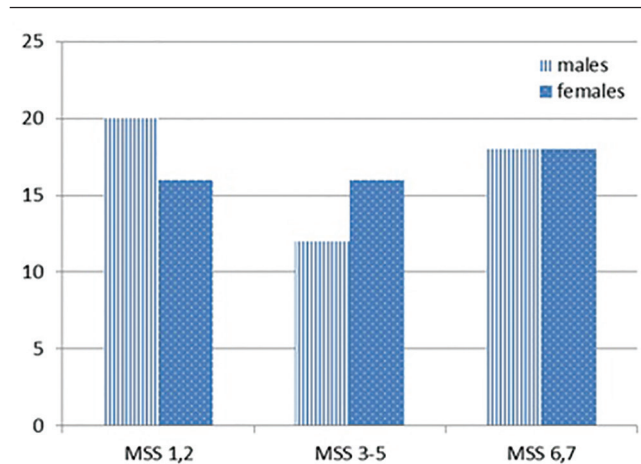
Figure 1
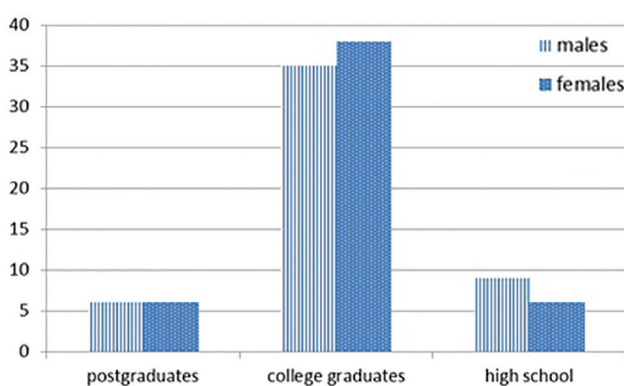
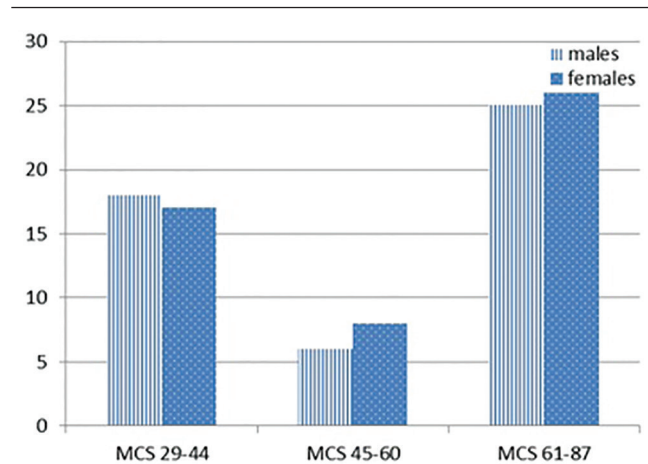Level of education among both men and women.

Figure 2
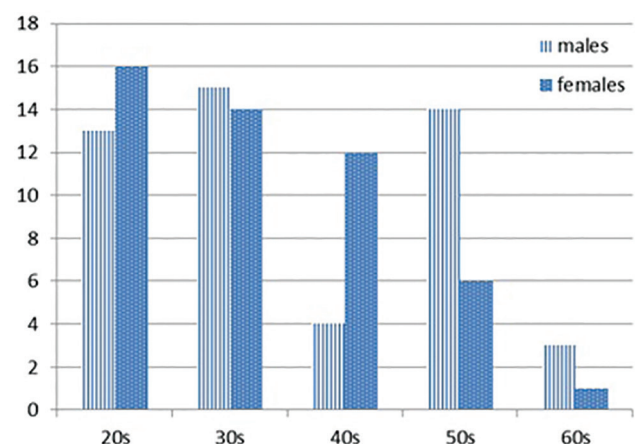
Age groups among both men and women.
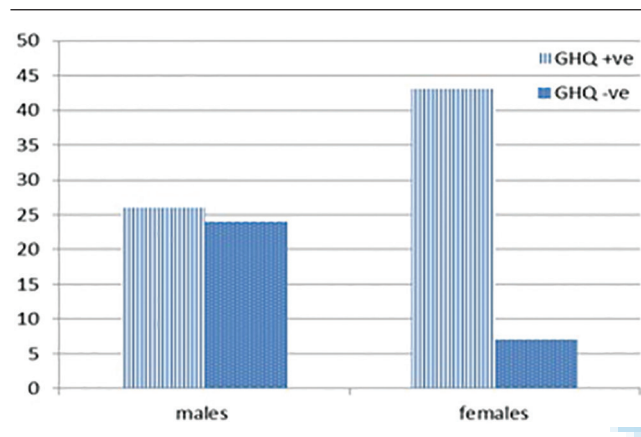
Figure 3

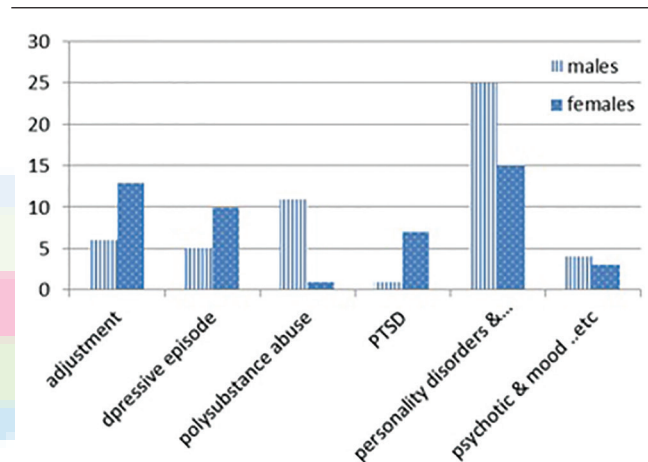Score on marital silence scale (MSS) among both men and women.

Figure 4

Score on marital conflicts scale (MCS) among both men and women.

Figure 5

Score on General Health Questionnaire (GHQ) among both men and women.

Figure 6

Diagnoses as per ICD-10 among both men and women.

other. Cluster B had a recurrent pattern of narcissist–histrionic couples and borderline–antisocial couples. It also tended to attract couples with mood and polysubstance abuse disorders (33 couples – 66% of sample). Cluster C had a recurrent pattern of dependent–obsessive–compulsive couples (10 couples – 20% of sample). Post-traumatic disorder (8% of sample) occurred among partners of antisocial, narcissistic personalities, substance abusers, and those with bipolar I disorder.

(4) Women showed higher rates of depressive episodes and adjustment disorder, whereas men showed higher rates of substance abuse and personality disorders.

Significant associations

(1) There was a statistically significant association between age and marital silence and an inverse association between age and marital conflict.

(2) There was a statistically significant association between education and marital conflict and an inverse association between age and marital silence (Tables 1–4).

Sexual function questionnaire

Couples were reluctant to answer a questionnaire about their sexual life, although they would speak about it during the psychiatric interview.

Only one couple agreed to answer it. The lady had vaginismus and this was the main complaint of the couple during the interview. She was often aroused with rare lubrication and never experienced orgasm. Her husband reported frequent erections and usual orgasm with ejaculation. Both reported daily sexual desire with slight satisfaction with their sexual functioning.

Table 1 (a) Frequencies of age in χ²; (b) frequencies of degree of marital conflicts; (c) statistically significant inverse association between age and marital conflicts

Variables groups	Observed (N)	Expected (N)	Residual
(a) Age			
2	31	16.7	14.3
3	28	16.7	11.3
4	17	16.7	0.3
5	19	16.7	2.3
6	4	16.7	−12.7
55	1	16.7	−15.7
Total	100		
(b) Conflicts			
1	35	33.3	1.7
2	14	33.3	−19.3
3	51	33.3	17.7
Total	100		
(c) Test statistics			
	Age	Conflicts	
χ^2	44.720[a]	20.660[b]	
d.f.	5	2	
Asymp. significance	0.000	0.000	

[a]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 16.7; [b]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.

Table 2 (a) Frequencies of age in χ²; (b) frequencies of degree of marital silence; (c) statistically significant association between age and marital silence

Variables groups	Observed (N)	Expected (N)	Residual
(a) Age			
2	31	16.7	14.3
3	28	16.7	11.3
4	17	16.7	0.3
5	19	16.7	2.3
6	4	16.7	−12.7
55	1	16.7	−15.7
Total	100		
(b) Silence			
1	36	33.3	2.7
2	28	33.3	−5.3
3	36	33.3	2.7
Total	100		
(c) Test statistics			
	Age	Silence	
χ^2	44.720[a]	1.280[b]	
d.f.	5	2	
Asymp. significance	0.000	0.527	

[a]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 16.7; [b]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.

Table 3 (a) Frequencies of education in χ²; (b) frequencies of degree of marital silence; (c) statistically significant association between education and marital silence

Variables groups	Observed (N)	Expected (N)	Residual
(a) Education			
1	15	33.3	−18.3
2	73	33.3	39.7
3	12	33.3	−21.3
Total	100		
(b) Silence			
1	36	33.3	2.7
2	28	33.3	−5.3
3	36	33.3	2.7
Total	100		
(c) Test statistics			
	Silence	Education	
χ^2	1.280[a]	70.940[a]	
d.f.	2	2	
Asymp. significance	0.527	0.000	

[a]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.

Table 4 (a) Frequencies of education in χ²; (b) frequencies of degree of marital conflict; (c) statistically significant inverse association between education and marital silence

Variables groups	Observed (N)	Expected (N)	Residual
(a) Education			
1	15	33.3	−18.3
2	73	33.3	39.7
3	12	33.3	−21.3
Total	100		
(b) Conflicts			
1	35	33.3	1.7
2	14	33.3	−19.3
3	51	33.3	17.7
Total	100		
(c) Test statistics			
	Education	Conflicts	
χ^2	70.940[a]	20.660[a]	
d.f.	2	2	
Asymp. significance	0.000	0.000	

[a]0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.

Discussion

In the 1997 National Survey of Mental Health and Well-being of Adults, marriage was found to be associated with a lower risk for mental disorders among both men and women (De Vaus, 2002). However, in this study, women showed higher rates of positive score on GHQ than did men. Further association studies are required to study the factors that explain the difference in findings between this study and the 1997 National Survey of Mental Illness.

Difference in settings and time interval could be a possible explanation.

Personality disorders and accentuated traits were highly prevalent in the study sample. Personalities of the same cluster tended to get attracted to each other. Cluster B had a recurrent pattern of narcissist–histrionic couples and borderline–antisocial couples. It also had a high prevalence of couples with mood swings and polysubstance abuse disorders (33 couples – 66% of sample). According to Morry's attraction–similarity

model (2007), there is a lay belief that people with actual similarity are attracted to each other initially (Morry, 2007). It serves as a kind of self-affirmation also. Cluster C had a recurrent pattern of dependent–obsessive–compulsive couples (10 couples – 20% of sample). Post-traumatic disorder (8% of sample) occurred among partners of antisocial, narcissistic personalities, substance abusers, and those with bipolar I disorder. People are attracted to people who complement them because this allows them to maintain their preferred style of behavior (Markey and Markey, 2007). In this study couples showed cluster similarity and intracluster complementarity. This also agrees with Andrew Sims' description (in his psychopathology book: Symptoms in the mind) of a tendency of neurotic people to marry each other (Sims, 2002). This creates a neurotic equilibrium.

In this study, women showed higher rates of depressive episodes, whereas men showed higher rates of substance abuse. This agrees with the depression statistics on healthline networks (2012), which states that women are twice as likely to have depression and symptoms of depression as are men of the same age (Fillmore *et al.*, 1997). Women typically consume less alcohol than men (Greenfield *et al.*, 2003). Similarly, women are less likely than men to use illicit drugs and to develop drug-related problems (Metz and Epstein, 2002).

In this study, marital conflict was associated with education level and inversely associated with age; marital silence was inversely associated with education level and directly associated with age. This agrees with the findings of Bahremani *et al.* (2014), who found that there was a direct positive relation between marital conflict and age difference and educational level (Bahremani *et al.*, 2014). Similarity in cultural background between Egypt and Iran could explain these similar findings. Nevertheless, further analytical studies are required to validate these findings.

Our study agrees with previous studies to a great extent but only with those conducted in a Cairo population sample. Results of other studies that disagree with this study have samples of populations of a rather different cultural background. This implies the role of culture in psychiatric phenomena, which, however, needs to be validated in future studies.

Limitations and recommendations

(1) The sample could not be extended to a wider range of institutes and a wider geographic area because of a lack of funding.

(2) Most of the couples refused to answer the sexual function questionnaire.

Conflicts of interest
There are no conflicts of interest.

References

Bahremani FH, Dastnaee TM, Kordi S (2014). The relationship between cultural–economical factors along with marital conflicts in couples referred to family court in Tehran. Indian J Sci Res 7:736–742.

Carrere S, Buehlman KT, Gottman JM, Coan JA, Ruckstuhl L (2000). Predicting marital stability and divorce in newlywed couples. J Fam Psychol 14:42–58.

Chen GM (2002). The impact of harmony on Chinese conflict management. In: GM Chen, R Ma, editors *Chinese conflict management and resolution.* Westport, Connecticut: Ablex. p. 7.

De Vaus D (2002). Does marriage improve the mental health of men at the expense of women? David De Vaus investigates whether this widespread belief is supported by data from the 1997 National Survey of Mental Health and Wellbeing of Adults. Fam Matter 62:26–32.

De Francisco VL (1991). The sounds of silence: how men silence women in marital relations. Discourse Soc 2:413–423.

Fillmore KM, Golding JM, Leino EV, Motoyoshi M, Shoemaker C, Terry H, *et al.* (1997). Patterns and trends in women's and men's drinking. In: RW Wilsnack, SC Wilsnack, editors *Gender and alcohol: individual and social perspectives.* New Brunswick, NJ: Rutgers Center of Alcohol Studies; 21–48.

Gladwell and Malcolm: Blink. (2005). Back Bay Books imprint (Little, Brown and Company). pp. 32–33. ISBN 0-316-01066-9.

Greenfield SF, Sugarman DE, Muenz LR, Patterson MD, He DY, Weiss RD, *et al.* (2003). The relationship between educational attainment and relapse among alcohol-dependent man and women: a prospective study. Alcohol Clin Exp Res 27:1278–1285.

Kim MS (1999). Cross-cultural perspectives on motivations of verbal communication: review, critique, and a theoretical framework. Communication Yearbook 22:51–89.

Markey PM; Markey CN (2007). Romantic ideals, romantic obtainment, and relationship experiences: the complementarity of interpersonal traits among romantic partners. J Soc Pers Relation 24:517–533.

Metz ME, Epstein N (2002). Assessing the role of relationship conflict in sexual dysfunction. J Sex Marital Ther 28:139–164.

Morry MM (2007). Relationship satisfaction as a predictor of perceived similarity among cross-sex friends: a test of the attraction-–similarity model. J Soc Pers Relation 24:117–138.

Nichols & Schwartz (2010). Family therapy: concepts and methods (Ninth edition). Allyn & Bacon.

Rao TSS, Nambi S, Chandrashekhar H (2009). Marriage, mental health and Indian legislation. Indian J Psychiatry 51:113–128.

Robins LN, Regier DA (1991). Psychiatric disorders in America: the ECA study. NY: Free Press.

Sims S (2002). *Symptoms in the mind: an introduction to descriptive psychopathology.* ISBN-13: 9780702026270. Philadelphia: W.B. Saunders Company;

Sternberg RJ (2007). Triangulating love. In: Oord TJ *The altruism reader: selections from writings on love, religion, and science. ISBN 9781599471273.* West Conshohocken, PA: Templeton Foundation. p. 332.