UNIT 4  MARRIAGE AND MENTAL HEALTH

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4.0  INTRODUCTION

Marriage occupies a central place in the life of individual as well as their families. This is especially true in the Indian system where the family starts planning for the marriage of their children and has a greater involvement and role in things related to marriage. It is considered as a big family function. It is coming together of two families which requires understanding and adjustment to each other.

In this Unit, you will learn about marriage playing a significant role in the mental health of the individual. You will also learn about the issues of mental health and mental disorders in the context of marriage. Finally, you will know about marriage and mental illness from legislation and legal viewpoint.

4.1  OBJECTIVES

After studying this Unit, you will be able to:

- explain the concept of marriage;
- learn the various issues in marital relationship affecting mental health;
- know mental disorders and marriage;
- Know about marriage, mental health and Indian legislation; and
- describe ways to address mental health problems in marriage.
4.2 THE CONCEPT OF MARRIAGE

Marriage is one of the most important events of one’s life. It affects the physical health, emotional and psychological well-being, and social status of the person. It not only serves to satisfy the fundamental biological need of sexual gratification through socially acceptable way but also helps the individual to achieve a higher level of personality maturation (Rao, Nambi & Chandrashekar, 2012). Marriage signals the start of Grihasthaashrama of the four ashramas spoken about in the Hindu Dharma Shastras. With marriage, the person starts the real family life. In the context of the Indian society, marriage is not just between two individuals, but also between two families and two cultures. The implications of marriage goes beyond the immediate couple to the families concerned and the community and the society at large. It affects the present, past and future generation also.

Marriage provides social sanction to a physical union between man and woman. It lays the foundation for building up of a family. Marriage is principally acknowledgement of interpersonal relationships usually intimate and sexual between two individuals. Marriage involves legal, social, libidinal, emotional, financial, spiritual, and religious obligations between the couple. It is a complex social institution that needs to be understood clearly and comprehensively so as to benefit from the warm secure and nurturing feeling that it offers rather than feeling trapped by it.

There are a variety of marital patterns such as i) monogamy, ii) bigamy, iii) polygamy, iv) stable marital arrangements/companionship, and v) same-sex marriage. In most cultures monogamy is prevalent, has the social sanction and is held as ideal. Same-sex marriage has been much talked about in recent times. Though many countries do not recognize the concept of same-sex marriage, some countries have legalized it. It may be noted here that same-sex relationship has been studied as an academic subject; and gay and lesbian psychiatry exists as one of the specialty sections of the American Psychiatric Association. In India, even though voices are being raised and people are coming forward in support of homosexuality and lesbianism, still it is being viewed negatively, considered taboo, and also an offence in many sections of the society.

Marriage is a social system influenced by the religious, cultural, community’s norms. In the context of globalization and modern day changes, marriage is also affected by the social changes and the marital laws. The contemporary marriages are more consensual in nature that emphasize the individuality compared to the conventional marriages that aimed at fulfilling one’s duty, procreation and sexual satisfaction. The approach and perception to marriage influences the marital relationship and adjustment of the couple.

4.2.1 Effect of Marriage on Mental Health

Marriage can have positive or negative effects on mental health of the couple depending on their perception and commitment to marriage. Usually marriage has mental health benefits on the couple in the early years as they perceive entering into a committed and happy relationship. However, it may also lead to feelings of anxiety and depression if they feel bogged down by the responsibilities and challenges of marriage. As they progress in this relationship, the extent of understanding and adjustment to each other and to both their families determine to a great extent their satisfaction and happiness. In the Indian context, marriages involve the role of a larger system. Hence it is more challenging, especially for the wife, to fulfill her duties as expected by our patriarchal society.

It has been observed (Bradford et al, 2007) that adults who marry experience higher levels of emotional well-being and less mental illness than do adults who are single or
divorced. Children whose parents don’t get and stay married have increased risk of mental illness that extends long into adulthood. Cohabitation does not typically appear to provide the same mental health benefits as marriage. Overall, research strongly supports the idea that marriage matters for men, women and children’s mental health and emotional well-being.

4.3 ISSUES IN MARITAL RELATIONSHIP AFFECTING MENTAL HEALTH

Marital relationship can be a bliss one. However, a lot of issues may crop up in this relationship between two individuals if they do not consciously focus on maintaining, nurturing and sustaining their relationship. These affect the mental health of the couple that undermine the quality of the marital relationship. Let us discuss about some of these issues below.

Interpersonal Relationship

An important interpersonal task in the marital relationship is to form a couple bond. This is crucial for a healthy marital relationship. With the changing of traditional values, and socio-cultural changes, it becomes very important for the couple to be aware of each other’s expectations and have effective communication. Low level of communication about expectations leads to resentment in the partner that the other person is not caring and understanding. Clear communication helps remove disagreements and misunderstanding. In the Indian context of marriage, it is not only the communication between the spouses, but it also involves communication between the wife and the husband’s family that also has an impact on the mental health of the couple.

Secondary Status of Women

The status of women in the family and society has always been seen as secondary. History reveals that, in most cultures, married women had very few rights of their own. They were considered the property of the husband who had the authority in the relationship. Women could not own or inherit property, or represent themselves legally. This lack of equality between the partners affects the quality of their life and prevents development of a harmonious relationship in the marriage. However, marriage has undergone gradual legal changes, and alongwith this there has been changes in perception and social mores. There has been focus on changing the status of women, recognizing their rights and respecting their individuality. Though there has been gradual changes in the society’s attitude towards women’s status; a majority of women still suffer inequalities in their marital relationship that affect their mental health negatively.

Sexual Relationship

Sexual fulfillment in marriage contributes a major role to the overall satisfaction in marital relationship. However, couples usually do not realize that such fulfillment has to be worked for and requires a great deal of tolerance, patience, mutual effort and understanding. They need to have realistic assessment of their own and their partner’s sexual interests and abilities, and accordingly adjust. Furthermore, every couple needs to have some basic factual knowledge about the sexual aspects of married life.

However, even though armed with information and knowledge about marriage and marital relationship, couples may experience much anxiety, stress and frustration. A host of factors may contribute towards this: one’s insecurities, myths and misconceptions, lack of knowledge and support, media and peer influence etc. In the context of political,
economic, and technological developments in our culture, the social roles of men and women are changing very fast. The traditional concepts of masculinity and femininity are increasingly being questioned, and this may become a source of marital conflict and affect the sexual relationship. Men trying to exercise their dominant status in the relationship and women resenting the male dominance may not open up to each other in a mutually satisfying way.

Another issue is the modern preoccupation with sexual “efficiency” and “performance” that hampers the development of a satisfying sexual relationship. This is further heightened by the misconceptions, myths and commercial propaganda. When two persons enter into wedlock, each has his/her individuality and they need some time to get to know and understand each other. Even though the couple knew each other beforehand, still the marital relationship brings with it different perceptions, responsibilities and dynamics. Husband and wife may also differ in the intensity of their sexual urges, and also the frequency and techniques of sexual intercourse. It is important to understand that all these are influenced by a combination of biological, social and cultural factors. Sometimes sexual relationship is also manipulated by the spouses to gain an upper hand in the relationship or to fulfill some vested interest. This leads to a strained marital relationship.

Couples may also face problems in their sexual relationship due to their inability to communicate clearly about their sexual wishes and feelings to each other because of fear, shyness, ridicule etc. So either they continue with the routine way or seek out extramarital affairs. The lack of trust and understanding in the sexual relationship affects the mental health of the partners.

Marriage partners may also have to make new sexual adjustments when they become parents. The roles of mother and father also pose new challenges of their own which if not handled properly may affect their marital relationship and consequently, their mental health.

**Duties and Responsibilities**

The traditional patriarchal society has the roles of men and women defined. However, with increasing opportunities for education, training and employment, women of today has developed into self-dependent and self-confident individuals. At the same time they are required to carry out their traditional duties also. In the event of a lack of understanding between the spouses, this can lead to difficulties in adjustment in marriages. There can be two types of marital adjustment such as ‘for adjustment’ and ‘we adjustment’. The former refers to adjustment for the family whereas the latter refers to adjustment of the couple to each other. In ‘for adjustment’, the couple spends time, energy and effort in rearing the family, whereas they try to understand each other in ‘we adjustment’.

The patriarchal conservative attitude prevents men sharing in at household and child-rearing work. Rigidity in prescribed roles hampers the development of a smooth relationship. Hence role alterations and role complementarity depending on situational requirements and an attitude of understanding towards each other will enable the partners to maintain their mental health.

**Finance, Work and Retirement**

As the couples move together in their relationship, the finance and work obligations may create tension and stress in their relationship. In the present day world of ever increasing necessities and wants, financial issues can create a major strife between the couples. In addition to it, rearing children also affects their mental health especially in the lack of support system in case of the nuclear family system of present day society. As the couple gets older, retirement and health issues affect their marital relationship.
Separation and Divorce

The increasing acceptance of divorce has dramatically altered the marriage situation. Perception of marriage as permanent is changing. Getting married and divorced without thinking genuinely and hardly about it has marked a dent on the institution of marriage, decreased its value and importance and threatened the structure of the family. Socio-cultural factors exert greater pressure and stress on the woman in the event of separation and divorce. It increases the risk of mental illness. Women are more prone to depression whereas men take recourse to alcohol and substance abuse.

Thus various issues arise in the relationship between the married couple. However, it may be noted here that marital conflicts can be turned into opportunities for personal growth. Indeed, they can become a source of strength and contribute to a fuller, more meaningful life. It requires the couples to avoid rigidity, not taking each other for granted and really investing in the relationship by giving their time, effort and energy.

**Self Assessment Questions 1**

1) How does marriage affect mental health?

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2) Mention any three issues in the marital relationship that may affect mental health of the couple.

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3) How does rigidity in traditional roles of man and woman affect the marital relationship?

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4.4 MENTAL DISORDERS AND MARRIAGE

As stated earlier in Section 4.2.1, marriage can have both positive as well as negative impact on one’s mental health. However, the likelihood of the demands of the marital relation increasing the stress level of the couple is more for vulnerable people, which may lead to the development of mental health problems. The interplay between marriage and mental health problems has been studied widely. Disturbance in marital relationship may lead to mental disorders. Further, mental disorders may also cause marital disharmony. A variety of factors may contribute to disturbances in marital relationship and create mental health problems and disorders. These may be extramarital affairs,
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separation, divorce, illness of children, problems at work place, either spouse suffering from chronic physical illness or mental illness, financial problems, lack of support system etc. Again, susceptibility to psychiatric morbidity is more in case of vulnerable people.

Let us now see the relationship between marriage and certain mental disorders.

4.4.1 Marriage and Schizophrenia

Several studies have examined the relationship between marriage and schizophrenia that point out a low marital rate for schizophrenic patients, and also a lower rate in women than in men. Marital status has been significantly associated with first admission rates, age of onset, course and outcome of schizophrenia. In a 10-country study by WHO (Jablensky et. al., 1992) in which confounding factors such as age, pre-morbid personality traits, and family history were controlled, it was found that married men experienced a statistically significant delay (1-2 years) in the onset of psychotic symptoms compared with single men.

Patients with schizophrenia are more likely to remain single and unmarried than patients in other diagnostic groups. This is particularly true of male patients. The reason may be due to the fact that women tend to marry at younger age than men and are less likely to have experienced an initial psychotic episode. Further, patients with schizophrenia have less fertility and reproduction rates due to lack of interest in social relations, general apathy, loss of sex drive, and lack of opportunity for a sexual relationship due to hospitalization and institutionalization.

Marriage is considered as a one-time event in the life of most women in India. When they suffer from mental disorder such as schizophrenia, it has serious consequences for the life of women. They face hostility from family members, abandonment by the spouse, and rejection from the society. As Nambi (2005) points out, the social, psychological and cultural concomitance of being mentally ill and divorced/separated is particularly severe for the women in the Indian culture. In a study of women with schizophrenia and broken marriages, Thara et.al. (2003) found that the “stigma of being separated/divorced is often more acutely felt by families and patients than that of mental illness per se. Caregiver of these separated/divorced/deserted women suffer much more than the patients themselves with feelings of loss, guilt, frustration, grief, and disappointment.

Many relatives get the woman suffering from schizophrenia married in the mistaken belief that marriage will set it right. They do not disclose the mental illness for fear of rejection. However, in case of an early relapse after marriage, an atmosphere of mistrust and suspicion is created in the family of the spouse that augurs poorly for the outcome of the illness. On the other hand, a psychotic episode after childbirth or after several years of marriage is considered more favorably and does not always result in separation/divorce (Nambi, 2005).

Thara and Srinivasan (1997) found that marital outcome in Indian patients is good with no significant gender differences. The high marital rate (about 70% being married before the onset of the illness), presence of children, a shorter duration of illness at inclusion and the presence of auditory hallucinations at intake were all associated with a good marital outcome. Being unemployed, experiencing a drop in socioeconomic level and the presence of flat affect and self neglect were all associated with a poor marital outcome.

4.4.2 Marriage and Depression

Research regarding the role of marital status as a risk factor for depression show that married men have the lowest rate of depression as compared to separated or divorced
men who tend to have the highest rate of major depression. While marriage confers protection against illness for men, it appears to be associated with higher rates of depression for women. Given the patriarchic nature of our society, women has lesser freedom in their marital relationship and feel oppressed and restricted, which may lead to depression. Marital disharmony, lack of close interpersonal relationships, separation and divorce may lead to major depressive disorders. Constant criticism, humiliation and betrayal creates unhappiness and dissatisfaction in the relationship and leads to mental health problems.

Marital status may both affect mental health and be affected by it. For instance, Bipolar I disorder is more common in divorced and single persons than among married persons. In particular, marriage may reduce depression, anxiety and other symptoms through its effects on social support and intimate connection.

The mental health benefits of marriage may be most pronounced in the early years of marriage and may diminish over time. Similarly, divorce and widowhood could cause a spike in depressive symptoms (which later moderate), as people must contend with upheaval and loss. Focusing on the periods immediately after these marital status changes may overstate the long-term impact of these transitions on depressive symptoms. Studies that estimate the effects of marriage on depressive symptoms have done so by either (1) examining the link between marital transitions and depression, or (2) using controls for baseline mental health and comparing the depressive symptoms of those in stable marital states. Although these techniques are imperfect, the results are highly suggestive of the effects of marriage. In particular, these studies consistently find that transitions into marriage are associated with reduction in depressive symptoms, while transitions out of marriage are associated with increase in them.

4.4.3 Marriage and Alcoholism

Marital relationship suffers severe setback in case of substance abuse and addiction. Alcoholism disrupts the marital life and disturbs the mental health of the spouse. It results in anxiety, depression, stress, abuse, domestic violence and social isolation. It also affects the mental health of the children, destroys the family life, depletes the economic resources and reduces the status within the community. It is mostly the women who suffer greatly and may cause them to even attempt suicide.

4.4.4 Marriage and Suicide

A variety of factors may lead to suicide. In the context of marital relationship, being separated/divorced, being alone and social isolation may cause suicide.

Suicide research in India shows that one-fourth of the persons committing suicide are unmarried and the suicide rate is highest in the first year of marriage. Marital and family problems, which constitute around 50%, need to be addressed in a serious manner. These problems, if ignored or neglected, escalates into major differences between the spouses and leads to conflicts in the family. The higher rate of married women committing suicide may probably be due to marital disharmony, dowry or ill-treatment by the in-laws.

4.4.5 Marriage and Anxiety Disorder

Batra and Gautam (1995) found a high prevalence of neurotic disorders among divorce-seeking couples. The neurotic problems are encountered either as antecedents or consequences of marital disharmony. Anxiety disorder affects the marital relationship and may lead to depression and substance abuse.
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4.5 MARRIAGE, MENTAL HEALTH AND LEGISLATION

Mental disorders are a question of fact. It has to be proved in court. It is not a matter of interpretation. The law presumes that sanity and insanity have to be proved. The standard of proof is the preponderance of probabilities. It means that the probability of insanity should be more than the improbability of sanity. The court comes to a conclusion on the basis of not only medical evidence, but also other pieces of evidence. It will be of assistance to the court if the psychiatrist adds a description of the observable behavior in the report. The burden of proving the insanity of the respondent rests on the petitioner. It is the responsibility of the psychiatrist to keep the documents sound. A certificate given by the psychiatrist is only a statement of opinion, and it attains the status of evidence only when its author undergoes cross examination.

Marriage is tagged with lifelong responsibilities. Marriage laws are very important because they determine the validity of a marriage. These law gives husband/wife or his/her family control over a spouse’s affairs; when the spouse is incapacitated, establishes the second legal guardian of a parent’s child and relationship between the families of the spouses. There is close relation between mental health of a person and marriage (soundness and unsoundness).

Mental Soundness as described by The Special Marriage Act provides that neither party:

i) is incapable of giving a valid consent to it as a consequence of unsoundness of mind; or

ii) though capable of giving valid consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children, or

iii) has had been subject to recurrent attacks of insanity.

The condition of mental soundness for marriage does not mean that the person to be married must possess a high intelligence quotient. It only requires that he should understand the special nature of the relationship that marriage creates.

Mental Unsoundness is described as,

i) the respondent has been incurably of unsound mind, or

ii) has been suffering continuously or intermittently from mental disorder of such a kind and to such an extent that the petitioner cannot reasonably be expected to live with the respondent.

The expression ‘incurably’ of unsound mind cannot be so widely interpreted as to cover feeble-minded persons or persons of dull intellect who understand the nature and consequences of the act and are therefore able to control them and their affairs, and their reaction in the normal way.

The expression of mental disorder means mental illness, arrested or incomplete development of the mind, psychopathic disorder or any other disorder or disability of mind and includes schizophrenia.

The expression ‘psychopathic disorder’ means a persistent disorder or disability of the mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct.
The present provisions of Section 4(b) are substituted by the Marriage Laws Amendment Act, 1976. The original provision was ‘neither party is an idiot or a lunatic’. According to the Marriage Laws (Amendment) Act, 1976, recurrent epilepsy was also a disqualification for marriage. Now that has been removed by the Marriage Laws (Amendment) Act (No. 39 of 1999) with effect from December 1999. In her compilation of 61 cases, Amita Dhanda(2000) found that schizophrenia forms nearly one-third of the diagnostic pattern of causes followed by mild mental disorder/insanity/unsoundness of mind.

The following Acts have a bearing on the legal aspects of marriage:

1) The Special Marriage Act, 1954
2) The Hindu Marriage Act, 1955 (amended eight times from 1956 to 2003)
3) The Dissolution of Muslim Marriage Act, 1939; the Muslim Women Protection of Rights on Divorce, 1986
4) The Parsi Marriage and Divorce Act, 1936 (amended in 1988)
5) The Christian Marriage Act, 1872
6) The Indian Divorce Act, 1869 (amended in 2001)
7) The Family Courts Act, 1984
8) Domestic violence Act, 2005

The matrimonial relief that one can seek includes: Decree for nullity, Restitution of conjugal rights, and Judicial separation.

According to Section 2(v) of the Dissolution of Marriage Act, one of the grounds for dissolution of marriage is impotence. The institution of suit should be applied for within one year for nullity and after one year for divorce. Impotency is classified under mental and behavioral disorders. Impotency means the incapacity to perform sexual intercourse which is full and natural. Refusal to have sex is different from impotence. Impotence is different from sterility. Based on impotence at the time of marriage as per Section 19(1) of the IDA and as per Section 30 of the Parsi Marriage Act, and as per Section 24(ii) of the Special Marriage Act and according to Section 12A of the Hindu Marriage Law, the marriage becomes null and void.

Domestic violence amounts to cruelty and causes mental agony to the sufferer. It is a serious human rights violence against women. According to 498 A of Indian Penal Code if Husband or the relative of the husband subject a woman to cruelty shall be punished with imprisonment which may extend to 3 years. It defines the expression “Domestic violence” to include actual abuse or threat of abuse that is physical, sexual, verbal, emotional or economic. Harassment by way of unlawful dowry demands to the woman or her relatives would also be covered under this definition. It provides for the rights of women to secure housing. It also provides for the right of a woman to reside in her matrimonial home or shared household, whether or not she has any title or rights in such home or household. This right is secured by a residence order, which is passed by the Magistrate.

Thus there are various legal provisions that aim at taking care of the interests of the couple involved in the marital relationship. However, it may be pointed out that laws are a reflection of people’s needs. They are framed with people’s needs, interests and welfare in mind. They make it easier for people to live with each other and try to ensure that
everyone gets fair treatment. However, social and moral behavior cannot be enforced through laws. If laws do not fit or take into account the changing needs and aspirations, people will tend to disregard them. This is why so many people choose to live together in the West instead of marrying, as marriage does not fit their situation. Perhaps it would be better to make marriage fit the people, rather than trying to make people fit the institution.

### 4.6 MARRIAGE EDUCATION AND MARITAL COUNSELING

Marriage occupies a central place in an individual’s life, and has a major impact on their mental health. Hence it is crucial to find ways and means through various preventive and intervention strategies to make effective marital adjustment.

Education and counselling can be two important tools in this regard. Providing information and educating the couple about the meaning of marriage, significance of the marital relationship and the centrality of this relationship in their life will help the couple to get a clear understanding. Marriage education programs work to reduce strife, improve communication, increase parenting skills, increase stability, and enhance marital happiness (Fagan, Patterson & Rector, 2002). Various studies on marriage education programmes indicate that the average couple participating in marriage education programs improved their behavior and quality of relationship so that they were better off than the couples who did not participate in such programs. Significant gains were observed in communication skills, marital satisfaction, and other relationship qualities.

A longitudinal study (Markman et al, 1988, 1993) on a well-known marriage education programme found that, compared with couples without the training, participating couples maintained high levels of relationship satisfaction and sexual satisfaction and lower problem intensity three years after training; they also demonstrated significantly greater communication skills, less negative communication patterns, and greater conflict-management skills up to 12 years after instruction, and reported fewer instances of physical violence with their spouses three to five years after training. Moreover, when follow-up assessments were employed and evaluated, there was not much evidence of diminishing effects.

Pre-marital counselling also helps to dispel the anxieties and apprehensions related to marriage and building a new relationship. Any relationship requires time, energy and effort to initiate, develop and sustain it. The couple needs to understand the nuances of the marital relationship that is intimate and hence requires more sensitivity and responsibility to make it stronger and satisfying. Counselling aims at improving the relationship quality and make the marital bond a source of happiness in the individual’s life.

Thus, marriage education services and counselling can help more couples form and sustain healthy marriages by improving the couples relationship, teaching emotion management, dealing with couples satisfaction issues, and solving communication problems.

However, we can note here that westernized model of dyadic therapy only for couples is too simplistic in Indian context. Since marriage in Indian context has more socio cultural underpinnings, it is necessary to take into account the family also. Marital and family counselling and therapy also play a role in helping establish a satisfying marital relationship.
LET US SUM UP

In this Unit you learned about marriage and marital relationship in the context of mental health. Marriage has been found to contribute to mental health and well-being. The knowledge that one has a ready source of support contributes to mental health and emotional well-being. Marriage brings in a sense of commitment and increases married people’s sense of meaning and purpose in life, protecting against suicide, depression, and anxiety and encouraging healthy habits. Marriage also boosts children’s mental health by giving them access to the time, energy, and personal and economic resources of two parents. You also learned about mental disorders and how they affect marriage. Mental disorders such as schizophrenia, depression, anxiety disorders and substances abuse is more common in unmarried as compared to married people. Finally, laws related to marriage and the provisions with regard to mental health and marriage were described.

ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Marriage can have a positive as well as negative influence on the mental health of the couple depending on their perception and commitment to marriage. As they progress in this relationship, the extent of understanding and adjustment to each other and to both their families determine to a great extent their satisfaction and happiness.

2) Expectations, ineffective communication and dissatisfaction in sexual relationship may affect the marital relationship and the mental health of the couple.

3) Rigidity in traditional roles of man and woman promotes the patriarchal conservative attitude that prevents men sharing in at household and child-rearing work. This hampers the development of a smooth relationship between the couple especially in the context of changing demands on women in the present society.
Self Assessment Questions 2

1) Mental Soundness as described by The Special Marriage Act provides that neither party:
   i) is incapable of giving a valid consent to it as a consequence of unsoundness of mind; or
   ii) though capable of giving valid consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children, or
   iii) has had been subject to recurrent attacks of insanity.

2) Pre-marital counseling helps to dispel the anxieties and apprehensions related to marriage and building a new relationship. It aims at improving the quality of marital relationship.

4.9 UNIT END QUESTIONS

- Discuss marriage as a social system.
- Describe the relationship of mental disorders and marriage.
- Discuss the importance of sexual relationship for marital happiness.
- Explain the relationship between marriage and soundness of mind.
- Discuss the relationship between marriage and substance abuse.
- Present an account of laws related with marriage and mental illness.
- Explain the behavioral approaches for improving marital relationship.

4.10 REFERENCES


4.11 SUGGESTED READINGS
