

## MARITAL SATISFACTION AND MENTAL HEALTH OF PALESTINIANS IN THE GAZA STRIP (COHORT-II)

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### Abstract

**Aim:** The aim of the study was to investigate the prevalence of psychological problems and marriage satisfaction among couples and association between marriage satisfaction and psychological problems in the Gaza Strip.

**Methodology:** The sample included 183 parents, 43 of them were fathers (23.5%) and 140 mothers (76.5%). The age ranged from 26 to 65 years with mean age of 41.61 (SD = 8.66). The data from the participants was collected using the following instruments: Demographic questionnaire, assessment of mental health functioning, and Marital Satisfaction Inventory.

**Results:** The study showed that the most common psychological problems were: careful for what is going around me (84.1%), preoccupied (66.5%), loss of concentration and unable to work (60.2%), loss of energy (58.1%), and frustrated (48.9%). The total psychological mental health problems mean was 54., depression scores mean was 29.50, mean anxiety scores was 11.5, somatization mean scores was 7.98, and aggression mean scores was 6.54. No significant differences between the two groups in any of the psychological problems.

The results showed that mean conventionalization was 10.04, mean scores of global marital distress was 13.7, and mean spending time together scores was 7.45. Wives said that they significantly spending time together more than husbands and no gender differences in conventionalization and global marital distress. The results showed that conventionalization in wives was positively correlated with global mental health problems, anxiety, depression, and violence. Also, global distress by wives was negatively correlated with global mental health problems, i.e. decrease global distress due to marriage non satisfaction lead to less mental health problems, anxiety, and depression.

**Implications:** This study showed that there Palestinians couples need for more psychosocial programs for adults including community based centers, public meetings to increase their awareness about the effect of stress and trauma on mental health and ways of coping with such consequences in daily life. Also, need for more longitudinal studies of cohort sample for few years to elaborate the effect of changing in the political situation in the Gaza Strip on families mental health, social structure, function of families, coping of families in adversities and war situation.

**Key words:** Cohort II, mental health, couples, marriage satisfaction

### Introduction

There is a sizable body of literature linking marital distress with psychiatric disorders population-based surveys. For example, compared with people without psychiatric disorders, marital distress is greater among people with broad-band classifications of mood, anxiety, and/or substance use disorders (e.g., Goering, Lin, Campbell, Boyle, & Offord, 1996; Whisman, 1999), and with narrow-band classifications of specific psychiatric disorders (e.g., Markowitz, Weissman, Ouellette, Lish, & Klerman, 1989; McLeod, 1994; Weissman, 1987; Whisman, 1999). Furthermore, psychiatric disorders are more strongly associated with the quality of relationship with one's

spouse as compared with the quality of relationship with one's relatives or friends (Whisman, Sheldon, & Goering, 2000). Finally, marital distress precedes and therefore is potentially causally related to the onset of psychiatric disorders (Overbeek et al., 2006; Whisman & Bruce, 1999; Whisman, Uebelacker, & Bruce, 2006).

The transition to parenthood is a very difficult adjustment for many couples: As they become parents, they experience a decrease in positive marital interchanges, an increase in marital conflict, and a decline in marital satisfaction (Belsky & Kelly, 1994; Belsky et al., 1983), particularly for wives. Moreover, decreases in the wife's marital satisfaction often lead to

corresponding decreases in the husband's satisfaction (Belsky et al., 1983; Waldron & Routh, 1981). Spousal depressive symptoms and marital satisfaction are closely associated (Beach, 2001; Karney, 2001; Whisman, 2001). Moreover, deficiencies in marital satisfaction have been found to be associated with maternal depression (Collins et al., 1993; Crnic & Greenberg, 1987; Crockenberg, 1993; Cutrona, 1996). Similar results have also been found among couples facing the transition to parenthood. For example, Matthey et al. (2000) found in a longitudinal study that poor partner relations were associated with depressive mood in both women and men (see also Cox et al., 1999).

The aim of the study was to investigate the prevalence of psychological problems and marriage satisfaction among couples and association between marriage satisfaction and psychological problems in the Gaza Strip.

## Methodology

### Subjects

The sample included 183 parents, 43 of them were fathers (23.5%) and 140 mothers (76.5%). The age ranged from 26 to 65 years with mean age of 41.61 (SD = 8.66).

### Procedure

We selected the sample of the parents according to the first stage of cohort study in which the names of the families was available for the data collection. We held a meeting and conducted training for 4 hours to 8 professionals working in the field of community mental health and had previous experience in data collection (4 social workers, 4 psychologist). We explained to them the aim of the study and give them prepared list of number of the families to be interviewed. A cover letter was given to each parent to obtain written permission from them to participate in the study.

Sociodemographic information for the study population was collected from parents. Each interview took 45 minutes to be completed. The data collection was done between August and September 2007.

### Instruments

The data was collected from couples by using the following questionnaires:

#### Demographic questionnaire.

Demographic information about the participants was obtained using a survey developed by the authors. This questionnaire includes sex, age, citizenship, and education level.

Assessment of mental health functioning (MHI) (GCMHP, 2007)

The Mental Health Inventory for parents is 26 -item measure of psychological distress and well-being that was specifically designed for use in the general population. Each item on the MHI is rated by participants on a scale from 1 to 6. Throughout the MHI the descriptors attached to the 1 to 6 scale changed but generally reflected the theme 1 (always) to 6 (difficult to answer). The assessment inventory contains items related to somatization (1, 2, 3, 4), anxiety (5, 6, 7, 8, 9, 10, 11, 12, 13, 14), depression (15, 16, 17, 18, 19, 20, 21, 22), and aggression (23, 24, 25, 26). The internal consistency of the Arabic version of the MHI was satisfactory (Cronbach's alpha = 0.79) and split half was 0.74.

### Marital Satisfaction Inventory (Snyder, 1981)

The couples marital satisfaction was measures by Marital Satisfaction Inventory which is a multidimensional self-report scale for both husband and wife. It differentiates between couple with marital distress and happy marriages. This scale consists of 280 items with yes and no answer. There are 11 subscales, two of them measures non satisfaction. The subscales are: Conventionalization (21 items), Global distress (43 items), affective communication (26 items), Problem- solving communication (38 items), Time together (20 items), disagreement about Finances (22 items), Sexual dissatisfaction (29 items), Role orientation (25 items), and Family history of distress (15 items), and dissatisfaction with children (22 items), Conflicts over childbearing (19 items). The questionnaire was translated into Arabic and adapted by (Biblawy, 1987). Research that used the instrument in Arab society in Egypt found a satisfactory level of internal reliability (Cronbach's alpha for Conventionalization was  $\alpha = 0.84$ , global distress  $\alpha = 0.88$ , and time together  $\alpha = 0.74$ ).

### Statistical analysis

The data analysis was done using SPSS ver. 14. Frequencies and descriptive statistics are initially including psychological problems rated in couples and marital satisfaction. Between-group differences on questionnaire scores (age, gender, citizenship, psychopathology, and marriage satisfaction) were estimated by t independent test. The relationship between psychological problems in couples and marital satisfaction were estimated by Pearson rank correlation test.

## Results

### Sociodemographic data

The sample included 183 parents, 43 of them were fathers (23.5%) and 140 mothers (76.5%). The age ranged from 26 to 65 years with mean age of 41.61 (SD = 8.66). According to citizenship, 6 of mothers were citizens (3.3%) while 36 of fathers were citizens (19.7%), 34 of mothers were refugee (18.6% compared to 99 of fathers (53.1%), and 3 mothers were returnees (1.6%) compared to 5 fathers (2.7%).

Table 1 : Sociodemographic characteristics of the study sample ( N = 183)

	No	%	No	%
	Female		Male	
Sex	43	23.5%	140	76.5%
Citizenship				
Citizen	6	3.3%	36	19.7%
Refugee	34	18.6%	99	54.1%
Returnees	3	1.6%	5	2.7%
Education				
Uneducated	0	0.0%	3	1.6%
Preparatory	4	2.2%	32	17.6%
Primary	5	2.7%	30	16.5%
Secondary	14	7.7%	40	22.0%
Diploma	8	4.4%	16	8.8%
University	10	5.5%	15	8.2%
Master degree	1	50.0%	2	1.0%
PhD	1	0.5%	1	0.5%

Job				
Full time work for 6-12 months	18	9.9%	60	33.1%
Part time work for 6-12 years	3	1.7%	4	2.2%
Full time work for less than 6 months	1	0.6%	2	1.1%
Part time work for less than 6 months	3	1.7%	10	5.5%
Unemployed	13	7.2%	40	22.1%
Student and working partly	1	0.6%	1	0.6%
Unable to work	2	1.1%	15	8.3%
No working and not looking for work	2	1.1%	3	3.4%

### Psychological problems

The couples' mental health was measure by general mental health scale with 26 items. The most common psychological problems were: careless for what is going around me (84.1%), preoccupied (66.5%), loss of concentration and unable to work (60.2%), loss of energy (58.1%), and frustrated (48.9%). While the least common symptoms were: nightmares (5.5%), using bad words (4.4%), tremors (3.8%), and spells of weeping (2.25).

Table 2: Psychological symptoms

	Always	Sometimes	Rarely	Never	Don't know
Careless for what is going around me	84.1	7.7	4.4	3.3	0.5
Preoccupied	66.5	20.9	3.3	8.8	0.5
Loss of concentration and unable to study	60.2	25.4	10.5	3.9	0
Loss of energy	58.1	24.6	9.5	6.1	1.6
Frustrated	48.9	22	7.1	19.8	2.2
Feeling terrorized from the Israelis army	48.9	20.9	9.3	16.5	4.4
Easily angry	43.4	25.8	12.1	18.1	0.5
Anxious and irritable	42.3	22.5	8.2	26.9	0
Depressed mood	26.4	31.3	12.1	30.2	0
Backaches	24.7	19.2	6	49.5	0.5
Joints pains	20.9	14.3	5.5	58.8	0.5
Headache	20.3	25.3	7.7	45.6	1.1
Insomnia	17.6	14.3	9.9	57.7	0.5
Stomachaches	16.5	6.6	3.3	73.1	0.5
Feeling lonely	15.4	12.1	4.9	62.6	4.9

Physical aggression toward others	15.4	15.4	17	51.6	0.5
Aggression	14.3	16.5	12.6	55.5	1.1
Hopelessness	10.4	14.3	7.1	62.6	5.1
Shorting of breathing	6.6	12.1	5.5	75.3	0.5
Physical fighting	6.6	7.1	6.5	79.7	0
Rapid heart beats	6.0	6.0	6.0	80.8	1.1
Nightmares	5.5	15.9	8.8	49.5	20.3
Dizziness	4.4	9.3	2.7	83	0.5
Using bad words	3.8	9.3	4.4	81.9	0.5
Tremors	3.3	3.3	2.2	90.7	0.5
Spells of weeping	2.2	16.6	3.3	91.2	1.6

### Mental health problems

The total psychological mental health problems mean was 55.65 (SD = 11.27), mean anxiety scores was 20.71 (SD =4.87), aggression mean scores was 20.36 (SD =3.84), somatization mean scores were 7.98 (SD = 3.22), and depression scores was 6.54 (SD = 2.96).

Table 3: Means and standard deviations of mental health problems of couples

	N	Min.	Max.	Mean	SD
Total psychological problems	182	30	88	55.65	11.27
Anxiety	182	10	37	20.71	4.87
Aggression	182	8	30	20.36	3.84
Somatization	182	1	16	7.98	3.22
Depression	182	2	16	6.54	2.96

### Gender differences in psychological problems

In order to find the differences between wives and husbands in psychological problems T independent test was conducted. The results showed that there were no significant differences between the two groups in any of the psychological problems.

Table 4: Gender differences in psychological problems

	Sex	Mean	SD	t	p
Total psychological problems	Husband	53.72	10.70	-1.29	0.20
	Wife	56.24	11.41		
Somatization	Husband	7.56	2.75	-0.98	0.33
	Wife	8.11	3.36		
Anxiety	Husband	20.12	5.10	-0.91	0.36
	Wife	20.89	4.80		
Depression	Husband	6.00	2.45	-1.38	0.17
	Wife	6.71	3.09		
Violence	Husband	20.07	3.52	-0.57	0.57
	Wife	20.45	3.94		

\*p< 0.05, \*\*p< 0.01, \*\*\*p< 0.001

**Association between the psychological problems**

The results showed that total psychological problems was correlated significantly with somatization ( $r = 0.64, p = 0.001$ ), anxiety ( $r = 0.86, p = 0.001$ ), violence ( $r = 0.73, p = 0.001$ ), and depression ( $r = 0.70, p = 0.001$ ). While somatization correlated with anxiety ( $r = 0.46, p = 0.001$ ), aggression ( $r = 0.19, p = 0.001$ ), and depression ( $r = 0.29, p = 0.001$ ). Anxiety was correlated with aggression, ( $r = 0.48, p = 0.001$ ), and depression ( $r = 0.53, p = 0.001$ ). Aggression was correlated with depression ( $r = 0.43, p = 0.001$ ),

Table 5 : Correlation matrix of psychological problems

	1	2	3	4
Total psychological problems	-			
Somatization	.64**	-		
Anxiety	.86**	.46**	-	
Depression	.70**	.19*	.53**	-
Violence	.73**	.29*	.48**	.43**

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

**Marriage satisfaction by the couples**

The results showed that mean conventionalization was 10.04 (SD = 8.29), mean scores of global marital distress was 13.77 (SD = 3.98), and mean spending time together scores was 7.45 (SD = 4.94).

Table 6: Marriage satisfaction by the couples

	Minimum	Maximum	Mean	SD
Conventionalization	0	33	10.04	8.29
Global distress	4	21	13.77	3.98
Time together	0	20	7.45	4.94

**Differences in marriage satisfaction between the couples**

In order to investigate marriage satisfaction between the couples, means and standard deviations of the scores were measured using t independent test. The results showed that wives said that they significantly spending time together more than husbands (Mean = 8.01 vs. 5.65) ( $t = - 2.87, p = 0.001$ ). No gender differences in conventionalization and global marital distress.

Table 7: T independent test of differences in marriage satisfaction between the couples

Subscales	Gender	N	Mean	SD	t	p
Conventionalization	Husband	44	8.91	7.40	1.03	0.30
	Wife	142	10.39	8.55		
Global distress	Husband	44	14.18	3.44	0.79	0.43
	Wife	142	13.64	4.14		
Time together	Husband	44	5.61	4.01	2.87	0.00
	Wife	142	8.01	5.07		

Association between psychological problems and marriage satisfaction of couples

**Association between psychological problems of husbands and marriage satisfaction**

In order to investigate the association between subscales of marriage satisfaction inventory and psychological problems Pearson correlation test was done. The results showed that global distress by husbands was negatively correlated with global mental health problems , i.e. decrease global distress due to marriage non satisfaction lead to less mental health problems ( $r = -0.30, p = 0.001$ ), anxiety and violence were positively correlated with conventionalization ( $r = 0.46, p = 0.001$ ), ( $r = 0.36, p = 0.001$ ). Also spending time together was correlated with anxiety ( $r = 0.30, p = 0.001$ ).

Table 8: Husbands' mental health and marriage satisfaction

	Global mental health	Somatic symptoms	Anxiety	Violence	Depression
Conventionalization	0	0.13	.46 **	.36*	0.29
Global distress	-.30*	-0.12	-0.27	-0.26	-0.28
Time together	0.16	-0.01	.30 *	0.17	0.21

**Association between psychological problems of wives and marriage satisfaction**

The results showed that conventionalization in wives was positively correlated with global mental health problems ( $r = 0.25, p = 0.001$ ), anxiety ( $r = 0.22, p = 0.001$ ), depression ( $r = 0.30, p = 0.001$ ), and violence ( $r = 0.17, p = 0.001$ ). Also, global distress by wives was negatively correlated with global mental health problems , i.e. decrease global distress due to marriage non satisfaction lead to less mental health problems ( $r = -0.16, p = 0.001$ ), anxiety ( $r = -0.17, p = 0.001$ ), and depression ( $r = -0.24, p = 0.001$ ).

Table 9: Wives' mental health and marriage satisfaction

	Conventionalization	Global distress	Time together
Total psychological problems	.25**	-.16*	.04
Somatization	.06	-.07	-.05
Anxiety	.22**	-.17*	.07
Depression	.30**	-.24*	.08
Violence	.17*	-.03	.02

**Discussion**

The results of the study showed that the most common psychological problems were: careless for what is going around me, preoccupied, loss of concentration and unable to work, loss of energy, and frustrated. Psychological problems mean was 54.1 , depression scores was 29.50, mean anxiety scores was 11.57, somatization mean scores were 7.98, and aggression mean scores was 6.54. This is consistent with previous studies in the same area (Thabet et al , 2001, 2008, El sarraj, Diab & Thabet, AA, 2008).

The results showed that Palestinian wives were significantly spending time together that husbands. The results showed that

global distress by husbands was negatively correlated with global mental health problems, i.e. decrease global distress due to marriage non satisfaction lead to less mental health problems. While anxiety and violence were positively correlated with conventionalization, and spending time together was correlated with anxiety. In the study there was no correlation between any of the marriage satisfaction subscales and depression. This finding was inconsistent with study of Chatav, and McKelvie (2006) who reported that marital distress was associated with depression in older adults when controlling for Big-Five personality traits. Numerous studies have demonstrated that spouses of veterans with posttraumatic stress disorder (PTSD) are at increased risk for experiencing psychological and marital distress (e.g., Dekel, Solomon, & Bleich, 2005). A recent study also found that dissociative symptoms in combat veterans were connected to greater marital distress in spouses (Nelson Goff, Crow, Reisbig, & Hamilton, 2007), Renshaw, Rodrigues, in study of spouses of National Guard soldiers recently returned from deployments in Iraq.: Relationships with substantial minorities of the spouses of soldiers recently returned from combat evidenced elevated levels of depressive symptoms (44%) elevated levels of PTSD symptoms (10%) as well. Although over 16% of the sample endorsed possible marital distress. Our results inconsistent with other studies could be to the fact that our area of war and conflict increase level of aggression, anxiety, and somatization even if there is cohesiveness of the Palestinian families and couples satisfied with marriages and other risk factors can play a major role in increasing difference types of psychological problems.

Our findings were inconsistent with the findings that family and interpersonal issues are the most common issues about which people worry (Roemer, Molina, & Borkovec, 1997), that anxiety is associated with impairment in general interpersonal functioning (Eng & Heimberg, 2006), and that relationship distress is associated with poorer outcomes to individual-based treatments for anxiety (Durham, Allan, & Hackett, 1997). Beside, in study of population-based national survey, marital distress was significantly associated with elevated risk of (a) anxiety, mood, and substance use classes of disorders and (b) each specific disorder except for panic disorder (Whisman, 2007).

### Conclusion and implications

This study showed that Palestinians couples were suffering of mental health problems including anxiety, depression, aggression, and somatization. Such problems are common in area of war and conflict due to exposure to daily stressors and trauma. A need for more psychosocial programs for adults including community based centers, public meetings to increase their awareness about the effect of stress and trauma on mental health and ways of coping with such consequences in daily life. Our findings that there was global distress of marriages between the couples and this was negatively correlated with anxiety and somatization symptoms highlighting the need for education programs for young people and engaged people before marriage to increase their awareness about marriage problems, children rearing, coping with marital problems, social support seeking, and early detection of children with mental health problems. Also, need for more longitudinal studies of cohort sample for few years to elaborate the effect of changing in the political situation in the Gaza Strip on families mental health, social structure, function of families, coping of families in adversities and war situation.

### Acknowledgement

We are very grateful to all Palestinian families who allowed

us to carry such a cohort study for the second time and giving us the time and hospitality during the interview. We are not forgetting the statistician Khalil Mougadad in our department who conducted the statistical analysis.

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