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The Effect of Bipolar Disorder on the Maintenance of Marriage: Evaluation from Forensic Psychiatric Perspective in Türkiye

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ABSTRACT

Objective: This study aims to investigate the impact of bipolar disorder on marital union, whether it renders the marital union intolerable, and how the clinical features of the disorder can be assessed in making this significant decision.

Methods: Our study sample consists of cases of bipolar disorder sent for forensic psychiatric evaluation under Article 165 of the Turkish Civil Code to the Council of Forensic Medicine between 2013 and 2022. The sample is divided into 2 groups based on whether the marriage has ended or not. Data on sociodemographic characteristics, reasons for evaluation, previous psychiatric history, evaluation outcomes, and diagnosis were retrospectively analyzed from files accessed through the National Judiciary Network Project software.

Results: Individuals with termination of marriages had a significantly higher prevalence of a history of crime and substantially higher mean number of hospitalizations compared to those with ongoing marriages ($P < .05$).

Conclusion: In our study, we observed that despite numerous challenges, the majority of marriages involving bipolar disorder (89.6%) continued. This retrospective study aimed to identify significant clinical characteristics of bipolar disorder patients related to dissolution of marriage decisions, particularly noting links between hospitalization, criminal history, and dissolution of marriage.

Keywords: Bipolar disorder, couple, crime, marriage termination, hospitalization

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INTRODUCTION

Marriage, which is the basic building block of society, is a legal union established for a full and permanent life partnership, and the reasons for terminating this union are stated in Turkish Civil Code (TCC) Articles 161-166. According to TCC Article 165, if one of the spouses is mentally ill and therefore

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the joint life becomes unbearable for the other spouse, this spouse can file for divorce, provided that it is determined by the official medical board report that the disease is of incurable nature of the disease.[1,2] However, identification of this situation poses difficulties. The expert team that will prepare a report on divorce cases due to mental disorders should work carefully and objectively and should evaluate many components such as the type and duration of the disease, treatment adherence, frequency, and number of hospitalizations, the ability to fulfill responsibilities in marriage, and social functionality.[3,4]

Psychiatric disorders can exert detrimental effects on various aspects of life, including hindering an individual's capacity to initiate and sustain a marital partnership. Numerous studies have demonstrated an increased divorce rate in the presence of psychiatric disorders such as schizophrenia spectrum and other psychotic disorders, intellectual disability, and bipolar disorder.[5,6] Bipolar disorder has a special place in terms of its effect on marital union due to the periodic course of the disorder, the patient almost returning to normal except for episodes, the severity and frequency of episodes being very variable, and is a disorder that can be hidden more easily from the spouse.[1,4,7] Studies in the United States and other countries consistently show that divorce rates are 2 to 3 times higher among bipolar patients compared to the general population.[8-11] Despite the absence of a clearly defined 'critical period' in the course of bipolar disorder affecting couple functioning, divorce has been linked to increased hospitalizations, more severe episodes, and the presence of inter-episode symptoms.[7]

While it's established that individuals with chronic psychiatric conditions encounter substantial challenges in their marital processes, research has predominantly concentrated on the schizophrenia spectrum and other psychotic disorders. Despite bipolar disorder's episodic nature and comparatively lesser impact on functionality compared to schizophrenia, individuals grappling with bipolar disorder contend with numerous adverse outcomes in their marital relationships.[5-7] However, few studies address its effects on marital relationships, especially in developing countries such as Türkiye, and the available data are insufficient. Grasping the implications of bipolar disorder on marital harmony is pivotal for comprehending elevated divorce rates and the disorder's potential impact on couples' functioning.[12] This study aims to investigate the relationship between bipolar disorder with the course of marriage, whether it renders the marital union intolerable, and how the clinical features of the disorder can be assessed in making this significant decision. In addition, the goal is to raise awareness among primary care, mental health, and other professionals who provide expert witness services on the impact of bipolar disorder on marriage and to contribute to the evaluation processes.

MATERIAL AND METHODS

This retrospective file review study sample consists of cases evaluated by the 4th Forensic Medicine Specialization Board and the First Higher Board of Forensic Medicine at the Council of Forensic Medicine between January 1, 2013, and December 31, 2022. The cases were sent by family courts for forensic psychiatric evaluation within the scope of Article 165 of the TCC. A psychiatrist performs psychiatric examinations and necessary psychological tests for the cases evaluated at the Council of Forensic Medicine. During the evaluation, past medical documents, psychological tests, and forensic documents (witness statements, etc.) are examined. The sample was divided into 2 groups according to the opinion of the Council of Forensic Medicine expert report on whether the marriage was over or not. The inclusion criteria are having a diagnosis of bipolar disorder according to the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, absence of accompanying psychiatric and neurological disorder history, and being over 18 years old. Exclusion criteria were the presence of non-psychiatric medical conditions that would interfere with marriage or poor socio-economic factors that would affect marital union. In the study, the sociodemographic characteristics of the cases, reasons for requesting forensic psychiatric evaluation, previous psychiatric referral and medical documents in the files, decisions given as a result of forensic psychiatric evaluation, psychiatric examination findings, and diagnosis were retrospectively examined through file scanning. The data of these cases were obtained from the files of the 4th Forensic Medicine Specialization Board and the First Higher Board of Forensic Medicine at the Council of Forensic Medicine through the National Judiciary Network Project (UYAP) software.

Statistical Analysis

The study data were analyzed using the Statistical Package for Social Sciences version 25.0 software for Mac OS (IBM Corp.; Armonk, NY, USA). Descriptive statistical analyses, including number, percentage, mean, and standard deviation, were utilized to analyze the demographic and clinical characteristics of the participants. The chi-square test (Fisher's exact test) was employed to compare categorical variables. The Kolmogorov–Smirnov test assessed the conformity of data to normal distribution. For independent variables that did not adhere to a normal distribution, the Mann–Whitney *U*-test was applied. Correlation analysis was conducted using Spearman's rank correlation coefficient. The significance level for all analyses was set at $P < .05$.

Ethical Approval

The study complied with the Helsinki Declaration and was approved by the Council of Forensic Medicine Education and Scientific Research Commission (Approval no: 21589509/2023/740, Date: August 9, 2023).

RESULTS

Sociodemographic Characteristics

Table 1 illustrates the comparison of sociodemographic and clinical characteristics between bipolar disorder patients with termination of marriages and those with ongoing marriages. It was observed that 8 of the 77 cases were given an expert report regarding the termination of their marriage. The mean age of patients with termination of marriages was 38.5 years (±1.76), slightly higher than those with continuing marriages at 37.08 years (±1.01), although this difference was not statistically significant ($P > .05$). Similarly, the two groups had no significant differences in education levels ($P > .05$). The duration of marriage also showed no significant difference ($P > .05$). Regarding gender distribution, there were equal proportions of males and females in the group with termination of marriages ($P > .05$). In contrast, the group with continuing marriages had a higher proportion of females (75.4%) compared to males (24.6%). However, this difference was not statistically significant ($P > .05$). Regarding working status, both groups had a similar distribution, with approximately 60% of individuals not working, and did not differ statistically significantly ($P > .05$).

Table 1. Comparison of Sociodemographic and Clinical Characteristics between Bipolar Disorder Patients with Terminated and Ongoing Marriages

	Bipolar Disorders			
	Termination of Marriage (N=8)	Ongoing Marriage (N=69)		
	Mean ± S.D. N (%)	Mean ± S.D. N (%)	*P*	
Age	38.5 ± 1.76	37.08 ± 1.01	.418	s
Sex (male)	4 (50)	17 (24.6)	.127	χ^2
Education levels	11.5 ± 1.4	12.69 ± 0.43	.390	m
Marriage duration	10.87 ± 2.6	10.73 ± 0.96	.847	m
Alcohol use (yes)	210 (12.3)	142 (11.6)	.534	χ^2
Substance use (yes)	3 (37.5)	27 (39.7)		
Alcohol use disorder (yes)	2 (25)	6 (8.7)	.192	χ^2
Substance use disorder (yes)	2 (25)	3 (4.3)	.081	χ^2
History of crime (yes)	3 (37.5)	6 (8.7)	**.047**	χ^2
History of suicide attempt (yes)	3 (37.5)	23 (33.3)	1.00	χ^2
History of self harm (yes)	1 (12.5)	0 (0)	.104	χ^2
Children (yes)	6 (75)	42 (60.9)	.703	χ^2
Symptoms in remission (yes)	5 (62.5)	34 (49.3)	.711	χ^2
Mood stabilizers medication (yes)	8 (100)	58 (84.1)	.593	χ^2
Antipsychotic medication (yes)	7 (87.5)	65 (94.2)	.431	χ^2
History of hospitalization (yes)	8 (100)	62 (89.9)	1.00	χ^2
Number of hospitalization	7.37 ± 1.54	3.47 ± 0.44	**.003**	m
Psychotic symptoms (yes)	7 (87.5)	38 (55.9)	.131	χ^2
History of ECT	4 (50)	13 (18.8)	.066	χ^2
Manic episode	7 (87.5)	55 (79.7)	1.00	χ^2
Depression episode	6 (75)	54 (78.3)	1.00	χ^2
First-episode types (mania)	5 (62.5)	28 (41.2)	.283	χ^2
First-episode age	24.37 ± 1.72	25.72 ± 0.95	.757	m
Duration of disorders	14.37 ± 1.49	11.15 ± 0.7	.053	m

P < .05 statistically significant (bold).
ECT, electroconvulsive therapy.
[m]Mann–Whitney *U*-test.
χ^2Chi-square test (Fisher's exact test).

Clinical Characteristics

Individuals with termination of marriages exhibited a higher prevalence of alcohol use disorder compared to those with ongoing marriages (25% vs. 8.7%, *P* > .05), although this difference did not reach statistical significance. Similarly, a higher prevalence of substance use disorder was observed in the termination of marriages group compared to the ongoing marriage group (25% vs. 4.3%), with a trend toward significance (*P* > .05). Individuals with termination of marriages had a significantly higher prevalence of a history of crime compared to those with ongoing marriages (37.5% vs. 8.7%, *P*=.047). Furthermore, the analysis revealed a significant difference in the mean number of hospitalizations between the termination of marriages and ongoing marriage groups, with individuals in the terminated marriage group experiencing a substantially higher mean number of hospitalizations compared to those in the ongoing marriage group (7.37 ± 1.54 vs. 3.47 ± 0.44, *P*=.003). This finding suggests a more severe clinical course among individuals with terminated marriages. However, no significant differences were observed between the terminated and ongoing marriage groups in terms of other clinical variables, including history of suicide attempts, history of self-harm, presence of children, symptoms in remission, mood stabilizer or antipsychotic medication use, history of electroconvulsive therapy (ECT), presence of psychotic symptoms, history of manic or depressive episodes, first-episode types, age at first episode, or duration of disorders (*P* > .05 for all comparisons).

The duration of disorders showed a moderate positive correlation (*r*=0.222, *P*=.053), approaching significance. Meanwhile, a significant positive correlation was observed between marriage termination and the history of hospitalization (*r*=.353, *P*=.003), history of crime (*r*=0.274, *P*=.016), and history of ECT (*r*=0.229, *P*=.045). Interestingly, there was a significant negative correlation between marriage termination and the first-episode age (*r*=−0.035, *P*=.759), although this association was not statistically significant. Furthermore, a strong positive correlation was found between marriage termination and a history of self-harm (*r*=0.337, *P*=.003). Other clinical variables, including psychotic symptoms, history of suicide attempts, alcohol use disorder, and substance use disorder, did not show significant correlations with marriage termination (Table 2).

DISCUSSION

To our knowledge, this is the first study to examine the factors thought to be effective in the termination of marriage in bipolar disorder in a Turkish sample. The most interesting finding we observed in our study was that only 10.38% of the 77 cases requested to be examined by the Council of Forensic Medicine for 10 years had their marriage terminated. We also show a relationship between the termination of marriage, criminal history, and several hospitalizations. Given the predictive nature of marital problems for divorce,[13] one could propose that our results reflect enduring challenges within the marital relationship, which contribute to psychological distress and ultimately divorce, rather than psychological distress directly precipitating the dissolution of the marriage.

Although rapid syndromal recovery can be achieved in bipolar disorder, functional recovery is more difficult to achieve.[14] In many cases, subthreshold or residual symptoms persist, making functional recovery difficult to achieve as the disorder progresses. Many patients experience psychosocial and occupational difficulties,[15] marital failure,[16] financial problems,[17] substance abuse,[18] sexual dysfunction,[19] poor quality of life,[20] and legal problems.[21] But, compared to patients with schizophrenia, patients with BD have high marriage rates. Despite the elevated incidence of marriage among individuals with bipolar disorder, BD can have detrimental effects on the dynamics of the relationship, including a diminished emotional bond, increased stigma, dissatisfaction with sexual intimacy, and a reduced likelihood of having childrenn.[7,8] The challenges posed by the disorder can compromise the commitment between partners, eroding trust and creating doubts about the sustainability of the relationship over time.[7,8] Challenges arising from critical situations like heightened hospitalizations, typical in the progression of bipolar disorder, have been correlated with the dissolution of marriage. In our study, we observed a relationship between the number of hospitalizations and the end of marriage, consistent with the literature.

Table 2. Correlation Analysis of Clinical Variables with Termination of Marriages in Patients with Bipolar Disorder

		Correlations									
	Yes	Psychotic Symptom	Duration of Disorders	History of Hospitalization	History of Crime	History of Electroconvulsive Therapy.	First-episode Age	History of Self-Harm	History of Suicide Attempt	Alcohol Use Disorder	Substance Use Disorder
Termination of Marriage	ˢCorrelation coefficient	0.114	0.222	.353**	.274*	.229*	−0.035	.337**	0.027	0.163	.256*
	Sig (2-tailed)	0.322	0.053	0.003	0.016	0.045	0.759	0.003	0.816	0.157	0.025
	N	77	77	71	77	77	77	77	77	77	77

ECT, electroconvulsive therapy.
*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed). ˢSpearman's correlation.

Global evidence indicates a disproportionate representation of mental disorder in the criminal justice system.[22] For example, recent data from Australian prisons revealed an 80% prevalence of psychiatric disorders.[23] This trend persists in bipolar disorder cases, where the risk of violence surpasses that of schizophrenia.[24] Individuals with bipolar disorder are also over 3 times more likely to have a history of multiple incarcerations compared to those without mental disorder.[22] Recent studies suggest that bipolar individuals with criminal records experience more manic episodes and require more frequent hospitalizations,[25,26] though this finding varies across populations.[27] Moreover, the prevalence of co-occurring bipolar disorder and substance use, surpassing that of other psychiatric disorders, complicates the situation further, with substance use significantly escalating the risk of violence among those with bipolar disorder, a widely supported notion in the literature concerning offender populations.[28,29] Antisocial behaviors, like offending, along with substance abuse, exhibit notable persistence, influencing interpersonal dynamics throughout one's life. Problematic behavior influences interpersonal dynamics throughout life, potentially fostering the replication of coercive interactions and a lifestyle characterized by problem behavior within marital relationships.[30] Similar to the literature, in our study, we have shown that the marriages of those with a criminal history were more likely to terminate and that risky behaviors such as criminal history, self-harm, and substance use were associated with marriage termination.

Epidemiological research consistently highlights a correlation between mental disorders and dissolution of marriage, yet specific data on the impact of bipolar disorder on marital functioning remain limited. Generally, couples having bipolar disorder exhibit poorer marital adjustment compared to healthy couples. In our study, we observed that despite numerous challenges, the majority of marriages involving bipolar disorder (89.6%) continued. This retrospective study aimed to identify significant clinical characteristics of bipolar disorder patients related to dissolution of marriage decisions, particularly noting links between hospitalization, criminal history, and dissolution of marriage. However, prospective, large-scale studies are needed to investigate bipolar disorder's effect on marriage, its potential strain on partnerships, and how clinical characteristics should shape decision-making.

Limitations

Our study, with its cross-sectional and retrospective design, has a low number of people whose termination of marriage negatively affects the reliability of statistical data. Unfortunately, important parameters that would affect the course, such as the number of episodes, the duration of each episode, and the duration of the episodes, could not be obtained from the study data. The study did not evaluate the impact of medications, such as mood stabilizers and antipsychotics, on sexuality, despite their frequent association with moderate to severe sexual dysfunction. This omission is significant given the importance of sexuality within the context of marriage.

Ethics Committee Approval: Ethics committee approval was received for this study from the Council of Forensic Medicine Education and Scientific Research Commission (Approval no: 21589509/2023/740, Date: August 9, 2023).

Informed Consent: Informed consent was not necessary for the study as this was a cross-sectional retrospective study.

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