

Lived Experience of Couples in Conjugal Relationship where One Partner has Mental Illness: A Qualitative Phenomenological Study



By

Farhana Nasrin

February 2022, Held in March 2023

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka

Thesis completed by:

Farhana Nasrin

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute
(BHPI)
Centre for the Rehabilitation of the
Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Supervisor's Name, Designation, and Signature

Mohuya Akter

Lecturer
Department of Occupational Therapy
Bangladesh Health Professions Institute
(BHPI)
Centre for the Rehabilitation of the
Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Head of the Department's Name, Designation, and Signature

Sk. Moniruzzaman

Associate Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute
(BHPI)
Centre for the Rehabilitation of the
Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Board of Examiners

Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

Farhana Nasrin

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Peralysed (CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Acknowledgement

First and foremost, all admiration goes to the Almighty for qualifying me to conduct this dissertation. As well, I am grateful to my parents who all the time persuade me for this attainment. It would not have been attainable without their assist and self-sacrifice. In this entire journey, there have many persons by whom I am endlessly thankful. I would essentially love to obligate my acknowledgement to my honorable supervisor Mohuya Akter for her constant aid, direction, resignation and heartening throughout this study. Also, gratitude's go to all teachers of Occupational Therapy department for their constant academic assistance throughout my entire study session like here I want to mention respected head of the department Sk. Moniruzzaman sir, Shamima Akter and Arifa Jahan Ema mam.

Dedication

Dedicated to

My Parents

Table of Contents

Contents

List of Tables	ix
List of Figures	x
List of Abbreviations	xi
Abstract	xii
CHAPTER I: INTRODUCTION	1
1.1 Background	1
1.2 Justification of the Study	3
1.3 Operational Definition	4
1.3.1 Lived Experience	4
1.3.2 Conjugal Relationship.....	4
1.3.3 Mental Illness.....	4
1.4 Study Question, Aim and Objectives	5
1.4.1 Study Question.....	5
1.4.2 Aim of the Study	5
1.4.3 Objectives	5
CHAPTER II: LITERATURE REVIEW	6
2.1 Marital Characteristics	6
2.2 Negative Impact of mental illness on life partners	7
2.3 Challenges with daily management of relationship	8
2.4 Diminished sexual intimacy	9
2.5 Emotional disruption	10
2.6 Relationship breakdown or divorce	12
2.7 Marital dissatisfaction	13
2.8 Key Gaps of the Study	14
CHAPTER III: METHODS	15
3.1 Study Design	15
3.1.1 Study Method.....	15
3.1.2 Study Approach	15
3.2 Study Setting	16

3.2.1 Study Period.....	16
3.3 Study Participants.....	16
3.3.1 Study Population	16
3.3.2 Sampling Techniques.....	16
3.3.3 Inclusion Criteria	17
3.3.4 Exclusion Criteria	17
3.3.5 Sample Size.....	17
3.3.6 Participants Overview.....	17
3.4 Ethical Consideration	19
3.5 Data Collection Process	20
3.5.1 Participant Recruitment Process	20
3.5.2 Data Collection Method.....	20
3.5.3 Data Collection Instrument	21
3.5.4 Field Test	22
3.5.5 Field Note.....	22
3.6 Data Management and Analysis	22
3.7 Trustworthiness and Rigor	23
CHAPTER IV: RESULTS	24
4.1 Theme one: Misconduct	25
4.2 Theme two: Suspiciousness	27
4.3 Theme three: Emotional distress.....	28
4.4 Theme four: Detrimental effects on life partner	31
4.5 Theme five: Adverse effects on couples' relationship.....	32
4.6 Theme six: Decline conjugal responsibilities	34
CHAPTER V: DISCUSSION	37
5.1 Discussion	37
CHAPTER VI: CONCLUSION	40
6.1 Strength.....	40
6.2 Limitation	40
6.3 Practice Implication.....	41
6.3.1 Recommendation for future practice and research.....	41
6.4 Conclusion	41
LIST OF REFERENCE	43
APPENDICES.....	46
Appendix A.....	46
Appendix B	48

Appendix C..... 56

List of Tables

Serial number of the Table	Name of the Table	Page no
Table 3.1	Demographic figure of participants	18
Table 4.2	Themes and sub-themes based on experience of couples in conjugal relationship where one partner has mental illness.	24

List of Figures

Serial number of the Figure	Name of the figure	Page no
Figure 1	Overview of literature review	6

List of Abbreviations

IRB: Institutional Review Board

NIMH: National Institute of Mental Health

CRP: Centre for the Rehabilitation of the Paralysed

BHPI: Bangladesh Health Professions Institute

Abstract

Background: Mental illness leads dissolution in conjugal relationship. Both partners with mental illness and without mental illness experienced interpersonal detachment, weakening relationship, emotional upswing, poor parental activity, and problem in daily marital life roles to manage. They had financial problem also, so it is quite difficult for couples who have mental illness to survive happily in conjugal life.

Aim: This study's aimed to explore the lived experience of couples in conjugal relationship where one partner has mental illness.

Methods: A qualitative, phenomenological study design was applied for investigation. Purposive sampling method was operated for sample participants which helped for rich description and depth information. In-depth semi structured; face-to-face interview was used from participants by voluntarily through self-development interview guide. Seven couples were selected where one partner has mental illness from National Institute of Mental Health, for participation in investigation. Thematic analysis was utilised for data analysis according to Braun and Clarke's six steps.

Results: Six themes and sub-themes appeared from data analysis; couples in conjugal relationship where both partners experienced misconduct with each other, suspiciousness found among couples, emotional distress was found into both partners, detrimental effects was found on life partners, adverse effects on couples relationship, partner with mental illness had fascination for another partner, couples conjugal responsibilities was declined and partners with mental illness were uncooperative in household roles. However, couples with mental illness have difficulties to maintain their marital life.

Conclusion: This study invented lived experience of conjugal couples where one partner has mental illness, so the key result of the study is mental illness had negative effect in couples' relationship, they had to live their marital life with struggling. Both partner with mental illness and partner without mental illness faced difficulties in relationship that leads to relationship breakdown, interpersonal detachment, diminished sexual affinity, partner without mental illness faced burden for household roles. So, health professionals should more concern in mental health disorder for maintaining marital life.

Keywords: Mental illness, lived experience, conjugal relationship, couple, partner.

CHAPTER I: INTRODUCTION

1.1 Background

Mental illness is a health condition involving changes in emotions, thoughts, or behavior related to stress or problems coping with social, work, or family activities (*What is Mental Illness?*, 2022) like (depression, schizophrenia, bipolar mood disorder, anxiety disorder, drug abuse disorder and so on) (Mokoena et al., 2019). In a marital relationship, the partners are financially, socially, emotionally, and physically dependent on each other, sharing household and related chores and indebted to each other. Mental disorders are a major public health concern, accounting for 13% of the global burden of disease as measured by disability-adjusted life-years. Low- and middle-income countries bear a higher burden of psychiatric disorders than economically developed countries, with severe adverse effects on survival. Years may be shortened (Hossain et al., 2014). A marriage relationship is a formal union between a man and a woman, whereby they become husband and wife, that is, a consensual and contractual relationship recognized by law. It is a social commitment with many emotional, social, and professional needs. The marital relationship is a socially accepted means of satisfying the basic human need for sexual gratification. It thus forms the basis of procreation and family building and can be legal, emotional, economic, spiritual, and religious (Srivastava, 2013). Mental health plays an important role in partners conjugal life. There are some studies about lived experience of partner with mental illness, like; According to Qazvin University of Health Sciences, the mentally retarded spouse feels frustrated, stressed, fading, isolated and lacking in support. Also caring for a partner with mental illness reduces the energy of partner without mental illness to support and caused frustration and despair, helplessness, depression, erosion and morbidity or

exacerbation (Zeighami & Ahmadi, 2021). According to African online scientific information system there is variation in social roles in relationships and distance between individuals with a partner with a mental illness and faced difficulties partners without mental illness with interpersonal distance and emotional upswing such as, frustration, guilt, fear, insecurity, less communication with decreased sexual or personal intimacy, difficulty in financial decision making, problem to maintain household roles .Partners in a relationship depend on each other for the continuity and maturation of their relationship, a partner who does not have a mental illness may be exposed to many risks (Mokoena et al., 2019). When a spouse had a serious mental illness, it caused for marital abnormality and serious stress. Depression appeared to have the most adverse effect on marriage. Martial tension develops and changing relationships become complex and dependent on several factors which experienced discord and negative influences in the marriage. When the mentally ill person is young, the level of marital discord increases. The quality of the marriage before the onset of mental illness also played an important role in marital discord when serious mental illness occurred (Davidson, 2016).Other study reported negative impact on partner with bipolar mood disorder life, such as self-sacrifice of partner, health problem, emotional distress, stigmatization, weakening relationship, dissatisfaction with sexual life, lower rate of childbearing, relationship breakdown and negative impact on children (Azorin et al., 2021). One more study detected partner with mental illness had low quality of marital life and marital dissatisfaction, emotional distress and marital maladjustment (Vibha et al., 2013). Another study described marital satisfaction and quality of life among partners with mental disorders are very poor and 35.0% were dissatisfied with their own health also mentioned that In India, partners of patients with schizophrenia scored lower in the social domain and in Australia, partners had weakness in social relationships.

However, in social support, culture, health care system, clinician's treatment goals, and daily life of partners can make a difference in quality of life among partners of people with mental disorders and partners without mental disorder related to low negative emotions, lower scores in environment, especially in terms of financial resources and participation and recreational or entertainment opportunities. Healthcare professionals may have difficulty to understanding the partners experience, which may limit support for the partners, symptoms of mental illness Health crisis can also disrupt a family's daily life, becoming a source of anxiety and motivation. seek help from medical services (Nogueira et al., 2019). One study reported reduced expressiveness among depressed women with partner with mental disorder, greater interpersonal conflict between husband and wife in a relationship, interaction between neurotic men and their wives were separated rather than cooperative, marital relationships suffer from frigidity, can't get close to husband and wife, can't communicate that effect on lack of closeness. This lack of closeness is common, there are fewer positive relationships with the family and friends, and these relationships can add stress to a marital relationship with sexual dissatisfaction (BA & MD, 2014). So, in my study I want to explore lived experience of couples where one partner has mental illness but other is mentally healthy and both of the partners life experience included.

1.2 Justification of the Study

This study is about mental health related and mental health plays an important role in conjugal relationship. In current situation we noticed that there are a vital number of couples do divorce and relationship breakdown because of mental health disorders and people are not much aware of these issues, so through this study and depth information we can find out the actual problem of client and provide holistic intervention to mental health person, also can work on stabilizing relationship to reduce divorce rate and by

doing this health professionals like, psychiatrists, psychologists, occupational therapists will concern that they have more responsibilities to work on mental health issue also providing proper counselling to the partner without mental illness for mentally strong. Also, occupational therapist has vast involvement in mental health. Through the result of the study and through collected information participant can also understand that they must concern more about mental health issues. Furthermore, next researcher can gain knowledge or ideas about mental illness with couples' experience and this study will help them for further investigation in future, so this study is noteworthy.

1.3 Operational Definition

1.3.1 Lived Experience

Lived experience refers to everyday, immediate, conditioned human activities that are experienced without thinking or paying attention to them (experience before reflection) (Sibeoni, 2020).

1.3.2 Conjugal Relationship

A marital or conjugal relationship is a long-term relationship, where individuals are interdependent - financially, socially, emotionally, physically, sharing family responsibilities and related responsibilities, and committing together (Hossain, 2014).

1.3.3 Mental Illness

Mental illness is a health condition that involves changes in emotions, thoughts, or behaviors related to stress or problems adjusting to social, work, or family activities (What is Mental Illness?, 2022).

1.4 Study Question, Aim and Objectives

1.4.1 Study Question

How is the lived experience of couples in conjugal relationship where one partner has mental illness?

1.4.2 Aim of the Study

The aim of this study is to explore the lived experience of couples in conjugal relationship where one partner has mental illness.

1.4.3 Objectives

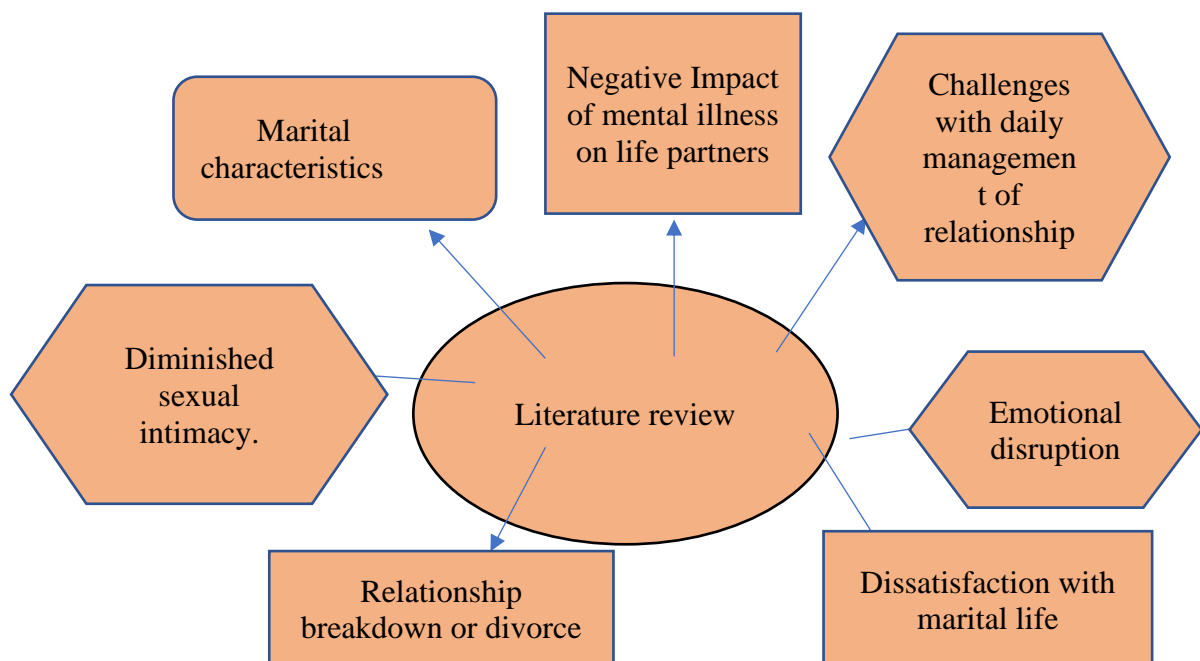
- 1) To explore the manner, they share in their personal shelter
- 2) To know about their sexual and personal behavior
- 3) To know about how they maintain their household and social roles
- 4) To find out about their emotional upswing
- 5) To know about their course of family planning

CHAPTER II: LITERATURE REVIEW

Literature review chapter is about the overview of the detection of handful articles of couple's experience in conjugal relationship where one partner has mental illness. This chapter consists of marital characteristics, negative impact of mental illness on life partners, challenges with daily management of relationship, diminished sexual intimacy, emotional disruption, relationship breakdown or divorce, dissatisfaction with marital life, which figured out through different articles.

Figure 2.1

Overview of Literature Review



2.1 Marital Characteristics

An exploratory study figured out that majority of couples did arranged marriages (88.9%) and lived together (87.3%), 19 were separated (10.7%) or divorced (2%),

partners were older (38.8 To+ \- 6.3 years), than dormant coexistence (5.9 To 4.69 years), noted that it was long they are living together. Most of them were (100%) lived in common family arrangements like joint family (Vibha et al., 2013). Another phenomenological study found that, women felt more stress than man, better support to partner with mental illness, need to maintain more responsibilities with role relocation. Women cared for her husband due to mental illness and also did husbands role as a wife, did take care for their children and doing all household roles by own without husband support (Zeighami & Ahmadi, 2021).

2.2 Negative Impact of mental illness on life partners

Phenomenological study at Qazvin university figured out gradual extinction is one of the key concepts for women who have experienced caring for husbands with mental disorders that cause 'role shift', 'self-neglect' and 'premature aging'. Self-neglect includes changes in daily, physiological, and impulsive needs, changes in severely affected health conditions and life patterns, deterioration in quality of life due to multiple long-term physical and mental stress, these include low self-esteem, leading to premature aging of husbands (partner with mental illness), partner without mental illness felt depressed because of hopes for husband and confusion about own and children's future, someone had to live a forced life, some felt unsupported (Zeighami & Ahmadi, 2021). Another study reported remarkable effect of partner without mental illness decreased conflict resolution, decreased affection, decreased cohesion, decreased identity, decreased compatibility, slightly decreased autonomy and expressiveness (BA & MD, 2014). One study found, decreased quality of life of spouse who had partner with mental illness, changes in routine family life, forced to give up free time, experienced intense stress, need support and dissatisfaction with own health (Nogueira et al., 2019). Other study detected mental illness affects many aspects of the patient's life, including self-

sacrifice and burden on the partner, who replaces leisure time with work, leaving no time to think about life revolving around themselves and the patient. Taking care of patients is called a full-time job. Most of them were major financiers and had to take care of household chores and children. The most common problems may be somatic symptom disorders such as tension, muscle aches, fatigue or insomnia, stigma and decreased social life, and couples are more likely to be harassed among friends and neighbors. The partner decides to cut ties with the former friend to hide the problem (Azorin et al., 2021). According to Andile G. Mokoena partners without mental illness may face many threats, such as stress and caregiving burden, assume more responsibilities in relationships, experience a redistribution of household roles, and reduce family earnings. Their roles as hands change, and they become nervous when making financial decisions (Mokoena et al., 2019).

2.3 Challenges with daily management of relationship

According to Andile G. Mokoena had observed that couples in relationships where one partner has a mental illness have difficulty coping with the day-to-day life of the relationship and have difficulty coping with the diagnosis. It included decreased communication and intimacy, and partners suffering from mental illness did not meet role performance expectations. Violent arguments, impaired role performance, selfishness, and unfair spousal support (Mokoena et al., 2019). Another study reported economic turmoil, financial problems and costs associated with medications and treatments, lack of insurance, lack of support centers, and inability of husbands to work force women and their children to work to overcome financial difficulties. As a result, women endure many financial hardships. Some of these women have many problems in terms of their daily living expenses. Economic disruption includes 'lack of government support', 'family economic disruption' and 'women and children's labor'.

Family financial turmoil is one of the most important and fundamental problems in this spousal community. The impact of the unusual economic situation causes many financial conflicts in these families (Zeighami & Ahmadi, 2021). Other studies found that, a relationship between poor marital adjustment in the parents that effects the children also marital conflicts rather than marital adjustment, may be strongly associated with child maladjustment, especially when one of the parents suffered with mental disorder, presence of depressive symptoms in parents could lead to low-quality interactions with their children, partner reported arguments about everyday life issues are more common and may be reinforced by lack of dialogue and cooperation as bipolar consists frequent mood swings under the stress of a constant troubled marriage (Azorin et al., 2021). One more study found, partners with schizophrenia had the highest levels of marital maladaptation, possibly because the disease interfered with their ability to play marital roles. failure to meet these expectations can lead to marital dissatisfaction (Vibha et al., 2013).

2.4 Diminished sexual intimacy

According to Andile G. Mokoena interpersonal distance was experienced in couples with mental illness relationships, resulting in frequent fights, decreased communication, decreased sexual intimacy, and studies showed that partners with mental illness feel isolated, misunderstood by their partner, Such relationships were experienced as triggers of interpersonal distancing, the perception that the presence of mental illness is supportive of a partner diagnosed with a mental illness that undermines the partner, and impedes the ability to engage in cooperative coping. Increase Chronic illness affects relationships, including sexual function. This is the perceived inability of partners with mental illness to meet their expectations in relationships involving sexual functioning. Symptoms of mental illness prevent them from enjoying enjoyable

activities (Mokoena et al., 2019). Another study reported that couples in which one partner has bipolar disorder report less sexual satisfaction than couples without psychiatric disorders, and it has been shown that satisfaction varies between patients and partners. Both increased libido in manic episodes and decreased libido in depressive episodes appear to interfere with partner sexual satisfaction, with this effect often persisting into the inter-episode period and reducing the frequency of intercourse. A lack of intimacy can also cause a weakened bond. Regarding psychotropic side effects, the most common effect reported with antipsychotics was erectile dysfunction, and with lamotrigine, some patients experienced sexual dysfunction (Azorin et al., 2021). Other investigations showed that fertile couples had markedly lower sexual satisfaction, and the sexual satisfaction of spouses of mentally ill patients also decreased significantly over time (Nogueira et al., 2019). One more study reported marital relationships in patients with emotional disorders are not intimate, and spouses are unable to communicate with each other, this is because lack of intimacy also some partners suggest that good sexual relations are neither necessary nor sufficient for a satisfying marriage. Marriage cannot have good sexual relationships, and conversely, those whose marriage lacks intimacy can have satisfying sexual relationships! (BA & MD, 2014).

2.5 Emotional disruption

According to Andile G. Mokoena individual partners in couple relationships with mental illness had experienced emotional upheaval. Partners with mental illness experienced guilt, frustration, anxiety, and interpersonal distancing, while partners without mental illness experience frustration, guilt related to the need to escape, fear of violence, isolation and loneliness and complained partners were not paying attention to them (Mokoena et al., 2019). Other study reported partners without mental illness had

“disappointment,” “forgetfulness,” and frustration. These partners were dissatisfied when describing living with a spouse with mental illness. The experience of disappointment in relation to life with a spouse without a partner can lead to a worsening mood, disappointment in the future and children, despair, distressed by the many difficulties of living with a spouse, exhaustion, Disturbance, and stress can lead to inflamed and troubled homes due to father's behavior, negative atmosphere, disturbed and stressful environment in the home, spouse felt intolerance and worry and impatience. The environment brought up the child's emotional problems and implications, rather than the emotional and intimate relationships. Losing partners husband due to her husband's illness and its aftermath, this emotional lack puts wife under psychological pressure and her partner felt detached from everything and forgotten, here forgetting leads “not including the treatment system”, like, “isolation and segregation” (Zeighami & Ahmadi, 2021). Another study found that, Partners of people with bipolar disorder may experience different emotions when confronted with different aspects of their illness. At the onset of the disease, there are many reasons for a partner to be afraid or frightened because they do not understand what is happening. Risk of recidivism, suicide, violence, and legal problems can pose ongoing threats to partners. may experience painful feelings of anxiety, grief, stress, self-blame, or feelings of guilt or shame (Azorin et al., 2021). One more study reported couples with mental illness psychological domain was the worst, the partner's emotional aspect satisfaction received the worst scores among the subscales of the Marriage Satisfaction Scale, and the quality of life was worse (Nogueira et al., 2019). An additional study reported patients with psychiatric disorders may continue to experience fatigue, lack of energy, difficulty concentrating, and poor psychosocial functioning, which can have a significant impact on their overall quality of life (Vibha et al., 2013). A further study

reported that lack of a close and trusting relationship is a susceptibility factor in partners to develop depression and stress, inability to self-disclose, and low levels of marital intimacy are associated with non-psychiatric disorders in one or both spouses. Associated with the presence of sexually affective disorders. Spouses appear to be afraid of each other, and depressed women report decreased expressiveness (BA & MD, 2014).

2.6 Relationship breakdown or divorce

One study reported that, In the United States, people with bipolar disorder are also two to three times more likely to be divorced or separated than the general population. Divorce was found to be associated with more hospitalizations, more severe episodes, and the presence of residual symptoms., sued a psychiatrist. Severe changes and unpredictability in patient behavior often create instability and uncertainty in relationships. Life with a partner is based on commitment, which implies the existence of a future expression of the relationship. Such commitments of certain goals in the form of expectations hopes, or future concerns are undermined by illness, affecting partners' ability to trust each other and their ability to maintain long-term relationships may express doubts about and let it out, saying that mental illness had closed the door to the future of envisioned togetherness of partners (Azorin et al., 2021). Another study reported, high rates of failed marriages and marital maladjustment, separation and divorce between partners with mental disorders (Vibha et al., 2013). Additional study figured out, in 12 low-, middle- and high-income countries, couples with mental illness reported greater marital maladjustment and mental disorders more likely to lead to divorce. Among psychiatric disorders, specific phobias, severe depression, and alcohol abuse are associated with the highest proportions of population risk. With both fewer marriages and more divorces, divorce is associated with subsequent income and

children divorce-related multinational samples have found that mental disorders reduce the overall likelihood of marriage and increase the likelihood of divorce among those who do marry also suggests that it contributes to less time spent on marriage (J et al., 2011).

2.7 Marital dissatisfaction

A multinational study reported that, partners of patients with mental disorders had lower quality of life and lower marital satisfaction than partners of patients without mental disorders. The Marital Satisfaction Scale found that partners with mental illness were less satisfied with their marriage (Nogueira et al., 2019). One more study reported, patients with schizophrenia (96%) noted the greatest marital maladjustment, significant marital maladjustment was observed in depressive disorders, and better marital adjustment was observed in bipolar disorder than in both depression and schizophrenia. under which they identified marital adaptations in the Indian population. People with mental disorders are under stress, but their spouses are more likely to rate themselves as happy in family structure and relationships. is often of conflict within family partnerships. Persistent symptoms of mental illness can be a source of marital dissatisfaction (Vibha et al., 2013).

2.8 Key Gaps of the Study

Among those literature most of the study was based on small sample population and specific country based like India, Brazil but not worldwide. One study reported that as relationship along is a personal issue so some of the participants were not comfortable to share data so that effect on study result and could not find out proper information. Researchers recorded patient with mental illness condition or symptoms through participants based and not included mild or moderate mental disorder person in the investigation, only included severe mental illness person. The duration of publication shows that there are not so many studies about lived experience of couple's relationship with mental illness, last one found in 2019. Most of the study was found in North America, South America and Europe but not present in Asia or Bangladesh. However, there was no recommendation for management of emotional upswing, or some ignored personal behavior of partners. So lived experience of couple's relationship with mental illness is an important issue to know about.

CHAPTER III: METHODS

3.1 Study Design

3.1.1 Study Method

Qualitative research design was used to explore life experiences of couples where one partner has mental illness, it helps to better understand their feelings through sense of becoming another person. Through this design couples provided rich descriptive data within selected timeframe and explained behavioral, emotional, and other life situation. Qualitative data “is a rich and well-founded source of descriptions and explanations of processes in definable local contexts which maintained a timeline, see exactly which events lead to which consequences, and derive effective explanations also concerned with how human behavior can be explained, within the framework of the social structures in which it occurs (Austin & Sutton, 2014).

3.1.2 Study Approach

Phenomenological approach was used for understanding couples relationship difficulties for mental illness. Phenomenology is a powerful research strategy well-suited to uncovering difficult problems. It is a form of qualitative research that focuses on the study of people's lived experiences in the world and an effective approach. Phenomenology can be defined as a research approach that attempts to explain the nature of phenomena by studying them from the perspective of someone who has experienced them. The goal of phenomenology is to explain the meaning of that experience in terms of what is experienced and how it is experienced (Neubauer et al., 2019). It is conducted for rich description and depth information to illuminate the

specific and identify phenomena through how couples with partner with mental illness perceived by acts in situation, observation and perspective of them.

3.2 Study Setting

Data were collected from NIMH (National Institute of Mental health Institute) and couples where one partner has mental illness were participated in this study. The NIMH is situated at Sher-E-Bangla-Nagar, Dhaka. The reason for choosing this institute for data collection is it is the ideal institute for selecting mental illness participants and for vast information.

3.2.1 Study Period

Data was collected from hospital about November 2022 to December 2022.

3.3 Study Participants

3.3.1 Study Population

As it is a mental health related research so for this investigation, participants were selected for data collection based on couples where one partner has mental illness and other partner is mentally healthy. According to inclusion and exclusion criteria participants were selected.

3.3.2 Sampling Techniques

Researcher chosen purposive sampling for data collection and included seven couples as participants for research. Purposive sampling was used to collect data from couples whose partners had mental illness. Purposive sampling refers to a group of non-probability sampling techniques where units are chosen because they have the characteristics that need in sample. In other words, units are selected “for a purpose” in purposive sampling. Also known as judgmental sampling, this sampling method relies

on the researcher's judgment when identifying and selecting the individuals, cases, or events that can best inform the achievement of a goal. It is suitable for qualitative research (Nikolopoulou., 2022).

3.3.3 Inclusion Criteria

- Couples where one partner has mental illness.
- One healthy partner who has no history of mental illness.

3.3.4 Exclusion Criteria

- People who are unable to communicate like have speech difficulty.
- One healthy partner who has history of mental illness previous.

3.3.5 Sample Size

Total seven couples (Fourteen participants) were participated in this study.

3.3.6 Participants Overview

Among seven couples, six husbands and one wife had mental illness. So, husbands are more mentally ill than wives. Age range was 23 to 40. About four partners without mental illness were unemployed and three of them were employed like, serviceman, shopkeeper. Partner with mental illness had different types of disorder, such as, four participants had Schizophrenia, one had psychotic disorder, other had delusional disorder and another had bipolar mood disorder.

Table 3.1*Demographic Figure of Participants*

Couple no.	Husband \wife	Age	Educational level	Employment status	Mental illness present/absent	Diagnosis of partner with mental illness
Couple 1	Wife	35	5 th class	Housewife	Absent	Schizophrenia
		40	8 th class	Unemployed	Present	
Couple 2	Wife	36	Illiterate	Housewife	Absent	Psychotic disorder
		40	2 nd class	Unemployed	Present	
Couple 3	Wife	34	Illiterate	Housewife	Absent	Schizophrenia
		39	Illiterate	Greengrocers	Present	
Couple 4	Wife	28	10 th grade	Housewife	Absent	Delusional disorder
		32	12 th grade	Unemployed	Present	
Couple 5	Wife	26	9 th class	Housewife	Present	Schizophrenia
		31	7 th class	Driver	Absent	
Couple 6	Wife	35	5 th class	Housewife	Absent	Bipolar mood disorder
		40	8 th class	Shopkeeper	Present	
Couple 7	Wife	23	Degree 2 nd	Housewife	Absent	Schizophrenia
		33	BA grade	Pran company SR	Present	

3.4 Ethical Consideration

According to Helsinki Act's guideline Firstly researcher seek ethical approval through a participation statement from the Institutional Review Board (IRB) of the Bangladesh Institute of Health Professionals (BHPI) through the Occupational Therapy Department, BHPI, CRP. Participants were enlightened about the investigation through information sheet. Then researcher took consent from both prospective participants voluntarily by verbally and written through consent form for ensuring their participation to the investigation before conducting the interviews. After that, both participants were well informed about withdrawal system, so that any interviews could withdraw through participation if anyone wanted before starting the data analysis. Then, researcher carefully made concern and kept concealment of the participants. Just supervisor and researcher had approached to the interviews which was asserted in information sheet. By maintaining inclusion and exclusion criteria participants were selected so there was no biasness in the research. There was no financial or other beneficence for the participants and risk free as there was no sensitive issue that will create any problem in future and had no unequal relationship or power relationship with participants. However, researcher interviewed gave emotional support for participants after the interviews where unpleasant emotions were noted. The partner who was diagnosed with a mental illness provided data when the person was stable and able to communicate with researcher. Furthermore, after collected data researcher was over confirmed from each participant that the data they given was voluntarily for research. Besides, researcher was accessible and liable to answer any question or query from the participants if needed.

3.5 Data Collection Process

3.5.1 Participant Recruitment Process

After ethical approval from IRB-BHPI and data collection approval from NIMH, then researcher collected information about participants. After that, researcher fixed a date and time with the participants according to their priority for conduct the interview and provided the information sheet, consent form and withdrawal form to the participants and told them about details of these papers.

3.5.2 Data Collection Method

Data was collected through in depth, semi- structured interview in this study. A semi-structured in-depth interview is a verbal exchange in which one person, the interviewer or researcher attempted to get information from others, the participants by asking questions (Longhurst, 2009). Investigator did not keep strictly control the interview, but rather allow the interview, using open-ended questions, explore topics with more depth and words angle as both participants wanted. Before formulating the interview questions, the researcher provided with complete information on this subject to both participants. This method is also useful for gathering multiple opinions on a topic (Longhurst, 2009). Semi-structured interview included some key questions to help determine area to explore, but also allow interviewer or interviewee to redirect to pursue an idea or answer more details. Many people find it useful for the flexibility of this approach (Gill et al., 2008).

In this study the whole interview was managed in Bengali language so that, both participants could properly understand the actual question of research and so provided proper information to the researcher, as researcher described all the question included at interview guide, so it could be helpful for both participants.

The interview took time mostly 20 to 32 minutes for collecting information from individual participant. As, there was seven couples participated in this investigation so each of the partner provided information separately. During interview researcher took permission from both participants for recording their data or information at mobile voice recorder but ensured that it will keep very confidentially. Then, researcher provided information sheet and consent form to both participants. Researcher then collected demographic information from the participants properly. After completing all these procedure researchers started asking question from the participants as like as “interview guide” by in-depth semi-structured face-to-face interview. Through face-to-face interview it was helpful for researcher to observe the actual emotions, thoughts or how they felt with their present situation. All the data was adequately saturated during the interview. So, by doing in-depth face-to-face semi structured interview the researcher could collect genuine information or data from the participants for investigation. Lastly, interviewer thanked participants for contributing their valuable time.

3.5.3 Data Collection Instrument

- In this study researcher had chosen a self-developed interview guide for data collection through observation to casing couples with partner with mental disorders personal experience, personal behavior and sexual life, household roles, emotional states, and family planning or if they had any other lived experience.
- Mobile phone was used for recording data via voice recorder of participants to collect proper information.

3.5.4 Field Test

Researcher completed field test of one couple before starting data collection.

3.5.5 Field Note

Emotion, facial expression of participants was noted during interview.

3.6 Data Management and Analysis

Researcher recorded the interview and use thematic data analysis method, so that couples where one partner has mental illness provided more information in detail that helps for in-depth analysis of questions answers. Thematic data analysis produces an in-depth analysis that answers a particular research question and provided enough information (Nowell et al., 2017). In this study researcher analysed the data according to Braun and Clarke's six steps of thematic analysis (Braun, 2006). Through this analysis researcher firstly acquaint with the data for accurate interview, then transcription the data word for word and translated them Bangla to English. After that, researcher read more and more for better understanding of the actual meaning of data and for the ornament. Then, researcher brought out inceptive codes by peaking the absorbing topic about participant from data. Next, researcher explored theme from the inceptive codes. This theme was basically the usual code among all the participants. Furthermore, researcher evaluated the theme and filtered it through advocated enough data. Then, researcher designed sub-themes under the main theme. Next step, researcher interpreted and named the theme properly, researcher and supervisor discussed for finalised codes and themes. So, thematic analysis helped to detect participants actual opinions, experience, views about anything and this analysis was the right way for researcher to investigate lived experience of couples in conjugal relationship where one partner has mental illness.

3.7 Trustworthiness and Rigor

In this study researcher-maintained trustworthiness through methodological rigor and interpretive rigor (Curtin & Fossey, 2007), the steps that followed are given below:

- ✓ In this research phenomenological approach of qualitative research design was used as it is a lived experience-based study, so this is the actual way to fulfill the aim and objectives of this research.
- ✓ Researcher finished field test before data collection for maintaining proper way.
- ✓ Data was collected by face-to-face through researcher at study setting for observing actual life situation of participants.
- ✓ As it is mental health-based research so researcher observed emotion of participants as well as.
- ✓ Before collection data researcher was trying to be familiar or friendly with the participants for comfort and used in-depth semi structured interview.
- ✓ Participants were selected through inclusion criteria and there was no power relationship with the participants.
- ✓ In data analysis there was only written participants own word and researcher maintained it so strictly.
- ✓ For maintaining originality of data participants voice were presented in verbatim quotation.
- ✓ Here data was analyzed through Braun and Clarke's six steps of thematic analysis.
- ✓ However, there was no risk of biasness as supervisor was involved in all steps of data analysis system for assorted view of data.

CHAPTER IV: RESULTS

From data analysis six main themes have appeared in result, they are misconduct, suspiciousness, emotional distress, detrimental effects on life partners, adverse effects on couples' relationship and decline conjugal responsibilities. Furthermore, sub-themes are included with all the themes.

Table 4.2

Themes and Sub-themes Based on Experiences of Couples in Conjugal Relationship where One Partner has Mental Illness.

Themes	Sub-themes
Misconduct	Partner with mental illness suffered: Torment, ignorance, argument. Partner without mental illness suffered: Mistreat, vigorous sexual activity, threatening, vulgarity.
Suspiciousness	Partner with mental illness suspects on: Providing finance to in-laws, having another relationship, monitoring. Partner without mental illness suspects: Deliberate insanity
Emotional distress	Partner with mental illness felt: Anger, worry, disappointment. Partner without mental illness felt: Stress, miserableness, shame, disheartenment
Detrimental effects on life partner	Partner without mental illness faced: Mandatory conjugal life, subjugation, absence of supportive system, increased responsibilities.
Adverse effects on couples' relationship	Partner with mental illness had: Fascination for another partner. Both partners experienced: Interpersonal detachment, diminished sexual affinity, reduced further childbearing, relationship breakdown or divorce.
Decline conjugal responsibilities	Partners with mental illness are: Uncooperative in household roles. Both partners experienced: Monetary disruption, diminished social participation, poor parental activities.

4.1 Theme one: Misconduct

Personal behavior is a key concept in conjugal relationship. In this study, almost all partners showed misconduct with each other. Here different types of misconduct found out by individual partner. In addition, partner without mental illness faced more terrible behavior from partner with mental illness. They are mentioned below:

4.1.1 Partner with mental illness suffered:

4.1.1.1 Torment

Partners with mental illness claimed tortured by partners without mental illness many times and claimed beaten by people badly. One partner with mental illness told:

“I always do exercise so that I can protect myself when my wife and her family members used to torture and punch me awfully otherwise I would never live again.”

4.1.1.2 Ignorance

Partners with mental illness reported ignorance behavior from partners without mental illness. As one partner with mental illness reported:

“As I marry with my wife, she should stay and time spend with me, but she doesn't, she always ignores me and does not want to sleep with me.”

4.1.1.3 Argument

Partners with mental illness claimed that partners without mental illness did argue all the time.

One partner with mental illness claimed:

“My wife fought with me all the time for giving her money and argue with me for decision making on matters or any situation.”

4.1.2 Partner without mental Illness suffered:

4.1.2.1 Mistreat

Partners without mental illness suffered mistreat from partners with mental illness so badly. Nearly all partners without mental illness mentioned with cryingly that partner with mental illness beaten them worst, showed bad and rude behavior, vandalized so much, housebreaking, and abusing. One wife (partner without mental illness) mentioned (in tears) horrible status, that was:

“One day, my husband gripped my hair tightly, tear my skin roughly, burn my skin, clothes were teared, broken my head by stone and I ran away for his beating, used to kill me two times by rope in my throat... Opening my dress in front of my child.”

Another partner (partner without mental illness) claimed (weeping) that type of status, it was:

“My husband wanted to kill me and my daughter with rope, pressed my throat with feet, kicked me in my chest.”

4.1.2.2 Vigorous sexual activity

From all types of misconduct, it was most awful behavior detected from participant. During sex, partner with mental illness was forceful with partner without mental illness. One partner without mental illness (cryingly) told that:

“At our wedding night, I was bleeding so badly from vagina through my husband, and he was forceful to me during sexual activity.”

4.1.2.3 Threatening

Almost all partners without mental illness claimed that their partners who have mental illness wanted to kill them or threaten them to kill, so partner without mental illness felt feared for this threatened. From them, one partner without mental illness reported that:

“My husband wanted to kill my elder brother and again told sorry, then also threaten me to kill me and told that not to tell anyone about this, if I told then I

have no idea what he will do with me!”

4.1.2.4 Vulgarly

Partners with mental illness used bad languages, slang, shouting, rudely talking with partner without mental illness. Partners without mental illness was reported this vulgarity with bad feelings and was felt so abominable for this type of behavior. One partner without mental illness reported that:

“My husband only used bad languages with me so rudely.”

Another partner without mental illness said (cryingly) that:

“My husband used slang in front of my children, like, you are a bitch, hijra, also told me that who had twin baby that girl is physically attached with two boys at a time. After listening that I felt like... want to go underground and told Allah please bring me to you! Also added, you better stay here in hospital your income will be better when you do sex with strangers!

4.2 Theme two: Suspiciousness

4.2.1 Partner with mental illness suspects on:

4.2.1.1 Providing finance to in-laws

Almost all partners with mental illness suspected that, partners without mental illness given all the money to their own father house. One partner with mental illness asserted that:

“I do not believe my wife, even not possible for me to trust her, I felt doubt if she would give all the money to her mother’s house.”

4.2.1.2 Having another relationship

It is an important finding that, most partners with mental illness suspected that, partner without mental illness has another relationship or do sexual activity with others. One partner with mental illness asserted:

“I do doubt on my wife that she used to go another partner for sexual intimacy and have another relation beside me.”

Another partner with mental illness told:

“My wife was not virgin during our marriage, and she attached with another partner, she used to do physical relation with the person she got proposal before our marriage.”

4.2.1.3 Monitoring

Partners with mental illness thought that their partners without mental illness always kept eyes on them and monitoring them. Like one partner with mental illness mentioned that:

“I do not trust my wife anymore, I do doubt on her, like I felt that, she always tries to follow or kept on eye of me by other people.”

4.2.2 Partner without mental illness suspects:

4.2.2.1 Deliberate insanity:

Partner without mental illness suspects that partner with mental illness do madness deliberately. They thought they are not mentally sick rather than they do all the things by own or willingly. One partner without mental illness told:

“I do not think my husband is mentally sick, as he used to beat me before his illness, he never loved me, or he is doing such madness by willingly.”

4.3 Theme three: Emotional distress

4.3.1 Partner with mental illness felt:

4.3.1.1 Anger

Partners with mental illness mentioned they have short temper, anger, raising temper for several issues like, when they do not listen what partner with mental illness wants in relationship. One partner with mental illness mentioned that (angrily):

“My father died for my wife’s torturing, she did not even look at him, did not take care of my family, she also tortured my mother that is why I become angry all-time.”

4.3.1.2 Worry

Some of the partners with mental illness talked about that, they felt tensed and worried because of their illness effects in conjugal relationship and also for children. One partner with mental illness told:

“Our relationship as a husband and wife was good before my illness, but now I tensed about it because it is not so good than before and distance between us are increased day by day.”

Another partner with mental illness mentioned:

“My elder daughter age is now for marriage, but her mother does not think about it also not possible for me to solve this problem, so I felt worried about my child.”

4.3.1.3 Disappointment

Partners with mental illness felt disappointed because of their illness, future income and for expectations from their partners without mental illness. Like one partner with mental illness told that:

“I felt disappointed because I cannot earn money and cannot fulfil my children’s wishes because of my illness.”

4.3.2 Partner without mental illness felt:

4.3.2.1 Stress

Partner without mental illness shared their feelings that was stressful, tensed and worried all the time because of the worst behavior of partner with mental illness, for loan and children’s future. One partner without mental illness mentioned that (sadly):

“I feel like I will take sleeping pill and sleep all alone, I also do not feel good, become mentally ill day by day.”

4.3.2.2 Miserableness

Partner without mental illness faced miserable life. They felt bad, sad, and shared their sorrowful life experience. Some partner said cryingly, “they survived very hardly.” Their marital life became hell, because of mental illness of their spouses. One partner without mental illness claimed that (sorrowfully):

“I feel bad for us when I see other normal husband and wife how they happily lead their marital life.”

Another partner without mental illness told (cryingly) that:

“My husband never understands children’s or my pain, told that, he only do whatever he wants to do for this reason I felt very sad, and it is painful.”

4.3.2.3 Shame

Partner without mental illness felt ashamed in front of family member and their child because of partner with mental illness wrong approach. One partner without mental illness mentioned (dismally) that:

“My husband used to beat me worst and I felt ashamed in front of people for that reason”

Another partner without mental illness claimed (mournfully):

“My husband used to open my clothes in front of my children during quarrel on issues and insulted me badly.”

4.3.2.4 Disheartened

It is a matter of great regret that most of the partners without mental illness shared they felt disheartened because of their partner do not take care of them as a life partner. One partner without mental illness reported (dismally):

“I felt disappointed as my husband only takes care for his mother and family, not me or my child, never liked me as a wife.”

4.4 Theme four: Detrimental effects on life partner

4.4.1 Partner without mental illness faced:

4.4.1.1 Mandatory conjugal life

Partners without mental illness reported they must live with partners with mental illness as a commitment or as an obligatory life, because they married since long, did love marriage and they have children. One partner without mental illness reported that:

“I have to live with my husband and continue conjugal life just because I have two children I care for them, otherwise I will not live with him.”

Another partner without mental illness reported:

“I left my husband for two to three times before but then I come back just because I love him so much.”

4.4.1.2 Subjugation

Partners without mental illness felt subjugated to live with partners with mental illness as they (partner with mental illness) always try to treat them, what they wanted. There is no freedom of own life of partner without mental illness. One partner without mental illness reported (frustrated) that:

“If my husband allowed me for go to outside, then I can go and talk with others, I usually do not want to like live alone, but he does not want to allow me to go to outside or talk to others.”

4.4.1.3 Absence of supportive system

Partners without mental illness could not get any support from in-laws, like mother-in-law or father-in-law. One partner reported (sadly) that:

“My husband beaten me badly even mother-in-law does not say anything or a

word for that to me, even did not gave me consolation, I understand by own, that he is ill, but the people of my in laws family saw everything that... he beaten me for no reason but did not tell anything, that was disappointing.”

Another partner without mental illness reported (angrily) that:

“Our relatives are like, “an angel face with a devil’s mind”, they behave good in normal but actually they hate us in real.”

4.4.1.4 Increase responsibilities

In conjugal relationship partners without mental illness faced more responsibilities, felt overburden as they must do more work in family, so they had no time or free time to think about own. One partner without mental illness claimed that:

“There are a lot of work that I have to do by own, like, have to prepare meal, children study, caring of children.”

Another partner without mental illness reported:

“I never hurt him, give him medicine timely, do his shave, hair cutting, provide money, pant, dress all I do, as we do marry one time in our whole life not again and again, so I must do. I have two children... never do any negligence to him.”

4.5 Theme five: Adverse effects on couples’ relationship

4.5.1 Both partners experienced:

4.5.1.1 Interpersonal detachment

Nearly all couples have interpersonal detachment with each other. They do not communicate with each other, not understand each other, some of them do not sleep together, used to do quarrel, argument, there is no respect in relationship. One partner without mental illness claimed (cryingly) that:

“We did sleep like he is one side, I am another side, in this way our relation is continuing for long time, loveable word or love did not get from him.”

One partner with mental illness claimed (annoyingly):

“I do sleep alone, if she wants to sleep, then come otherwise does not sleep with me, as I marry her, she should stay with me, but she does not.”

4.5.1.2 Diminished sexual affinity

Majority of the partners sexual affinity were diminished due to mental illness and most the partner without mental illness claimed, partner with mental illness do physical relation only when they wanted. One partner without mental illness reported (sadly):

“When he wants only that time, he used to do physical relation with me, after that he did not want to see me or love me, If I go to close him willingly then told that, stay away from me, and when... he had in mood told that come to me.”

One partner with mental illness claimed:

“Sometimes there is pain in people’s life and loss of sexual intimacy.”

4.5.1.3 Reduced further childbearing

Nearly most couples claimed that they have no plan for further childbearing as they have already faced difficulties because of mental illness. One partner without mental illness told that:

“I felt like I cannot take proper responsibility as a parent for my two children so how will I afford more?”

4.5.1.4 Relationship breakdown or divorce

Most couples want divorce from their partners and cutting relationship. As one partner without mental illness told that:

“If he will do things wrong again in future or he will do madness then I have to leave him and have to give divorce to him and will go with my daughter because I will not tolerate it anymore.”

Another partner with mental illness told:

“I do not want to live with her anymore.”

4.5.2 Partner with mental illness had:

4.5.2.1 Fascination for another partner

Partner with mental illness have fascination for another partner besides their conjugal partner. One partner with mental illness told:

“I told her to love someone, and I will do the same.”

Another partner without mental illness claimed:

“My husband used to talk always about another girl, and my temper become high when I listened his talk or this type of words.”

One more partner without illness reported (disappointed) that:

“My husband told me I would have given another marriage to him.”

4.6 Theme six: Decline conjugal responsibilities

4.6.1 Both partners experienced:

4.6.1.1 Monetary disruption

Financial responsibilities are key concept in marital life. But mental illness impact badly in financial responsibilities. As, most couples blamed that they suffered a lot because their partner with mental illness do not earn. One partner with mental illness reported (disappointed):

“After his illness he does not earn, there is no income, he even never buys a single utensil.”

One partner with mental illness told:

“If I can work again, or can earn money then I feel better, as now I cannot earn.”

4.6.1.2 Diminished social participation

Mental illness also effects on couples in social participation. Both partners avoid social

program, festival, invitations and so on. Also, they avoid their relatives or friends to attend any function as a couple. One partner with mental illness reported that:

“We usually do not attend any program like wedding, birthday party or anyone home on Eid day, if have to go then I go alone.

One more partner without mental illness reported that:

“If we attend any wedding or invitation, then what other people think for him, so I avoid because of his odd behavior.’

4.6.1.3 Poor parental activities

Couples faced poor parental activities because of mental illness. Individual partner shared they could not do their parental activity as a normal father and mother. One partner without mental illness claimed that:

“If I tell him to look after our child, or leave her at madrasa, but he did not do it. I felt like even I can’t take proper responsibility as a parent for my two children.”

Another partner without mental illness reported that:

“For his illness, children’s study is hampered, family is hampered.”

One more partner mental illness told that:

“He cannot earn a single money for children and even does not think the way for earning but takes account for money from me. He thought and told me, even if you spend money... you will have enough money so do not tense.”

4.6.2 Partner with mental illness are:

4.6.2.1 Uncooperative in household roles

In conjugal relationship as a life partner every single partner should help each other in every situation. The partners who have mental illness are uncooperative with their life

partner without mental illness in household roles also partner without mental illness had change in roles and do wife plays husband roles. One partner with mental illness told:

“Before his illness, he used to help me in households work, but now he does not do. I alone do all the work myself.”

Another partner without mental illness told:

“If I tell him, for buying household utensils, buying clothes, then told that, there is no need for this.”

However, these are the results including themes and categories that found from both partners.

CHAPTER V: DISCUSSION

5.1 Discussion

This investigation was directed about lived experience of couples in conjugal relationship where one partner has mental illness. For this investigation seven couples were selected to take part. This study spotted six themes that appeared from manuscript of participants.

This study detected that partner with mental illness and partner without mental illness both showed misbehave with each other, they used to talk slang, argument, physically tortured and so on. These misconducts effect badly in couples' relationship, reduced respect with each other, increase interpersonal distance, fights, misunderstanding and so on. This is a prime issue which not talked about in any literature, so in this current study that finding is distinctive. In addition, suspiciousness was detected from this investigation. Partner with mental illness had suspects on partner without mental illness that they may have another relationship or another partner, providing finance to in-law's family. These kinds of suspects create mistrust among couples relationship. However, this kind of result is additionally especially from other literature. On the other hand, emotional impact is an important matter in relation and here emotional distress was detected from both partners. Partners felt very low and stress because of mental illness and that effect on their personal and marital life. Other study also talked about emotional status in their study. According to Mokoena, emotional upheaval experienced by individual partners in conjugal relationships, like guilt, frustration, insecurity, fear of violence, isolation and loneliness (Mokoena et al., 2019). Another finding of current study was detrimental effects of mental illness on life partners (partner without mental illness) Partner without mental illness faced mandatory life,

subjugation, absence of supportive system and increased responsibilities. These findings were increasing burden and stressful for partner without mental illness and they had to lead life hardly all alone in relationship whereas both partners should lead life together in marital life, so this is regretful. Additional study also talked about this kind of adverse effects, one phenomenological explanation of women's lived experience with mental illness detected that, life with a mentally retarded spouse suffered "gradual extinction, forgetfulness, role change, self-neglect, forced life, inconvenience and suffering, loneliness, isolation and lack of support" (Zeighami & Ahmadi, 2021). The most key concept of this study is adverse effects of mental illness on couples relationship. Vital issues were found out from both partners that their relationship because of mental illness is not so good, both partners are not connected with each other cordially. Mostly interpersonal detachment, diminished sexual affinity, reduced further childbearing, relationship breakdown or divorce were detected from couples with mental illness. This kind of detachment can result increasing relationship breakdown in society. Most of the partners without mental illness did not want to live together with their partners because of mental illness. Many of the partners with mental illness also did not want to continue their relation anymore, they did not love each other, affection for each other were also reduced. According to Azorin reported that, negative effects of bipolar disorder on relationships are weakness of the relationship, unsatisfied with sex life, birth rate drop (Azorin et al., 2021). Another study also found out interpersonal distance between couples with mental illness (Mokoena et al., 2019). In this current study, one more unique finding was detected that, partner with mental illness had fascination for another partner and talked about another partner, they want to stay with another partner, this result is also not found in any literature. Lastly, the result which found from current investigation is decline conjugal responsibilities among

couples. Most of the couples stated that in their conjugal relationship they faced, monetary disruption, diminished social participation, poor parental activities. For mental illness they had monetary disruption in family and had to lead live hardly as, partner with mental illness could not earn. For monetary disruption and also for irresponsibility's of partner with mental illness, their children also suffered, and both partners could not do their responsibilities as a normal father and mother did. So, it impacts badly on children's life and insecure their future. Couples avoided socialization due to mental illness, they separate themselves from attending program because of negative comments of other peoples. One study also talked about these findings, such as, impact of bipolar disorder on life partners and it is negative, they also told that, couples faced stigmatization in relationship (Azorin et al., 2021). Another finding was partner with mental illness are uncooperative in household roles with partner without mental illness. There are many works in house to do after marriage as a life partner for each other, or for children. But partners with mental illness were not helping or supportive for any household work also they did not want to take any responsibility for household roles, so partner without mental illness faced difficulties for this. In addition, further study also supports this finding, they mentioned that partner who lived partner with bipolar disorder experienced lack of support (Zeighami & Ahmadi, 2021). So, the total findings from this present study is important for couples who live partner with mental illness as topic of discussion.

CHAPTER VI: CONCLUSION

6.1 Strength

As mental health is a key part in conjugal relationship, so it is more significant to explore lived experience of couples where one partner has mental illness, so that health professionals will more concern about mental health issues and by doing this, the rate of divorce among mental illness couples can reduce. In addition, there are some unique findings which were not found in other literature. This study maintained the qualitative phenomenological study design which was an accurate process for exploration of lived experience. Also, this study used in-depth, semi structured, face-to-face interview for a comprehensive exploration of participants experiences. Then, thematic analysis assisted to make themes and maintained study's trustworthiness, like member checking, peer debriefing. Lastly, this study helps in services and policies related to mental health care.

6.2 Limitation

In this present study there are some limitations that researcher was considered during study period:

The study was held in only one hospital because of time limitation, not included other hospitals so there is limitation for extrapolate the findings. As there is limited article and literature in Bangladesh and other country about couples lived experience with mental illness, so there is control guidance. Moreover, in this study, fourteen participants (seven couples) were participated, so the sample size is also not enough for generalized the findings. Then, phenomenological approach involves the researchers' interpretation and analysis of participants narratives, so there is a possibility of bias and subjectivity, findings are not generalized to other contexts or populations.

6.3 Practice Implication

This study is advanced turn for health professionals including psychiatrists, psychologists, occupational therapists, counselor for more concern in mental health issues. As, these professionals has a vital role in mental health so, they can work more on it and for reducing marital maladjustments between couples with mental illness. They should provide proper education and counselling to the couples also their family members and motivate them about the importance of proper intervention for mental illness. Psychoeducation, problem-solving skills, couple counselling, marital therapy, relationship education should implement to address concerns for both partners to resolve marital difficulties and ensure spousal involvement. Furthermore, in medical sector hospital-based authority should work more on improving their facilities for person with mental illness. Professionals can gain knowledge in area of mental health for improving conjugal relationship. By doing this couples with mental illness may lead a healthy and stable relationship.

6.3.1 Recommendation for future practice and research

There are several recommendations for future researcher:

Next study must be held in almost all hospitals that included mental illness person. If possible, community-based participation should include in further study with ratio of mental illness among conjugal couples. Future research is needed to find out necessity of intervention and health care facilities for person with mental illness.

6.4 Conclusion

The summary of the total investigation is mental illness has bad impact on marital life, it creates interpersonal detachment, mistrust, relationship breakdown, divorce, and strong emotional upswing in conjugal life. Partner without mental illness had increasing responsibilities, also bad impact on children's life so overall marital life is hampered.

So, couples with mental illness had to live their conjugal life very hardly and survive with lots of problems or difficulties. Almost all the couples are unhappy with their conjugal life. So, health professionals should concern about mental illness and have to provide education and proper counselling to couples for adjusting their marital life.

LIST OF REFERENCE

- Austin, Z., & Sutton, J. (2014). Qualitative Research: Getting Started. *The Canadian Journal of Hospital Pharmacy* 67(6), 436-440. <https://doi.org/10.4212/cjhp.v67i6.1406>
- Azorin, J.-M., Lefrere, A., & Belzeaux, R. (2021). The Impact of Bipolar Disorder on Couple Functioning: Implications for Care and Treatment. A Systematic Review. *Medicina*, 57(771), 2-10. <https://doi.org/https://doi.org/10.3390/medicina57080771>
- BA, D. P., & MD, E. M. W. (2014). The Quality and Quantity of Marital Intimacy in the Marriages of Psychiatric Patients. *Journal of Sex and Marital Therapy*, 10(3), 201-206. <https://doi.org/10.1080/00926238408405946> (2014, 14 november)
- Braun, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 54(2), 88-94. <https://doi.org/10.1111/j.1440-1630.2007.00661.x>
- Davidson, M. R. (2016). *Marriage and mental illness*. Wiley-Blackwell. Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection

- in qualitative research: interviews and focus groups. *British Dental Journal*, 204(6), 291-295. <https://doi.org/10.1038/bdj.2008.192>
- Hossain, M. D., Ahmed, H. U., Chowdhury, W. A., Niessen, L. W., & Alam, D. S. (2014). Mental disorders in Bangladesh: a systematic review. *BMC Psychiatry*, Article 216. <https://doi.org/https://doi.org/10.1186/s12888-014-0216-9>
- J, B., Miller E, (2011). A multinational study of mental disorders, marriage, and divorce. *ACTA PSYCHIATRICA SCANDINAVICA*, 124, 474-486. <https://doi.org/10.1111/j.1600-0447.2011.01712.x>
- Longhurst, R. (2009). Interviews: In-Depth, Semi-Structured. *International Encyclopedia of Human Geography*, 580-584. <https://doi.org/10.1016/b978-008044910-4.00458-2>
- Mokoena, A. G., Poggenpoel, M., Myburgh, C., & Temane, A. (2019). Lived experiences of couples in a relationship where one partner is diagnosed with a mental illness. *African Online Scientific Information Systems (Pty) Ltd t/a AOSIS*, 42(1), 1-7. <https://doi.org/10.4102/curations.v42i1.2015>
- Neubauer, B. E., Witkop, C. T., & 4, L. V. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90-97. <https://doi.org/10.1007/s40037-019-0509-2>
- Nikolopoulou., K. (2022). *What Is Purposive Sampling? | Definition & Examples*.
- Nogueira, D. J., Minamisava, R., Teles, S. A., Souza, S. M. B. d., Cordeiro, J. A. B. L., Cirqueira, D. S. d., Brasil, V. V., Souza, A. L. R., Caetano, K. A. A., Oliveira, L. M. d. A. C., Lago, D. M. S. K., & Barbosa, M. A. (2019). Factors Associated with Marital Satisfaction and Quality of Life in Family Caregivers of Patients with Mental Disorders. *International Journal of Environmental*

Research and Public Health, 16(2825), 1-11.

<https://doi.org/https://doi.org/10.3390/ijerph16162825>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods SAGE journals*, 16(1).

<https://doi.org/https://doi.org/10.1177/1609406917733847>

Srivastava, A. (2013). Marriage as a perceived panacea to mental illness in India: Reality check. *Indian Journal of Psychiatry*, 55(S239-S242).

<https://doi.org/10.4103/0019-5545.105542>

Vibha, P., Saddichha, S., Khan, N., & Akhtar, S. (2013). Quality of Life and Marital Adjustment in Remitted

Psychiatric Illness [Original]. *The Journal of Nervous and Mental Disease*, 201, 334-338, Article 4. <https://doi.org/10.1097/NMD.0b013e318288e298>

What is Mental Illness? (2022). American Psychiatric association.

Zeighami, R., & Ahmadi, M. (2021). Phenomenological explanation of women's lived experience with spouses with mental disorders. *Journal of Nursing and Midwifery Sciences*, 8(1), 34-41. https://doi.org/10.4103/JNMS.JNMS_79_2

APPENDICES

Appendix A Approval / Permission Letter

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিচালক ও অধ্যাপকের কার্যালয়
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট ও হাসপাতাল
শেরে বাংলা নগর, ঢাকা- ১২০৭

স্মারকনং-এনআইএমএইচ/প্রশাঃ/২০২২/ ২৬০৫ তারিখঃ ২৫/১০/২২

বরাবর
অধ্যাপক ডাঃ মোঃ ওমর আলী সরকার
অধ্যক্ষ
বিএইচপিআই, সিমারপি
সাভার, ঢাকা।

বিষয়ঃ গবেষণা সংক্রান্ত তথ্য সংগ্রহের অনুমতি প্রদান প্রসঙ্গে।

সূত্রঃ স্মারক নং- সিমারপি-বিএইচপিআই/১১/২২/৭৩ তাং ০৮/১১/২০২২ইং

উপরোক্ত বিষয় ও সূত্রের আনোকে পঞ্চাধাত্মদের পুনর্বাসন কেন্দ্র-সিমারপি 'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই) ঢাকা এর বিএইচপিআই'র ৪র্থ বর্ষ ডিএসসি ইন অকুপেশনাল থেরাপির ০১(এক) জন শিক্ষার্থীকে জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, শেরে বাংলা নগর, ঢাকায় ১৫/১১/২০২২ইং হতে ১৫/১২/২০২২ইং পর্যন্ত ০১ (এক) মাস গবেষণা সংক্রান্ত তথ্য সংগ্রহের জন্য অনুমতি প্রদান করা হলো।

শিক্ষার্থীদের নাম নামঃ
১। মাহফুজা সুলতানা


প্রেসমেন্ট চলাকালীন সময়ে শিক্ষার্থীগণকে প্রতিষ্ঠানে নিয়মিত উপস্থিত থেকে সকল একাডেমিক কার্যক্রম (মর্নিং সেশন ও ইভেনিং সেশন), বিভিন্ন সেমিনার, সিম্পোজিয়াম, জাতীয় দিবসের অনুষ্ঠানসহ কর্তৃপক্ষ নির্দেশিত অন্যান্য কার্যক্রমে যথাসময়ে অংশগ্রহণ করতে হবে। উল্লেখ্য, প্রতি শনিবার ও বুধবার অত্র প্রতিষ্ঠানের মর্নিং সেশন অনুষ্ঠিত হয়। উক্ত মর্নিং সেশনে শিক্ষার্থীদের অবশ্যই অংশগ্রহণ করতে হবে।

(অধ্যাপক ডা. বিধান রঞ্জন রায় পোদ্দার)
পরিচালক ও অধ্যাপক
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
তারিখঃ ২৫

স্মারক নং-এনআইএমএইচ/প্রশাঃ/২০২২/
অনুলিপি অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হইল :-

- ১। বিভাগীয় প্রধান (সকল), এনআইএমএইচ, ঢাকা।
- ২। উপ-পরিচালক, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৩। জনাব মোঃ জহির উদ্দিন, সহকারী অধ্যাপক, ক্লিনিক্যাল সাইকোলজি, এনআইএমএইচ, ঢাকা।
- ৪। রেসিডেন্ট সাইকিয়াট্রিস্ট, এনআইএমএইচ, ঢাকা।
- ৫। মোঃ জামাল হোসেন, সাইকিয়াট্রিক সোসাল ওয়ার্কার, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৬। প্রশাসনিক কর্মকর্তা, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৭। অকুপেশনাল থেরাপিস্ট, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৮। পরিচালক মহোদয়ের ব্যক্তিগত সহকারী, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৯। অফিস নথি।

(অধ্যাপক ডা. বিধান রঞ্জন রায় পোদ্দার)
পরিচালক ও অধ্যাপক
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: CRP/BHPI/IRB/09/22/640 Date: 28th September, 2022

Farhana Nasrin
 4th Year B.Sc. in Occupational Therapy
 Session: 2017-2018, Student ID: 122170290
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh


Subject: Approval of the thesis proposal “Lived experience of couples in conjugal relationship where one partner has mental illness” by ethics committee.

Dear Farhana Nasrin,
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator And Mohuya Akter as thesis supervisor(s). The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire
3	Information sheet & consent form.

The purpose of the study is to explore the lived experience of couples in conjugal relationship where one partner has mental illness. The study involves use of a self-developed interview guide to explore the lived experience that may take 30 to 40 minutes to answer the question and there is no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 27th August, 2022. at BHPI (32nd IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

 Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
 CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
 E-mail : principal-bhpi@crp-bangladesh.org. Web: bhpi.edu.bd

Appendix B

Information Sheet, Consent Form and Withdrawal form

CODE NO:

Consent Form:

Respected Participants,

Assalamualaikum,

The researcher ...Farhana Nasrin..... is a B.Sc. student in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI), want to conduct research about lived experience of couples in conjugal relationship where one partner has mental illness. The aim of the study is to explore lived experience of couples in conjugal relationship where one partner has mental illness.

Researcher will receive permission from participant to take part in the survey. Their information will not be shared with others. Participant of the study will not benefit or from this study. They are free to decline answering any question during survey. All the information that is collected from the survey would be kept safely and maintained confidentiality. Participant can withdraw from the study at any time.

In this study I am a participant and I have been clearly informed about the purpose of the study. I am willing to participate in this study and I will have the right to refuse in taking part any time at any stage of the study. For this reason, I will not be bounded to answer anybody. The researcher will be able available to answer any study related question or inquiry to the participant. So, with my best knowledge I agree to participate willingly with my full satisfaction in this study.

Participant Name:

Signature:

Researcher Name:

Signature:

Date:

কোড নংঃ

সম্মতিপত্র

সম্মানিত অংশগ্রহণকারীরা

আসসালামুয়ালাইকুম / নমস্কার,

আমি ফারহানা নাছরিন ঢাকা বিশ্ববিদ্যালয়ের অধিভুক্ত চিকিৎসা অনুশদের অধীনে পরিচালিত বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের (সেশন ২০১৭-১৮) শিক্ষার্থী। আমি "দম্পতিদের দাম্পত্য জীবনের অভিজ্ঞতা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে " নিয়ে একটি গবেষণা পরিচালনা করতে চাই। অধ্যয়নের লক্ষ্য হল দম্পতিদের দাম্পত্য জীবনের অভিজ্ঞতা অন্বেষণ করা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে। এই গবেষণায় সর্বাধিক তথ্য সংগ্রহের সময় হবে

৩০-৪০ মিনিট।

আমি আপনাকে জানাতে চাই যে, এই গবেষণা অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। এই তথ্যসমূহ অন্যদের সাথে শেয়ার করা হবে না, অংশগ্রহণকারীদের নাম এবং অন্যান্য তথ্য প্রকাশ করা হবে না। অধ্যয়নের অংশগ্রহণকারীরা এই গবেষণা থেকে আর্থিকভাবে উপকৃত হবে না। সাক্ষাৎকারের সময় তারা যে কোনও প্রশ্নের উত্তর দিতে অস্বীকার করতে পারেন। সাক্ষাৎকার থেকে সংগৃহীত সমস্ত তথ্য নিরাপদে রাখা হবে এবং গোপনীয়তা বজায় রাখা হবে। অংশগ্রহণকারী যেকোনো সময় গবেষণা থেকে তথ্য প্রত্যাহার করতে পারেন।

এই গবেষণায় আমি একজন অংশগ্রহণকারী এবং আমাকে অধ্যয়নের উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবহিত করা হয়েছে। আমি এই অধ্যয়নে অংশগ্রহণ করতে ইচ্ছুক এবং অধ্যয়নের যে কোন পর্যায়ে যে কোন সময় অংশ নিতে অস্বীকার করার অধিকার আমার থাকবে। এই কারণে, আমি কাউকে উত্তর দিতে বাধ্য হব না। গবেষক অংশগ্রহণকারীর কাছে অধ্যয়ন সম্পর্কিত যেকোনো প্রশ্ন বা অনুসন্ধানের উত্তর দিতে সক্ষম হবেন। তাই, আমার সর্বোত্তম জ্ঞানের সাথে আমি এই গবেষণায় আমার সম্পূর্ণ সন্তুষ্টির সাথে স্বেচ্ছায় অংশগ্রহণ করতে সম্মত।

অংশগ্রহণকারীর নাম:

তারিখ :

অংশগ্রহণকারীর স্বাক্ষর :

গবেষকের নাম:

গবেষকের স্বাক্ষর:

CODE NO:

Information Sheet

Title of the study: Lived experience of couples in conjugal relationship where one partner has mental illness.

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to take part.

WHO I AM AND WHAT THIS STUDY IS ABOUT

I am Farhana Nasrin, a 4th year B.Sc. student in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI), want to conduct research about lived experience of couples in conjugal relationship where one partner has mental illness. The aim of the study is to explore the lived experience of couples in conjugal relationship where one partner has mental illness. I want to know about the personal

shelter, sexual and personal behavior, social and household roles, emotional upswing, family planning of those couples.

WHAT WILL TAKING PART INVOLVE?

I will conduct a 30–40-minute interview with you and your partner. The interview is about your life experience, sexual and personal behavior, social and household roles, emotional upswing, family planning of couples in conjugal relationship. I will record the interview with your permission.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

As you have a partner with mental illness and in conjugal relationship, so you have been invited to take part in the study. You have met the inclusion and exclusion criteria. I added the inclusion and exclusion criteria in below.

Inclusion Criteria: # Conjugal couple where one partner has mental illness
 # Person who are interested to provide data
 # Have no history of mental illness of one partner

Exclusion Criteria: # Person who are not interested to participate
 # Person who are unable to communicate, like have speech difficulty
 # Both partners have mental illness

DO YOU HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be able to keep a copy of this information sheet and you have to give consent through a consent form. You can still withdraw your information at any time through the withdrawal form. You do not have to give a reason.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

Participating in the research is not anticipated to cause you any disturbance or discomfort. There is no financial benefit for you for taking part in the study.

WILL TAKING PART BE CONFIDENTIAL?

The information will not be shared with others. your name and other information will not come out during the study. All the information that is collected from the interview would be kept safely and maintained confidentiality.

HOW WILL THE INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

The interview will be recorded through a smart phone. Signed consent forms and original audio recordings will be retained in my phone which have a lock and only I have the access, until after my degree has been conferred. A transcript of interviews in which all identifying information has been removed will be retained for a further two years after this. Under freedom of information legalization, you are entitled to access the information you have provided at any time.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

You can contact with me for further information.

IRB No: CRP\BHPI\IRB\09\22\640

IRB Address: BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Farhana Nasrin

4th year student, Occupational therapy, BHPI, CRP

Phone: 01647608924

Email: farhananasrinety@gmail.com

You can also contact with my supervisor.

Mohuya Akter

Lecturer in, BHPI, CRP

Phone: +8801686057857

Email: mohuya15_ot@yahoo.com

Thank you.

কোড নং:

তথ্য পত্র

অধ্যয়নের শিরোনাম: দম্পতিদের দাম্পত্য সম্পর্কের জীবনের অভিজ্ঞতা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে।

আমি আপনাকে একটি গবেষণা গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে চাই। আপনি সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি আপনার সাথে কেন জড়িত। নিম্নলিখিত তথ্য মনোযোগ দিয়ে পড়ার জন্য সময় নিবন দয়া করে। আপনার পড়া কিছু পরিষ্কার না হলে বা আপনি আরও তথ্য চাইলে প্রশ্ন জিজ্ঞাসা করুন। অংশ নেবেন কি না সিদ্ধান্ত নিতে সময় নিবন।

আমি কে এবং এই স্টাডিটি কি সম্পর্কে?

আমি ফারহানা নাছরিন, ৪র্থ বর্ষের বি.এসসি. বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) পেশাগত থেরাপি বিভাগের শিক্ষার্থী, আমি দম্পতিদের দাম্পত্য সম্পর্কের জীবনের অভিজ্ঞতা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে তা অনুসন্ধান করতে চাই। অধ্যয়নের লক্ষ্য হল দম্পতিদের দাম্পত্য সম্পর্কের জীবনের অভিজ্ঞতা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে তা অন্বেষণ করা। আমি সেই দম্পতিদের ব্যক্তিগত আশ্রয়, যৌন ও ব্যক্তিগত আচরণ, সামাজিক ও পারিবারিক ভূমিকা, মানসিক উত্থান, পরিবার পরিকল্পনা সম্পর্কে জানতে চাই

অংশগ্রহণ করার পর কি কি বিষয় থাকবে?

আমি আপনার সাথে 30-40 মিনিটের একটি সাক্ষাৎকার নেব যা আপনার সাথে সম্পর্কিত।

সাফাৎকারটি আপনার জীবনের অভিজ্ঞতা, আপনার ব্যক্তিগত চ্যালেঞ্জ, মনোসামাজিক অবস্থা, সামাজিক মনোভাব এবং নেতিবাচক প্রতিক্রিয়ার সাথে মোকাবিলা করার কৌশল সম্পর্কে। আমি আপনার অনুমতি নিয়ে সাফাৎকার রেকর্ড করব।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আপনি মানসিক রোগে আক্রান্ত ব্যক্তির পরিবারের সদস্য তাই আপনাকে অধ্যয়নে অংশ নিতে আমন্ত্রণ জানানো হয়েছে। আপনি অন্তর্ভুক্তি এবং বর্জনের মানদণ্ড পূরণ করেছেন। আমি নীচে অন্তর্ভুক্তি এবং বর্জনের মানদণ্ড যোগ করেছি।

● অন্তর্ভুক্তির মানদণ্ড:

- # দাম্পত্য দম্পতি যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে
- # যে ব্যক্তি ডেটা প্রদান করতে আগ্রহী
- # একজন সঙ্গীর মানসিক অসুস্থতার কোনো ইতিহাস নেই

● বর্জনের মানদণ্ড: যে ব্যক্তি অংশগ্রহণ করতে আগ্রহী নন

- ii. যে ব্যক্তি যোগাযোগ করতে অক্ষম, যেমন কথা বলতে অসুবিধা হয়
- iii. উভয় সঙ্গীর মানসিক রোগ আছে

আপনাকে কি অংশ নিতে হবে?

অংশগ্রহণ করা বা না করার সিদ্ধান্ত আপনার উপর নির্ভর করে। আপনি যদি অংশ নেওয়ার সিদ্ধান্ত নেন তবে আপনি এই তথ্য পত্রের একটি অনুলিপি রাখতে সক্ষম হবেন এবং আপনাকে একটি সম্মতি পত্রের মাধ্যমে সম্মতি দিতে হবে। আপনি এখনও যে কোনো সময় আপনার তথ্য প্রত্যাহার করতে পারেন। আপনি কোন কারণ দিতে হবে না।

অংশ নেওয়ার সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

গবেষণায় অংশগ্রহণের ফলে আপনার কোনো অশান্তি বা অস্বস্তি হবে বলে প্রত্যাশিত নয়। অধ্যয়নে অংশ নেওয়ার জন্য আপনার জন্য কোন আর্থিক সুবিধা নেই।

অংশ নেওয়ার পর তথ্য কি গোপনীয় রাখা হবে?

তথ্য অন্যদের সাথে শেয়ার করা হবে না। অধ্যয়নের সময় আপনার নাম এবং অন্যান্য তথ্য বেরিয়ে আসবে না। সাফাৎকার থেকে সংগৃহীত সমস্ত তথ্য নিরাপদে রাখা হবে এবং গোপনীয়তা বজায় রাখা হবে।

আপনি যে তথ্য প্রদান করবেন তা কীভাবে রেকর্ড করা, সংরক্ষণ করা এবং সুরক্ষিত করা হবে?

একটি স্মার্ট ফোনের মাধ্যমে সাক্ষাৎকার রেকর্ড করা হবে। স্বাক্ষরিত সম্মতি ফর্ম এবং আসল অডিও রেকর্ডিংগুলি আমার ফোনে রাখা হবে যার একটি লক আছে এবং আমার ডিগ্রী প্রদান না হওয়া পর্যন্ত শুধুমাত্র আমার অ্যাক্সেস আছে। সাক্ষাৎকারের একটি প্রতিলিপি যাতে সমস্ত সনাক্তকারী তথ্য মুছে ফেলা হয়েছে এর পরে আরও দুই বছর ধরে রাখা হবে। তথ্য বৈধকরণের স্বাধীনতার অধীনে, আপনি যে কোনো সময় আপনার দেওয়া তথ্য অ্যাক্সেস করার অধিকারী।

আরও তথ্যের জন্য আপনার কার সাথে যোগাযোগ করা উচিত?

আপনি আরও তথ্যের জন্য আমার সাথে যোগাযোগ করতে পারেন।

আইআরবি নং: সিআরপি\ বিএইচপিআই\ আইআরবি\০৯\২২\৬৪০

আইআরবি ঠিকানা: বিএইচপিআই, সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ

ফারহানা নাছরিন

৪র্থ বর্ষ, অকুপেশনাল থেরাপি, বিএইচপিআই, সিআরপি

ফোন: ০১৬৪৭৬০৮৯২৪

ইমেইল: farhananasrinety@gmail.com

আপনি আমার সুপারভাইজার এর সাথেও যোগাযোগ করতে পারেন।

মহুয়া আক্তার

, বিএইচপিআই, সিআরপি

ফোন: +8801686057857

ইমেইল mohuya15_ot@yahoo.com

ধন্যবাদ.

CODE NO:

Withdrawal form

Title of Research: Lived experience of couples in conjugal relationship where one partner has mental illness.

Name of researcher: Farhana Nasrin

Participant to complete this section. Please initial one of the following boxes:

1. I confirm that I wish to withdraw from the study before data collection has been completed and that none of my data will be included in the study.	
2. I confirm that I wish to withdraw all of my data from the study before data analysis has been completed and that none of my data will be included in the study.	

- **Causes of withdrawal:**

- This form will be stored securely until, when it will be destroyed, and will not be shared with anyone else.

Signature of participant:	Date:
Signature of researcher:	Date:

কোড নং:

প্রত্যাহার পত্র

গবেষণার শিরোনাম : দম্পতিদের দাম্পত্য সম্পর্কের জীবনের অভিজ্ঞতা যেখানে একজন সঙ্গীর মানসিক অসুস্থতা রয়েছে।

গবেষকের নাম : ফারহানা নাছরিন

অংশগ্রহণকারী এই বিভাগটি সম্পূর্ণ করতে, অনুগ্রহ করে নিম্নলিখিত বাক্সগুলির মধ্যে একটি শুরু করুন:

1. আমি নিশ্চিত করছি যে তথ্য সংগ্রহ শেষ হওয়ার আগে আমি অধ্যয়ন থেকে প্রত্যাহার করতে চাই এবং আমার কোনও তথ্য অধ্যয়নে অন্তর্ভুক্ত করা হবে না।

2. আমি নিশ্চিত করছি যে তথ্য বিশ্লেষণ সম্পূর্ণ হওয়ার আগে আমি অধ্যয়ন থেকে আমার সমস্ত তথ্য প্রত্যাহার করতে চাই এবং আমার কোনও তথ্য অধ্যয়নে অন্তর্ভুক্ত করা হবে না।

• **প্রত্যাহারের কারণ:**

✱ এই ফর্মটি নিরাপদে সংরক্ষণ করা হবে যতক্ষণ না, যখন এটি নষ্ট হয়ে যাবে, এবং অন্য কারো সাথে শেয়ার করা হবে না।

অংশগ্রহণকারীর স্বাক্ষর:

তারিখ:

গবেষকের স্বাক্ষর:

তারিখ:

Appendix C

Self- developed interview guide

CODE NO:

Self- developed interview guide

Demographic Information

Participant name; ...	Age....	Occupation.....
Education.....	Address....	No of family member....
Participant's spouse name: ...	Age....	Condition
Education.....	Occupation:	

Qualitative Information

- **About personal shelter**

- 1) Do you both eat together with family on dining table? If not, then how do you maintain this, tell me about details.
- 2) How do you share your sleeping arrangement with your partner? Do you sleep both together? If not, then how do you maintain this?
- 3) Do you share your almira (for clothing) or dressing table with your partner for using?
If not, then how do you maintain this?
- 4) If you become sick do your partner, take you to hospital or how he\she take care of yours, tell me in detail.
- 5) How do you maintain if there is any misunderstanding happens with your in laws? Do you have rights or freedom to talk about this with your partner?

- **Sexual and personal behavior**

- 1) How about the feelings of yours towards each other as a husband and wife?
- 2) What about your fidelity or trust issues each other?
- 3) Do you both showed respect each other and how you both give importance?
 - 4) How do you maintain your interpersonal relationship commitment as a husband and wife?
 - 5) What about your physical or sexual intimacy??
 - 6) How do you behave with each other?

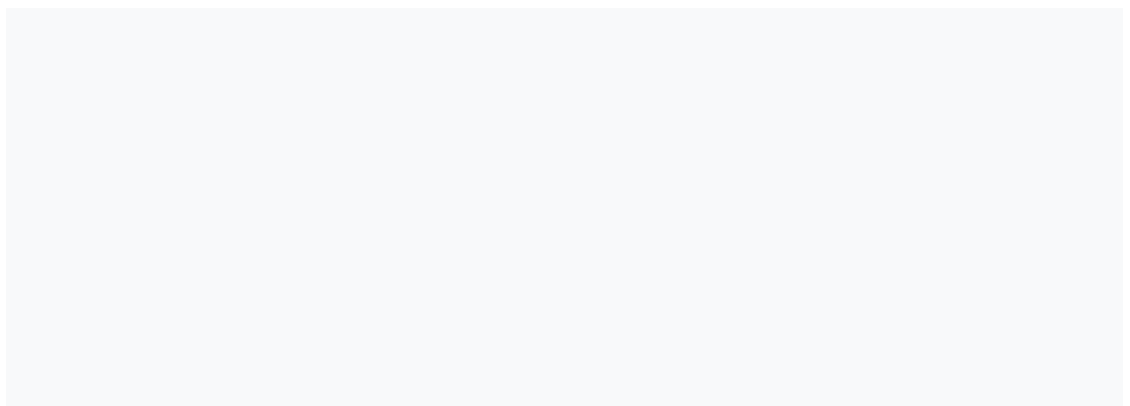
- **Household and social roles**

- 1) How do you both maintain respect towards each other for sharing household work?
- 2) How do you support each other in household work?
- 3) What is the societal perception of you two as a couple when attending any party or ceremony?
- 4) How do you both maintain social activities?
- 5) If there is any redistribution of household roles as our country base and normal husband\wife or father\mother or changes in the role of family provider? If yes, then what it is and how do you maintain this tell me in detail.
- 6) How do you both maintain financial responsibilities?

- **Emotional upswing**

- 1) What is the emotional state of yours about relationship?
- 2) Do you feel frustrated or satisfied with your relationship, what are the reason for this tell me in detail.
- 3) Do you feel loneliness or supported with your partner, tell me about the reason for this in details.
- 4) Do you feel fear or have freedom in any kind of decision making? If not, then how do you maintain this?
- 5) Do you think this mental illness impact on your relationship, if yes\not then what it is, tell me in detail
- 6) How do you cope up with these emotional situations?
- 7) Tell me if there is other issues.

- **Family planning**

- 1) How do you both plan for family planning?
 - 2) What are the problem or challenges you face for this and how do you overcome from this? Or,
 - 3) Do you have further plan for this?
- 

কোড নং:

সাক্ষাৎকার প্রশ্ন

জনসংখ্যা সংক্রান্ত তথ্য

অংশগ্রহণকারীর নাম;.....

বয়স:.....

পেশা:.....

শিক্ষাগত যোগ্যতা.....

ঠিকানা:

...পরিবারের সদস্যের সংখ্যা:....

অংশগ্রহণকারীর স্বামী বা স্ত্রী নাম :...

নাম:...

বয়স:.....

রোগের নাম..

শিক্ষাগত যোগ্যতা:

পেশা:

গুণগত তথ্য

• ব্যক্তিগত আশ্রয় সম্পর্কে

১) আপনারা দুজনেই কি একসাথে পরিবারের সাথে খাবার টেবিলে খান? যদি না হয়, তাহলে কীভাবে এটি বজায় রাখেন, আমাকে বিস্তারিত বলুন।

২) আপনি আপনার সঙ্গীর সাথে ঘুমের ব্যবস্থা কীভাবে ভাগাভাগি করেন? দুজনে কি একসাথে ঘুমান? যদি না হয়, তাহলে কীভাবে এটি বজায় রাখেন?

৩) আপনি কি আপনার আলমিরা (পোশাকের জন্য) বা ড্রেসিং টেবিল ব্যবহার করার জন্য আপনার সঙ্গীর সাথে শেয়ার করেন? যদি না হয়, তাহলে কীভাবে এটি বজায় রাখেন?

৪) আপনি অসুস্থ হলে আপনার সঙ্গী কি আপনাকে হাসপাতালে নিয়ে যায় বা তিনি কীভাবে আপনার যত্ন নেন, আমাকে বিস্তারিত বলুন।

৫) আপনার স্বশুর-শশুড়ির সঙ্গে কোনো ভুল বোঝাবুঝি হলে আপনি কীভাবে এটি ঠিক করেন? আপনার সঙ্গীর সাথে এই বিষয়ে কথা বলার অধিকার বা স্বাধীনতা আছে কি?

• যৌন এবং ব্যক্তিগত আচরণ

১) স্বামী-স্ত্রী হিসেবে একে অপরের প্রতি আপনার অনুভূতি কেমন?

২) বিশ্বস্ততা বা বিশ্বাসের বিষয়গুলি একে অপরের সম্পর্কে কেমন ?

৩) দুজনেই কি একে অপরকে সম্মান দেখান এবং দুজনেই কীভাবে গুরুত্ব দেন?

৪) স্বামী এবং স্ত্রী হিসাবে আপনি কীভাবে আপনার আন্তঃব্যক্তিক সম্পর্কের প্রতিশ্রুতি বজায় রাখেন?

৫) আপনাদের শারীরিক বা যৌন ঘনিষ্ঠতা সম্পর্কে কেমন??

৬) একে অপরের সাথে কেমন আচরণ করেন?

• পারিবারিক এবং সামাজিক ভূমিকা

১) পরিবারের কাজ ভাগাভাগি করার জন্য দুজনেই কীভাবে একে অপরের প্রতি শ্রদ্ধা বজায় রাখেন?

২) বাড়ির কাজে একে অপরকে কীভাবে সহযোগিতা করেন?
 ৩) কোন পার্টি বা অনুষ্ঠানে যোগদান করার সময় দম্পতি হিসাবে আপনাদেরকে সমাজ কীভাবে দেখে বা কেমন আচরণ করে?

৪) আপনারা দুজনেই সামাজিক কর্মকান্ড কীভাবে বজায় রাখেন বা অংশগ্রহণ করেন?
 ৫) আমাদের দেশের ভিত্তিতে এবং স্বাভাবিক স্বামী/স্ত্রী বা পিতা/মাতা হিসেবে পরিবারের কাজের ভূমিকায় একে অপেরর সাথে কোনও পুনর্বন্টন বা পরিবর্তন হয়েছে কি? যদি হ্যাঁ হয় তাহলে এটি কী এবং আপনি কীভাবে এটি বজায় রাখেন তা আমাকে বিস্তারিতভাবে বলুন।

৬) আপনারা দুজনেই কীভাবে আর্থিক দায়িত্ব পালন করেন?

• মানসিক উত্থান

১) সম্পর্ক সম্পর্কে আপনার মানসিক অবস্থা বা অনুভূতি কেমন?
 ২) আপনি কি আপনার সম্পর্ক নিয়ে হতাশ বা সন্তুষ্ট বোধ করেন, এর কারণ কী?
 ৩) আপনি কি একাকীত্ব অনুভব করেন বা আপনার সঙ্গীর সাথে সমর্থন করেন, এর কারণ সম্পর্কে বলুন?
 ৪) আপনি কি ভয় অনুভব করেন বা কোন ধরনের সিদ্ধান্ত নেওয়ার ক্ষেত্রে স্বাধীনতা আছে? যদি না হয় তাহলে আপনি কীভাবে এটা বজায় রাখেন?
 ৫) আপনি কি মনে করেন যে এই মানসিক অসুস্থতা আপনার সম্পর্কের উপর প্রভাব ফেলছে, যদি হ্যাঁ/না হয় তবে এটি কী, আমাকে বিস্তারিত বলুন
 ৬) কীভাবে আপনি এসব মানসিক পরিস্থিতি মোকাবেলা করবেন?

৭) অন্য কোন সমস্যা থাকলে বলুন।

• পরিবার পরিকল্পনা

১) পরিবার পরিকল্পনার জন্য আপনারা দুজনেই কীভাবে পরিকল্পনা করেছেন?
 ২) এই জন্য আপনি কি সমস্যা বা চ্যালেঞ্জের সম্মুখীন হয়েছেন? অথবা,
 ৩) আপনার কি পরবর্তি কোনো পরিকল্পনা আছে

Thesis Supervisor- Student Contact Paper


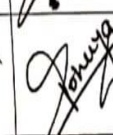

Bangladesh Health Professions Institute
 Department of Occupational Therapy
 4th Year B. Sc in Occupational Therapy
 OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Lived experience of couples in conjugal relationship where one partner has mental illness.

Name of student: Farhana Nasrin

Name and designation of thesis supervisor: Mohuya Akter, Lecturer in Occupational Therapy Dept.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	18/8/22	BHPI Library	Title, aim, objectives	2 hour	Submission of title, aim & objectives	Farhana	
2	20/8/22	BHPI Library	Feedback of aim & objectives	1 hour	Study & make interview guide	Farhana	
3	22/8/22	BHPI Library	Research design, Ethical consideration	30 minutes	Reasoning of research design.	Farhana	

4	23/8/22	GHPJ Library	Population, sampling, inclusion, exclusion criteria	1 hour	submission of methodology	Farkana	
5	24/8/22	Teachers room	Background & significance	1 hour	submission of background & significance	Farkana	
6	25/8/22	Teachers room	Feedback of methodology	2 hours	revising of background & significance	Farkana	
7	27/8/22	Library	Feedback of proposal presentation	1 hour	submission of proposal presentation	Farkana	
8	28/8/22	Teachers room	Final of proposal presentation	1 hour	More specific interview guide	Farkana	
9	2/9/22	Teachers room	Self-developed interview-guide	2 hours	To correct interview guide through objects	Farkana	
10	6/9/22	GHPJ Library	Self-developed interview guide feedback	1 hour	More specific interview-guide	Farkana	
11	15/10/22	GHPJ Library	Feedback on interview guide	2 hours	specific interview guide	Farkana	
12	20/10/22	Teachers room	Methodology	2 hours	Finalization of methods	Farkana	
13	21/11/22	CRP outdoor	Interview guide correction	40 minutes	specific interview guide	Farkana	
14	6/12/22	CRP outdoor	Interview guide	1 hour	final interview guide	Farkana	

15	30/8/22	BHPI Library	Methodology	2 hours	Analization of methods	Fardana	
16	31/8/23	BHPI Library	Literature review	1 hour	Connect literature review	Fardana	
17	1/12/23	BHPI Library	Literature review	1 hour	Final literature review	Fardana	
18	15/12/23	Teacher room	Feedback on literature review	2 hours	Final literature review	Fardana	
19	21/12/23	BHPI Library	Results	1 hour	To connect themes	Fardana	
20	29/12/23	BHPI Library	Results feedback	2 hours	To connect subthemes	Fardana	
21	12/12/23	BHPI Library	Results feedback	2 hours	Final results	Fardana	
22	13/12/23	BHPI Library	Discussion	1 hour	Connect discussion	Fardana	
23	17/12/23	Teacher room	Conclusion	2 hours	Connect conclusion	Fardana	
24	11/5/23	Zoom meeting	Research presentation	1 hour	Correct Research Presentation	Fardana	
25							