

MARITAL STATUS AS A CATEGORIC RISK IN MAJOR MENTAL DISORDERS

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Many unsupported statements have been made concerning the relation of marital status to mental illness. Some proponents claim that marriage prevents mental illness; others support the contention that, if anything, marriage precipitates incipient mental illness.

From scientific points of view, based on research in marriage and the family, both of these statements are of some validity. The main purpose of this study is to determine how the marital status of first admissions to Ohio State mental hospitals is related to the frequency and type of their mental illnesses. Thus, this study is not a study in social causation but rather a study of mental illness risk in terms of the categoric risk of marital status.

METHODOLOGY

All first admissions (2620) to Ohio State mental hospitals having major mental disorders, i. e., the most common mental illnesses, for the year ended December 31, 1949, were classified by sex, mental disorder, and by marital status. Rates of first admissions per 100,000 Ohio population 14 years and over, and of like marital status, were computed on the basis of figures obtained from the 1950 census of Ohio (Brunsman, 1952).

FINDINGS

For a summarization of the comparative rates of male and female first admissions, see the following:

An examination of table 1 indicates first, that fewer females than males are found in all marital status groups taken as a whole. Among single persons, about 4 times as many men are admitted with syphilitic psychosis, and 6 times as many men with alcoholic psychosis as are women with such psychoses.

For married persons, the greatest sex difference exists in the rates for alcoholic psychosis—more than 10 times as many men. Almost twice as many married men as married women are admitted with syphilitic psychosis. However, about two and one-half times as many married women as married men are admitted with schizophrenia.

Among widowed and divorced persons, about 4 times as many men are admitted with syphilitic psychosis, and 9 times as many men with alcoholic psychosis as are women with such psychoses.

Schizophrenia is the leading mental illness among single males with a rate of 22.9 per 100,000 Ohio single males 14 years of age and over. Psychosis with cerebro-arteriosclerosis and alcoholic psychosis are second and third with rates of 7.1 and 5.4 respectively. Male first admissions had a rate of 3.9 for syphilitic psychosis, the lowest rate for males of all marital statuses. Single males also had the lowest rates of psychosis with cerebro-arteriosclerosis, senile psychosis, involutional psychosis, and manic-depressive psychosis.

The mental disorders having the highest frequencies among married males were psychosis with cerebro-arteriosclerosis, 8.5; alcoholic psychosis, 4.3; schizophrenia and syphilitic psychosis with 4.2 each. Married men, among men of all marital statuses, had the lowest rates of alcoholic psychosis, schizophrenia, paranoid conditions, and psychoneurosis. Among men who had ever been married (that is, excluding single men), men still married had the lowest rates in all major mental disorders.

With the exception of schizophrenia, widowed and divorced males had the highest rates of admission for all major mental disorders. Within this group, psychosis with cerebro-arteriosclerosis, senile psychosis, alcoholic psychosis, and syphilitic psychosis were most frequent with rates of 42.4, 34.3, 27.6, and 18.6 respectively. Comparative rates for male first admissions of all marital status groups as a whole were as follows: (a) widowed and divorced, 151.0; (b) single, 49.4; and (c) married, 32.7.

As among single males, the rate of schizophrenia among single females was the highest within that group and all marital status groups. The other leading mental illnesses of single females were the psychoses of old age—senile psychosis and psychosis with cerebro-arteriosclerosis. Single females, among all marital status groups, had the lowest rates of syphilitic psychosis, involuntional and manic-depressive psychosis, and psychoneurosis.

TABLE 1

Comparative rates of male and female first admissions to Ohio State Mental Hospitals, by mental disorder, by marital status, year ended December 31, 1949

(Rates based on 100,000 Ohio population 14 years old and over, according to the 1950 census)

MENTAL DISORDER	MARITAL STATUS					
	SINGLE		MARRIED		WIDOWED OR DIVORCED	
	Male	Female	Male	Female	Male	Female
TOTAL	49.4	38.0	32.7	32.0	151.0	96.4
Syphilitic Psychosis	3.9	0.9	4.2	2.6	18.6	4.5
Alcoholic Psychosis	5.4	0.9	4.3	0.4	27.6	3.0
Psychosis with Cerebro- Arteriosclerosis	7.1	5.5	8.5	4.1	42.4	34.5
Senile Psychosis	2.8	2.9	3.9	1.9	34.3	22.7
Involuntional Psychosis	1.6	2.6	2.0	5.1	5.2	8.0
Manic-Depressive Psychosis	2.3	2.4	2.8	3.7	3.3	6.6
Schizophrenia	22.9	19.3	4.2	10.7	14.8	13.0
Paranoid Conditions	1.2	1.4	1.1	1.1	1.9	1.6
Psychoneurosis	2.2	2.1	1.7	2.4	2.9	2.5

Schizophrenia was the leading mental illness among married women with a rate of 10.7. The second leading mental illness among married women is involuntional psychosis, and third is psychosis with cerebro-arteriosclerosis. Married women had the lowest rates, among all marital status groups, of alcoholic psychosis, the psychoses of old age, schizophrenia, and paranoid conditions. Among females who had ever been married and have remained married, married women had the lowest rates in all major mental disorders.

Again, as in males, with the exception of schizophrenia, widowed and divorced females had the highest rates of first admissions for all major mental illnesses. Within this group, the psychoses of old age and schizophrenia ranked highest. Comparative rates of female admissions for all marital status groups as a whole were as follows: (a) widowed and divorced, 96.4; (b) single, 38.0; (c) married, 32.0.

DISCUSSION

Our data indicate that, on the basis of the reported incidence of mental illness, marital status is a categoric risk for mental disorders in general, and for specific mental disorders. Thus, married men and married women have the lowest rates of admission to mental hospitals. For single persons the rates are slightly higher than for married persons, but for widowed or divorced persons the rates are from about three to five times as high.

Within each marital status group there are differences in rates of types of

mental illnesses which are due primarily to the factors of age at admission and sex. Thus, among single first admissions, since they are the youngest group, schizophrenia as a major mental disorder (median age 32) is the highest ranking mental illness. (Pub. Welf. Stat., 1951). Schizophrenia is the psychosis of youth and early adulthood; very few persons develop it after age 50. Because of their youth, single persons, therefore, have the lowest rates of manic-depressive psychosis and involuntional psychosis—two illnesses which occur most often between the ages of 35 and 60, among middle-aged people. (Frumkin, 1952).

Single, aged females have higher rates of senile psychosis and psychosis with cerebro-arteriosclerosis than do married women. But single males have lower rates for these psychoses of old age than do married males. Among single males there were, however, higher rates of alcoholic psychosis and psychoneurosis (Hunt, 1944; Kaplan, 1945).

Among married persons, with the exception of those with paranoid conditions, sex differences in types of mental illnesses were fairly pronounced. Males had higher rates of syphilitic and alcoholic psychoses, and the psychoses of old age than women. Females, on the other hand, had higher rates of involuntional and manic-depressive psychoses, schizophrenia, and psychoneurosis.

Sex differences among the widowed and divorced were similar to those among the married, except that men had higher rates of schizophrenia and psychoneurosis. According to the Metropolitan Life Insurance Company, 60 percent of persons of age 65 and over are widowed. (Stat. Bull., 1952) Since the median ages of first admissions to Ohio State mental hospitals with psychosis with cerebro-arteriosclerosis and senile psychosis were 69 and 76 respectively, (Publ. Welf. Stat., 1951), it is understandable why the rates for widowed and divorced are so much higher than those of married persons.¹ Eliminating the aged, psychotic widowed persons, we find the remaining divorcees with exceedingly high rates of syphilitic and alcoholic psychoses and schizophrenia.

SUMMARY

This study of mental illness risk in terms of the categoric risk marital status does not amount to the study of the causes of mental illness. The findings in this study indicate, however, that marital status is a categoric risk factor in mental illness. Married persons therefore have the least chances of acquiring major mental disorders, and divorced or widowed persons have the greatest chances. Single persons have less of a chance of becoming mentally ill than divorced or widowed persons but a greater chance than married persons.

Since this study is largely concerned with the group phenomena, and is actuarial rather than individual in character, a clinical study of the individual in relation to his marital status and mental health is needed. This is a task, however, for the clinician and is beyond our scope of inquiry. On the basis of the findings in this study, further research on the problem of marital status and mental illness seems warranted.

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6. *Stat. Bull.* 1952. 33: 1-3. (October).

¹More than 73 percent of the widowed persons had psychoses of old age, whereas only about 15 percent of the divorced persons had these psychoses.