

Spouse's Mental Illness Changes Personal Worldview

Introduction

Do you believe in soulmates? That some people are destined for each other? This is a common belief that has been connected to high expectations with relationship reciprocity. Whether soulmate-beliefs are good or bad for the relationship depends on the situation. But what happens to soul mates when one of them catches a sickness of the soul, in other words, mental illness?

Six years ago, I was trusted with sixteen stories by my interviewees: the spouses and partners of people with a severe mental illness; for the majority, this illness was bipolar disorder. The interviewees' relationships to their partners living with mental illness had lasted from one year to several decades. By interviewing these people, I aimed to answer first, how a spouse's mental illness concerns personal worldview. Second, what does commitment to the relationship mean, and why do the spouses of people with mental illness stay in their relationships.

Mental illnesses are a significant global health issue and because of Covid-19, the situation has worsened. For decades, there has been the process of decreasing psychiatric hospital beds. This has resulted in the increased re-

sponsibility of spouses of people with mental illness. Compared to other close relatives, spouses are often the most burdened group as they share their daily lives with their partner who has the illness. Mental illness is a crisis for the other spouse too, increasing the risk of their own mental illness and suicide (Agerbo, 2003; Wittmund ym., 2002.).

Theoretical framework: Meaning making and relationship commitment

Some events in life may pose threats to people's worldviews. Worldview includes fundamental orientations to the self, other people, and reality: it functions as a source of stability in life where changes follow one another (Baumeister, 1991). Committed, romantic relationships provide an important area for reconstructing personal worldviews, especially in relation to the sense of self (Cooper-White, 2011; Schnell, 2021).

Threats to worldview trigger meaning making. By making meaning out of adversities, people attempt to decrease the incoherence caused to their worldviews. Sometimes, threats are significant enough to result in an existential crisis, and fundamental search for meaning in life. Ideally, meaning making ends up with restoring stability or, in line with Crystal Park (2010) who has done pioneering work in meaning theory, achieving the so called "meaning made", a finished product of the meaning making process.

However, there is no consensus about what is meaning made: it can be for example, personal growth or realizing what is truly important in "my" life. Meaning made is a slippery concept as it can be reflected for example, in the acceptance that there is no meaning in "this" adversity. Ultimately, all meanings made are evaluated by the degree to which they can be integrated as part of other significant areas of the individual's life. That is: how they contribute to the sense of meaning in life (Martela & Steger, 2016).

In a study about relatives of people with mental illness, the researchers referred to an "existential space" (Rusner ym., 2012). This expression means that relatives encounter threats to their worldviews in their daily lives repeatedly, for example in the experiences of rejection by mental health care. These researchers also pondered whether spouses' situation is different from other relatives, such as parents, because spouses can leave the situation by divorcing: they do not have to stay in the "existential space".

In Finnish culture, people are not expected by the society to sacrifice their happiness for an unhappy marriage “til death do us part”. Rather, commitment is based on whether there exists reciprocity in the relationship and whether it provides personal happiness. Finland has high divorce rates as over 40% of marriages end in divorce. The most often reported reason for divorces are communication problems (Kiiski, 2011). A spouse’s mental illness significantly increases the risk of divorce (Metsä-Simola, 2018). It is no wonder: across studies, spouses of people with mental illness report sense of disconnection and loneliness in their relationships.

Drawing personal boundaries

The results of my study show that a spouse’s mental illness threatened worldview in its all dimensions: self, others, and reality. Especially, the experience that life is unpredictable triggered meaning making. To cope with this unpredictability, the spouses learned to protect their personal boundaries. These acts of protection took place within personal beliefs and emotions but if there was physical abuse, drawing boundaries meant physical distance too.

Protecting personal boundaries was accompanied with orientation to let go of the boundaries. This was because letting go of personal boundaries was the only way to experience reciprocity, especially in the areas of communication, sexuality, parenthood, and commitment. There were significant disappointments, but gradually, the value of existing forms of reciprocity further increased. Researchers are increasingly critical toward the preconception about people with mental illness as passive members of their families.

However, both protecting and letting go of boundaries in the relationship included risks. Protecting boundaries meant distancing from the spouse and this included loneliness. Letting go of boundaries and sharing in the relationship included risks such as getting hurt, manipulated, betrayed, and overburdened.

Because a spouse’s mental illness symptoms often fluctuated, it was important to learn to flexibly switch between two opposite modes: protecting and letting go of boundaries or in other words, sharing and distancing. As “anything could happen”, the spouses needed to prepare to many future options: continuing marriage, becoming divorced, or widowed.

Drawing personal boundaries as a worldview issue

The study made an important discovery that regulation of personal boundaries interacted with the interviewees' worldview. In constructing boundaries in relation to the spouse with mental illness, intimacy with God increased for religious persons. Furthermore, in letting go of boundaries, shared religiousness had a significant role. Shared religiousness refers to having the same faith and practicing religion together as a couple. In my study, shared religiousness represented a bridge over the isolation created by mental illness. Especially for the younger participants, it was a holistic experience. Images of a soul mate, lovers who are meant to be, the "right ones" became intertwined with the idea of the spouse being chosen "for me" by God.

However, shared religiousness was connected to unrealistic expectations about restoring reciprocity in the relationship. Lack of and loss of shared faith separated couples. Mental illness was seen as the cause of the spouse's religious struggles. Because Christian communities were described as couple-centered, it was not easy to participate alone. Eventually, the interviewees started to see faith as dividing the couple into separate existential realities: the saved soul with hope and the lost soul with despair.

Sacrificing self or commitment to the relationship

Commitment to the relationship without reciprocity was an important crossroads. The spouses faced the question what to sacrifice: myself or the relationship. Sense of meaning in self-sacrifice was found especially by the younger spouses with strong religious conviction. It is well-established that Christianity is connected to commitment by emphasizing the value of sacrificing for sacred marriage. However, for many, sacrifices without reciprocity were exhausting and resulted in bitterness: leaving the relationship became a relevant option. An unexpected finding was that the interviewees justified these thoughts by the Christian tradition, by God who cared about their individual wellbeing and happiness. This reflects the negotiation of traditional, Christian family values with the individualist ethos.

Many participants expressed confusion about whether their spouse's mental illness was part of his/her "true self". Especially, the thought about leaving the spouse *because of the illness*, that was not the person's own fault, compli-

cated the meaning making process. One challenge in conducting this study concerned the question of how to properly speak about mental illness. I started this research process with referring to “the mentally ill” and “mentally ill people”. But I soon received feedback that people are not the same as their illnesses. I started to refer to “people living with mental illness.” Soon, I received feedback that “living with mental illness” messages hopelessness and excludes the perspective of recovery. I started to refer to “people experiencing mental illness.” Soon, I came to conclusion that “experiencing” sounds too light in very severe cases. As a result, I ended up with more neutral “people with mental illness”. This conceptual journey reflects a cultural confusion about the relationship between a person’s mental illness, and his/her “true self”.

Existential space with an escape

The title of my study is: Existential space with an escape (Ojalammii, 2021). Existential space refers to living in uncertainty and unpredictability, with a worldview that includes significant instability. At the first couple of years of my research process, I struggled with a core issue: in my view, the data did not provide enough support for the kind of stable meanings suggested by my theoretical framework. This dissonance turned out to be the study’s main result.

For the spouses of people with mental illness, the threat to worldview was continuous. This was because their partners’ mental illnesses had a chronic nature: there were good times, but unexpected changes might happen at any time. This is why worldview and meaning making were not separate; instead, they overlapped. This instability, or better said: flexibility, was the most important element that contributed to the flexible regulation of personal boundaries and coping with unpredictability.

The overlap between worldview and meaning making contributed to sense of meaning in life. But: when there was a lack of reciprocity, in the long term, it triggered a search for meaning in life “for me.” This refers to a search for escape from the relationship, for example by leaving it. Especially for the religious participants, expectations of shared religiousness and the ideal of sacrificing led to the experience of being trapped in the relationship.

How do these findings contribute to meaning making research? They suggest that in chronic stress, meaning making process has unique dynamics

compared to processes triggered by a more defined stressful event. This result is important as it provides a new perspective on the definitional challenges currently debated in meaning research.

I started with soul mates and asked what happens to soul mates when the other catches a sickness of the soul? Without the experience of reciprocity, the connection between soulmates is lost. However, the connection does not depend on the couple alone. This study highlights the importance of arenas where spouses can participate together: mental health care, family counseling, and religious communities. It also provides new knowledge for making these arenas more inclusive both for people with mental illness and their spouses.

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