

MARRIAGE AND MENTAL HEALTH



About the Speaker

Dr. Saras Bhaskar is a senior Counselling Psychologist and Corporate Consultant with over three decades of professional experience in psychological well-being, relationship dynamics, and workplace mental health. Her work is grounded in the biopsychosocial model and integrates traditional and contemporary therapeutic approaches. She has consulted with numerous national and international organizations and is widely recognized for her contributions to counselling practice, corporate mental health training, and professional psychology networks.



Dr. Saras Bhaskar

Seminar Overview

The seminar examined the complex relationship between marriage, interpersonal relationships, and mental health. Dr. Saras Bhaskar approached the topic by broadening the frame beyond marriage alone and situating it within intrapersonal and interpersonal functioning. The session emphasized that mental health significantly influences how individuals relate to themselves and others, and that relationship structures, including marriage, can both support and strain psychological well-being.

The discussion covered stigma, disclosure, partner expectations, caregiver burden, treatment adherence, trust, communication, and psychological self-care within intimate and family relationships.

Understanding Mental Health in Personal and Relational Contexts

The speaker emphasized that every human psyche is unique and that individuals respond differently to emotional stress, treatment, and life events. Mental health exists on a continuum. Everyday anxiety, sadness, fear, and anger fall within manageable psychological experiences when they remain under personal control. In contrast, chronic mental illness involves loss of functional control, social withdrawal, disturbed behaviour, and impaired reality testing.

Both hereditary vulnerability and environmental influences including childhood neglect, trauma, and abuse, contribute to mental health outcomes. The mind–body connection was highlighted, with reference to neurochemicals such as serotonin, dopamine, oxytocin, and stress hormones that

influence emotional regulation and relational behaviour.

Marriage in the Indian Social Context

Marriage was described as not merely a union of two individuals but traditionally a union of families within Indian culture. However, generational shifts are moving the model from collectivistic to more individual-centred relationship choices. This transition creates friction between expectations of family involvement and the need for personal boundaries.

Common cultural myths were addressed, including the belief that marriage automatically improves responsibility, stabilizes behaviour, or resolves psychological problems. The speaker clarified that there is no scientific evidence that marriage itself cures mental health conditions.

Family over-involvement, unsolicited advice, boundary violations, and reliance on non-professional interventions such as faith healers and astrologers were identified as complicating factors in mental health management within marriages.

Disclosure of Mental Illness: When and How

A major theme of the seminar was disclosure of mental health conditions in professional and relational settings.

In workplace contexts, disclosure is not mandatory when the individual is stable, functioning well, and under treatment. However, the misuse of mental health as an excuse for poor performance can damage credibility. Decisions about disclosure should consider role demands, functional capacity, and necessity.

In intimate relationships and marriage contexts, disclosure was strongly encouraged. Trust was identified as foundational to relationship stability. Non-disclosure especially in arranged marriages

can lead to betrayal, distress, and relational breakdown when symptoms emerge later.

Disclosure should follow thoughtful timing and method gradually building comfort, providing context, explaining treatment status, and allowing space for the partner's response. The speaker stressed the importance of the "five Ws and one H" who to tell, what to tell, why, when, where, and how.

Mental Health Episodes Within Relationships

Participants discussed how to handle emotional or psychiatric episodes in work and relationship settings. Practical strategies included:

- Taking short breaks during emotional overload
- Using prescribed emergency medication when needed
- Informing trusted persons
- Using physical or relaxation techniques when feasible
- Seeking medical follow-up promptly

Partners should be informed when episodes occur, and temporary space or recovery time should be negotiated openly. Some partners may choose to stay and support; others may not be able to cope and both outcomes must be accepted realistically.

Impact of Mental Illness on Marital Functioning

Mental health conditions can affect marital obligations such as emotional availability, mutual care, intimacy, and role performance. Behavioural disruption, emotional instability, and misperception can strain trust and communication.

Medication side effects including changes in libido, energy, or emotional responsiveness can also affect

marital adjustment and must be addressed jointly by mental health professionals and couples.

Low self-esteem, suspiciousness, dependency patterns, and personality traits can intensify relational stress. Misinterpretation and imagination were identified as two major causes of relational breakdown when not therapeutically addressed.

Caregiver and Family Dynamics

Caregivers often experience high emotional burden and require psychological support themselves. Therapy is frequently needed for families to understand illness patterns, avoid enabling behaviour, and set healthy boundaries.

Overprotection can create dependency, while manipulation by the unwell partner can create relational imbalance. Family psychoeducation, structured communication, and shared treatment planning improve outcomes.

The speaker emphasized that therapy is sometimes more urgently needed for caregivers than for the patient, especially in chronic psychiatric conditions.

Treatment, Therapy, and Complementary Practices

Psychiatric medication and psychotherapy were described as complementary rather than opposing approaches. Medication myths such as becoming “zombie-like” were challenged. Proper prescription considers gender, body composition, medical history, and monitoring requirements.

In cases where medication is limited by medical factors, structured practices such as breath regulation, yoga, and body-based regulation techniques can support emotional stabilization until therapy becomes effective.

Psychological Self-Care and Relationship Stability

Psychological fitness was described as the balanced functioning of cognition, emotion, and behaviour. Individuals must learn to depersonalize criticism, compartmentalize roles, and regulate emotional responses.

Psychological hygiene regularly clearing emotional overload, processing negative experiences, and releasing harmful rumination was emphasized as essential. Mental overload, like computer overload, leads to system breakdown.

Self-care practices like sleep regulation, nutrition, exercise, emotional processing, and professional support enable individuals to sustain both personal mental health and relationship quality.

Conclusion

The seminar highlighted that marriage and mental health are deeply interconnected through trust, disclosure, boundaries, communication, and treatment adherence. Mental illness does not automatically prevent successful relationships, but secrecy, stigma, and mismanagement can severely damage them.

Healthy relationships require informed choice, honest communication, professional support, and psychological self-care. With awareness, transparency, and collaborative intervention, individuals and couples can build stable and compassionate relational systems despite mental health challenges.

Question and Answer Session

During the interactive segment of the seminar, participants raised practical and sensitive concerns regarding disclosure, treatment adherence, and managing relationships when one or both partners experience mental health challenges. The following are key themes addressed by Dr. Saras Bhaskar.

1. Managing a Partner Who Lacks Illness Insight

Question:

A participant shared that both he and his wife experience mental health challenges. While he adheres to treatment, his wife does not acknowledge her condition and refuses medication. He reported that she sometimes becomes irritable or aggressive over minor issues. He sought guidance on how to encourage treatment compliance.

Response:

Dr. Bhaskar explained that when an individual lacks awareness or insight into their condition, direct confrontation about illness may not be effective. In such cases, persuasion may need to be gentle and indirect.

Given the couple's advanced age (both being in their late sixties and seventies), she suggested framing medication not as psychiatric treatment but as a general health supplement. For instance, presenting it as a "vitamin" or nutritional support, similar to calcium or iron tablets commonly recommended in older adulthood, may reduce resistance.

She emphasized that at an advanced age, health-related interventions are routine and widely accepted. Therefore, positioning medication as supportive for physical well-being rather than labeling it as psychiatric treatment may improve adherence. The goal is not deception, but reducing stigma-related resistance while ensuring safety and stability.

2. Fear of Disclosure: The Impact of Diagnostic Labels

Question:

A participant expressed concern about disclosing a diagnosis such as schizophrenia in a developing relationship. The fear was that the label itself might frighten or overwhelm the prospective partner.

Response:

Dr. Bhaskar acknowledged that certain psychiatric diagnoses carry significant social stigma and may evoke fear due to misunderstanding. She emphasized that disclosure is not merely about *what* is communicated, but *how* it is communicated.

Rather than beginning with a diagnostic label, individuals may initially introduce the subject by stating that they have experienced certain psychological disturbances for which they are undergoing treatment. Emphasis can be placed on stability, regular psychiatric supervision, and medication adherence.

Sub-Question: Should the Diagnostic Name Be Mentioned at All?

The participant further clarified that the word "schizophrenia" itself feels frightening, leading to hesitation about whether to disclose the exact diagnosis.

Response:

Dr. Bhaskar advised that disclosure can occur progressively. As trust and emotional comfort develop within the relationship, more specific information may be shared.

She reinforced that individuals respond differently. Some partners may react with fear, while others may respond with empathy and commitment. She illustrated this with an example of a partner who chose to remain supportive when his spouse developed a psychiatric condition after marriage, comparing it to physical illnesses such as diabetes or cancer. His position was that if one would not abandon a partner for physical illness, psychological illness should not be treated differently.

Dr. Bhaskar concluded that open dialogue and normalization reduce fear. Stigma diminishes when mental illness is discussed transparently and contextualized within treatment, stability, and responsible self-management.

Prepared by:

Tanishka Waikar & Diya Menon

Interns at Eklavya Foundation for Mental Health

Students of Symbiosis Institute of Health Sciences, Pune.