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Psychosocial Experience of Spouses Consulting for Conjugopathy in Abidjan (Cote d'Ivoire)

Silvie Ettié Kouassi[1*], Paulin Koffi Konan[2], Françoise Sienyeledjama Soro[2], Barry Naba Touré[3]

[1]Child Guidance Center, National Institute of Public Health, Abidjan, Ivory Coast
[2]Addictology and Mental Hygiene Department, National Institute of Public Health, Abidjan, Ivory Coast
[3]Specialty School, National Institute for the Training of Health Workers, Psychiatry Option, Abidjan, Ivory Coast
Email: *silvie.kassi@gmail.com, kk420408@gmail.com, sorofrançoise@yahoo.fr, nabatourebarry@gmail.com

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Abstract

The study examines conjugopathy, a persistent marital dysfunction affecting couples worldwide, with significant psychological, social, and health consequences. Unlike brief marital crises or domestic violence, conjugopathy involves recurrent, unresolved conflicts that negatively impact spouses, children, families, and society. Its causes include infidelity, jealousy, financial issues, intimacy problems, family interference, and unequal responsibilities. Epidemiological indicators such as high divorce rates and increasing demand for couple therapy suggest its widespread prevalence, including in countries like France, Canada, and Ivory Coast. The research focuses on the psycho-social experiences of spouses seeking help for conjugopathy in Abidjan, using attachment theory to understand relational patterns. A qualitative study was conducted from September 2-30, 2024, at the Addiction and Mental Hygiene Service of the National Institute of Public Health in Abidjan. Twenty married participants (16 women, 4 men) aged 23 - 48 were selected through purposive sampling. Data were collected via semi-structured interviews covering sociodemographic characteristics, marital history, conflict patterns, and psychosocial experiences. The key findings include: Most participants experienced frequent marital conflicts, with causes ranging from infidelity and child-rearing disagreements to money management and refusal of intimacy. Violence verbal, physical, sexual, and psychological, was reported by many respondents. Participants experienced strong negative emotions (sadness, shame, pain, fear, anger) and employed inappropriate coping mechanisms, such as seeking mediation from unqualified relatives, substance use, and suicidal behaviors. Women were disproportionately affected, likely due to cultural norms allowing emotional expression, while men often concealed suffering. Older couples and those with lower socioeconomic status faced higher risks of conjugopathy. The study highlights that conjugopathy significantly undermines mental and physical

health and suggests that tailored support and interventions for affected couples in Abidjan are urgently needed. Limitations include a small, clinical-based sample rather than a population-wide study.

Keywords

Psychosocial Experience, Spouse, Conjugopathy, Consultation, Abidjan

1. Introduction

Conjugopathy is a significant socio-health problem worldwide, due to its major health and psychosocial implications. It refers to a dysfunction of the marital dyad [1], recurrent and persistent difficulties in the interactions between partners in the couple, for which couple therapy appears to be a standard treatment [2]. It manifests itself in many forms and spares no society, even those considered advanced. Any couple can be exposed to it [3], with a higher risk for long-term couples [4]. It should be distinguished from a marital crisis, which is brief and experienced by almost all couples at some point in their relationship [5]. It should also be distinguished from domestic violence, even though it can lead to it [6].

It has been shown that conflicts are an integral part of social life and are not necessarily a bad thing, in that they can appear as opportunities for growth [7]. As such, conflicts are also inevitable in married life [8] [9], where they are even described as beneficial [10]. Marital conflicts exist and manifest themselves in diverse ways throughout the world [11]. However, when they become serious, recurrent, unresolved and a source of significant suffering, they deserve special attention.

Despite the reality of conjugopathy, it is not easy to determine its exact prevalence. However, epidemiological indicators such as the divorce rate, domestic violence, infidelity, the rate of dissatisfaction in the couple, marital distress and the ever-increasing demand for couple's therapy, point to its high prevalence in contemporary society [7]. Some regional estimates are sometimes reported. For example, in France, a survey by the National Institute of Statistics and Economic Sciences on living conditions conducted in 2014-2015 revealed that 1 out of 10 adults, and by gender, 12.7% of women versus 10.5% of men aged 18 to 75, were affected [12].

Similarly, in Canada, a survey conducted in 2020 showed that 30% of married or common-law adults had experienced major marital conflict in the 12 months preceding the survey, and that divorce rates continued to rise, reaching nearly 40% in recent decades [13].

Ivory Coast, a Sub-Saharan African country, is also affected. Despite the lack of national statistics, it can still be argued that conjugopathy is a worrying reality, considering the scale of the divorce rate alone, estimated at 40.7% in June 2022, by the civil registry's statistical yearbook.

The sources of conflict within couples are countless. Among the common sources are frustrations and disappointments, jealousy, incompatibilities of taste, the more or less intrusive (friendly or hostile) presence of family circles, the vagaries of the spouses' professional situations and the influence of children [14], unmet expectations, intimacy, financial difficulties, inequalities of power and equity, and family and domestic responsibilities [15].

Similarly, conjugopathy has significant repercussions not only on spouses [8], more so on women than men [12], and the marital relationship [16] [17]; but also, and above all, on children [18] [19], on the family, and on society as a whole. Indeed, if being in a couple is a determinant of the partners' well-being [20], then dysfunctions within the couple will systematically lead to a decline in the partners' mental and physical health [16].

Despite the existence of family and community support networks, state structures, and private practices working in the prevention and treatment of couple-related pathologies, marital dysfunction persists and is now the subject of an increasing demand for consultations in mental health services. However, it is very poorly documented in social science research, even though the issue of couples concerns virtually everyone from a certain age, regardless of their sex, sexual orientation, or social status [14]. The few existing studies have not sufficiently explored the psychosocial experiences of spouses, particularly in the social context of Abidjan. This concern forms the basis of the present study, which aims to answer the following question:

What is the psychosocial experience of spouses seeking help for conjugopathy in Abidjan?

This study is grounded in attachment theory [21], which is based on the premise that the quality of the attachment relationship built since childhood influences the quality of all future social relationships.

It rests on the general hypothesis that conjugopathy affects the psychosocial experience of spouses seeking help in Abidjan.

The overall objective of this study is to examine the psychosocial experience of spouses seeking help for marital dysfunction in Abidjan. Specifically, it aims to determine the bio-sociodemographic characteristics of these spouses, describe their marital history and the characteristics of their marital problems, and explore their feelings and coping mechanisms before their consultation in the Addictology and Mental Hygiene Department.

2. Methodology

2.1. Presentation of Variables

2.1.1. Independent Variable

The independent variable in this study is conjugopathy, which refers to a state of profound and persistent psychological distress stemming from relationship difficulties within the couple. It is characterized by at least one of the following manifestations: frequent and intense conflicts, poor communication; domestic violence

(physical, emotional or sexual); social and emotional isolation, withdrawal, or avoidance, and loss of interest in usual activities; persistent fatigue; eating disorders; signs of stress or anxiety; sleep disturbances and nightmares; and mental hyperactivity.

This variable is qualitative by nature and has two categories. The first category concerns the presence of conjugopathy, that is, the existence of at least one of the manifestations described above. The second category, on the other hand, relates to the absence of conjugopathy and refers to the absence of one of the manifestations described above.

2.1.2. Dependent Variable

The dependent variable is the psychosocial experience of the spouses and relates to their feelings about the conjugopathy and their reactions to face it. This variable is also qualitative by nature and has two categories. The first category, related to a negative psychosocial experience, reflects the presence of negative emotions and inappropriate reactions in the spouse.

The second category, related to a positive psychosocial experience, refers to the absence of negative emotions and inappropriate reactions in the spouse.

All these categories described above were assessed through a semi-structured interview.

2.2. Type, Framework and Period of the Study

This was a qualitative study carried out at the Addiction and Mental Hygiene Service of the National Institute of Public Health in Abidjan, during the care activities of the said service, in the period from September 02 to 30, 2024.

2.3. Presentation of the Study Sample

The study sample was constructed using a combination of purposive and stratified sampling to include important subgroups in the study and reduce bias. Patients consulting for conjugopathy at the Addiction and Mental Hygiene Service, who had been married for at least one year, and who had given their informed consent to participate in the study, were included.

They were not included in our study: spouses in common-law relationships, those married for less than one year, those with severe comorbid psychiatric disorders related to the marital dysfunction, and those who declined to participate.

The strata were based on sex, age, residence, socioeconomic level and the duration of union.

Based on these criteria, 20 spouses out of a total of 26 seen by the service during the study period were selected to constitute our study sample.

2.4. Data Collection Tool

Data collection for this study was conducted through an individual, semi-structured interview lasting approximately one hour, carried out by us with each participant. This interview was structured around three main points. The first point

focused on the bio-sociodemographic characteristics of the participants, using five items (sex, age, education level, occupation, and religion). The second point addressed their marital history and the characteristics of their conjugopathy, using eight items (type of union, duration of the union, number of dependent children, duration of conflicts, frequency of conflicts, reasons for occurrence, and associated violence). The third and final point centered on their psychosocial experience, using two items (their feelings and reactions to these feelings).

The objective was to examine the psychosocial experience of these spouses.

2.5. Data Analysis and Processing

The data collected were recorded with the consent of the respondents, transcribed, and subjected to thematic content analysis with extraction of the most significant fragments of their speech, using Epi Info version 7.2.4.0. Software.

3. Results

The results of the study are structured around three points. The first concerns the presentation of the bio-sociodemographic characteristics of the respondents, the second, their marital history and the characteristics of their marital pathology, and the third and last, their psychosocial experience.

3.1. Presentation of the Bio-Sociodemographic Characteristics of the Study Participants

These are listed in Table 1 below.

Table 1. Bio-sociodemographic characteristics of the study participants (n = 20).

Variables	Characteristics	Effective	Frequency (%)
Sex	Male	04	20
	Female	16	80
Age	23 - 29 years old	04	20
	30 - 39 years old	06	30
	40 - 48 years old	10	50
	Average age	-	37.9 years old
Level of study	Primary	08	40
	Secondary	06	30
	Superior	06	30
Occupation	Unemployed	04	20
	Public employees	08	40.00
	Private sector employees	04	20.00
	Liberal employment	04	20.00

Continued

Religion	Muslim	08	40.00
	Christian	12	60.00
Provenance	Abidjan	18	90.00
	Outside of Abidjan	02	10.00

Source: Field Survey 02-30 September 2024.

According to this table, there were 20 respondents, of both sexes, with a predominance of women (16/20). Their ages ranged from 23 to 48 years, with an average age of 37.9 years. Regarding their education level, all had attended school: 8 had completed primary school, 6 secondary school, and the remaining 6 had higher education. In terms of occupation, 4 were unemployed, 8 were public sector employees, 4 were private sector employees, and the last 4 were self-employed. Regarding religion, there were 8 Muslims and 12 Christians. 90% came from Abidjan, and 10% came from rural areas of the country.

3.2. Marital History and Characteristics of Conjugopathy among Respondents

Table 2 below will present these data.

Table 2. Marital history and characteristics of conjugopathy among respondents (n = 20).

Variables	Characteristics	Effective	Frequency (%)
Mode of union	Customary marriage	20	100
	Civil marriage	12	60.00
Duration of union	01 - 04 years	04	20.00
	05 - 09 years	04	20.00
	10 - 14 years	04	20.00
	15 years and older	08	40.00
Number of dependent children	01 - 06	16	80.00
	More than 06	04	20.00
Duration of conflicts	01 - 04 years	02	10.00
	05 - 09 years	06	30.00
	10 - 14 years	04	20.00
	15 years and older	08	40.00
Weekly frequency of conflicts	02 to 04 times	04	20.00
	05 to 06 times	06	30.00
	07 times	10	50.00

Continued

Reasons for conflicts	Infidelity	08	40.00
	Education of children	06	30.00
	Money management	04	20.00
	Refusal of intimacy	02	10.00
Associated violence	Verbal violence	20	100
	Physical violence	12	60.00
	Psychological violence	06	30.00
	Sexual violence	16	80.00

Source: Field Survey 02-30 September 2024.

According to this table, all respondents had celebrated a customary marriage, with 12 of them also having a civil marriage. Regarding the duration of their union, 04 had been married for between two and four years, 04 for between five and nine years, 04 for between ten and fourteen years, and the remaining 08 for fifteen years or more. As for the weekly frequency of their conflicts, 04 experienced them two to four times, 06, five to six times, and the remaining 06, seven times. The reasons for the conflicts were infidelity, child-rearing, money management, and a lack of intimacy, reported by 08, 06, 04 and 02 respondents respectively.

The violences associated with them were verbal, physical, sexual and psychological in 20, 12, 06 and 16 respectively and a single spouse could exhibit at least two different forms of violence as reported in the following testimony: "for several months my husband has removed his wedding ring, hardly speaks to me except to insult me, receives calls from women at late hours, no longer eats my food and sometimes beats me" (B.A., 34-year-old woman).

3.3. Psychosocial Experience of the Spouses Surveyed

The data relating to this point are recorded in Table 3 below.

Table 3. Respondents' feelings (n = 20).

Feeling	Effective	Frequency (%)
Sadness	20	100
Shame	16	80.00
Pain	16	80.00
Fear	12	60.00
Anger	02	10.00

Source: Field Survey 02-30 September 2024.

This table indicates that the feelings reported by the respondents, in order of

increasing intensity, were: sadness in all 20, shame in 16, pain in another 16, fear in 12, particularly among spouses who were victims of physical violence, and anger in the last 02, as evidenced by the following testimonies:

"*My husband cheated on me and had a child that he supported for more than 10 years without informing me. When I found it out, it was a real shock. But he didn't stop there, and did it again with a second child. I feel deeply betrayed and incompetent as a wife*" (T.S., 42-year-old woman).

"*I feel pain mixed with anger with the fact that my wife is a spendthrift and mistreats my children*" (M.K.R., 46-year-old man).

The respondents' reactions to their feelings are recorded in Table 4 below.

Table 4. Respondents' reactions to their feelings (n = 20).

Feeling	Effective	Frequency (%)
Search for mediation	20	100
Taking medication	06	30.00
Taking alcohol	04	20.00
Suicidal ideation	06	30.00
Suicide attempt	04	80.00

Source: Field Survey 02-30 September 2024.

According to Table 4, the reactions of the spouses to their negative feelings, before their consultation at the Addiction and Mental Hygiene Service, had initially consisted, for all of them, in seeking mediation from relatives such as wedding witnesses, parents in-laws, friends and religious guides; then to the use of substances such as medication in 06 and alcohol in 04; and finally to suicidal behavior in half divided into suicidal ideation in 06, and suicide attempts in the other 04.

4. Discussion

The objective of this study is to examine the psychosocial experience of spouses seeking help for conjugopathy in Abidjan. To this end, we focused on presenting the bio-sociodemographic characteristics of their marital dysfunction and examining their psychosocial experience. The results of our study indicate a negative psychosocial experience characterized by strong negative emotions such as sadness, shame, pain, fear, and anger, on the one hand, and inappropriate coping mechanisms such as seeking mediation from unqualified relatives; using medication and alcohol; and engaging in suicidal thoughts and attempts to face it on the other hand. Drawing on Bowlby's attachment theory [21], we can explain these results by the stability of the attachment relationship and its impact on adults' relational lives, particularly marital relationships. Indeed, marital relationships inevitably give rise to conflicts, the resolution of which is contingent upon a high-quality attachment. Even couples who appear very close are not exempt from conflict due

to the biological and cultural differences between the partners. Without a secure attachment style, the resolution of marital conflicts cannot be swift, and these conflicts will persist, become more complex, and evolve over time, depending on the individual characteristics of the spouses, potentially leading to marital dysfunction. Regarding gender for example, the overrepresentation of women in our study suggests that they appear more affected by these marital dysfunctions than men. In reality, they are more emotional and are also culturally permitted to express their suffering, even through tears, whereas men's upbringing allows them to mask theirs, to never cry in order to demonstrate their virility. As for the age of the spouses surveyed, it ranged from 23 to 48 years old, with half in the 40 - 48 age bracket. This age range often corresponds to a crucial period in married life, marked by increased family responsibilities combined with professional demands; this can exacerbate tensions within the couple. All the respondents had also attended school, but educational inequalities influenced their understanding and management of married life. Their professional activities, with the exception of the two who were unemployed, reflected a modest socioeconomic level. This low socioeconomic status can exacerbate marital conflicts due to the increased frustration and resulting insecurity. Regarding religion, 12 of the respondents were Christian, while 08 were Muslim. Although Christianity and Islam are two major religions that contribute to the formation and maintenance of couples, their religious affiliation did not prevent the emergence of marital conflicts, nor did it facilitate their resolution. Concerning the form of marriage, all respondents had entered into customary marriages, including those legally married. Indeed, customary marriage is the socially expected and valued form of union, demonstrating the weight and supremacy of custom over modern law in the economic capital. The duration of the marriage of the spouses surveyed, which ranged from 1 to 15 years or more, also showed that conjugopathy can affect both young and older couples, but with a higher frequency among older couples. As for the reasons for conflicts within the couple, these were varied and, in order of increasing frequency, were infidelity, child-rearing, money management, and refusal intimacy. All of these reasons had a strong impact on the relationship dynamics within the couple, as they signaled a breakdown of trust between spouses.

Our results corroborate those of numerous previous studies, indicating that conflict management style within couples is closely linked to early interactions [22] and that perpetrators of domestic violence have an insecure attachment style [23].

Our results also corroborate those of previous studies which reveal that all couples can be affected by conjugopathy, with a higher risk for older couples [4]; that the sources of tension in the couple are countless and that the most common concern frustrations and disappointments, jealousy, incompatibilities of tastes, the more or less intrusive friendly or hostile presence of family circles, the vagaries of the professional situation of the spouses and the influence of children[14], unmet expectations, intimacy, financial difficulties, inequalities of power and equity, family and domestic responsibilities [15].

Our results are also similar to those of previous studies reporting that women are generally more affected by conjugopathy than men, with higher levels of emotional distress and associated psychosomatic disorders, leading them to report abuse or aggression [12]; or to seek support or mental health services more frequently [24]; and that couples are seeking help at increasingly younger ages and earlier in their relationship [24]. In contrast, men, unlike women, often tend to minimize or conceal their suffering for fear of appearing vulnerable.

Our results are also similar to those of previous studies which show that conjugopathy leads to a decline in the mental and physical health of spouses [16] and suicidal behaviors [25].

However, the study has limitations that warrant attention. Indeed, the small sample size and the qualitative approach used limit the generalizability of our findings. Similarly, the selection of participants from a clinical population rather than the general population, along with the cultural variability of marital dynamics, necessitates a cautious interpretation of our results. Therefore, we suggest future research with larger, more representative samples and a longitudinal approach that considers the cultural context to strengthen the data and inform future interventions. A study on the impact of these interventions on the spouses would be essential. We also suggest that, within mental health services, the skills of caregivers in couple's therapy be strengthened, and that some specialize in it. With regard to policies, it would be beneficial to reduce the costs of consultations for spouses in distress, and to bring healthcare services closer to couples residing in other urban and rural areas of the country by staffing the health centers located there with qualified caregivers. Finally, we suggest community awareness campaigns on conjugopathy, its manifestations and its psychosocial consequences, organized within communities and involving community, religious, and social leaders.

5. Conclusions

Conjugopathy is a worrying reality in contemporary couples. It therefore seemed appropriate to address this issue through a research question concerning the psychosocial experiences of affected spouses seeking help in Abidjan. To study the psychosocial experiences of these spouses, this qualitative study was conducted. It took place between September 2nd and 30 th, 2024, with 20 spouses selected through purposive sampling at the Addiction and Mental Health Service of the National Institute of Public Health in Abidjan. These individuals were submitted to a semi-structured interview. The results indicate that the respondents were of both sexes, with a female predominance (16/20), aged 23 to 48 years, and had a low socioeconomic status. The duration of their unions ranged from 1 to 15 years. Their psychosocial experience was negative, marked by unpleasant emotions to which they had developed inappropriate reactions. However, the small sample size, the qualitative approach used, and the fact that the study was conducted in a clinical population rather than the general population constitute significant limitations. Therefore, we suggest conducting further studies with larger samples to generalize

the results.

We also suggest that, within mental health services, the skills of caregivers in couple's therapy be strengthened, and that some specialize in it. With regard to policies, it would be beneficial to reduce the costs of consultations for spouses in distress, and to bring healthcare services closer to couples residing in other urban and rural areas of the country by staffing the health centers located there with qualified caregivers. Finally, we suggest community awareness campaigns on conjugopathy, its manifestations and its psychosocial consequences, organized within communities and involving community, religious, and social leaders.

Consent to Publish

All authors have given their consent to publish this article in this Journal.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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