



## Influence of Submissiveness on Mental Health among Married Couples

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### Abstract

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For every individual it is important to behave, act and think in a way that would help maintain their relationships. It is strange to see how people may go extreme boundaries to maintain their relationships but what they do forget is about themselves. This study focuses on the influence of submissiveness on mental health among married couples. The participants consisted of 300 individuals. The data were collected using the instruments, SB Inventory and Mental Health Scale. The results revealed that submissiveness was more among females than the males and more among non-working than working individuals. The results of the study conclude that submissiveness negatively affects the individual's mental health among the married couples.

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Submissive behaviour means shying away from saying what he/she really mean and not seeking to achieve his/her needs, particularly when someone else has conflicting needs (Deluty, 1985) Submissive behaviours may be viewed as non-hostile, non-coercive behaviour characterized by considering the power, authority, or feelings of others, while denying or not standing up for one's own feelings and beliefs (Deluty, 1985). Likewise, a submissive person is a shrinking violet who avoids upsetting others either because of fear or of compassion. When things go wrong, submissive people assume that they are to blame in some way and accept guilt when singled out by others. The submissive person will typically suppress their feelings and repress memories of being dominated, particularly early triggers that led them to their submissive state (e.g. to see self as inferior to others, thinking that others look down on the self, and tendencies to behave submissively) (Gilbert, Cheung, Grandfield, Campey, & Irons, 2003). This person may also cope with disappointment of not getting what they want by trivializing. The result of submissive behaviour is getting little of what he/she want whilst losing the respect of other people. These individual is likely to fall into a spiral of failing self-esteem, internal anger, and psychopathological problems (Allan & Gilbert, 1997; Gilbert & Allan, 1994). The core assumption of submissive behaviour is that an individual is inferior to another in some way and hence that other people have greater rights and more valid truths than he/she (Gilbert & Allan, 1994).

The origins of submissive behaviours can be traced back to the reptiles and all social animals are capable of expressing them, including humans. Submissive behaviours evolved as fundamental social behaviours that facilitated control over aggression and social cohesion. As MacLean (1990) pointed out, ethologists have made it popularly known that a passive response to an aggressive display may make it possible under most circumstances to avoid unnecessary, and sometimes mortal, conflict. Hence, it could be argued that the submissive display is the most important of all displays because without it numerous individuals might not survive (Slovan & Gilbert, 2009).

In general, defensive submissive strategies orient an individual to adopt certain behaviours that include primarily: a) vigilance to social threats (from social dominants), b) moderate or curtail approach to resources (eg. Sex or food), and c) avoidance of escalating conflicts into injurious fights by submitting quickly. The main varieties of social defensive



submissive strategies are: escape – remove self from the vicinity of the threat; ambivalent – remain sensitive and open to possibility of switching from one strategy (eg. flight) to another (eg. fight); arrested flight – when escape is not possible, demobilize, engage in cut off from the environment, attempt to hide and signal no threat to possible dominant; arrested fight – suppress aggression to higher ranks and avoid instigating or escalating attacks, however, may remain in aggressive states of mind; loss of control – demobilize, switch to passive coping strategies (attempting to hide); defeat – leave territory or situation, disengage and signal no threat to possible dominants; enclosed avoidance – keep distance from, but remain aware of, source of threat. Varieties of submissive strategies that involve affiliative elements include : reverted escape – return to dominant and calm himself or herself down by giving submission signals, elicit reassurance, allow tension to relax and attention to be directed to other things apart from avoiding attacks from dominant; infantile – signal no threat and elicit help and support from others, reduce risks of fighting and openly contesting; and affiliative – no need to signal any kind of weakness or inability, but can signal strength and ability that is put at the disposal of other (Sloman & Gilbert, 2009).

### **Mental Health**

People who are emotionally healthy are in control of their emotions and their behaviour. They are able to handle life's challenges, build strong relationships, and recover from setbacks. But just as it requires effort to build or maintain physical health, so it is with mental and emotional health. Improving one's emotional health can be a rewarding experience, benefiting all aspects of one's life, including boosting the mood, building resilience, and adding to overall enjoyment of life. Good mental health isn't just the absence of mental health problems. Being mentally or emotionally healthy is much more than being free of depression, anxiety, or other psychological issues. Rather than the absence of mental illness, mental and emotional health refers to the presence of positive characteristics. Similarly, not feeling bad is not the same as feeling good. While some people may not have negative feelings, they still need to do things that make them feel positive in order to achieve mental and emotional health (Smith, Segal, & Segal, 2013). The world health organization (WHO) published a definition in 1946 that was intended to have universal application. This definition stated that health is: 'the state of complete physical, social and spiritual well-being, not simply the absence of illness' (Marks, Murray, Evans, Willig, Woodall, & Sykes, 2005).

*Mental Health could be described as follows:*

Attitudes towards the self: (a) Adequate self-awareness. (b) Accurate self-concept. (c) Self-acceptance, and (d) a positive globally caring view of the self; Growth, development and self-actualization: (a) the ability to accept challenges and tension in the present in the interest of future goals and (b) investment in living or an extension of the self through involvement in different pursuits, a concern for other people, and a desire to help others and be of service; An integrated personality: (a) Desires, impulses, and needs are balanced with rationality, responsibility, and social concerns: (b) a unifying philosophy of life or a sense of meaning and purpose is present (e) the person exhibits anxiety tolerance, frustration tolerance, and the ability to delay gratification; Autonomy: (a) Regulation of behaviour from within and (b ) independent behaviour. This element speaks of the ability to act independently of environmental reassures; Perception of reality: (a) The ability to see self and others without one's own needs distorting perception of other people or situations (b) empathy and social sensitivity; Environmental mastery: (a) The ability to love, (b) ability to work and play, (c) good interpersonal relations, (d) ability to meet the demands of situations with a sense of mastery and self-efficacy, (e) ability to balance efforts to change the external world with efforts to change one's own psychological world, (f) ability to use adequate problem-solving strategies (Diener, 2011).

In today's world, everyone is looking to gain the upper hand on one another and they are willing to do anything to be able to do this. Some people will go all out while feeling no remorse to what they have done, or will do in the future. On the other hand, there are people who are the complete opposite of these people. They tend to be rather submissive and let people walk all over them (Sanchez, 2013). One of the main reasons people are submissive is because they like to avoid conflicts at all costs. Another reason people are submissive is because they don't have a lot of self respect or esteem (White, 2013). Allowing violations of boundaries, denial of rights, and exploitation, coupled with an ignorance of their own needs, are all part of a pattern of avoiding conflict and gaining the approval of others. A reduced sense of "being alive," unsatisfactory relationships, low self-esteem, martyrdom, negativity, disappointment, hurt, not getting what one wants, and periodic outbursts of rage are characteristic consequences of submissiveness. This can definitely affect one's mental health though it may bring the marital relationship in the satisfactory terms (Gross, 2006). Being submissive may appear to lead to an easy life in the first instance but the cumulative effect can create problems in the long term (Davies, 2007).

Once a person understands the effects of the submissiveness, one can try to handle it and work on it. It's important that humans keep their relationships intact and at the same time it's also important that they are completely valuing and respecting themselves. This is where the relevance of the study comes in line. This study gives an initial assessment of the effects of submissiveness on the mental health in an individual's life which is quite relevant in the present condition.

### **Objective**

1. To find out the influence of submissiveness on mental health among married couples.

### **Hypotheses**

1. There will be significant relationship between submissiveness and mental health among the married couples.
2. There will be significant difference among the study variables based on sex, domicile and working & non-working individuals

### **Method**

#### **Participants**

The participants selected for this study was married couples of Kannur district, Kerala between the age group of 20 to 60 years. The sampling method used was random sampling. The total participants consisted of 300 individuals. The criteria included in the present study were that the couples should be married and should be living together. Both working and non-working wives had been included in this study. Number of children and occupation of the couples had been excluded.

#### **Instruments**

1. Submissiveness Behavior Inventory: This inventory was developed by Subramanian and Manikandan (2012). It was developed on the basis of theoretical framework. The Submissive Behavior Inventory is used to measure the submissive characteristics. There are 18 items in the inventory. The sum of each item in the scale yields total submissiveness score of the participants. Reliability of the test has been established by the method of Cronbach's alpha and the alpha co-efficient obtained was .79. Since the test is based on theoretical assumption, the scale can be said to have construct validity.
2. Mental Health Scale: The Mental Health Scale was developed by Gireeshan and SanandaRaj (1988). The subscales included are attitude towards self, self actualization,



integration, autonomy, perception of reality and environmental mastery. There are thus five sections. The split half reliability of the subscales is calculated by making use of Pearson rank order method and by using Spearman Brown formula. The split half reliability co-efficient of the subscales varied between .73 to .89. The MHS scale has been validated against another scale, measuring the same variable namely Mental Health Status Scale (Abraham & Prasanna, 1981) as an external criterion. The validity co-efficient of the MHS scale are positive and are greater than .7.

### Procedure

The data were collected from married couples from Kannur district between the age group of 20 to 60 years of age. A good rapport was established and the instructions were given to them. The instructions were also provided in the questionnaires provided to them. The questionnaires were given in the following order: Personal Data Schedule, SB Inventory and Mental Health Scale. They were explained about the purpose of the research. They were then allowed to clarify their doubts if any. They were also assured that the data being collected were used only for research purposes and that the information collected would be kept confidential. There were no time limits. The data were then used for further statistical analysis.

### Results and Discussions

The data, after collection needs to be processed and analysed in order to attain the findings. This is essential for a scientific study. Different methods of statistics used were to find out the differences and relationship between the submissiveness and mental health.

Table 1

*Mean, Sd, and 't' value of Submissiveness and Mental Health Status by Sex.*

Variables	Males (N = 150)		Females (N = 150)		t
	Mean	S.D	Mean	S.D	
Submissiveness	14.8400	10.91645	27.7000	15.22923	8.406**
Attitude towards Self	43.8200	5.22265	39.0267	5.07123	8.064**
Self - Actualization	44.2333	5.13236	38.6800	5.65011	8.910**
Integration	45.4533	5.44476	41.7800	5.87209	5.618**
Autonomy	45.2000	5.08584	40.7933	6.70500	6.413**
Perception Of Reality	44.6867	5.15027	40.8400	6.06019	5.924**
Environmental Mastery	45.5600	5.46063	41.7467	5.60942	5.966**
Total Mental Health	268.95	21.69259	242.87	25.51238	9.541**

\*\*p < 0.01

The above table shows the results of t test done to compare the study variables viz. Submissiveness, attitude towards self, self-actualization, integration, autonomy, perception of reality, environmental mastery and total mental health among the males and the females. Except for submissiveness, the mean scores of males were found to be greater than that of the females for all the other variables. This may be because of the divisions of power and the responsibilities set upon each sex that result to this predisposition. Women earn less money than men do, they tend to have jobs with less power and autonomy, and women are more responsive to problems of people in their social networks. These may be the reasons for women being more submissive than men. The t value obtained for submissiveness was found to be -

8.406; for attitude towards self, 8.064; for self-actualization, 8.910; for integration, 5.618; for autonomy, 6.413; for perception of reality, 5.924; for environmental mastery, 5.966; and for total mental health, 9.541. This indicates that the participants showed significant difference in all the study variables with respect to their gender. The findings is supported with a study conducted by Eaton (2011), between males and females based on submissiveness and the results stated that women are more likely to internalize emotions, which typically results in withdrawal, loneliness, submissive and depression. Men, on the other hand, are more likely to externalize emotions, which lead to aggressive, impulsive, coercive, dominant and noncompliant behaviour.

Table 2

*Comparison of the study variables on the basis of Domicile using t test*

Variables	Urban (N = 37)		Rural (N = 263)		t - Value
	Mean	S.D	Mean	S.D	
Submissiveness	16.7838	12.02575	21.9011	14.96324	1.991*
Attitude towards Self	41.7027	5.21145	41.3840	5.74198	.320
Self - Actualization	42.6757	6.76615	41.2852	5.95262	1.308
Integration	45.4324	5.32573	43.3612	5.99194	1.994*
Autonomy	44.4054	6.40078	42.7985	6.31559	1.447
Perception of Reality	44.2162	4.23697	42.5589	6.11557	1.594
Environmental Mastery	43.5946	5.98823	43.6616	5.83844	.065
Total Mental Health	262.03	24.34416	255.05	27.29681	1.474

\*p< .05

The above table shows the results of t test done to compare the study variables based on the domicile viz. rural and urban. From the table, the t values of submissiveness, attitude towards self, self-actualization, integration, autonomy, perception of reality, environmental mastery and total mental health were found to be 1.991, .320, 1.308, 1.994, 1.447, 1.594, 0.065 and 1.474 respectively. The mean difference was found to be significant at 0.05 level for submissiveness and integration. However, for all the other variables the mean difference was found to be not significant. Depending on the mean values, it can be seen that submissiveness was found to be more among the rural population while integration was found among the urban population.

Table 3

*Comparison of the study variables on the basis of Working and Non-Working Individuals using t test*

Variables	Working (N = 183)		Non-Working (N=117)		t - Value
	Mean	S.D	Mean	S.D	
Submissiveness	16.1093	11.64913	29.3419	15.40329	8.445**
Attitude towards Self	42.8634	5.42966	39.1709	5.31798	8.445**
Self - Actualization	43.1803	5.67191	38.7607	5.68217	6.578**
Integration	44.7923	5.58555	41.7778	6.04596	4.414**
Autonomy	44.7268	5.41789	40.2906	6.73521	6.282**
Perception of Reality	44.0055	5.35395	40.8205	6.29260	4.690**
Environmental Mastery	44.7377	5.45078	41.9573	6.06203	4.123**
Total Mental Health	264.31	23.51208	242.78	26.98087	7.298**

\*\*p< .01

The above table shows the results of t test done to compare the study variables among the working and non-working individuals. The t scores obtained for submissiveness, attitude towards self, self-actualization, integration, autonomy, perception of reality, environmental mastery and total mental health were found to be 8.445, 8.445, 6.578, 4.414, 6.282, 4.690, 4.123 and 7.298 respectively. These values were found to be significant at 0.01 level. This indicates that there is a significant difference among the study variables with respect to the working and non-working individuals. Moreover, except for submissiveness, the mean scores of all the other variables were found to be greater for working individuals than that of the non-working individuals. This means that submissiveness was found to be more among the non-working individuals and mental health more among working individuals. This result is supported by a study conducted by Mankani and Yenagi (2012) which showed that the working women had better mental health when compared to non-working women. Also that the demographic factors such as age, education, income and number of children had a positive and significant relationship with working women and family size had negative but significant relationship with mental health of the working women. However, this study did not support the results of sub variables of mental health obtained above, as there was no significant association between mental health dimensions of the working and non-working women in this study.

Table 4

*Regression Analysis with Total Mental Health as the dependent variable*

Variable	B	Standard Error	Beta	R	R <sup>2</sup>
Submissiveness	-1.494	0.062	-0.814	0.814	0.662
Constant	287.680				

From table 4, it can be seen that the B value for submissiveness is -1.494. This shows that there is an inverse relationship between total mental health and submissiveness. That is, a one unit increase in submissiveness will result in a 1.494 unit decrease in total mental health. The



strength of the relationship of each predictor variable to the criterion variable is indicated by Beta ( $\beta$ ); accordingly for a change in one standard deviation (SD) unit in submissiveness, there will be a corresponding 0.814 SD unit change in mental health. The R value of submissiveness was found to be 0.814. The R square value of submissiveness indicates that 66.2 percentage of variance in total mental health is exerted by submissiveness. On the basis of the B value obtained, the following regression equation was formulated:

$$Y = 287.680 + (-1.494) X; \text{ where } Y \text{ is the Total Mental Health and } X \text{ is submissiveness.}$$

Heitler (2013) reviewed in her article that interactions in which one partner takes a dominant and the other a one-down or submissive role are likely to trigger depression in the partner who feels the lesser power or victim role, i.e., the submissive one. She was convinced with the various therapeutic interventions that changing the dominant-submissive patterns to collaborative patterns eliminates depression from the relationship. This supports the negative relationship between the submissiveness and mental health among married couples.

Researchers Whisman, Uebelacker and Weinstock (2004) conducted a study to find out the importance of a person's mental health for maintaining a satisfying marriage and how either partner can influence the other's marital happiness. In a sample of 774 married couples the researchers assessed each partners' level of depression and anxiety with the MMPI-2 scale along with their marital satisfaction to find out if one partners' pathology was associated with his or her view of the relationship and/or the partner's view of the relationship. Specifically, the researchers examined how much each person's marital satisfaction was predicted by his or her own level of depression and anxiety and/or by his or her spouse's level of depression and anxiety. Results from the research show that each spouse's level of anxiety and depression predicted not only their own marital satisfaction but their spouse's as well. The more anxious and/or depressed either spouse was, the more dissatisfied he or she was with the marriage. The study gives a supporting and relevant evidence for the influence of mental health on the relationship factor of the married couples.

## Conclusion

In the present study, the researchers were able to explore and identify new knowledge relating to submissiveness and how this affects the mental health and its subcomponents. Along with this, the investigators were also able to find out the predictions of mental health by submissiveness and the percent of variation submissiveness exerts on mental health.

From the t test conducted, it has been found that submissiveness differs significantly on the basis of gender, domicile and working and non-working individuals. Submissiveness, attitude towards self, self-actualization, integration, autonomy, perception of reality, environmental mastery and total mental health, all differed significantly between males and females. Submissiveness was found more among females while all other variables were more among males. Submissiveness and integration differed significantly on the basis of domicile. Submissiveness was more among the rural while integration was more among the urban. Submissiveness, attitude towards self, self-actualization, integration, autonomy, perception of reality, environmental mastery and total mental health, all differed significantly between working and non-working individuals. Submissiveness was found more among non-working individuals while all others variables were more among working individuals.

The study can be concluded by stating that submissiveness has a strong inverse or negative relationship with mental health of the married couples. It was also found that submissiveness exerts strong variation on mental health. The whole study can be helpful for a mental health professional as he/she can work out on the problem areas of an individual more effectively by giving a special emphasis on bringing down the submissive behaviour of the person. This makes more sense because the findings of the study suggests that submissive behaviour has



strong influence on the mental health of an individual, a variable which lies within or inside of a person.

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