

# Introduction to Marital Pathology

## Social factors and marital pathology

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Marital breakdown is a widespread phenomenon, which has considerably accelerated in the past 20 years, and occurs in most countries with a Western culture. Students of this phenomenon have asserted that common factors must be operating in each country but are hesitant to state with any confidence what these factors are. The factors responsible can be separated into two groups; general or global; and specific.<sup>1</sup>

### General factors

The first factor is undoubtedly the changing status of women, and so of relationships between men and women. Women have been starting to work in large numbers thus becoming more economically independent of men. The husband is no longer the only source of economic support, and wives can opt out of an impossible marriage and still survive. This has also become easier because of reduction in family size, so that a mother can afford to look after her dependent children. This is not to say that the one-parent family does not face serious difficulties, but the economic climate is such that a woman is not compelled to stay in an untenable marriage. Furthermore, legislation has been passed to support her and her child economically in these circumstances.

A second factor is the gradual shift of marriage from an institution to a relationship.<sup>2</sup> By relationship is meant an equality of status and value and a diminution of fixed roles. The wife is not merely the childbearer and housekeeper, nor is the husband the main source of authority and provision. A deeper and wider exchange of feelings is possible.<sup>3</sup>

The changes in divorce laws, in Britain and abroad, make irretrievable breakdown the main basis for dissolution. This has indirectly underlined that society is accepting marriage primarily as a relationship, whose quality is most important, rather than a contract. Also, as material standards have improved, men and women are seeking more fulfilling personal relationships; their expectations of marriage have risen.

Another factor is increased longevity: some 20-25 years have been added to the expectation of life since the turn of the century.<sup>4</sup> Since marriages are occurring earlier<sup>5</sup> (a trend seen until very recently), marriage may last 50 years or more.<sup>1</sup> It has been calculated<sup>6</sup> that the average marriage lasted 28 years in 1911, and 42 in 1967. Some marriages now ending in divorce could have been terminated by death a few decades ago. Furthermore, this increased duration of marriage will not be buttressed by childbearing. Nowadays, the dramatic reduction of infant mortality<sup>7</sup> and the increased availability of birth control have combined to diminish family size. Even more importantly on average women have finished childbearing by the age of 26 or 27,<sup>8</sup> which has freed a good deal of time for working outside the home. No evidence exists that the working mother is a cause of marital disturbance, or that she has an adverse effect on the children. An

American study summarises the impact on marriage thus: "We find little reason to believe that employment outside the home either enhances or diminishes a marriage."<sup>9</sup> Similarly the evidence is unequivocal that the working mother is not a cause of emotional disorder of children, provided there is adequate substitute care.<sup>10 11</sup> Finally, a major factor is the non-judgmental attitude of society. It is no longer a social offence to be divorced.

### Specific factors

#### AGE AT MARRIAGE

Most studies have shown that there is a close relationship between age at marriage and marital breakdown. Marriages when the bride is under 20 are more vulnerable to divorce. This is a finding confirmed in both the USA and UK.<sup>12 13</sup> The much higher risk of divorce of young brides is increased still further if the groom is also under 20. There has, in general, been a reduction in the average age at marriage: in 1974 it was 22.7 years compared with 25.5 in 1931. Recently there has been a slight reversal of this trend.

#### PREMARITAL PREGNANCY

Couples who have conceived before marriage are more likely to divorce than those who conceive after. Also couples who conceive early after marriage are more likely to divorce than those who conceive late.<sup>14 15</sup>

#### YOUTHFUL MARRIAGE AND PREMARITAL PREGNANCY

Further evidence exists that a combination of youthful marriage and premarital pregnancy is particularly likely to lead to divorce.<sup>16 17</sup> From the mid-1950s the proportion of brides who were pregnant increased until, by 1967, 22% of all spinster brides (and 38% of those aged under 20) were pregnant.<sup>13</sup> But since 1967 there has been a sustained reduction in the number of brides pregnant at marriage. Birth control and abortion are important in this respect, and since evidence exists of low usage of contraception among young people,<sup>18 19</sup> abortion is the more important.

#### SOCIAL CLASS, INCOME, AND EDUCATION

In the United States there is a positive relationship between marital stability and socioeconomic status, and an inverse relationship exists between socioeconomic status and divorce.<sup>20 21</sup> In Britain the results are similar (but not identical).<sup>17 22</sup>

#### AGE, SOCIAL CLASS, MARRIAGE, AND PREMARITAL PREGNANCY

Teenage marriages are twice as common among semi-skilled and unskilled workers as among non-manual workers.<sup>23 24</sup> When youthful marriage is combined with early pregnancy or premarital pregnancy, the conditions are ripe for divorce. In one large study the mean

period between marriage and the birth of the first child was 1.7 years for teenage brides, but 2.4 years for older brides.<sup>25</sup> Furthermore, in another study two-thirds of those conceiving before marriage were teenagers; only a quarter of those not pregnant in the first year were teenagers.<sup>24</sup> The tendency for these mothers also to come from lower socioeconomic groups is shown in several studies.<sup>26-27</sup>

#### TEENAGE PREGNANCY, LOSS OF EARNINGS, AND HOUSING

Teenage mothers tend to marry husbands with poorly paid jobs, and the mother's pregnancy often forces her to give up her job. If the wives themselves belong to the lower socioeconomic group who lack occupational skills, then the financial disadvantage is compounded. This poverty makes it difficult to buy or rent a house, and compels many such couples (half in one study) to start married life with relatives,<sup>21</sup> which is well known to cause difficulties.<sup>28-29</sup>

Thus youthful marriages, which predominate in the lower socioeconomic groups, often start with a premarital or early pregnancy, and are particularly vulnerable. Why does this happen? Many young people of this socioeconomic group customarily marry young: this is the way that they attain adulthood and motherhood, with their challenges and achievements. For some the marriage is a forced consequence of pregnancy; clearly a good deal of counselling and preventive work can be done here. And finally, for some unhappy youngsters pregnancy or marriage is one way of leaving home and parents.<sup>29</sup>

#### PREMARITAL ACQUAINTANCE

Hasty marriages are risky propositions. This is understandable because such marriages lack enough acquaintance to ensure sufficient common ground for maintaining the relationship. A unique study of 738 elopements found a happy outcome in only half of the couples.<sup>30</sup>

#### ENGAGEMENT

A harmonious engagement could be expected to augur well for a marriage. A prospective study confirmed this expectation, and the authors claimed that their engagement success score was the only way available before marriage of predicting the marital outcome. Brief courtships of less than nine months, and stormy, tempestuous courtships are often a warning of an unhappy marriage. Broken engagement has been mentioned as a potential source of psychiatric disorder, but strong clinical evidence exists that repeated broken engagements suggest the presence of a personality disorder.

#### ATTITUDE OF THE FAMILY

Since the Family Law Reform Act allowed young people to marry at 18, approval by the family is not needed, elopements are a rarity, and young people either marry or live together without a formal ceremony. Nevertheless, the attitude of the parents remains important, and some evidence suggests that persistent opposition by parents to the marriage is associated with marital breakdown, although the mechanism is not clear.<sup>17</sup>

This is the third in a series of eleven papers and no reprints will be available from the author.

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#### *Is control of diabetics by urine testing in general practice preferable to control by random blood sugar testing?*

If the aim of diabetic control is to keep the blood sugar concentration in the normal range, as is the case with pregnant diabetics, then this can be done only by measuring the blood sugar frequently. If the aim is less exacting—for instance, for elderly, maturity-onset diabetics—then urine testing at sensible times is preferable, because of greater ease in performance, but the renal threshold for glucose must be known. In many older diabetics, especially those with some renal failure, glucose may not appear in the urine until the blood level is over about 17 mmol/l (300 mg/dl) and so in them tests for glycosuria are too insensitive to monitor good control. Many young diabetics have unusually low renal thresholds for glucose, especially when pregnant. Although in pregnancy self-monitoring of the blood sugar is preferable, non-pregnant renal glycosurics may learn to accept slight postprandial glycosuria as a suitable norm if they are to avoid trouble from hypoglycaemia. Measurements of the blood glucose concentration by the approximate methods dependent on glucose oxidase strips are quite unreliable at levels above about 22 mmol/l (400 mg/dl) and in any case must be performed by following the makers' instructions very closely. In most diabetics a compromise is made between the alternatives posed in the question and control is based mainly on urine tests, but supplemented at intervals by blood sugar measurements done at known times after food.

#### *Is there any scientific way to assess that aging in a patient exceeds his chronological age? Are there any reliable clinical signs?*

The short answer to this question is no. Various authorities have listed values that can be estimated at intervals to provide a test battery measuring the rate of aging in man. But in clinical work most of these are impracticable, as is indicated by the fact that the last authoritative paper published in Britain is ten years old.<sup>1</sup> In practice the clinical impression that a person is old for his years is mainly derived from his appearance, mobility, and mental state. A person who is mentally fully alert and mobile usually seems young, but one who thinks and moves slowly and who is forgetful immediately strikes an observer as old for his years. Many departments of geriatric medicine now use some simple mental scoring system to measure this and find it relevant, reliable, and helpful.<sup>2</sup> Younger people may seem older than their years before there is mental deterioration if their hair loses its pigment at an early age or if they develop arcus senilis.

<sup>1</sup> Comfort, A, *Lancet*, 1969, **2**, 1411.

<sup>2</sup> Irvine, R E, Bagnall, M K, and Smith, B J, *The Older Patient*, 3rd edn, London, Hodder and Stoughton, 1978.