Introduction to Marital Pathology

First phase of marriage

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Married life may be divided into phases with different tasks, responsibilities, roles, and goals; each phase has factors that induce major difficulties. One of the best known ways of dividing up married life is the Duvall eight-stage life cycle,¹ based on the age of the children: stage 1, no children; stage 2, the birth of the oldest to 30 months; stage 3, 30 months to 6 years; stage 4, families with schoolchildren, oldest child 6-13 years; stage 5, oldest child 13-20 years; stage 6, families largely young adults; stage 7, middle-aged parents (empty nest to retirement); stage 8, retirement to death of both spouses. A shorter classification has been proposed,² in which the cycle is divided into three phases, and each phase composed of five factors: social, physical, emotional, intellectual, and spiritual. Phase I lasts from the mean age at marriage—which in 1976 was 25.1 for men and 22.8 for women³—until 30. The maximum mean number of children for any group of women born this century is 2.4 and these are usually born by the time the woman is 30; hence this phase, which represents about the first five years of marriage, covers the years before and during the arrival of children. A second phase covers the years between 30 and 50, when the children are growing up and leaving home, and a third phase from 50 until the death of one spouse.

The life of an American woman is similar to that of a British woman. She marries at about 21, has her first baby about two years later, and her last child before she is 30. Her last child marries before she is 50, and she then has about 17 years with her husband before his death.¹ The husband reaches all these milestones two to three years later.

Social factors

The family tasks before the birth of children, which in the present decade is being postponed, are to set up a home and share the tasks of running it and to combine two working lives. Spouses have to detach themselves from their parents and focus on each other. All these apply to couples marrying in their 20s but special difficulties exist, described in the last paper, for those marrying in their teens.

SETTING UP HOME

Most couples wish to have their own home when they marry. This is more often achieved by the higher socioeconomic groups and those who marry after 20.⁴ Those who eventually divorce are more likely to share households, especially in these early years, and not to possess a home of their own.⁵ Without a home of their own, the couple lack

the privacy to concentrate on each other. Strife and conflict with others in shared arrangements strain the marriage unnecessarily. If the couple is sharing accommodation with relatives, then the wife does not feel free to learn by her mistakes. Frequent changes of home make it difficult for the couple to establish continuity. Making and breaking friends in the neighbourhood are also a source of stress.

FINANCE

Financing the home is usually a joint affair because wives often work before the birth of children. Women are now postponing child-bearing and remaining at work. At this stage financial problems are few, unless the husband is drinking excessively or is incompetent with managing money. On these occasions the wife has to take over the financial management, which she may resent. Women who are pregnant and out of work depend on their husband, and his incompetence is then a greater source of conflict.

HOUSEHOLD TASKS

An early requirement for the couple is to arrange who does what in the house. Traditional couples still exist where the husband is primarily the wage earner and gives minimal help in the house, whereas other couples share far more of the tasks. An agreement fair to both is essential. Problems arise when one or other spouse, usually the husband, after promising to help fails to do so and then blames his wife for being incompetent, or compares her unfavourably with his own mother.

RELATIONSHIPS

Withdrawal from the parents' influence, particularly of the mother, is important; the spouse must become the most important person. In-laws, particularly mothers-in-law, provide problems early in marriage.⁶ The principal difficulty is when both spouses, but sometimes only one, continue to ask their parents for advice and help with crucial decisions and bypass their spouse who naturally resents being ignored. A variation of this problem is when both spouses attempt to disentangle themselves from their parents but neither can give the necessary support to the other to displace the parents. Conflict, arguments, and jealousy may abound and so arouse feelings of guilt and ambivalence in the child when the parent refuses to withdraw. These conflicts may continue throughout the marriage. Difficulties may also arise from the refusal of parents to approve their son-in-law or daughter-in-law, thus depriving their own child of support.⁵

Spouses bring to their marriage their relatives and friends, who may or may not be appreciated by the spouse. A few friends are lifelong and have to be integrated; others are slowly abandoned. Spouses may be jealous of each other's best friends, particularly previous lovers. Sometimes a spouse may pester for information about how he or she compares, particularly sexually, with a previous lover. In desperation lies may be told and the truth lost. Usually the important friends are integrated without such jealousy but sometimes either spouse—usually the husband—insists on maintaining both the friends and the pattern of his bachelor days, neglecting and excluding his wife.

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LEISURE

A long courtship will have ensured some approximation of interests but these need not be identical. What is required, at all times but especially early in marriage, is time together. Some husbands refuse to entertain or go out with their wives. Some wives will go only to her relatives and friends. Different socioeconomic groups have different patterns of leisure, but some shared activity is important for all. The wife may also expect her husband to help practically in the home, particularly if he is skilled. A reluctant husband may show his objection by taking a long time to start a task and equally long to finish it. The wife's anger is greatly increased when she discovers that her reluctant husband is willing to do anything helpful for others at twice the speed he does it for her.

Physical factors

HEALTH

The early years of marriage, before the arrival of children, are a unique opportunity to get to know each other. Rarely poor health intrudes and leaves both spouses little time to get to know each other. Also rarely a couple may marry after meeting in a mental hospital or home for physically handicapped: the support they give to each other is crucial at this time of need. They marry at this stage only to discover later that they do not need each other or that their illness is incompatible with marriage.

SEXUAL

Sexual satisfaction is very important in these early years. Traditionally the husband has been considered to be the more sexually active, but the pattern may be changing, both spouses taking an active physical interest. It takes about a year for the couple to settle to a satisfactory sexual life. Workers in the US have reported that 82% of wives married for less than a year find their sexual life good or very good, and this figure increased to 88% when the wives could communicate fully with their spouse about their reactions and feelings.⁷ That still leaves 12-18% dissatisfied, which agrees closely with an English study which found that 12-21% of wives were initially sexually dissatisfied.⁸

Some of these difficulties disappear later, but it is in this phase that we find a combination of sexual problems such as non-consummation, premature ejaculation, and partial or complete primary impotence. The wife may respond with failure to enjoy her sexual life or she may develop her own specific problems: failure to enjoy or experience an orgasm, emotional difficulties, inability to relax associated with a high level of anxiety, fear of pregnancy, and, occasionally, complete disgust with sex. Wives may also complain of their husband's excessive sexual desire, and her husband may retaliate by grumbling about his wife's indifference. Wives commonly complain of their husband's failure at foreplay, which leaves them unprepared for coitus.

Sexual difficulties only rarely precipitate marital disruption; couples usually hope that matters will improve. Since, however, sexual satisfaction is an important part of marital happiness^{8, 7} a continuing absence of orgasm or pleasure will gradually erode the relationship.

Extramarital intercourse in these early years is not common but does occur for varied reasons. The stable extrovert with high libido, and the unstable introvert with low libido who has strong inhibitions, feelings of guilt, and difficulties in meeting people of the opposite sex, are both likely to have extramarital intercourse.⁹ Dissatisfaction with intramarital sex, a sense of frustrating dependence, and unresolved conflict all make extramarital intercourse more likely. The confessed or discovered act of adultery may lead to considerable marital upheaval and a complete breakdown early in the marriage. This is, of course, dependent on the frequency of adultery and the attitude of the other spouse. Reconciliation occurs if adultery occurs only once, or on occasions when the husband is away and cannot cope with the loneliness, or even when an early marriage has left an intense desire for further sexual exploration, which is understood by the spouse.

Emotional factors

The newly married couple have to become adjusted to physical and emotional intimacy. Emotional communication requires increasing

awareness, empathy, and ability to express and register affection. Common difficulties in early marriage are failure of communication and insufficient time spent together. These two problems, which may occur throughout a marriage, may introduce an ominous gap, which may progress to breakdown unless the couple can adapt to limited interaction. Patterns of sleeping and eating and the balance between privacy and togetherness must all be adjusted. One spouse may cling to the other who wants to be alone more often. The distribution of power and the resolution of conflict are emotionally important. Couples from lower socioeconomic groups still think that the husband should be the dominant partner but the wife should have a powerful say in running the home.¹⁰ The clear-cut expectations in such a relationship often prevents conflict erupting. Conflict may occur more often in more egalitarian relationships until the couple adapt. Unresolved conflict may lead to verbal aggression, and then rise to physical aggression.¹¹

Evidence exists that emotional satisfaction drops from the beginning of marriage¹² particularly after the arrival of children. This is supported by a study of a divorced population, in which half of the marital problems had emerged by the second anniversary⁵ and 37% of the divorced had separated by the 5th anniversary.

Intellectual factors

Assortative mating usually ensures considerable similarity in outlook and education. It is hurried marriages that may bring together a couple with widely different intellectual capacities and interests, but this combination does not often cause conflict. Literature portrays the marriage between beauty and intellect, the beautiful woman and the scholarly man—for example, *The Browning Version* (Terence Rattigan)—and this does happen, though the increasing education of women makes it less likely.

Spiritual factors

Marriages of mixed religions are more vulnerable.¹³ Conflict over contraception between Roman Catholics and partners of other denominations was a particular problem, but now that more Roman Catholics are willing to use contraceptives the problem is less important. Angry conflict may occur between materially motivated spouses and partners who place a higher value on life and people. Conflict may also occur between those who wish to save and the immediate spenders. Other economic or political conflicts are possible, but the greater the existing homogamy the less likely is serious conflict.

Children

The birth of the first child is one of the most important events in an early phase of marriage. The couple now become a triad; the wife has to learn to be a wife-mother; and the husband a husband-father. They have to rearrange their lives to cope with the needs of the child. They must balance the child's needs and their needs for intimacy. The parents have to allow the interest and co-operation of relatives—such as grandparents—and yet retain ultimate control of the child. They may have to accept a period of sexual abstinence. The wife often gives up work temporarily. She loses economic independence and contact with her colleagues leading to greater isolation. The husband now becomes the sole economic and principal emotional provider.

FATIGUE

A study in the US of 1296 mothers with infants under one year found that they spent half as much time again doing housework as mothers whose youngest child was a teenager.¹⁴ Ordinary experience suggests that fatigue is a problem for mothers with young children.¹⁵ Modern technology has helped, but fatigue may restrict the attention the husband receives, adversely affect sexual life, increase irritation and conflict, and reduce the time available for leisure.

DEPRESSION

Serious depression needing admission to hospital is rare.¹⁶ Transient maternal blues are common but the overwhelming majority recover.¹⁷ But a tenth of mothers develop a depressive illness a week or so after

they have given birth.¹⁸ These women remain depressed for longer periods, lacking energy, feeling irritable, hostile to their spouse, not interested in sex, and inadequate in coping with the baby. Recent work¹⁹ has shown that depression is much more likely in working class women who do not have an intimate person they can trust or confide in; are subject to a major stress, such as three or more children at home; are unemployed; and have lost their own mother when a child. Depression is a serious and common adverse factor in marital pathology, and needs urgent effective treatment. Evidence exists that the divorced do not have a higher incidence of postpartum depression but if they do have depression it lasts longer.⁵

CHILD BATTERING

A controlled investigation of 214 parents of battered babies showed that premarital pregnancy, illegitimacy, absence of the child's father, and marital disharmony are all precursors of baby battering.²⁰ These characteristics are more common in youthful marriages.

PHYSICAL HANDICAP

Does a mentally subnormal child affect the stability of a marriage?²¹ The evidence is variable; one study of families with a mongol baby found marital breakdown in a third of the families and in none of the controls.²² The divorce rate of parents of a child with spina bifida is about the same as that of the general population.²³ But if the child is premaritally conceived and survives the risk of divorce seems to be greater.²⁵ Clearly some increased risk exists, depending on circumstances, and the doctor should bear this in mind.

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

MATERIA NON MEDICA

Love me, love my accent

My professional life has taken me on my travels, but in 20 years of roaming I have not lost my accent, which fits me very comfortably and, to me, symbolises me-ness wherever I happen to be. I have what I suppose would be called an educated Glasgow accent, but until I was almost 30 I regarded myself as accentless since all my fellow-Glaswegians spoke much as I did. This illusion was dispelled when I lived in Edinburgh for several years, where I was repeatedly accused (I use the word deliberately) of having a "west coast accent." To the genteel inhabitants of the capital city that was tantamount to having halitosis, a drink problem, and a reputation for paedophilia all at once.

When I moved to Yorkshire I found my Scottish intonation made me an honorary blood brother to those who deprecated rule from t'South and who saw Scotland's persistent nationhood as an exemplar for their yearnings for some kind of independence. I basked a little in this, and for the first time discovered that my voice and my name had a degree of exoticism outside my native land that they certainly did not possess within it. Any tendency to capitalise on this was destroyed by two years spent in Birmingham, where I was usually regarded as Irish. Subsequently I lived in Liverpool for several years, where the Irish population recognised me as Scottish but nevertheless accepted me as Celtic kin. The Liverpool Welsh tended to be unforgiving because I could not speak Gaelic.

Wherever I lived in England one thing struck me very forcibly: a Scottish accent is classless and enables one to move in most areas of English society without hindrance or embarrassment. This has obviously been very advantageous, and since coming to Canada four years ago my accent has been equally helpful. Nowadays, Toronto is an extremely cosmopolitan society, where Portuguese or Cantonese overtones are just as likely to be heard as any British accent. However, many "old Torontonians" are exceedingly proud of their Scottish ancestry and here I am, newly-arrived from the Old Country. I speak like their nostalgically half-remembered grannies and great-uncles once did: my entrée to Canadian Society has had little to do with what I say, but rather how I say it.

But a strange thing has happened. Because I am not subject to the day-to-day linguistic influences of a Glasgow environment, my patois has gelled in the form which was current 20 years ago. When I go

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back home, my relatives and friends comment that my accent has changed: apart from acquiring a small vocabulary of non-Scottish terms, it hasn't, but theirs has. Their form of speech has moved on, leaving me as a living museum of the vernacular. My accent has done a lot of things for me, good and bad, but to realise that I am now embalmed in it takes quite a lot of getting used to.—ALISTAIR MUNRO (psychiatrist, Toronto).

Aspects of sport

Jogging and running still seem to be the "in thing" for fitness, even though tennis, cricket, and cycling have featured prominently in the media recently. Gymnastics, and the grace, precision, and timing that is required have taken a back seat, at least till the next international games. One branch of gymnastics that is sadly neglected is trampolining. It is shown as a novelty and occasional display, yet it is taxing on the muscles and demands elegance and accuracy in its execution and a great deal of physical fitness.

Sports centres with trampolines are not common, but when found there is a lot of enjoyment in jumping on a bed which pushes you back up into the air with plenty of time to think and look before you land again. Increases in altitude are gained with better technique and only a little more effort. Landing from a height on any part of the anatomy other than the feet requires an amazing amount of skill. It is possible to land on back, bottom, knees, and front (chest to knees). These landings can be put together with forward and backward somersaults and twisting moves while airborne. One thing you have on a trampoline is time. You can count the seconds between leaving the bed and landing again and arrange your move in that time. Progression follows for the adventurous and adept to double and triple somersaults with and without twists. All the muscles of the body are used from the arms and neck to feet. For the sake of a few bruises and the occasional graze the sensation must be closely akin to flying.

For sheer physical enjoyment it easily beats knocking a ball around with a racket or bat or jogging mile after boring mile.—PENELOPE A BROUGHAM (SHO in general medicine, Hull).