Introduction to Marital Pathology

Third phase of marriage

J DOMINIAN

British Medical Journal, 1979, 2, 781-783

The third phase of marriage lasts from about 50 until the death of one spouse. During these years teenage children leave, the home becomes an "empty nest," and the mother experiences the menopause. Generally marital satisfaction begins to rise again as the couple return to a one-to-one relationship.^{1 2} Nevertheless, almost a quarter of divorces occur in marriages of 20 years or more.³ Evidence exists that, whenever the divorce takes place, 30-50% of the problems arise before the second anniversary: after the children have left, the spouse—whose minimum needs have never been satisfied—feels free to depart. Difficulties may emerge during the thirties and forties as the personality of one or both partners may change and make the couple incompatible.

Social factors

During these years the crucial social events include the husband's problems with his job, the illness and death of the parents of the couple, and the marriage of the couple's children.

HUSBAND'S JOB

Two major issues face the husband during this phase of marriage: the position reached in his work and retirement. From the middle forties onwards one of four problems may arise at work: promotion is not attained; promotion is attained but proves beyond his resources; having achieved success he becomes bored and feels the need to change occupation; or he becomes redundant or has to retire early. Any of these may cause severe emotional stress in the husband leading to a depressive reaction in which he feels inadequate and ineffective; this exerts pressure on his wife, who may be made the scapegoat of his work problems.

Retirement these days may be earlier than expected. Unless the husband is ready for retirement, he may become depressed and his general lack of contentment may be projected on his wife, who is again held responsible.

SPOUSES' PARENTS

From the middle forties onwards the parents of the couple are likely to become sick and die. During the course of an illness a spouse may find their partner unwilling to have the sick parent at home or to visit them. This causes conflict as loyalties become seriously divided. If the father dies and a widow is left, her entry into the couple's home might cause a great deal of argument.

MARRIAGE OF CHILDREN

Parents may have problems with their grown-up children. The children may decide to have extensive premarital sexual experience, live with their boyfriend or girlfriend, and refuse to marry. The parents may agree with this or, alternatively, they may not and may then quarrel between themselves and take sides with the children to the detriment of their own marriage. In addition, the parents may disapprove of the partner their child has chosen, and this leads to conflict and unhappiness, particularly when the argument is between mother and daughter, who are usually especially close at this time. A particular problem exists in social class V when the teenager, particularly a daughter, wants to marry and does not have her mother's approval. The tie between mother and daughter is particularly close in this social class and absence of support is a great stress, and may make the marriage of the daughter more vulnerable.⁴

All these problems are normally negotiable but they act as aggravating factors when marital difficulties already exist. Normally, however, in this period the couple are able to relax and do things together, and pursue their own specific interests. Their earnings are relatively high and adequate until retirement, when these decline: then this may present problems in a minority of families. When a partner dies the main problem is not finance but isolation and loneliness.

Emotional factors

Three patterns of emotional problems exist at this age: those that have persisted from the very beginning of marriage; those resulting from personality change in the previous phase; and those belonging specifically to this phase.

PROBLEMS FROM BEGINNING OF MARRIAGE

These problems result because a couple have never managed intimacy, resolved conflict, or adequately expressed affection, mutual understanding, and support, and have not had sufficient time together. Their sexual needs, emotional needs, social outlook, values, and goals have always differed. The departure of the children stimulates the dissolution of a non-existent bond.

SECOND PHASE PROBLEMS

The last article in this series pointed out that personality change is an important source of marital problems in the second phase of marriage; these problems continue into the third phase. A spouse may progress from dependence to independence and the partner refuses to accept this, or a spouse who originally deliberately chose an unresponsive partner may improve his or her self-esteem and then find unacceptable the unresponsive partner. Or a dominant spouse may find the burden of being in control intolerable and want to be looked after, to lean rather than be leaned upon. All these changes may be seen in the forties and early fifties and lead to upheaval in the marriage.

Central Middlesex Hospital, London NW10 7NS

J DOMINIAN, FRCPE, FRCPSYCH, consultant psychiatrist

THIRD PHASE PROBLEMS

Often in the third phase, after the departure of the children, a gradual alienation and separation of the couple appear. They have slept, eaten, and lived together for twenty or more years with the impression that all was well. Yet they failed to realise that their only communication was through the children, and, when these leave, nothing remains to unite them. They look at one another and find they are looking at strangers. There is no conflict or hostility but an awareness that little else but habit holds them together.

NO PROBLEMS

The majority of couples in the third phase enjoy their marriage. Companionship and sharing leisure activities are important.^{5,6} Gradually the married life of their children becomes an important part of their own lives, especially with the arrival of grandchildren; they may take care of their grandchildren and allow their daughter to go to work.⁷

Sexual factors

The sexual life of the couple in this phase has been extensively examined. For centuries sex was primarily for procreation; a couple married, procreated, and, when their children were ready to repeat the cycle, died. During this century the pattern has changed enormously. Couples rarely have sex consciously and deliberately to procreate. Sex unites a couple and so extends after the menopause until the death of one spouse.

Early work has shown that although the frequency of intercourse declines with age the frequency of orgasm remains high. Other work has shown that well-adjusted couples continue sexual activity into their seventies and eighties.⁸ Why does sexual activity cease?

WOMEN

A small group of women exist who have never had an orgasm during intercourse and do not enjoy sex with their husband. Kinsey estimated that this was the case in 11% of women after 20 years of marriage.⁹ But some women who have never had an orgasm with their spouse may do so with other men. A deteriorating emotional relationship may cause sexual activity to cease. The menopause has no effect on the frequency or enjoyment of sexual intercourse, but wives with existing premenopausal sexual problems may use the menopause as a reason for dissatisfaction with their marriage.¹⁰ One study found that women in this age group (40-55) attending a gynaecological clinic were more commonly separated or divorced.¹¹ Similarly hysterectomy need not interrupt sexual activity. Hysterectomy may be used as an excuse for cessation of sexual activity; some indirect evidence supports this—thus women with various complaints referred to psychiatrists after hysterectomy showed a high incidence of marital disruption.¹² But local disease, neoplasms, reduced lubrication, poor surgical techniques for various operations, and vaginismus may all cause sexual difficulties.

MALE

Persistent unresolved problems from the beginning of marriage may lead to intercourse ceasing in this phase of marriage. But the most likely thing to cause sexual activity to cease is impotence arising for the first time in these years. Longstanding evidence suggests that biological factors are operating and persistent impotence is associated with aging. Kinsey found that 6.7% of men were permanently impotent by 50, 18.4% by 60, 27% by 70, and 75% by 80.¹³ Sometimes permanent impotence may come in the forties: these men have always had a low sexual drive and intercourse has been infrequent.¹⁴ As they have no desire for sex, these men do not seek help of their own accord: their spouses urge them to seek help. Nevertheless, the prognosis is poor when the impotence has been continuous for three to five years.¹⁵⁻¹⁷

The wife needs to understand the nature of the impotence so that her anxieties about her husband's feelings towards her or that he is having an extramarital relationship may be allayed. A few cases of

impotence are organic or drug induced, and reversible causes, particularly associated with the wide use of psychotropic and hypotensive drugs, should be kept in mind. In particular affective illness, such as depression, is common at this age and sexual activity may be diminished both by the illness and by the drugs used.

ADULTERY

Aging may create anxiety about sexual effectiveness. The fear of losing attractiveness or sexual capacity may lead to extramarital sexual behaviour. Adultery may also result from a deteriorating marital relationship. In one study in the US, half of the husbands whose children had left home expressed a desire for extramarital affairs, and a quarter had had one.¹⁸ Poor marital satisfaction is usually the husband's reason, but not always the wife's. In one study, again in the US, about one-third of all wives had had extramarital affairs. The reasons were dissatisfaction with the marriage and sexual life: a few were satisfied with their marriage but did not regard faithfulness as part of the commitment.¹⁹ As in all stages of marriage, adultery may result from marital dissatisfaction and gradually lead to marital breakdown or produce a crisis that may allow reconstruction of the relationship. Alternatively adultery may be tolerated; in general, however, it poses a threat to the marriage.

Intellectual factors

A couple tend to retain the same intellectual interests throughout their marriage. A wide diversity of interests may allow the couple during these years to take separate holidays, pursue new interests, and generally go their separate ways. In the course of these changing values and interests they may find other men and women who share their interests and form extramarital friendships.

Spiritual factors

These are the years in which men and women gradually transform their experience into wisdom. Such a transformation may change their opinions, values, and goals. It may lead to a desire by either spouse to change his or her work for a more humanitarian, caring occupation. The desire to serve others is intensified and, if the values are not shared by both spouses, the unconverted partner may scoff at the new values and refuse to be associated with them. Such differences may also divide the couple when they are asked by their teenage and adult children to look at and approve new sexual standards. One parent may approve and the other violently disapprove, leading to conflict.

Change may lead in the opposite direction—namely, to abandoning religious practice by one partner, who finds that formal religion is no longer meaningful. A sense of separateness enters the marriage under these circumstances.

Both intellectual and spiritual disagreements are not enough to disrupt a marriage unless they are fundamental and irreconcilable. They may aggravate, however, an already vulnerable marriage and provide the final reason for a break.

DEATH OF SPOUSE

The third phase ends with the death of one spouse. If marital conflict existed right to the time of the death, the bereaved partner will have to work out both the normal feelings of distress and the remembered ambivalence of the relationship.

This is the seventh in a series of eleven papers.

References

- 1 Rollins, B C, *Journal of Marriage and the Family*, 1974, **36**, 271.
- 2 Walker, C, *Equalities and Inequalities in Family Life*. London, Academic Press, 1977.
- 3 *Social Trends*. London, HMSO, 1976.
- 4 Thornes, B, and Collard, J, *Who Divorces?* London, Routledge and Keegan Paul, 1979.

- ⁵ Hayes, M P, and Sinnett, N, *Journal of Home Economics*, 1971, **63**, 669.
⁶ Orthner, D K, *Journal of Marriage and the Family*, 1975, **37**, 91.
⁷ Havighurst, R J, *Unpublished manuscript*, University of Chicago, 1975.
⁸ Masters, W H, and Johnson, V E, in *Middle Age and Aging*, ed B L Neugarten. University of Chicago Press, 1968.
⁹ Kinsey, A C, et al, *Sexual Behaviour in the Human Female*. London, W B Saunders Co, 1953.
¹⁰ Ballinger, C B, *British Medical Journal*, 1976, **1**, 1183.
¹¹ Ballinger, C B, *British Journal of Psychiatry*, 1977, **131**, 83.
¹² Barker, M G, *British Medical Journal*, 1968, **2**, 91.

- ¹³ Kinsey, A C, *Sexual Behaviour in the Human Male*. London, Saunders and Co, 1948.
¹⁴ Ansari, J M, *British Journal of Psychiatry*, 1975, **127**, 737.
¹⁵ Johnson, J, *Journal of Psychosomatic Research*, 1965, **9**, 195.
¹⁶ Cooper, A J, *British Journal of Psychiatry*, 1968, **114**, 719.
¹⁷ Cooper, A J, *British Journal of Psychiatry*, 1969, **115**, 709.
¹⁸ Johnson, R E, *Marital Partners during the Middle Years*. PHD dissertation, University of Minnesota, 1968.
¹⁹ Levin, R J, *The Redbook Report on Premarital and Extramarital Sex*. Redbook, 1975.

MATERIA NON MEDICA

Light-hearted Offenbach

It would require Shakespeare himself to express the pleasure that his writing has given—and continues to give—me. I most humbly and gratefully acknowledge his genius but I do not approach his plays with any reverential awe and I am certain that he would have been amused if not captivated by some of the productions that many a stuffed-shirt theatregoer has regarded as intolerable liberty. The 1948 Stratford Victorian *Hamlet* still burns in the memory; I recall with delight Prospect Theatre's flower power *Love's Labour's* and their Mexican *Much Ado*. Two other memorable *Much Ados* had Dogberry as a Keystone cop and as a Sikh in nineteenth-century India. A superbly funny *Comedy of Errors* at Stratford years ago must yield to the more recent RSC production that triumphantly justifies the case for "mucking about with Shakespeare" if that is what you insist on calling it. Will, that most human of men, would have been rolling in the aisles.

And so to Offenbach, for I have caught up with the English National Opera's production of *Orpheus in the Underworld*. Like their productions of *La Belle Hélène* and *La Vie Parisienne*, liberties, if you like, are taken, not one of which offended my sensibilities or reduced my enjoyment. And yet I know of people who did not like it or who even left prematurely. What a pity. Objections to the singing, the orchestra, the conducting, or the acting could, I suppose, be made by those who demand world class at all times, but to be offput by light-hearted treatment of Offenbach and to approach him as you would Wagner is surely to misunderstand the essence of Offenbach. Dear friend, if you thought the champagne was bad champagne you are entitled to your opinion; it was good enough for me. But do not object on the grounds that it was not claret.—W K COWAN (clinical tutor in post-graduate medicine, Gateshead).

Scotland 1784

Modern visitors to Scotland are surprised by some of our habits and impressed by others. Two Australian friends on a recent holiday were wild about the country, delighted by the friendliness of the people, and dismayed by the almost universal tendency of bed and breakfast establishments to put them between nylon sheets.

Barthélemy Faujas de Saint Fond, an elegant French lawyer with a keen interest in natural history and geology who came to Scotland in 1784, did not have this problem. His particular dislikes were lice, whisky, and bagpipes. He kept a diary in which he recounts how several of his companions got stranded on Staffa and took shelter with one of the two families on the island. Their hut contained the man of the house, one woman, six children, a cow, a pig, a dog, and some hens. "Detachments of lice approached from all sides to pay their respects to the new lodgers" and they spent three very itchy days before the storms allowed them to get back to the mainland.

Whisky he describes as a "badly-made kind of spirit, with an empyreumatic taste. . . . It constitutes their best liquor and is the object of their chief sensuality."

While staying at Inveraray Castle as the guest of the Duke of Argyll the Frenchman noted the custom for the ladies to withdraw at the end of a meal, a practice obviously rooted in realism. "If the lively champagne should make its diuretic influence felt, the case is foreseen, and in the pretty corners of the room, the necessary convenience is to be found. This is applied to with so little ceremony that the person who has occasion to use it, does not even interrupt his conversation during the operation."

The music of Scotland did not appeal to Saint Fond either. After a day spent collecting geological specimens near Oban, he returned to his inn, had a good supper, and went to bed, exhausted but content.

"But" he writes "one can hardly enjoy every happiness at once in this vile world. Music of a kind new to me but very terrible to my ears, disturbed the repose I so much needed." When the party had arrived in Oban a few days earlier they had found a piper walking up and down "with equal steps and a bold and martial expression of face, deafening us with perpetual repetitions of the most unharmonious sounds." At first they took him to be a "kind of madman who earned his living in this way." They were assured that he was regarded as an excellent musician of the Highland school and that he was playing to welcome them as strangers. "Touched by this hospitable motive" the Frenchman writes, "I was prodigal in my applause and begged of him to accept some shillings." He was immediately identified as a lover of good music and the piper returned every night of his stay to play in his honour for several hours.—SUSIE STEWART (Glasgow).

The sardine train

The journey from Colombo Fort to Badulla on the 0930 train is entrancing except that the train regularly carries four times as many passengers as comfort would demand or its designers planned. To secure a seat our advice from the cognoscenti was to arrive at the Fort at least an hour before the estimated time of departure and to engage an experienced seat-getter. Our choice was an elderly, barefoot, and unshaven citizen whose limited command of English was offset by a fluent sign language. He led us to the platform, stationed us at his chosen vantage point, and by vivid and explicit mime coached us in our role. As there was still some half an hour to wait he left us, doubtless to fulfil other commissions, but returned two or three times to make sure we were still correctly poised for the attack. On one of these visits I had the impression he would have valued a full dress rehearsal to test our speed and agility, about which he clearly had some doubts.

As the train pulled into the platform he appeared again in a high state of anticipation. Suddenly, with a cry of "Forward," he charged down the platform, sold a dummy, and, with a powerful hand-off, scythed a passage through the crowd and dived into a carriage like a loose forward in sight of the try line. Exploiting the cleft in the scrum, we followed his lead and scrambled in to find him sitting triumphant athwart the corner seats but nursing a long scratch on his right shin displayed beneath his hitched sarong. In compensation for his injury he claimed a tip considerably in advance of the going rate but eventually settled for a reasonable compromise.

As the train pulled out of the station we felt content to be at least seated in a compartment designed for *five* but with no more than 12 occupants. But at the next station half the Sri Lankan Air Force (or so it seemed) with suitcases, haversacks, and rifles boarded our coach, mostly through our compartment being squeezed out into the corridor like toothpaste from a tube. We were left with a residue of some 20 persons. A resourceful NCO unbuckled the sling from his rifle and secured it through the open windows of the carriage and the door, thus successfully blocking any further invasion. Another commandeered the loo, which opened directly from our compartment and which is not regarded as an essential convenience on Sri Lankan trains, for stowing baggage and firearms. And so, with good humour and such courtesy as conditions allowed, we rattled on through the sunny countryside. Gradually, the human particles settled like sediment in a slow-moving stream, making order out of chaos and giving greater clarity to our observation of the splendid scenery.

The aspirations of the most gregarious among us remained, however, amply fulfilled.—F D BEDDARD (retired deputy chief medical officer, Staveley, Cumbria).