Introduction to Marital Pathology

Marriage and psychiatric illness

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Psychiatric disturbance is well known to occur in both spouses more often than could be expected by chance,¹ and appreciable marital discord and psychiatric disturbance are also associated. An Australian study showed that the highest rate of minor psychiatric morbidity was among men and women who were separated or divorced.² In an outpatient psychiatric clinic in the USA divorce was associated particularly with alcoholism but also with homosexuality.³

Several studies have also shown that marital stress is associated with the whole range of major psychiatric diagnoses.⁴ Psychiatric patients who are divorced are also more likely to be readmitted within a month of discharge.⁵ Thus a whole variety of psychiatric disorders are linked with marital pathology; some of the commonest are described below.

Personality disorder

Personality disorders include a variety of traits such as dependence, passiveness, aggression, immaturity, histrionicism, paranoia, and obsession; separately or combined these traits may impair relationships in a number of ways.

Dependence, passiveness, or immaturity may strain relationships in several ways. The first is when both partners share similar traits and pressurise each other beyond their capacity to cope. The second is when a spouse outgrows these traits and can no longer relate to a partner who was initially chosen to fit with them. For example, a dependent woman marries a dominant husband and later when she outgrows her dependent needs cannot tolerate his dominance.

A person with schizoid and paranoid traits finds it difficult to form a close, warm relationship. Instead he or she is suspicious of betrayal and often jealous. The combination of emotional detachment, suspiciousness, and jealousy is particularly difficult to relate to.

Histrionic and obsessive traits are both associated with considerable anxiety. A histrionic personality has repeated dramatic outbursts demanding attention, makes accusations of infidelity, and threatens to leave. The obsessional personality expects life to be subordinated to order, tidiness, and cleanliness; pays little consideration to feelings; and often experiences considerable sexual difficulties.

Aggression links all these traits: physical or verbal aggression often accompanies personality disturbance and is important in causing eventual marital breakdown. One study compared 212

patients diagnosed as being personality disorders with 256 patients with undiagnosed illnesses: those with personality disorders showed more manipulative and impulsive behaviour, temper tantrums, and severe marital discord.⁶

Neurotic illness

The word neurotic has come to describe two different conditions: one in which anxiety is the main problem, and another in which the patient has a disturbed personality. This section deals mostly with anxiety-laden neuroses.

Ryle found that neuroticism was associated with marital breakdown and poor marital adjustment, as measured by the gap between affection given and received⁷; Ineichen confirmed this.⁸ Kreitman has also shown that male neurotics tend to be less affectionate to their wives¹⁰ than a control group. A neurotic husband tends to lack reliability and be emotionally irresponsible, impulsive, and antisocial. He is also likely to sulk, make scenes, and be aggressive. Such husbands also resist their wives' independence, which thus restricts their leisure activities.⁹ The inability of the wife to escape from her husband's constant neurotic behaviour may contribute to her marital tension. Marital tension is, in fact, associated with behaviour in the spouse that is either unilaterally dominating or segregating.

When one partner is largely dominated by the other the basis for this is often fear or dependence, which is often mixed with latent or overt aggression. When the couple do not relate to each other at all¹¹ they act independently over money, clothing, household arrangements, and leisure activities. Separate outlook and activity also lead to conflict and gradual alienation.

The studies of Kreitman and Overstone were in male neurotics; a common neurotic disorder of women is agoraphobia. Marriages between agoraphobic women and their spouse may show a complementary hostility and punishment: agoraphobic wives tend to marry husbands who are likely to blame themselves rather than others for real and imaginary wrongs. Another group of agoraphobic wives, who were more hostile to themselves than others, tended to marry men who were hostile. The first group tend to be more disabled and married to equally disabled husbands, who show their disability in resisting their wives' improvement by developing severe symptoms themselves.^{12, 13} Thus when an agoraphobic woman is treated and improves her husband may deteriorate and the marriage suffer: both partners should be treated. The onset of agoraphobia in women considerably reduces sexual drive.¹⁴

Psychoses

SCHIZOPHRENIA

Before more effective treatment became available schizophrenia was a serious mental illness with a grave prognosis that had an adverse and disintegrating effect on the personality. It would not be surprising if it had an adverse effect on marital

stability. A study of 1295 women aged 16-49 suffering from schizophrenia and affective disorders selected from admissions to a mental hospital between 1955 and 1963 and followed up until 1966 showed that some 18% of the married schizophrenics were separated or divorced on their first admission, and an equal number subsequently divorced or separated. At that time both percentages were well above that expected in the population. Also patients who remained for long periods in hospital were more often divorced or separated than those whose illness was less chronic.¹⁵ In another study of married male and female schizophrenics followed up for five years, 44% of the men and 27% of the women had separated or divorced.¹⁶

A syndrome of morbid jealousy sometimes associated with schizophrenia is characterised by delusions of jealousy almost exclusively sexual. The condition is usually seen in men, although women are affected as well. The delusions consist of the absolute certainty of the sexual misbehaviour of the spouse confirmed by the "evidence," which may be stains on underclothing, telephone calls, telephone numbers in diaries, or innocent letters; indeed, the most bizarre evidence is acceptable. The delusions occur in a variety of pathologies including psychoses, brain damage, alcoholism, and disturbed insecure personalities. They tend to be enduring and can play havoc with the marriage. They may occur at any age but are often found in middle age.¹⁷⁻¹⁹

AFFECTIVE DISORDERS

In the study already mentioned of 1295 women aged 16-49 suffering from schizophrenia and affective disorders almost 16% of the married women with affective disorder, which was normally a depressive illness, were separated or divorced on admission.¹⁵ This prevalence was greater than expected at that time in the general population and almost as great as that of schizophrenics. But only 10% of women with affective disorders compared with some 18% of schizophrenics became separated or divorced after admission, which is a significant difference. Thus affective disorders are not so conducive to marital breakdown as schizophrenia.

Puerperal illness

Marriages often begin to disintegrate after the birth of a child, not necessarily the first one; this may be due to social factors. The mother may leave work and therefore lose economic and social support. Accommodation suitable for a couple becomes cramped and difficult when a child arrives. All this may contribute to psychological disturbance. There are also psychological reasons for a marriage to disintegrate after birth of a child. Evidence exists of higher psychiatric morbidity after childbirth than before it. Functional psychoses and depressive illness increase in the immediate three months after childbirth and rise again between the 10th and 24th months after delivery. Fathers do not seem to be affected in a similar way nor by events such as stillbirth, illegitimate birth, and twin births, all of which are particularly likely to cause puerperal illness. These differences suggest that, although both physical and psychological factors play a part, the causes of puerperal illness may be more physical than psychological.²⁰

Whatever the cause, some of the depressive illnesses persist and are associated with chronic fatigue, irritability, loss of libido, and a general malaise, which corrode the marriage. Initially the husband makes allowances but after months, or sometimes years, good will is exhausted. The wife appears to have changed completely, leaving a shadow of her previous self. The constant irritability, lethargy, and loss of libido make the relationship extremely difficult and lead to a gradual loss of compatibility.²¹

Alcoholism

Heavy drinking and divorce have been associated in a detailed study in an American outpatient psychiatric clinic.³ The link between alcoholism and marital problems is well established, although not all marriages with one alcoholic spouse end in divorce. Wives may marry husbands who are known to be heavy drinkers, following patterns of heavy drinking in their own fathers. They may have the object of curing them. Heavy drinking may start after marriage and be associated with marital difficulties or sexual problems. In the course of heavy alcoholic bouts husbands lose their inhibitions and may become violent, particularly if they have pent-up feelings of aggression which they cannot express normally. Either spouse may turn to drink to deal with anxiety and tension, become dependent, and gradually damage the marriage through aggression, alcoholic behaviour, and loss of work. Women may also turn to alcohol to deal with rising tension emanating from marriage difficulties. Finally alcohol may serve as comfort after separation or divorce.

Much work has been done on alcoholism and marriage, and one study contains a good review.²² The authors attempt to discover the factors that facilitate or hamper the return of sobriety within the family. They conclude that a couple have a poor prognosis if the following were observed initially: if wives gave and received little affection, or used few desirable adjectives in describing their "sober" husbands; or husbands expected little such approval. The prognosis was also poor if husbands participated less in family tasks, and used many hostile and dominant adjectives.

This is the eighth in a series of 11 papers. No reprints will be available.

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STRANGE ENCOUNTERS

Post mortem—specimens in demand

I have always refused requests that I lend, hire, sell or present pathological specimens to television, film, stage, and other producers, professional or amateur, and to collectors, however reputable, of the macabre. I am told that this is a priggish attitude. Perhaps it is, but priggishness is scarcely relevant to such dealings. Anyway, being a bit of a prig in other things, I do not find the attribution of priggishness upsetting. What is upsetting is that others can wonder at the rejection of financial advantage to institutional funds (or private purses) that my decision means.—WILL MACREDIE.