Introduction to Marital Pathology

Management: basic counselling

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People with marital difficulties often turn for help to their GP. The GP must be able to respond well to this first approach, as it may not be repeated and may precede a suicide attempt or impulsive departure from home. The ultimate decision whether to continue with the marriage will always remain with the couple, but the interview with the GP may allow elucidation, clarification, and opportunity for reassessment.

People may seek help in various ways: straightforwardly by asking for help, or indirectly by presenting a physical or a psychological symptom. A person visiting the GP often feels that the doctor will only be interested in an acknowledged complaint. Thus, while investigating a clearly psychomatic or psychological complaint, a GP might ask some routine questions: "How are things in your marriage?" "Is everything all right at home?" "How are you and your husband getting on?" The answers may give a lot of information and may act as a trigger for the patient to pour out the problem.

A common problem is that only one partner, often the wife, will come; this is difficult because both sides need to be heard. The husband may refuse to come because he is apprehensive, afraid of criticism or being asked to change his ways, or unwilling to concede anything to his wife. It suits him to have her labelled as the "sick" one, as this takes the pressure off him: he does not have to look at his own feelings or behaviour. The GP can circumvent this problem by writing a letter to the husband inviting him to tell him his own story. If he comes, then it is not difficult to progress to a joint interview.

Principles of counselling

Counselling allows people to express their feelings freely, and to be listened to sympathetically without being judged. Anyone can do this with a little effort: it requires the ability to listen attentively, particularly to the feelings expressed, and at the end to avoid advice or judgment. The patients should be helped to clarify the main issues that are bothering them. Relief will be gained by expressing their feelings and having someone paying serious attention to them.

Counselling is much more effective if the couple are both present. The observer can see the way the couple feel about each other, the balance between anger and affection, the issues of conflict, the dominance or passiveness, and who takes the initiative: this allows the observer to build up rapidly a picture of the main problems.

Response to contents of complaint

For some doctors sympathetic and empathetic listening is not difficult, whereas for others it is a skill that is acquired gradually. Sympathy requires concern for another person and empathy the ability to understand and feel as another experiences himself or herself. But what follows next? One of the strict rules of counselling is not to advise, which is particularly hard for doctors to understand as this is usually exactly what they do on the basis of their professional skill.

What is meant, however, by not giving advice is avoiding a didactic approach such as: "If I were you I would or would not do this or that." But the experience and style of life of the doctor may well not be appropriate to the couple seeking help. What is appropriate is to help that particular couple overcome their difficulties. Many doctors feel that they do not have the knowledge or experience to enter into the complex world of interpersonal relationships. But this may not be necessary as much marital disharmony is about three common complaints, which concern things, attitudes, and behaviour. These complaints may be part of complicated interactions, but sometimes they exist on their own, and by the counsellor simply drawing attention to their meaning a couple may be able to improve their relationship dramatically.

COMPLAINTS ABOUT THINGS

In general it may be said that some people find it easier to express their affection by doing or giving things rather than with words, physical contact, or even sexual expression. Some spouses often accept and understand this, but others find the lack of verbal demonstration of love difficult. "If you love me, why don't you say so?" is a common complaint. Another common problem is when the husband, who is often the doer, starts something in the house and either never finishes it or takes far too long. This tardiness is made worse when he always seems willing to help others instantly.

Another common complaint concerns money. The complaints of the wife that she receives insufficient money or of the husband that his wife is a waster or incompetent may be perfectly justified. But, over and above such reality, money often stands as a token of concern and affection. "If he loved me he would not be so mean." "If he loved me I would not have always to ask." The lack of funds or financial independence can make the wife feel like a beggar, and the absence of a generous allowance gives rise to resentment and conflict.

Time may be a problem: in every marriage an optimum balance exists between how much aloneness and togetherness the couple desire. When these coincide all is well but when one partner feels, whatever the reason, the need for greater closeness, the persistent absence of the other is interpreted as rejection. This applies particularly in the early phase of marriage, when the spouses need a lot of support from each other. The husband may excuse his absence and put his wife on the spot

by saying, "I am working late for you and the family." In fact, this may be a rationalisation. He avoids spending time with his wife because he is more interested in his work, and the reception he receives on returning home may discourage an early arrival. Equally, if on coming home all he does is withdraw to food, television, or work, his wife has legitimate grounds for complaint.

Less often a spouse who needs more time to himself or herself may feel oppressed by too much closeness. Also a couple can avoid each other by spending a lot of time in separate activities. Time, money, and activity command between them some of the most powerful means of expressing concern and affection, and a counsellor can help a couple understand their mutual needs and get the balance right.

COMPLAINTS ABOUT ATTITUDES

Affection is expressed in the attitude a couple have for each other. Attitudes are formed in a complicated way from biological make-up and upbringing. A couple should get to know each other's attitudes during their courtship and finally select a partner with whom they feel comfortable, recognised, wanted, and appreciated. Most couples achieve something like this, but some do not. They may misread a partner's attitude during courtship, the attitude may change after courtship, or one partner's needs may change.

Spouses most commonly complain that their partner is undemonstrative and lacks warmth, overcritical, a show-off, restrictive, domineering, jealous, fussy about details, and rigid. A counsellor listening to these complaints must consider certain points.

Firstly, the counsellor must not take sides, however much sympathy he or she may have with one or other spouse. Secondly, the counsellor must consider how much of the attitude results from personality trait, which is likely to change, and how much the attitude might be modified. Thirdly, the counsellor must remember that often the attitude of both spouses needs to change.

There are many difficult types of attitude but the terms introvert, extravert, and neurotic can usefully describe most. An introverted spouse will be described by a partner as undemonstrative, lacking initiative, and difficult to communicate with: such partners are not likely to change overnight. But they can slowly change if their efforts—which are at first tentative—are recognised, appreciated, and rewarded. The counsellor must encourage this change by the introverted partner and ensure that the other partner recognises the change. In this way new habits can be established.

An extraverted partner is overdemonstrative, makes many promises, and is spontaneous and impulsive, but is also probably shallow, unreliable, and untrustworthy. Again the counsellor tries to encourage the necessary changes, which are mutually rewarding.

A common complaint is of the spouse who is a show-off at parties and the opposite at home: often the spouse needs considerable attention, which is received at a party but not at home. Attention-seeking behaviour in groups by one partner sparks off jealousy in the other partner.

An anxious spouse may be restrictive, domineering, rigid, or obsessional; these are all ways that they can control their anxiety. Anxious people may control their anxiety by controlling others: to render them non-threatening or less frightening. When a couple gradually appreciate that their attitude is based on anxiety, much change can occur: the anxiety can be reduced with appropriate support.

COMPLAINTS ABOUT BEHAVIOUR

The behaviour that is least acceptable in marriage is persis-

tent aggression, withdrawal, or alteration of personality by drugs—usually alcohol, illness, or brain damage.

Aggression may be verbal or physical, and needs to be distinguished from conflict. Conflict and its resolution are parts of ordinary married life; some anger will inevitably be expressed. Aggression is an expression of anger that continues and becomes the main type of behaviour. Marriages can survive frequent arguments, but severe verbal or physical aggression can be tolerated for only a short time. Such aggression can have many causes: an above average aggressive person; someone with a low threshold to anxiety, provocation, or irritation; powerful feelings of insecurity (jealousy and envy), injustice (exploitation), helplessness (excessive dependence), and rejection; loss of control through drugs, brain injury, epilepsy, or psychotic illness.

Anger may be transformed into withdrawal—sulking. Sulking may be punitive and deliberate or an inevitable reaction to anger and tension. Withdrawal may last a few minutes or may continue for hours or days; it is the latter which is so damaging. Such a person rarely apologises or forgives, and their partner must always accept responsibility and make the first move towards reconciliation; after a time this becomes intolerable.

Intoxication or brain damage, which may be temporary or permanent, may cause behaviour to become impulsive, uncontrolled, unconcerned, and inconsiderate. Things are said and done by a drunk spouse that are nasty, brutal, and frightening. A partner feels abused because the drunk spouse is no longer in command of his or her reason and treats the partner as a thing, not a person.

Role of drugs

Persistent unacceptable behaviour, whatever the cause, is undoubtedly the commonest reason for marital breakdown and the most difficult to change. The same counselling principles, however, apply. The counsellor must help the couple change, with or without understanding the cause, by being mutually supportive and rewarding.

While counselling proceeds, one or both spouses may be experiencing anxiety, depression, paranoid feelings, delusions, or even a complete breakdown of the personality, and active intervention may be required. Many drugs are available to treat such symptoms. Drugs are best used to help a spouse to feel well enough to look at the problems facing him or her. Drugs should not be prescribed instead of investigating the conflict. Nor should one spouse be labelled as the sick one by giving him or her medication: this may reinforce the conviction of the other that they can do nothing so long as their partner is being treated. Rarely one or both spouses may need to be admitted to hospital to help them overcome a major breakdown.

Time for counselling

Most doctors reading this article will feel that they do not have the time for this work. There is no denying that time is needed, and time can always be found if there is a special interest in the subject or a feeling that something useful can be achieved.

There is always time, however, to give the spouse the experience that he or she has been understood. What happens next depends on the individual doctor. Some may wish to allocate special time and continue the counselling themselves. Others may send their patient to a marriage-counselling service and then follow the progress. Some GPs have a counsellor working with them in their practice or work closely with a social worker or health visitor. Some have close links with a unit in a hospital that is interested in this work. Whatever the form of management, the GP should recognise the problem and then retain contact with the patient until there is a resolution.

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