Introduction to Marital Pathology

Management: psychodynamics

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British Medical Journal, 1979, 2, 987-989

After a couple have expressed their feelings about each other, the counsellor must isolate what is causing the difficulty in their relationship. The difficulty may result from one spouse not meeting the needs of the other or one spouse not registering and using what the other is offering. What is the connection between such dissatisfaction and psychodynamics?

In marriage today a couple experience one another in a much more open, close, and intimate way than in times gone by. In the past a marriage worked well when a couple simply fulfilled their tasks or roles: the husband earned the money and led the family, while the wife raised the children, looked after the home, and generated affection. These roles were never absolute or inflexible, but if they were fulfilled society regarded the marriage as functioning adequately. But, in fact, even in the most stereotyped relationship the spouses had personal needs. In modern marriages couples try to rediscover the intimacy they have experienced as children. Modern marriage emphasises this intimacy, and much research has tried to understand this shift from "institutional" to "companionship" marriage.¹ The intimate relationships that last for a long time in the life of most people are the relationships between themselves and their parents and the relationships with their spouses. A person tends to relive with his or her spouse the important experiences he or she had as a child.

Dicks thinks that partners are selected in three major ways: firstly, people tend to marry partners of similar background; secondly, they select someone on the basis of conscious judgments and expectations derived from experience with their parents; and, thirdly, unconscious factors are important. Unfulfilled or fixating needs from childhood that have remained unconscious are aroused and seek fulfilment in the partner. Or unconsciously couples may match their complementary underdeveloped parts.^{2,3} Thus couples can be helped by allowing them to express their negative feelings and then to look at their conscious and unconscious expectations of each other. The psychodynamic combinations of difficulties are numerous: they are described in the terms of various theories of human development. I describe here some of the most common presentations, but for further details the reader should turn to Dicks,² Sager,³ or Skynner.⁴

The two theoretical frameworks used mainly in this article are those of Erikson⁵ and Bowlby.^{6,7} All dynamic theories of

the personality work on the principle that a partner must undergo certain crucial interpersonal experiences. Mature growth depends on mastering the experience, enjoying appropriate parental response, and avoiding any distortions or fixations; otherwise the person may have difficulty experiencing himself or herself and others. This difficulty is particularly likely to be re-experienced in the intimacy of marriage.

Treatment has three objectives: firstly, to assess accurately which characteristics are distorted; secondly, to discount the defences employed to handle this distortion; and, thirdly, to encourage the ability to overcome the handicap and be able to relate more completely.

Distorted characteristics

TRUST

The most essential ingredient for forming an intimate relationship is trust. Every young child needs to feel safe with its closest relatives; adults do also. Safety is experienced physically, and by being recognised, wanted, and appreciated. Sexual intercourse combined with love is a fusion of the physical and emotional requirements. We trust that the disclosure of our inner world will be received with care, sensitivity, and accuracy. Finally, trust means that we do not live constantly on the brink of feeling rejected or abandoned.

When one spouse lacks this trust, if the other spouse is sufficiently mature he or she can be helped to become aware of his or her partner's excessive needs and to behave in a way that will reduce the mistrust. Children may lose their trust as a result of repeated loss of close relatives, persistent unresponsive parenting, an atmosphere of parents threatening to depart, or several changes in the people around them. If both spouses have such mistrust, the counsellor may have to act as a reliable, stable figure who offers the couple a world of stability from which they can learn.

AUTONOMY

Every infant starts life by being totally dependent on mother, father, or an equivalent figure. An essential part of growth is the gradual separation and differentiation of child and parent. Every person must gradually become more autonomous: less dependent on parental support, and able to take the initiative and find a balance between closeness and separateness, aloneness and togetherness. A person with absent or retarded autonomy tends to choose a spouse who takes over completely or partially a parental role. Difficulties begin when the spouse who

has the parental role tires of it and wants to be taken care of in turn himself or herself, or when the dependent partner matures and wants far more autonomy than is tolerable to the dominating spouse.

Sometimes parents are either so overprotective that closeness for the child is painful and stifling, or so indifferent that closeness is painful and arid: closeness is experienced as oppressive or rejecting. A person may react to either experience by becoming completely autonomous or compulsively self-reliant: acting as if he or she is totally self-sufficient and does not need anyone else. He is often angry when offered care and affection, which he rejects, and equally angry if he is left alone and ignored. The counsellor must help such a person understand the origins of this behaviour, and allow the partner to enter his or her life. The problem in such a relationship is timing: the spouse who shows affection or concern is rebuffed and withdraws, and so when the self-reliant spouse is ready to be approached the rejected partner refuses to co-operate. In this way a vicious circle is established. The counsellor has to help in interpreting the problem and in the timing of mutual response.

ANXIOUS ATTACHMENT

The person whose childhood was punctuated by discontinuity, unreliability, indifference, and threats of abandonment (real or imaginary) may become so insecure that all subsequent relationships are threatened by the possibility of loss and abandonment. The person may become falsely independent (as described), or he or she may develop an overattached way of relating, needing constant demonstrations of acceptance, physically and emotionally. They are jealous, possessive, and controlling. Their spouse is never left alone: he or she is pursued and his or her every move asked after. The relationship is stifling, and what appeared initially as caring is seen as unrelenting intrusion and a threat to independence.

The marriage of two such unsure spouses rarely survives because they are trying to squeeze out of each other the security neither possesses. But lesser degrees of overattachment can be treated. One partner, using the counsellor as his or her security, has to "let go" and see that his or her worst dreads are not realised. Mature dependence can be developed: this means the acceptance of care from others without feeling destroyed if that person departs, which is the mark of immature dependence.

SELF-ESTEEM

To receive the care of others we need to feel lovable, and to care for others we need to feel that we have something positive to offer. As the result of an indifferent upbringing with poor or absent response from parents a person may not be able to feel lovable, wanted, or appreciated. Such a person yearns to be loved but feels unworthy of attention. Care and attention can only be earned and so he spends his life pleasing others without ever feeling good enough to be loved unconditionally. Such a person needs love badly but when he receives love he cannot register or retain it. He is generous and helpful in order to please others but in return feels used rather than appreciated. He is intensely angry with those close to him on whom he relies for his survival. Alternatively, he feels so needy that his very needs makes him feel bad. When anyone tries to reach him he withdraws because he fears that his excessive need will be experienced as greed or selfishness, and his anger over his deprivation punished with further rejection.

Such people are a challenge to the spouse who wants to reach them but is not allowed to do so. The spouse is faced continuously with a remonstrative, accusing partner who cannot be satisfied. Two such personalities find it virtually impossible to rescue their marriage. But less severely affected

people can be treated: the counsellor must provide the means by which the individual can overcome his or her feelings of unworthiness, and accept the counsellor and ultimately his or her spouse.

Defences

Psychological defences are used to avoid the pain and anxiety that arise from conflicts. Each spouse uses his or her own defence mechanism to protect against aggressive, instinctual, and affectionate needs and conflicts. Anna Freud⁸ describes regression, repression, reaction-formation, isolation, undoing, projection, introjection, turning against the self, reversal, and sublimation as defence mechanisms. The common ones are: denial, "There is no problem; it isn't like this; you are imagining it"; projection, "It isn't me, it's you, it's your problem, it's your fault"; and displacement, "It's somebody else's fault." Counselling is needed to allow each person to recognise their fears, anxieties, aggressive feelings, and needs for affection and sex, and then to accept them as their own feelings for which they are responsible.

Revelation of a person's aggression and needs may make him feel so bad that neither self, spouse, nor counsellor can be faced, and he will avoid treatment: counselling is crucial at this stage. Insight into motives needs to be accompanied by confirmation that whatever is contained in the inner world is not beyond redemption: that greed, destructiveness, and badness are alterable. After marital breakdown a person often seeks another spouse with whom a fresh start can be made. This fresh start may be needed to avoid the feelings of badness or the demands of the original partner.

When reality can be tolerated, and it is the principal task of the counsellor to make this possible, the couple can give and receive affection and sex.

Collusion

Defences are a protection against unacceptable aggression, anxiety, or need. Another form of avoidance is to marry someone who will also not recognise whatever part is unacceptable or immature. Thus a spouse who wants to remain passive, take no initiative, and rely on somebody else may marry a partner who needs to feel strong and assertive in order to avoid showing any need or dependence. There is a collusion or fit, which is often unconscious. Another example is the person who needs a lot of caring who marries someone who is especially caring, because he feels unlovable and tries to overcome this by continually pleasing in the hope that he might get some attention back.

Not all collusive relationships are fragile: most couples complement one another. But when complementarity is based on serious distortions of development then eventually the balance will be upset. Couples often seek help at this point when one person wants a change and threatens the tenuous arrangement. The counsellor has not only to recognise the components of the collusive arrangement but also to help the other partner, who may not want any change.

Behaviour therapy

Psychodynamic treatment entails interpreting the emotional patterns of the couple, giving them insight, and helping them to change through this. Behaviour therapy aims at changing the pattern of behaviour of the couple so that it becomes more rewarding and less destructive.⁹ The emphasis is not so much on the antecedents but more on the present pattern, which is

analysed to discover what the couple want and do not want from each other. Behaviour must be changed mutually so that it becomes more rewarding. The couple are given mutual contracts to reward each other when things are done well and to avoid unacceptable behaviour. Behaviour can be changed only gradually. "If you do this for me, I will do this for you." Much counselling is based on behaviour therapy, and provided the problems are accurately assessed much can be achieved.

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

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Reading for Pleasure

A bad conscience about novels

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British Medical Journal, 1979, **2**, 989-990

I have always been fond of reading novels; as a schoolboy there was little impediment, but the shadows cast by examinations came all too soon and caused me some unease. How could one read fiction when the solid facts of physics and biology remained to be mastered? Far too early in life the schoolboy becomes a specialist and has to sacrifice the pleasure of indiscriminate reading of general literature. Unfortunately, this still seems to happen.

Life as a medical student did not allow much leisure for long novels, but I was always fascinated by those which dealt with medical life. Among many was *The Citadel* by A J Cronin, published in 1937, where, many years before Richard Asher put "myxoedema madness" firmly on the map, I learnt that myxoedema could cause mental changes and mania. Similar books are still written and continue to be of interest. If an elderly hospital doctor wants to catch up with what his juniors think he can do no better than read *The Houseman's Tale* by Colin Douglas. In spite of a lurid cover and lurid passages there is a fundamental seriousness that conveys accurately the spirit of a modern centre of excellence.

A thousand miles from his teaching hospital, the hero of Mikhail Bulgakov's novel *A Country Doctor's Notebook* wrestled single-handedly with the problems arising in a small country hospital in the Russia of 1916. Newly qualified, and without any postgraduate experience, he had to take full responsibility for all medical, surgical, and obstetric emergencies—continually watched by the midwives and the "feldsher," who took care to let him know how wonderful his predecessor had been. The author delineates with great sensitivity the fears and anxieties of a conscientious young doctor in such circumstances. Although written in the 1920s, the work was translated into English only a few years ago.

One of the greatest of novels with a doctor-hero is *Middlemarch* by George Eliot. I had read some of her books as a

schoolboy and was left with a memory of dullness and sentimentality, but here I was impressed by the intellectual force and the artistry with which she depicted the emotions and the dilemmas of the characters. One of the most important is John Lydgate, who settles down to practise in a small provincial town, fired with the ambition to emulate the great French physician, Bichat. The details of small-town life in the early nineteenth century—including the intrigues and attitudes of the local medical men—are described with conviction and humour. This masterpiece is worth setting alongside the best of Dickens.

After qualification, I went into general practice as an assistant. There was little time off, but I could read a lot. Much of interest had been produced by living writers or those recently dead, thus giving an insight into the contemporary world. Arnold Bennett was a favourite, especially with his Clayhanger novels, the *Old Wives' Tale*, and *Raceyman Steps*. Wells, Hardy, Conrad, and Somerset Maugham loomed large and, of course, Galsworthy's *The Forsyte Saga* was regarded as a classic in its time. There was the excitement of the young Aldous Huxley; D H Lawrence I found hard going and rather a bore, in spite of studying an illicit copy of *Lady Chatterley*.

I had a continuing interest in foreign literature, particularly French. I found Balzac, with his intimate description of bourgeois life, absorbing, and I enjoyed Flaubert, but it was Stendhal who impressed me most deeply with *The Charterhouse of Parma*, and *Scarlet and Black*. That master of the short story, Guy de Maupassant, gave me constant pleasure. I also remember being much struck by *Jean Christophe*, a novel about a Beethoven-like musician, written by Romain Rolland. Years later when I read Thomas Mann's *Dr Faustus* I found something of the same quality and was reminded of it.

The busy years

Working for the MRCP made novel reading a fugitive pursuit but, with that examination out of the way, I tackled the great Russians. What an impressive mountain range, with the peaks towering in the distance: Tolstoy, Dostoyevsky, Turgenev, Chekhov, Gorky down to present-day Pasternak and Solzhenitsyn. Over the years they furnished a deep insight into the strangeness of human behaviour, the power of the emotions,

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