NEUROTIC CHOICE OF A MARRIAGE PARTNER*

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The concept of a neurotic choice of mate connotes a marital selection which in itself may interfere with normal relationships, or may make them so difficult that the displeasure exceeds the pleasure derived from them.

The purpose of this paper is not directed at proving that all neurotically motivated marriages are unprofitable, nor is it directed at an exhaustive survey of the various categories of neurotic motivation, nor are whirlwind marriages and frivolous contracts considered. Furthermore, there is no reference to neurotically motivated marriages where the motive is conscious or partly conscious, e.g. flight from homosexuality, flight from intolerable home circumstances, gallops towards material security, and others.

The cases illustrated deal with the marriages of intelligent adults whose conscious motives were of the highest order, and who seriously considered the steps they were taking. The deeper unrecognized motives, however, had their origins in the early relationships of one or both partners, and the marriages when put to the test were found wanting. Such marriages not infrequently present themselves in the consulting rooms behind the guise of unrelated symptoms. The clinician's diagnostic and therapeutic ability, his insight into human behaviour and his most personal moral code are diversely challenged by many of these problems.

The purpose of this paper is to draw attention to the frequency of these cases and the challenges they present, and to evoke a greater medical responsibility towards marriage.

The four cases briefly reported presented major symptoms other than marital distress. The marital unhappiness uncovered in each is traceable to neurotic attitudes which played an important part in the choice of a mate.

CASE RECORDS

The first case concerns the marriage of an aggressive woman who is determined to hold the upper hand in her relationships with any males, but who nevertheless finds the position of superiority she strives for intolerable.

The patient, aged 32 years, presented the symptoms of tension, depression and threatened suicide, present intermittently from the time of marriage 5 years previously and severe for some months.

She was born in the USA, the second of 4 siblings. Her father was a research chemist who preferred her younger brother. Her sisters were more attractive and successful socially than she. In school and nursing, the profession she chose, she sought and achieved high marks. When 17 years old she was alarmed by her own fondness for an older woman, the leader of a girl's movement. This lasted some months but was not acted out. Lack of social success concerned her. In her early twenties she was seduced by relative strangers on half a dozen occasions, achieving no satisfaction.

At the age of 27, she met and married her husband, who was of the same age. He was a travelled, intelligent, passive person, who treated her with absolute respect. After marriage it became clear that this was due to his shyness, anxiety and inexperience. Marriage was followed within the first 3 years by the birth of twin boys and then a third son. Economic and physical hardship ensued, because of an overseas training programme. Her husband, inexperienced sexually, had occasional ejaculatio praecox. She complained of his inability to 'conquer her' sexually, and remained sexually unsatisfied. She reproached him for his submissiveness, but reacted with severe depression whenever he became critical of her, or aggressive. She challenged his ability at the commencement of love-making and belittled him when he failed. Consciously she craved acceptance and affection from her husband, but motivated by an intense resentment against her father, brother, and all males, she persisted in humiliating him to the point of exasperated helplessness.

The second concerns the reciprocal choice of an emotionally detached male and a dependent female craving affection. The male, basically insecure, uses emotional detachment as a defence. This provides him with a façade of strength which attracts his dependent wife. He, on the other hand, regards her vivacity, particularly as she has a vocation, as independence, and thinks she will make no demands on him either for emotional support or for open affection. Early in the marriage the first difficulties arise through the growing disillusionment of both parties in the sphere of genital satisfaction. Later the marital difficulties are precipitated by events outside of the direct relationship.

The patient, aged 34, obsessional and perfectionistic, extremely obese yet not unattractive, complained of irritability, tearfulness and depression and preoccupation with suicide, intermittently for a few years.

She was the second of 2 siblings, having a brother 7 years older than herself. Her father, who had favoured her openly, died when she was 19. Her progress through school and in her secretarial career indicated her high capabilities. She had been obese from her early teens.

Her marriage when 18 years old to a man aged 30 had initially been fairly happy, despite her disappointment at the lack of physical affection. Two daughters resulted from the marriage—one 14 years old and one 10. The elder child, by the age of 5, was obviously below par intellectually.

Considerable organization was then undertaken by the patient to assist the child, whose IQ was 72, to overcome her handicap, and at the age of 14 years she had attained a fair standard in some Standard V subjects at a convent school. The high level of orderliness and tidiness in the home had been in no way reduced to accommodate the backward girl. The patient's disappointment was ntense when the child's best was just not good enough.

Her husband had refused to discuss his daughter's backwardness with his wife. The more intense her emotional reactions to the problem, the greater his withdrawal. He was prepared to discuss it 'logically and rationally' only, and her tears sent him into a state of sullen moodiness which would sometimes last for 2 weeks. He was described by her as a good and faithful husband who was, however, failing to support her in the major crisis of her life. His rejection of her extended into an already only partly satisfactory sexual relationship, to the point where she described his approach as thoroughly selfish. They appeared to be failing each other hopelessly.

The third concerns the choice of a highly intelligent professional woman, who has resented the domination of a driving intellectual professional mother throughout her years of development. She marries a noted handsome athlete of mediocre intellectual endowment in the face of enormous opposition from her mother. She sincerely believes that her mother's philosophy is wrong and unrewarding. Her deeper unrecognized need is to triumph over mother and intellectual achievement which mother stands for.

Despite the neurotic need motivating the marriage, all might have been fairly well had fate not played the unkind trick of reactivating her original conflict with her mother by presenting her with a mentally backward child. The presenting symptom is the child's backwardness.

This highly intelligent, grossly immature woman, aged 30 years, complained of her elder child's difficulties with school-work, and

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insisted that something be done to improve her. She considered her daughter's retardation an unbearable disgrace.

She was the eldest of 3 siblings, having 2 brilliant younger brothers. Her mother was a professional woman, and her father a highly intelligent self-made man. At school and university, despite the achievement of top marks, she was constantly reminded by her mother, for whom she had little affection, that her cousins and brothers could do better.

Having completed her university degree, she was married at 19 to the good-looking athlete, who was 3 years her senior, against strong family opposition based on the belief that he was intellectually inferior to her. Despite their minimal common interests and totally different avenues of endeavour, her determination to marry him increased proportionally to her mother's devaluation of his social status and intelligence. Two daughters resulted from the marriage, the elder aged 9 years with an IQ of 78, and the younger aged 4 years, who was very bright.

The family supposition was deeply rooted that the inferior intellect could only have been introduced by the father's genes, and the maternal grandmother's triumphant reproaches were strongly reminiscent of her attitude towards intellectual achievement during the patient's years of school and college. The anxiety which this precipitated had led to the patient's quarrelling with her daughter's school principals for not taking enough interest in the child's education, and had brought her to psychiatry.

By her marriage, she had hoped to triumph over the aspects of her mother's philosophy, which had punished her so sorely during her years of growing up. The idols she had smashed by means of her marriage, had returned to life with a renewed vigour and fearsome vengeance.

The fourth concerns the choice of a good-looking young man who has stammered from his early childhood and is challenged by the cold aloofness of an attractive woman. He marries with the conscious belief that he has met the first woman whom he can respect; she is the first to withstand his sexual advances. His deeper motive was to meet the challenge she presented, viz. to win her sexually. He finds that she is as unconquerable after marriage as she had been before.

This impeccably dressed, good-looking young man, aged 28, was referred to psychiatry by a speech therapist who attributed the negligible success of 3 months of speech therapy to his anxiety and tension. His complaint was a gross aggravation of his stammer since his marriage.

He was the second of 3 siblings, having a domineering mother and a weak unsuccessful father. He was particularly close in an immature dependent way to his mother, who constantly belittled her husband in her family's presence. From his early childhood he fought and almost mastered a stammer which his family and mother especially regarded as a sign of inferiority. As a means of compensation he became keenly competitive in his relationships with his school-fellows, playing all games to win. This attitude followed him through childhood and adolescence, and on entering adulthood the collection of sexual victories became an absorbing and successful pastime.

At the age of 24 he was challenged for the first time by the cold aloofness of the girl who withstood all his sexual advances. After 2 years of courtship he persuaded her to marry him. Her continued refusal after marriage to submit readily to his advances led to a bitter struggle, crowned by frustration and resentment. As the tension in the marriage mounted, so his stammer worsened.

These 4 cases clearly illustrate the tragic discrepancy between conscious needs and unconscious goals. This discrepancy constitutes the major source of the patients' distress and emerges immediately after marriage in the first and fourth cases, whereas in the other two it becomes manifest only after other factors supervene.

It is clear, in the evaluation of the psychodynamics of these people, that their early relationships with parents, siblings and friends gave rise to attitudes which perpetuate conflict and which, by being carried through adolescence into adulthood, influenced their choice of a marriage partner. Distress resulted equally when the marriage actually fulfilled the neurotic requirements or when it failed by not meeting the expectations.

Depending on the maturity that therapy provides, partners, instead of tearing each other to pieces, may agree in all friendliness that each had made an error of judgment in good faith, and decide to separate. On the other hand, maturity and insight sometimes lead to a greater understanding between the partners of their respective needs, and on this may be constructed a happier and more successful marriage. The decision ultimately must lie with them.

It may be easy for the doctor to advise divorce or extramarital sexual adventures, but I submit that these recommendations, even when given in good faith, are ill-advised. In contrast with this god-like demeanour of the one clinician is the diametrically opposed attitude of the other, who believes his obligation to the marriage is exonerated by limiting his concern to his patient only. A greater understanding and acceptance of his responsibility to marriage by the family doctor and psychiatrist, would contribute immeasurably towards a greater knowledge of the problem, and towards a greater degree of marital adjustment.