component, and this could result in overdosage of the barbiturate ingredient.

(iv) Enzyme induction by the barbiturate ingredient could affect the metabolism of either the non-barbiturate component or any other drug being taken concurrently.

(v) Products containing an analgesic and a barbiturate in combination are not suitable for the treatment of either pain or rheumatic disease.

(vi) With products for the treatment of hypertension there is insufficient evidence that the barbiturate ingredient is effective in such treatment or augments the hypotensive action of the non-barbiturate component.

(vii) With products for the treatment of respiratory and cardiac disorders, the barbiturate ingredient may depress respiration in patients with asthma or bronchitis in whom respiration is already impaired and in patients with chronic respiratory disease.

(viii) (In other cases) there is insufficient evidence that the barbiturate ingredient contributes to the action of the non-barbiturate component.

(7) The guidelines are concerned with the marketing of these drugs in the UK for medical use of oral barbiturates in clinical practice. They are complementary to the measures being taken at the present time by the Home Office, under Schedule 2 to the Misuse of Drugs Act 1971, which is intended to prevent the misuse of this group of drugs.

Data-sheet guidelines for use of oral barbiturate preparations (excluding phenobarbitone)

Indications. Severe intractable insomnia.

Contraindications. Uncontrolled pain; children and young adults; the elderly and the debilitated; pregnancy and breast-feeding; patients with a history of alcohol or drug abuse; porphyria.

Drug interactions. Barbiturates cause induction of liver enzymes, so that the availability and blood concentrations of drugs given concurrently that are metabolised in the liver may be affected. These include the following: coumarin-type anticoagulants; systemic steroids (including oral contraceptives); phenytoin; griseofulvin; rifampicin; phenothiazines such as chlorpromazine; tricyclic antidepressants.

Precautions. Reduce dose in patients with renal or hepatic failure.

Warnings and adverse effects. Common adverse effects include drowsiness, sedation, unsteadiness, vertigo, and incoordination. Performance and alertness may be impaired during the first week of administration. Patients should be warned of the possible hazard when driving or operating machinery. These effects may be potentiated by alcohol. Other adverse reactions may include a "hangover" effect, paradoxical excitement, confusion, memory defects, and rashes in patients who may be sensitive to this type of drug.

FURTHER INFORMATION

Addiction potential. Barbiturates have a high addiction potential. Long-term use or use of high dosage for short periods may lead to tolerance and subsequently to physical and psychological dependence. Symptoms of dependence include confusion, defective judgment, and loss of emotional control. Withdrawal symptoms occur after long-term normal use (and particularly after abuse) on rapid cessation of barbiturate treatment. Symptoms include nightmares, irritability, and insomnia and, in severe cases, tremors, delirium, convulsions, and death. Withdrawal symptoms have been reported in neonates after barbiturate treatment during pregnancy and labour.

Introduction to Marital Pathology

Second phase of marriage

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The second stage of marriage is longer than the first and spans some 20 years. During these years the children grow up, the spouses change in their personality, and marital satisfaction drops. A careful analysis of marital satisfaction showed a steady decline from when couples were without children to when they had teenagers, and then an increase to almost the satisfaction of the beginning.[1] An English study confirmed the decline of marital satisfaction until there are teenagers in the family and the subsequent rise, but this was not to the initial degree of satisfaction.[2] Since 60% of divorces occur between the 5th and 19th year of marriage,[3] these years, which roughly constitute the second phase of marriage, are of great importance. But other work has shown that half of the problems that result in divorce start in the first five years of marriage.[4]

Thus, when we study the problems of the second phase of marriage we find both problems continuous with those of the first five years and new ones. These new problems are not clearly delineated, but frequently include change in one or both partners, which introduces instability into the relationship. Once again the five variables—social, physical, emotional, intellectual, and spiritual—will be described.

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Social factors

During the 20 years from 30-50 most couples have a stable home; the few exceptions include social class I executives who are required to move at regular intervals. Regular change of accommodation may be stressful because the couple—particularly the wife—are deprived of the support of friends and relatives and have to make new relationships.

After the wife stops working she becomes financially dependent on her husband. The possible problems of this arrangement were discussed in the last paper. Occasionally marital roles are reversed and the wife goes out to work and earns more than her husband, which may make him envious. But during the second phase of marriage many wives return to work. In the 1971 census 70% of women under 30 who had been married only once were economically active at the beginning of marriage, but this had dropped to 28% by the 6th year and then climbed to nearly 60% during the second phase of marriage.[5] After the childbearing years many wives gain economic independence, which supplements the family income and also gives them some autonomy at a time when the marriage is threatened with dissolution.

The working housewife is prone to undue fatigue unless she receives support from her spouse and children. Fatigue inhibits communication and sex life and leads to instability. Such fatigue, coupled with responsibility for growing children, limits the time a couple have to themselves for their interests, relatives, and friends. They usually adapt, however, and, with the passage of years, relatives—and particularly in-laws—come much closer to the couple. Indeed, evidence exists that divorcees often experience hostility to their marriage from relatives.[4]

A particular problem of these years is upward or downward social change. Upward change for either spouse, but particularly the husband, produces adverse consequences because the husband may now mix with a social group with which his wife finds little empathy. If she worked hard at the start of the marriage to help him while he was studying or starting his business, she may now feel redundant, unwanted, and insignificant compared with his new friends. Downward social change may result from drinking, gambling, or chronic illness, and the wife finds the lack of support intolerable. Another important reason for downward social change is irregular and unsteady employment, which often results from personality and neurotic disorder;[6] hence there are likely to be other conflicts in the marriage when the husband fails to maintain regular employment.

Physical factors

HEALTH

Chronic depressive syndromes may follow childbirth and may have a corrosive influence on the marriage because they reduce the availability of intimacy, sex, and leisure. In fact, any chronic illness at the beginning of marriage may have an adverse impact on the relationship. But the consequences always depend on the resources of the healthy spouse, whose maturity and patience are tested. Clearly the more secure, emotionally stable, and resilient the partner is, the more likely are the couple to cope with the deprivation resulting from chronic incapacity.

SEX

Marital happiness is closely related to sexual satisfaction. In an American study of 100 000 women, 94% of the wives who said they were "mostly happy" described the sexual side of their marriage as good or very good, and, conversely, 53% who reported a poor sexual relationship were "mostly unhappy in their marriage."[8] A British study found that in a sample of stably married women and men, 96% of the former and 98% of the latter claimed that the sexual side of their marriage had both started and continued in a satisfactory fashion or earlier difficulties had been resolved, whereas 38% of divorced women and 30% of divorced men whose initial sexual relationship had been without difficulties said that it had deteriorated later on.[4]

In this phase of marriage the sexual difficulties encountered will be the initial ones that were never mentioned and the ones that developed later. Thus in taking a history it is important to establish when the difficulties started. Apart from the persistent psychophysiological difficulties, what are the common reasons for sexual dissatisfaction during these years?

Attitude of the partner

Complaints made at the beginning of marriage that continue and become established fall into three categories. Spouses who subsequently divorce tend to blame the other partner for being "selfish or inconsiderate" (complaints mostly by women), "cold" (complaints mostly by men), and "cruel" (mentioned entirely by women). Selfishness and cruelty include: failing to show affection before intercourse, reaching a climax quickly without concern for the wife, making love when drunk, forcing intercourse against the wish of the wife, physically assaulting her before coitus, and persistent demand for an unacceptable sexual variation. The commonest complaint is too frequent demand on the part of the husband without consideration of the wife's feelings.

The coldness of the partner refers primarily to the wife who, after the birth of a child[7] or even without this reason, becomes less and less interested in intercourse and finally will not allow her husband to touch her. One of the reasons for this has been described as a sexual phobia[9]: the increasing reluctance of a woman to participate in sexual intercourse is associated with anxiety rising to panic as the time for intercourse approaches. Such a wife will not even allow her husband to come near her.

Extramarital sex

A single or even repeated act of adultery is compatible with continuation of the marriage depending on the attitude of the partner. Extramarital intercourse is, however, a potential threat to the happiness and stability of a marriage. Kinsey found that by the age of 40, 26% of women and 50% of men had had extramarital intercourse.[10]

Clearly such incidences do not closely correlate with those for marital breakdown. But evidence exists that those who divorce and who also had extramarital intercourse tend to experience marital difficulties early on.[4] The extramarital intercourse may either have precipitated the marital difficulties or be a response to them.

Relationship of partners

A gradual decrease in frequency and quality of sexual intercourse may simply reflect a relationship deteriorating in other ways. Thus sexual difficulties during this phase need careful evaluation whether they existed from the start of marriage or developed specifically during this phase.

Emotional factors

The most common contributory factor to a deteriorating relationship is the gradual emotional alienation between the couple. During these years the possible patterns are many; described below are clinical impressions based on some of the commonest. Emotional difficulties in marriage may be defined in many ways: the best is an interaction in which the minimum emotional needs of the couple are not met. The factors to be considered are not arbitrary: they are a combination of dynamic and non-dynamic factors that combine to produce a pronounced impact on the emotional life of the spouse.

TRUST

Few intimate relationships can survive in the absence of trust. Some men and women have a higher need of trust than the average: they may have had unstable childhoods or may have a low threshold of anxiety. Such men and women need spouses who communicate well and avoid uncertainty and indecision. They are expected to inform their partners of their whereabouts, arrive punctually, and behave consistently. Marital conflict results from one partner feeling continuously insecure, which leads to anxiety and depression. The other partners may feel controlled as they have to sacrifice their own style of life.

AUTONOMY

There is a delicate balance between independence and dependence, which every couple develops for itself. Excessive dependence on a powerful, assertive, dominant partner is common. This may suit the couple at the beginning of their marriage, but the submissive partner—often the wife—may gradually gain self-confidence and self-esteem and outgrow her dependence. Often the couple adjust to this change, but if the dominant partner does not recognise, or refuses to accommodate, the changes in his partner, then one of the commonest marital pathologies of these years emerges. The wife, but occasionally the

husband, begins to feel trapped, denied her newly-found identity, treated like a child, and invalidated, and may become angry and aggressive. The anger may persuade the husband to yield, but often the message is ignored and the conflict increases rapidly. The wife gradually loses her feelings for her husband and withdraws sexually, and a vicious circle of marital disharmony is established.

Often the emerging spouse has an extramarital affair and finds someone who responds appropriately to her newly-found strength and the marriage ends. Sometimes the person is trapped between wanting and fearing to go, and becomes progressively depressed. He or she may attempt suicide to break out of the impasse, or repeatedly leave and then come back after a short interval. He wants his wife to change in her attitude and her failure to do so makes him furious, but they are unable to take the initiative and go, particularly if there are young children.

INITIATIVE

Spouses who are afraid of being dominated choose partners who are kind, considerate, passive, and easily controlled. After a number of years the "dominant" person is fed up with the passivity chosen and provokes the partner to activity and initiative. Such men and women complain they are fed up of being in charge and want to become dependent on their partner, to be looked after by them. Sometimes this reversal of roles is possible; often it is not. The passive individual is bullied and blamed for the very qualities for which they were chosen, and once again an unhappy stalemate may result or the marriage may end.

SELF-ESTEEM

Some men and women enter marriage lacking self-esteem: they may be outwardly assertive but underneath they lack confidence in their intellect and appearance, are easily hurt or rejected, and have a paranoid personality. Such people often grew up in families where they never felt appreciated, and felt that a brother or sister was preferred. They may alternatively have had a normal childhood but lost self-esteem in their adolescence.

Often persons lacking in self-esteem choose a partner who is inferior to their genuine potential. They may marry someone below their educational or social level, someone who is unattractive, or, far more important, someone who does not communicate affection. Such men and women subconsciously need greatly approval, affection, and affirmation. Later these pressing needs reach consciousness and create conflict, which is experienced as tension, hostility, or depression. They want approval and affection from their spouse and do not know how to seek it. They may make tentative approaches which do not produce any reaction because their partners are themselves often unable to express good feelings.

These complex layers need careful and simultaneous exposition if the couple are to be helped. The person with poor self-esteem needs to be reassured that it is perfectly in order to accept affection; the spouse should be encouraged to offer affection instead of persisting in reproaching his or her partner.

CONFLICT—ANGER—GUILT

Conflict leads to anger; some people find it easy to express anger whereas others do not. The latter find it difficult to believe that anger is not utterly destructive, feel excessively guilty after expressing it, or are afraid that their anger is so powerful that it will destroy their spouse. Suppressed or repressed anger not only means that conflicts are not worked out, but that anger accumulates and may generate anxiety or depression with considerable guilt.

ENVY—JEALOUSY

Envy or jealousy may arise early in the marriage, but usually develops later when the partners get to know each other better and allow their competitive, deprived feelings to be expressed.

All these patterns may be given an individual interpretation by the therapist. The various schools of psychoanalysis have their own individual theories, but they share the belief that the important intimate relationship between child and parent is repeated in the second intimate relationship of marriage. My descrption has been based on the theory of Erikson,[11] but other dynamic explanations may be relevant.

Intellectual factors

The essential point of the second phase of marriage is that the deeper layers of the personality are seeking expression, which may disturb the emotional arrangement. The couple relate with parts of themselves which were initially undeveloped, unacceptable, or unconscious, and linked with guilt. The single most important feature of this phase is the change in outlook, attitudes, opinions, and values. Conflict may arise when the husband, for example, becomes predominantly occupied with the values of his work, which gradually alienates him from his wife, who feels housebound, preoccupied with children, lacking in intellectual challenge, and unable to keep up with her husband. Alternatively, such a man criticises his wife for her "stupidity."

Another form of differential growth is when either partner cultivates intellectual or aesthetic interests that separate him or her from the spouse so that gradually husband and wife come to have little in common.

Spiritual factors

When couples have different faiths there may be conflict over how to raise the children. Other difficulties may arise from conflicting attitudes to birth control, sterilisation, and abortion. These specific problems, however, tend to aggravate other difficulties rather than create major difficulties in themselves.

During these years the outlook on life may change. Either spouse may develop a simpler, less materialistic outlook, whereas the other, often the husband, continues to seek material advancement. The conflict between material and spiritual values becomes more evident during these years and may gradually separate the basic outlook of the couple.

Children

The primary school child may have problems that reflect mental conflict: school phobia, antisocial behaviour, delinquency, and feeding or elimination problems. The adolescent child needs to express his autonomy, which leads to normal conflict with parents. Considerable difficulties arise when parents are unnecessarily oppressive; their children express their frustration by getting into all sorts of difficulties, but especially sexual adventures. Depressive reactions, suicide gestures, and antisocial behaviour may also occur. Other adolescents are excessively dependent on their parents, which makes them frightened to face the adult role. Even when they do face it, some of them feel empty and lacking in self-esteem, and become withdrawn and isolated. Experiencing these difficulties parents may become united or, if they are having marital problems, the family may be split, with one person becoming the scapegoat blamed for the collective difficulties of the whole family.

This is the sixth in a series of eleven papers and no reprints are available

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