

Theodore Lidz

Marital Adjustment



The Person

Marital Adjustment

Theodore Lidz

e-Book 2016 International Psychotherapy Institute

From *The Person* by Theodore Lidz

Copyright © 1968, 1976 by Theodore Lidz

All Rights Reserved

Created in the United States of America

Table of Contents

Marital Adjustment

THE EFFECT OF MARRIAGE ON PERSONALITY STRUCTURE

THE TRANSFERENCE OF PARENTAL TRAITS TO THE SPOUSE

MECHANISMS OF DEFENSE OF THE MARRIAGE

THE FUSION OF THE FAMILIES OF ORIGIN

EQUITY IN MARRIAGE

MARRIAGE AS A SUPPORT

THE SEXUAL ADJUSTMENT

THE SINGLE LIFE

Marital Adjustment

The topic of marital adjustment is often taken to refer to the couple's sexual adjustment. Even though the sexual adjustment is of vital moment to the future of the marriage, the subject has much broader ramifications. It involves the requisite shifts within each person—within the personality of each—that make possible the necessary interrelationship that proximates a coalition; it concerns the finding of reciprocally interrelating roles that permit the meshing of activities with minimal friction; it includes the reorganization of the family patterns which each spouse learned at home, and which may involve differing ethnic and social class patterns, into a workable social system; it concerns how the childhood family romance of each partner can find consummation. The achievement of a sexual union that satisfies the erotic needs of both partners fosters mutuality and can lessen the tensions that mount in each partner and the strains in the relationship that must inevitably arise. In general, it can be the lubricant that eases friction. It often serves as a sensitive indicator of the maturity of each partner and of their capacity to interrelate on an intimate and adult level. Yet it is but part of the total relationship, and it will pall if it is not emergent from a satisfying and fulfilling interpersonal relationship.

When a marriage gets off to a good start, it forms a stabilizing influence for both spouses and a new opportunity for self-realization. Life becomes a new adventure filled with opportunity to live out what has long been imagined. Both partners relish having the other so interested in their well-being and feel secure in being the center of the spouse's interest and love. Activity, thought, and fantasy have a new tangible and legitimate focus which gives a new coherence to one's life. The companionship banishes loneliness, and sexual satisfaction brings a sense of release and fulfillment that mobilizes energies for the pursuit of incentives derived from the marriage. Many new tasks provide novelty. During separation between breakfast and supper, which can seem very long, the thoughts of each turn toward the other, sharing in fantasy until rejoined. The freedom of sexual intimacy and mutual exploration lends excitement which, in turn, leads to a newfound calm. Each partner makes mistakes and is apt to misunderstand, but evidence of love negates any intent to hurt. The glow of the first months of marriage, with its romantic and even unrealistic overassessment by the spouses of each other, can provide an opportunity for the couple to gain a true familiarity with one another, to gain reciprocal roles, to learn

how to share their lives.

However, even the best-matched couples encounter difficulties in adjusting to the new life together. The harmonious transition from honeymoon to ordinary life is often hampered by various disagreements and disappointments that can mount to resentment and regrets over the commitment. Most couples are well aware that such difficulties are likely to arise and feel determined that they will not happen in their marriage. The potential sources of friction are legion, and there seems no reason to try to catalogue these common sources of irritation which can mount to chronic disappointment or discord when one or both partners feel the other is selfish and does not reciprocate in investing effort and showing concern for the other. Topics that the couple have difficulties in discussing because they seem so intensely personal, such as sexual desires and dissatisfactions (which will be discussed later in the chapter), personal hygiene, or jealousies of parents-in-law, can become serious sources of resentment. These early months can contain periods of trial when each spouse may wonder about the wisdom of the marriage and experience anxiety about the future.¹ Even when things go very badly the newlyweds are reluctant to let others know of their plight, and will suffer in quiet resentment and despair before falling back on parents or friends for advice as they might desperately wish to do.

The marriage ceremony is not the end of the story as it is in so many romantic novels, and most couples are very aware that it only marks the beginning of a new stage of life in which happiness or contentment must be achieved rather than simply expected as a consequence of the marriage. However, those adolescent girls and young women for whom finding a suitable husband has been a major goal may forget that it is but a means toward achieving a rounded life. Relatively few women now stop their vocational and educational activities simply to live as housewives, and those who do may soon become bored, irritated that their husbands do not continue to provide excitement, and worried about the emptiness of their days; those women may decide somewhat prematurely to have a child to bring meaning to the marriage rather than as a product of marital fulfillment.

THE EFFECT OF MARRIAGE ON PERSONALITY STRUCTURE

A successful marriage will usually both lead to and require a marked reorganization of the personality structure of each partner that will influence the further personality development of each.

The marriage necessitates forming a union in which certain functions are shared, others undertaken by one spouse, and in which some aspects of individuality are renounced. Certain facets and traits of the personality will be developed further and others fade as the personality configuration changes in relation to a new most significant person. The nature of such personality reorganization is difficult to state coherently but may be elucidated through considering the changes somewhat schematically in terms of the *structural concept*.

The ego functioning of each spouse must expand in marriage to consider the other as well as the self, and also the marriage as an entity. Optimally, the spouse becomes an alter ego whose desires, needs, and well-being are considered on a par with one's own, and whose opinions and ideas are taken into account in reaching decisions affecting spheres of common interest. Many wives continue to place their husbands' occupation before their own, but compromises must be made when both are pursuing careers. If a working couple adhere to a traditional division of tasks in the home, the wife will have far less free time than the husband; and many couples now seek a more equitable division of roles and household work. Consideration of the spouse involves small matters as well as major decisions, and indeed becomes an inherent part of a way of life. The wife cooks the hamburgers her husband likes rather than the artichoke salad she would prefer. The choice of a movie involves weighing the intensity of the preferences of each. The purchase of a house and the selection of a neighborhood in which to live cannot be the sole decision of one partner without creating difficulties. The couple realize that they have become interdependent in many areas and that the well-being of each is bound up with the contentment of the other. It is not a matter of the willingness of one to sacrifice for the sake of the spouse. Self-sacrifice leads to masochistic attitudes that can slip over into punishment of the other through suffering. In the intimate relationship of marriage, each member finds a major reward in the comfort, absence of tension, and warmth of affection achieved when the spouse feels relaxed and happy; and each strives, consciously and unconsciously, for this reward. The situation is analogous to the process through which the infant and mother achieve mutuality, discussed in Chapter 5. The process requires more than intent and the desire to please, for it cannot transpire without an understanding of the needs and preferences of the other, recognition of what is crucial to the happiness of the other as well as to one's own, and an ability not to confuse the other's preferences—which can be set aside—with the other's needs. As women have usually become more attuned than men to interpersonal relations as they grow up, the wife is usually

more sensitive than her husband to the other's ways and needs; but men, too, can learn the rewards of meeting another person's needs. It is when one or both partners give up efforts to achieve such satisfaction from the marriage that difficulties become serious; and when efforts to gain one's way through bargaining, the use of various wiles, gamesmanship, or deceit become prominent (Bernard, 1964).

The superego directives of each partner also change to meet the superego standards and cope with the id impulses of the spouse. Each partner grew up with differing parental and societal directives that have been internalized as superego directives. A husband may be placed under new standards by his acceptance of his wife's aspirations for him; or modify his drinking patterns because of his wife's attitudes about alcohol which she assimilated from her mother; or his wife's superego may permit him to overcome repressions fostered by his own superego restrictions and engage in sexual behavior which previously had been barred even from his fantasy. We may note that the tragedy of Macbeth unrolls as Macbeth's superego injunctions against regicide are overcome by his wife, who has fewer conscious scruples in the way of her ambition; and her taunts of his weakness and cowardice vanquish his conscience. Indeed, a spouse's value system will usually markedly modify the value systems derived from parents which initially formed the foundations of the superego directives. Discrepancies between these two major sources of behavioral guidance can create considerable conflict within the individual, between spouses, and between a spouse and in-laws.

Alterations in the expression permitted to id impulses follow as a consequence of modification of the superego; but other influences are also effective. Consideration of the partner's sexual urges are clearly basic to a satisfactory sexual adjustment. Persons will, at times, be motivated to sexual activity by their spouses rather than by their own urges. A new freedom in giving vent to sexual drives follows the availability of a sexual outlet that is not only permitted by society and parents but is even an obligation. The release of interests tied up in conjunction with sexual repression extends beyond the area of sexuality and provides new energies that can be turned to constructive uses and permit the development of a more harmonious and rounded personality. The aggressive and self-preservative drives of the spouse are also important; it is obvious that efforts to keep a spouse's aggression minimal are important aspects of marital adjustment. The *ego defenses* that the partner utilizes in order to control id impulses must also be respected lest the partner's ensuing anxiety create serious problems. Of course, certain

defenses—such as a wife’s obsessive cleanliness that restricts her husband’s activities, or a husband’s projections of blame onto his wife—can create considerable marital difficulty. Still, a husband or wife frequently accepts a spouse’s peculiarities as well as defenses as perfectly reasonable in order to maintain harmony. Thus, a young wife was willing to adhere to a rigidly restrictive diet even though she was not obese in order to placate her husband, who needed her to have a boyish figure to stimulate him sexually. Many married persons rapidly learn what they must do or not do in order to avoid angering the partner, even if the partner’s need seems very unreasonable.

The personality may also change gradually after marriage because of a shift in identification models, notably by taking on characteristics and standards of a parent-in-law. A young attorney whose father had been a farmer married the daughter of a federal judge. He soon began to resemble his father-in-law in many ways, in his gestures and intonations as well as in his politics and ambitions. His admiration of his father-in-law may have been a determinant of his marriage, but his wife had probably been attracted to him because she saw in him characteristics that resembled her father’s—and she unconsciously fostered the development of these traits in her husband. In the process the young attorney acquired an identification that began to direct his career. Indeed, the German adage that a man’s career is commonly continued by his son-in-law recognizes the woman’s tendency to fall in love with a man who is like her father.

Some women, however, ambitious for themselves through having competent husbands, may have had to compromise and marry men who do not live up to their aspirations; and others, who wish to shape their husbands, marry less forceful and more malleable men. Difficulties can then ensue because the wife sets out to remake her husband in the image of her own ideal, which may be difficult for the husband to tolerate, for directly or indirectly his own sense of adequacy is being undermined, and his potency may decline as well, either because of his feelings of inadequacy or as a means of passive rebelliousness.

THE TRANSFERENCE OF PARENTAL TRAITS TO THE SPOUSE

Almost everyone tends to “transfer” parental attributes to a spouse because the relatedness to the parents forms the foundations for relationships with other intensely significant persons. These

transferences lead to some blurring of the marital relationship when spouses are seen more in the image of the parent than as they really are. Indeed, herein lies the source of many neurotic marital conflicts, and it is often complicated by the choice of a person who actually fills the shoes of the parent. On the one hand, a person may be upset when the spouse does not remain true to the needed image and breaks the illusion; on the other, undesirable traits of a parent are attributed to a spouse erroneously. A newly married woman, for example, became upset and punitively withdrawn whenever her husband took a cocktail before dinner and infuriated when he took two. She expected her husband to become abusive after a few drinks, drift away from home after dinner, and come home intoxicated late at night. Only during psychotherapy did she realize that nothing in her husband's past or present behavior warranted her fears and anger. She had married a man who had some resemblances to her father, and who she thought had her father's good traits without his tendency to go on alcoholic sprees that had created many anxiety-filled nights for her family during her childhood. The husband's taking of a cocktail had mobilized concerns about the imminence of divorce that neither she nor her husband had been able to understand. A common source of impaired communication lies in such misinterpretation of even minor signs in terms of parental behavior. A man accustomed to his mother's resentment whenever he was late for supper, enters his own home with a chip on his shoulder whenever he is late and starts counterattacking as he opens the door. He has no chance to find out that his wife has been awaiting him calmly and cheerfully, for as the daughter of a general practitioner whose hours were very irregular she did not, like his mother, expect her husband to appear on schedule.

The narcissistic needs of a husband or wife for unceasing admiration also usually reflect ways of relating to a parent of the opposite sex. A husband may need his wife to support his masculinity by admiring his athletic prowess or his charm with women as had his mother. A wife who had been her father's favorite, who had been pampered and praised for her beauty, and had usually been able to "twist her father around her finger" by her seductive behavior, expected her husband to continue to admire her beauty and stop whatever he was doing to fondle her whenever she flirted with him, as he had done during their courtship. She felt hurt when he criticized her poor cooking and lackadaisical housekeeping and when he could not be sidetracked by her pouts and seductive twirls. Further misunderstandings arose when her husband failed to realize that his wife's display of her nude body before a mirror was for her own admiration or to elicit praise from him rather than an invitation to have

sexual relations.

The Parental Roles of Spouses

Such examples of difficulties that may result from transferring parental attributes to a spouse should not be misconstrued to indicate that the wish for a spouse to fill something of a parental role is necessarily neurotic or detrimental to a marriage. Indeed, a marriage encompasses desires to complete the family romance that had to be frustrated in the family of origin. Even mature persons seek something of a parent in a spouse. It is a matter of the proper balance of such needs. Even a husband who can be decisive on his own and unhesitatingly accept the responsibility for his wife and family will welcome a maternal nurturant attitude from his wife when he is ill or disheartened. The capacity of a spouse to be protectively and affectionately parental and conversely to be able to permit the other to provide solace can be particularly important during times of stress, disappointment, or loss, when the disturbed spouse can feel troubles dissolve through receiving tangible evidence of being loved or wanted. The ability of a couple to sustain one another and give of themselves during times of difficulty is a critical aspect of any marriage.

We have been examining how the personalities of persons alter in marriage and how their “structures” change through the interrelationship. The changes involve something of a fusion of the personalities in which each gives up some aspects of independence for the benefits of a new interdependence. Of course, unless individuality and individual interests remain, there can scarcely be a meaningful and lasting interrelatedness. Still, in forming the coalition both spouses leave themselves vulnerable to feeling incomplete if the other is lost, and they accept the risk of giving themselves in expectation of receiving in return—a commitment that can lead to profound hurt.

MECHANISMS OF DEFENSE OF THE MARRIAGE

The coalescing of personalities and the dependency upon a spouse often lead to a remarkable inability to perceive a spouse’s faults and mistakes. We frequently find one partner constructing defenses to cover a spouse’s weaknesses rather than to defend the person’s own ego. When the attachment is needed greatly one partner may construct a whole array of defenses against the recognition of something

that could disrupt the relationship. A woman who had waited three years for her husband's return from overseas combat duty during World War II blossomed when she had news that he was finally en route home. Yet within two weeks of his return she was suffering from an agitated depression and was profoundly delusional. She had been orphaned early in life and had fallen in love with her husband and idolized him while still in her early teens. She had never recognized that he could be difficult, stubborn, and insensitive, even though he was brilliant, competent, and a strong father figure. In the hospital she castigated herself for not feeling adequate love for her husband. She could think of no sources for her current unhappiness until she was urged to re-create in detail just what had happened upon her husband's return. Then she recalled that his first words when they met on the pier were "My, but you've grown older," and after their first sexual union he remarked, "Is this what I've been waiting three years for?"

The need to defend the partner and accept his beliefs can extend to become a *folie a deux*, which in minor forms is far from uncommon among married couples. An attorney, after losing a local election which he considered critical to his career, believed that the mayor who had been his close friend was responsible for his defeat. His friends and relatives could not persuade him that the mayor had extended himself to try to secure his election. His bitterness reached delusional proportions when he believed that the mayor was sabotaging his legal practice. His wife, otherwise a very sensible woman, shared his animosity and became enraged at her relatives when they tried to convince her that her husband was in error and that they were being unjust and hurting themselves in defaming the mayor.

THE FUSION OF THE FAMILIES OF ORIGIN

The interrelationship of two persons to form a marital unit involves the reorganization and fusion of the influences of both of their families of origin. The families in which they were reared have been incorporated into their personalities and all persons retain many attitudes originating in their families concerning marital roles, marriage as an institution, and the value of family life. Further, the family of origin incorporated the values, mores, and sentiments of its ethnic, religious, and social class origins and each spouse carries such cultural values and mores into the marriage. Such considerations are particularly important in the United States where marriages often cross the various cultural boundaries and where the new family gains cohesion and form through the blending of the two personalities rather

than through merging into a network of kinfolk (see Chapter 2). The greater the divergence of backgrounds, the greater difficulty the couple may find in achieving a satisfactory reciprocal relationship.²

The couple share the tasks of the marriage and the roles they fill according to their own dispositions, particularly before they have children, but they have expectations of how to move into reciprocally interrelating roles that derive from the patterns in their families of origin, which each may believe are the natural and proper way of doing things. When couples decide to share household tasks between them, they are unlikely to have any models to follow and must make conscious shared decisions about what each partner will do. As tasks such as housecleaning, laundering, and cooking are still not carried out with much spontaneity by many men, wives may resent their husbands' dilatory, if not refractory, participation in their agreement. However, even when the couple adhere to more or less conventional patterns, there can still be marked discrepancies that lead to conflict. Many personality clashes in marriage are basically clashes between such role expectations. A marriage between a Midwestern Lutheran man and a Catholic woman of Irish and German extraction encountered serious difficulties from its inception despite the husband's premarital agreement not to interfere with his wife's Catholicism and to permit their children to be raised in her faith. He later insisted that having grown up in a small farming community composed entirely of Protestants, he had no idea that Catholicism was a way of life as well as a religion. In seeking to follow his own Germanic family pattern in which his father had completely dominated the family, he became infuriated when his wife placed the dictates of the Church above his wishes. He was angered when she went to confession, considering that their life was no concern of the priest's, and he resented her insistence on attending morning Mass when he expected her to be serving breakfast to him. Even though the wife was willing to modify her religious practices, she soon found that she felt uncomfortable and insecure when deprived of the pattern.

Reciprocal Versus Collateral Marital Roles

There are some fundamental differences in families that can be very difficult to bridge, particularly if the spouses are unaware of the great differences in their orientations to family life. In somewhat simplified form we may consider that the contemporary urban American family tends to rest upon companionship between the spouses and finds its stability from the couple's finding reciprocal

interactional patterns agreeable to both; but other families, including many in lower socioeconomic groups, tend to find stability in an institutional pattern common to many cultural groups in which the roles of husband and wife are parallel or collateral rather than interactional. In the collateral type of family the husband and wife each have sets of functions and roles to carry out, and the marriage is more concerned with a way of sharing the tasks of life and having a home in which to rear children than with providing companionship for the spouses. Such nuclear families are likely to be part of a more extended family system (see Chapter 2 and Bott, 1955). In these families the spouses gain support and definition for their lives by having rather clear-cut roles to fill and tasks to earn out and from interrelating with the larger family group rather than from the companionship and personal support of the spouse. Even when persons who have emerged from collateral families have modified their views by contacts with the more common companionship type that is portrayed in motion pictures and stories, residues are likely to remain that can interfere with their finding harmonious relationships with spouses raised in isolated nuclear families. Thus, a young woman from a New England Protestant family married a man of Greek Orthodox extraction who considered himself liberated from the old traditions. However, the wife became upset when he took it for granted that he would spend much of his free time in coffeehouses with male friends, whereas he objected to her passing an evening with a bridge club rather than with his sisters.

Autonomy of the Family

The highly mobile self-sufficient family made necessary by contemporary industrial society requires that the primary allegiance of each marital partner shift from the parental to the marital family; that the center of gravity, so to speak, be established within the nuclear family; and that decision-making functions be assumed by the couple. However, the interference of parents in a marriage and the use of parents as a major source of security are common disruptive forces in marriages. A New York family had not really become a unit even after fifteen Years of marriage and the birth of three children. The husband complained that his wife placed more importance on her mother and sisters than on him. She refused to move away from an apartment house in which her mother and married sisters lived, even though this required the husband to travel two hours to work each morning. The sisters spent a large part of the day together and it was a rare evening when one of the sisters was not in the apartment. The wife discussed each family quarrel with her sisters and consulted them before any major family decisions were made.

The wife agreed with her husband's account but insisted that his devotion to his mother was largely responsible for the situation. He spent two evenings a week with his mother and usually expressed his mother's views rather than his own when they argued. She complained that because of her husband's neglect she could not have tolerated the marriage without her family's company and help in raising the children. Fortunately, with professional help, both managed to see that their attention and loyalty to their original families had never permitted their own marriage to become firmly established.

EQUITY IN MARRIAGE

As we have noted, a large proportion of young married women continue in the occupations outside the home, at least until shortly before the first child is born. Many husbands, in turn, seek to help with the household work; and increasingly agreements are made concerning a reasonably equitable division of tasks. We must realize, however, that the majority of working wives, perhaps seventy-five percent or more, do not desire their husbands' help with domestic work. They continue in the tradition which gives precedence to their husbands' emotional needs and satisfactions with their marriages. Women's expectations are changing, but up to now problems of redistribution of roles and tasks exist largely among college graduates, and particularly in dual-career marriages. Women who are pursuing careers almost always expect a reasonably equitable sharing of domestic tasks, and marry men who expect to help them with household work, if not share it with them.

Even when the couple can decide just what each will do in earning out the essential tasks of a married couple—earning money, cooking, cleaning, ironing, etc.—problems are very likely to arise. As the Rappaports (1975) point out, even though great strides have been made toward political, economic, and ideological equality of the sexes, the issues surrounding equity in the family sphere have only begun to be touched. Relatively few men have been brought up to be efficient housekeepers or cooks; or to consider dusting or sewing as their jobs or as men's work. Proper housekeeping requires considerable skill. Many men do not know where dust collects, or note the scuff marks on the flooring. It takes time to learn and a desire to learn. Husbands are apt to help their wives with domestic chores rather than take the active responsibility for specific tasks, as is necessary for equitable division of labor. Many prefer to mow the lawn, wash windows, make repairs, etc., but leave the daily repetitive nitty-gritty to their wives.

Even if an equitable distribution is carried out, some husbands who consciously are willing and conscientiously do the cooking, sewing or ironing find themselves losing their self-esteem—in some instances to the extent of affecting their potency—when they occupy themselves with tasks that they and society have considered feminine. Similarly, some wives, even though they ardently wish to have a career, may become unhappy when their husbands measure them in terms of grades, completing a thesis, promotions, or earning capacity. Such emotional strains may require conscious recognition in dividing up the tasks of living to achieve equity in marriage. The Rappaports (1975) have found the concept of “identity tension-line” useful in understanding how far a couple can go in establishing and assuming identities that differ from sociocultural definitions of male and female identities. When discomfort and irritability in earning out a role or task arise, the spouse may be expressing the sentiment “this is as far as I can go in experimenting with a new definition of sex-roles without having it ‘spill over’ into my own psychological sense of self-esteem” (Rappaport and Rappaport, 1975, p. 428). It may be dangerous to an individual’s emotional health or to the integrity of a marriage to push oneself beyond such limits or for the husband or wife to insist that the spouse do so. The balance between the couple can be redressed in some other way, or at some later period in the marriage. Indeed, when tit-for-tat bargaining must be carried out and young spouses are each defending their rights rather than seeking mutuality, other areas of married life are usually very unsatisfactory.³

The problems related to equity between marital partners can, with a modicum of good will, usually be solved even in a dual-career marriage as long as the couple are childless. More difficult and realistic problems arise when there are children, which concern what kind of offspring the couple wish to produce as well as the continuity of both careers—but we shall consider such difficulties in the next chapter.

MARRIAGE AS A SUPPORT

The capacities to adjust to marriage and the potential for growth through marriage depend upon the successful passage through prior development stages, particularly upon having gained during adolescence a suitable identity as an individual reasonably independent from parents, and capacities for intimacy. Nevertheless, many marriages between persons who have not had an unblemished passage through prior developmental stages, and who may even be rather seriously impaired, are adequately

successful. "An arch," wrote Leonardo, "is a strength built out of two opposing weaknesses." Couples who are fortunate have unconsciously sought out and found partners with complementary needs. A woman who feels unable to empathize with babies and make decisions about children's needs finds a man with strong maternal tendencies and who, as an oldest child, has had considerable experience in helping raise his younger siblings. Some partners know that they each have shortcomings and try to help one another manage. Indeed, even marriages between mature persons are helped when each knows that he or she is far from perfect and does not expect perfection from the spouse. Some persons marry knowing that the marriage will be difficult, but believe that it will be better than life alone. Marriage provides an integrating force, not only because of support from the partner, but also because it provides tangible tasks to cope with, rather definite roles to take on, and a position within society. However, even though personality problems can be helped by marriage, they more commonly create difficulties, for marriage presupposes reasonable independence, a secure ego identity, and capacities for intimacy from each partner.

THE SEXUAL ADJUSTMENT

A mutually satisfying sexual relationship, while not essential to a satisfactory marriage, is usually critical to marital happiness. Currently, in marriages that rest on the interaction between spouses and on companionship, the sexual goal of both partners is to experience orgasm, which not only offers relief from tension but ecstatic pleasure enhanced by providing a similar experience for the spouse. The release and enjoyment of a good sexual relationship smoothest away the rough edges of the minor incompatibilities that occur in every marriage and the frictions that arise in daily living. Sexual incompatibility will usually reflect disturbances in other areas of the marriage that have engendered resentments, anxieties, fears, and even loathing that virtually eliminate the potentialities of achieving sexual harmony. Various personality disturbances may interfere with participation in the sexual act or enjoyment of it; some of these problems have been discussed in previous chapters under the following topics: achievement of capacities for intimacy, attainment of a secure gender identity, and the gaining of adequate independence from parental authority.

Early Sexual Problems

As many, if not most, persons who now marry are no longer virginal and many couples have attained a satisfactory sexual relationship prior to marriage, a discussion of problems of sexual adjustment may have more properly been placed in the chapter on adolescence. However, many couples still wait until marriage to consummate their relationship sexually, and still others have married despite sexual difficulties, or because one partner has concealed the lack of satisfaction from the other. In any case, it is convenient to be old-fashioned and imagine that the couple are relatively inexperienced sexually, at least with one another, when they marry or decide to form a permanent relationship.

Some difficulties in sexual adjustment frequently occur in the early days of the marriage as reflections of inexperience, ignorance, sensitivities, and difficulties in communication that can be overcome by collaborative effort when pertinent advice is available. If uncorrected, such early maladjustments can freeze into chronicity or deepen into serious incompatibilities, spilling over and blighting any chances for a happy marriage. The husband who has had difficulty with his potency becomes fearful of rebuff, resentful of his bride who does not or cannot help him, and worried about his masculinity, withdraws; the bride who is tense and finds intercourse painful and disappointing seeks to avoid coitus. The topic of sexual adjustment in marriage has endless ramifications; here, we shall be concerned only with difficulties which frequently arise early in marriage and which are not necessarily due to severe individual personality disturbances or which are reflections of notable incompatibilities in other areas of the marital relationship.

The physician, nurse, clinical psychologist, and social worker require knowledge of the sexual act and the problems that interfere with its satisfactory consummation. People may go to the clergyman or the attorney with other problems arising in marriage, but they tend to turn to the *physician*, nurse, or marital counselor for help with sexual problems. Further, alert physicians find that many physical complaints that bring patients to them are essentially displacements of sexual problems. All too frequently *physicians* are not authorities on sexual matters, and may give advice according to stereotyped concepts, or according to what their particular socioeconomic and ethnic groups deem proper and satisfactory. Sexuality in practical, everyday marital terms has only recently become part of the medical curriculum, yet patients are very likely to regard the physician, and particularly the gynecologist, as

someone who has learned all about such matters. But gynecologists, with some exceptions, are notably uninterested in patients' personal problems, or in their sexual difficulties, except those stemming from anatomical and endocrine pathology.

The Victorian Heritage

I have some hesitancy in writing about sexual adjustment in marriage, which has been the subject of many popular treatises, because recent studies have made it clear that even widely recognized authorities have offered considerable erroneous and even harmful advice based upon folklore and pet preconceptions rather than upon scientific foundations. Sexuality is not a topic that benefited greatly from the scientific revolution, until the studies of Masters and Johnson (1966), remaining under the extensive repression that had been our heritage of the Victorian period. Havelock Ellis and Freud sought to sweep away the barriers, but even they promulgated erroneous concepts which their reputations have helped perpetuate.⁴ Residues of this morality still linger in current mores; and though it still influences the formal ethics, it has been pretty well shattered as far as upper-middle-class society is concerned. However, white lower socioeconomic groups still are affected by it. Sexual mores vary widely with socioeconomic class and ethnic grouping.

Intimacy and Sexuality

Sexual compatibility forms a critical measure of two persons' capacities to achieve true intimacy. It forms a test of the security and stability of personality development. Here, individuals must perform very much on their own and achieve without the support of their parents. They may blame parents for difficulties, but it will help little; but the ability to turn to the spouse for help, or for both to work through problems together, can be decisive. People feel that sexual abilities are somehow a reflection of something very basic in them; and each spouse feels revealed as well as naked before the other.

The proper earning out of the sexual act and the enjoyment of it involves an ability to give way to the irrational, the timeless, the purely animal in one: it includes a loss of individuality in a temporary fusion with another. It contains the potentiality of leaving behind the tensions of civilization as one loosens the bonds to reality to float again in the purely sensuous. Here, one needs to be unabashed by the

nakedness of impulse and drive, by recrudescence of the infantile and the revealing of much that one has sought to hide from others. The woman requires a capacity to rescind control and give way before an ecstasy that seems to threaten to overwhelm and annihilate her by its very intensity. The man needs to have moved beyond fear of reincorporation into the mother, a fear of engulfment by the womb. The sexual act contains a definite and direct relationship to infantile relatedness to the mother, with a renewed interest in sucking, in odor, in skin eroticism; and a reawakening of old forbidden desires to explore and play with orifices. So very much that has been learned needs to be undone; much that has been forbidden and long repressed and kept unconscious but that haunted dreams and masturbatory fantasies needs to be released to permit sexual intimacy and enjoyment and to allow fulfillment rather than provoke shame and guilt. The very good sexual adjustment demands such abilities to reverse the socialization process—and yet to permit the individual to be secure in the feeling that the regression and reversal will be only temporary and not reclaim the self.

Fortunately, the strength of the sexual drive is great, and to some extent the movements used in the sexual act are inherent, firmly built into the organism. When the partners are reasonably mature and desire one another, they can usually work through the difficulties and with patience find a unique source of profound pleasure as a shared experience that heightens their love. It provides relief from tensions and a total absorption that obliterates concern and can lead a couple to believe that no other pair has experienced similar pleasure and that they are uniquely matched. The fulfillment binds them closer, whereas frustration tends to separate them as their urges crave satisfaction.

A college education and even a modicum of sexual experience premaritally are no assurance that the individual is knowledgeable or has had any experience that was remotely satisfactory; and sometimes a person who has functioned well premaritally experiences difficulties with a spouse. A couple who had lived together before marriage for two years among Bohemian friends and had a highly enjoyable sexual relationship encountered difficulties almost immediately after legalizing the relationship when the husband frequently was unable to have an erection with his wife, and then sought to reassure himself about his masculinity by having extramarital relationships. He could no more consider his wife as a sexual object than he had been able to think of his mother as having sexual relations.

The Marriage Night

The bridal bed of the marriage night is frequently far from an optimal place for the consummation of the marriage. The long anticipation, the fatigue, intoxication, and anxiety can interfere with the act, and set off a chain of unfortunate consequences. According to medical and psychiatric tradition, the bride may be so pained and shocked by the trauma of having her hymen ruptured that she can become bitterly resentful toward her husband and fearful of further sexual experiences.⁵ Such concerns have led virginal brides to have dilatations prior to marriage—sometimes upon the urging of the gynecologist from whom they sought contraceptive advice. However, other factors are more likely to impede adequate performance and undermine the confidence of either in his or her capacities.

The husband's concerns over his adequacy turn toward his ability to have an erection and maintain it sufficiently long to satisfy his wife, and often, about whether or not he will be able to have coitus frequently enough. Stories of impotence and premature ejaculation may trouble him, particularly as many men have had such difficulties on some occasions. The wife will be concerned with her responsivity—with whether or not she will be frigid, whether she will be able to have an orgasm and even if she will behave in a proper manner, not knowing just what a proper manner should be. At present, she may be more concerned about not seeming adequately passionate or free to engage in variant sexual acts than about whether she will seem “ladylike.”

Physical Sources of Sexual Frustration

Indeed, an inexperienced couple may have difficulties with penetration; and even if they do not fail, the coitus may be painful to the wife and afford neither any satisfaction. Let us consider the sources of such difficulties.

The young male becomes fully aroused sexually more rapidly than the woman, even without actual physical stimulation. With an erect penis and concerned about carrying out the act, he may seek to penetrate his wife before she is physically ready. The woman has the task, which may at first be difficult, of being able to relax her perineal musculature in the time of excitement. She may experience spasm of the muscles at the orifice and in the lower third of the vagina, that will block penetration or cause pain. While she may become sexually excited, proper preparation for an orgasm often requires considerable

physical stimulation, particularly until she has learned or becomes enabled to experience orgasm readily. Indeed, women rarely experience orgasm the first time they have intercourse, and frequently not even during the first weeks of marriage.

Arousal in the Woman

Although the woman can experience an initial sexual excitement almost instantaneously by either psychic or physical stimulation, it does not prepare her for intercourse. A secretion in her vagina by transudation is the source of the wetness women feel and recognize as an indication of psychic stimulation, and the nipples and clitoris may become erect and more sensitive. These phenomena can serve as a signal that stimulates desire for arousal or form the first phase of progressive arousal. Only with some further psychic or physical stimulation does the vagina become lengthened and widened and open into a receptive organ by vascular engorgement of the vaginal walls, very much as the penis expands and hardens by vascular engorgement. Only somewhat later, and in most women only after there has been physical stimulation and the entire perineal area becomes congested and highly sensitive, does the external third of the vagina become markedly congested and narrow through its thickening to form what Masters has termed the "orgasmic platform" (Masters and Johnson, 1959), a soft but firm and lubricated canal that properly envelops and stimulates the penis during its thrusting movements; and simultaneously permits the penis indirectly to exert mechanical traction on the clitoral hood that stimulates the clitoris and heightens the woman's excitement. Until the vagina and perineal region are thus prepared, intromission of the penis will not only be difficult, but may also be unpleasant, if not painful, to the woman and unsatisfactory to the man. Now although there are many similarities between the male and female preparation for coitus and orgasm, the man is more likely to attain a full erection from psychic stimulation and be prepared for the act sooner than his wife. In many couples, the man learns to delay and becomes capable of greater delay with relaxation, security, and experience; and the woman becomes capable of more complete arousal with less physical stimulation, and may gain an ability to reach orgasm more rapidly.

The wife, particularly early in marriage, may be unable to achieve orgasm unless she has experienced considerable physical stimulation; her arousal is heightened by precoital play with her breasts, kissing, caressing of her body, and stimulation of her mons and clitoris prior to intromission. She

may be fully prepared for intromission only after considerable stimulation of her external genitalia. Then, after intromission, she may not be able to have an orgasm unless her mate can delay—or continue his thrusting movements after his orgasm. A discontinuance of the stimulation is very apt to disrupt the progression to orgasm; and even though the man's erection may diminish after orgasm, the penis will usually stiffen again if he does not withdraw. However, when the husband cannot continue intromission, stimulation of the mons area or perineal region in general can rapidly revive the arousal and lead to orgasm unless strong psychic factors cause repression of the excitement.

Clitoral or Vaginal Orgasm?

The clitoris serves as the primary center for sexual arousal in the woman; and it is necessary specifically to negate several common misconceptions that have gained wide acceptance. The most drastic and widespread misconception concerns the notion that there is a difference between a clitoral and a vaginal orgasm, and that one of the difficult developmental tasks of the woman is to progress from immature clitoral orgasm to experience vaginal orgasm and that childhood and adolescent clitoral masturbation serves to fixate the clitoris as the focal area of libidinal excitement. Freud (1905), for example, considered that the vagina displaced the clitoris as the focus of libidinal excitement after puberty unless fixations occurred or a congenital abnormality existed. Indeed, many women have continued in psychoanalysis or psychotherapy because they considered their orgasms remained “clitoral.”⁶

The studies of Masters and Johnson appear to have demonstrated conclusively that the orgasm is essentially the same, no matter where the stimulation is applied, and that during coitus it is still the clitoris that is the major site of stimulation and sexual excitement. When the vaginal mucosa is thoroughly engorged to form the “orgasmic platform,” the engorged clitoris has retracted against the symphysis pubis and is covered by its “hood” or prepuce. The labia minora are also engorged and highly sensitive. When the penis distends the vaginal outlet it also distends the labia minora which, in turn, pulls upon the clitoral hood. The thrusting movements of the penis thereby indirectly cause the clitoris to be rhythmically stimulated by its hood, which leads to heightened excitement and properly to orgasm. Sensory sexual excitation within the vagina does not occur. The failure of sexual arousal by the penile thrusting during intercourse occurs when the clitoris is not stimulated indirectly because of lack of

proper vascular engorgement of the vagina and other perineal tissues—a failure that usually is due to emotional blocking, but sometimes to inadequate preparation. Damage to the area in childbirth can impede the necessary mechanical traction, but this is not usually a problem of newlyweds. The intensity of the orgasm does not depend upon whether the clitoris or vagina is stimulated: some women experience more intense orgasm through clitoral masturbation and others through coitus; and for many women it is the circumstances rather than the site of stimulation that makes the difference.

The Female Orgasm

The orgasm properly involves a general bodily response for both sexes. For the woman after a period of mounting muscular tensions that may involve involuntary contortion of the face and spasms of the long muscles of the arms and legs, the orgasm starts with a sensation of intense sensual awareness in the clitoris that radiates upward into the pelvis followed by a sensation of warmth spreading from the pelvic area through the body. The woman then experiences a feeling of involuntary contraction in the lower vagina, followed by a throbbing that unites with the heartbeat. At the onset, the outer third of the vagina may or may not go into a brief spasm; there are then rhythmic contractions at 0.8 second intervals for the first three to six contractions (the periodicity is the same as that of the penile emissive contractions), and then another three to six contractions occur somewhat more slowly and less intensely. The uterus also undergoes spasmodic contractions during orgasm, as do the rectal and urinary sphincters. The attainment of the orgasm requires a continuation of the stimulation—in coitus, of the penile thrusting. Cessation or interruption of stimulation will disrupt the heightening of excitement to orgasm.

The Male Orgasm

The male orgasm starts with the expulsion of the contents of the seminal vesicles, prostate, and ejaculatory duct into the prostatic urethra, giving the man the feeling that ejaculation is now inevitable: but it will take several seconds before ejaculation occurs (an interval utilized in the practice of coitus interruptus). Then, in the second phase of the orgasm, the semen is propelled through the penile urethra by the perineal muscle contractions and expelled in forceful spurts into the vagina. After several ejaculations the force lessens and the timing lengthens for several more contractions. During the

experience, the extended penis is exquisitely sensitive, which tends to impel the man to seek further stimulation and leads to a pleasure-pain tension for which relief is sought (the continued intense erection can even be painful while simultaneously pleasurable); and during coitus the man, usually together with the woman, is impelled to move the penis in rhythmic thrusts in the vagina, which heightens the excitement of both—and eventually leads to the intense orgasmic release. The phase leading to orgasm is usually accompanied by increased muscular tension in many parts of the body, with considerable involuntary contractions as well as voluntary, which heighten during the ejaculation, after which relaxation occurs abruptly.

There are many similarities between the male and female orgasmic behaviors and, as would be expected, they are suited to one another and to foster preservation of the species by placing a high sensuous reward on seeking copulation rather than masturbatory gratification. Aside from the male's more rapid preparation for the act, one other difference requires comment. The wife can experience multiple orgasms during a single sexual act, or after a brief interval, whereas the husband has a longer refractory period, requiring at least several minutes between acts, and he has a more limited capacity to have repeated orgasms within a given period.⁷ This discrepancy, however, has little practical significance in marriage, where the quality of the experience is what matters and rapidly repeated sexual intercourse is not usually deemed necessarily desirable.

Women's Potential Difficulties

As we have already noted, a woman is unlikely to experience orgasm during her first coital experience, and should not become disappointed until she has experienced several weeks or months of fairly frequent intercourse. However, if she chronically continues to become excited and physically prepared without progressing to orgasm, she will usually feel tense and irritable from the frustration of unresolved sexual excitement. The condition can, of course, be relieved by masturbatory activity, unless the woman is also psychologically blocked from achieving orgasm under such conditions. The danger is that the couple gives up trying to have the wife experience coital orgasm. According to the Masters-Johnson studies, the woman is more likely to reach orgasm when her tissues are thoroughly engorged because the indirect stimulation of the clitoris will then be more successful; and they also believe that learning to have an orgasm is necessary for many women; and that after a woman has experienced an

orgasm several times, she will progressively have less difficulty and reach it more quickly, thereby increasing the physical compatibility between the couple.⁸

Women may also experience problems because of the use of contraceptives. Although the "pill," which affords a woman virtual certainty that she will not become pregnant accidentally, has been a boon to many, its reliability is not appreciated by all. Numerous women become depressed or develop headaches when on the pill, others become concerned about the increased danger of phlebitis, which is almost negligible in young women, etc., and approximately fifty percent of women discontinue its use. However, as R. Lidz (1969) has found, women who use intrauterine devices for contraception also may become depressed or develop other symptoms that have been attributed to the "pill." Those women who feel that sexual intercourse is meaningful only if they can become pregnant, or that they are depriving their husbands of the opportunity to impregnate them, etc., are likely to develop some reason to stop taking the pill, and may also have difficulties enjoying sex when using a highly reliable method of contraception.⁹

Rainwater's studies of women of lower socioeconomic status showed that many of the women had little or no sexual experience at marriage, and that many husbands taught them only enough to gain their participation but with little or any regard for the wife's satisfaction. The investigation indicated that when the husband was solicitous and interested, the wife was far more likely to enjoy the act and share it, whereas those wives whose husbands taught only "the bare essentials necessary to perform the act" (Rainwater and Weinstein, 1960) are apt to regard coitus as something for a husband's pleasure alone, feel used, and resent it. Thus, the husband's way of proceeding and the effort that goes into making coitus a mutually satisfying experience can be very important. However, many women who are essentially frigid have profound blocks to the enjoyment of intercourse because of the intensity of the repression, oedipal fantasies, fears of damage or of pregnancy, resentment of male prerogatives, etc., that may require skilled psychotherapy, but skilled sexual counseling that recognizes that sexual difficulties usually involve both partners and provides them with active guidance has enabled many couples to overcome their difficulties (Kaplan, 1974).

Common Problems of Young Men

The young husband not infrequently has difficulties early in the marriage. He may find that his erection fails when he tries intromission, or that he ejaculates so quickly that neither his wife nor he can enjoy the act. He is usually aware that he is expected to delay until his wife is prepared and becomes overly preoccupied with efforts at control. He may have unrealistic ideas of how potent he is supposed to be. It is not uncommon that the wife may be the more sexually experienced person, and he becomes concerned with how he will measure up to her previous partners. An understanding and patient wife can help overcome difficulties before they become set or even multiply. Efforts to enter the vagina prematurely greatly increase the difficulties, for not until the woman has become properly aroused can the penis move into the vagina easily. Even then, the husband may need his wife's help in guiding the penis properly. When there are difficulties in maintaining the erection, stimulation by the wife will usually correct the situation. Premature ejaculation tends to become less of a problem as the man gains confidence. Repetition of coitus for a second or third time within an hour or two can help the man gain control and confidence in his performance. Here, the ability to discuss problems rather than conceal them, and planned efforts to better the sexual relationship, help a great deal. It may be useful for the man to stop, for a time, thinking about providing pleasure and simply consider his own feelings. Concerns over loss of the penis or damage to it when it is in the vagina, fears of damaging the wife's internal organs, fear of impregnating her, residual incestuous concerns, and other such difficulties can all create problems. Some such concerns are usually present, consciously or unconsciously, and when not profound are likely to vanish or become relatively unimportant when confidence is gained and as familiarity with the wife develops.

Many men are concerned with the size of their genitalia—perhaps often as a carry-over from childhood, when the father's genitalia by comparison seemed enormous to the child, and concern was heightened by the many remarks boys and young men make about genital size as an index of virility and of desirability to a woman. Although the size of men's penises in the flaccid state varies notably, Masters' measurements show that the size of the flaccid penis makes relatively little difference, for small penises expand more than large ones—and even though differences may remain they are relatively slight. Further, the vagina, unless damaged in childbirth, accommodates itself to the penis, and size is rarely a factor in a man's ability to satisfy his spouse, and it is no indication of his virility or sexual capacities.^{[10](#)}

The husband's abilities to satisfy his wife should not depend upon a capacity to have sexual relations with great frequency, but more upon the way in which the sexual act is carried out. When the wife experiences a deeply felt orgasm during coitus, she can feel relaxed and satisfied. Her potential capacity to have many more orgasms is not particularly pertinent. Desire varies from person to person and according to circumstances. Differences in frequency of desire, however, are one of the most commonly reported problems of sexual adjustment (Bernard, 1964). It is likely that the frustrated male is less able to set aside feelings of arousal and tension than the woman. However, such matters are difficult to judge as they have been influenced greatly by the cultural tradition. Couples who are interested in one another's happiness can almost always manage to regulate the sexual relationship so that it is mutually satisfactory.¹¹

Achieving Mutual Sexual Gratification

The communication of desire can, of course, present problems, particularly to the inhibited. For most couples most of the communication of desire is nonverbal and wives rapidly learn to recognize when their husbands are desirous, but husbands are less likely to be as sensitive to their wives' signals. Wives also learn how to refuse to recognize signals when they are not feeling responsive or to find means of sidetracking the husband's demands (Rainwater and Weinstein, 1960). An ability to talk about desire can help the adjustment, and discussion may be essential to the improvement of the act to attain mutual gratification. However, some couples, particularly well-educated couples, engage in considerable discussion prior to each sexual experience or during it, which often indicates some lack of proper mutuality. Talk about desire is often kept minimal because it can only be accepted or openly refused, and a spouse may wish to feel out the situation rather than impose his or her own wishes on the other, or risk rebuff. Still, in some marriages, the failure to discuss lack of satisfaction leads to continued misunderstandings.

The desirability of simultaneity of orgasm has also received considerable attention in literature on sexual adjustment, where it has sometimes been considered a major measure of a satisfactory marital adjustment. Most couples find that such simultaneous experience heightens the pleasure of both partners and the feelings of unity and loss of boundaries, but some persons may prefer to have an orgasm and then more quietly enjoy the spouse's pleasure in orgasm. In any event, such simultaneity is not

something that must preoccupy a couple, for it is likely to occur after the spouses are familiar at a preconscious level with the way in which the partner acts and reacts—and the signs of impending climax in one serve as a trigger for the other.

Some Common Misconceptions

The occurrence of menses can also lead to some minor difficulties. Some husbands will wish to have intercourse during their wife's menstrual period, but the wife feels that it is dangerous. Some women are not only more sexually excited during the menses but find coitus more satisfying, yet find their husbands reluctant for aesthetic reasons. In any event, there are no reasons, other than aesthetic or religious, why couples cannot have coitus during the menses.

Norms for marital sexual behavior do not exist, and indeed what is considered normal or abnormal behavior varies widely among ethnic groups and socioeconomic classes, and from couple to couple. As discussions of sex are not only apt to promote misconceptions but often contain much boasting and banter, young persons may have marked misconceptions of what might be considered abnormal or perverse. Young men listening to their confreres may consider themselves inadequate if they do not have intercourse four or five times a night, or their wives to be cold if they do not wish to participate on retiring and awakening each day. One such young man had serious qualms about his right to marry and experienced great surprise and relief when he learned from his fiancée that she thought sexual relations once or twice a week would be more than adequate and hoped that he would be tolerant of her efforts to learn to participate properly. It is not uncommon to hear among laboring groups in particular that intercourse is regarded by both husband and wife as something the man needs to have nightly for his health, very much as he is supposed to move his bowels, and it is carried out in a routine, perfunctory manner without any relationship to affection. The wife who considers intercourse little more than a duty expresses her satisfaction with a husband who is thoughtful and "doesn't bother me too often." Alert physicians and therapists are aware that a woman who responds to inquiries about her sexual life with "It's all right" or "He's pretty considerate" is getting little, if any, enjoyment from it.

Divergent Sexual Mores

Sexual practices vary greatly. Some couples raised in certain European traditions or as members of fundamentalist religious sects may never have seen one another in the nude in many years of married life (Komarovsky, 1964). Others will consider any masturbatory foreplay as shameful or disgusting, and some will be shocked at the idea of deviating from the customary face-to-face position with the man above the woman.¹² Many will maintain that whatever a couple wish to do in the privacy of the marital bed that is mutually satisfactory and injurious to neither is acceptable. For many persons, in any case, the private and shared intimacy of the sexual act is a time when various repressed fantasies and desires are indulged. Various types of precoital play are considered proper preliminaries. Some couples, encouraged by various sex manuals, devote time and energy to making an "art" of their sexual activity, or make new means of excitation a central aspect of their marriage. According to various surveys and on the basis of psychiatric experience, it is clear that many couples practice oral-genital relations on occasion without causing concern to either partner. In some respects what occurs during or before sexual intercourse bears a resemblance to preconscious fantasy life and tends to be dissociated from what occurs in the workaday world or even from what goes on between a couple at other times. It involves a sort of sharing of preconscious and unconscious strivings as part of the intimacy and fusion. However, the insistence of one partner on a practice that is repugnant to the other, such as anal or oral relations or some other deviation, can create difficulties, and can cause symptoms such as vomiting or intestinal upsets that a person has difficulty revealing even to a doctor.

"The physician and marital counsellor must not be naive about marital practices. They will encounter newly married women who consider their husbands perverts for trying to have normal coitus; women who believe it indecent to have an orgasm; couples who have never consummated the sexual act searching for a physical cause of their sterility; men or women who soon wish to invite another man or woman to share the marital bed; men who rarely if ever wish to have relations. The variations and permutations of sexual desires and practices are so great and concerns about them are so frequently displaced onto other complaints that it is necessary to be able to hear what patients may have difficulty in conveying, to listen without personal prejudice and with emotional equanimity. The therapist must also recognize that sexuality can be used as an expression of hostility as well as love, and as a means of domination or degradation of the spouse, or to express deep resentments toward the opposite sex. Sex

can also mean little to one spouse other than being a means of bargaining to have his or her own way in other matters—such as the right to purchase a new dress, or to go fishing for a weekend. It is also something that some spouses prefer to have the partner indulge outside of the marriage, and not all infidelity is motivated primarily by the unfaithful partner.

Marriages Without Sexual Relations

Marriages can survive without sexual activity and even provide satisfaction for both partners; and though usually one will feel seriously deprived if not cheated, other factors including deep admiration or love for the impotent or invalided partner may be compensatory. Marriage is a relationship that is broad enough to find stability on varied foundations. In some marriages both partners are happier when sex is not in the picture. In others, the couples find other interests that furnish adequate self-realization. However, difficulties that block sexual intimacy will usually affect other areas and, if they do not create friction, at least limit the mutuality the couple can achieve. Yet, when it is necessary and when a decision can be made that abolishes constant expectation, indecision, frustration, and self-pity, the marital bond can transcend disappointments in the sexual sphere.

Sex and Emotional Maturity

While the achievement of “genital sexuality” has been considered a major indicator of mature personality development in both psychoanalytic theory and practice, as discussed in the chapter on adolescence, it is a concept that confuses as much as it clarifies. If the concept is to be meaningful it must involve more than a capacity to achieve and induce orgasm in heterosexual coitus. In such terms it has often been pursued by immature persons and accepted as a reassuring token of normality. The concept of “genital sexuality” properly contains the implications of the capacity to relax defenses through having sufficient security in the self to let a truly intimate relationship develop that fuses affectionate and sensuous love in a lasting relationship; to be sufficiently autonomous not to fear the loss of boundaries in being joined to another, or being overwhelmed in giving way to id impulses, or becoming lost amid unconscious fantasies of childhood years when indulging sexuality, or being dominated and used by another if one shows the intensity of one’s needs.

Theoretically, at least, it helps the solidification of a marriage when the couple have time to learn to know one another intimately, find reciprocal roles, and achieve a satisfying sexual relationship before children arrive on the scene. Gaining satisfactory marital adjustment prior to parenthood helps the couple share the offspring, to enjoy them as a mutual product, and to maintain a coalition as parents.

The experience of marriage offers opportunities for more complete fulfillment and the rounding out of the life cycle. The living out of adult patterns in the relatedness to another as a mature man or woman, the experiences of producing a new generation and gaining a vital connection with the future, the giving of oneself to children and living as a parent are usually closed to the unmarried. The changes in the personality that develop as the intimate interrelationship forms, in themselves tend to stabilize the personality, establish firmer bonds to others, provide a completion through complementarity with another, and lessen the sharp edges of ego-centricity. The sexual interchange permits reasonable mastery of libidinal strivings that may otherwise be primarily diverting, in both senses of the word, and turns them into a force that promotes unity and cohesiveness.

THE SINGLE LIFE

As close to ninety-seven percent of Americans marry, and about eighty percent of those who are divorced remarry, it seems clear that living through adult life in marriage is considered the desirable course. Nevertheless, some persons remain unmarried, through either conscious or unconscious choice and only rarely from lack of opportunity. When we consider the chronically ill, invalided, and mentally ill, it would seem that the proportion of the population who can marry but do not is surprisingly small. However, there are indications that currently a larger proportion may remain unmarried. There has been, since 1960, an increase of fifty percent in those persons between the ages of twenty and thirty-four who are still unmarried, and similarly the proportion of divorced persons who do not remarry has also increased by about fifty percent (Glick, 1975). Women are no longer as economically dependent on men as formerly, and neither men nor women have to marry to live for prolonged periods with a member of the opposite sex. Homosexual liaisons or “marriages” have become more acceptable. Some groups in the Women’s Liberation Movement foster an independence from men, and even a hostility to men, as if the two sexes were enemies rather than complementary. While the single life closes many doors, there are still countless ways available that can lead to a rich and meaningful life. Though many persons will

prefer to venture into a marriage that offers little chance of happiness rather than remain single, others can rightfully feel that an unhappy and conflictual marriage is more confining than completing and can be destructive of such integrity as the person has obtained. The life development of many persons does not lead to the potentiality of further growth through marriage or for the assumption of the intimate relatedness and the responsibilities of parenthood. Many such persons correctly realize that their future will be more secure and complete if it is pursued in some other direction. It may be salubrious if it becomes more acceptable for such persons to remain unmarried, and for those who have tried marriage and found that they are not suited for marriage or that marriage is not suited to them, not to involve others in another marital failure.

The formation of a stable and satisfying marriage is probably the most crucial factor in assuring the emotional stability and security of the next generation, as well as a favorable subsequent personality development of the spouses. The outcome of the marriage depends to a very great extent upon the choice of the spouse, as has been explained in the preceding chapter. What the ultimate success of a marriage depends upon goes beyond the objectives of this chapter and the capacities of the author. Spouses can complement one another and live together harmoniously in a wide variety of ways. Some of the requisites for married life as parents will be discussed in the next chapter. In general, a good marriage in our contemporary society usually depends upon the achievements by both spouses of sufficient independence and firm integrations as individuals to enable them to live interdependently rather than with one partner dependent on the other; and upon the ability of both to continue to grow after marriage and develop new interests so that the marriage is constantly being renewed. Such continued renewal is important to the stability of the marriage and the satisfaction of both partners, and goes beyond settling down and trying to find a way of living together harmoniously. Children and interest in their constant change is one important means by which such renewal can be achieved.

REFERENCES

- Bernard, J. (1964). "The Adjustments of Married Mates," in *Handbook of Marriage and the Family*. H. T. Christensen, ed. Rand McNally, Chicago.
- Bott, E. (1955). "Urban Families: Conjugal Roles and Social Networks," *Human Relations*, 8:345-384.
- Fitts, D., trans. (1938). *Poems from the Greek Anthology*. New Directions Paperbook, New York.

- Freud, S. (1905). "Three Essays on the Theory of Sexuality," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 8. Hogarth Press, London, 1953.
- Glick, P. (1975). "A Demographer Looks at Marriage," *Journal of Marriage and the Family*, 37:15-26.
- Goode, W. (1956). *After Divorce*. Free Press, Glencoe, Ill.
- Kaplan, H. S. (1974). *The New Sex Therapy*. Bruner-Mazel and Quadrangle/New York Times Books, New York.
- Komarovsky, M. (1964). *Blue Collar Marriage*. Random House, New York.
- Landis, J. (1946). "Length of Time Required to Achieve Adjustment in Marriage," *American Sociological Review*, 11:666-677.
- Lidz, R. W. (1969). "Emotional Factors in the Success of Contraception," *Fertility and Sterility*, 20:761-771.
- Malinowski, B. (1955). *Sex and Repression in a Savage Society*. Meridian Press, New York.
- Marmor, J. (1954). "Some Considerations Concerning Orgasm in the Female," *Psychosomatic Medicine*, 16:240—245.
- Masters, W., and Johnson, Y. (1959) "Orgasm, Anatomy of the Female," in *The Encyclopedia of Sexual Behavior*, Vol. 2. A. Ellis and A. Abarbanel, eds. Hawthorn Books, New York.
- _____(1966). *Human Sexual Response*. Little, Brown, Boston.
- Rainwater, L., and Weinstein, K. (1960). *And the Poor Get Children*. Quadrangle Press, New York.
- Rappaport, R., and Rappaport, R. N. (1975). "Men, Women, and Equity," *The Family Coordinator*, 24:421-432.
- Sarrel, P. (1975). Personal communication.
- Sherfey, M. J. (1966). "The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory," *Journal of the American Psychoanalytic Association*, 14:28-128.

SUGGESTED READING

- Kaplan, H. S. (1974). *The New Sex Therapy*. Bruner-Mazel and Quadrangle/New York Times Books, New York.
- Masters, W., and Johnson, Y. (1966). *Human Sexual Response*. Little, Brown, Boston.
- Rappaport, R., and Rappaport, R. N. (1975). "Men, Women, and Equity," *The Family Coordinator*, 24:421-432.
- Spiegel, J. P. (1957). "The Resolution of Role Conflict Within the Family," *Psychiatry*, 20:1-16.

Notes

- 1 J. Landis (1946) classified the major areas that are likely to be divisive as "religion, social life, mutual friends, in-laws, money, and sex

relations,” which seems fairly inclusive; but W. Goode (1956) also considers as important: drinking, triangles, gambling, helling around, value differences, etc. Many of these are symptomatic difficulties—either of the emotional instability’ or immaturity of one or both partners or of failure to achieve compatibility and a mutually satisfactory reciprocity and sexual adjustment.

2 However, in some respects persons from educated backgrounds from different countries and cultures may have more in common than persons of widely differing socioeconomic classes within the same country.

3 An extreme was seen in a young couple who sought therapeutic help. They had argued vehemently over which of them would carry out each household task and had reached an impasse over carrying out the garbage. They had then both kept their own garbage in a separate container, and carried out their own garbage cans.

4 The emergence from the peculiarities of Victorian morality has taken over half a century—and we now find that even much of the enlightenment that started in the 1920s continued many errors that arose in reaction to the excessive prudery of the Victorian. The Victorian mores were probably unusual with their notions that a proper “lady” would not be interested in sex: that she would not think about it and certainly would not talk about it. Indeed, there was the connotation that enjoyment of sex would be improper. She would accommodate herself to her husband and would wish to have children, but she would not expect fidelity from him but be relieved if he had a mistress who provided for his sexual needs. Ibsen’s *A Doll’s House* and *Ghosts* cannot be understood out of the context of this morality, nor Strindberg’s *A Madman’s Defense*. It is also inherent in Shaw’s early play *Misalliance*.

5 A Greek epitaph reads:

At the bridal bed of star-crossed Petale
Hades, not Hymen, stood: for as she fled
Alone through the night, dreading love’s first stroke
(as virgins will), the brutal watchdogs seized her.
And we, whose morning hope had been a wife,
Found scarce enough of her body for burial.

Antiphanes the Macedonian

(Translated by Dudley Fitts in *Poems from the Greek Anthology* [1938].)

6 It is difficult to know just how this concept arose and just what it was supposed to mean. It properly meant that a woman who was able to have an orgasm only through direct stimulation of the clitoris and not from penile stimulation within the vagina was not able to experience or enjoy intercourse properly. However, it also seems to have meant that some women could not experience a generalized, deeply felt total bodily orgasmic response but only a rather localized erotic heightening of tension and release that left her incompletely satisfied. But beyond this it often led women to believe that because they required preliminary stimulation of the clitoris to become properly aroused, or because excitement was felt primarily in the clitoral area rather than intravaginally, they were not experiencing a proper orgasm; and women have completed psychoanalysis resigned to the fact that they would simply have to make do with a “clitoral orgasm,” which even though it seemed fully satisfying was just not the real thing that more completely feminine and mature women experienced.

Although doubts were expressed that the vagina could properly become the primary erogenous zone as it does not have genital corpuscles (sensory nerve endings of a type found in the clitoris and labia minora and in the glans of the penis), the idea was so firmly entrenched in psychoanalytic theory that even major investigators of female sexuality have had difficulty in discarding it. The first decisive disagreement was presented by Marmor in 1954, who insisted that the clitoris must remain the major area of sexual excitement and that this function could not transfer to the vagina.

- [7](#) Masters and Johnson have found that below the age of thirty many males may be able to ejaculate several times after relatively brief refractory periods of a few minutes. Some young men may also be capable of experiencing orgasm ten times during a night, but few would have any urge to do so except upon some special occasion to prove or test their capacities. Whereas women may be capable of virtually unlimited orgasms, this is merely a technical matter because a woman will not desire such unlimited experience after participating fully in the sexual act. Discussions of far-reaching effects upon society of the recognition of woman's unlimited capacities to experience orgasm, such as can be found in M. Sherfey, "The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory," are unrealistic and confuse what is possible for a woman with what she would desire and enjoy. Sherfey seems to confuse satisfaction, satiation, and exhaustion.
- [8](#) Thus, the following measures may be helpful. Although the husband obviously cannot continue the single act indefinitely, repetition several times over a few hours may help because the wife's genital area becomes increasingly engorged with repetition of frustrated excitation. Then, too, the husband often can continue the act longer after his initial orgasm has relieved the acuteness of his desire and because of the decrease in volume of the seminal fluid that enters the prostatic urethra prior to ejaculation. As the woman's pelvic organs tend to be engorged during a week or so prior to her menstrual period, efforts to produce orgasm may be more successful during this phase. Finally, relaxation of concern can be extremely helpful—it is difficult for a concerned woman, but perhaps more possible if the problem can be shared with her husband and his cooperation in overcoming it gained.
- [9](#) Problems also arise because of monilia (yeast) infections of the vagina, which can cause spasm of the muscles around the entrance of the vagina, and even cervical irritation and pain. Why such infections have become common is not altogether clear. The use of antibiotics is a common cause, but frequent vaginal douching to assure proper "feminine hygiene" probably also contributes. Sarrel (1975) reports that in a study of two hundred adolescents over a four-year period, fifty-five percent developed monilia vaginitis.
- [10](#) A woman may also be concerned that her vagina will not be large enough. The vagina can distend enormously—as is required in childbirth. The size of the penis or the vagina is important in cases of developmental failure when the organs remain infantile or anomalous—but these are very uncommon.
- [11](#) Of course, a variety of difficulties or misunderstandings can arise. Thus, a woman who had been married for ten years consulted a psychiatrist because her husband still sought to have relations three to four times each day and returned home from work at lunchtime primarily in order to have intercourse. Such frequency of the need for intercourse is not a matter of unusual potency but an indication of a sexual compulsivity, often to reassure the self against concerns about homosexuality.
- [12](#) It may be of interest that according to Malinowski (1955) the Trobriand Islanders find it a source of great amusement to mimic this position, which they term the "missionary position" and which they find very unsatisfactory.