

# Seeking help for marital problems: the role of the general practitioner

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**SUMMARY.** Marital disharmony is a widespread phenomenon but it is largely hidden. Research, however, suggests that of the people with marital problems more approach the general practitioner than any other professional. This preliminary study reports on the help-seeking patterns of a sample of 60 patients in primary care identified as having marital problems, and a comparison is made with patients with housing problems. Men, it appeared, are less likely than women to confide in friends or relatives concerning marital problems and are less likely to find it helpful when they do; similarly, men are less likely to discuss their marital difficulties with their family doctor. Women were more satisfied with their doctor's help, which was mainly emotional support rather than more intensive counselling or referral. The implications of these preliminary findings are discussed.

## Introduction

WHILE the number of marriages taking place in Great Britain over the last 16 to 20 years has remained stable, the number of divorces has risen dramatically. Today, one in every four marriages is heading for dissolution. Marital disharmony and breakdown of marriage have a number of damaging ramifications, both for the adults concerned and for the children. Marital disharmony brings with it a higher risk of suicide, depressive disorders, behavioural problems in children and deterioration in physical health.<sup>1,2</sup>

Marital disharmony is a widespread and largely submerged phenomenon. People are not seeking out specific services and the services are not reaching the people. Each year approximately 100,000 people approach marital agencies or probation officers (who often act as marital advisers), but this is only a small proportion of those who become divorced each year.<sup>1</sup> Research has indicated that more people with marital

difficulties approach their general practitioner than any other professional.<sup>3,4</sup> (Also the Marriage Guidance Working Party's evidence to the Home Office, 1975 (unpublished).) The problems may be presented explicitly or covertly,<sup>1,5</sup> and it is often left to the doctor to decide how to handle them.

In this preliminary study, the way in which people seek help was investigated by interviewing a number of people who had identified a marital problem on a questionnaire; separated or divorced subjects were also included. They were asked whether they had sought advice for their marital difficulties and, if so, whether it had been helpful. This paper concentrates on the use of lay networks and the role of the general practitioner in dealing with these problems.

## Method

A self-reporting social problem questionnaire (SPQ)<sup>6</sup> was administered to consecutive patients attending surgeries held in two general practices. One of these was a practice based in one of the poorer and most deprived areas of Inner London; the practitioners were all fairly young and of both sexes. The other practice was situated in a residential area of Outer London; the patients attending two of the doctors, a young female doctor and an older male doctor, were approached. The questionnaire was handed out to patients in the waiting room for them to complete while they were waiting to see the doctor. (As this enquiry was part of another study designed to test the questionnaire, patients were asked if they would complete the questionnaire in order to help with its design and development.)

Three categories of subjects were invited for interview: those whose responses on the social problem questionnaire indicated that there were past or present problems in their marital relationship (or long-term cohabitation); those who were separated or divorced; and a group of those patients whose responses indicated that they had housing problems. This last group was included for comparison, to find out whether patients respond differently to a more practical problem. The 'social maladjustment' interview was administered, a semistructured questionnaire<sup>7</sup> specially adapted for this study to include questions about seeking help.

## Results

The social problem questionnaire was administered to 232 patients and, of these, 60 patients were considered to have or to have had marital problems in their present relationship (marital group A), and/or to be separated or divorced (marital group B), and/or to have housing

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problems (Table 1). Of these, 15 patients were not interviewed for a number of reasons: some people could not be contacted because they had moved, others had become seriously ill, others were not in when visited at home and a small proportion refused.

*The use of lay networks*

Half of the 20 patients with marital problems in a surviving relationship (group A) had not discussed the matter or confided in anyone outside the marriage. They included all the five men in this group. In addition, only one subject in this group reported no difficulties in confiding in their spouse. However, all 11 patients whose marriages had culminated in separation or divorce (group B) had confided in someone else, and all this group were women. Subjects with housing problems were much more likely to confide in others than those with problems in their present marriage. Over 80 per cent of subjects with housing problems had confided in someone other than their spouse. Men, however, were still less likely to disclose their problems than women.

Among subjects with marital problems (group A) the men said either that they preferred to sort things out alone or that no one could understand the problems. The commonest reasons among women were having no one to talk to and being afraid of burdening others.

*Seeking professional help*

Sixty-five per cent of subjects in marital group A had sought help from one or more professionals and nearly all of those whose relationship had ended had done so. Similarly, a high proportion of those with housing problems had sought professional help or advice of some kind.

Analysis of subjects in group A revealed that the severity of the marital problems appeared to be related to propensity to seek professional help. All men and women who rated themselves as having severe problems (rating 3 on a scale of 0 to 3) had consulted at least one professional, compared with just over one third of those

**Table 1.** Rates of consultations with specific agencies.

|                         | Housing group |               | Marital group A |               | Marital group B |
|-------------------------|---------------|---------------|-----------------|---------------|-----------------|
|                         | Male (n=5)    | Female (n=21) | Male (n=5)      | Female (n=15) | Female* (n=11)  |
| Local Authority housing | 4             | 14            | —               | —             | —               |
| General practitioner    | 2             | 4             | 2               | 9             | 9               |
| Social worker           | 1             | 2             | 0               | 0             | 3               |
| Health visitor          | 0             | 1             | 0               | 2             | 2               |
| Solicitor               | 0             | 0             | 0               | 1             | 4               |
| Others                  | 2             | 1             | 1               | 4             | 5               |

\*All those interviewed in this group were women.

NOTE: Some patients had consulted more than one agency.

**Table 2.** Helpfulness of general practitioner's intervention in subjects' marital troubles.

| Type of help            | Assessment of helpfulness (n=19 respondents) |        |       |               |
|-------------------------|--|--------|-------|---------------|
|                         | Not Helped                                   | helped | Mixed | Not mentioned |
| In general              | 10   | 5      | 4     | 0             |
| Specific help mentioned |  |        |       |               |
| Support                 | 13   | 0      | 3     | 3             |
| Psychotropic drugs      | 3  | 1      | 2     | 13            |
| Counselling             | 3  | 0      | 0     | 16            |
| Referral                | 3  | 0      | 0     | 16            |

rated as having marked problems (rating 2). However, the gender or age of the subject or duration of the problem was not significantly associated with likelihood of having sought professional help.

The analysis revealed that people approached their general practitioner for help more than any other agency (Table 1); for example, nearly a quarter of those people with housing difficulties had discussed them with their doctor. When the two marital groups were taken together, it was revealed that 23 subjects had sought professional help and 20 of these had approached their general practitioner. Few other agencies had been contacted by these subjects, nobody had attended a Marriage Guidance clinic and, in general, there was no knowledge about or use of other appropriate services and agencies.

*Perceived helpfulness of professional involvement*

The subjects were asked whether the professionals involved had been helpful. This information was recorded for 19 out of the 20 subjects in marital group A and B who had contacted their doctor, and over half reported an overall satisfaction with this contact (Table 2). Emotional support was mentioned more than any other form of help from the doctor. The great majority felt that this support had been helpful and no one was straightforwardly negative in their attitude. Although the numbers were small, the two men in the sample who approached their general practitioner had not found the contact helpful either in general or in any particular way. In addition, three women who had approached their general practitioner for help had found him unwilling to discuss the subject and had been deterred from asking for help again.

Of the six subjects who had approached their general practitioner with housing problems, three women considered that they had been helped. The remaining one woman and two men either had mixed feelings or felt that they had not been helped. Those who had been helped said that the general practitioner, as well as being supportive, had given them advice, information or had contacted another agency on their behalf.

## Discussion

Although the number of patients included in this preliminary study was small, the results are consistent with the findings of other studies in this field especially in relation to the reliance on the general practitioner for help<sup>3,4</sup> and on the differences between men and women on how readily they disclose their problems to others.<sup>5</sup>

The majority of people with marital problems had difficulty in confiding in their spouse about these troubles, and many of those with problems in their present relationship with their spouse had also not confided in a friend or relative. This meant that many of these subjects were very isolated from lay support.

The results of the study also indicate that men were less likely to confide in friends and relatives about their problems than women. This difference between the sexes was greater for the more intimate problems of marriage than for the more practical problems of housing. Men also tended to put forward different reasons for not confiding in others. The reasons advanced by the men indicated not so much a frustrated desire to do so, but rather that it was unhelpful or undesirable to disclose their problems. The women in general were less concerned about discussing personal and discrediting information about themselves to others, but were more concerned about the effects it might have on others.

These differences between the sexes on the helpfulness of disclosing problems may also have affected their perception of whether the professional involved had helped them. None of the men who had discussed their housing or marital problems with their doctor had found this contact helpful. Women, on the other hand, tended to obtain much more relief by discussing their problems with their doctor; the majority of women said that the emotional support given by their general practitioner had been of help to them.

The results also reveal that some subjects (including some of the men) who were unwilling to confide in a friend or relative had sought the help of a professional, in most cases their general practitioner. Twenty out of the 23 subjects who had approached a professional for their marital problem had visited their general practitioner for further help. In addition, just under a quarter of those with housing problems had seen their general practitioner although this is an area where the family doctor usually has little to offer. It seems reasonable to assume, however, that these figures are higher than would be expected with a community sample. Subjects for the study were first selected from consecutive attenders at a number of general practice surgeries and therefore would include a number of high attenders. However, these subjects had attended their general practitioner for a variety of reasons other than for the psychosocial problems that they might have.

Nevertheless, this study reveals how much this population relies on the general practitioner for intervention and help. No one had attended a Marriage Guidance

counsellor, and no one with a problem in their existing relationship had visited a social worker about their marital problems. Thus the type of help a person with a marital problem receives is determined to a large extent by the doctor's interest in such problems, his ability to help and his willingness to refer on to other appropriate agencies. Although the majority of subjects had found their contact with their general practitioner helpful, few had been referred on to other agencies. The general practitioner had, generally, adopted a supportive role with the patients, usually to the latter's satisfaction. More intensive work, such as counselling, was rarer (according to the patients) but was uniformly well received. However, those patients who do summon up enough courage to talk to their doctor about their problems and are unsympathetically received may not only be disappointed about the lack of help but also deterred from asking someone else for help.

Although it has been suggested that attachments of social workers and marriage guidance counsellors to general practice would help the doctor manage these problems, little research has been carried out to investigate the effectiveness of such help. In addition, more information is needed about what happens over time to those who present marital problems to their general practitioners. Are these problems transient, or do the majority of couples become separated or divorced? What sort of help do patients actually want—a sympathetic ear or more intensive counselling? It is also not clear to what extent marital problems are an incidental aspect of general practice attendances or are ultimately bound up with morbidity, partially or totally accounting for attendances in their own right. With such information, a better assessment can be made of the value of increased collaboration between general practitioners, social workers and Marriage Guidance counsellors for the treatment and management of those with marital problems.

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