

*The relationship of the child to the marital pattern of the parents**

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As my work at the Tavistock Clinic in London involves both children and adults, I thought of offering you a few observations on the relationship of the child to the marital pattern of its parents either when it is happy or when it is unhappy.

There is a saying that the best insurance policy for a happy marriage is to arrange to be born to happily married parents. Although this is very often found to be true in practice, it may be asked why it is sometimes not so, even after allowance has been made for the fact that it takes two to make a marriage and that one of the partners may not have been as fortunate as the other. Let us consider for the time being the problem from the point of view of one partner only, leaving out the permutations and combinations of difficulties in which considering both together would involve us.

From the quotation it would seem as if only the external reality situation is important prognostically, but exceptions do exist when an unhappy marriage follows a childhood spent with happily married parents, and conversely, sometimes even the most difficult parental background, including divorce, or death does not prevent a child reared under such difficulties from achieving a happy marriage. The latter result too can also be achieved by psychotherapy or psychoanalysis and clearly external reality cannot be solely responsible.

Other factors must be involved, among which the personality of the individual is paramount. Although it is common experience that individuals differ in their response to a constant external situation, this has not been observed under experimental conditions very closely. However, recent work at the Tavistock Clinic in London on infant and child observation in which I have taken part has established the very strikingly different ways in which babies respond to a very similar pattern of mothering. Some quite early show great difficulty in making a relationship with her, while others can help an anxious mother by accepting her insecurity tolerantly. This basic pattern then later extends to the combined parents, and thus forms a basis for the future marriage pattern.

In order to understand how this takes place let us first consider the emotional development of a child in a happy home. As it becomes, even dimly, aware of its parents and their relationship, it feels loved and therefore loving, and takes inside itself an

image of parents in a happy relationship. This process of taking in is the mental equivalent on a psychological or emotional level of taking in of food, and the sensory impressions and emotional experiences which provide this 'food for thought' build up an internal world, inhabited by good and happy internal objects which are felt to be full of goodwill toward the child as he was towards them. However, owing to the child's innate endowment with aggressive drives as well as loving impulses, destruction and hatred are also directed against the real parents even though these have never been experienced from them. The parents are then taken in as retaliatory and persecutory into the internal world. As this internal picture of the parents is constantly being projected again and matched up against the real external parents, this dangerous internal situation is slowly modified: each time it is found to be less frightening and finally a picture approximating to the truth is established inside. Thus although a bad situation does exist within the child for a time, it can be perceived as such when the child becomes more mature. Further development leads to the recognition by the child, that the good and bad pictures of the parents inside him, which at first are kept sharply apart, relate to one and the same pair. This leads to psychic pain, to guilt, despair, and depression. A child with a strong ego, that is, one which is able to stand anxiety and with a capacity for love stemming from a strong life instinct feels able in time to undertake the task internally of repairing the parents and then of identifying with them after reparation has been made. On this basis a happy marriage can be achieved from a core of identification with the restored internal parents which was laid down in childhood.

When this normal process is disturbed, either because the external reality is so bad, or because the aggressive, destructive, and envious impulses are so strong in the child, a different situation arises. In my work analysing small children some of whom come from professional colleagues where I know the home to be happy, and in whom there may be few symptoms, the most striking impression I have had is of the intensity of their omnipotent and magic phantasies which they use in their attacks on the internal parents. This was shown in their play when they felt safe enough to reveal both their conscious and their unconscious phantasies. Actually one has only to consider the content of fairy stories with their preoccupation with witches, spells and magic to understand just how powerful a child feels

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itself to be. When the damaged parents are taken inside in this state, as they inevitably have to be, they are felt by the child to possess it and to control it from within, revengefully inflicting all the attacks made on the parents back on the child on the principle of talion, i.e., an eye for an eye, a tooth for a tooth, and so on. Of course, when the marriage relationship represented all that was desirable to the child excluded from it (although perhaps exposed to witnessing it) the attacks which were made on it by the child return in full force. Thus sexual pleasure having been taken from the parents in phantasy, none is felt to be allowed to the child by its internal parents. This picture remains split off inside the mind and is lost to consciousness, but retains its full power until adult life is reached. Then it can break out in marriage and form one cause of impotence or frigidity. As the reproductive capacity of the parents is also often attacked, sterility may be experienced as a revenge inflicted by the internal parents. In minor degrees the failure to enjoy intercourse is a much more common result of a less profound attack on the internal parents in childhood. Thus in many cases, even if marriage is achieved at all in adult life, it is likely to be restricted in many ways, and limited to being similar in type to that of the parents, in the child's internal world.

I should like to illustrate what I have said by a few examples from my own patients in analysis. The first is a woman of thirty-eight who sought help for frigidity three years ago after being married for ten years. She seduced the man she married from his first wife in what Dr. Carp called a Don Juan type of marriage. She could have been very attractive but took so little interest in her appearance that this was not apparent. She came into treatment very doubtfully as it was her conviction that women were not supposed to have any pleasure or satisfaction in sexual relationships. All she wished for was to be able to tolerate intercourse without fear and repugnance which were so extreme that she would vomit or tremble and cry out if her husband moved towards her in bed, where she slept for years on the extreme edge. She was constantly expecting her husband to leave her fatalistically saying 'its bound to happen sooner or later', but came to treatment on his suggestion, but with very little hope of achieving even the capacity to tolerate intercourse. In the course of treatment she had terrifying nightmares from which she awoke screaming. These were always of the same type; a man and woman would be torturing her in the most cruel and bloodthirsty manner, and days of depression followed each dream, e.g., in one of these dreams she was held down on an operating table by a nurse while the surgeon injected a painful fluid and then looked inside her saying 'Its quite hopeless'. All these fears could be traced in the treatment to a fear of revenge for identical attacks which she had made in phantasy, on the analyst in the transference and on

her parents in childhood. From the time she began to understand this a slow improvement began and she is now able to tolerate and even obtain some pleasure from intercourse.

The history was that during her childhood there had been incessant parental rows in which father had physically assaulted mother with various weapons as well as with cutting verbal attacks, until after many attempts at reconciliation the parents separated; during the last reconciliation a baby was conceived and was delivered by Caesarian section. The patient's mother never really recovered from the operation and died from delayed complications a year later. All her childhood the patient was described as jealous and spiteful, and in treatment was remarkable for her lack of love and concern for the analyst. This illustrates the type marriage in which both bad external reality and strong internal destructive components, with failure to repair by love combine to produce a situation which is very difficult to treat.

The second case in contrast had an equally difficult background but was able to form a good and stable marriage owing to a relatively strong loving personality. She is a woman of fifty with menopausal difficulties and depression owing to her childlessness who is not in treatment for marital difficulties. Her parents spent most of their lives quarrelling and very early both drank and took drugs when a financial crash ruined all their prospects when my patient was five years old. The patient constantly tried as a child to restore her parents, to bring them together both in reality and phantasy as well as being aware of her fear of being responsible for their marital difficulties. When she married she consciously tried to build a relationship on the pattern which she had desired for the real parents, and which in dreams and phantasies in the transference she gave to the analyst. Thus a marriage resulted which is comparatively stable, being based on love, tolerance, give and take, and appreciation, these being the qualities she felt were needed in order to bring the parents together, an event which never took place in reality.

Drawing on material from child analysis many examples could be given of the most violent and destructive phantasy attacks being made on the parental couple in the family setting of a completely happy family. By analysis at this time the process in which hatred is gradually mitigated by love can be observed as it actually takes place, until reparation is finally completed. It is possible to see how much more difficult this work is to accomplish in the strongly envious and jealous type of child, and therefore to understand how these archaic residues can persist in the untreated adult after marriage.

In Conclusion. When there is an unhappy parental marital situation the children are at great risk with regard to their own prognosis for making a

happy marriage. When there is a happy parental marital situation and a child shows signs of having a temperament and personality which is excessively disturbed, particularly by such symptoms as a lack of loving feelings, of being slow to forgive, or

bearing grudges and seeking revenge for grievances, then one would feel this child needed help in any case, but from a long-term policy it would otherwise be 'at risk' as far as being able to make and sustain a happy marriage.

De zoönosen (1)

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Onder zoönosen verstaat men infecties van smetstoffen bij dieren, welke op de mens kunnen overgaan en aldus bij de mens ziekte verwekken of aanleiding geven tot smetstofdragers, c.q. -verspreiders. De dieren kunnen door de betreffende smetstoffen al dan niet ziek zijn. In het laatste geval zijn ze, evenals de mens, zogenaamd latent geïnficeerd.

De mens kan besmet worden door:

a Direct contact, hetzij door contact met het dier zelf, hetzij door contact met van het dier afkomstige produkten, zoals haar, huiden, wol enzovoort. Het is duidelijk dat mensen, die uit hoofde van hun beroep met dieren of met de bedoelde dierprodukten veel hebben te maken, verreweg de meeste kans op besmetting door direct contact hebben. De op deze wijze bij de mens optredende ziekten kan men dan ook onder de beroepsziekten rangschikken. Voorbeelden hiervan zijn: miltvuur, koe-pokken, sarcoptes-schurft van dieren en trychofytie van dieren.

b Het nuttigen van de voedingsmiddelen, die van de dieren worden gewonnen, zoals melk, vlees, eieren. Het is duidelijk dat de op deze wijze ontstane ziekten bij de mens niet speciale beroepsziekten zijn, maar dat iedereen, die deze besmette voedingsmiddelen gebruikt, ziek kan worden. Voorbeelden hiervan zijn: lintwormziekte, vleesvergiftiging door salmonella-bacteriën, enzovoort.

Verschillende zoönosen kunnen op beide bovengenoemde wijzen de mens besmetten, dus zowel door contact als door het nuttigen van voedsel. Een goed voorbeeld hiervan is het besmettelijk verwerpen van de runderen, waarbij besmette melk enerzijds de bron van ziekte kan zijn en anderzijds het directe contact bij hulp van het aborterende dier, ziekte van de mens tot gevolg kan hebben.

Er zijn zeer veel smetstoffen van dieren, die de mens kunnen besmetten en aldus ziekten kunnen veroorzaken. Er is één gelukkige omstandigheid: veelal is de door een zoönose aangetaste mens niet de oorzaak van een uitbreiding onder andere mensen, indien contact met gezonde mensen is opgetreden. Echter dit gaat niet altijd op. Bij tuberculose door de runder-tuberkelbacil veroorzaakt en bij verschillende in ons land onbekende ziekten, zoals bij

voorbeeld Q-koorts en longpest, is wel degelijk infectie van mens op mens mogelijk.

Er zijn thans in de gehele wereld meer dan tachtig zoönosen bekend. Het aantal, dat in Nederland voorkomt, is zeer belangrijk lager. De ligging in de gematigde luchtstreek, waardoor vele zoönosen van de tropische en subtropische gebieden in ons land onbekend zijn, en mede het goede peil van de wijze van houden en voeden van de huisdieren, zowel grote als kleine, zijn de voornaamste redenen van dit beperkte aantal. Op enige van de belangrijkste zoönosen ten onzent wordt in dit en in een volgend artikel nader ingegaan. Bovendien zullen enkele tot nu toe uitheemse zoönosen worden besproken, omdat bekend is, dat ze voorkomen in naburige landen en vanwege het vele verkeer van goederen, van mensen en van dieren voortdurend het gevaar bestaat, dat ze ons land worden binnengesleept.

Bij de behandeling der zoönosen zal een indeling naar groepen ziektenverwekkers (bacteriën, virussen, schimmels en parasieten) worden gevolgd. Het zal blijken, dat zowel de „grote” huisdieren welke men op de boerderij aantreft, dus paarden, runderen, varkens, schapen, geiten en pluimvee, als wel de „kleine” huisdieren dus honden, katten en huisvogels, door éénzelfde zoönose kunnen worden aange-tast.

Bacteriële zoönosen

Salmonellosen. Hier zijn niet bedoeld de gewone tyfus en de salmonellosis paratyphi B. Deze zijn niet van dierlijke oorsprong en komen bij dieren niet voor, alhoewel door de laatste sporadisch besmetting bij dieren optreedt. Zo is enige tijd geleden een rund met mastitis, veroorzaakt door *Salmonella paratyphi B* (Schottmüller) aangetroffen, waarbij lange tijd deze bacteriën in de melk werden uitgescheiden.

Alle overige salmonellosen bij de mens zijn van oorsprong ziekten van dieren, die alle potentieel gevaarlijk zijn voor de mens.

Zoals een staatje verderop in dit artikel aangeeft, wordt een steeds stijgend aantal typen bacteriën in ons land vastgesteld. Enkele der voornaamste zijn:

S. typhi murium (knaagdieren, varkens, duif), *S. bareilly* (kuiken), *S. bredeney*, *S. heidelberg*, *S. newport*, *S. stanley*, *S. panama*, *S. bovis morbificans*