# Oil Wives and Intermittent Husbands

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An investigation was conducted in the Aberdeen area on wives of oil men working either off-shore or on-shore. No differences were found in measures of general health; but 'off-shore wives' were shown to experience mood and behavioural changes, linked to the pattern of swiftly recurring partings and reunions. While a majority of such wives appeared to tolerate or even thrive on their style of life, 10% had reactions sufficiently pronounced to deserve the label of Intermittent Husband Syndrome or 'caseness'. Many others would have benefited from more effective preventive and support services.

In the 1970s, Aberdeen became the main centre of activity for North Sea exploration and oil production. At that time, one of us became impressed with what appeared to be a pattern of symptoms occurring in women referred to the psychiatric clinic whose husbands were employed off-shore in the oil industry. In particular, a triad was identified of anxiety, depression, and sexual difficulties, occurring in relation to the partings and reunions; this was called the Intermittent Husband Syndrome (Morrice & Taylor, 1978). It was suggested that the unrelenting and rapid cycle of partings and reunions, which characterises the life of the off-shore worker and his family, causes stress; this reaction is not unique; but does seem to caricature what is found in other occupational groups. Moreover, since many oil families are incomers to the area (in contrast, say, to those in the fishing industry) they might well lack the supportive social network enjoyed by the latter, and so be more prone to stress reactions and breakdown.

Previous studies, e.g. of submariners' wives (Isay, 1968), showed how frequently a wife may become depressed during the latter part of her husband's sea-patrol or shortly after his return. One underlying cause was considered to be the anger felt by the wife, but largely unexpressed, at what she experienced as desertion. But in addition, and paradoxically, she might express resentment at his return, forcing as it did a loss of her responsible and independent role in household and family. Pearlman (1970) studied a similar population, and viewed the wife's reaction to separation as a recurring crisis; while the response was affected by each individual's personality, he found a remarkable uniformity in the emotions displayed. At the time of departure, there were feelings of tension, tearfulness and despair, followed by a period of adjustment, which in turn led to impulses to punish the husband at the prospect of his return. This caused quarrels and recriminations.

Replicating these observations in the wives of off-

shore oil workers seen at a psychiatric clinic, Morrice (1981) pointed out the similarity of this affective pattern to the crisis of bereavement; but in loss through death, the process of adjustment is not continually interrupted by the lost one's return.

Clinical contact with oil wives at this time brought to light three main types of response. Firstly, some women find it impossible to accustom themselves to their husbands' comings and goings; in his absence, such a wife feels lonely, incomplete, anxious, and depressed, counting the days till his return. Secondly, some wives adopt a life-style which is much the same, whether their husbands are onshore or not; at first, his absence may prove difficult to deal with, but they soon learn to cope, extend their own interests, and come to enjoy the sense of freedom and responsibility. Thirdly, there is the wife who resents her husband's absence, but equally resents his return. In particular, she rejects the demands made upon her in terms of serving his needs, both general and sexual, while feeling angry that her own are largely discounted.

Figure 1 illustrates the three categories. These graphic representations emphasise the affective upheaval experienced by some oil-wife patients in response to their husbands' work cycles.

It became clear, however, that these sterotypes were over-simplified and that the reactions of most wives are altogether more complex. The incidence of turbulence and distress in at least some families was confirmed by continuing clinical experience, while a published description of the Intermittent Husband Syndrome evoked wide interest and recognition. Oil company medical officers, GPs, social workers, and marriage guidance counsellors affirmed their awareness of its existence. One GP in particular whose practice includes a large proportion of oil families expressed concern at the level of demand made upon her by oil wives and the apparently high incidence among them of alcohol abuse, stress-related illnesses, and behavioural problems in

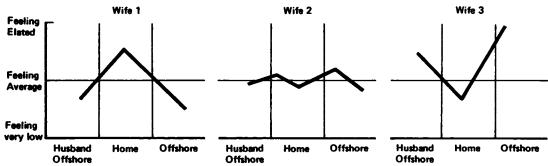


FIG. 1 Mood responses of wives when husbands on-shore and off-shore.

their children. These observations suggested the need for a preventive counselling service, but it seemed important, as a first step, to establish the prevalence of the syndrome in a random sample of oil wives in the area and to seek greater understanding of the nature of the stresses and the adaptation involved.

#### Method

The strategies employed and difficulties encountered in pursuing this study are detailed elsewhere (McCann et al, 1984); a random sample was eventually generated by telephone screening of certain city areas. On this basis, postal questionnaires were sent to 286 wives of men who worked off-shore ('off-shore wives'), and 145 to a comparable sample whose husbands worked on-shore ('on-shore wives'). Completed questionnaires were returned by 200 off-shore wives (70%) and 103 on-shore wives (71%). Each questionnaire contained 60 items, relating to a variety of psychosocial measures and covering aspects of family life in oil households.

Particular enquiry was directed at the wife's response to an intermittent husband's absence and use was made of the Zuckerman Adjective Checklist (Zac, Zuckerman & Lubin, 1965). Behavioural change was assessed by a fouritem checklist concerned with eating, sleeping, smoking, and alcohol consumption. The General Household Survey (GHS) Symptom List was used to determine the incidence of symptoms over the two weeks prior to the enquiry, and a global self-rating of health over the previous year was also made. In addition, interviews were conducted (by K. McC) on a 10% sub-sample of wives, as well as husbands and wives being seen together in some cases. Detailed results are recorded elsewhere (Taylor et al, 1985; Clark et al, 1985). The main findings only will be reported here, together with consideration of the psycho-social factors involved.

# 1. Results obtained from questionnaires

The findings demonstrate that wives of off-shore workers experience increased levels of anxiety and depression associated with husband absence: e.g. on the ZAC, off-shore wives have five times as many high-level scores

during husband absence as when he is at home. There is a similar ratio of scores comparing off-shore with on-shore wives. In addition, ten out of 196 off-shore wives scored more than 14 on the ZAC (which is equated with 'caseness'), while none of the 101 on-shore wives scored at this level. However, the overall health of off-shore wives, as measured by self-rating, is not demonstrably different from that of on-shore wives, or indeed from that of the general population of married women, aged 20-44, as measured by the GHS. This comparatively low incidence of disability is surprising, but statistically significant differences do emerge when the sample of off-shore wives is broken down into sub-groups. Seven categories can be identified on the basis of: resident status (local or incomer), employment outside the home, previous experience of husband absence, duration of marriage, presence of pre-school children, husband's work pattern (regular or irregular), and the duration of his absence. Basic data are discussed fully elsewhere (Taylor et al, 1985).

It was anticipated that wives who are less socially integrated, such as incomers to the area, would be more susceptible to stress than local inhabitants. Similarly, those without employment outside the home, those without previous experience of husband absence, and those exposed to irregular absence were expected to demonstrate more distress. Some predictions are supported and others contradicted by our findings: e.g. there is no evidence that incomers are more stressed than locals, although other considerations may be operating to obscure the evidence. Locals, in our sample, tend to be younger than incomers, to be more likely to have pre-school children, and to be married to men who are off-shore for longer periods—all characteristics associated with higher levels of stress. Moreover, by the time of our research, many incomers had probably found support groups, some living in national enclaves, for example in predominantly American or Dutch neighbourhoods. But another finding contrary to expectation-that working outside the home does not appear to protect wives from stress-may have a unique association with the pattern of off-shore working. Stress appears to be occasioned not only by husband's complete absence for a period of time, but also by his complete presence in the home when on-shore. Interviews with working wives suggest that while a job provides purpose

and companionship when the husband is away, his demands when at home lead to role conflicts, misunder-standings, and quarrels.

Further analysis identified a group of off-shore wives who are particularly at risk: on the grounds that they were recently married, had the care of pre-school children, and no previous experience of husband absence, such wives were labelled 'novices'. On the other hand, 'veterans' comprise longer-married wives, with grown-up children and previous experience of husband absence: they appeared to be much less susceptible to the stress occasioned by their life-style. Figure 2 indicates departures from the sample mean of six measures, ranging from mood change to general health; above the line indicates 'better' than, and below the line 'worse' than the total sample, measured in percentage points. It is evident that changes in mood and in behaviour do not necessarily go hand-in-hand. This is not easily explicable, but the factors being assessed tend to overlap, and they cluster to provide a cumulative risk.

The syndrome of intermittent husband absence was derived from clinical observation, and thus lacks precision. In addition, recent community studies (e.g. of affective disorders) have demonstrated the difficulty of estimating prevalence or 'caseness' with any confidence. Nevertheless, in an attempt to render our criteria more objective, measures of mood were combined with those of behavioural change and with evidence of marital conflict. For these three elements, emphasis was given to reactivity, i.e. the relationship of each to the husband's comings and goings, and a fourth element was then added—a measure of general health derived from self-reported physical symptoms (see Figure 3). Using these four criteria, together with a process of step-by-step exclusion, 20 wives out of a sample of 200 were identified as suffering from the Intermittent Husband Syndrome. This figure of 10%

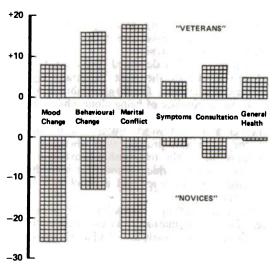


FIG. 2 Cumulative risk: two extreme groups.

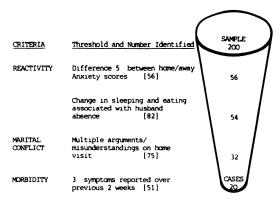


FIG. 3 The intermittent husband syndrome: steps in defining caseness.

is likely to be the minimum prevalence rate, with many more wives being borderline subjects and still more experiencing difficulties in coping.

#### 2. Results obtained from interviews

Extensive interviews were conducted on 30 wives and 17 husbands, while 17 couples were subsequently seen together. Some of these interviews were recorded and made available to all the authors, who concluded that, while some wives not only coped successfully with husband absence but actually found it a preferable way of life, others were distressed and miserable. The following comments indicate typical problems.

Loneliness: "Being an oil wife is like being a one-parent family without the financial worry. I get tired having to cope on my own and very rarely can I make the effort to go out at evenings or weekends. We both enjoy the two weeks he is at home, although there are tensions because we both have to adapt".

Responsibility: "Last night, our little boy was sick most of the night. If John was here, he could share the burden. I really miss him at times like that, when you've got to take the whole works on your shoulder".

Arrival home: "We both expect too much, I think. We have a row the first night he's home every time. I think, 'Oh, great. Jim's coming home today', and I prepare his favourite meal. And he's sitting on the rig, thinking it's all going to be marvellous. And we get together, and it's not all that good. Sometimes I think, 'How dare this man come into my home and disrupt things' ".

Sexual demands: "Being away two weeks, he seems to want it all the time; you know, every night. Two weeks non-stop. I don't like refusing him, because then he gets moody and bad-tempered".

Departure: "I don't want to see him leave. I should be used to it, but it's hard still to see him go off. Then, the two weeks he's gone, you've got to adjust. I never seem to get off to sleep, and I read till three or four in the morning. But you've got to work things out. You can't just moan and stay down in the dumps all the time. You just go on, or it'll drive you nuts'.

Separateness: "My husband's home for two weeks at a time, but he's hardly in. He likes to meet his friends and go for a drink. He's always downtown, or at his car, or watching the telly. He spends his money on drink, and me and the kids get little attention. He likes his own separate life and we've just drifted apart".

Although comments such as these were made both by wives who cope and by those who do not, it is the wives under obvious stress in dealing with intermittent husband absence who utter them with keen feelings of anger and despair. The same kind of predicaments are faced by all off-shore wives, but those who cope seem to perceive their difficulties in a more positive fashion, and are able to organise their lives so as to minimise disruption and maximise benefit. Those identified from our enquiries as 'successful copers' generally scored high in community involvement, had a positive attitude to the husband's career, and took advantage of his absences to increase their own competence and to enlarge their network of relationships. On the other hand, the 'non-copers', who tended to be younger, more recently married, with small children and no previous experience of husband absence, appeared to experience their difficulties differently and to organise their lives less satisfactorily. In some way, they were more vulnerable. From intensive interviews with such wives, including those referred for therapy, familiar reactions of personality types to stress emerged, but one characteristic appeared to be central-an over-dependent type of ego-weakness. This generally arises from lack of 'good-enough mothering' and is particularly disadvantageous for an off-shore wife.

One such wife, aged 33, was referred as being suicidally depressed. When her husband was off-shore, this woman spent most of the day in bed, paying little attention to herself, her young children, or the household; on his return, the husband found his family in a state of deep neglect. Yet, as he knew, on other occasions his wife could be attractive in appearance, an efficient housewife, and a competent business woman. When he was on-shore, they quarrelled incessantly over his sexual demands and his closeness to his own parents; she felt used and neglected. When he was off-shore, she felt abandoned, resentful, and unable to cope. Her own parents were musicians who moved about the country, and during much of her childhood, had left her in the care of relatives. She seldom saw her mother and said she had no memory of her early years; she could not recall being close to anyone as a child. In therapy, she talked much about those 'forgotten years', expressing feelings of great emptiness and sadness.

## **Discussion**

Many different occupations entail a husband's absence from home, regularly or irregularly, for shorter or longer periods of time. The armed forces, merchant navy, long-distance lorry-driving, deepsea fishing, and jet-setting business executives are familiar examples. Employment difficulties in the UK and elsewhere may encourage men in other occupations to find jobs away from home. An

absent husband means dislocation of the familiar pattern of family life; stress may be thrown upon the wife, with resultant physical or emotional complaints which bring her to medical attention. The off-shore wife is an outstanding example of someone under this kind of stress.

What is it that protects some wives from upset, while others are rendered miserable and depressed? Recent studies, e.g. Brown & Harris (1978), offer some explanation, i.e. that a provoking agent, particularly one involving loss or danger, impinges on a woman who is vulnerable because of a number of factors. Not least among these is the lack of a secure and intimate relationship; others include the presence of young children, lack of paid employment, and loss of the individual's own mother before the age of 11. There are obvious parallels to be drawn with oil wives in the present study. Any wife might experience difficulty in finding a secure and confiding relationship with a husband who comes and goes so frequently; but she would be particularly vulnerable if she lacked a sense of independence, saw her environment as threatening, was caught up in an atmosphere of blame and being blamed, and felt torn apart by each separation.

Many children in our civilisation are frightened at heart and grow to be adults 'in a state of constant anxiety because they feel weak and inadequate at the very core of their inner self' (Guntrip, 1960). Most people become more or less aware of their own inadequacies and develop techniques to deal with 'the frightened child inside', thus appearing reasonably competent and at ease. But under stress, perhaps of a particular kind, they find their defences breached, and anxiety and depression flooding through. For some wives, the absent husband seems to provide such a stress.

Winnicott (1958) described 'the capacity to be alone' as one of the most important signs of emotional maturity. The basis of this is a paradox—the experience of being alone while someone else is present. It requires a relationship between mother and child which fosters the notion that mother is reliably present, even when she is not actually there. The relationship provides a 'good internal object', which allows the individual to develop self-sufficiency and a belief in a benign environment.

Pearlman (1970), discussing the separation reactions of submariners' wives, cited either the frequent history of early loss of a parent, and consequent close attachment to the other, or else 'parental intrusiveness', leading to an unduly close relationship. In adult life, these wives—faced with

separation from husbands—revealed that they had 'transferred a symbiotic attachment from parent to husband', which demanded his constant presence. If this was denied, they resorted to alcohol or frenetic social activity, or even attempted suicide.

Because of the epidemiological nature of the present enquiry, no reliable data on the parenting experience of oil wives were obtained. Interviews with those referred for psychiatric care produced some evidence of faulty nuturing, but hard facts are lacking, and would require a controlled study. What is identified in off-shore wives who fail to cope as ego-weakness may be merely a symptom of their depression and anxiety, and such a suggestion is difficult to refute without the results of personality testing. But the basic question remains to be answered—what causes some wives to break down with depression and anxiety, while others cope and thrive? It seems reasonable to seek a personality trait, since work already done on depression in women (e.g. Brown & Harris, 1978) strongly suggests the importance of such a factor. What has been demonstrated here is that individuals who have enjoyed good emotional attachments from infancy possess a sense of security and competence which is often denied to those lacking such an experience.

This supports the centrality of 'good-enough' parenting and its derived 'capacity to be alone', in dealing with stress of intermittent husband absence.

The present study identified some 10% of offshore wives whose symptoms were of such severity as to invite psychiatric referral. Many others revealed difficulties and disturbances warranting some sort of counselling. Evidence exists that some do find their way to GPs, marriage guidance counsellors, and social workers. Others go largely unrecognised; they may appear as frequent attenders at GPs' surgeries with physical complaints that risk being accepted at face value, or may seek to escape their depression and anxiety by enthusiastic party-going, drinking, and sexual adventuring. On the whole, oil companies have been slow to recognise openly the psycho-social implications of the industry and in particular its impact on family life. A clearer appreciation of the problems revealed by this investigation may lead to the provision of more adequate preventive and support services for oil families.

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