

Medical Marriages

Jennifer Casaletto, MD, FACEP

Gillian Schmitz, MD

Note: Much of the information was derived from the Sotile and Sotile book, *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*

Seeking balance between relationship and career is difficult. Becoming, working and living with a physician imply that we share an understanding of a level of stress that is unthinkable to many of our friends and neighbors. This stress may contribute to burn out, dissatisfaction, and anxiety that threaten our careers and our marriages. Communication and understanding of the complexity of relationship-career balance is essential between partners. A supportive spouse or partner has been shown to decrease risk for physician burnout. Furthermore, higher levels of marital satisfaction are associated with increased physician work satisfaction. However, reaping these benefits requires dedication to creating and maintaining a healthy medical marriage, a challenge that all married physicians face.

Sobering facts:

- 50% of first time marriages for those under age 35 end in divorce
- Physicians have a lower divorce rate, but are less happy in marriage
- Physicians and their spouses suffer significantly increased rates of drug abuse, alcoholism, depression, and suicide
- Research shows that long physician work hours don't **cause** marital problems, but often **result from** desire to escape marital tension

The “typical” medical marriage has changed. Greater than 85% of our spouses work outside the home. We are often married to other physicians or professionals, attracted to each other's high-powered, high-energy zest for life. Competitiveness, diminished intimacy due to lacking time and energy, and the lack of a stress-absorbing partner risk the development of unidentified physical and mental fatigue and growing resentment towards the demanding lives we have created. Furthermore, our marriages are increasingly complicated by distance during career training, making us contributors to the over one million commuter marriages in the US.

Identifying Stressors and Sources of Conflict

As married physicians, we face many common extrinsic marital stressors. The majority of these are predictable, such as exhausting work/study schedule during training, postponement of family life during training, and fear of mistakes. The magnitude of these stressors doubles in a dual-physician marriage because in a single physician marriage, the non-physician spouse functions as a stress absorber. Unanticipated extrinsic stressors (e.g. debt, pressure to make urgent decisions, multiple jobs, and disillusionment with medicine or marriage) are more often problematic, as one spouse may hold the other accountable, resulting in bitterness. However, the most serious potential threat to our marriages stems from intrinsic stressors created by our own expectations, coping patterns, and type A behavioral

characteristics. These intrinsic, anticipated and potentially avoidable stressors have the potential to lead to resentment, power struggle, and marital instability.

Expectations

We are plagued by mixed messages regarding gender roles. While modern society values egalitarian roles at work and home, statistics tell us that this transition is not taking place as quickly or smoothly as it would seem.

Female physicians more commonly struggle with unbalanced domestic responsibilities:

- 80% of physician wives work outside the home. Most often, the husband's career takes priority; females more often make career sacrifices in dual physician marriages. Whether a result of coercion or choice, this trajectory can lead to regret and bitterness.
- 85% of married female physicians have children; more than 50% give birth to their first child during residency. When physician mothers opt to continue working, they work the same number hours as their childless female peers.
- Family responsibilities are typically egalitarian during residency in dual physician marriages, but change to more traditional expectations after training. Greater domestic responsibility falls on the woman in dual-physician marriages; 76% do all the cooking, shopping, child care, and money management.
- Nearly 25% of mothers in dual-earner professional couples show a reluctance to relinquish domestic responsibilities by discouraging husband involvement via redoing tasks, criticizing, and setting unreachable standards of excellence, a pattern of behavior known as the Maternal Gatekeeping Phenomenon.

Male physicians more often struggle with finding their role in the home:

- 72% of men now struggle to find balance between home and work, up from 12% in 1979.
- Shapiro's behavioral theory states that fathers don't avoid active family roles out of self-centeredness, but instead feel excluded from power and responsibility within their homes.
- Non-physician husband's may perceive their career taking a back seat to the status, prestige, income, and time demands of his wife's professional life leading to competition, anger, and tension over sex roles. In response, female physicians more often sabotage their own career in an effort to recreate esteem for their husbands in an attempt to save the marriage, known as "physician wife" syndrome.

Looking at these statistics, it is clear that both sexes are overburdened with roles and responsibilities to family, work, self, and marriage.

Coping Patterns

According to internationally respected experts on physician marriages, Sotile and Sotile, physicians' extraordinary coping skills make us capable of normalizing an abnormal lifestyle. This maladaptive skill results from rigidly adhering to only one of six coping patterns, the one with which we are most familiar during periods of heavy stress.

Being strong: Stoic, no complaining. Difficulty asking for support or noticing need for help. Numb to vulnerability and fear. *Overuse => loneliness and numbness.*

Trying hard: Equate self-worth with fatigue. Values ability to struggle longer and harder than others. Feels anxious even when trying to relax/play. *Overuse => fatigue and joylessness.*

Pleasing others: Difficulty saying no and identifying own needs. Self-sacrifice leads to exhaustion, withdrawal, and depression. *Overuse => guilt, anxiety, and withdrawal.*

Being perfect: Anxious, irritable, and guilty. Spends time fussing. *Overuse => guilt, obsessing.*

Being careful: Feels free-floating anxiety, but unaware what is bothersome. High anxiety when faced with decisions. Paralyzing fear of change. *Overuse => fear and decision-paralysis.*

Hurrying: Rushes through life. Lives with internal sense of urgency. When forced to slow down, suffers anxiety, frustration, and irritability. *Overuse => anxiety and urgency.*

In order to manage our stress, we must choose an appropriate coping pattern for the particular stressor; a pattern that promotes success when dealing with work stressors (e.g. hurrying) may push away family and friends when used at home. Overuse of our fallback coping pattern leaves us feeling one or more symptoms of pain, a sign that the coping pattern is not working.

Type A Behavioral Pattern

Physician psychological makeup is one of the greatest stressors to medical marriages. Type A behavioral pattern (TYABP) is characterized by the belief that struggle is necessary to achieve a positive outcome; it is an inefficient use of our extraordinary coping skills. Examples of anticipated, potentially avoidable, intrinsic stressors associated with TYABP are: excessive ambitiousness or materialism, competitiveness, refusal to relax/enjoy, need for control, cynicism, and constant hurrying. A TYABP affects relationships by being self-focused, controlling, a poor listener, easily angered, and critical of others' mistakes.

Strategies for Preserving Medical Marriages

While our expectations, coping patterns, and TYABP cause intrinsic stressors within our medical marriages, it is how we deal with these stressors that determines the stability and viability of our marriages. In the face of unreasonable expectations that find both partners overburdened with roles and responsibilities, we must strive to spend our few discretionary hours (estimated by some to be as little as 12-16 hours per week) engaging in activity that matches our values. By doing this we will have achieved a **reasonable** (albeit not equal) balance between relationship and career.

Maladaptive coping pattern associated behaviors trigger relationship struggles by hiding one's true needs. Identifying and responding to our partner's corresponding need (see below) instead of his or her behavior helps to manage intrinsic relationship stress.

Being strong: Needs to be nurtured

Trying hard: Needs to feel deserving of rest and enjoyment

Pleasing others: Needs to feel understood and appreciated

Being perfect: Needs to feel good enough

Being careful: Needs to feel safe

Hurrying: Needs to feel finished

Finally, the Sotiles' offer eight rules for managing intrinsic stress caused by TYABP:

- 1) Acknowledge TYABP; be aware of coping patterns and how they affect relationships.
- 2) Insecurity and anxiety fuel TYABP, use nurture instead of blame and shame.
- 3) Respect Type A physiology by avoiding stimulants, exercising, and planning relaxation.
- 4) Choose to slow down (e.g. driving slowly, relaxing music, parking in furthest space).
- 5) Manage hurry sickness (e.g. avoid constant multi-tasking, call loved ones between tasks).

- 6) Get out of your head and into your senses.
- 7) Recognize hostility; practice empathy and compassion in response.
- 8) Create non-type A territory by avoiding competitive people and activities.

Marriage Resources

Marital Enrichment Programs

Retrouvaille (www.retrouvaille.org)

Marriage Savers (www.marriagesavers.org)

Worldwide Marriage Encounter (www.wwme.org)

How to Find a Marriage Counselor

Marriage Builders (www.marriagebuilders.com)

American Association for Marriage and Family Therapy (www.aamft.org)

Additional Reading

Sotile WM, Sotile MO. *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families.*

Myers, M. *Doctors' Marriages: A Look at the Problems and Their Solutions.*