Medical marriages and other intimate relationships

Michael F Myers

Marital challenges are ubiquitous in the relationships of doctors. Common issues include overwork, a need for control, self-neglect, perceived and felt stigma, being a "wounded healer", trouble with boundaries, chemical dependency, depression, and more. Knowing the hallmarks of a healthy relationship, recognising warning signals of trouble, and taking action through suggested strategies can be salutary. ***(MJA 2004; 181: 392-394)***

As a specialist in doctors' health, I have noted that relationship concerns constitute one of the most common complaints in my practice.[1] Although there are no empirical data on the prevalence of marital problems in doctors, there are some data on divorce, albeit mixed. Doherty and Burge[2] reported that divorce rates in doctors are lower than in other occupational groups. In contrast, Sotile and Sotile[3] describe divorce rates among doctors as 10%–20% higher than those in the general population. Historically, the call of medicine has given short shrift to our personal and family lives. It is refreshing to observe today's younger doctors giving much higher ascendancy to their relationships.[4]

A healthy relationship is an alliance of two mature individuals who are developmentally ready to form a union that will meet their individual needs and ensure their personal growth in the years that lie ahead.[5] The texture of this "coming together" depends on many factors: love, affection, sexuality, companionship, communication, financial security, intimacy and commitment. When we feel intimate in a relationship, we are describing notions of connection, trust, mutuality, and a sense of being loved and honoured.[6] Given our humanness, our personal pasts, and the demands and responsibilities of a career in medicine, is it any wonder that all of us, in greater or lesser measure, struggle with our intimate relationships?

Common problems

The following are some common characteristics of doctors and their intimate relationships.

Overwork as normative. The number of hours worked per week varies enormously from one doctor to another, and is influenced by the branch of medicine and the doctor's sex and life stage. The bottom line, though, is that we work hard and this affects the quantity and quality of time left for our partners. It is hard to be relaxed, interested, energetic, creative and fun with loved ones if we are tired or preoccupied with the residue of our work day. And our intimates are masters at detecting this, despite our protests, denials and defensiveness. Overwork in doctors seems to be a result of both the doctor's personality and the culture of medicine.

Escape into work. Overwork is not always the cause of relationship difficulty, but may be the result. We may deliberately stay at work late or go in to work to avoid the painful awareness of tension or unhappiness at home. Medical work can be seductive — and there is usually plenty of it. Further, it may be easier to solve clinical dilemmas than domestic problems.

A need to be in control. Our work requires being in control and taking charge if we are to be effective in our patient management skills. In greater or lesser measure, this attitude or personality trait may colour our intimate relationships. Other traits commonly seen in doctors are compulsiveness,[7] perfectionism,[8] and pessimism, passivity and self-doubt.[9] Most spouses do not appreciate feeling controlled by their doctor-partner or not respected as an equal. To quote one wife of a cardiologist: "My husband forgets that the kids and I are not always going to step to attention like his office assistant. Nor do we hold him in awe like his patients do. My philosophy is that we're all equals in this family."

Self-neglect. Many other professionals take better care of themselves than we do.[10] If they are ailing, they consult their general practitioner. Many of the best doctors do not have their own GP, live lives that are desperately out of balance, diagnose and treat themselves (sometimes incorrectly), and do not recognise the pain and suffering of their partners. For example, a psychiatrist who came to me for a consultation began with these words:

> A month ago, when I concluded that I was depressed, I started myself on antidepressant A. I didn't feel any better after about 10 days, but, instead of increasing the dose, I decided to try another sample, antidepressant B. Well, after 2 days, I was really anxious and my sleep was worse so I stopped it and put myself on antidepressant C. About a week later, when the anxiety hadn't gone away and my sleep was even worse, I decided to double the dose. Then I got really sick. I didn't know if it was the drug, the flu, or my depression getting worse. Then the pharmaceutical rep came by with some samples of antidepressant D. So I stopped what I was on and started it. I don't like it though — I feel strange on it. But I feel strange these days anyway. I am so glad to be here. Relieved that I've got someone to look after me. I feel dreadful. Do you know how hard it is to treat yourself properly when your cognition is off and you're worrying constantly and you can't make proper decisions and you don't know if you're going to recover? I would never treat my own patients like this.

Stigma. Most doctors admit to fearing judgement or disrespect if they admit to relationship problems or psychiatric symptoms in themselves.[11] Fear of stigma is why so many doctors refuse to seek help, or delay consulting others for a long time, or treat themselves. It is aligned with rugged self-determination, not wanting to bother others, a strong capacity for denial of trouble and problems, and mistrust of other caregivers. Sadly, these beliefs are too often

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reinforced by a culture of medicine that elevates us to "gods" and renounces our humanness.

"Wounded healer" notion.[12] Many doctors are "wounded healers" who have themselves faced one or more of the following: poverty, hunger, war, forced migration, torture, family heartache, alcoholism, divorce, suicide deaths of loved ones, physical/emotional/sexual abuse, racial or ethnic discrimination, religious persecution, gay-bashing, life-threatening disease, or other traumas and losses. While these "sticks and stones" often strengthen us and enable us to practise better medicine, they also make us vulnerable and subject to the same problems as any other human being.

Lack of firm boundaries between work and home. Despite the fact that medicine is rarely a "nine-to-five" job and, by its very nature, extends into our personal and family lives (especially when we're on call or making weekend hospital rounds), we should strive for some demarcation. Here's a quote from the 14-year-old son of a doctor-patient of mine:

> My dad and I have a pretty close relationship, but I don't know why he wears his pager when he's not on hospital call. It really bugs me. We often do sports together on Saturdays — I worry that our fun is going to get interrupted if his pager goes off with something that's not an emergency.

Unrecognised substance use disorders and/or mood disorders. The culture of medicine accords low priority to doctors' mental health, despite evidence of untreated mood disorders and an increased burden of suicide.[13] Our proneness to alcoholism and other substance misuse is not diminishing. These maladies have pernicious effects on our intimate relationships, especially communication, sexuality, and trust. Listen to the plaintive words of one doctor's wife:

> I'm really worried about my husband, a family physician. I think that he's quite depressed and burned out. He's drinking a lot. Our marriage is the pits. I've asked him to come in to see you and he refuses. He says he's fine, that all doctors are burned out these days. His father was also a doctor — he had a nervous breakdown at this age. What should I do?

Warning signs of a relationship in trouble

Doctors need to ask themselves, and answer honestly, the following questions about their intimate relationships:

- Do you feel bored or lonely, especially when the two of you are alone?
- Does your partner complain that you don't share enough of yourself? How does this criticism make you feel? Defensive? And do your reasons — "I'm tired" or "I don't have anything new to tell you" or "I was born this way" — seem unsatisfactory or tend to fall short?
- Are you arguing without resolving the issues? Do you argue about the same matters over and over? Do your arguments leave you feeling exhausted, frustrated or demoralised?
- Are your arguments increasing in frequency or in intensity (eg, are they escalating to verbal or physical fights)?
- Are you not arguing at all but are silently seething, withdrawing into yourself, or using passive-aggressive manoeuvres (forgetting to meet requests, being stubborn, disappearing, coming home late, responding with sarcasm)? Or, if you aren't doing this, is your partner?
- Do you make a beeline for the liquor cabinet when you get home, and not talk about your day at work — or present only a very abbreviated version once the alcohol takes effect?
- Are you working so hard that you can't find the time to talk with your partner?
- Is it possible that immersing yourself in your medical work has become preferable to talking with your partner? That you find practising medicine more fun, rewarding, and ego-boosting than spending time alone with your partner?
- How is your sex life? Do you find that your sexual relationship doesn't seem very intimate? That you "have sex" but don't "make love" anymore?

Strategies to create and maintain relationship intimacy

Safeguard time for communication in your busy life. Experiment with venues and situations in which you communicate in a more open and relaxed manner — kitchen or living room? at home or outside the home? while out for a walk or a bike ride together? morning or evening? sitting opposite each other or beside each other? with food/beverage or not? The vast majority of couples whom I see tell me that their best talks occur outside the home, away from distractions, interruptions and undone tasks. And if you go for a walk or ride, and you're not on call, leave your pager, mobile phone, personal digital assistant, etcetera, at home!

Read up on relationships. Visit your local bookshop or library and pick up one of the many manuals on improving communication techniques in relationships. Or browse the Internet for material. Try some of the exercises together for a month or two.

Consider a marital enrichment weekend. Most faith communities offer these, as do community college continuing education programs and private corporations. What works in many of these endeavours is the basic message that you give to each other: "I care enough about us to go away with you and try to learn new ways of renewing our relationship".

Go for marital therapy if you feel that your personal efforts are not working, or are having limited success. It helps tremendously to have the expertise of a trained professional who can diagnose the problems, explain the "why", appreciate the positions of both partners, relieve anxiety and sagging spirits, and offer guidance and hope.

Take care of your health. If you don't have a GP, get one today.

Concluding words

Caring for our relationships is good medicine. Having someone to love and nurture is an integral part of being human. Doctors with children find the challenges more manageable and the joys more intense when their primary relationship is happy. And doctors living with illness find the experience much less frightening and lonely when they are fortunate enough to have a loving partner at their side.

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