PFSP Perspectives: Alberta Doctors' Digest

Get early assistance for relationship challenges

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By Dianne B. Maier, MD, FRCPCH Program/Clinical Director, PFSP

Year after year, 70% of the calls to the Physician and Family Support Program (PFSP) concern marital, partnership or family issues.

There is a similarity between Alberta physicians accessing support through PFSP and other people accessing assistance programs, for the same reasons, through their employers.

We sincerely hope physicians and their spouses and partners are calling the program for early assistance in their marital challenges, when the opportunities for change and growth together are greater.

In physician health literature, there are some basic reflections about medical relationships and the challenges within. Some challenges arise given the culture of medicine and perhaps how we have bought into it and even fight to maintain it.

Others arise because we each bring some of our generic “physician character” to our relationships and that can be a fairly large, heavy suitcase. We also face the issues of intimacy and the cycles of relationships that other human beings face.

Retired psychiatrist, Dr. Merville O. Vincent, and marriage and family therapist and psychotherapist, George Slater PhD, quote Alexander’s definition of intimacy: “Intimate contact is that close contact between two individuals in which they reveal themselves in all their weaknesses without fear. It is a relationship in which barriers, which normally surround the self, are down. It is a relationship that characterizes the best marriages and all true friendship. We often call it love.”

Intimacy has many components including affection, expressiveness, sexuality, cohesion, compatibility, autonomy, conflict resolution and identifying as a couple. It does not happen overnight and requires time and attention.

Intimacy requires vulnerability. Is intimacy a priority in your relationship? Is an intimate relationship truly a higher priority than your medical practice?

Dr. Michael Myers, psychiatrist and specialist in physician health, notes that medical circumstances, particularly those involving time and money, can impact personal relationships. For example, each area of medicine can pose long hours, unpredictable times of work beyond the physician’s control and not enough time to achieve what the physician feels needs to be done to meet professional expectations.
Some physicians, particularly our younger colleagues, are stressed by debt and pressed to work harder to reduce it. Other physicians are trying to support families from current and perhaps previous marriages and work harder to do so. Yet others work overtime to support extended families in Canada or abroad.

Twenty-one years ago, Vincent and Slater wrote about physician marriage. They made this interesting observation about the culture of medicine and the drive for technology over appreciation for the physician-patient relationship impacting personal relationships: “Any movement that would take the person as seriously as the symptom would encourage the physician, who chooses to do so, to develop his or her personal relationships.”

It was their view that relationship-centred patient care would ease physician burden, isolation and feelings of excess responsibility.¹ These are important points to ponder.

Minimizing conflict between our work roles with our home roles and having mutually supportive spouses is associated with higher marital satisfaction and quality, and a higher level of work satisfaction.³

It seems that role conflict would more likely impact female physicians, although not exclusively so. Male physicians are expected, and want, to be more than the “provider.”

Of interest, it is not the hours of work that necessarily create challenges. But the conflict arises when physicians are torn between work and home, or they choose not to prioritize the needs of their spouses or children, which adversely impacts relationships.

We all bring our selves to our relationships. We know that many of us are called to medicine as “wounded healers.” This can mean challenges in developing intimate relationships in which we need to be mutual, not merely good, caregivers.

We also are somewhat compulsive. We cannot forget that which works well for us in a medical workplace does not work well in intimate relationships. We do not have to be perfect and neither do our partners.

Another feature of our generic physician character is our ability to delay gratification in our “real lives” in order to serve medicine. This has also been described, by Gabbard and Menninger,⁴ as our “psychology of postponement.”

Describing physician marriages, they stated: “The psychology of postponement ultimately proves to be a psychology of avoidance, growing directly out of the compulsive personality traits of most physicians and their preference for work over family life.”

Is that your excuse for avoiding emotional intimacy and the attention your marital relationship deserves? Can you be honest about it?

Dr. Jean Wallace, sociologist at the University of Calgary, shadowed Calgary Health Region physicians. She was struck by her observations.

Physicians did not eat lunch and they did not go to the bathroom. Moreover, when they had marital or family commitments and a patient issue arose, they chose to stay at work even when there were colleagues offering to take over the work responsibility.⁵
Consider the following strategies to strengthen your intimate relationship:

1. Spend 30 minutes a day of focused conversation with your partner. Do you listen more than you talk? Learn more about your partner’s world. Honor his or her life too.

2. Give up control and always being “right.” Practice compromise and collaboration.

3. Have a weekly date night. Practice fun and laughter.

4. Take vacations, vacations and vacations (at least a few without the children).

5. Learn more about enhancing your relationship together. Perhaps work together through a book like The Seven Principles for Making Marriage Work, by Gottman and Silver, or The Medical Marriage, by Sotile and Sotile. You may access community resources for marital enrichment courses or workshops. (Yes, that means you have to give up: the idea that you know it all, concerns regarding what others think or worry it will adversely impact your reputation as a physician. Since none of these are true, it is only about time.)

6. Seek professional assistance. Marital problems are not a failure or shameful but are human. When the marriage is at issue, experience and studies confirm marital therapy is more effective than individual therapy. Call PFSP toll-free 1.877.767.4637 at any time.

7. Create some time for yourself.

8. Take care of your personal health concerns through your family physician.

9. Take advantage of the new teamwork in medicine.

10. Support flexible practice hours and making a place and space for those physicians who want to work part-time.

I offer wise sayings from some of our colleagues regarding medical marriages:

- From a resilient rural family physician: “Choosing your spouse is more important than choosing your career.”

- From a seasoned emergency room physician: “My wife diplomatically told me that she was not a nurse and did not take orders.”

- New husband of a psychiatrist: “Happy wife . . . happy life.”

And the final words go to the marriage mantra of my mother, à la Richard Carlson: “Don’t sweat the small stuff. It is all small stuff.” Not perfect, but good enough.

References available upon request.