Physicians in Couples Counseling

I am a psychotherapist in private practice in Toronto. I see many physicians individually in my practice for a multitude of issues. They are a unique population who present with specific problems dealing with their profession, burnout, work life balance, etc. These issues have been well documented and I believe although still prevalent are being addressed by care givers.

Dr. Mike Myers in his book, “Doctor’s Marriages” writes about the relationship issues that are unique to the marriages of doctors. This book is intended for medical students, doctors, their spouses, partners and age appropriate children. What I hope to address in this article is the distinctive concerns specific to working with physicians’ in couples counseling. I will also present a composite case study to explain the approach I have used in regard to these obstacles

Physicians’ Individual Obstacles

1) Physicians, due to the rigors of training together with societal, cultural and systemic pressures, often have not had the luxury of “knowing themselves” at a deeper level.

2) Physicians may be highly cognitive, diminishing or dismissing their emotional side.

3) Physicians are consistently high achievers; a troubled personal relationship does not fit with their personal schema.

4) Caretaking behaviors may keep physicians out of self caring behaviors which is crucial for a coupled relationship.

5) Vulnerability and emotional accessibility are crucial in an attuned connected relationship. These are traits that run counter to what the physician needs to utilize on a daily basis in their practice.
The difficulty of switching from a professional to a personal level as they re-enter the marriage is an intricate one for many physicians. This same trouble with vulnerability will also present in the counseling session

6) The physician describes themselves as being highly regarded, respected and even “loved” by their patients. This caring and compassionate attitude seen at a professional level is puzzling to both partners. The non physician partner will often experience their partner as disinterested and unavailable at home.

Therapist /Couple relationship

Some stumbling blocks that may occur initially in session involve the issue of trust between the physician and the therapist especially when the physician partner has not been the one to initiate the session.

1) Fee for service payment may be difficult for the physician to tolerate.
2) Competency of the therapist and the perceived disparity of professions when the therapist is not an M.D.
3) Confidentiality: this may cause difficulties as the reluctant partner/physician may have never participated in any form of therapy.
4) Scheduling appointments on a regular basis, especially when both are physicians.

Partner/Partner Relationship

Once the comfort level between the couple and the therapist has been tentatively established, the issues in the coupled relationship can begin to come forward. It has been my experience that there are differences between couples where one partner is a physician vs. those where both partners are physicians.

1) One Partner a Physician: The notion of work life balance and how it affects the marriage is very often front and center for these couples. The stress the physician is under in the workplace and the perceived lack of understanding by the partner together with the loneliness and isolation suffered by the non-physician partner can initiate a destructive cycle in the relationship.

2) Both Partners are Physicians: In a couple where both are physicians there is usually a tolerance of the demands of the profession, however the couple dealing with other difficult cycles may use work as an outlet. Competitiveness between the partners especially in the same specialty may also arise, adding more stress to an already over loaded relationship.

Composite Case Study

In this composite case study I have attempted to depict a typical couple who are both physicians and their presenting issues.

Karen 38 is an I.C.U. Physician at a large teaching hospital married to Don who is an anesthetist at a small suburban hospital; they have been married for 10 years and have 2 young daughters 6 and 4.
Karen is also working on a PhD in medical research, when she is not at the hospital she feels a very strong pull to be doing more on her doctoral dissertation as she feels it has taken her a very long time to complete. There is a nanny present in the home but both Don and Karen report that Don is the primary care giver for their children, given his work schedule. Although Karen experiences a

level of guilt and regret in not having more time with the children, she believes it is only temporary and will over the next few years become more manageable. Karen has contacted me as she has recently discovered that Don has had an extra marital affair and she is thinking of dissolving their marriage. In the first appointment Don states that he has wanted to come to marital therapy for at least 3 years and Karen has always dismissed the option. He discloses the loneliness and frustration that he experiences in their relationship both emotionally and sexually. He believes what he has done is hurtful but feels entitled as there has been no physical intimacy in their relationship for 4 years since the birth of their youngest daughter.

Pointers when working with physician

I will attempt to address some of the obstacles that I encountered in working with Don and Karen.
As Karen was the partner that contacted me she would seem to be the partner who was more interested in doing this work however she is ambivalent, at times wanting to work on the relationship other times wanting to dissolve the relationship . Don is the person who has wanted to do the work for several years so his “buy in” is stronger and his need for emotional and physical connection at least on the surface is stronger than Karen’s

First Appointment

In regard to the first three obstacles; fee for service, competency and confidentiality, an open discussion ensued with concerns anticipated and addressed, we also contracted that if there was rising anxiety in regard to any of these issues in the future that there was the ability to bring them forward again. The ability to be heard and openly discuss each point seemed to alleviate if not dispel the anxiety, Karen was experiencing.

In regard to scheduling appointments this is the time that involvement in the process is highest and the ability to have the couple agree to commit to weekly if not every other week appointments is crucial. If this commitment is not initially agreed on once the couples work becomes difficult the couple’s ability to escape by looking to scheduling dilemmas is high, we were able to agree in principle that for the short term {3 months} this work would take precedence over Karen’s school work.

Subsequent appointments

As the work proceeded, this couple, as with any other couple that I work with, began the painful process of uncovering and unpacking many long standing wounds. Cycles of pursuit on Don's part [stemming from loneliness and isolation] demonstrated as anger towards Karen {as did the infidelity}. This anger caused Karen to retreat further into her overwhelming work load [stemming from a sense of inadequacy] thus causing Don to feel increasingly more lonely and dismissed. This pursue /withdraw dynamic where each partner is the architect of the other's misery is common in many coupled relationships. The obstacles which were specific to this Physician couple were incorporated into the process of the work.

Psycho-education in couples often at the beginning of the work is normal. With Karen and Don we looked at Karen's schedule and the need for work life balance, the issue of a healthy loving relationship being modeled to their daughters was also a topic for discussion as both Karen and Don did not believe their daughter's were influenced by what was happening between them. Supports available to each of them personally and professionally were brought forward, as with many physicians the belief they are not supposed to have these difficulties and if they do, not expose them, as well as the not uncommon practice to self treat was evident in Karen's and Don's isolation.

Empathic attunement to self, enabling attunement to other is a higher level process and one where both partner's struggled. Vulnerability and emotional accessibility are crucial in an attuned connected relationship. The ability for Don and Karen to "thrash out" their hesitations and fears of doing this in the presence of "other" with the help of an attuned and present therapist was a healing process. To Quote Freud "We are never as vulnerable as when we love"
The ongoing distinction between their personal and coupled vulnerability and how it does not negatively impact [may even be helpful] their professional ability was a central theme in the work.
As the work proceeded Karen became increasingly more aware that many of her emotional needs of competency and efficacy were being pursued, if not satisfied by a relentless pursuit of education and research. With Karen as with many other clients a gentle suggestion of individual therapy being a possibility was put forward.
In Closing this couple's work is ongoing; the breech of trust that occurred with Don's infidelity still flares up in sessions and continues to need the salve of attunement and empathy. This couple continues to come to therapy but there is much more ability to have a cognitive as well as an emotional awareness that they did not mean to hurt each other, although damage was done. They are able to talk about their deeper feelings without blaming their partner. Most importantly they are present to their partner's pain and are able to understand that being physician's did contribute to their pain but also will lead to their healing.

Conclusion

In conclusion, I have attempted to delineate some of the specific issues that I have encountered in working with couples where one or both partners are physicians.
I have deliberately not provided a road map to how I would work differently with this population as I don’t believe the work is different.
But as in any unique population the more we as therapist can enter into the world of that person or couple the richer the work can be.
Just as I believe physicians are entitled to individual care specific to their needs I believe that they are deserving of specialized care in their loving partnered relationships, and it is for this reason that I wanted to share some of my experience.