



Medical Marriage, Part III

Roland W. Gray, M.D.

This is the third installment in our medical marriage series. I am spending a lot of time on this issue because I think the difficulties in physician marriages are often left unaddressed until the problems become so monumental that they are difficult to address at all.

As in the second installment, much of what I will share with you comes from the groundbreaking work of Michael Myers, M.D., a Vancouver, B.C. psychiatrist, clinical professor in psychiatry at the University of British Columbia, and author of *Doctors' Marriages: A Look at the Problems and their Solutions* (Plenum, 1994), an overview of research on physician psychology and physician marriages and other committed relationships, from residency through retirement.

Physician marital problems diverge along gender lines

Keeping in mind that not all marriages fit stereotypes, physician marital problems do tend to diverge along gender lines. Male physicians are more prone to neglect their relationships and ignore warning signals. Women physicians are more likely to see themselves as the caretakers of their marriages and try to stretch themselves too thin. It is male physicians who tend to rationalize that being married to a physician has to be a certain way out of necessity. They see themselves as providing a good life for their families in terms of finances and are sometimes surprised that this simply isn't enough. I don't hear this particular rationalization from female physicians.

While many male physicians have single-career marriages, almost all female physicians have dual-career marriages. Women may find that simply the fact that they are physicians leads their husbands to expect that they will not have the same emotional needs that other women have. Serious problems tend to arise at different points in male vs. female physician marriages. For men, the middle years, once the children have left home, tend to be the most difficult time, as their wives often expect them to spend more time on the relationship at perhaps the height of their productive years as physicians. Female physicians may develop serious problems earlier in their marriages under the pressure of operating as both a physician and the primary relationship caretaker.

Getting Help

Physicians may wait to get help for their relationship problems until it's too late. Both male and female physicians may be devastated by the end of their marriages but may react differently. Men, often lacking a core support group, tend to remarry quickly, whereas women, who usually have a core support group, often decide to divorce and remain unmarried. We all know of cases where a divorced physician remarries quickly only to fall back into the same habits that ended their first marriage.

But how do we avoid getting to the divorce or separation stage? The signs of impending marital doom are usually pretty obvious. Severe tension, excessive drinking and/or pharmaceutical abuse, one partner threatening to leave, and any violence, physical or verbal are all marital emergencies. But lesser problems such as changing sex roles, disagreements over child discipline, and extra-marital affairs must be addressed if the marriage is to be saved.

The good news is that physicians who decide to work on their marriages are often very successful. Even those who are initially counseling resistant usually see the value of such help over time and are content that they tried it even if the marriage fails. Active listening, and acknowledging one's part in creating or adding to the tension, skills often learned through marital therapy, can reduce the stress and open the lines of communication. There is no substitute for quality time spent together as a couple, without children. Make this time a priority on your calendars, even if you have to work fewer hours or say no to other commitments. As with any problem, the first step is admitting you have one.

Physicians can easily access the TMF Physicians Health Program by calling (615) 467-6411 or writing the TMF, 216 Centerview Drive, Suite 304, Nashville, TN, 37027. All communications to the program are strictly confidential.

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