

## Some dynamics of medical marriages\*

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**T**HERE is a cartoon which shows a doctor's wife being introduced as "This is Madge, a wholly owned subsidiary of Dr Jack Plunkett". This cartoon accents just one of the possible problems in medical marriages. In this paper, partly for convenience and clarity, I shall refer to the doctor as "he" and the doctor's spouse as "she", or as "his wife". Medical marriages can also involve a woman doctor with a non-medical male spouse, or two doctors married to each other. It is also true, however, that in the USA, until very recently, only seven per cent of doctors were women, so that most medical marriages did in fact consist of a male doctor and his wife. This latter, and more common combination, contains the elements for some admittedly not unique, but quite characteristic, dynamic factors which can lead to personal and marital emotional and physical pain, and even death.

### My own family

I have the best of two worlds. I feel privileged to have a stimulating and challenging professional medical career, formerly as a family physician, currently as a psychiatrist. I am also most fortunate to be married to a very special doctor who, among his other achievements, was one of the founders of the American Board of Family Physicians (Dr Arthur D. Nelson, Phoenix, Arizona). Our marriage has been blessed by three children, now grown up. When our younger daughter was writing one of those inevitable school essays on the subject of choice of career, at about the age of eight, she captured my attitude and my heart by writing: "When I grow up I want to be a mother for my job, and a doctor for my hobby".

This ordering of priorities is my main theme which can be expressed in a paraphrase from the adult fairy tale *The Little Prince* (Saint-Exupéry, 1943): the only really important time in our lives is the time we waste with those we love.

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### Medical problems in doctors

Today's medical journals are flooded with articles on the mental health, or ill health of doctors and their families. Out of concern for very real problems, the American Academy of Family Physicians, through its Committee on Mental Health, has developed a model for mental health workshops for practising physicians and their spouses.

We are told again and again that doctors have high rates of suicide, depression, drug abuse, alcoholism, and bad marriages. One estimate is that seven to ten per cent of doctors are currently disabled by one or more of these problems. Statistics show a markedly higher rate of suicide, drug abuse, and divorce for doctors over the general population. One of the most devastating statistics is that each year in the USA we lose by suicide a number of doctors equal to the average output of a medical school. In order to try to prevent this impaired physicians' statutes have been enacted in 30 of the 50 states of the USA. These new statutes are designed to remove from practice sick doctors and allow them to be treated.

Preventive action is also being aimed at medical education. It is more and more perceived as a sometimes sadistic, often dehumanizing, and commonly castrating experience depriving human beings of their emotional and social needs. Medical students, interns, and residents are rebelling and working for change.

### Common traits in doctors

Doctors come in all sizes, shapes, and colours, psychologically as well as physically, but they do have certain traits in common; and their wives have to live with the consequences of these traits. It is commonly accepted that achievement-oriented, compulsive people are attracted to medicine. However, their compulsiveness is encouraged and developed further while in training. A doctor is an 'ought-to' person. He takes pride in over-production. Instead of deriving satisfaction from doing one thing well and giving himself time

to enjoy it, he immediately asks what he can do for an encore. He often has a pathologically overdeveloped ability to postpone pleasure. His life pattern has been characterized by the delay of personal satisfaction. He attacks and accomplishes a mountain of work, but he always has another tough mountain to climb. He takes great pride in working an 18-hour day and is reinforced by the admiration of another. No one tells him he is a fool, no one orders him to go to bed, and no one counsels him that he may even be hurting his patients. Inevitably, when he finally gets home, he is a rather difficult person to cope with. He has been God all day in the office and the hospital, but when he arrives home, he is just a tired, emotionally drained human being with a tremendous need to have his battery recharged. Unhappily, this need is often unexpressed and often even below conscious awareness. He needs and he wants emotional support, but he cannot, or will not, ask. He feels most comfortable in the role of helper. He must be autonomous, self-sufficient, and self-controlled.

Doctors are also highly repressed people. They must develop an ability to remain emotionally detached. They must repress their feelings or be drowned in identification with the pain of their patients. They develop crude or humorous defences, calling patients 'crocks' when they do not respond to their efforts. Also as a defence against over-identification with sickness and death, doctors become great deniers. Patients, they say, get depressed, abuse drugs, drink too much, have marital problems, kill themselves, but not them. When the doctor is sick, and this applies to his family too, he either becomes hypochondriacal, or uses denial. When his wife is sick, he either overreacts or ignores her. When there is a marital problem, denial may take the form of 1) writing a prescription for his wife or sending her to a psychiatrist, 2) withdrawal into longer hours at the office, or 3) passive and condescending tolerance of her angry outbursts.

### **Doctors' wives**

What about doctors' wives? They are unique individuals, usually resourceful, flexible, and loyal, but 95 per cent of a sample questioned in Florida (Harrison; personal communication) said they felt "neglected". The doctor's practice is seen as a demanding mistress who always wins. Patients always seem to come first. Then too, a practice is a better excuse than the proverbial headache to get out of anything one does not want to do, from sex, Little League, and parent/teacher associations to playing bridge with bores. Physicians can use the demands of their practice to shield themselves from the demands of wife and family. Wives can retaliate by playing games which have been called "Super mom", "I'm sick", "Break the bank", "This house must be totally renovated because I deserve it", and "I'll show you", by having an affair (Pascoe, 1977).

The doctor's wife may have special needs and has married the doctor partly because he seems to be the symbolic fulfilment of her dependent desires. We often find that in troubled doctors' marriages, a dependent, histrionic woman with an ingrained excessive need for affection has married an emotionally detached, rational, intellectualizing man.

Unfortunately, he is quite a different person from what she expected; unfulfilled expectations are a major cause of marital discord. Yet, probably he chose her precisely because she was so emotionally expressive and socially adept—qualities he felt lacking in himself. The seeming complementary nature of two people's personalities can lead to tremendous difficulties in communication. Husband and wife may appear to speak two different languages: she, the language of emotion and he, the language of logic. At times a professionally trained translator or interpreter becomes necessary.

Given this brief analysis of personality traits and potential problems, what can be done by way of prevention? I believe doctors can use their compulsiveness creatively in their own marriages and wives can use their own special talents to strengthen satisfactions within the family. Everyone can find the time to improve personal relationships and to enjoy life.

There are a few deceptively simple but all important suggestions which can be made for physicians' families. Some time should be crossed out on the calendar each week and this should be protected and held sacred. It is important that it should come before, not after, professional obligations. Husbands and wives should go away for weekends together regularly. The doctor should make sure his wife believes that he feels that their life together is important. He must learn to share himself as a person with his family: self-sufficiency and autonomy need to be tempered by mutual dependency and support. By revealing his doubts and fears and imperfections to his wife he can make it possible for her to give him the emotional support and care he needs as a human being. Time-consciousness must be used constructively, allowing time to be spent where it counts—with each other. We must learn to enjoy and cherish our time together. The time spent with those we love is the really important time in our lives.

### **Further reading**

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