

Doctors and Doctors' Wives

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Many families are in trouble, and physicians' families are no exception. To the extent that such trouble is part of an overall crisis in the Family, it needs and deserves separate consideration. But it is no secret that many physicians are said to have unique problems in their families that seem to be a direct result of their professional obligations and duties. There is not enough honest talk about such a painful subject, as though ignoring it will cause it to disappear. Being human, physicians also experience discomfort when they, themselves, undergo a physical examination. They are more eager to administer such a procedure to others than to undergo it themselves. When the examination deals with even more delicate aspects, such as the relationships within their own families, the reluctance to submit to such an examination is even greater. It is easy to tell a patient that cancer does not disappear spontaneously and that it is senseless and dangerous to postpone a necessary visit to the physician, but it sometimes is very difficult to overcome such fears in oneself.

Unhappy, disillusioned and depressed wives and distant, dejected and often rebellious children are to be found in many 'medical families.' Spouses of female physicians have a somewhat different set of circumstances; nonetheless, much similarity exists. Despite the many real satisfactions that accrue from the practice of medicine, many physicians, themselves, appear to be dissatisfied, listless and emotionally tired. What has gone wrong?

The prototype of the modern physician is quite different from that of his predecessors. He is generally not thought of as the self-sacrificing and kind individual of the past, who used to brave night and weather to

make house calls in a cold and uncomfortable horse-drawn buggy. Instead, the present image of the physician is one of an efficient businessman with a great deal of specific information and education, and affluent, sometimes dedicated, skilled technician in a hurry. He may not be venerated as the physician of yesteryear, and is not regarded so often as a wise man of the world. But, like physicians of the past, he generally still is liked, often respected, and on occasion feared.

Such a prototype, though inaccurate in details, probably is the one that young men and women have as they contemplate entering the field of medicine. Spouses-to-be have great expectations also. Financial comfort, communal acceptance and respect, secure social standing, as well as the resultant tranquility and joy are all probably high on the list of wives' expectations. Of all these, generally only the first can be counted on to become reality. The other hopes and wishes often are partially or wholly left unfulfilled, yet spouses frequently spend much energy in their pursuit. When the realization of unfulfillment is finally at hand, disappointment, hurt, bitterness, and even hate are likely to result. Such hate is often turned toward the husband-physician who may be experienced as being responsible for the failure of fulfillment of such high hopes.

A subtle but extremely important change usually occurs as medical students undergo the rigors of their medical training. When successful, medical education imparts to the student not only a great deal of technical knowledge about health and illness, but it also gives him a true appreciation for life and death, pain and suffering. Such deep respect for the feelings and agonies of fellow humans not always is present when applicants first are accepted to medical school. But, when he finally graduates, the new

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physician often has learned that the greatest reward available to him is his opportunity to live meaningfully and to relate importantly to other humans in need. Financial comfort and other satisfactions still may seem highly important, since they had been the object of much yearning for so long, but as time passes these often pale by comparison while the appreciation for the non-monetary rewards is likely to persist.

Charged with the very life of another human being, the young physician frequently learns fast that his is not just a profession but also a calling. Young physicians in training usually experience much anxiety as they encounter sickness and death. To protect themselves from such anxiety some tend to isolate their feelings and separate themselves emotionally from empathically becoming true physicians. But, more often than not, the clinical experience of repeatedly being with sick people in need has a deep and lasting impact on the character and personality of the emerging physician. In this world of today, in which almost everyone else speaks mostly of his rights, Medicine still speaks of its duties. Self-denial may not be so common these days as it used to be, but it is nonetheless often evident in the lives of physicians who repeatedly must subject their comforts to the demands of their patients' illnesses.

Lonely, unfulfilled spouses and lethargic children frequently blame their husbands or fathers for working too many hours and for spending too little meaningful time with them. To many physicians, work is indeed an escape from their own inadequacies in fields where they feel less comfortable, such as social intercourse. This, however, can hardly be the explanation for the long hours that some physicians devote to their practices.

Is it greed that causes so many physicians to spend so much time in the office or hospital? Not likely. Many lawyers and businessmen live affluent and comfortable lives without working so much or so long, and most physicians could afford to do the same with less work. The non-monetary rewards of the practice of medicine perhaps

may keep some physicians extra late at their work. But regardless of all other considerations, surely illness and suffering always will have timetables of their own and will continue to demand devotion and dedication at all hours around the clock.

Most physicians really understand this in principle. They sometimes may resent the long hours and inconvenience of being 'on call' and of actually having to leave friends and family for an emergency, yet they, nevertheless, generally are willing to respond to such a call, while their spouses and children are more likely to experience the leaving as a loss. Although understanding patients' needs intellectually, spouses and children often persist in resenting such needs emotionally and in experiencing them as personal affronts. In the process of becoming physicians most doctors also have changed, at least to some degree, as individuals. Members of their families have had no similar opportunities nor reason to undergo such changes, and consequently are less able to respond to repeated and difficult demands.

Physicians who use their work load to avoid the anxiety and clumsiness that they experience as they attempt to relate intimately and meaningfully to others need help, not just advice, to overcome such crippling hindrances. Marriages nonetheless often are sustained even under such a handicap, since spouses may live with similar limitations and fears, despite the many protestations to the contrary. In fact, the elements that sometimes cement marriages best are the daily argument and the frequent resentments. The distance between the partners, which allegedly results from the demands of the medical practice, may in fact be the only basis upon which such a relationship can continue to exist.

A meaningful and close relationship with others is only in part a function of time. It repeatedly has been shown that to a great extent intimacy is basically a function of the ability to make true contact. When fear, anxiety, or rage interfere, one is unable to truly hear or even to listen to another human being. At best, possibly one can then

be in the proximity of others, not really with them. Loneliness and isolation then prevail. Such fear, rage, or anxiety frequently is hidden and is not experienced consciously as such. It is convenient and helpful then to blame the lack of intimacy on the many professional demands made on the spouse or parent. It eliminates the painful need to look into oneself.

Disappointment in spouses and children of physicians often is only in small part traceable to the actual time-consuming activities of the medical practice. Self-fulfillment is never achievable by 'filling' from the outside. Contrary to popular myth, neither is self-fulfillment achievable by the various time-consuming activities with which so many individuals busy themselves. It is found only by separating oneself from childhood fantasies and yearnings that keep a person from providing for his or her emotional self needs. When such separation from childhood yearnings is achieved, one is ready for a mature marriage. Without it one lives with overt or covert depression as a recurrent or constant companion. This is true for all, including the physician himself. It surely applies no less to the physician's wife and to their children.

A basic personality reorientation on the part of the spouse is often what really is needed. The very survival of the physician's family often requires that the spouse also undergo changes similar and complementary to those that the marriage partner experienced in his life and education as a physician. Such changes are neither intellectual nor cognitive. By consciously experiencing, openly expressing, and objectively examining the many emotions that

commonly are found in the lives of all individuals, painful as well as pleasurable, those that give rise to shame as well as to pride, unrealistic expectations one has of oneself and of others, are eventually modified. Strong feelings such as fear and love, anger, hurt and disappointment all are involved. To undergo such basic personality reorientation and growth requires a consistent effort over time, usually with the help of a sensitive, firm, and sane person. This effort of self-improvement as described here also describes, in essence, the elements of good psychotherapy, a most difficult-to-find commodity, despite the many products in the marketplace that resemble it in some aspects. Diplomas, and even a good reputation, do not suffice in themselves. The human quality and personality of the therapist are no less important than his or her professional qualifications, and a careful search always is justified.

The listlessness of some physicians becomes more noticeable after a few years of practice, when they themselves failed to mature and develop as individuals as they assumed responsibilities for the well-being and the very lives of others. Superficial rewards such as financial success, once achieved and enjoyed for a while, tend to wear thin, and middle-age depression frequently sets in. But in many other instances, listlessness in the physician may well reflect emotional turmoil of the spouse. The efforts she would make on her own behalf to achieve emotional self-sufficiency surely would bring their own rich rewards, but they are likely as well to contribute the most important single element, missing, yet necessary for the survival of the physician's family.