Physicians and their primary relationships: How to be successful in both personal and professional realms

Protecting a life-enhancing primary relationship requires knowing that career pressures can stress a relationship and exacerbate any potentially problematic perceptions, especially those concerning trust.

ABSTRACT: People in many professions have to deal with time pressures, interpersonal challenges, and fatigue, all of which can affect their primary relationships. Additional concerns affecting physicians are the science-based communication approach and the emotional selfprotectiveness required by their work, which when used at home can contribute to stress and conflict. Ongoing awareness of which realm a physician is communicating in and which personal perceptions of trust may interfere with intimacy communication is needed for a primary relationship to succeed. A large study of couples in long-term satisfying marriages has provided valuable information on the key factors contributing to life-enhancing relationships. These factors include commitment, love, trust, and effective communication. For physicians, protecting their primary relationships can involve a number of strategies, including active listening that focuses on the communication of perceptions rather than science.

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uccess as a physician requires stamina, highly refined cognitive abilities, and the ability to be emotionally self-protective. Emotional self-protection is unquestionably valuable in a professional context but can make it difficult to experience the easily accessible intimacy central to life-enhancing primary relationships. This does not mean, however, that the demands of a successful medical practice make it impossible to be a full partner in a life-enhancing relationship as well. What people in loving primary relationships have in common is an unequivocal understanding that while their professional life is important, their primary relationship comes first.

High-performing people in many fields have to deal with the demands, time pressures, interpersonal challenges, and fatigue that accompany their work and can affect their primary relationships, and these stressors are certainly present in the medical profession. In addition, the sciencebased approach used by physicians at work to discuss diagnoses and treatment may contribute to stress and conflict when used at home. The first

challenge for physicians who want to be successful in both professional and personal realms is to retain the ability to be an effective physician when at work and a loving partner when not at work. Difficulties arise when the first challenge is not seen as a real challenge.

Challenge of intimacy communication

Most of the "medical couples" I have worked with over the years have expressed frustration with their differing expectations of intimacy. Whereas professional communication clearly requires a diagnosis and treatment approach, successful intimacy communication requires both partners to know from experience that they can

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be open and authentic in their interactions, that they will be heard by the other, and that their unique perspectives will be respected though not always endorsed. When a physician's professional communication style is used at home it can shut down intimacy communication, which leads to growing mutual resentment, distancing, and loneliness.

A recent study¹ confirms that effective communication in personal relationships occurs when both partners appreciate that their individual perspectives are unique and evolving and these perspectives are effectively expressed and heard. Ongoing awareness of which realm a physician is communicating in at any moment is needed to make success possible in both realms

Challenge of perceptions

While career pressures can stress a relationship, they can also exacerbate any potentially problematic perceptions, especially those concerning trust and unguarded openness. Individuals who have experienced or observed dire consequences arising from misplaced trust are often wary of the openness state that makes intimacy possible. Unlike "intimacy compatible" individuals in long-term relationships, individuals who are "intimacy wary" respond to anticipated enhanced intimacy in creatively defensive ways. They change the subject, bring up past errors, become angry, or use whatever distraction works. These types of wariness-generated strategies need to be addressed by each couple independent of their professions.

A loving relationship requires that both partners readily feel and express empathy for the other. This can challenge physicians, who are expected to be constantly empathic at work, even though nobody can be empathic all of the time. Consequently, at home they may become somewhat guarded, skeptical, and demanding without realizing the degree to which they have become so. This understandable selfprotectiveness may not be noticed by colleagues but will be noticed by a partner if brought home.

Three in four people in a loving primary relationship say their partner is their best friend and if they could go back in time they would choose the same person. As well, the more equal the domestic workload, the greater the happiness of both partners.

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Loving, life-enhancing primary relationships are created by two selfaware, emotionally healthy people. Successful physicians who want such a relationship must be aware of their own potentially problematic perspectives and idiosyncrasies so they can respond to a partner in a manner that makes it possible to succeed in the relationship realm.

Benefits of primary relationships

In the past decades a number of studies have looked at the correlation between primary relationships and individual well-being.2,3 Researchers have found that most people are happiest when in a loving, lifeenhancing relationship, and that the rate of depression is significantly lower for people in successful primary relationships compared with people in problematic relationships.

Factors common to lifeenhancing relationships

Pursuing a life-enhancing primary relationship can present challenges similar to those faced when pursuing a demanding career. For example, students beginning a program of professional studies may start out with an optimistic intellectual appreciation of what it takes to succeed and then find the endeavor to be much more difficult than expected. They may adjust their approach to the realities of their program requirements or they may withdraw and choose a different career path. As with career choices, relationship choices exist. Rather than pursuing a primary relationship, individuals may choose a relationship known in the literature as a complementary relationship. Complementary relationships are, to varying degrees, functional. Some are also long-lasting, but they are not primary and they are rarely emotionally satisfying and life-enhancing.

A large study of long-term satisfying marriages4 provides valuable information on the key factors contributing to life-enhancing primary relationships. After being interviewed separately to minimize self- and partner-protective reporting, study participants endorsed the following factors most frequently:

Commitment. Both partners reported being committed to one another and to their relationship. For both of them, their relationship is primary. Whereas other personal and professional relationships are important, their relationship with one another comes first. Both partners value and are committed to protecting their relationship.

Love and trust. Couples reported feelings of love for one another. They also reported trusting one another to be honest in a relationship free of secrets and to demonstrate their trustworthiness by being reliable. That is, to do what they say they are going to do. Because they are honest, reliable, and supported in their relationship, they can be unguarded, open, and authentic with one another.

Effective communication. Partners reported respectful and effective communication occurred regularly and included expressions of praise, acknowledgment, and affection. Each respects that the other's perception of reality is unique and the only reliable way to know the other's reality is to ask and then to actively listen. This fundamentally sound form of communication facilitates accurate selfexpression rather than the mutual and often inaccurate mindreading that is common in problematic relationships. Couples reported disagreeing sometimes but not fighting because they have a line that they simply do not cross.

Effective problem solving. Couples reported openly acknowledging and responding to their problems as a team before proceeding in a cooperative, flexible, and adaptive manner. They identified joint decision making as most effective and satisfying.

Similar views and values. Most partners reported having similar views about politics, economics, religion, and spiritual beliefs and sharing similar values. When couples are "values compatible" they spend a lot of time together because they enjoy being together and like doing many of the same things (travel, family activities, recreation, socializing, etc.).

Sexual intimacy. Couples in the study reported finding each other attractive and enjoying mutual sexual fulfillment and expressions of affection. They generally agree on what they find pleasurable sexually and they are sensitive to the needs of one another.

Enthusiasm for life and a sense of humor. Partners reported being generally optimistic and positive about life and having a good sense of humor. They have fun together yet remain individuals who can encourage and support one another's uniqueness within the context of their committed primary relationship.

Attainability of a positive primary relationship

A skeptic will say that a positive primary relationship is unrealistic and unattainable. As studies have shown, 3,4 the skeptic is wrong. If, however, the skeptic says such a relationship is unrealistic and unattainable for me, the skeptic is correct. People in unfulfilling relationships are often those who have been hurt in the past and have drawn an understandable but fulfillment-limiting conclusion such as "the people closest to you hurt you the most," "better safe than sorry," "you can't trust men," and "you can't trust women." These emotion-laden conclusions do not resolve themselves. When a person does not address such conclusions and adheres to the ineffective principle of "put it behind you and get on with life," this creates a must-but-cannot dilemma. The person longs for a loving relationship³ but fears the unguarded state that is essential for that type of relationship. Sadly, this fear is reinforced through selective attending and meaning attribution. We tend to notice only those relationship situations that confirm our experience-based bias and we confidently attribute meaning and causation to that which we perceive.

Protecting a primary relationship

Current research⁵ shows that when highly stressed couples seek out various forms of couple therapy or education programs they tend to benefit for a while before gradually reverting to their old and problematic behaviors. These include looking for immediate alleviation of their stress, not grasping the importance of a relationship being primary, and blaming each other for their problems rather than giving sufficient attention to the personal and interpersonal factors that are at play in their relationship.²

Protecting a primary relationship requires refining the skill of quickly and fully transitioning from the professional world to the personal world of the relationship and not being like the absent-present pedestrian who is fully absorbed in looking at a cellphone while drifting across the street on a Don't Walk signal.

For many years the literature has portrayed struggling couples as poor communicators. Current research indicates otherwise and shows that people in struggling relationships are usually effective communicators in their career and social interactions but are less effective when communicating within their relationships.2 The most common reason for poor communication in struggling relationships is a form of carelessness. The personal relationship is taken for granted and being preoccupied with professional concerns while with a partner is seen as acceptable, sending a message of priority that if sent too often will diminish the quality of the relationship.6

Physicians seeking success in both their personal and professional relationships can benefit from the following strategies:

- Be the best you can be. When you are working as a physician, be the best physician you can be. When you are with a partner in your primary relationship, be the best partner you can be.
- Accept that primary means first. If you are in a primary relationship and want to remain there, you will be at peace with this principle.
- Embrace the prime directive: Nobody gets hurt. In spite of periodic disagreements and frustrations, partners in a loving, life-enhancing relationship know that there is a line that does not get crossed. A primary relationship is founded on trust that makes it possible for partners to be unguarded and open with one another, and the prime directive is part of this foundation.
- · Listen actively. As a physician, you rely on science-based tools and strategies for the diagnosis and treatment of health problems. As a partner in a primary relationship, you must focus on the communication of percep-

tions rather than science. Effective listening is important in both professional and personal settings, but in a primary relationship intimacy can only be achieved by actively listening to a partner's unique perception of the situation being discussed.2

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Many physicians have the best of both worlds. What such physicians share is a love for both their profession and their partner, and a reliable awareness of how to consciously and consistently protect and nurture both.

Competing interests

None declared.

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