

The Experience of being Partnered with a Couples Therapist: A Qualitative Inquiry

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## Abstract

This qualitative phenomenological study explored the experience of being in a romantic relationship with a couples therapist. Fourteen spouses participated in semi-structured interviews. Data were analyzed using descriptive phenomenology and themes were identified through meaning units. A majority of spouses experienced ambiguity on whether aspects of their couple relationship were influenced by their therapist partner's profession or their therapist partner's personality. Aspects of the therapist partner's career did spillover into the couple's relationship, such as limited time spent together, finances, confidentiality, and their therapist partner's relationship expertise. Spouses talked about the benefits of their therapist partner's expertise to their couple relationship, such as their therapist partner's advice and relational skills. At the same time that spouses wanted their therapist partner's expertise to be present in the couple relationship, spouses also did not want their therapist partner to be their therapist. Nevertheless, spouses felt pride and protectiveness of their therapist partner's profession. Spouses helped their therapist partner by supporting, listening, and encouraging their partner's profession. Clinical implications and directions of future research were addressed.

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## GENERAL AUDIENCE ABSTRACT

The purpose of this research study was to get a better understanding of the experience of being in a romantic relationship with a couples therapist. A majority of spouses experienced ambiguity on whether aspects of their couple relationship were influenced by their therapist partner's profession or their therapist partner's personality. Spouses of couples therapists talked about challenges and benefits that were present in their relationship due to their therapist partner's profession, such as limited time spent together, finances, confidentiality, and their therapist partner's relationship expertise. Spouses talked about the benefits of their therapist partner's expertise to their couple relationship, such as their therapist partner's advice and relational skills. Despite any challenges, spouses felt pride and protectiveness of their therapist partner's profession. Spouses helped their therapist partner by supporting, listening, and encouraging their partner's profession. The results of this research study provide recommendations that can be used by clinical professionals and marriage and family therapy graduate programs to help minimize challenges in the couples therapist's partner relationship.

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## CHAPTER 1: INTRODUCTION

**The Problem and its Setting**

There are currently 107,980 clinical psychologists, 39,820 mental health counselors, and 36,960 marriage and family therapists licensed in the United States (Bureau of Labor Statistics, 2017). It is assumed that the majority of couples therapists are listed under the profession of marriage and family therapists. Psychotherapists frequently report therapeutic work as consuming (51%) and report that the role of being a therapist tends to become pervasive in their personal lives (47%); (Farber, 1983). Psychotherapists report difficulties in their interpersonal relationships with 60% of marriage and family therapists reporting marital issues (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999). There may be skills of empathy and sensitivity that couples therapists bring into their relationships, yet there may be higher interpersonal expectations that result from their therapeutic work (Doron, 2009; Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Rabu, Moltu, Binder & McLeod, 2015; Talambas-Sparks, 2005; Stivers, 2013). The strengths and challenges of being a psychotherapist influence relationship satisfaction with increased challenges decreasing satisfaction (Duncan & Goddard, 1993; Sanders, 2007; Rupert, Stevanovic, Hartman, Bryant, & Miller, 2012; Wahl, Guy, & Brown, 1993). In addition to relationship difficulties, psychotherapists experience physical (e.g., insufficient sleep and chronic fatigue) and emotional (e.g., depression and anxiety) effects from their work (Deutsch, 1985; Doron, 2009; Kennedy & Black, 2010; Mahoney, 1997; Oscharoff, 2011; Rabu et al., 2015; Sherman & Thelen, 1998; Talambas-Sparks, 2005). This leads inquiry into a gap in research regarding what it is like to be partnered with a couples therapist.

## Significance

The majority of research has broadly focused on psychotherapy and on the psychotherapists' perspective on how their career influences their relationship (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Farber, 1983; Kennedy & Black, 2010; Oscharoff, 2011; Rabu et al., 2015; Rupert et al., 2012; Sanders, 2007; Sherman & Thelen, 1998; Stevanovic and Rupert, 2009; Stivers, 2013; Wahl et al., 1993; Wetchler & Piercy, 1986). Some studies have narrowed their focus to marriage and family therapists, which includes those with couples therapy training (Doron, 2009; Stivers, 2013; Talambas-Sparks, 2005). Since couples therapists have training and experience with relational issues, perhaps couples therapists may use their expertise in their own relationship. In terms of the impact of their work on their intimate relationships, psychotherapists have noted positive effects (e.g., increased compassion and understanding) and negative effects (e.g., isolation from others and communication issues; Kennedy & Black, 2010; Mahoney, 1997; Rabu et al., 2015, Sanders, 2007; Sherman & Thelen, 1988; Stivers, 2013; Talambas-Sparks, 2005). There has yet to be research on the partner's experience of being in a romantic relationship with a couples therapist, despite calls in the literature for research on spouses of psychotherapists (Oscharoff, 2011; Sanders, 2007; Stevanovic & Rupert, 2009; Talambas-Sparks, 2005; Wetchler & Piercy, 1986). Exploring the partner's experience can inform clinicians in providing better services when working with a couple in which one partner is a couples therapist. Partners could find solidarity in this common experience and this could also help couples therapists gain further understanding of their partner's experience.

### **Rationale for Methodology**

Because research on the experience of being partnered with a couples therapist has yet to be conducted, qualitative methods were selected to facilitate initial exploratory inquiry. Data was gathered through semi-structured interviews to allow for a rich description of the experiences of being partnered with a couples therapist (Giorgi, 2009). Following descriptive phenomenological analysis, the way in which partners describe their relationship with a couples therapist was transformed into meaningful themes (Giorgi, 1997; Giorgi, 2009).

### **Theoretical Framework**

Spillover theory refers to the bidirectional relationship between work and family life (Crouter, 1984; Piotrkowski, 1979; Staines, 1980). Behaviors, emotions, and cognitions from either sphere can spillover positively or negatively, thereby influencing an individual's personality, values, and emotional functioning (Staines, 1980; Stevanovic & Rupert, 2009). Previous literature has looked at this work-family relationship for psychotherapists and found positive and negative experiences spilling into the psychotherapists' interpersonal relationships (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Oscharoff, 2011; Rabu et. al., 2015, Sanders, 2007; Stevanovic & Rupert, 2009; Talambas-Sparks, 2005; Wahl et al., 1993; Wetchler & Piercy, 1986). Spillover theory has yet to be applied to partners of psychotherapists, let alone partners of couples therapists. This study aims to apply spillover theory to the impact of their partner's profession as a couples therapist on their relationship.

### **Purpose of the Current Study**

The purpose of this study is to explore the experience of being in a romantic relationship with a couples therapist. Research thus far has focused on psychotherapists' perspective on how their career influences their family life and vice versa. This study aimed to give voice to the

experience of being partnered with a couples therapist by exploring the following research question: What is the lived experience of being partnered with a couples therapist? For the purpose of this study, *helping professionals* refers to those whose profession is centered around assisting individuals' physical, psychological, and spiritual problems (e.g., medical professionals, first responders, and clergy). *Psychotherapists* are helping professionals who provide mental health services (i.e., clinical psychologists, mental health counselors, psychiatrists, social workers); *marriage and family therapy (MFT)* is a subspecialty in the mental health field for individuals that have couples therapy training, yet may not necessarily provide couples therapy; *dual therapist marriages* refers to Stivers' (2013) sample of couples in which both partners were trained as MFTs.

## CHAPTER 2: LITERATURE REVIEW

**Introduction**

Although psychotherapists' perception of how their therapeutic work affects their interpersonal relationships has been explored, literature capturing the experience of being partnered with a couples therapist is limited. The majority of research related to the interpersonal impact of being a psychotherapist is on work-family life spillover and the effect of positive and negative spillover on their families and relationships. This positive and negative spillover into family life has been referred to respectively as enhancers and stressors in the literature. In addition to work-family life spillover, relationship satisfaction and demographic differences for psychotherapists has been examined. Research on spouses' experience of being married to helping professionals other than psychotherapists has been conducted. The review of the literature indicated a gap in understanding the experience of being in a romantic relationship with a couples therapist.

**Psychotherapists' Perception of Partner Relationship**

Due to the fact that psychotherapy is often focused on interpersonal relationships, it is not surprising that some research has been conducted on psychotherapists' personal relationships. Although helping manage and improve interpersonal relationships is a major part of the services that psychotherapists provide, research suggests that psychotherapists often have difficulties in their own interpersonal relationships. For example, somewhere between 21% to 82% of psychotherapists reported problems in their couple relationships, with 15% to 47% seeking couples therapy (Deutsch, 1985; Mahoney, 1997; Pope & Tabachnick, 1994; Sherman & Thelen, 1998). More specifically, 60% of marriage and family therapists (MFT) reported marital issues with 53% receiving therapy (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999). One explanation

as to why close to half of psychotherapists experience relationship difficulties yet do not attend therapy is their spouses often fear that a couples therapist will side with the psychotherapist spouse due to their shared profession (Deutsch, 1985). It is a common belief that couples therapy can be beneficial for relationship difficulties and if psychotherapists are not seeking services, then they may also not be using the skills from their profession for their own relationships.

Psychotherapists from multiple disciplines have described their personal and professional life as interwoven (Kennedy & Black, 2010). The reciprocal relationship between work and family life is best explained by *spillover theory*, which posits that experiences at work can affect a person's behavior, emotion, and cognition in their personal life and vice versa (Crouter, 1984; Piotrkowski, 1979; Staines, 1980). Research has studied this relationship between work and family life finding both positive and negative spillover for psychotherapists. Work-family life spillover effects have been categorized in the literature as enhancers or stressors. *Enhancers* refer to the carryover of work-related behaviors and feelings that translate positively into marital and family life, whereas *stressors* are the negative spillover of work to family life (Stevanovic & Rupert, 2009). This process of spillover is bidirectional. For instance, the stress of marital issues may influence how a psychotherapist experiences work, just as work stress may influence issues within a psychotherapists' marriage. Yet most of the research has focused primarily on the impact of work on the personal life of the psychotherapist, as opposed to the impact of the personal life of the psychotherapist on the psychotherapist's work.

**Enhancers.** The extent of the literature suggests that psychotherapists tend to have enriching interpersonal relationships with more marital and family enhancers being reported rather than stressors (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Sanders, 2007; Rabu et al., 2015; Stevanovic & Rupert, 2009; Wetchler & Piercy, 1986).

Dual therapist couples also report more positives than negatives in their relationship (Stivers, 2013). Psychotherapists hypothesize that what leads to these closer relationships is their ability to be more present and engaged with others:

tender-er with people, tender-er with people that I love and care about in my life. And, less afraid to show them that I care about them...more embracing. I guess I felt...happier in my relationship, and less stuck in some way. (Kennedy & Black, 2010, p. 427)

Psychotherapists who have gained this interpersonal courage to express their vulnerabilities have reported knowing others more deeply (Rabu et al., 2015). Compared to other family professionals (i.e., family educators, family researchers), psychotherapists reported an increased sensitivity to their partner's needs (Duncan & Duerdan, 1990; Duncan & Goddard, 1993). Furthermore, MFTs reported being more thoughtful in their relationships and having the ability to increase intimacy in their relationship (Talambas-Sparks, 2005). Therapeutic attributes of compassion and understanding may be the reason why dual therapist couples reported feeling more emotionally attuned to one another (Stivers, 2013).

In addition to increased connection with others, psychotherapists who reported having a greater acceptance of their own part in marital problems (Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Sanders, 2007; Wetchler & Piercy, 1986) also reported being more tolerant, forgiving, compassionate, and understanding in their relationships (Kennedy & Black, 2010; Rabu et al., 2015). Dual therapist couples also shared this compassion and empathy for their spouses as well as an understanding for the stress that comes from therapeutic work (Stivers, 2013). Other therapeutic skills that psychotherapists employed in their marriages were normalizing relationship issues and conflict prevention and resolution (Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Talambas-Sparks, 2005). Psychotherapists indicated that they

generally use effective communication and appreciate the strengths within their own marriage and family (Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Talambas-Sparks, 2005; Wetchler & Piercy, 1986). Dual therapist couples noted benefits to their marriage from sharing a commonality in professional experiences including: (a) an ability to notice behavioral and communication patterns, (b) seeing their own role in these patterns, (c) a shared language within psychotherapy, and (d) similar parenting views, all of these benefits tending to create a better communication style (Stivers, 2013). One MFT asked his wife:

We have been through such tough times, how did we get through all this?...the information I got (and used) as far as a family therapist, and the, mainly the family sciences information as well as the communication processes were really helpful in terms of a lot of family interactions (Talambas-Sparks, 2005, p. 34).

MFTs noted they work as a team in their couple relationships and appreciated having spouses who were supportive and devoted time to their relationship, as well as provided encouragement and interest in their partner's therapeutic work (Talambas-Sparks, 2005). Qualities that MFTs looked for and appreciated in their spouses included sensitivity, warmth, attentiveness, supportiveness, self-esteem, and having a shared background (Doron, 2009). MFTs often believed that their spouse had personal growth because of the therapeutic knowledge they shared and provided encouragement for their spouse to engage in therapy (Talambas-Sparks, 2005). MFTs who had an increased appreciation for their marriage reported that their perception changed from unrealistic expectations to their marriage being a place to heal and grow (Doron, 2009; Talambas-Sparks, 2005). Being in a dual therapist marriage gave couples room to embrace their own humanness as they learned to accept an imperfect relationship and normalized their relational problems as necessary for growth (Stivers, 2013).

**Stressors.** Despite the enhancing aspects of being a psychotherapist, stressors still occur in their interpersonal relationships. The largest and most frequently reported stressor was psychotherapists having little time and energy left for their own marital and family relationships (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Farber, 1983; Sherman & Thelen, 1998; Stivers, 2013; Talambas-Sparks, 2005). Psychotherapists who worked more hours often looked for problems in their marriage and family when none existed (Wetchler & Piercy, 1986). This lack of time and energy had a significant impact on how psychotherapists reported interacting at home. A psychotherapist reported that his wife may have experienced him as “a little contactless. That means I had given so much that I was in shortage myself... She probably felt that I was not there for her...” (Rabu et al., 2015, p. 8). MFTs noted that emotional fatigue had impinged on their energy and mood in their relationships. For instance, an MFT stated, “by the time I got home, I wasn’t a very pleasant person to be with” (Doron, 2009; Talambas-Sparks, 2005, p.38). Psychotherapists who had difficulty listening to their spouses’ problems, also reported communication issues (Sanders, 2007). One psychotherapist noted how her clinical capacity to listen was also a stressor in her marriage:

But that capacity to listen is sometimes used up at work. Which means that there’s less of that available for my spouse or I need a rebound period where I can kind of ...fill up my own gas tanks again. Sometimes that may only take a couple of minutes, but sometimes that might last a day or two (Kennedy & Black, 2010, p. 431).

Another study corroborated these communication issues as one psychotherapist stated that she would “lose interest in what my husband is saying” and needed time alone after work before communicating with her spouse (Rabu et al., 2015, p. 9).

Between 31% and 38% of psychotherapists reported feelings of isolation and loneliness (Mahoney, 1997; Sherman & Thelen, 1988; Stivers, 2013). Psychotherapists reported two different types of isolation both resulting in withdrawing from their spouse: (a) those who felt emotionally drained from their work, thereby avoiding conflict with their spouse for needed peace, and (b) those who felt alone with the heaviness and burden of their job (Rabu et al., 2015). This heaviness and burden may relate to psychotherapists listening to clients' traumatic stories, as somewhere between 20% and 70% of psychotherapists report secondary traumatization (Bride, 2007; Sherman & Thelan, 1988; Ting, Jacobson, Sanders, Bride, & Harrington, 2005). Confidentiality constraints affected MFTs' relationships which may possibly connect to the isolation and loneliness psychotherapists experience as a result of their work (Talambas-Sparks, 2005).

Besides the stress from therapeutic work, the more unrealistic expectations psychotherapists had for their own marriages, the more likely they were to experience stress in their marriages (Duncan & Duerdan, 1990; Duncan & Goddard, 1993). Dual therapist couples also had unrealistic standards due to social expectations that psychotherapists have the "perfect" marriage, increasing the pressure of "we can do better" (Stivers, 2013, p.88). Although MFTs' defined the perfect marriage as fulfilling the three pillars of communication, partnership, and sexuality, their desire for perfection may actually inhibit their ability to replicate these qualities in their own relationships (Doron, 2009). Difficulties of applying communication skills in their own marriage led to frustration for MFTs who reported their spouses experienced jealousy that therapeutic qualities weren't expressed in their marriage thereby perceiving their relationship as an unequal partnership (Doron, 2009). However dual therapist couples prescribed to the notion of knowing therapeutic skills does not necessarily equate to using them. As one partner said,

“When I come home, I’m me” (Stivers, 2013, p.91). At the same time, dual therapist couples have the tendency to overanalyze and over-process their relationship (Deutsch, 1985; Stivers, 2013). Despite acknowledging the difficulties of applying therapeutic skills, MFTs viewed themselves as “experts” in their relationship with their spouses reinforcing the expert role by asking them for advice and allowing them to be in charge of family situations (Doron, 2009). Maintaining balance within the marriage is important as the psychotherapist has the potential to overpower their spouse with their degree and clinical training. In other words, “How can you argue with a PhD in MFT?” (Talambas-Sparks, 2005, p. 38). One MFT reported his wife found it to be offensive when he was attempting to be her therapist. So to maintain balance, MFTs avoided therapeutic language and tried to be careful about in how they present themselves (Talambas-Sparks, 2005).

**Relationship Satisfaction.** The stressors and enhancers of being a psychotherapist may influence marital satisfaction. More specifically, stressors have a substantive impact on psychotherapists’ relationships (Sanders, 2007). Psychotherapists who reported lower marital satisfaction were also more likely to report: (a) being more self-actualized than their spouse, (b) feeling not respected by their spouse, and (c) obtaining greater rewards from their clinical work than family life (Duncan & Goddard, 1993). Stressors on psychotherapists’ marriages may relate to work-family conflict, with heightened work stress associated with decreased life satisfaction, which in turn was associated with decreased relationship satisfaction (Rupert et al., 2012; Wahl et al., 1993).

High emotional exhaustion is another factor related to decreased marital satisfaction and high levels of work-family conflict (Osharoff, 2011). Exhaustion may be related to the type of clients served. Psychotherapists who worked with clients exhibiting aggressive, impulsive, and

anti-social behaviors reported decreased marital satisfaction (Wahl et al., 1993). On the other hand, positive work spillover into family life was found for psychotherapists who felt more accomplished in their clinical work; therefore psychotherapists with more positive spillover reported greater life satisfaction and family support (Stevanovic & Rupert, 2009). Not only was a positive self-evaluation of psychotherapists' clinical work associated with higher relationship satisfaction, psychotherapists who appreciated strengths in their marriage also had higher relationship satisfaction (Duncan & Goddard, 1993; Murstein & Mink, 2004; Talambas-Sparks, 2005).

Research findings comparing marital satisfaction and work-family life spillover with socio-demographic characteristics (i.e., gender, age, income, career duration as a psychotherapist) as a psychotherapist have been conflicted. Comparisons to non-psychotherapist couples indicated that being a psychotherapist had minimal or no impact on marital satisfaction (Murstein & Mink, 2004; Wahl et al., 1993). However, other studies have found differences in marital satisfaction. For example, decreased marriage satisfaction was found for males married to a psychotherapist, even if the males were also psychotherapists. The high levels of marital satisfaction were among male psychotherapists married to a non-psychotherapist female. Male psychotherapists appeared to be more satisfied in their relationships, whereas female psychotherapists reported more stress and work impairment (Murstein & Mink, 2004; Sherman & Thelen, 1998; Talambas-Sparks, 2005; Wahl et al., 1993). By contrast, other studies have found no significant gender differences among psychotherapists: (a) marital satisfaction and (b) work enhancers and stressors spilling into psychotherapists' family life (Oscharoff, 2011; Sanders, 2007; Wetchler & Piercy, 1986). In regard to age, older psychotherapists reported fewer work stressors spilling into their family life (Sanders, 2007; Stevanovic & Rupert, 2009), greater

parenting skills (Duncan & Goddard, 1993; Wetchler & Piercy, 1986), increased sensitivity (Rabu et al., 2015). Less experienced psychotherapists reported decreased marital satisfaction (Talambas-Sparks, 2005). On the other hand, psychotherapists reported no differences in age for relationship enhancers (Stevanovic & Rupert, 2009). In terms of income, the higher income, the more likely psychotherapists experienced difficulty listening to their spouse's problems (Wetchler & Piercy, 1986).

### **Spousal Perception of Being Partnered with a Helping Professional**

Given the limited research on being partnered with a psychotherapist, let alone those partnered with a couples therapist, I broadened my search to spouses of those in other helping professions, because they may mirror similar experiences of partners to couples therapists. Therefore, to more fully understand the phenomenon of being partnered with a helping professional, research emerged on spouses partnered with medical professionals, first responders, and clergy.

**Relationships in the medical field.** Lack of time was the biggest stressor for spouses married to those in the medical field (Dyrbye, Sotile, Boone, West, Tan, Satele, Sloan, Oreskovich, & Shanafelt, 2013; Issac, Petrashek, Steiner, Manwell, Carnes, & Byars-Winston, 2013; Shanafelt, Boone, Dyrbye, Oreskovich, Tan, West, Satele, Sloan, & Sotile, 2013). Marital satisfaction was correlated to the amount of time spent with their partner and spouses tended to value that time spent together (Issac et al., 2013; Shanafelt et al., 2013). However, most spouses reported that their partners were often too tired to engage at home and brought their work home with them (Shanafelt et al., 2013). Increased work-family conflict led spouses to feeling more burnout and exhibiting depressive symptoms (Dyrbye et al., 2013). These findings relate to

similar stressors reported by psychotherapists of lack of time and energy for their partner relationship.

Research is conflicting on relationship support, with some spouses experiencing support as occurring at their expense and others relying on mutual support in their relationships (Perlman, Ross, & Lypson, 2015). How spouses adapted to their partner's career and mitigated potential conflicts included communication, compromise, finding time, and collaboration, which also reduced feelings of resentment towards their partner (Issac et al., 2013). Skills of collaboration and communication illustrate positive dyadic coping, which broader research has found as a strong predictor for relationship satisfaction (Falconier, Jackson, Hilpert, & Bodenmann, 2015). Spouses who experienced mutual understanding in their relationship reported increased appreciation for their partner's medical profession. For example, a husband of a medical professional expressed increased appreciation for his wife's career:

“She's my best friend. We confide in each other about everything and she just knows me so well...it's really inspiring to have a spouse who is a physician—not only a physician, but a very talented one and somebody who's a leader. It makes you want to do better yourself and I'm just really proud of her.” (Issac et al., 2013, p. 7)

However, the spouses who experienced support as occurring at their expense provided acts of service and hid their own stressors from their physician spouses, unless they deemed them as significant (Issac et al., 2013). This is also known as protective buffering, which tends to be associated with decreased relationship satisfaction (Falconier et al., 2015). Time and energy stressors were reported by psychotherapists and spouses of medical professionals, so this may be similarly experienced by partners of couples therapists. The ways in which dyadic coping and

protective buffering are experienced by partners of couples therapists and the ways in which partners adapt to the career of couples therapists remains unknown.

**Relationships to First Responders.** Spouses of first responders (i.e., members of law enforcement, fire department, or emergency medical services) tend to adopt their partner's occupational identity as an identity of their own and of their family: "to serve and protect is not just a motto, it's a saying that we live by" (Porter & Henriksen, 2016, p.48; Regehr, Dimitropoulos, Bright, George, & Henderson, 2005). First responders tend to have a positive public image; being put on a pedestal may create tension for spouses if they feel their needs are less important: "You feel guilty to ask for anything, because you know his work is important" (Regehr et al., 2005, p. 428). Conversely, spouses may experience a sense of pride and appreciation of the first responder's personality attributes such as "caring, kind, smart, helpful" (Porter & Henriksen, 2016; Regehr et al., 2005, p. 427).

Spouses also reported that their first responder partner's work creates family stress and issues related to loneliness in the relationship from the partner's frequent absence from the home and emotional unavailability when they are home (Moniz, 2012; Porter & Henriksen, 2016; Regehr et al., 2005). First responders' schedules resulted in a lack of time for their family: "I think that's probably the hardest part, seeing our son's disappointment that his Daddy can't do what all the other daddies can. It's like he's here, but he's not" (Porter & Henriksen, 2016, p.48). Spouses' loneliness was connected to their partner isolating after work and lack of communication regarding negative and traumatic aspects of their work: "He's strong emotionally...I don't see him stressed out, because he is so good at helping other people cope with stress" (Regehr et al., 2005, p.430). Some spouses reported feeling protected from a lack of communication and not wanting to know about their partner's job while other spouses felt that

this same lack of knowledge created a barrier and separateness in the relationship (Moniz, 2012). Spouses who felt this separateness in their relationship adapted the skill of reading their partner's moods based on facial expression, body language, and tone of voice (Moniz, 2012; Regehr et al., 2005). In contrast to couples therapists who may experience secondary traumatic stress, first responders experience traumatic events firsthand and their families are often concerned about the first responders' safety (Moniz, 2012; Porter & Henriksen, 2016; Regehr et al., 2005).

Despite varying levels of trauma exposure, similar stressors emerged for both psychotherapists and first responders, such as lack of time and loneliness. Other stressors that spouses of first responders face may be experienced by partners of couples therapists. It has been mentioned that psychotherapists feel pressure to have a perfect marriage which may relate to the positive public image that first responders have. Psychotherapists have mentioned isolating themselves from their spouses, which may be compared to isolation by first responders. This leads to curiosity of whether partners of couples therapists have the same adaptive skills first responder spouses developed, such as reading their partner's moods.

**Relationships to Clergy.** Spouses of clergy similarly experience stressors of time with their partner as their career requires them to be away from their family (Darling, Hill, & McWey, 2004; Davis, 2007; Morris & Blanton, 1994, Morris & Blanton 1998; Stamper, 2016). Time demands of the church led one spouse to feel as if their partner was "having an affair...an infringement on their time together" (Stamper, 2016, p.45). Another spouse corroborated this finding as she felt that there are "times that I would like to have access to my husband but I can't just physically if the hours are not at the right time. It's feeling that other people need him more" (Davis, 2007, p.105). These time demands influence spouses' satisfaction within their relationship (Morris & Blanton, 1998). Spouses reported feelings of loneliness, isolation, and

that they don't get enough attention from their spouse (Darling et al., 2004; Davis, 2007; Morris & Blanton, 1994; Stamper, 2016). Despite these stressors, spouses report an overall positive experience and a sense of purpose and coherence in their lives (Darling et al., 2004; Davis, 2007; Gunter, 2011; & Stamper, 2016).

Spouses both perceived a higher level of stress in the family and had more psychological stress than compared to their clergy partner (Darling et al., 2004). Clergy and their spouses are expected to show compassion and empathy which leads spouses in sharing the compassion fatigue (26.5%) and burnout (20.5%) without the buffering effect of compassion satisfaction that their clergy partner experiences (e.g. the satisfaction of being able to help others); (Darling et al., 2004). This expectation of compassion and empathy crosses over to the partner relationship as spouses are to be the *protector, counselor, and assistant*. One pastor reflected on relying on his spouse in the following way: "I come home and I could unload all the junk on my wife and then she did not have anybody to unload to and then she internalized it and thus became ill." (Stamper, 2016, p. 50). Another clergy member noted his spouses' frustration with the role of the *protector, counselor, and assistant*: "I'm not your therapist or your spiritual director. Go get one." (Stamper, 2016, p. 49). Spouses felt pressure to conform to the role of preacher's wife, despite their partner's attempts to remove that pressure (Gunter, 2011; Stamper, 2016). While some spouses felt valued in this role, others felt "boxed into a role... like I don't fit into the role of being a pastor's wife" (Davis, 2007, p. 51 & 86). Even though spouses of clergy may be more immersed in their partner's role, partners of couples therapists may experience similar pressure to be more therapeutic.

Clergy spouses also experience pressure from being "exemplary models" of family life leading a higher standard in their marital life (Morris & Blanton, 1994, p. 193; Stamper, 2016).

Spouses felt like others were always watching them: “People look at us. They expect us to have a perfect marriage. And many of us--and please don’t take this personally--many of us have marriages that are hanging by a thread” (Davis, 2007; Gunter, 2011; Stamper, 2016, p. 69). This pressure of having a perfect marriage may relate to psychotherapists’ feeling pressured to be in a perfect marriage.

Across the helping professions of medical professionals, first responders, clergy, and psychotherapists lack of time and energy were reported as stressors to family life. Loneliness and lack of attention was also experienced by spouses of helping professionals. High expectations were reported by spouses of first responders and clergy. The role of being the spouse of a helper and the identification of their partner’s career identity were pervasive for helping professions. The commonalities experienced by spouses of medical professionals, first responders, and clergy may mirror the essence of being partnered with a couples therapist.

### **Spousal Perception of Being Partnered with a Family Professional**

Psychotherapists’ perspective of positive and negative spillover in their marital relationship was mentioned earlier, two same studies gathered the spouses' perspective of family professionals (i.e., family educators, psychotherapists, and family researchers; Duncan & Duerden, 1990; Duncan & Goddard, 1993). Research exclusively on spouses of couples therapists has been an area left unexplored. In terms of enhancers, spouses reported that their partner has a greater appreciation of their own marital/family strengths, an ability to communicate effectively, and a sensitivity to each other’s needs. Similar to what was discussed for spouses of medical professionals, clergy, and first responders, spouses of family professionals reported stressors of their partner’s limited time and energy in their relationship and family, as well as, a difficulty in switching roles from career to family member. This stressor

of limited time and energy in the relationship was frequently reported by spouses of psychotherapists. Spouses with higher marital satisfaction indicated their partner has greater ability to prevent problems, whereas those who indicated stressors of their partner having limited time and unrealistic standards led to lower marital satisfaction (Duncan & Goddard, 1993). Overall, more enhancers were reported by spouses than stressors and their responses had the greatest agreement for those with psychotherapist partners.

### **Conclusion**

Psychotherapists have had the opportunity to convey their experience of the interrelated process that is work-family life and have even hypothesized their spouses' experience. Spouses of other helping professionals have reported the challenging and rewarding aspects of their partner's career on the quality of their marriage. Research exclusively on partners of couples therapists is limited, even dual therapist couples included those that were not clinically active. The most closely related research was spouses of family professionals, which had no criteria for those partnered with couples therapists. This study proposes to explore the following research question: What is the lived experience of being partnered with a couples therapist? The value of learning from their experience may assist other psychotherapists in providing better services to partnerships that include a couples therapist and perhaps couples therapists will gain further understanding into their own romantic relationships.

## CHAPTER 3: METHODS

**Design of the Study**

This study used a qualitative, descriptive phenomenological design to gain further understanding of a person's perspective of being partnered with a couples therapist. Semi-structured interviews captured in-depth descriptions of participants' experience in their partner relationship. A phenomenological design "seeks to reveal more fully the essences and meanings of human experience," while taking into account the researchers' own perceptions and lived experiences (Moustakas, 1994, p. 105). The openness of the researcher in descriptive phenomenology allowed participants to use their own language to convey their experiences of being partnered with a couples therapist (Giorgi, 2009).

**Participants**

To increase clarity, the participants of this study will be referred to as *participating partner* and their couples therapist partners will be referred to as *therapist partner*. The therapist partner was not part of the interview process to allow for greater expression from the participating partner (Stivers, 2013). Eligibility included adults who were older than 18, spoke proficient English, and had been in a committed, intimate partner relationship with a couples therapist for at least 4 years (Talambras-Sparks, 2005). Participating partners and therapists partners had to reside in the same household. Inclusion criteria for the therapist partner was as follows: (a) clinically active licensed marriage and family therapist (LMFT) within the United States, (b) at least two years post licensure, thus allowing for at least four years of experience, and (c) have an average annual caseload of five or more couples (Talambras-Sparks, 2005). The rationale for limiting the therapist partner to being licensed as a MFT is because, a hallmark of MFT education is couples therapy training.

Fourteen participants were interviewed regarding their experience of being partnered to a couples therapist (see Table 1 for demographic characteristics). Participants were predominately male (79%) and Caucasian (100%). All participants were married to a female couples therapist, with 79% of participants identified as straight. Participants' ages ranged from 33 years old to 71 years old with a mean age of 50.86 years ( $SD = 11.17$ ). All participants were married to Caucasian female therapists with the length of the relationship ranging from 8 years to 43 years and a mean length of 23.50 years ( $SD = 10.99$ ). Furthermore, 7% of participants were remarried and 14% of therapist partners were remarried. Most participants were highly educated with 64% having a graduate or professional degree. Similarly, participants tended to be of higher socioeconomic status with 93% reporting a combined annual household income of \$100,000 or more (with 43% reporting a combined annual household income of \$200,000 or more). Participants resided in all geographic regions of the United States, with the most represented region being the Northeast (43%).

Table 1

*Participant Demographic Characteristics (N = 14)*

Demographic Characteristic	<i>M (SD)</i>	Range	<i>n</i>	%
Gender				
Male			11	79
Female			3	21
Age	50.86 (11.17)	33-71 years		
Length of partner relationship	23.50 (10.99)	8-43 years		
Number of shared children	1.43 (1.02)			
Highest level of education				
Some college			1	7
Bachelor's degree			4	29
Graduate or professional degree			9	64

Table 1

*Participant Demographic Characteristics (N = 14)*


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Annual household income		
Between \$75,000-99,999	1	7
Between \$100,000-\$149,999	5	36
Between \$150,000-\$199,999	2	14
\$200,000 or more	6	43
Therapist partner's age	50.71 (12.38)	32-74 years
Years licensed	12.75 (5.03)	5-21 years
Average time at work (in hours)	32.35 (18.03)	12-65 hours

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There was an exclusion criterion for potential participating partners who also work in the mental health field; due to a commonality in professional experiences, the experience of being partnered with a couples therapist may be meaningful different from that of participating partners that are not mental health providers. There was no exclusion criteria regarding the therapist partner's work setting to make it reflective of couples therapists in general, however all therapists worked in a private practice setting. This study had no exclusion criteria regarding gender and sexual orientation in hopes of gaining an inclusive sample compared to past literature

(Murstein & Mink, 2004; Petrashek et al., 2013; Porter & Henriksen, 2016; Regehr et al., 2005; Shanafelt et al., 2013; Stivers, 2013; Wahl et al., 1993). There was no exclusion criteria regarding marital status due to the increasing number of cohabiting couples, however all participants were married (Vespa, Lewis, & Kreider, 2013).

### **Procedures**

Participants were recruited through MFT listservs, the AAMFT therapist directory, and state licensure directories. Purposive criterion was used to ensure that participants fulfilled the inclusion and exclusion criteria of this study. In addition, snowball sampling of participating partners was also utilized. An email listing the aim of this study, inclusion and exclusion criteria, and potential compensation was sent to therapist partners who were asked to forward it to their partner (see Appendix A). Potential participating partners filled out an online survey to screen for research participation criteria (see Appendix B).

Potential participating partners who met the research participation criteria received an email to review an informed consent form and provide verbal consent prior to data collection (see Appendix C). The consent form included the purpose of the study, potential risks and benefits to participation, the participants' ability to withdraw from the study at any point, as well as procedures that ensured confidentiality. The researcher gathered participants' demographic information at the beginning of each interview. Demographic information was not audio-recorded, thereby protecting participants' confidentiality. A demographic questionnaire (see Appendix D) was used to collect participating partners' age, location, gender identity, sexual orientation, race and ethnicity, nationality, education, occupation, employment status, household income, relationship status, any previous marriages or children, and current partner relationship duration. Participating partners also reported on their therapist partners' age, gender identity,

sexual orientation, race and ethnicity, nationality, any previous marriages or children, licensure status, work setting, and average time at work.

A semi-structured interview was conducted over the phone and lasted approximately an hour. Telephone interviews provided greater flexibility for participating partners and allowed the researcher to access the experience of participating partners across the United States. The use of semi-structured interviews provided consistency in the areas of exploration for data collection and allowed the researcher and participants the freedom in expanding the conversation, thereby creating in-depth insight into the participants' experience (Giorgi, 1997). Participating partners who were interested were randomly selected to win one of two \$100 gift cards. Interviews were electronically recorded for the purpose of data analysis. The researcher obtained permission to recontact participants regarding any questions and for informant feedback of analysis.

Researcher recorded any thoughts, feelings, and biases before and after each interview. The interviews were audio-recorded so that the interviewer could actively listen to the participants; the audio-recordings were transcribed and checked against the audio recordings to ensure their accuracy. All transcriptionists signed a confidentiality agreement (see Appendix E). Identifying information was removed from the transcripts to protect confidentiality. All documentation was kept on a password protected flash drive limited to the research team. The researcher reviewed transcripts for any errors before continuing with analysis. After analysis was completed, informant feedback was elicited by emailing participants a report of the results (see Appendix F). The informant feedback response was 7% and there were no disagreements or revisions to the results.

**Semi-structured interview questions.** The researcher designed a grand tour question to elicit participating partners' experiences in the least restrictive way possible. The rest of the semi-

structured interview questions were used as prompts if the participants had not already addressed them from the initial grand tour question. Many of the semi-structured questions were informed by the review of related literature.

1. What is your experience of being partnered with a couples therapist?
2. What are some positive aspects of being partnered with a couples therapist?
  - a) In what ways, if any, do you think your partner being a couples therapists benefits your relationship?
  - b) If we were to ask your partner what they think you do that benefits your relationship, what would they say?
3. What are some of the challenges of being partnered with a couples therapist?
  - a) How do you cope with these challenges?
  - b) How do you and your partner handle conflict when it arises?
  - c) Do you think the way you and partner handle conflict is any different because your partner is couples therapist?
4. As you think about being in a relationship with a couples therapist, what are some of the strengths and areas of growth in regards to:
  - a) Communication?
  - b) Decision Making?
  - c) Parenting?
  - d) Sexual relationship and intimacy?
  - e) Relationships to family and friends?
  - f) Leisure activities?
  - g) Finances?

- h) Spiritual beliefs?
5. How does your partner separate work life from home life?
- a) How does the confidentiality of your partner's work impact your relationship, if at all?
6. How would you describe the role of being the partner of a couples therapist based on your personal experience?
7. Are there ways in which your life has changed since becoming partnered with a couples therapist?
8. Reflecting on your experience, what might further help me understand the impact that being partnered with a couples therapist can have on the relationship?
9. If somebody were considering being partnered with a couples therapist and asked you for advice, what would you tell them?
10. Are there additional significant aspects of your experience of being in a relationship with a couples therapist that you have not yet shared?

### **Data Analysis**

Descriptive phenomenology is a qualitative approach, based on Husserlian philosophy, which seeks to capture the essence of an experience from the personal account of others (Giorgi, 1997). Descriptive phenomenology creates space for participants to describe their experience and requiring researchers to identify their own biases, also known as phenomenological reduction (Giorgi, 2009). All members of the research team also belong to the MFT community and provide couples counseling, so it was critical to set aside and bracket any personal experiences related to being a couples therapist and potential influences from preexisting literature. The researcher noted any thoughts, feelings, and biases that arose by journaling before and after each

interview. Bracketing allowed the researcher to encounter the phenomenon freshly, thereby describing the phenomenon as it is experienced (Giorgi, 1997).

After transcription was completed, the researcher read through each interview to gain a sense of the essence of being partnered with a couples therapist. After gaining an understanding of the data as a whole, the interviews were divided into parts, also known as *meaning units* (Giorgi, 1997; Giorgi, 2009). As the researcher re-read the transcripts, any transition of meaning was noted as it possibly indicated a new theme. Meaning units represented each participating partner's experience by extracting their language as descriptors for each unit. The researcher attempted to maintain openness to let unexpected meanings emerge. After the description of the participating partners' experience of being partnered with a couples therapist was organized into meaning units, the researcher considered multiple meanings made determining essential aspects of the phenomenon, also known as imaginative variation (Giorgi, 1997; Giorgi, 2009). Meaning units were clustered into themes, therefore narrowing the essence of the phenomenon. Lastly, the transformed meaning units were synthesized into a description of the experience of being partnered with a couples therapist.

### **Validity**

Following descriptive phenomenological procedures, the researcher bracketed any preconceived notions regarding the phenomenon of being partnered with a couples therapist. Bracketing increased validity by minimizing researcher bias and allowing the descriptive nature of participating partners to emerge (Giorgi, 2009). The open-ended nature of the interview questions also minimized the potential impact of leading the participating partners in their responses. The primary investigator was a resource in monitoring that the transformation of meaning units captured the nature of participating partners' experiences. Saturation was reached

after the researcher found no additional data that led to new codes or themes (Creswell, 2013).

All participating partners were invited to provide informant feedback to assist in the verification of the researcher's description of the data (Creswell, 2013). Triangulation with previous literature of psychotherapists' experience of work-family life spillover was used as a method of validation of the data obtained in this study (Creswell, 2013).

## CHAPTER 4: RESULTS

When asked about their experience of being partnered with a couples therapist, 79% of participants reported that it has been an overall positive experience. When asked about challenges, a husband said, “There's not a lot of them. I gotta be honest and I'm not dodging the question. I've never once thought to myself, ‘This is really challenging. This is difficult being married to a couples therapist.’” Participants talked about their experience of being partnered to a couples therapist rather complexly in terms perceived benefits and challenges. The rest of the results section will describe the following themes: (a) ambiguity of career influence, (b) the nature of her profession, (3) being married to a relationship expert, and (4) pride and protectiveness. Themes and the percentage of interviews are presented in Table 2.

Table 2

*Themes and Thematic Categories of Being Partnered With a Couples Therapist (N=14)*

<i>Themes and Thematic Categories</i>	<i>Thematic Content</i>	<i>n</i>	<i>%</i>
1. Ambiguity of career influence: Is it their career or is it them?			
a. Profession: It's their career	Therapist partner's career influences aspects of the relationship such as sexual intimacy, parenting, relationships with family and friends, communication, and how the couple handles conflict.	12	86

Table 2

*Themes and Thematic Categories of Being Partnered With a Couples Therapist (N=14)*

b. Personality: It's them	Therapist partner's personality influences aspects of the relationship such as sexual intimacy, leisure activities, spirituality, finances, decision making, communication, and how the couple handles conflict.	11	79
c. Ambiguity	Ambiguity regarding the influence of their therapist partner's profession verses personality on aspects of their relationship such as spirituality, leisure activities, relationships with family and friends, communication, decision making, the way the couple handles conflict, and parenting.	13	93
2. The nature of their profession			
a. Time	Impact of their therapist partner's work schedule on time together and individuality.	13	93
b. Finances	Financial inconsistency of their partner's therapy practice; financial and business reliance on participants.	6	43

Table 2

*Themes and Thematic Categories of Being Partnered With a Couples Therapist (N=14)*

c. Confidentiality	The confidential nature of their therapist partner's profession does not affect the relationship, the secretiveness of their profession, challenges to confidentiality.	13	93
3. Being married to a relationship expert			
a. Awareness: They're attuned to our relationship	Their therapist partner has awareness of relationship dynamics that often leads to them expressing appreciation for their couple relationship and challenging participants on things they could do to improve the relationship.	6	43
i) Appreciation		5	38
ii) They challenge me		5	38
b. Communication	Their therapist partner has communication skills and a unique language to describe how they feel. These skills have helped participants understand their therapist partner, communicate their own experience, feel safe, and handle conflict more effectively. Their therapist partner's communication skills and language can also lead to participants feeling	12	86

Table 2

*Themes and Thematic Categories of Being Partnered With a Couples Therapist (N=14)*


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	at a disadvantage.		
c. Learning from my partner	Participants learned important concepts from their therapist partner in the following categories: parenting, communicating emotions, repairing relationships, setting boundaries, having more empathy, and being less judgmental.	10	72
d. Their expertise helps our life	Their therapist partner has techniques and advice that helps their relationship, friends, and family. Their therapist partner's expertise sometimes garners attention from others,	9	64
i) Feeling left out	resulting in participants feeling less important.	4	29

Table 2

*Themes and Thematic Categories of Being Partnered With a Couples Therapist (N=14)*

e. Therapists aren't perfect	Participants discussed instances in which their spouse did not use their communication skills and take their own therapeutic advice in their marriage.	5	38
f. Don't be my therapist	Participants did not want their partner using their therapy skills at home.	11	79
4. Pride and protectiveness	Participants felt proud of their therapist partner's work and protective against therapy stigmas.	8	57
a. Helping the helper	Participants helped their therapist partner by taking care of parental and household responsibilities, using humor, listening, supporting, and encouraging them in their therapeutic work.	12	86

**Ambiguity of Career Influence: Is It Their Career Or Is It Them?**

Three sub-themes arose as participants either attributed the benefits in their marriage to (a) their therapist partner's profession as a couples therapist, (b) their therapist partner's personality, or (c) ambiguity between the two. Participants typically struggled with identifying

what aspects of their relationship were attributable to their therapist partner's personality or to their therapeutic experience.

**Profession: It's their career.** Twelve participants (86%) talked about ways their partner's career as a couples therapist influences their relationship. As one participant directly attributed his relationship's success on his therapist partner's profession:

If you knew us 10 years ago, I think you'd be very surprised to know that we're still together and I think I would contribute that directly to what my wife has brought to our relationship. When she started understanding what really can hurt and hinder a relationship and on the flip side what really can benefit a relationship and she started applying that knowledge to our relationship.

Some participants had specific aspects of their relationship in mind, as one husband reflected on how his therapist partner's profession directly contributed to their sexual intimacy:

I think our sexual relationship and intimacy has actually gotten better as a result of her being a therapist...[she's] much more comfortable with herself. I think she had a much better understanding of intimacy and what that looks like being open and honest, being open with your partner, being comfortable with your partner.

In addition to their relationship in general and sexual intimacy, other aspects that participants attributed to their therapist partner's profession included parenting, relationships with family and friends, communication, and how the couple handles conflict.

**Personality: It's them.** Eleven participants (79%) attributed certain aspects of their marriage to their therapist partner's personality. One husband said, "I can't say whether her occupation directly contributes to the success or how our marriage is. That's hard to say. I think it's our personalities more than anything." It was more of their therapist partner's personality, than their

profession that benefited the relationship. One wife said, “I didn't pick her because she's a couples therapist. Just the same she didn't pick me, because I was a teacher... If she wasn't a couples therapist, I would still have fallen in love with her. It has nothing to do with what her job is.” When asked about their sexual relationship, a husband did not see any difference due to his therapist partner's career, “It's the same rollercoaster and windy road that I think any couple in any kind of relationship probably goes through.” Other than their sexual relationship, participants attributed their therapist partner's personality to other aspects of their relationship, such as leisure activities, spirituality, finances, decision making, communication, and how the couple handles conflict.

**Ambiguity: “As opposed to anybody else? I don't know”.** Even though some areas of their relationship were easily attributed to personality or career, 13 of the 14 participants (93%) experienced ambiguity regarding the influence of their partner's personality versus their partner's profession on aspects of their couple relationship. Using matrix coding to compare demographic differences, there was no significant difference in ambiguity between participants who met their partner prior to therapeutic training and participants who met their partner after therapeutic training. A husband who met his therapist partner before she became a couples therapist experienced ambiguity when talking about how his therapist partner handles conflict in their relationship:

I just don't know. I don't have a good answer for you, because I don't know what reactions are specifically because she's a therapist, because of what she does for a living, versus what she would be like if she were, I don't know a nurse or a high school teacher or a business person—without the therapy.

A husband goes further to describe others' perceptions of their relationship, "They recognize that we have something that's unusual in our relationship. Again, how much of that is because she's therapist? I can't parse that out." This ambiguity extended to other relationships with family and friends, as another husband said: "There's definitely a few family members that come to talk to her about things. Is that because of what she does or is that because of who she is? There is a distinction to me, maybe it's grey."

Eight participants (57%) questioned whether the growth of their relationship was attributed to their partner's career or to what would have naturally transpired in the relationship if their partner was not a therapist. As a husband reflected, "Life certainly changes and things have moved on. Can I blame or attribute it to her being a therapist? That would be a tough one to be honest. We've both changed as we go." Aspects of the relationship where participants felt ambiguity of their therapist partner's professional or personal influence were spiritual beliefs, leisure activities, relationship to family and friends, communication, decision making, the way the couple handles conflict, and parenting.

### **The Nature of Their Profession**

As participants talked about their relationship with a couples therapist, there were certain areas of their relationship that were affected by their therapist partner's profession. Some elements of their partner's career as a couples therapist were unavoidable, such as (a) time, (b) finances, and (c) confidentiality. Even though it was the nature of their profession, it still had an influence on the couples relationship.

**Time.** Participants talked about the challenges and benefits of time related to their partner's job. It is a common experience for couple therapists to see clients at night due to clients' work schedules. Nine participants (64%) talked about their partner's evening work

schedule. In a challenging sense, it limited the time the couple spend together, including sexual intimacy, and increased parental responsibilities for the participants. As one husband said:

One of the downsides of her schedule is that it's 8'o clock here tonight and she's still not home, because she's seeing clients late. During the week we don't have a ton of leisure time together. We're both very busy with our jobs and our careers, but on the weekend we try to slow things down and enjoy each other. It's difficult...By the time she gets home, I try to get most of the things done around the house, so that the hour and a half that we do get a night together, it's been more together as opposed to trying to take care of chores around the house.

Since most MFTs work during the evening, these couples maximized and compromised the time that they had together. Four participants (31%) talked about how this enriched the time they had together. One husband said, “ [We have] appreciation that [our time together] is a bit of a fleeting opportunity and that it's not always there. So we maximize our time together and try to get out and do things and just be with each other.” Participants talked about the ways in which each partner compromises in spending time together. As a wife talked about the differences in their interests, “We have happy mediums. I won't call it a hike. I hate hikes, but I'll go on a walk. So now we've combined it and called it a hawk...so we learn how to do physical things together.”

Six participants (43%) were hesitant to call their therapist partner's work schedule a challenge and referred to it as something they got used to:

I think I've just become accustomed to it. At first it used to bother me because it felt like all her clients came before me, but when I realized that's her job and that it's not like a

typical job you call them and say, “Hey, give me a call in 5 minutes.” They're with a client, they're with a client.

When asked about how they cope with their partner’s schedule, participants did not resonate with the word *coping*. As one husband said, “You kinda get the feeling of an uncomfortable or dire situation that you have to cope with something, but we're so used to it at this point...It's sort of normal for us now.” Despite their wish to spend more time with their partner, participants were supportive of their partner’s career. One wife recalled a conversation she had when her partner had an unexpected day off:

“I would never tell you not to do something that enriches your work life, some workshop you have to do, something you have to practice for...but in a perfect world when you ask me, ‘Is it okay?’ In a perfect world, I'd say 'No it's not', but that being said I don't want you to not grow and do what you need to do.”

Instead of perceiving that they needed to cope with the lack of time with their therapist partner, participants saw it as an opportunity to spend more time with their children and other relationships or to enhance their individuality through favored leisure activities. One husband compared his individual time to his previous marriage:

Learning to create spaces in our relationship has been huge. It’s also given me the permission to go and do things with men, which before I would never do because I didn’t want to devalue my marital relationship by going off and doing fun things with men and leaving my sweetheart at home.

Two participants (14%) appreciated the flexibility that their partner’s schedule allowed. As one husband mentioned the benefits to family life, “It's really nice to be flexible in life, especially in raising kids. My wife has the ability to cancel clients, wipe her day clean without any sort of

oversight at times.” However, there were two participants (14%) who felt the on-call nature of their partner’s job can be a disadvantage to family life. As a wife said, “When we're on vacation and if a client is in crisis, she has to take those calls, she has to. So it can sometimes pull away from family time.”

**Finances.** Five participants (36%) talked about the lack of financial security related to their therapist partner’s profession. One husband explained the challenges of private practice:

Therapists don't get paid on any sort of schedule, especially when they're in a sole practice. One of the struggles is always figuring out how to budget as a couple, kind of not knowing when insurance checks are gonna come in or not knowing how if a client load will be each week... People don't tend to use therapeutic offices like doctor offices where they're willing to miss work and things like this, so that's one of the stressors we get at a lot, not having that steady paycheck to rely on that's coming in...the business side of running a therapeutic practice is quite stressful.

Other participants felt less of a financial struggle due to their own career. As a husband acknowledged the financial issues with his partner’s career, “It’s unlikely your couples therapist partner is going to make lots and lots of money, so if that's important to you, you might wanna think about someone else...in our situation, those are incidental, they're not a big deal.”

However, another husband reflected on the household’s financial reliance on his career and the pressure he felt:

I was always kind of a little jealous, she didn't have to worry about the money... At times I’ve kind of felt like I got ripped off, I was the one that earned all the money, so she can help people.

Not only did participants financially support their household, 4 participants (29%) also assisted their partners' private practice due to the fact that their partner is "not really trained" in business.

As a husband explained how he assisted his partner:

That's not her area of expertise. She likes to see clients. That's her thing. That's what she's really good at. That's what people come for. I'm better at the other stuff, the financial stuff... So, if you're asking me to take the next leap and say, "Do I think it's great for couples to work together?" I'd say probably not the best idea. It's not the best thing even with a couples therapist. But I'd say we've made it work.

Whether working together with the business finances or working together with family finances, 5 participants (38%) had the same philosophy that communication and similar goals are important elements for the couple relationship.

**Confidentiality.** The open communication that participants valued in their relationship had limitations due to confidentiality of their therapist partner's job. Four participants (29%) were not interested in the specifics of their therapist partner's profession, as one wife said, "I want her to be happy and stay fulfilled at her job... I have zero interest if Johnny and Bobby are happy this week, I don't care. That are what soap operas are for." Furthermore, nine participants (64%) saw it as "not impacting the relationship" and "respected" the boundaries of her career:

It's never been an issue because at the very start she said, "My profession, you'll never know who I see. And that's just the way it is." I think it's just the same thing if you're married to a CIA agent. You just know, that's a part of their life.

Three participants (21%) described this secretiveness of their partner's job using humor, as a husband said, "I'll joke that I saw her clients and now she has to kill me." Due to the secretiveness of their therapist partner's profession, two participants (14%) talked about the

necessity of trusting their partner. One wife said one of the ways she was able to manage the secretiveness of her therapist partner's work was through trusting her partner and feeling secure within herself and in her relationship.

Even though participants could laugh at the secretiveness of their therapist partner's profession, some participants also experienced some challenges to their therapist partner's confidentiality. For example, one wife said:

With her not being able to tell me what's going on, sometimes that can get a little frustrating, but I'm so used to it by now... When you can see that somebody's frustrated, I can't offer any concrete help. I can offer emotional support, but nothing necessarily specific, because I don't know the specifics.

Not only was frustration present, but a husband talked about feeling like his therapist partner was “keeping me at arm's length from her life... I would just love to, you know, talk about her day and what was stressful about the couple from hell. Can't talk about it.” Even with understanding the importance of confidentiality, it took some time for participants to adjust to this confidentiality in the relationship.

Even though there were difficulties to not talking about their partner's work, it was sometimes beneficial. Since they can not talk about the details of their therapist partner's work together, couples talked about their relationship, their children, and future goals in life. Participants perceived that not talking about their partner's work actually enriched the time they have together. As one husband said, “It makes our conversations different every night. We can't just come home and talk and complain about work and tell everybody what we've done all day.”

### **Being Married To A Relationship Expert**

All participants talked about various aspects of their experience of being married to a marriage expert. Participants talked about the benefits and challenges of being married to a person whose education, training, and career are to improving couple relationships. Since participants had the most to say regarding this theme, listed are only a few benefits and challenges. For example, one husband identified some of the benefits he perceived of being married to a marriage expert:

I recognize she has a wisdom around relationships that I don't. You know, that on a day to day basis, therapists are working with individuals to make relationships better...If she's got a way to make our relationship better, well, she's got the most experience out of anybody I know. So I should listen to that, even when I don't want to, I should listen to it...It's kind of like, it's great to have a doctor as a couple because you got somebody who gets sick and you don't have to go onto WebMD, you've got somebody that's going to help. Well, that's definitely a benefit from a relationship standpoint: to have somebody who's a doctor of relationships.

Participants identified challenges of being married to a marriage expert as a participant talked about how this expert position "makes it hard for me to question her input." A wife goes on to describe how at this expert position was at first difficult, "It came across more like a know-it-all. You can't argue with a doctorate unless you do research on it."

These following thematic categories will describe how the role of the relationship expert impacts the couple relationship: (a) awareness, (b) communication, (c) learning from partner, (d) their expertise helps our life, (e) therapists aren't perfect, and (f) don't be my therapist.

**Awareness: They're attuned to our relationship.** There was some thematic overlap in meaning between the themes of awareness and communication. The theme of communication

describes more of the phenomenon that because my partner is a couples therapist we talk to each other a certain way. While the theme of awareness describes the phenomenon of because my partner is a couples therapist, my partner sees our relationship differently. Six participants (43%) talked about their partner's clinical training led to awareness of the dynamics in their relationship. This awareness extended to their own sexual intimacy, parenting, and familial relationships. One wife described how her partner is able to notice her emotional state:

I think what's helpful, too, specifically with a couples therapist, is she knows what can doom a relationship. If I do withdraw or if I am quiet with something that's upsetting me, she...knows...that kind of behavior leads to relationships that aren't going to work out. And so, I think it might give her an impetus to push me a little bit and say something like: "Well, it looks there's something going on for you," or "Then why are you shrugging your shoulders?" or "I notice your arms are crossed," or "I notice you've turned away," or "I notice you've stopped talking," things like that. I think that is because she knows if I was to continue to not engage, that that can be having a relationship head for not a good space. I think she sees that in her day to day life, in her work life, and that's how she knows it.

Some of this awareness was also seen in the participant's themselves. As a husband talked about how his therapist partner's awareness of their relationship helped him be similarly aware by, "Slowing down, being in the moment, consciously thinking about... 'What's my verbal response saying? What is my body language saying to my spouse?'".

***Appreciation.*** With their partner's job, participants felt like they were both able to recognize the strengths within their own relationship. As a husband talked about how his partner was appreciative of the overall strength of their relationship, "I think she's happy that she doesn't

have the same level of problems that she deals with on a daily basis in her home life, so I think more than anything she's thankful...that she can come home and not deal with the same kind of issues." Another benefit of seeing other people's issues as a part of their clinical work, is to keep the issues in their own relationship in perspective:

I think the other thing that I think benefit from as a husband is...we might have a time when it's like we're not connecting in some way or seeing eye-to-eye on things. And she'll come back [from work]...She'll say, "O my gosh! I realize the things that we are not connecting on aren't really as big of a deal as, gosh, there are so many other things that could be going on that I'm appreciative of." And it's kind of able to pull us back together on things. It's kind of cool! Like, she's got broader perspective on all the challenges of a couple and it kind of helps to put our relationship in perspective.

***They challenge me.*** Five participants (38%) mentioned how their partner's expertise challenged them in the relationship. A husband talked about how his partner challenged him, because of her clinical awareness:

I think the challenges of being married to a therapist are that you are going to be confronted with more purposeful engagement and more purposeful direction in your relationship, because they are aware of what's happening much more than what I'd call a common person outside the profession, being myself. She'll see things...I think when I first got married, I thought, "Oh, that's going to be a challenge." But I've learned that that's not the case. I really am glad to be challenged in that area.

Participants described their partner as more communicative when an issue arises. One husband reflected on both the challenges and the benefits of being challenged, "[Relationship issues] are difficult to talk about. Sometimes I just want to move past it. It can be a little frustrating. But I

also recognize the positives in that, sometimes you need to talk about it...instead of holding it in.” Despite the benefits, participants also reflected on how being challenged can sometimes be “exhausting.” A husband recounted his reaction to being challenged:

She confronted me with some of my stuff. I thought, “Oh crap!” It was bewildering. It made me quiet because I didn’t want to assert myself... I thought, “She’s gonna up and leave.”... I was petrified, so that made me quiet. After several years, it was pretty clear that she loved me and that she was committed to me and so I’d start coming out of the closet a bit and confronting her with stuff.

**Communication.** Various aspects of the couple’s relationship connected back to the theme of communication. Participants reported that communication was helpful in finances, making decisions, parenting and other family relationships, as well as their own sexual relationship and intimacy. Participants indicated that communication, mutual understanding, and respect were interconnected. Through effective communication, couples were able to have similar goals and respect each other’s differences.

Participants talked about the open communication they have with their partner. As a husband described how they are “over-communicators”, “We’re really, really good at putting our expectations out in the open, knowing that the more we can tell each other ...the easier it's going to be...That’s probably a product of her place as a therapist.”

Five participants (38%) learned to how to better communicate their emotions, because of their therapist partner’s expertise. For instance, one husband whose family of origin did not communicate openly about emotions, “We didn't do feelings very well, so my wife had helped me and then my boys...recognize and then deal with our emotions.” Five participants (36%) talked about how their partner had this unique “language” of being able to describe how they

feel. This identification and ability to communicate their emotions also connected to the emotional safety within the relationship. However, one husband felt like his therapist partner's expert position and therapeutic language were stressful:

She's the authority on relational matters, which by definition makes her right and me wrong. Now she doesn't play that card very often. At least not overtly...She used all her mumbo-jumbo language to deny that stuff. Because after all, she was the authority. She would use some words that I didn't really understand...I felt defective....It got me looking at my behavior, and it made me seriously try and figure out what on earth she was talking about...but I've learned something from that. So, it wasn't all bad, but it was stressful.

A husband reflected how his therapist partner's ability to use therapeutic language affected their own couples therapy:

I would say that there were times that I felt a little bit like a third wheel of a bicycle, like the unnecessary component of the dynamic. My wife and our couples counselor have sort of a common language that they can talk to each other.

Even though this therapist language made participants feel unequal, this language also helped participants feel safe and secure in the relationship, as one participant described how her therapist partner makes her "feel safe in order to say stuff I need to say, like I don't have to worry that what I say is gonna come back at me and I think it's because she's a therapist."

**Learning from my partner.** Ten participants (72%) talked about things they learned from their partner when it came to parenting, communicating emotions and repairing relationships, setting boundaries, having more empathy, and being less judgmental. Some of the

things learned were then applied to other relationships whether with friends, family, or work colleagues. As one husband said:

I've learned a lot from my spouse in her therapy work... to coach me through a lot of issues that are brought to me [at my job]...[I] learned from her to be more available, to be empathetic, to listen, to ask questions.

Six participants (43%) talked about therapeutic theories on relationships, such as Emotionally Focused Therapy, Bowen's Intergenerational Therapy, and Internal Family Systems. Besides therapeutic models, participants talked about how their partner's expertise helped them learn to see relationships more complexly. One husband learned how to identify and work towards healthier relationships, "I have definitely gained knowledge and insight into what I think makes for a good relationship. I've learned that first hand from an expert."

**Their expertise helps our life.** Participants talked about how their therapist partner's expertise is helpful in their couple and family relationships, whether it be the advice that they give or the techniques that they use. As one husband described how his therapist partner helps his parental anxiety:

I have certainly benefited from her being a therapist... what to be really concerned about versus what to not... Where I might initially have some sort of anxiety around something, she actually I feel like always has a really good meter on, "That's not something we actually have to worry about. That's not a big deal."

One participant had mixed feelings about her therapist partner's parenting skills, "I love it and I'm jealous. It's a dual relationship there. I admire the fact that she is so calm and then other times I wish she would react a little bit more." Two participants (14%) talked about how their therapist partner's therapy helped them through a tough time.

Seven participants (50%) described how their therapist partner's expertise puts their partner in the role of an advice-giver to friends and family by being their confidant and someone who can provide referrals and other resources. A husband described how others come to his therapist partner for advice:

A lot more friends like to confide in my wife...I don't know if that's who she is or they know what her profession is and so they're looking for advice, but it never fails whenever we get together with people. I think it's a unique characteristic of her profession that we do get a lot of insights or at least she does into what's really kind of going on with those around us...It can be uncomfortable at times... because they are sharing with her while I'm in the room, learning more about my friends than what I'd care to or my coworkers or my mom or anybody...It really just shows that a lot people just need somebody to talk to and someone to listen to them. I think it has definitely helped us strengthen relationships with people and it's nice that people trust my wife.

One husband reported wishing his therapist partner had better boundaries around advice-giving, even though he finds her advice-giving ability to be "tremendous":

At some point she has to set a boundary. She can't instantly become their own therapist... as I've seen in the past with maybe her own parents who...know if somebody is going through issues, they'll say "Oh hey, listen, let me call my daughter and she'll reach out to you and she can help you." That's where I just caution her to assist where she feels comfortable assisting, but just be mindful of that. Again from my perspective and she may see is differently, but that's where I see it.

***Feeling left out.*** Because of their therapist partner's position as the advice-giver, it tended to leave four participants (29%) feeling left out. As a wife said:

Everybody's drawn to my wife. She's a good listener, she's a good talker, she gives great advice... It can be hard because sometimes I want people to ask me questions. If they don't want my opinion and they only want her opinion, that sometimes hurts my feelings. Another participant talked about how he “struggled” with feeling left out when people would thank his therapist partner for helping them:

"Thank you for helping us through this terrible time! Thank you! Thank you! Thank you!" and I would always joke that nobody would give me a hug after I [did something I'm an expert in] for them...She kind of gets a real positive feedback from people for helping them and I don't get that.

In addition, another participant described potentially not being invited to social events, because others might fear his partner might analyze them, “I wonder if we're ever not invited because of her profession.”

**Therapists aren't perfect.** Five participants (38%) mentioned times when their partner failed to use their expertise in the context of their own relationship. In discussing his relationship with his therapist partner, one participant said she should “take her own advice”. Relatedly another participant talked about how her therapist partner was mostly right, but still fallible, “There have been times when I have found some of the information she has given me has been inaccurate, but most of the time, I'd say 9 times out of 10, she's right on the money.”

One husband reflected his struggle of recognizing that his therapist partner was not perfect, yet also wished his partner would be able to apply her skills to the relationship:

That they studied all these things therefore they should be the expert and why is it not working in our relationship? It's like "C'mon you're supposed to know how to do this and you're treating me worse than—if I was a client you wouldn't be treating me like this or

talking like this.”... Schooling isn't gonna be a magic wand that makes her no longer any “problem” in your relationship.

Participants sometimes have an expectation for their therapist partner to use their therapist self at home. When one husband feels like his therapist partner is not using her expertise at home, he reminds her of her profession as a way for her to see his perspective:

If I really feel I'm right and she's not seeing my perspective, where I'll be like, “What if someone's husband called in, he came to therapy, and you sat down with him before meeting the wife, and he told you all this stuff. What kind of advice would you give him?” And really what I'm implying is, “Think about us for a moment—if we were in that situation.”

The listening and communicative techniques that a therapist uses at work are sometimes not accessible at home due to feeling drained at the end of the day. This unavailability relates to the individuality that participants have when coping with the stressor of time. One participant talked about her therapist partner's inability to use therapeutic listening skills at home after a difficult day at work:

When she's had a really bad day, I tease her about her ears being bent over...she doesn't want to listen to anything. When she gets like that it's just best to wait, because she's just incapable of hearing anyone...Before it was hard because I'd want her to be excited about being home and seeing me. Fourteen years later, I get it... We have an agreement that if I need attention that I tell her that I'm in need of some attention and she does her best at giving it to me.

Even though participants feel the absence of their partner's therapeutic expertise, they also recognized that therapists are people too: "She might do something and not think about it... So, I have to be very careful not to have my expectations so high to not allow her to be human."

**Don't be my therapist.** Even though participants wanted some of their partner's therapeutic expertise to be used with them at home, at the same time, 11 participants (79%) did not want their therapist partner to be their therapist. Participants talked about their partner's use of boundaries when separating home and work life. Participants reported that because of their partner's ability to compartmentalize, it was a rare occurrence when they wore their "therapist hat" (phrase used by 21% of participants) at home. Participants talked about how their partner goes into therapist mode when their partner sees something is bothering them, "She'll go put on her therapist's hat... I'll say, 'No, I don't need a therapist; I just need you to listen.' She gets that... I have a therapist and I don't need a therapist from her."

When describing the "therapist hat", one husband talked about the changes he notices:

The voice changes, a little bit more monotone... I can tell by the types of probing questions that are trying to get you to recognize, as opposed to her needing answers... I guess I've gotten good at not paying attention to that so much. Or accepting.

One husband talked about wanting his therapist partner to be on his team, instead of being a therapist:

People always joke about this and say, "Oh, it must be no fun being married to a therapist." My wife is actually really good about most of the time not practicing on me. I think that the few times where we've had conflict about that is when I'm in conflict with one of our sons and she assumes more of a therapist posture between us and less of an ally with me and I don't like that... She sits between us and tries to get each other to share

our feelings and to process through that... There are times where I think a teenage kid is flat out wrong and I would expect my spouse to support that as oppose to trying to get each of us to graphic-detail describe our feelings. My feeling is you hurt my feelings, be on my team.

However, there are times when maybe their spouses can't fully turn off their "therapist hat", as one husband asked his therapist partner: "At some point, do you ever shut it off? Can you shut it off?"

Not only is their partner's therapy expertise present in the couple relationship, it is also seen with their children. Three participants (21%) reported that their children notice their mother's "therapist hat" more, as one participant laughed as she recalled her children's reaction:

They're just like "Get out of therapist mode"... She starts asking questions like "Well why do you think that happened?" and therapy kind of questions or "How could you have approached that differently?" and they're like "Stop being a therapist!"... I don't think they're wanting something different. I think they want to stop talking about it, because it's uncomfortable... They want to complain about the social thing that happened at school, not actually do something that they would have to change.

### **Pride and Protectiveness**

Even though participants did not want their partner to be their therapist at home, they felt pride and protectiveness of their therapist partner's career. Seven participants (50%) talked about how much they admire their therapist partner's work: I have someone who is attuned to helping people with their emotions, with whatever is bothering them... [people in the helping profession] are not noticed, but what they do is vital. It's the kind of thing that sustains relationships, it also sustains individuals. It provides a source of strength to move on to the next day. One husband

talked about when his therapist partner tells him about her day, “I think to myself, ‘Oh, wow. I couldn't do that.’ I’ve been in therapy myself, so I understand what it's like from my side or the client side. It’s...a tough gig.” Another participant described when her therapist partner is explaining her career to someone else, “They'll say: ‘What's IFS [Internal Family Systems]?’...’Well it's this thing where this person discovered this and this and this happens.’ ‘Oh, really? That's kind of cool!’...I just sit back and feel proud, like my wife knows all this cool shit!”.

It seems like a protectiveness of their therapist partner’s profession co-existed with the pride participants have for their therapist partner’s profession. Five participants (38%) talked about breaking the stigma and any myths of therapy. Participants talked about other people’s discomfort and a fear of their therapist partner analyzing everyone. As one husband gave advice of how to get rid of the stigma:

We always laugh at people when they find out she's a therapist and, “Oh, man! She must always be analyzing you.” Well, not really, right? Just having a conversation about "What would you do? What does a therapist do?" to dispel any sort of myths.

**Helping the helper.** In addition, feeling protective of their partner’s career, participants helped their therapist partner by taking on more parental and household responsibilities, using humor, as well as filling the role as the listener, the supporter, and encourager. For example, one husband talked about this role of encouragement, “It’s always motivating her, being there for her and letting her know that she's great at what she does and her business will do fine and her clients will appreciate her.” Another husband talked about how he listens to his therapist partner:

I can only imagine how difficult some of those therapy sessions can be, emotionally, mentally exhausting... I know she goes through her own supervision...and just letting her

know that I'm available as well, as another outlet that she may need. So that she can obviously be the most effective and efficient and best therapist she can be for her clients. Even though their therapist partner is seen as a helper inside and outside of the relationship, participants did just as much to help the couple relationship.

## CHAPTER 5: DISCUSSION

Limited research has been conducted on work-family life spillover in couples where one partner is a family professional (Duncan & Duerden, 1990; Duncan & Goddard, 1993) with this being the first study to explore at the experience of being in a romantic relationship with a couples therapist. The following themes emerged: (a) ambiguity of career influence, (b) the nature of their profession, (c) being married to a relationship expert, (d) and pride and protectiveness.

Through the lens of spillover theory, aspects of spouses' relationships experienced positive and negative influences from their therapist partner's profession. Notwithstanding any challenging aspects, 79% of spouses reported an overall positive experience of being coupled with a couples therapist. The spouses' positive experience is consistent with psychotherapists' reports of their career having more positive spillover than negative spillover on their personal and family life (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Sanders, 2007; Rabu et al., 2015; Stevanovic & Rupert, 2009; Wetchler & Piercy, 1986). However, 93% of spouses experienced ambiguity as to whether certain qualities in their relationship were attributable to their partner's expertise or if these qualities would have naturally grown in their marriage as the couple matured. Some of the beneficial or challenging aspects in the couple relationship may not have been due to their therapist partner's work-family life spillover, such as their sexual relationship, parenting, relationships to family and friends, decision making, communication, and how the couple handles conflict.

Due to their therapist partner's professional schedule and on-call nature of their job, time spent together in the relationship and in family life was limited. At the same time, their therapist partner's schedule was flexible which benefited the family. The lack of time is consistent with

psychotherapists most frequently reported stressor of limited time and energy (Duncan & Duerden, 1990; Duncan & Goddard, 1993; Farber, 1983; Rabu et al., 2015; Sherman & Thelen, 1998; Stivers, 2013; Talambas-Sparks, 2005). Research on spouses of medical professionals, first responders, and clergy members found time to be a stressor that pulled away from family time (Darling, Hill, & McWey, 2004; Davis, 2007; Dyrbye, Sotile, Boone, West, Tan, Satele, Sloan, Oreskovich, & Shanafelt, 2013; Issac, Petrashek, Steiner, Manwell, Carnes, & Byars-Winston, 2013; Morris & Blanton, 1994, Morris & Blanton 1998; Porter & Henriksen, 2016; Shanafelt, Boone, Dyrbye, Oreskovich, Tan, West, Satele, Sloan, & Sotile, 2013; Stamper, 2016), which can be attributed to the on-call nature of these helping professions, including couples therapists.

Unlike spouses of clergy members and first responders (Darling et al., 2004; Davis, 2007; Morris & Blanton, 1994; Stamper, 2016), spouses did not report feelings of loneliness and isolation, but did report wanting to spend more time with their therapist partner, since they understood the nature of the job. Although spouses often felt that there was not enough time spent together as a couple, they also believed that it was not problematic to the point that they needed to cope with it. Instead, spouses valued the time they spent with their therapist partner, similarly to other spouses of medical professionals (Issac et al., 2013; Shanafelt et al., 2013). Spouses spent the time their therapist partner was unavailable with family and friends or pursuing individual interests. Spending time with family and friends, pursuing individual interests, and valuing the time spent together as a couple may be coping strategies that other spouses of helping professions did not employ. Given spouses did not feel the isolation and loneliness often reported by spouses of other helping professionals, perhaps therapists choose to marry people who are more autonomous and have a more developed sense of self.

In addition to spouses of helping professionals feeling lonely and isolated from their partner because of their partner's career, psychotherapists and other helping professionals also report feeling lonely and isolated in addition to experiencing emotional fatigue and secondary traumatization from their respective professions (Bride, 2007; Doron, 2009; Kennedy & Black, 2010; Mahoney, 1997; Rabu et al., 2015; Sherman & Thelen, 1988; Stivers, 2013; Ting, Jacobson, Sanders, Bride, & Harrington, 2005; Talambas-Sparks, 2005). In sharp contrast, spouses reported rarely perceiving their therapist partner as emotional fatigued and did not even mention concerns that their therapist partner may feel lonely, isolated, or affected by secondary traumatization. One possible explanation as to why spouses of couples therapists did not perceive the loneliness, isolation, and secondary traumatization typically endorsed by psychotherapists may be that the therapist partners were preventing negative spillover from their profession into their family life. The absence of spillover may be due to their therapist partner having more internal resources and skills than other helping professionals for managing and shielding their spouse from feelings of loneliness and isolation. Another possible explanation is the spouses' therapist partners were older in age and older psychotherapists tend to have fewer work stressors spilling into their family life (Sanders, 2007; Stevanovic & Rupert, 2009). An additional explanation is that spouses helped their therapist partner through supporting, listening, and encouraging their partner in their career. Unlike spouses of clergy members, spouses did not experience frustration in supporting their therapist partner (Stamper, 2016).

Even when spouses observed compassion fatigue in their therapist partner, they did not feel guilty expressing their relationship needs to their therapist partner and did not need to guess their therapist partner's mood, unlike spouses of first responders (Moniz, 2012; Regehr et al., 2005). Spouses' guilt-free expression of needs could pertain to effective communication and the

emotional safety spouses felt in the relationship; it could also be related to gender differences, as all therapist partners were women. Effective communication is one of the benefits spouses talked about regarding their therapist partner's expertise. Spouses reported other benefits of their therapist partner's expertise, such as the techniques their partner used as a parent, the relational skills spouses learned from their partner, as well as the advice their partner gave to friends and family. Consistent with previous research that psychotherapists use their expertise in their own relationships (e.g., normalizing relationship issues, communication skills, conflict prevention and resolution skills; Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Talambas-Sparks, 2005; Wetchler & Piercy, 1986), spouses attributed some aspects of their marriage to their therapist partner's expertise, such as their partner's awareness of the benefits and challenges in their relationship and how they communicate with one another. Since therapist partners were aware of the benefits in their relationship, spouses reported that their therapist partners expressed appreciation. Therapist partners' expression of appreciation aligns with psychotherapists' reports of appreciating the strengths within their couple relationship (Duncan & Duerdan, 1990; Duncan & Goddard, 1993; Kennedy & Black, 2010; Talambas-Sparks, 2005; Wetchler & Piercy, 1986).

However, their partner's expertise was not without drawbacks. Although spouses appreciated their therapist partner's relational expertise, their awareness of relationship dynamics often also led to negative work spillover, with spouses feeling challenged by their therapist partner and that their relationship was sometimes over-processed (Deutsch, 1985; Stivers, 2013). Spouses talked about their therapist partner's expertise complexly as they appreciated their therapist partner's skills and at the same time struggled with whether they wanted their therapist partner's therapeutic role to be present in the couple relationship. Spouses noted frustration when

their therapist partner could not apply their therapeutic skills into the couple relationship, however they did not feel the pressure of having a “perfect marriage” which was experienced by MFTs and spouses of clergy (Davis, 2007; Doron, 2009; Gunter, 2011; Morris & Blanton, 1994; Stamper, 2016; Stivers, 2013).

In addition, similar to first responders’ spouses feeling in the shadows of their partner’s positive public image (Regehr et al., 2005), spouses often felt like people valued their therapist partner’s perspectives on things more than their own. Even though spouses felt overlooked, spouses also felt a sense of pride when friends and family members looked to their therapist partner for advice. Spouses’ sense of pride and appreciation for their therapist partner’s profession is similar to the pride felt by spouses of medical professionals and first responders (Issac et al., 2013; Porter & Henriksen, 2016; Regehr et al., 2005). With this pride, spouses felt protective of their therapist partner’s profession and expressed wanting to shift negative therapy stigmas.

### **Limitations and Future Directions**

One limitation of this study is that the researcher is part of the MFT community and has provided couples therapy services. As such, spouses may have not been completely open with their experience since the researcher was in their therapist partner’s field. Although the researcher used bracketing to limit the impact of personal and professional bias on the results, these biases may have affected the results. The current sample was married, Caucasian, predominately male, and of higher income; all therapist partners were female, Caucasian, and worked in private practice settings, which is consistent with the MFT field’s demographic majority of female, Caucasian therapists working exclusively in private practice settings (Northey, 2002). Therefore, results from this study may not be generalizable to more diverse

samples. Future research may focus on the experiences of partners with different ethnic backgrounds, partners of male couples therapists, and partners of couples therapists who work in different settings (e.g., community agencies, inpatient treatment centers).

Another limitation is the method of recruitment via therapist partners. Therapist partners may not have forwarded this study if they were experiencing relational issues. Spouses who did respond may have been the spouses with the most positive experiences. By only interviewing spouses currently coupled with a couples therapist, the results are likely missing more of the challenging aspects of this experience that may be captured by interviewing separated and divorces spouses of couples therapists. The researcher did not collect demographics of whether being a couples therapist was the therapist partner's first or subsequent career. Future studies could explore if there are any differences in the couple relationship depending on when in the course of the relationship one partner decides to become a couples therapist. Future studies could also examine the couple relationship by conducting dyadic interviews to better address the theme of ambiguity that spouses experienced between what aspects of their relationship was attributable to their therapist partner's career or to their personality. In this study, spouses mentioned how their children and other family members reacted to their therapist partner's career; therefore, future research could provide a better understanding of the therapist's family system by interviewing children of family therapists.

### **Clinical Implications**

Not only is this study applicable to therapists' personal lives, it can be beneficial for clinicians who provide individual and couple services to partners of couples therapists. Since 60% of MFT's report marital issues and 53% have received couples therapy at some point, it is likely that couples in which one partner is a couples therapist will seek services from another

MFT (Deacon, Kirkpatrick, Wetchler, & Niedner, 1999). One area for clinicians to address with partners of couples therapists is how couples manage time by encouraging them to balance the lack of time with their spouse by spending time engaging in other meaningful interpersonal relationships and individual interests, as well as maximizing their time together by engaging in shared interests. Clinicians may also inquire about the financial difficulties that may be placed on the non-therapist partner and the possibility of feeling financially burdened as a result.

Clinicians providing couples therapy for couples in which one partner is a couples therapist should be mindful that the non-therapist partner may perceive that their spouse and couples therapist are aligned due to shared professions, abilities, and clinical language. Clinicians should not assume that partners of couples therapists are familiar with therapy terms and concepts. Because being challenged in therapy may feel similar to being challenged by their therapist partner, clinicians could be curious of how partners perceive these challenges and make any necessary adjustments accordingly. It is also important for clinicians to limit the expertise of the therapist partner; one way to enhance this balance is to recognize the ways in which partners of couples therapists are experts in their own lives, work, and relationships.

Partners of couples therapists may hold complex feelings of pride, appreciation, jealousy, frustration, exhaustion, and exclusion in response to their partners' expertise. Partners of couples therapists may also experience ambivalence regarding the value of their therapist partner's expertise in their relationship. Clinicians can help couples identify beneficial relationship skills and establish boundaries for aspects that should stay in the professional field. Lastly, partners of couples therapist may experience difficulty finding a therapist since their therapist partner may personally know many of the potential providers.

Since the majority of therapists work in private practice settings, an educational

implication for marriage and family therapy programs is to provide financial and business training to their students. Without this financial training, it is possible that spouses of couples therapists will have to assist their therapist partner's business. Providing adequate business training could help mitigate potential financial stressors in the couple relationship.

### **Conclusion**

This study explored the experience of being partnered to a couples therapist and found that non-therapist partners had complex views of work-family life spillover for couples therapists. Spouses reported an overall positive experience in their relationship and experienced ambiguity on what aspects of their relationship were attributable to their therapist partner's profession. Even though some aspects of their therapist partner's career had no impact on spouses, other aspects created some couple relationship challenges, such as lack of time together, limited finances, confidentiality, and relationship expertise. At the same time, their therapist partner's expertise provided personal and relational benefits, such as learning various relational skills and their therapist partner's ability to help their spouses and their children. This study can inform clinicians on the partner's experience of being partnered with a couples therapist and guide clinicians in creating an effective therapeutic relationship and helping the non-therapist partner feel more equal to their therapist partner.

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## **Appendix A**

### **Participant Recruitment Email**

Hello,

I am delighted to announce that I am now recruiting for my thesis research study exploring individuals' experiences of being partnered with a couples therapist. This research study is being conducted to satisfy program requirements for a master's degree in human development with a concentration in Marriage and Family Therapy from Virginia Tech with the intention of publication. Participation is confidential and voluntary.

#### **Participant eligibility includes:**

- Adult (18-years and older)
  - Are not mental health professional
  - In an intimate partner relationship with a couples therapist for the past 4 years
  - Must live in the same household as their therapist partner.
- Their therapist partner must
  - be a licensed marriage and family therapist in the United States who has been licensed for at least 2 years.
  - have an average caseload of at least 5 couples annually.

#### **What is involved in the study?**

- A 5 minute online screening
- A brief demographic questionnaire
- A telephone interview lasting approximately an hour. The researcher will ask questions about participants' experiences of being partnered with a couples therapist.

Participants will be entered into a raffle for one of two Amazon gift cards each valuing \$100. The approximate odds of winning are 2 in 10.

Please forward this email to your partners! I can be contacted at [cmm521@vt.edu](mailto:cmm521@vt.edu). Thank you!

Sincerely,

Christine Miller  
Virginia Tech MFT Masters Candidate  
[cmm521@vt.edu](mailto:cmm521@vt.edu)

## **Appendix B Screening Questionnaire**

Thank you for your interest in this study on what it is like to be partnered with a couples therapist. This is a brief screening of nine yes or no questions to determine your eligibility to participate in this research study. Your responses will only be used to determine your eligibility and will not be included as data. All responses will be destroyed after the recruitment process for this study is completed.

Should you have any questions or concerns about the study's conduct or your rights as a research participant, or need to report a research-related injury or event, you may contact the Virginia Tech Institutional Review Board at [irb@vt.edu](mailto:irb@vt.edu) or (540) 231-3732.

I have read the conditions of this screening questionnaire. By continuing to the questionnaire, I hereby acknowledge the above and give my voluntary consent to participate in this screening questionnaire.

1. Are you 18 years or older? Yes/No
2. Are you a mental health professional? Yes/No
3. Have you been in an intimate partner relationship with a marriage and family therapist for at least 4 years? Yes/No
4. Do you reside in the same household as your therapist partner? Yes/No
5. Is your partner licensed as a marriage and family therapist in the United States? Yes/No
6. Has your partner been licensed for at least 2 years? Yes/No
7. Does your partner provide therapeutic services to at least 5 couples annually? Yes/No
8. Are you comfortable comprehending and speaking proficient English to participate in an approximately 60 minute interview regarding your experience being partnered with a couples therapist? Yes/No
9. What email address would you to be contacted at?

Based on yes responses:

You have met the criteria designated by the researchers. Continuing with the study will include an estimated hour interview on your experience of being partnered to a couples therapist and a quick demographic questionnaire. Expect an email from Christine Miller, [cmm521@vt.edu](mailto:cmm521@vt.edu), within 48 hours regarding a detailed consent form and scheduling a date and time for this interview.

Based on no responses:

Unfortunately, do not meet the criteria designated by the researchers. I certainly appreciate your time and interest in the study. Please feel free to share my contact information with anyone you think may qualify. Take care.

**Appendix C**  
**Research Informed Consent**  
**Virginia Polytechnic Institute and State University**  
**Informed Consent for Participants in Research Projects Involving Human Subjects**

Thank you for your interest in this study on what it is like to be partnered with a couples therapist. Below is information regarding this study.

**Title of Project:** The Experience of Being Partnered With a Couples Therapist: A Qualitative Inquiry

**Researchers:** Christine Miller, M.S. Candidate  
**Co-Investigator**

352-362-9280/cmm521@vt.edu

**Telephone/e-mail**

Jeffrey Jackson, Ph.D

703-538-3787/jjax@vt.edu

**Principal Investigator, Committee Chair**

**Telephone/e-mail**

**I. Purpose of Research:** This thesis research study is being conducted in fulfillment of the degree requirements for a master's in marriage and family therapy with the intent of publication. The purpose of the current study is to explore individuals' experiences of being partnered with a couples therapist.

**II. Procedures:** You will be asked to complete a brief demographic questionnaire (5 to 10 minutes) and an audio-recorded interview lasting approximately one hour over the phone.

**III. Risks:** The researchers anticipate minimal risks for participating in this research study. Some interview questions may cause emotional discomfort, depending on personal experiences with the topic of the study. If the interview becomes too emotionally distressing, the interview will cease and researcher will provide mental health referrals should you wish to further process the thoughts and emotions that arise from the interview. Payment for service from any mental health providers to which you are referred shall be your responsibility, and shall not be covered by the researchers, nor Virginia Tech.

**IV. Benefits:** The answers you provide will help us learn about individual's experience of being partnered with a couples therapists so that couples therapists may have more awareness in their own relationships and better serve couples in which one partner is a couples therapist. Talking about your experiences may provide a cathartic benefit to you; however, no promise or guarantee of benefits has been made as an incentive for your participation.

**V. Confidentiality:** Every effort will be made to keep the information you provide strictly confidential. All identifying information provided in the audio-recorded interview will be removed and replaced with aliases in the typed transcript and study report. Individuals with access to the audio recording and original transcript include the Principal Investigator, the Co-Investigator, and professional transcriptionists. The audiotapes will be destroyed as soon as they have been transcribed and checked. Any identifiable information will be stored separately and securely from the coded data to protect your confidentiality. Portions of your interview text may

be used verbatim in the thesis report and/or in subsequent publications, however, your name and other identifying information will not be disclosed on any reports or publications. Please note the Virginia Tech Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human participants involved in research.

**VI. Compensation:** You will be entered into a raffle for one of two \$100 gift-cards for your participation. Please indicate if you would like to be entered in the raffle below:

I want to be entered in the raffle.  I do **not** want to be entered in the raffle.

**VII. Freedom to Withdraw:** It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free not to answer any questions that you choose or respond to what is being asked of you without penalty. Please note that there may be circumstances under which the investigator may determine that a participant should not continue in the research study. Should you withdraw or otherwise discontinue participation, you will be entered into the gift card raffle in accordance with the Compensation section of this document.

**VIII. Questions or Concerns.** Should you have any questions about this study, you may contact one of the research investigators whose contact information is included at the beginning of this document. Should you have any questions or concerns about the study's conduct or your rights as a research participant, or need to report a research-related injury or event, you may contact the Virginia Tech Institutional Review Board at [irb@vt.edu](mailto:irb@vt.edu) or (540) 231-3732.

**IX. Participant's Consent:**

I have read the Consent Form and the conditions of this project. I have had all of my questions answered, and I hereby acknowledge the above and give my voluntary consent to participate in this study.

---

Participant's Name

---

Date

### Appendix D Demographic Questionnaire

Thank you for taking the time to participate in this study exploring the experience of being partnered to a couples therapist. Before we begin the interview, I have a brief demographic questionnaire. Your answers to the demographic questions will not be audio-recorded. If you are uncomfortable answering any of the following questions, you may choose to not answer those questions.

Age (in years): \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_ Nationality: \_\_\_\_\_

Are you of Hispanic, Latino, or Spanish origin?

- a) No, not of Hispanic, Latino, or Spanish origin
- b) Yes, Mexican, Mexican Am., Chicano
- c) Yes, Puerto Rican
- d) Yes, Cuban
- e) Yes, another Hispanic, Latino, or Spanish origin – Print origin

What is your race? Circle one or more.

- a) White
- b) Black or African Am.
- c) American Indian or Alaska Native— Print name of enrolled or principal tribe \_\_\_\_\_
- d) Asian Indian
- e) Chinese
- f) Filipino
- g) Other Asian – Print race \_\_\_\_\_
- h) Japanese
- i) Korean
- j) Vietnamese
- k) Native Hawaiian
- l) Guamanian or Chamorro
- m) Samoan
- n) Other Pacific Islander –Print race \_\_\_\_\_
- o) Some other race – Print race \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What is your employment status?

- a. Retired
- b. Unemployed
- c. Part time
- c. Full time
- d. Student
- e. Other \_\_\_\_\_

How much education have you completed?

- a. No schooling completed
- b. Less than high school
- c. High school equivalency (GED)
- d. High school diploma
- e. Some college, not currently enrolled
- f. Some college, currently enrolled
- g. Associate's degree
- h. Bachelor's degree
- i. Graduate or professional degree not completed

j. Graduate or professional degree, completed

What is your annual household income?

- a. Between \$0-24,999
- b. Between \$25,000-49,999
- c. Between \$50,000-74,999
- d. Between \$75,000-99,999
- e. Between \$100,000-\$149,999
- f. Between \$150,000-\$199,999
- g. \$200,000 or more

Relationship Status (choose one):

- a. Partnered/Living Together
- b. Engaged
- c. Married
- d. Other \_\_\_\_\_

Length of Partner Relationship (in years): \_\_\_\_\_

Have you been married previously? Yes/No

If yes, how many times? \_\_\_\_\_

Has your partner been married previously? Yes/No

If yes, how many times? \_\_\_\_\_

Do you have any children? Yes/No

If so, how many with your partner? \_\_\_\_\_ Of your own? \_\_\_\_\_ Of your partner's? \_\_\_\_\_

***Your Therapist Partner's:***

The following questions pertain to your partner. Only answer questions about your partner's practice that you already know. You may choose to leave any answers blank.

Age (in years): \_\_\_\_\_ Gender: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_ Nationality: \_\_\_\_\_

Is your partner of Hispanic, Latino, or Spanish origin?

- a) No, not of Hispanic, Latino, or Spanish origin
- b) Yes, Mexican, Mexican Am., Chicano
- c) Yes, Puerto Rican
- d) Yes, Cuban
- e) Yes, another Hispanic, Latino, or Spanish origin – Print origin \_\_\_\_\_

What is your partner's race? Circle one or more.

- a) White
- b) Black or African Am.
- c) American Indian or Alaska Native—Print name of enrolled or principal tribe \_\_\_\_\_
- d) Asian Indian
- e) Chinese
- f) Filipino
- g) Other Asian – Print race \_\_\_\_\_
- h) Japanese
- i) Korean
- j) Vietnamese
- k) Native Hawaiian
- l) Guamanian or Chamorro
- m) Samoan
- n) Other Pacific Islander –Print race \_\_\_\_\_
- o) Some other race – Print race \_\_\_\_\_

Holds a Marriage and Family Therapy License:

In what states? \_\_\_\_\_ For how long? \_\_\_\_\_

What is your partner's work setting? (Choose all that apply)

- a. Group private practice
- b. Solitary private practice
- c. Agency setting
- d. University setting
- e. Inpatient/Residential Treatment
- f. Other \_\_\_\_\_

What is your partner's average time at work (in hours)? \_\_\_\_\_

How many couples does your partner provided services to annually? \_\_\_\_\_

**Appendix E**  
**Confidentially Agreement for Transcriptionist**

The following paragraph contains the policies to which the participants in this study agreed. Please read it carefully as you will be required to help us protect the confidentiality and rights of the study participants.

Every effort will be made to keep the information you provide strictly confidential. All identifying information provided in the audio-recorded interview will be removed and replaced with aliases in the typed transcript and study report. Individuals with access to the audio recording and original transcript include the Principal Investigator, the Co-Investigator, and professional transcriptionists. The audio tapes will be destroyed as soon as they have been transcribed and checked. Any identifiable information will be stored separately and securely from the coded data to protect your confidentiality. Portions of your interview text may be used verbatim in the thesis report and/or in subsequent publications, however, your name and other identifying information will not be disclosed on any reports or publications. Please note the Virginia Tech Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human participants involved in research.

I, (*print name*) \_\_\_\_\_, understand that through the experience I will have in working on this research study, that I must maintain strict confidentiality as to any identifying information of the study participants; any information as to the participants and/or their families must remain within strictest confidence in order to protect the privacy, rights, sensitivities, and feelings of the participants involved in this study.

My signature below signifies that I will abide by this confidentiality agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix F**  
**Informant Feedback Email**

Good morning,

I have completed the interview and results process of *The Experience of Being Partnered With a Couples Therapist: A Qualitative Inquiry*. Thank you so much for your time and participation in this study. What you and others had to say about being married to a marriage therapist helped me identify several themes that seem to be fairly common experiences. I have attached the results of this study if you would like to review the results. An important part of the research process is having participants review the results to make sure that the researcher captured the core parts of the phenomenon being researched (in this instance, what it is like to be married to a marriage therapist). Accordingly, I would greatly appreciate your thoughts, comments, recommended changes, and recommended additions to the results that I have attached. If you are willing to provide feedback, please email it to me by Thursday, April 19, 2018.

Finally, now that the study has been concluded, I just did the random drawing among the study participants for the two Amazon gift cards. Unfortunately, your name was not drawn for either of the two Amazon gift cards.

If participant's name was drawn: Your name was drawn for one of the two Amazon gift cards. Please confirm your email address and a link will be sent to accept the gift card.

Please let me know if you have any other questions. Thank you again for your participation in this study.

Sincerely,

Christine Miller  
Virginia Tech MFT Masters Candidate  
cmm521@vt.edu