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## A Communication Methodology for Managing Demand-Time Conflicts in Physician Marriages

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A COMMUNICATION METHODOLOGY FOR MANAGING  
DEMAND-TIME CONFLICTS IN PHYSICIAN MARRIAGES

A Thesis  
Presented to the  
Department of Communication  
and the  
Faculty of the Graduate College  
University of Nebraska

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
University of Nebraska at Omaha

by  
Betty Apke  
December 1982

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# THESIS ACCEPTANCE

Accepted for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Arts, University of Nebraska at Omaha.

## Thesis Committee

Name	Department
Mary Ann Leamon	Psychology
Robert E. Carlson	Communication

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30 November 1952  
Date

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A special thanks to Dr. Elton S. Carter whose guidance during the past two years provided the foundation for this thesis. Thanks also to Dr. Robert Carlson and Dr. Mary Ann Lamanna for their valuable contributions.

This thesis is in loving dedication to my husband Rick and to our future together.

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CHAPTER I  
INTRODUCTION AND DESIGN

Introduction

It seems a prevailing notion that communication is an essential element of marital adjustment. Moreover, a persistent theme in the literature on marital adjustment is that those who are well-adjusted are not people without problems but are those with skills and resources necessary to solve their problems. The happy couples have the same problems as the unhappy but are better equipped to cope with, or to adapt to, their problems.

It is important to understand that not all marital difficulties result from problems in communication. Unsatisfactory communication can be a symptom of other marital problems. Also, there are many situations in which a couple may agree that their conflicts are unsolvable. Even though improved communication is not the solution to all marital problems, there is evidence that marital communication is positively correlated with marital adjustment.

Leslie Narvan, an author and marital counselor, asserted that marital adjustment and marital communication were intimately related to the extent that any event affecting marital communication would have a subsequent effect upon marital adjustment. Narvan summarized



what most researchers have reported on communication in relationship to marital adjustment:

Couples who make good or happy marital adjustments are those whose communication skills have been expanded to deal effectively with the problems inherent in marriage. . . . To improve the marital relationship, the couple's attention should be focused on their communication pattern. If they could be helped to learn better ways of listening and responding, the relationship between them would also be improved.<sup>1</sup>

### Genesis of the Study

My interest in the area of marital communication was initiated primarily due to my own engagement. At the time of my engagement, my fiancé was two years away from graduating from medical school. Anticipating married life with a physician, I became particularly interested in marital conflicts generated by demand-time problems. Therefore, I narrowed my thesis to the study of various communication rules for handling demand-time conflicts within physician marriages. "Physician marriages" refer to couples in which one person is a physician. Currently, I am married to a physician, and my interest in this area has continued to grow.

### Statement of Purpose

The nature of the physician's profession is such that demand-time conflicts are often prevalent. Demand-time conflicts refer to conflicts generated due to the frequent incompatibility of the demands of the physician's career and the needs of the spouse. Carla Fine,

journalist and author of the book Married to Medicine, reported that, in most cases, life married to a physician meant "a life of constantly disrupted plans, unpredictable hours, and a vast amount of time spent alone."<sup>2</sup>

Similar demand-time conflicts can potentially occur at any and all stages of a medical career. Medical school requires that the physician/student learn as much about every aspect of medicine as possible. This process involves long study hours and hospital experience. One medical student's spouse said, "It seems that Mark is either at the hospital or in the library, and our time together is almost nonexistent. I've been counting the days until medical school is over."<sup>3</sup>

The next phase in the physician's development is his/her residency. The residency is the time when the "new" physician learns medical skills through intensive on-the-job training. The residency averages from three to seven years depending on the specialization. During this period, it is not uncommon for physicians to become consumed by medicine having little energy left over for household or marital responsibilities.

One nurse married to a third year resident in St. Louis reported,

Lately, the only subject that Ted wants to talk about is his work. I do everything around the house, which I don't mind, but if I want to discuss the household expenses, politics, or even my day at the hospital, Ted cuts me off. I also love medicine, but I want some variety in my life. I always knew Ted was dedicated, but I sometimes think his commitment borders on obsession. It's very hard being married and lonely at the same time--it's like having a best friend who never has time for you.<sup>4</sup>

After the residency, there are transitional years in which the physician and spouse make choices concerning what category of medicine to pursue (private practice, hospital-based, etc.), what part of the country, and in what type of community they want to settle.

Approximately 53% of the physicians in the United States opt for private practice.<sup>5</sup> One reason why so many physicians choose this path might be for financial considerations. Carla Fine reported, "The main attraction of private practice, for most physicians, is that it ensures an estimated income of nearly \$70,000 a year, compared to the relatively lower figures provided by other types of medical career choices."<sup>6</sup>

With the financial benefits of a private practice also comes a very busy work schedule. One spouse said the following about her husband's practice,

I imagined that since my husband would now be working for himself, he would be able to balance his time a little better. Yet, if anything, his hours are worse than before. He leaves the house at six-thirty in the morning, goes to the hospital for rounds, conducts whatever surgery he has scheduled, and then sees patients in the afternoon and evening. He's home around eight p.m., sometimes even later, but then he always has paper work to catch up on, cases to review for the next day, and journals to read. His service phones him constantly, giving him messages from patients who are trying to contact him. Charles is very conscientious and spends a good part of what's left of the evening returning his calls.<sup>7</sup>

The final phase in the development of the physician's career is established success. During these years, a couple is often raising children. The introduction of children into a marriage adds more potential for demand-time conflicts. According to one thirty-six-year-old wife of a Seattle general practitioner:

When our ten-year-old complains that his father never attends any of his Little League games, I try to explain to him that Steve is not having a good time but is busy saving other people's lives. In a way I, too, would like it if Steve were a better husband and daddy, but the children and I are up against his patients' needs; we have to learn how to take second or even third place.<sup>8</sup>

All of the phases of the physician's development are filled with the potential for demand-time conflicts. A medical career demands that physicians study journals, and other information, in order to keep up in their fields; they are frequently on call and must respond to the needs of their patients, and they can, and often do, become so emotionally and physically drained that they do not choose to involve themselves in household responsibilities. All of these, as well as other demands on physicians, can lead to marital conflicts if the demands become incompatible with certain needs and goals of the spouses.

Of the possible demand-time conflicts generated within a physician marriage, some might be prevented. Others may be managed by suitable choices of communication rules for managing conflicts. The focus in this study is on couples' abilities to manage demand-time conflicts without third party intervention, e.g., without marital counseling.

It would be naive and insufficient to suppose that there is any single method to solve all of these marital conflicts. Rather, a methodology, or method of methods, was needed. The aim of this research was to meet this need for a communication methodology designed for direct uses and applications by physician couples for mediating demand-time conflicts.

### The Use of the Rules Perspective in this Study

In order to accomplish the above stated purpose, it was necessary to understand the nature of a methodology. Design specifications for a methodology were generated. The review of the literature was guided by the design specifications in order to determine if a methodology, such as the one proposed in this study, existed. The design specifications were also included in the research design as check points for the completed methodology generated in this thesis.

Susan B. Shimanoff's Communication Rules: Theory and Research satisfied all of the design specifications for a methodology and was chosen for direct application in designing the methodology in this study. Examples from Shimanoff's view of the Rules Perspective were chosen to illustrate the design specifications. Examples from other perspectives were also given and related to the Rules Perspective.

The completed methodology in this study was generated from a Rules Perspective. This perspective was chosen because it seemed to be the most feasible and promising perspective to meet the needs of the physician couples. The areas of concern were what married couples could do for themselves and how. Shimanoff's methodology demonstrated explicitly the procedure for generating and changing rules. Overall, Shimanoff offered guidance for communication with people in a most applicable and directly useful form to the present study.

### Design Specifications for a Methodology

The following design specifications were established as the requirements for a methodology: (1) it must be multiordinal; (2) humans must be viewed as choice makers; (3) the focus should be on pattern properties; (4) change must be accounted for; and (5) various systemic qualities must be present.

#### Multiordinality

The multiordinality specification refers to the requirement that the methodology must deal with at least two levels of abstraction. According to J. Samuel Bois, a term is multiordinal when without any change in its dictionary meaning, it is used to refer to different orders of abstraction.<sup>9</sup> Bois explained this by referring to the word "unit" as it related to the army. The word "unit" applies to a variety of formations, for example, a platoon, company, battalion, brigade, division, etc. Therefore, a unit is part of a larger unit, which is part of a still larger unit. The same word "unit" is also used in other contexts such as distance, time, and money. Bois established the following table to illustrate that a term is not only used in many areas, but that it can also be multiordinal or used in each area at different levels of abstraction.<sup>10</sup>

UNIT, <sup>1</sup>	UNIT, <sup>2</sup>	UNIT, <sup>3</sup>	UNIT, <sup>4</sup>	UNIT, <sup>5</sup>	UNIT, <sup>6</sup>
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
UNIT, <sup>4</sup> (BRIGADE)	UNIT, <sup>4</sup> (DAY)	"	"	"	"
UNIT, <sup>3</sup> (BATTALION)	UNIT, <sup>3</sup> (HOUR)	UNIT, <sup>3</sup> (YARD)	"	"	"
UNIT, <sup>4</sup> (COMPANY)	UNIT, <sup>4</sup> (MINUTE)	UNIT, <sup>4</sup> (FOOT)	UNIT, <sup>4</sup> (NICKEL)	"	"
UNIT, <sup>1</sup> (PLATOON)	UNIT, <sup>1</sup> (SECOND)	UNIT, <sup>1</sup> (INCH)	UNIT, <sup>1</sup> (CENT)	UNIT, <sup>1</sup> (GENE)	'
UNIT, <sup>1</sup> (ARMY)	UNIT, <sup>1</sup> (TIME)	UNIT, <sup>1</sup> (DISTANCE)	UNIT, <sup>1</sup> (MONEY)	UNIT, <sup>1</sup> (BIOLOGY)	UNIT, <sup>1</sup> (ANYTHING)

FIGURE I

A methodology should have the characteristic of multiordinality. Shimanoff discussed rules and meta-rules in Communication Rules: Theory and Research. Meta-rules are rules for constructing and changing rules and are a higher level of abstraction than rules. Shimanoff also demonstrated the multiordinality of rules when she discussed the following structural quality of a rule: "A rule should include an indication of whether under the rule a certain behavior is preferred, required, or prohibited."<sup>11</sup>

## Choice Makers

The second design specification is that humans must be viewed as choice makers. This is in contrast to any perspective in which organisms are seen as a product of chance and controlled by external forces. When viewing humans as choice makers, it is important to distinguish between direct and indirect control of choices.

The major focus in this study was on the marital couple. The couple's choices are indirectly controlled or influenced by each other as well as by their environment. Although the focus was on the couple, at times it was necessary to make references to each individual. When changing levels of abstraction from the couple to the individual, direct control became important. Each individual was presumed to be in direct control of his/her own choices.

According to Shimanoff's view of the Rules Perspective, humans are choice makers. Shimanoff demonstrated this, in part, when she distinguished between actions and motions. She associated motion with laws. For example, if a person lets go of an object, it will fall to the ground. Falling to the ground is a motion explained by the law of gravity. Choice making was not associated with motions, but with actions. Actions are behaviors that one may choose to perform. Kenneth Burke clearly expressed the difference between actions and motions:

Things can but move, or be moved. . . . Action involves character, which involves choice, and the form of choice attains its perfection in the distinction between Yes and No (between thou shalt and thou shalt not). Though the concept of sheer "motion" is not unethical, "action" implies the ethical (the human personality).<sup>12</sup>



Shimanoff associated actions with rules. One characteristic of a rule, according to the definition developed by Shimanoff, is that the rule must be followable. The notion that rules are followable implies that rules may also be broken. Since rules are followable, rule-related behavior is said to be "controllable." "The notion that rule-related behavior must be controllable can also be expressed in terms of the construct 'volition.' Actors must be able to choose whether or not to perform a behavior prescribed by a rule."<sup>13</sup>

### Pattern Properties

The third design specification is that the methodology must deal with pattern properties. Pattern properties are described by William H. George in The Scientist in Action: A Scientific Study of his Methods. George discussed wholeness and interdependence of parts:

The properties which cannot be seen as inherent in the properties of separate parts are called pattern properties, to express the idea of relationship between parts and a whole. The scientific devices of measurement and of cause-and-effect relationships seem to be unsuited to express those properties of things which may be said to depend upon arrangement, or organization, or the totality of things. They are non-metrical and non-causal properties. . . . Pattern properties are not measurable in the sense that they depend upon the order rather than upon the quantity idea.<sup>14</sup>

Shimanoff dealt with pattern properties when discussing rules. Rules are non-metrical. One can make measurements about various parts of a rule, but the rule itself cannot be measured, because it is the relationship between parts which is significant. The word "rule" implies structure when used in Shimanoff's sense.

Shimanoff established the following structural qualities of a rule. According to her, rules should have: (1) an indication of the circumstances in which the rule is applicable; (2) an indication of what ought, or may, or must be, or not be, concluded or decided; and (3) an indication of the type of inference contemplated, whether under the rule it is preferred, required, or prohibited.<sup>15</sup>

Rules are not only non-metrical, but they are non-causal as well. Rules do not provide causal explanations. However, they can provide other types of explanations, such as reason-giving explanations. According to Shimanoff, in reason-giving explanations, the person plays an active role in determining the outcome. In causal explanations, the person is the passive medium through which something occurs. A reason-giving explanation answers questions about how someone decided to act in a certain way by offering a justification for that behavior. Shimanoff offered the following example:

Reason-giving explanation: The actor did X because s/he chose to follow rule A, which prescribes X.

Causal explanation: Y caused the actor to do X.<sup>16</sup>

Causal explanations are not pertinent to a methodology. A methodology should provide the basis for other types of explanations which are based on pattern properties. George agreed that causal relationships, as discussed here, are not relevant. He said, "No scientific device whatever has yet given an explanation of why anything happens, in the sense of what agent makes it happen."<sup>17</sup> A methodology should deal with how things happen, not why. With this emphasis, all explanations should be regarded as a patterning process.

By definition, Shimanoff stated that rules must apply in more than one situation, so in generating rules one must look for pattern properties across incidences. Rules scholars agree that a separate rule should not be written for every act; rather a rule should cover types of acts. By observing pattern properties, one can see that human behavior exhibits regularities, and many of the behaviors that recur in similar contexts are the result of a rule.

### Change

The fourth design specification is that a methodology should account for change. In other words, the methodology should include a map structure for making changes. This is important, because human behavior is dynamic, therefore, a model for change is imperative. It takes both the model and a user of that model to account for change. The methodology provides the static model for change. The actual process of change occurs within the user whose behavior follows that which is prescribed by the model.

Change is accounted for in the rules perspective through meta-rules. Meta-rules are rules for creating, negotiating, discussing, and changing rules. Shimanoff indicated that rule-reflectivity may result in developing, maintaining, negotiating, or changing rules and that sanctioning or not sanctioning behavior may result in the same process. Shimanoff provided the following example as a model of the meta-rule process:

Axiom 8: Rules do not exist in nature; rather, they are developed by humans.

Axiom 9: Although rules are developed by humans, communicators do not typically begin interactions by developing rules; rather, actors of the same culture will assume that they share the same rules unless given contrary evidence.

Proposition 7: Therefore, actors will behave as if they share rules until the behavior of one indicates that they do not share the same rules.

Proposition 8: If behavior is viewed as deviation from the rule, actors will attribute an explanation to the deviation.

Proposition 9: Noncompliant behavior with an assumed rule may be perceived as rule-ignorant, rule-error, rule violation, or negative-rule reflective behavior, or nonagreement on rules.

Theorem 12: If a noncompliance is viewed as rule-ignorant behavior, the actor who knows the rule will either ignore the deviation or s/he will inform the deviator of the rule and ask the deviator to comply.

Theorem 13: If the noncompliance is viewed as an error by both actors and the deviation is acknowledged, the behavior will be corrected and the rule maintained.

Theorem 14: If the noncompliance is a rule-violation and the deviation is sufficiently disturbing, the deviator will be expected to justify his/her behavior.

Theorem 15: If the noncompliance is the result of conflicting rules, and the actors wish to continue interacting, the rules will be negotiated.

Theorem 16: If previous rules seem outdated, inappropriate, or in conflict with other rules, they will be negotiated and changed.<sup>18</sup>

There are other ways to account for change which can be related to the Rules Perspective. One way was described by Richard Bandler and John Grinder in The Structure of Magic. Bandler and Grinder were primarily interested in therapeutic situations. They theorized that every person develops a mental model of the world. These representations of the world, created by people, are based on each

person's personal history. The representation of the world, "constitutes a set of interest, habits, likes and rules for behavior."<sup>19</sup> Thus, a person creates a model of his/her experiences based on the ways s/he perceives the world. The person's behavior, when creating a representation or when communicating about it, is rule-governed behavior.

Often in the therapeutic setting, a client's model of the world is impoverished due to generalizations, deletions, and distortions. Bandler and Grinder define these three characteristics as follows:

Generalization is the process by which elements or pieces of a person's model become detached from their original experience and come to represent the entire category of which the experience is an example. . . . Deletion is the process by which we selectively pay attention to certain dimensions of our experience and exclude others. . . . Distortion is the process which allows us to make shifts in our experience of sensory data.<sup>20</sup>

In order to help a client who has an impoverished model, at least parts of that model need to be changed. This means some of the rules governing the client's behavior should change.

For example, consider a client who has chosen to behave according to a rule which prescribes that he does not express feelings. In the context of the medical profession, this rule may be necessary to maintain a professional ethic. Obviously, a physician should not cry uncontrollably as he explains the nature of a terminal illness to a patient. However, if the doctor uses the same rule in his marriage, he limits the potential for intimacy by excluding expressions which are useful in that relationship. This can lead to feelings of loneliness. The person may feel he has no choice, since the possibility of expressing feelings is not available within his model.

In such a case, the client would benefit from a change in his model of the world. Bandler and Grinder developed a model for change by focusing on the role of the therapist. The client communicates his model of the world to the therapist. The therapist recognizes that pieces of the client's model are missing. Through various therapeutic techniques, pieces of the model are recovered, and the process of change begins.

### Systemic Qualities

The final design specification for a methodology is that it have certain systemic qualities. The relevant systemic qualities are: (1) interdependence of parts; (2) open systems; (3) positive and negative feedback; and (4) equifinality.

#### Interdependence of Parts

Interdependence of parts was discussed earlier in reference to pattern properties. It is necessary to look for structural qualities, because the whole is more than just the sum of its parts.

#### Open Systems

Open systems are systems which interact with their environment. Human beings are open systems and have an intimate and dependent relationship with their environment. According to Shimanoff, rules make sense only in relationship to human beings. She stated, as part of the definition of rules, that they are contextual. A person must interact with his/her environment in order to decide whether or not to follow a rule and, if so, which rule to follow. Shimanoff stated that, "the contextual portion of a rule may include references to the

physical and linguistic environments, the episode enacted, the actors, the medium of communication, and purposes."<sup>21</sup>

It is necessary to remember that what is considered the environment in a particular situation depends on how the system is defined. Although the distinction between system and environment is at first arbitrary, once it has been established, it becomes crucial. This is because the behavior of a sub-system is not necessarily analogous to the behavior of the system. Therefore, defining the system as the individual has far different implications than defining the system as the couple. For each of these specified systems, the environment is different.

#### Positive and Negative Feedback

The notion of feedback is rooted in cybernetics. According to Norbert Weiner, mechanisms of a feedback nature are the basis for teleological or purposeful behavior in machines, living organisms, and social organizations.<sup>22</sup> There are two types of feedback, negative and positive. According to Alfred Kuhn, negative feedback is the condition "in which a deviation from some point sets in motion an opposite action which pushes the system back toward that point."<sup>23</sup> Positive feedback is the condition in which "one or more variables reach a limit. A fire, for example, is subject to positive feedback in that the hotter it gets the faster it burns, and the faster it burns the hotter it gets."<sup>24</sup>

The significance of this for designing a methodology can be illustrated in relationship to the Rules Perspective. For example, consider a demand-time conflict within a marriage. As a couple

discusses a particular conflict, both positive and negative feedback can occur. One person may decide to behave according to his/her rules to escalate the conflict. S/he will act according to rules which s/he believes will tend to increase the intensity of the conflict, thus a form of positive feedback. On the other hand, the person may choose to act according to his/her rules to avoid conflict. When conflict is anticipated, the person can choose to follow rules to counteract the conflict. S/he may become passive or change the topic of conversation, thus a form of negative feedback.

The ability of a couple to choose between a type of positive or negative feedback depends on their ability to make forecasts. The couple must be able to anticipate the conflict and also anticipate the possible results due to following certain rules. The ability to anticipate events is explained by George Kelly in The Psychology of Personal Constructs. Kelly's focus is on the individual. He characterizes man as contemplating the events in his life and seeking to predict and control the course of these events. Kelly's emphasis is on man's active capacity to construe his environment within the interpretive system. Man uses his personal constructs to guide him in his predictive efforts. "Constructs are used to forecast events and to assess the accuracy of the forecast after the events have occurred."<sup>25</sup>

According to Kelly, the fundamental postulate of Constructive Alternativism is: "A person's processes are psychologically channeled by the ways in which he anticipates events."<sup>26</sup> In the example of marital conflict referred to above, each participant consciously



interprets and anticipates events in the interaction. Their constructs are the framework through which they interpret and evaluate the situation and choose which rules to follow, based on their goal in the situation and anticipated outcome.

### Equifinality

Equifinality is defined by Ludwig Von Bertalanffy as "the ability to achieve a characteristic final state by different initial states and in different ways, and the ability to achieve different final states from the same initial state."<sup>27</sup> Shimanoff illustrated equifinality in her discussion of the Rules Perspective.

The use of one rule can result in a number of different behaviors depending on the rule's range of convenience. A rule is only appropriate for events, objects, or behaviors within its range. If a rule has a wide range of convenience, or applies in many cases, then the use of the same rule is likely to result in different behaviors. For example, the rule that an initial encounter should begin with a greeting has a wide range of convenience. Following the same rule can result in both, "Hi, how are you?" and "Hey what's new?" It is also possible for the same kind of behavior to result from following different rules. For example, following the rule that one should show concern for someone who has been ill can result in "Hi, how are you?"

### Survey of Pertinent Research Literature

In a survey of the pertinent research literature, I was unable to find a communication oriented methodology for managing demand-time conflicts in physician marriages that met the design specifications.

In order to determine if this particular kind of methodology existed, I examined literature in communication, psychology, social psychology, sociology, and medicine. I looked for titles with the following selectors: marital adjustment, marital conflicts, marital communication, physicians, and spouses. I also looked for synonyms such as: marital relations, marital problems, marital quarrels, marital maladjustment, family relations, family problems, doctors, medical professionals, wives, husbands, and life styles.

The oldest reference that I discovered dealing specifically with physicians and their spouses was in 1965. One of the studies conducted that year was by James L. Evans who studied physicians' wives who had come to psychiatric attention. Evans concluded that the physician husbands of his patients were preoccupied with their work and rejected their wives' needs unless they were expressed somatically.<sup>28</sup>

Since 1965, other studies have indicated that demand-time conflicts are prevalent in physician marriages.<sup>29</sup> Most of the studies conclude that physician spouses feel overburdened by their almost single-handed responsibility for child rearing and experience intense loneliness.

I went as far back as 1951 in searching for pertinent literature on communication in marriage. I found little that was useful before this. In 1951, H. J. Locke studied marital adjustment by comparing divorced and happily married couples. Locke described the establishment of effective patterns of communication as a major requirement for a satisfactory marriage. Locke's general conclusion was that intimate, warmhearted, and sustained communication between

husband and wife tended to bring them closer, whereas a decline in communication tended to "break up" existing attachments.<sup>30</sup> I reviewed many studies from 1951 to the present that described similar results.<sup>31</sup>

Of all the literature reviewed on physicians and their spouses and on marital communication in relation to marital adjustment, there was nothing which qualified as a methodology according to the stated design specifications. I did find, however, that some marital and family therapists had designed methodologies to be used in counseling.

For example, Virginia Satir, outstanding family therapist and author, has contributed a great deal to the understanding of communication processes in functional and dysfunctional families.<sup>32</sup> Richard Bandler and John Grinder have also developed a useful methodology for inducing change in a therapeutic setting. In their book The Structure of Magic, Bandler and Grinder made explicit the syntax of how people avoid change and, also, how a therapist can assist them in changing.<sup>33</sup>

There are, indeed, many practitioners with various approaches to handling marital conflicts during therapy. While a great deal might be learned from these methodologies, the present study was concerned with what the physician and spouse could do for themselves to manage demand-time conflicts. My goal was not to design a methodology for use in therapy but, rather, a communication oriented methodology for direct use by physicians and their spouses.

### Need for the Study

A review of the pertinent research literature revealed that demand-time conflicts were prevalent in physician marriages. It was also evident that communication was an essential element in marital adjustment and in managing conflict. There were not, however, any communication methodologies designed for direct application by physician couples for mediating these demand-time conflicts. It was my goal in this study to meet this need for a communication methodology.

### Research Design

The research design for this study necessitated design specifications and a model for generating a methodology, or a meta-methodology. The design specifications were explained earlier in this chapter. Through his work in the field of education, Leonard C. Silvern developed a model for producing a model.<sup>34</sup> A modification of his model provided the framework for the design in this study. This modification is illustrated in Figure II on page 23. A comparative listing of terms between Silvern's original model and the modification is found in Table I on page 24.

The process for designing the methodology was an anasynthesis process. According to Silvern, "Anasynthesis is a process consisting of four major parts: analysis, synthesis, modeling, and simulation. These often follow in sequential order: analysis is performed on existing information, synthesis is performed to create a new whole, models are constructed. . .and simulation is performed."<sup>35</sup>

While creating the communication methodology in this study inductively, I was being governed by the anasynthesis process.

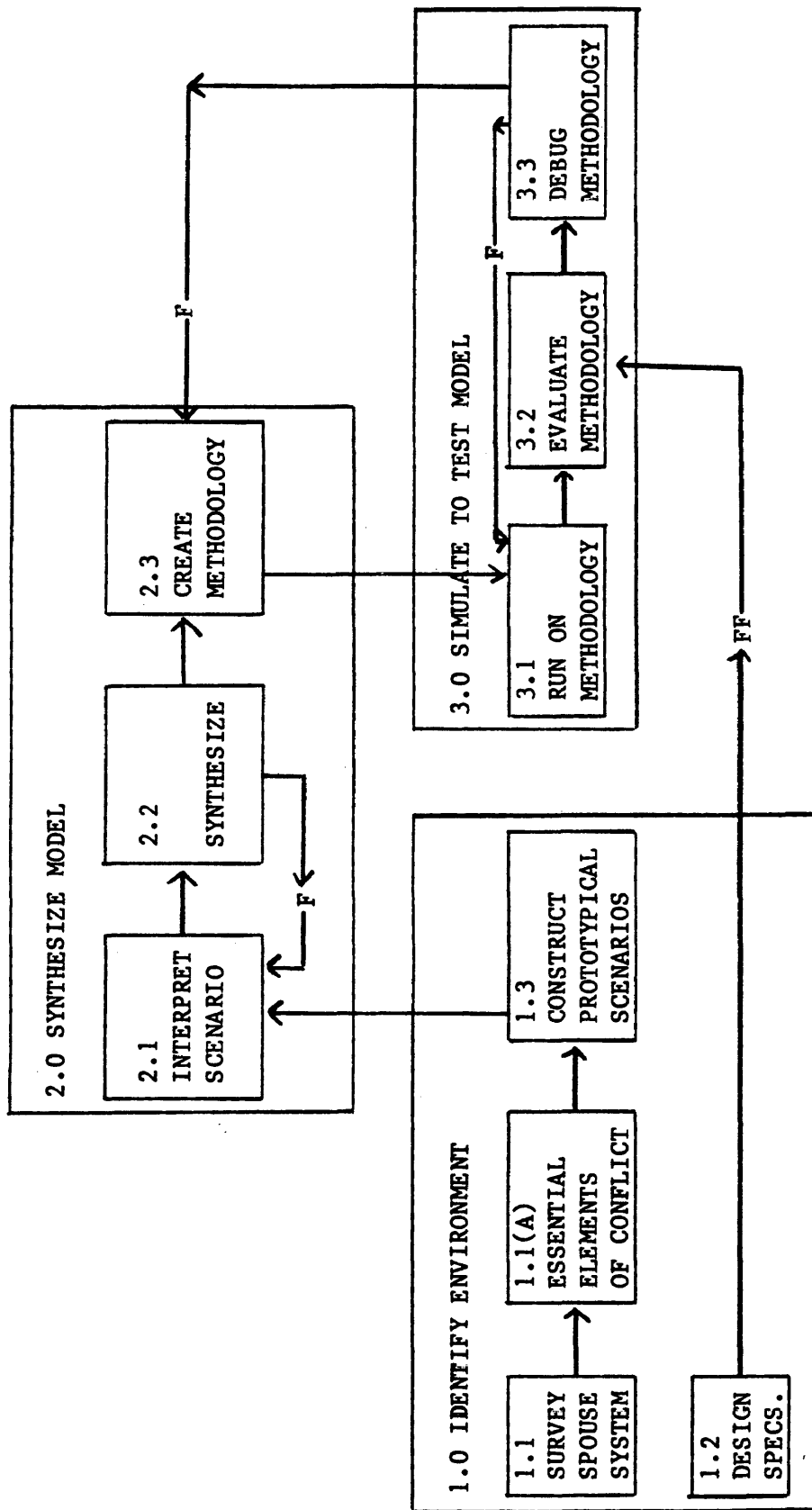


FIGURE II. MODEL FOR GENERATING A METHODOLOGY

(ADAPTED FROM LEONARD SILVERN'S MODEL FOR PRODUCING A MODEL)

## A COMPARATIVE CODING LIST

SILVERN	APKE	NOTES
1.0 IDENTIFY REAL-LIFE ENVIRONMENT	IDENTIFY ENVIRONMENT	I IDENTIFIED POTENTIAL DEMAND-CONFLICTS BASED ON CURRENT RESEARCH ON PHYSICIAN COUPLES
1.1 ANALYZE ENVIRONMENT	SURVEY RESEARCHED PHYSICIAN/SPOUSE CONFLICTS	
1.1(A) NOT INCLUDED IN ORIGINAL MODEL	ESSENTIAL ELEMENTS OF CONFLICT	
1.2 IDENTIFY PERFORMANCE CRITERIA	DESIGN SPECIFICATIONS OF A METHODOLOGY	THE COMPLETED METHODOLOGY WAS PASSED IN REVIEW OF THE DESIGN SPECIFICATIONS
1.3 SELECT TYPICAL PROBLEM	CONSTRUCT PROTOTYPICAL SCENARIOS	SCENARIOS WERE NECESSARY IN ORDER TO MAKE CONFLICT PATTERNS OBSERVABLE
2.0 SYNTHESIZE MODEL	SYNTHESIZE MODEL	
2.1 ANALYZE PROBLEM	INTERPRET SCENARIOS	
2.2 SYNTHESIZE SOLUTION	SYNTHESIZE	
2.3 CREATE MODEL	CREATE METHODOLOGY	
3.0 SIMULATE TO TEST MODEL	SIMULATE TO TEST MODEL	
3.1 RUN ON MODEL	RUN ON METHODOLOGY	THE METHODOLOGY WAS APPLIED TO THE SCENARIOS
3.2 EVALUATE MODEL	EVALUATE METHODOLOGY	
3.3 DEBUG MODEL	DEBUG METHODOLOGY	
4.0 SIMULATE TO SOLVE PROBLEMS	NOT INCLUDED	BEYOND THE SCOPE OF THIS STUDY
4.1 RUN ON MODEL	NOT INCLUDED	
4.2 EVALUATE SOLUTIONS	NOT INCLUDED	

TABLE I

## Analysis

One of the first steps in designing the communication methodology was to construct prototypical scenarios of demand-time conflicts in physician marriages. In order to do this, the spouse systems were surveyed. This included studying research on physicians and their spouses in order to understand typical problems in such marriages. Then, it was necessary to specify the essential elements of interpersonal conflict. All of the scenarios constructed had to include these essential elements or they were not classified as conflict.

According to Joyce Hocker Frost and William W. Wilmot, conflict from a communication perspective is "an expressed struggle between at least two interdependent parties, who perceive incompatible goals, scarce rewards, and interference from the other party in achieving their goals. They are in a position of opposition in conjunction with cooperation."<sup>36</sup>

### An Expressed Struggle

Since the focus of this study was on the marital couple, I was interested in expressed conflicts between two interdependent people. There had to be at least some subtle expression of struggle present in the scenario in order to be classified as interpersonal conflict. "Conflict exists when the parties involved agree in some way that the behaviors associated with their relationship are labelled as 'conflict' behavior."<sup>37</sup>



### Perceived Incompatible Goals

Conflict is a struggle over goals perceived to be incompatible. "Goal" is synonymous with "something desirable something to be achieved; a target to strive for or to aim at."<sup>38</sup> Frost and Wilmot identified three categories of goals: prospective goals, transactive goals, and retrospective goals.

Prospective goals are seen often as a statement made ahead of time, before the communication transaction occurs. People may set both long and short range goals. Transactive goals are goals which change during and as a result of the communication transaction. Retrospective goals only make sense after conflict behavior has taken place. "Since we do not know the size and implications of a conflict until we look back on it, goals serve an explanatory, not a predicting, function."<sup>39</sup>

"Incompatible" denotes that one or both parties perceive opposition from the other party in achieving their goals.

### Perceived Scarce Rewards

A reward is "any positively perceived physical, economic or social consequence."<sup>40</sup> The perceived scarce reward may be tangible or intangible. An example of a tangible reward is money. Intangible rewards such as love, attention, esteem, and respect are more likely to be seen as scarce rewards in the scenarios constructed in this study.

### Interdependence

Because of the interdependent nature of marital couples, there is never total opposition during conflict. There is some degree of cooperation, because both parties act according to at least some rules

understood by each other. Both opposition and cooperation had to be present in the scenarios. If there wasn't opposition, there would not have been conflict. On the other hand, if there wasn't cooperation, there would have been no hope for mediation.

Thus, I constructed the scenarios in accordance with the definition by Frost and Wilmot. Any conflict episode had to fit the stated elements of interpersonal conflict, or it was outside of my consideration. Once the prototypical scenarios of demand-time conflicts were constructed, each one was interpreted. The process of constructing and interpreting the scenarios can be better understood in terms of Bois' version of Alfred Korzybski's structural differential diagrammed on page 28.

WIGO, or what is going on, represents all possible demand-time conflicts in physician marriages. This includes every conceivable instance of demand-time conflicts in every physician marriage. The first-order experience is what a particular physician couple abstracts from WIGO, or an actual experience of demand-time conflict. It does not represent all possible conflicts, but rather the particular one brought into existence by a couple's activity. When one has moved from WIGO to the first-order experience, it is important to understand that many conflicts which potentially could have been enacted have been filtered out.

The descriptive level was represented in this thesis by the prototypical scenarios. These scenarios were based on second-order reports of first-order experiences. The scenarios, then, describe reported first-order experiences. At this point, it is clear that the

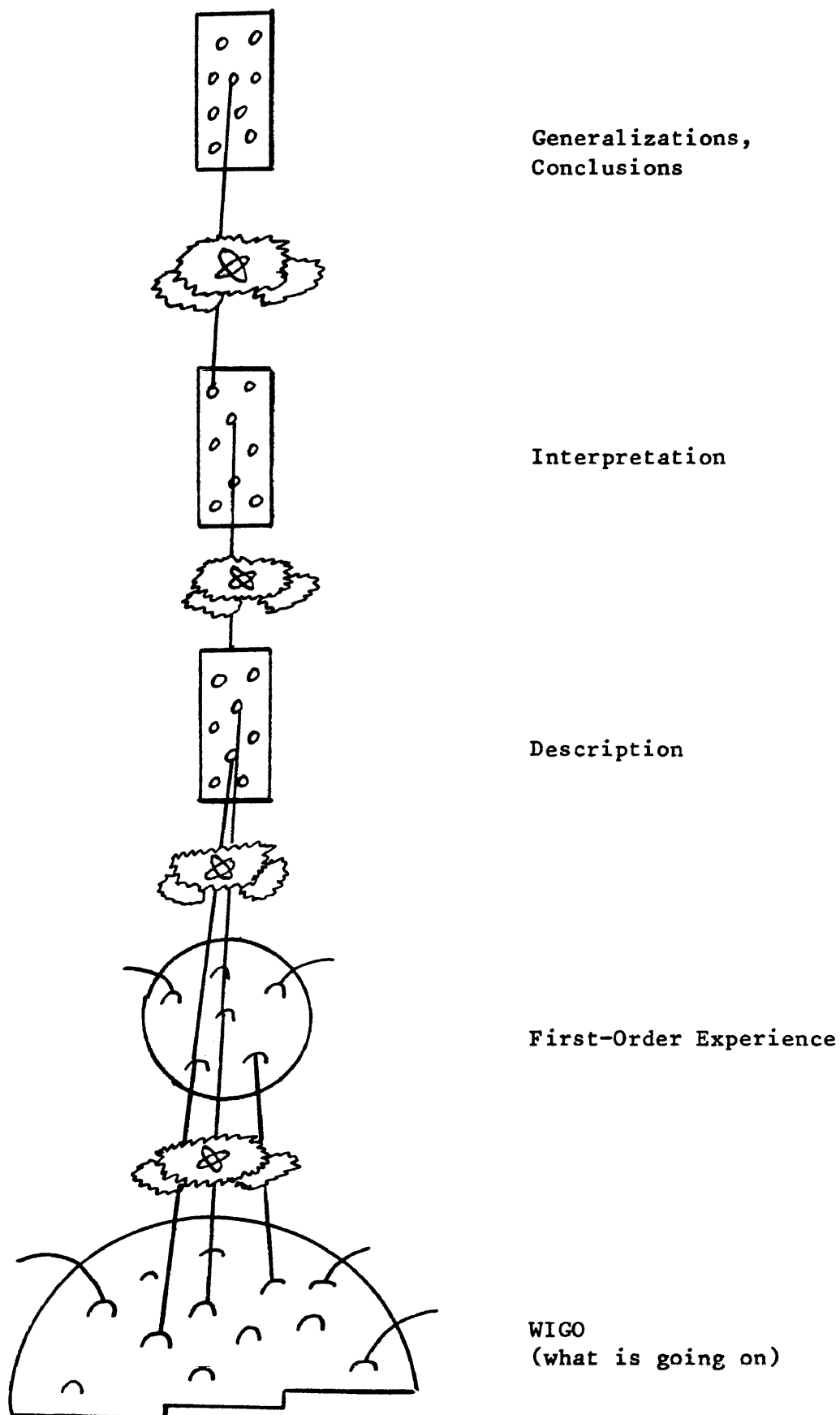


Figure III

prototypical scenarios composed for use in this thesis were necessarily limited.

It would be impossible to describe all of the possible conflicts represented by WIGO. It was necessary to choose a limited number of potential demand-time conflicts for use in this study. I described some of the most common demand-time complaints found in the research literature in four scenarios.

The next level of the structural differential is interpretation. After the scenarios were constructed, I interpreted the conflicts described. I looked for patterns in each scenario. When I found invariant relationships among patterns, generalizations and conclusions about each scenario were drawn.

### Synthesis and Modeling

Synthesis was the step in which relationships between previously unrelated parts were established, thus creating a new whole. Rather than look at each scenario separately, I compared the structure of each in order to create a model, or methodology, for mediating demand-time conflicts. I introduced a step-by-step explanation for choosing and applying communication rules.

### Simulation

To illustrate the utility of the methodology, I took the original prototypical scenarios and applied the methodology to these particular demand-time conflicts in physician marriages. Finally, the

methodology was reviewed against the original design specifications required in order to be accepted as a methodology.

#### Limitations

- (1) The methodology was restricted to demand-time conflicts.
- (2) The methodology was designed for physician couples.
- (3) The methodology was not designed to make generalizations beyond the prototypical scenarios constructed in this study. However, there is no reason to suppose that the applicability of the methodology is restricted to physician couples or to the demand-time conflicts presented in the scenarios. It seems plausible to suppose that the methodology illustrated by the prototypical scenarios would be useful by spouses with demand-time conflicts comparable to those of physician couples.
- (4) Any environmental changes in the medical system which would alter the physician's working hours might influence demand-time conflicts in physician marriages in ways not amenable to communication strategies.
- (5) Unless sex-role norms change significantly, and as long as the percentage of women entering medical school continues to increase, I would expect the present methodology would need to be adapted.

## CHAPTER II

### PROTOTYPICAL SCENARIOS

The first step in creating a methodology for managing demand-time conflicts in physician marriages was to construct prototypical scenarios. This was necessary in order to make the patterns of conflicts in physician-spouse relationships observable.

The scenarios were evolved primarily from the current available research literature on physician marriages. They were based on reports from physicians and their spouses about common demand-time conflicts in their marriages. Parts of the scenarios were derived from actual quotations from men and women of physician marriages.

The scenarios were also based on my personal experiences as a wife of a physician and on conversations with other physician spouses.

The quotations, and other information, found in the research literature were not in a form that would lend themselves to analysis. Therefore, I needed to construct prototypical conflicts to represent selected kinds of conflict found in the literature.

In order to make the scenarios as realistic as available information would allow, I first went back to the survey data which included numerous reports from physician spouses about various kinds of conflicts, and because of my interest in this thesis, I selected demand-time conflicts.

Second, within the reports of demand-time conflicts, I found and selected quotations which served to characterize the distinctive nature of each conflict. Third, by comparing these quotations, I found that they could be grouped by similarities.

Fourth, from each group, I selected those quotations that seemed to be the most descriptive of the category, and then I used these quotations in composing four scenarios.

Once the prototypical scenarios were constructed, they were evaluated in order to determine if they included all of the essential elements of conflict as stated in Chapter I, pages 25-27.

## Scenario #1

Joe is a surgeon in Portland, Oregon. His wife is Mary. They have a seven-year-old daughter Jennie. It's dinner time (6:00 p.m.), and Joe is home reading medical journals.

Mary: Joe, would you take the dog out for a walk while I finish making dinner?

Joe: "I've been in the operating room all day, and you want me to walk the dog?"<sup>41</sup> Jennie can do it.

Mary: She's busy with her homework. By the way, she needs help with her math. I told her you'd work with her after dinner.

Joe: "I'd like to help Jennie with her homework, but I can't tonight. I'm behind with my journals."<sup>42</sup>

Mary: You don't spend enough time with Jennie. She told me yesterday that she wants to be a patient when she grows up, so she'll be able to see more of daddy.<sup>43</sup>

Joe: I spend a lot of time at home.

Mary: You neglect us. We never spend time together.

Joe: I don't see what you're complaining about. I spend all of my free time at home.



## Scenario #2

Mark is a Chicago cardiologist married to Kate. According to Kate, "We were sitting in an elegant French restaurant celebrating our 20th wedding anniversary, when the maitre d' suddenly approached our table. He whispered something to my husband who immediately left the table and hurried into the ladies room. The waiter looked puzzled, so I told him, 'That's okay, my husband's not a man, he's a doctor.' And then I realized that it was true; his identity as a physician had surpassed any other in my mind. When my husband returned to the table, I felt a sharp pang of bitterness."<sup>44</sup>

Kate: It would be nice to spend a quiet evening alone without any interruptions!

Mark: Kate, this was an emergency.

Kate: As usual.

Mark: A woman needed help. I didn't have much choice.

Kate: Well, I didn't expect to be eating alone on our anniversary.

(Management sends over a complimentary bottle of champagne in gratitude to Mark.<sup>45</sup>)

Mark: Let's forget it and enjoy the champagne.

Kate: This isn't the first time something like this has ruined our time together. Once you treated a passenger on a plane five minutes into the first vacation we had taken in three years. And last year you had to leave the ballet to take care of a member of the audience who had fainted, and even during our daughter's school play last week you were backstage, attending

to a teacher who had slipped on a prop. Tonight we got a bottle of champagne on the house. On the plane, the pilot announced your lifesaving measures over the intercom, and all the passengers clapped with approval. You received season tickets from the ballet in gratitude from the management, and the school principal told the auditorium, "We should be grateful to Kathy's daddy."<sup>46</sup>

Mark: What's the matter with all of that?

Kate: How can I possibly expect you to think of yourself as a husband and father when your obligations as a doctor are so much more immediate?<sup>47</sup>

Mark: You should be proud of my unique skill to help others.

Kate: I am proud of you but . . .

Mark: But what?

Kate: I guess you think I'm selfish.<sup>48</sup>

Mark: Selfish?

Kate: Oh never mind. You act as if I'm so unimportant compared with saving a life in the bathroom. Compared to your career, I'm nothing.

Mark: That's not true.

Kate: Then why do you act that way?

## Scenario #3

Pat is a twenty-six-year-old wife of a second-year internal medicine resident named Sam. They live in Providence, Rhode Island. "According to Pat, the more assurance her husband gains in his ability to perform as a doctor, the more distant he becomes in his relationship with her."<sup>49</sup> It is 8:30 p.m., and Sam has just gotten home from the hospital.

Pat: Sam, I need to discuss something with you.

Sam: What is it?

Pat: I talked with our insurance agent today, and he explained two different car insurance policies. I want to know which one you think we should get.

Sam: I don't care which one.

Pat: I'd really like your opinion, would you look these over?

Sam: Don't be so pushy! Either one is okay with me. Can't you understand that I'm tired? I trust you to handle it, so you decide.<sup>50</sup>

Pat: I would like your help.

Sam: I'm so tired. I had a rough day at the hospital.

Pat: What happened?

Sam: I just want to relax.

Pat: Why do you avoid confiding in me? You never tell me what goes on at the hospital.<sup>51</sup>

Sam: I'm going to bed. I'm exhausted.

Pat: Exhausted! You work too much!

Sam: It's better than having to put up with your drilling questions.

## Scenario #4

John is a second-year family practice resident in Denver, Colorado. He moonlights for \$25 per hour two nights a week in the emergency room.<sup>52</sup> Kris is his wife. Kris and John have gone to bed. It's 10:00 p.m. Kris expresses her desire for intimacy.

John: Kris, I'm very tired. You are really pressuring me. I don't like to be pushed. You don't fully understand how tired I am!<sup>53</sup>

Kris: You're either working at the hospital or at home sleeping. You said you'd be spending less time at the hospital this year, but instead, you're there more than ever. I am bored!<sup>54</sup>

John: I don't have any choice. I thought you understood that.

Kris: I do understand, but lately you've been at the hospital even when you're not on call.

John: Moonlighting has enabled us to buy the car we needed, and besides, it's great experience for me. I'm learning a lot. Isn't that important to you?

Kris: Yes.

John: Okay. Do you want me to drop out of the medical profession, or do you want to stop complaining?

Kris: I guess I don't have much choice.

John: Then it's settled!

These four scenarios represent common demand-time complaints in physician marriages. By composing the scenarios, patterns of conflict were made observable. Chapter III contains some possible interpretations of these conflict patterns.

### CHAPTER III

#### ANALYSIS OF PROTOTYPICAL SCENARIOS

After the scenarios were constructed, they were analyzed by means of the structural differential presented and explained in Chapter I. The actual scenarios represent the descriptive level of the structural differential.

In order to interpret the scenarios, it was necessary to structure the descriptive data in the scenarios. I looked for relationships in each scenario which formed patterns and then labeled those patterns. In light of the interpretations for each scenario, generalizations and conclusions were drawn.

It would be impossible to list all possible ways of interpreting these and other scenarios. However, these interpretations provide one possible framework from which the users might interpret their unique situations of demand-time conflicts.

#### Scenario #1

In Scenario #1, Mary and Joe were discussing household responsibilities, i.e., walking the dog and helping their daughter with her homework. This led to a conversation about the amount of "time" Joe spends at home and with the family.<sup>55</sup>

The conflict over time illustrated in this scenario can be interpreted as confusing of orders of abstraction. Joe and Mary were using the word "time" at two different levels of abstraction.

"Time" is a multiordinal term. J. Samuel Bois, in The Art of Awareness, says, "A word is multiordinal when, without any change in its dictionary meaning, it is used in the same sentence--or the same context--to refer to different orders of abstraction."<sup>56</sup>

The structure of Joe and Mary's conflict can be described by means of this diagram.

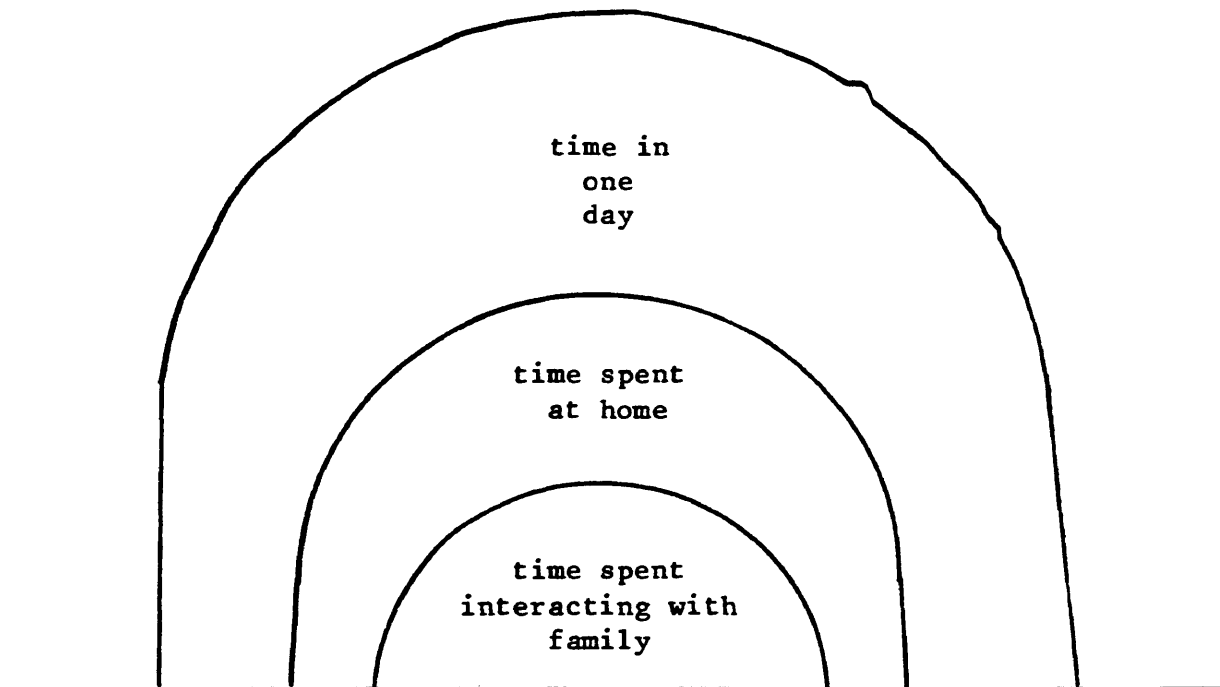


Figure IV

The horizontal line represents the first-order experience, the level of contact with what is going on. The first small arch represents Mary's descriptive use of the word "time" as "time spent interacting with herself and Jennie."

The next arch represents "time spent at home." This is clearly a more general use of the word "time," as it encompasses "time spent interacting with family." The last arch represents the most general level in this diagram, "the amount of time in one day."

Obviously, Joe's reference to "time" is more general than Mary's use of the same term. Joe stated, "I spend a lot of time at home." Mary abstracted from this general notion of "time," a more specific use of the word, to refer to "time spent with the family."

There was no evidence in this scenario that the couple were aware of the differences in their uses of the word "time."

### Scenario #2

In Scenario #2, Mark and Kate's anniversary dinner was interrupted by an emergency in the ladies room which required the attention of a physician. In Kate's view, Mark's role as a physician superceded his roles as husband and father.<sup>57</sup>

One conflict demonstrated in Scenario #2 is similar to the conflict in the first scenario. In Scenario #1, the couple seemed unaware of their use of the word "time" at different orders of abstraction.



Part of the conflict in the second scenario also could be as a result of overlooking multiordinality. From a general semantics perspective, all people are seen as "multiordinal, indexed, social creatures who are necessarily, many things to many people. Such a point of view treats a person not as an entity but rather as a collection of (oftentimes regularized) behaviors."<sup>58</sup>

Instead of viewing a person as one who has a "Real Self," it is more accurate to view him/her as having a number of selves. Therefore, "Self" is a multiordinal term.

In Scenario #2, Kate and Mark seem to limit Mark to one "Real Self." Kate's comment to the waiter, "That's okay, my husband's not a man, he's a doctor," might have indicated that she views "Mark the physician" as Mark's "Real Self" to the exclusion of Mark "the husband or father."

The possible attempt to focus in on one "Real Self" can limit the communicative potential in a marriage. Rather a couple should learn to accept a multi-faceted view of human beings. Such a realization of human complexity might have allowed Kate to suffer through her husband's emergency at the restaurant; she could have put her spouse's behavior in context and regarded his actions as only part of his overall person. Then when Mark returned to the table, she might have more appropriately interacted with him as "Mark the husband" instead of allowing her view of "Mark as a physician" to supercede all others.

Likewise, Mark cannot look at Kate's "Real Self" as that of the "doctor's wife" who supposedly understands all emergencies. He

should realize that she has many selves which include needs which fall outside the range of the "doctor's wife."

Another source of conflict in Scenario #2 could be projection. It appears that Kate had treated an internal observation as though it were external. Kate indicated that she often finds herself in situations where Mark is the recipient of a lot of praise and attention. If Kate was intimidated by the greater prestige of her husband and felt unimportant by comparison, then it would make sense to say that Kate might have been taking her own feelings of relative unimportance and imposing them on Mark when she said, "You act as if I am so unimportant compared to saving a life in the bathroom. Compared to your career, I'm nothing." If Kate perceived herself as unimportant, then no matter what Mark would say, Kate would perceive it as reinforcing her own feelings as shown in the following diagram.

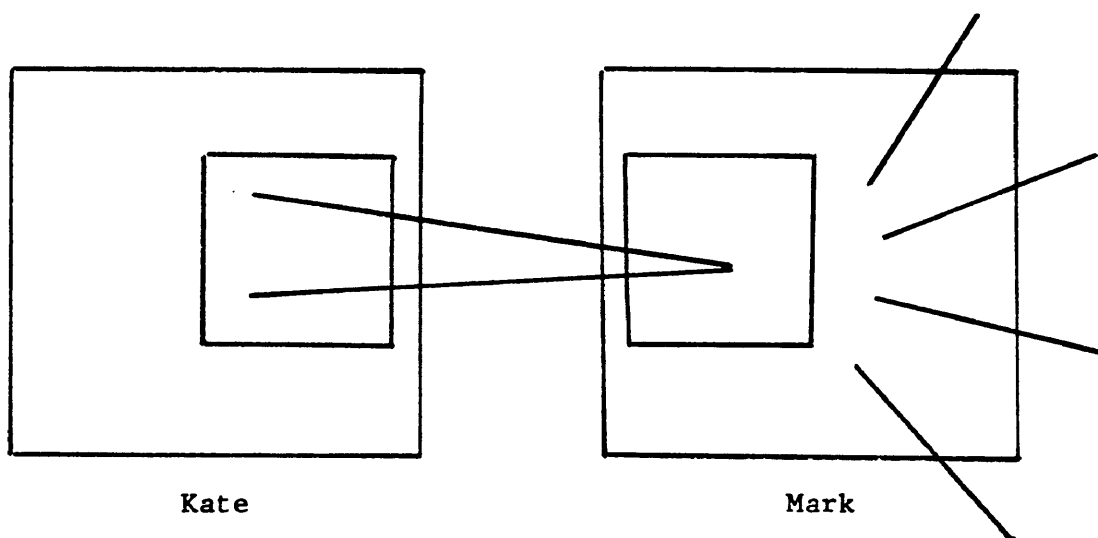


Figure V

Kate's feelings of unimportance are represented by the smaller box. The straight lines from Mark represent the possible choices he has in responding to Kate's comment, "You act as if I am so unimportant compared to saving a life in the bathroom. Compared to your career, I'm nothing!" Regardless of how Mark would have chosen to respond, Kate would have perceived her own feelings of unimportance. Thus, Mark functioned as a mirror for Kate's internal observations.

Perhaps Kate perceived herself as relatively unimportant, projected her feelings on Mark and, thus, confirmed her perception.

### Scenario #3

Scenario #3 featured Pat and Sam. Pat attempted to get Sam's advice on car insurance policies. Sam's indifference to Pat resulted in a discussion about "over-work" at the hospital. Judging from the available research literature, the situation portrayed by Pat and Sam is typical of many physician marriages.<sup>59</sup>

There are at least three different ways of interpreting the third scenario. Two have to do with punctuation and the other with an impoverished model. In this scenario, the couple's difference in punctuation can be viewed more generally as blaming each other for their circumstances. According to Watzlawick et al. in Pragmatics of Human Communication, "Participants in an interaction always introduce what, following Whorf, Bateson and Jackson have termed the 'punctuation of the sequence of events.'"<sup>60</sup>

Watzlawick et al. maintain that disagreement about how to punctuate the sequence of events is at the root of many relationship struggles. Watzlawick represented this type of interaction, with an arbitrary beginning point, as follows:

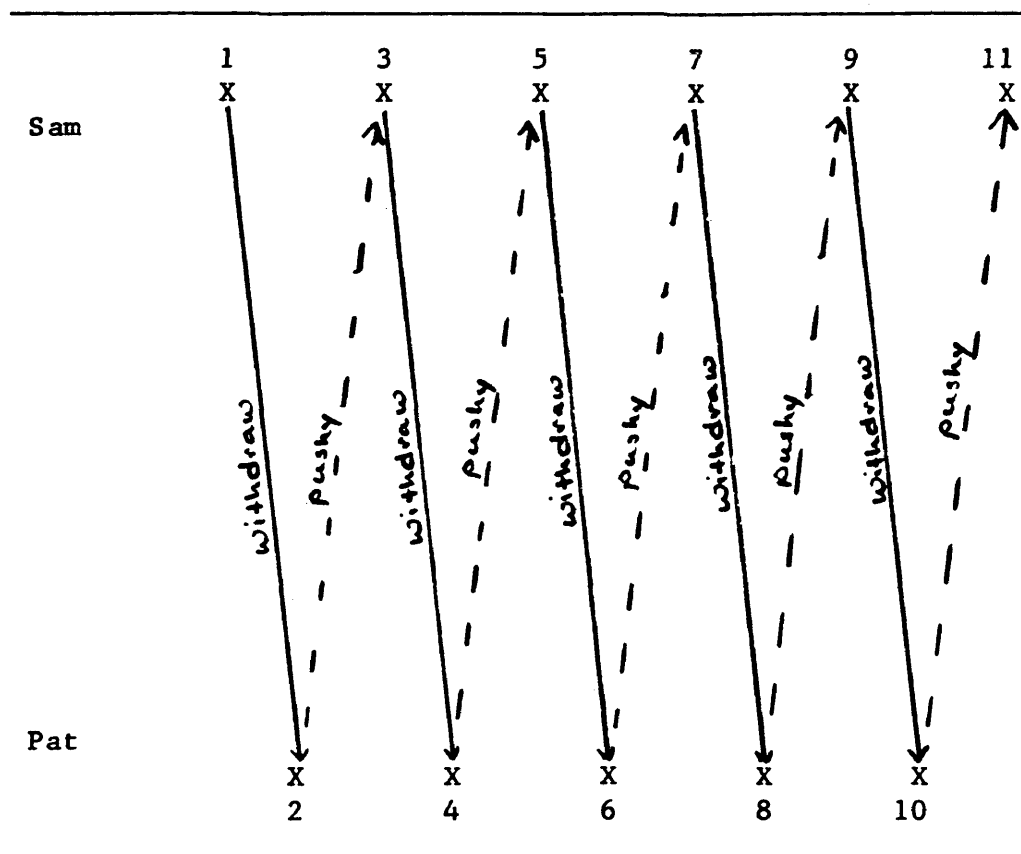


Figure VI

Sam only perceived triads 2-3-4, 4-5-6, 6-7-8, etc., where his behaviors, represented by the solid arrows, are viewed as a response to Pat's behavior, represented by the broken arrows. For Pat, it was exactly the other way around. She perceived the triads 1-2-3, 3-4-5, 5-6-7, etc., and believed that she was merely reacting to, not determining, her husband's behavior.

Thus, their conflict consisted of an exchange of the messages "I withdraw because you are pushy" and "I am pushy because you withdraw." Pat's "pushy" questioning may have been her effort to evoke Sam's participation in what Pat considered to be an important decision about insurance. Sam responded to Pat by withdrawing from the responsibility of deciding which policy to purchase.

Sam could view his withdrawal as a defense against Pat's "pushy" questions. Pat, on the other hand, may believe that she was "pushy," because Sam was so passive about decision making at home.

Another difference in punctuation is also apparent. According to several authors of articles on physician marriages, overwork is viewed as a symptom, not a cause, of poor marriages.<sup>61</sup>

This view of overwork as a symptom, not a cause, of marital stress illustrates another potential punctuation problem in this scenario. Sam may believe, "I overwork because you nag," while Pat may think, "I nag because you overwork."

The third way of interpreting Scenario #3 is to observe that both Pat and Sam may have "impoverished models of the world." According to Bandler and Grinder in The Structure of Magic, everyone develops a mental model of the world. They stated, "We do not operate directly on the world. Instead, we create a representation of the world, a map, or model, which we use to generate our behavior. Our representation of the world determines to a large degree what our experience of the world will be, how we'll perceive it, and what choices we'll see as available to us."<sup>62</sup>

Often people block themselves from seeing various options and possibilities open to them, since they are not available in their models of the world. When people do not see options which may be very useful to their experiences of the world, their model can be considered impoverished.

Wilkins and Marvin provide a description of impoverishment in their article, "The Physician as a Person." The authors described the characteristics of a physician as a cold, clinical, strict, objective attitude. "While this is, at times, appropriate in our practice; it may be disastrous in our personal relationships. . . . We must remember to leave the clinical, objective attitude to the role of the physician and not allow it to intrude upon the role of husband, father, or friend."<sup>63</sup> Failure to prevent this intrusion, "can lead to our hiding away in a comfortable catacomb of medical intellectualism, and can rob us of part of our fulfillment in life as a person with the same needs as any other human being."<sup>64</sup>

I interpreted Sam's seeming inability to explain his views to his spouse as a result of a restricted model of the world. Sam, perhaps in keeping with his model of himself as a physician, remained noncommunicative while interacting with his wife. While his model may be quite appropriate for his work, it is harmful to his marriage, because he is blocking out options which may be useful in enhancing his relationship with Pat.

Pat may also have an impoverished model of the world. A certain characteristic of many physician spouses repeatedly encountered in the research literature was a dependent wife constantly looking to

her husband as "someone who would be strong, who would care for her, and protect her."<sup>65</sup>

Often as the physician/husband gets more and more involved in his work and less and less involved with his wife, the wife is "apt to try more and more frantically for his attention and protection by becoming more demanding."<sup>66</sup>

From the literature and this scenario, it is plausible that Pat does not view her role as "Sam's wife" or "the doctor's wife" as more than just total dependency on her husband. If so, then she could expand her model by considering options for becoming more independent from her husband.

When both parties have impoverished models, they fail to exercise the variety of options available to them.

#### Scenario #4

In Scenario #4, John avoided Kris's attempts to initiate sex. John expressed his exhaustion and also indicated that his profession necessitated an enormous amount of time spent at the hospital.

In this scenario, John's exhaustion is apparently due to his strenuous work schedule. My interpretation of this scenario is that the couple have restricted the number of choices available to them. This is similar, but not identical, to the impoverished model.

In this case, it seems that only one party, John, is setting the limits on what options are available. John, consciously or subconsciously, sets up a no win situation by limiting the potential

choices to two dichotomous alternatives: either accept his work as it is, or else he should leave his profession. Other options, such as cutting down on moonlighting hours, are not considered.

The scenario is also an example of unilateral control. John was "controlling" the situation. He set the parameters on what choices would be available. Kris's responses to John may have indicated her acceptance of John's control of her behavior.

Fundamentally, John can control Kris only in so far as Kris permits unilateral control by John. There was unilateral control in Scenario #4 partly because of Kris's acceptance of John's control of her behavior.

In this chapter, I presented a variety of ways to interpret the four prototypical scenarios. There are many other ways in which these and other scenarios may be interpreted. However, these examples provide the reader with some possibilities for interpreting demand-time conflicts.

Chapters IV and V include a step-by-step explanation of the process for choosing and applying rules to manage demand-time conflicts.



## CHAPTER IV

### THE METHODOLOGY

After four prototypical scenarios were presented and interpreted, it was necessary to proceed with a step-by-step explanation of the methodology for managing demand-time conflicts in physician marriages. The title of this chapter refers specifically to a rules methodology, or the procedure for managing conflicts through choosing and applying rules via the information contained in the next two chapters. The scenarios presented and discussed in Chapters II and III are not specifically utilized again until Chapter V.

Chapter IV is organized by means of the diagram of the methodology shown on the following page. In this chapter, I explain the step-by-step procedure for choosing rules using the terms shown on the diagram with their corresponding code numbers. The portion of the methodology for choosing rules to manage conflicts are numbers 1.0 through 2.3

Chapter V is organized around the section of the methodology for applying rules to conflict situations. I reintroduce the scenarios presented in Chapter II in order to test the methodology on them.

The diagram of the methodology was constructed with a structure similar to the diagram of the design of this study shown in Chapter I. The similarity of structure illustrates the relationship

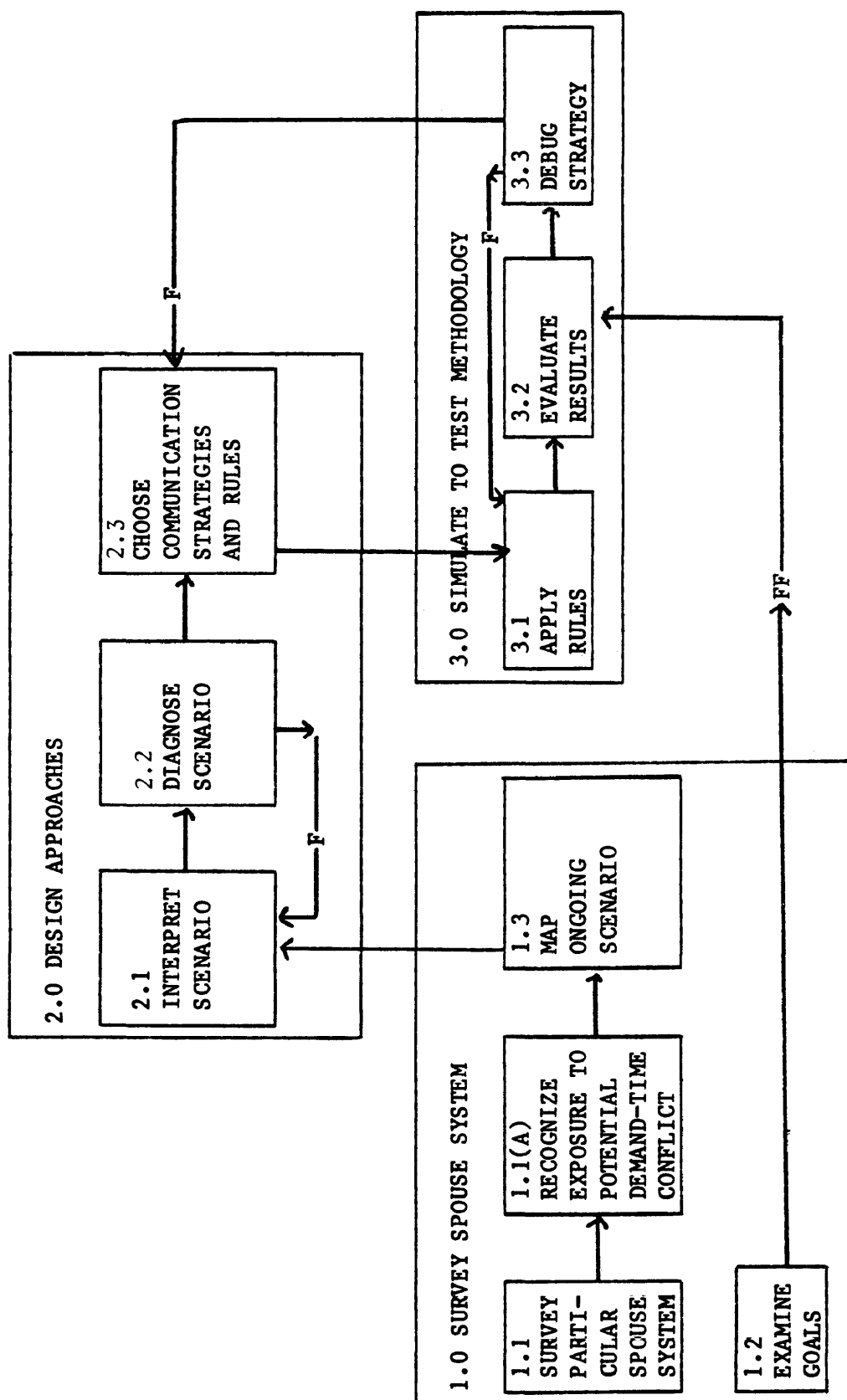


FIGURE VII

METHODOLOGY FOR MANAGING DEMAND-TIME CONFLICTS IN PHYSICIAN MARRIAGES

between the design, or meta-methodology, and the completed methodology. A comparative listing of labels between the design diagram and the methodology for managing demand-time conflicts in physician marriages is presented below.

Design Diagram	Methodology
1.0 Identify Environment	Survey Spouse System
1.1 Survey Spouse System	Survey Particular Spouse System
1.1(A) Essential Elements of Conflict	Recognize Exposure to Potential Demand-Time Conflicts
1.2 Design Specifications	Examine Goals
1.3 Construct Prototypical Scenarios	Map Ongoing Scenario
2.0 Synthesize Model	Design Approach(es)
2.1 Interpret Scenario	Interpret Scenario
2.2 Synthesize	Diagnose Scenario
2.3 Create Methodology	Choose Communication Strategies and Rules
3.0 Simulate to Test Model	Simulate to Test Methodology
3.1 Run on Methodology	Apply Rules
3.2 Evaluate Methodology	Evaluate Results
3.3 Debug Methodology	Debug Strategy

Table II

### Rules

Before explaining the portion of the diagram for choosing rules for mediating conflicts in physician marriages, some discussion on rules is necessary. Shimanoff provided the necessary guidelines for creating and changing rules. She proposed the following structural qualities for rules: (1) an indication of the circumstances in which the rule is applicable; (2) an indication of that which ought,

or may, or must be, or not be, concluded or decided; and

(3) an indication of the type of inference contemplated, whether under the rule it is preferred, required, or prohibited.

Shimanoff suggested that the structural qualities of rules should be expressed in an "if-then" format. "Rules then, should take the general form: If X, then Y is obligated (preferred or prohibited). The prescriptive markers in a rule may be expressed in a number of ways. Below is a list of the primary terms and their various alternatives."<sup>67</sup>

<u>Primary Prescriptive Markers</u>	<u>Alternatives</u>
Obligated	Must, Required
Preferred	Should, Should Not
Prohibited	Should Not, Cannot

In summary, Shimanoff said that a rule should begin with "if" to introduce the "if" clause which specifies in what context the rule is operable. The "if" clause is followed by "then" which introduces the clause that specifies the nature of the prescription, by way of a prescriptive model (e.g., must, must not, should), and the behavior that is prescribed.

By following Shimanoff's suggestions, rules for mediating demand-time conflicts and rules for changing these rules could be formulated.

Some possible rules for managing conflicts may be:

- (1) If one wishes to avoid conflict, then one should postpone discussion of the conflict until a later time.
- (2) If one wishes to maintain conflict, then one should combine escalation and reduction tactics.

- (3) If one wishes to escalate conflict, then one should threaten the other party.
- (4) If one wishes to reduce conflict, then one should respond to all levels of the conflict.

These and other rules for managing conflicts will be discussed later in this chapter.

In general, people will behave as if they share rules until the behavior of one indicates otherwise. It is possible, for example, for two people to want to avoid a conflict, but for one person to be following the rule which prescribes that s/he leave the room, while the other attempts to control the process. In such a case, one or both of the rules should be changed. One possible rule for changing rules is:

If two people are following conflicting rules, and they wish to continue interacting, then the rules must be negotiated.

It is also possible that, during the course of a conflict, one or both parties may decide that they want to change their strategy of handling the conflict. One possible rule for changing their behavior would be:

If a rule seems inappropriate, or is in conflict with other rules, then it must be negotiated and changed.

With the preceding explanation concerning the form of rules, it is now possible to begin the step-by-step explanation of the methodology diagrammed on page 51. Rules for managing demand-time conflicts can be chosen by following the procedure explained in the next few pages.

## 1.0 Survey Spouse System

### 1.1 Survey Particular Spouse System

Surveying the particular spouse system refers to the necessity for the couple to observe what is occurring in their interaction at a particular point in time.

#### 1.1A Recognize Exposure to Potential Demand-Time Conflicts

While surveying the spouse system, it may become apparent that there is potential for a demand-time conflict. For example, consider a prototypical case of Joan and Greg. Greg is a surgery resident in Denver, Colorado. They have one two-year-old daughter. Greg's schedule demands that he be at the hospital daily at 6:00 a.m. He generally returns home between 7:00 and 9:00 p.m. Exceptions to this schedule occur every third night, when Greg is on call and must spend the entire night at the hospital.

One evening Greg came home and told Joan that he was going to start training to run a marathon. This would have required that Greg run at least one hour every day. At this point, the couple could have recognized that there was potential for a demand-time conflict.

### 1.2 Examine Goals

According to Frost and Wilmot, goals are "something desirable; something to be achieved; a target to strive for or aim at."<sup>68</sup> In an interaction, it is important for the participants to examine their goals. Choices of how to interact are based, in part, on the conflict

participant's view of his/her own goals, the other's goals, and their collective goals.

For example, in the above illustration, Greg may have at least three goals: (1) to spend time with his family; (2) to maintain his work responsibilities; and (3) to get into shape in order to run in an upcoming marathon race. Two of Joan's goals could be: (1) to spend time with the family; and (2) to have a break from the responsibility of child care, e.g., when Greg is home to watch their daughter, Joan could have some time to herself.

In this example, Joan and Greg each have their individual goals, and they also have the collective goal of spending time with the family. Both individual and collective goals should be examined in order to assist conflict participants in choosing productive rules to manage their conflict. Goals are discussed further in Chapter V with section 3.2 "Evaluating Results."

### 1.3 Map the Ongoing Scenario

When a couple are exposed to a demand-time conflict, they should map the ongoing scenario. The ongoing scenario is the first-order experience. According to J. Samuel Bois, the first-order experience is described as "what we are paying attention to, what we are busy with, what we are concerned with."<sup>69</sup>

In order to most usefully map the ongoing scenario, a couple should train themselves to look for the differences in each communication encounter as well as the similarities. This would involve delaying reactions to the situation while investigating specific

conditions of the interaction and any underlying assumptions that the couple have about each other. This delay of reactions allows the physician and spouse to ask questions of themselves, and each other, in order to operationally define the "who, what, when, where, and how" of their conflict. Then, both the physician and spouse can ask themselves if they understand the conflict. If so, each can proceed to map similarities and differences in structure between this conflict and previous ones.

Mapping the scenario, then, includes observing nonverbal behavior, listening to the spouse's verbal behavior, and engaging in paraphrasing and perception checking where feasible. Each party should solicit feedback about the other's world that s/he does not perceive, probing for more information. A delay in reaction by the couple while they map the structure of the conflict may guide the couple to making constructive choices of behavior.

For example, suppose that when Greg indicated that he would like to start training for a marathon, Joan had reacted by immediately assuming that Greg didn't care about family time or was insensitive to her needs. In this situation, Joan may have reacted without gaining as much information as she could have. She may have made certain immediate assumptions about Greg's attitude.

Instead, she might have delayed her reaction until she had gathered more information. It is important for both parties to "see" before they define or set limits on their interaction. Joan and Greg must be careful not to omit details, or to confuse inferences about each other with descriptions of each other.



In this example, perhaps Joan should spend some time describing what she is observing rather than classifying Greg as "disinterested" or "insensitive." She could also continually probe for more information with questions such as, "When do you think you will work out?" If both parties would delay their reactions and probe for more information, they may have a more accurate map to use in choosing the most productive rules for managing their conflict.

## 2.0 Design Approach(es)

### 2.1 Interpret Scenario

Once a couple have observed what is going on in their particular spouse system and have mapped the ongoing scenario, they can proceed to interpret the scenario. The procedure for interpreting the scenario was illustrated in Chapter III.

In order to interpret the scenario, it is necessary to structure the descriptive data in the scenario. Thus, a couple map their ongoing scenario and then look for relationships which form patterns.

It is not possible to list all possible interpretations of actual scenarios. However, the following is a partial listing of potential interpretations of demand-time conflict. The list is a summary of the interpretations made in Chapter III. In order for a couple to implement this step of the rules methodology, they may need a manual explaining alternative choices of interpretations and combination of choices.

### Interpretations of Conflict

- (1) Confusing orders of abstraction
- (2) Treating an internal observation as if it were external
- (3) Differences in punctuation
- (4) Impoverished models of the world
- (5) Restricting choices

Let's assume that Joan and Greg's conflict can be interpreted as "restricting choices." This is just an assumption, since I have not observed actual patterns in their interaction. However, suppose that after discussing their situation, Joan and Greg have limited their choices to either taking away time from the family and from Joan's "free" time or cancelling Greg's plans to train for the marathon.

As in Scenario #4, interpreted in Chapter III, the couple have not considered all possible options. For example, perhaps Greg could get up an hour earlier to train, or work out over his lunch hour, etc. Instead, they have limited themselves to two fairly unsatisfactory choices.

### 2.2 Diagnose Scenario

After the structure of the conflict is interpreted by a couple, the participants can then diagnose the scenario. Diagnosis is a generalization concerning individual conflict styles and relationship styles. Understanding various choices in conflict styles and relationship styles is useful in order to better manage conflicts. I first looked at a variety of individual conflict styles.

It is assumed that people have preferred or characteristic approaches to conflict. For example, some people like to get things out in the open, while others prefer to keep things inside. While there are many ways to classify conflict styles, Frost and Wilmot presented one particularly useful classification. The classification of styles is summarized by the following diagram.

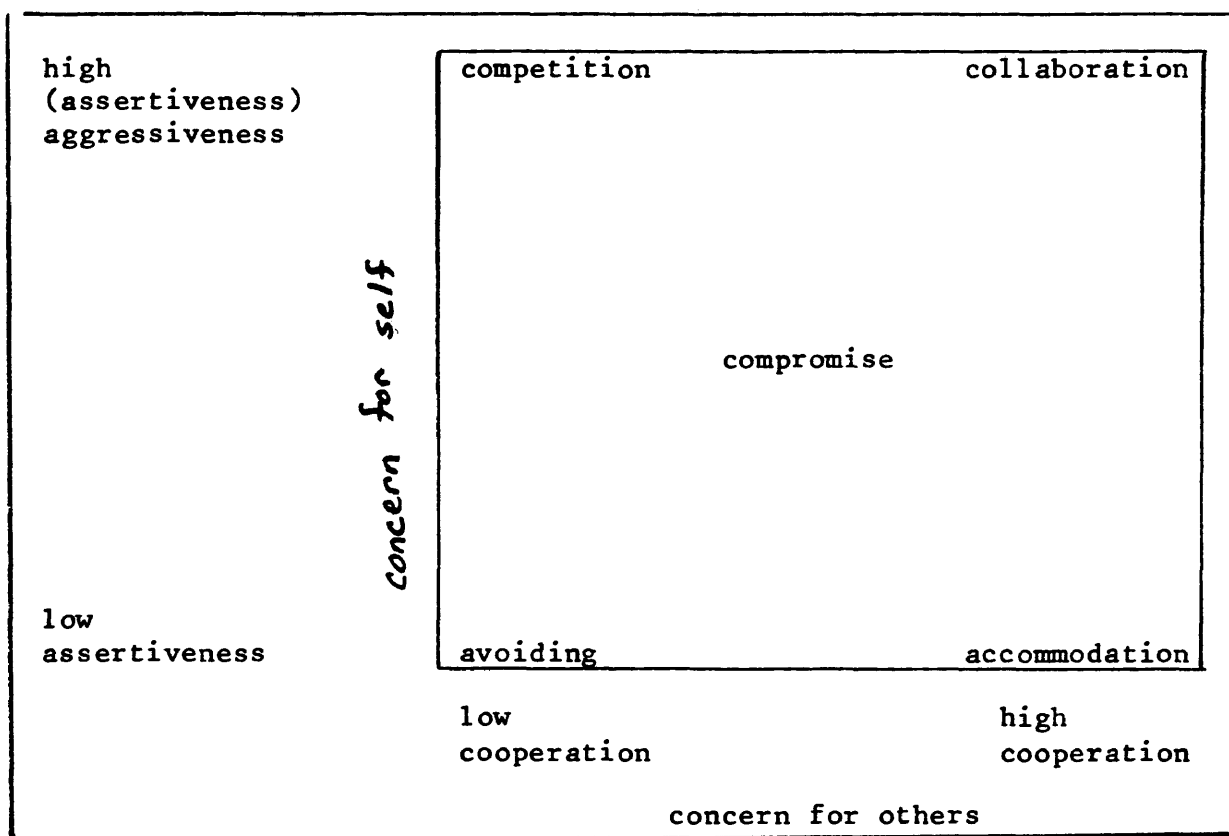


Figure VIII

A "competitive" style is seen as being both aggressive and uncooperative. "Competitive styles attempt to gain power by direct confrontation, by trying to 'win' the argument without adjusting to

the other's goals and desires."<sup>70</sup> When a conflict shows aggressiveness tempered with a high concern for the other party, a "collaborative" style is present.

"Compromise" is intermediate between assertiveness and cooperativeness. If one employs a style of compromise, s/he looks for an intermediate position which partly satisfies each party. This differs from collaboration because, when people collaborate, they search for solutions with maximum benefits for each person in light of their personal goals.

When one employs an "avoidance" style of conflict, s/he is generally nonassertive, passive, and not actively seeking cooperation. The goals of one's self or the goals of the other person are not pursued. The "accommodation" style of doing conflict is essentially the opposite of competing. The person is nonassertive and cooperative. "When adopting the accommodating style, the individual neglects his or her own concerns in order to satisfy the concerns of the other person."<sup>71</sup>

Another part of diagnosing a scenario is to identify the particular style of relationship. According to Frost and Wilmot, there are three basic types of relationships: (1) complementary, (2) symmetrical, and (3) parallel. Sometimes the ability to diagnose a relationship style will render conflict participants the knowledge which may allow them to better predict the course of their conflict.

In complementary relationships, participants choose styles of conflicts which complement one another. For example, if one person is competitive and aggressive, the other would accommodate.

When people openly strive for the same kind of control in the relationship, they have a symmetrical relationship. For example, both parties may adopt a collaborative style of doing conflict and come away feeling understanding of the other's behavior.

Parallel relationships are flexible in that the participants vary between symmetrical and complementary styles. The couple are able to change styles depending on the demands of the situation.

All of the above individual conflict styles and relationship styles can be put to either productive or nonproductive uses.

The purpose of diagnosing the conflict is so that a couple can understand their present conflict and relationship styles. This understanding may lead to more effective choices for managing conflicts. For example, suppose the conflict between Joan and Greg led to a shouting match. Along with the possible interpretation that they may be restricting their choices, it would also be helpful for them to observe their individual conflict styles and their relationship style.

Perhaps by diagnosing their conflict, Joan and Greg may see that they are both striving for control in the situation. They may both be employing competitive styles of doing conflict. A symmetrical relationship style such as this can easily lead to "one-upmanship." For instance, Joan may say, "Well, if you're going to take time to train for a marathon, I'm going to go out with some friends one night a week, and you can sit home and babysit."

The competitive style of doing conflict and a symmetrical relationship can be put to either productive or nonproductive use. In

the above case, where two people scream at each other, they do not productively manage the conflict issues.

Awareness of a couple's conflict and relationship styles adds some predictability to their interactions. According to Frost and Wilmot, if you know that your spouse and you "have some regularized ways to handle conflict, whether it be symmetrical, complementary, or parallel, such knowledge lets you better predict the possible course of your conflicts. Relational styles, just like individual styles, bring some predictability into conflicts. Conflicts destroy relationships only when no answers are available for productively doing conflict."<sup>72</sup>

Also, by comparing one's own individual conflict styles and relationship styles with other available styles, a couple may realize alternative options for productively managing their conflicts. For example, if Joan and Greg see that their regularized way of handling conflict involves unhealthy competition in a symmetrical relationship, they may wish to re-evaluate their choices of styles and consider other available alternatives for doing conflict.

### 2.3 Choose Communication Strategies and Rules

The next step in the methodology is to choose communication strategies and rules for managing demand-time conflicts. In choosing rules for managing conflicts, a couple should be fully conditional. No one rule is appropriate for every situation. The rule a couple choose to follow depends on their individual personalities, their individual and collective goals, and their interpretation and diagnosis

of the conflict. Once the conflict participants have considered these variables, they are ready to select a rule for managing their conflict.

The rules referred to in this study are rooted in the communication strategies and tactics discussed by Frost and Wilmot.

These authors said the following about strategies and tactics:

Conflicting individuals have four primary choices about the direction the conflict they are in will take. They may (1) avoid, (2) maintain at the present level, (3) reduce, or (4) escalate it. A strategic choice in a conflict is a planned method of proceeding where a person chooses to move the conflict in one of these four basic directions. . . . People choose strategies based on where they want to go (goals), the direction they want to travel to get there (strategic direction), and the available tactics (tactical options).<sup>73</sup>

Instead of referring to strategies and tactics as Frost and Wilmot did, I formulated rules. Thus, a couple choose from strategies and their corresponding rules. In other words, the relationship between Frost and Wilmot's strategies and tactics can be illustrated by formulating rules.

The rules available to conflict participants are illustrated in the following diagram. It is important to understand that each choice of a strategy limits the successive choices to certain rules prescribed for that strategy. If conflict participants choose to change their strategy, then they have alternative rules to choose from.

In the remainder of this chapter, each strategy is explained along with its corresponding rules. Examples of applying various rules to conflict situations are illustrated in Chapter V.

Plan Suitable  
Communication  
Strategies

Decide on Communication Rules

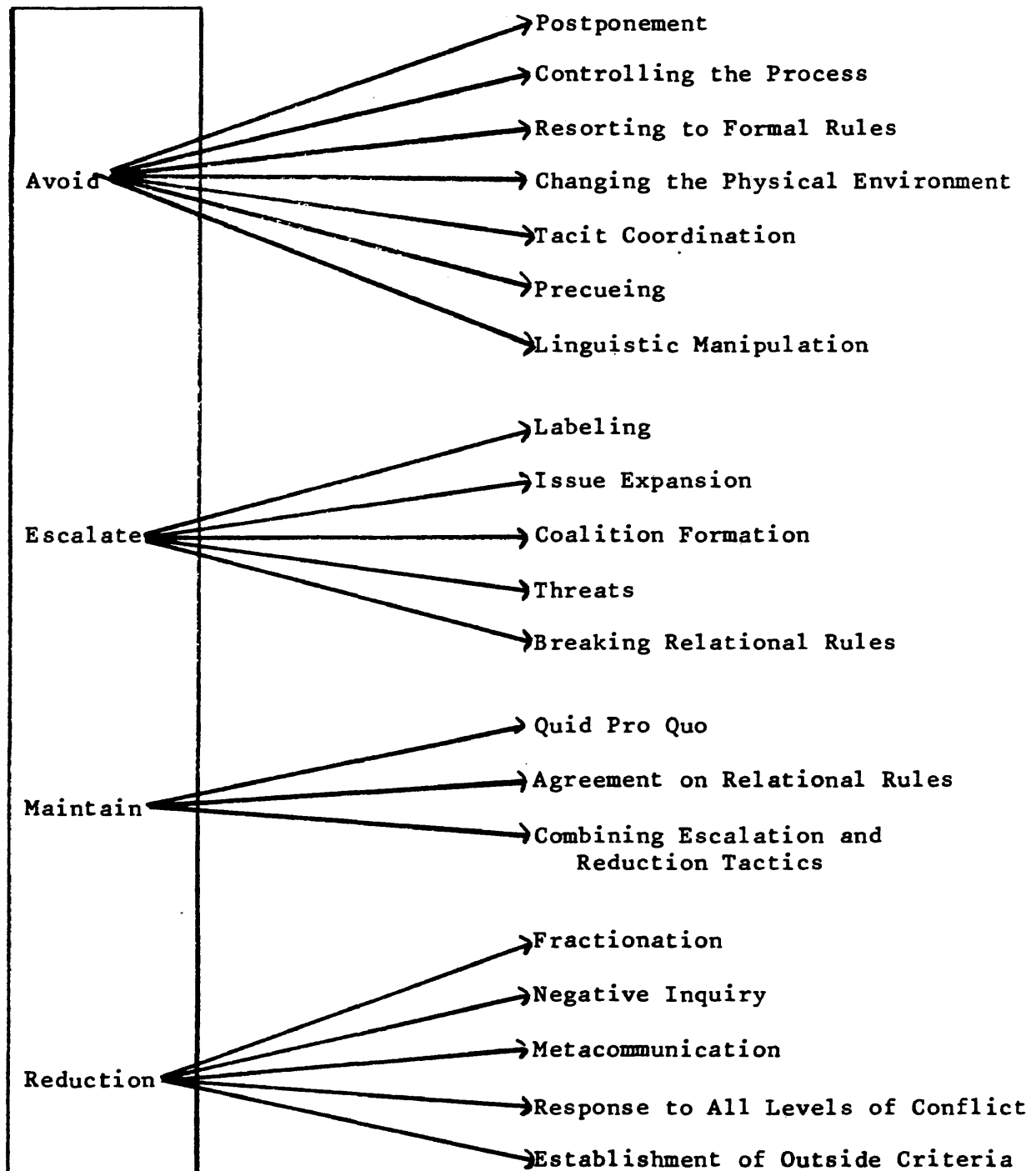


Figure IX



### Avoidance

One of the most common strategies for coping with conflict or potential conflict is avoidance. When we ask people to comment on how they handle conflicts, the large majority say something like, "I try not to let them happen," or "I hate for people to yell at each other so I change the subject." All of these devices are communicative tactics that utilize the strategy of avoidance.<sup>74</sup>

Avoidance, as with all of the strategies for mediating conflicts, is neither appropriate nor inappropriate in itself. Depending on the particular situation, avoiding the conflict can be productive or destructive. The following are rules which may be employed to avoid conflict when it is in the best interest of the conflict participants to do so.

### Postponement

If one wishes to avoid conflict, then one should postpone it until a later time.

In general, it is best to deal with conflict immediately, but often circumstances make this inconvenient. Therefore, sometimes setting a time for a later conflict is a productive avoidance rule.

Postponement is most productive if certain conditions are present.

First of all, emotional content of the conflict needs to be acknowledged while referring other issues to a later time. . . . After the emotional content is acknowledged, all parties have to agree on a time that is soon and realistic. . . . The other party has to believe that the postponer really means to bring up the issue later. Postponement does not work well as a tactic if the other person involved thinks they are being put off, never to return to the issue.<sup>75</sup>

### Controlling the Process

If one wishes to avoid conflict, then one should control the process.

Sometimes "prenegotiating" the actual procedure of interaction can be useful. It is possible for a couple to negotiate on how to proceed. "Prenegotiating" can be a successful way to avoid future conflict and gain advantage by controlling the process.

. . . setting a joint agenda ahead of time when both or all parties agree to do so can be a highly productive avoidance tactic. Many of the issues are negotiated while deciding what to discuss - power is assessed, coalitions are speculated upon, strength of involvement is estimated.<sup>76</sup>

### Resorting to Formal Rules

If one wishes to avoid conflict, then one should resort to formal rules.

When attempting to control the process, conflict participants impose informal rules. The use of this particular rule involves the application of more formal rules.

Often formal rules such as Roberts' Rules of Order, majority rule, seniority, rank or other formal rule structures are used to make a decision, avoid immediate conflict, and hopefully, reach resolution of the conflict. Many times, as we all know, these tactics are useful and reasonable avoidance/resolution tactics.<sup>77</sup>

### Changing the Physical Environment

If one wishes to avoid conflict, then one should change the physical environment.

Obviously, conflict participants can avoid conflict with one another by avoiding contact with each other all together.

When you are terribly outnumbered, physically threatened, tricked into being present for a conflict in which you do not wish to participate, or do not wish even to maintain physical presence for some ethical reason, then walking out can be effective. This tactic is overused especially by people who hope that their action will bring the other people racing after them, begging them to come back. However, when you genuinely desire not to be present and are willing to take the consequences for the action--leave!<sup>78</sup>

### Tactic Coordination

If one wishes to avoid conflict, then one should employ tacit coordination.

Sometimes during conflict there is a certain amount of unspoken understanding present. "When there are common interests in coming to the same conclusion and avoiding a win-lose conflict situation, parties may work together even if they cannot or will not communicate freely."<sup>79</sup> An example of this type of avoidance occurs when people time their requests of others to times when the other party is most likely to give in to the request.

### Precueing

If one wishes to avoid conflict, then one should precue his/her partner.

Precueing is accomplished by giving enough information about yourself before a conflict to enable the other person to know in advance what to expect from you.

Congruent behavior (verbal and nonverbal communication representing the emotions a person feels at a given time) helps to "precue" others about your probable response to a move by another party. One can precue nonverbally by not trying to hide distress in an intimate conflict or by other nonverbal behaviors that demonstrate the true state of feelings at the time of the potential conflict.<sup>80</sup>

### Linguistic Manipulation

If one wishes to avoid conflict, then one should employ linguistic manipulation.

When conflict is pointless or ill-defined, the participants may be better off to avoid it. Often saying something in a different way is sufficient for avoiding conflict. "The tactic relies upon redefining the conflict people are in or upon by attaching a label to oneself or another person that is likely to promote avoidance of the conflict for some reason."<sup>81</sup>

### Escalation

When conflict is escalated, the intensity and involvement in the conflict increases. Rules for escalating conflict serve to highlight the interdependence of conflict participants.

At their core, all escalation methods involve an attempt to place more pressure on the other to change, instead of changing the structure of the relationship. One of the fascinating aspects of escalatory tactics is that they involve (1) asserting more force on the other to change by threatening to act or acting independently of the other's wishes while (2) relying on relational interdependence as a condition to help bring the other "into line."<sup>82</sup>

### Labeling

If one wishes to escalate conflict, then one should label the other person or the conflict or the relationship.

A conflict can be escalated by the participant's choices of words. This tactic is called labeling. The conflict participants may either name the other person or label the conflict or relationship.

### Issue Expansion

If one wishes to escalate conflict, then one should expand the issue.

This rule refers to the situation where a person purposefully exaggerates an issue.

Issue expansion can be particularly effective in bringing up relational concerns by using the content issues as the first step. The tactic allows the other to see how significant the content is in relation to your self-esteem. . . . Issue expansion, by bringing up related topics, makes it clear to the other party that more is at stake than just the content issue.<sup>83</sup>

### Coalition Formation

If one wishes to escalate conflict, then one should form a coalition.

A coalition is formed whenever one party appeals to others to join his/her side and help him/her achieve the desired goal. For example, in a family, a mother and children may form a coalition. The primary function of this is to increase the power of one party. "Coalition formation is escalatory because it (1) highlights the disparity of power between the conflict participants and (2) demonstrates an attempt to shift the power balance."<sup>84</sup>

### Threats

If one wishes to escalate conflict, then one should threaten the other party.

All threats move the conflict to a position where one or more of the parties are willing to inflict punishment or harm on the other in order to achieve their goal. Furthermore, they focus the attention of the conflict upon what each party has to lose rather than emphasizing cooperative elements and thus escalate the conflict.<sup>85</sup>

The following chart illustrating the distinctions between threats, promises, warnings, and mendations was presented by Frost and Wilmot in Interpersonal Conflict.<sup>86</sup>

	Source Controls The Outcome	Source Does Not Control Outcome
Negative Sanction	Threat	Warning
Positive Sanction	Promise	Recommendation

Figure X

### Breaking the Relational Rules

If one wishes to escalate conflict, then one should break the relational rules.

"All participants in relationship with one another develop sets of shared rules for the conduct of their time together. When the rules are broken, escalation usually follows."<sup>87</sup>

### Maintenance

Maintenance rules function to continue a conflict at a prescribed level of intensity for a longer time than would have happened if the rule were not employed. Maintaining a conflict is a middle ground between escalation and reduction.

#### Quid Pro Quo

If one wishes to maintain conflict, then one should employ quid pro quo.

This is a maintenance rule which involves a give-and-take relationship. "In usual cases, one can strike a quid pro quo with the other party by outlining what each has to gain and lose from the conflict and then offering something for something."<sup>88</sup>

#### Agreement on Relational Rules

If one wishes to maintain conflict, then one should agree with their partner on relational rules.

Following this rule enables conflict participants to express what is bothering them without escalating or avoiding the conflict. When using this rule to maintain a conflict, the participants establish their own rules for keeping the conflict at its present level of intensity.

Two participants can say to one another, "OK, it is difficult for me, but I'm going to stay here and talk with you until we find out what the problems are between us." Establishment of the ground rules helps maintain the intensity of the conflict so the participants are motivated to manage it. Without the effort to engage (maintain), needed information probably will not be shared.<sup>89</sup>

### Combining Rules for Escalation and Reduction

If one wishes to maintain conflict, then one should combine rules for escalation and reduction.

Maintaining a conflict at a desired level may also be accomplished by combining escalation and reduction rules. Rules for escalating conflict have already been explained. In the next section, rules for reducing conflicts are explained.

### Reduction

Many people might indicate that the only way to resolve conflict is to reduce it. While that is not the position held in this thesis, reducing the conflict can be a useful strategy to mediate conflict in certain situations.

### Fractionation

If one wishes to reduce conflict, then one should break down one large conflict into several smaller ones.

Fractioning refers to the idea that a conflict can be managed if broken down from one large conflict to several smaller ones.

Even though we often forget the idea, conflicts "do not have objective edges established by external events." Conflicts are more like a seamless web, with indistinguishable beginnings and endings. Choices are almost always available as to how the conflicts are sized for management.<sup>90</sup>

### Negative Inquiry

If one wishes to reduce conflict, then one should employ negative inquiry.

This rule is a form of fractionation.



In negative inquiry, when a person is criticized, he or she responds by asking for more information, not less, about what it is that the other person finds objectionable. Then the person being criticized tries to solve that part of the problem that is solvable.<sup>91</sup>

### Metacommunication

If one wishes to reduce conflict, then one should metacommunicate.

Metacommunication is communication about communication that is going on.

If you can talk about what is happening, often you can change the system to one that fits the needs of the relationship more fully. For instance, when people talk about tactics that they do not choose to use, they are using metacommunication to reduce the conflict.<sup>92</sup>

### Response to All Levels of Conflicts

If one wishes to reduce conflict, then one should respond to all levels of the conflict.

All conflict exists at at least two levels of abstraction, the content and relationship levels. "Reduction of the conflict can be accomplished by asking the person to represent both 'facts' and feelings--that is, to give information about the content and the relationship levels of the conflict."<sup>93</sup>

### Establishment of Outside Criteria

If one wishes to reduce conflict, then one should establish outside criteria.

This reduction rule is simply to agree ahead of time on how a certain decision will be made. This consists of generating criteria for making the choices.

Each of these rules for managing conflicts can be used for either productive or nonproductive purposes in a given conflict situation.

This chapter has been a step-by-step explanation of the portion of the methodology for choosing rules to manage demand-time conflicts. In Chapter V, the remaining explanation of the rules methodology is presented. Chapter V contains illustrations of applying those situations described in the scenarios found in Chapter II.

## Chapter V

### SIMULATE TO TEST METHODOLOGY

Chapter V includes explanations of 3.1 (apply rules), 3.2 (evaluate results), and 3.3 (debug strategy).

#### 3.1 Apply Rules

Once conflict participants have chosen their rules, they must apply them to their particular situation. In order to illustrate this process, I applied rules for mediating conflicts to the four prototypical scenarios presented in Chapter II.

. There are a variety of productive ways to manage these conflicts. The following examples represent only a limited number of choices. Keep in mind that with each choice of a communication strategy, the couples' choices of rules are limited. This notion was illustrated in Chapter IV, page 65. For each scenario, alternative choices might also have been applied in order to productively manage the conflict.

#### Scenario #1

Joe is a surgeon in Portland, Oregon. His wife is Mary. They have a seven-year-old daughter Jennie. It's dinner time (6:00 p.m.), and Joe is home reading medical journals.

Mary: Joe, would you take the dog out for a walk while I finish making dinner?

Joe: "I've been in the operating room all day, and you want me to walk the dog?" Jennie can do it.

Mary: She's busy with her homework. By the way, she needs help with her math. I told her you'd work with her after dinner.

Joe: "I'd like to help Jennie with her homework, but I can't tonight. I'm behind with my journals."

Mary: You don't spend enough time with Jennie. She told me yesterday that she wants to be a patient when she grows up, so she'll be able to see more of daddy.

Joe: I spend a lot of time at home.

Mary: You neglect us. We never spend time together.

Joe: I don't see what you're complaining about. I spend all of my free time at home.

Sometimes maintaining a conflict can promote effective management of it. In this scenario, maintaining the conflict would be one way of productively handling it. If Mary and Joe should decide to maintain the conflict, they would have several rules to choose from. One possibly beneficial way to manage this conflict may be to follow the rule, "If one wishes to maintain conflict, then one should employ quid pro quo."

In this case, it can be beneficial to offer something for something. For example, if Mary wants Joe to spend more time interacting with herself and their daughter, and Joe wants time to read journals rather than help Jennie with her homework, etc., perhaps Mary and Joe can develop a bargain.

Joe could specify that he wants to show interest in his family and also have time to keep up in his field. He might indicate that he

has more of a desire to interact with the family when he makes the initiative and not when he is pushed. Joe can explain that Mary can accomplish her goal of having more family togetherness by giving Joe room to accomplish his goal of keeping up with current journal articles.

An understanding such as this may not necessarily "solve" the conflict, but it will prevent it from escalating until Mary and Joe can see that trading something for something will be beneficial to all concerned in the long run. According to Frost and Wilmot:

The key to a successful quid pro quo is that the parties treat one another as equals in order to consummate the trade. It is the process of equal power activation that makes quid pro quo work, regardless of the specific agreement reached. If both parties are full participants, then the agreement will be of like value to both of them.<sup>94</sup>

### Scenario #2

Mark is a Chicago cardiologist married to Kate. According to Kate, "We were sitting in an elegant French restaurant celebrating our 20th wedding anniversary, when the maitre d' suddenly approached our table. He whispered something to my husband who immediately left the table and hurried into the ladies room. The waiter looked puzzled, so I told him, 'That's okay, my husband's not a man, he's a doctor.' And then I realized that it was true; his identity as a physician had surpassed any other in my mind. When my husband returned to the table, I felt a sharp pang of bitterness."

Kate: It would be nice to spend a quiet evening alone without any interruptions!

Mark: Kate, this was an emergency.

Kate: As usual.

Mark: A woman needed help. I didn't have much choice.

Kate: Well, I didn't expect to be eating alone on our anniversary.

(Management sends over a complimentary bottle of champagne in gratitude to Mark.)

Mark: Let's forget it and enjoy the champagne.

Kate: This isn't the first time something like this has ruined our time together. Once you treated a passenger on a plane five minutes into the first vacation we had taken in three years. And last year you had to leave the ballet to take care of a member of the audience who had fainted, and even during our daughter's school play last week you were backstage, attending to a teacher who had slipped on a prop. Tonight, we got a bottle of champagne on the house. On the plane, the pilot announced your lifesaving measures over the intercom, and all the passengers clapped with approval. You received season tickets from the ballet in gratitude from the management, and the school principal told the auditorium, "We should be grateful to Kathy's daddy."

Mark: What's the matter with all of that?

Kate: How can I possibly expect you to think of yourself as a husband and father, when your obligations as a doctor are so much more immediate?

Mark: You should be proud of my unique skill to help others.

Kate: I am proud of you but . . .

Mark: But what?

Kate: I guess you think I'm selfish.

Mark: Selfish?

Kate: Oh never mind. You act as if I'm so unimportant compared with saving a life in the bathroom. Compared to your career, I'm nothing.

Mark: That's not true.

Kate: Then why do you act that way?

Generally, the most productive way to manage conflict is to do so immediately. However, there are situations when it is in the best interest of both parties to avoid conflict. Scenario #2 illustrates one case in which avoidance may be used as a productive conflict strategy.

One useful rule to follow in this situation may be, "If one wishes to avoid a conflict, one should postpone it." This rule seems appropriate in this particular scenario because of the couple's setting. They are "celebrating" their wedding anniversary and might prefer not to spoil the evening with an argument. Also, Mark and Kate are at a public place and may not wish to cause a scene at an elegant restaurant.

Therefore, in this case, setting a time for a later conflict could be a productive way to manage the conflict. In Scenario #2, Kate is upset and wants to talk with Mark about it at the restaurant. Mark's avoidance tactic of "Let's just forget it" is definitely not productive. His possible goals of (1) enjoying his anniversary dinner and (2) avoiding further complaining by Kate, are not likely to be met by brushing over the events of the evening. Kate is probably not only angry with the interruption of their night out, but also with his seeming reluctance to talk with her about it.

An example of productive postponement of the conflict is as follows:

Mark: Kate, I know you are upset. I am sorry for the interruption.

I was also looking forward to a quiet night alone. But we're at the finest French restaurant in town, and I don't want to

take away from our celebration. Let's relax and order our dinner, and then when we go home tonight, we can discuss the whole thing over a cup of coffee.

Kate: Oh sure, you'll probably go right to bed when we get home.

Mark: No, it's 7:30 now. We can be home by 10:00. The house will be nice and quiet, and the two of us will talk. I know you are very upset.

Kate: Okay, if we really will. I know it's hard to talk in public, and I don't want to spoil our dinner either.

If Mark says, "I know you're upset," he is acknowledging the emotional content of the conflict. He is giving immediate attention to the depth of Kate's feelings. A comment such as, "you have no reason to be upset; let's work this out later," would have been an insensitive and inappropriate way to handle this conflict.

Beside addressing the emotional content of the conflict, a specific time should be agreed upon to talk as soon as feasible. Simply to say, "We'll talk later" is generally insufficient. Kate needed to believe that Mark genuinely intended to bring the issue up again at a specified time.

Overall, postponement works best when the emotional content of the conflict is addressed and when a specified time for further discussion is agreed upon.



Scenario #3

Pat is a twenty-six-year-old wife of a second-year internal medicine resident named Sam. They live in Providence, Rhode Island. "According to Pat, the more assurance her husband gains in his ability to perform as a doctor, the more distant he becomes in his relationship with her." It is 8:30 p.m., and Sam has just gotten home from the hospital.

Pat: Sam, I need to discuss something with you.

Sam: What is it?

Pat: I talked with our insurance agent today, and he explained two different car insurance policies. I want to know which one you think we should get.

Sam: I don't care which one.

Pat: I'd really like your opinion, would you look these over?

Sam: Don't be so pushy! Either one is okay with me. Can't you understand that I'm tired? I trust you to handle it, so you decide.

Pat: I would like your help.

Sam: I'm so tired. I had a rough day at the hospital.

Pat: What happened?

Sam: I just want to relax.

Pat: Why do you avoid confiding in me? You never tell me what goes on at the hospital.

Sam: I'm going to bed. I'm exhausted.

Pat: Exhausted! You work too much!

Sam: It's better than having to put up with your drilling questions.

Sometimes it is beneficial to escalate conflict. In Scenario #3, Pat and Sam seemingly have a situation where their involvement with one another is low. Sam does not want to be involved in household decisions, and he doesn't seem to want to involve Pat in his experiences at the hospital.

As discussed in Chapter IV, escalation rules function to increase the intensity of a conflict by highlighting the interdependence of the parties. Perhaps this would be useful for Pat and Sam.

There are several rules for escalating conflict to choose from. In most cases where escalation occurs, these rules appear in groups often overlapping. However, I focused on two possible escalation rules for Pat and Sam to follow in order to clearly illustrate their usefulness. They are: "If one wishes to escalate conflict, then one should expand the issue." and "If one wishes to escalate conflict, then one should break the relational rules."

The first rule on issue expansion is a major type of escalatory tactic. It occurs when a person intentionally balloons an issue. "Issue expansion can be particularly effective in bringing up relational concerns by using the content issues as the first step. The tactic allows the other to see how significant the content is in relation to your self-esteem."<sup>95</sup>

For example, when Pat says, "what happened?" that conversation might have gone like this:

Sam: I just want to relax.

Pat: Dammit Sam, am I that undesirable to you? You avoid helping with day-to-day decisions. You won't talk about work, you

barely even touch me anymore! You don't seem to like anything about me.

In this case, issue expansion moved the discussion from specific things into Pat's feeling that she is undesirable to Sam. It also served to signal that her self-concept in their relationship is very low.

By bringing up a related issue, such as touching, it may make it clear to Sam that there is more at stake than just the content issues of insurance policies and his daily routine. Perhaps Sam would be able to read the underlying messages regarding the relational aspects of the conflict. If so, a more sensitive discussion might occur.

Another way of managing this conflict might be to break the relational rules. In the first portion of Scenario #3, the implicit rule seems to be that Pat is in charge of household decision making. If, however, she breaks the rule and refuses to take some of those responsibilities, she and Sam will have to renegotiate the rules of the relationship.

This rule will escalate the conflict, but it will be a productive tactic if the couple can re-evaluate their relational rules and agree on more satisfactory ways of managing their relationship.

#### Scenario #4

John is a second-year family practice resident in Denver, Colorado. He moonlights for \$25 per hour two nights a week in the emergency room. Kris is his wife. Kris and John have gone to bed. It's 10:00 p.m. Kris expresses her desire for intimacy.

John: Kris, I'm very tired. You are really pressuring me. I don't like to be pushed. You don't fully understand how tired I am!

Kris: You're either working at the hospital or at home sleeping. You said you'd be spending less time at the hospital this year, but instead you're there more than ever. I am bored!

John: I don't have any choice. I thought you understood that.

Kris: I do understand but lately you've been at the hospital even when you're not on call.

John: Moonlighting has enabled us to buy the car we needed and besides, it's great experience for me. I'm learning a lot. Isn't that important to you?

Kris: Yes.

John: Okay. Do you want me to drop out of the medical profession, or do you want to stop complaining?

Kris: I guess I don't have much choice.

John: Then it's settled!

Sometimes the most desirable way to manage conflict is to reduce it. The conflict in Scenario #4 seems to deteriorate into an abrupt unproductive conclusion. Perhaps if Kris and John had employed one or more of the rules for reducing conflict, their interaction would have been much more productive.

One possible reduction rule they might have used is, "If one wishes to reduce conflict, then one should use negative inquiry." "In negative inquiry, when a person is criticized, he or she responds by asking for more information, not less, about what it is that the other finds objectionable. Then the person being criticized tries to solve that part of the problem that is solvable."<sup>96</sup> Negative inquiry is a form of fractionation.

When Kris criticized John for "either working at the hospital or sleeping," John might have asked for more information. For example, he could have said, "Are you unhappy with my professional life?" By asking for more information, John would have fractionized the conflict.

Perhaps by doing this, the conflict could have been broken down from one big conflict concerning John's work hours, his need for sleep, Kris's desires, and their money concerns, to more manageable conflicts. Following this rule could make component issues in their conflict more approachable and enable them to better manage this conflict.

If John had used negative inquiry, he might have avoided getting defensive and refusing to review other available options.

In this case, employing negative inquiry overlaps the rule, "If one wishes to reduce conflict, then one should respond to all levels of conflict." If John asks Kris if she is unhappy with his professional life, he is asking her to represent both "facts" and feelings about the conflict.

The conflict participants in Scenario #4 stuck themselves with a content explicit, relationship implicit conflict. So it is not likely that they would have reached resolution of any of the emotionally charged conflict issues. It seems imperative that both the content and relationship levels of the conflict be addressed.

### 3.2 Evaluate Results

In order to judge the results of applying certain rules, the results should be compared with both individual and collective goals. Goals imply a desired end state and some action designed to make that state come about. Frost and Wilmot explained three different types of goals: prospective goals, transactive goals, and retrospective goals.

A prospective goal is one which is set before the communication transaction occurs. When a prospective goal is made ahead of time, one figures out what s/he wants and what s/he must do to bring that end state about.

Often goals are changed during a conflict. A transactive goal is one in which changes are made as a result of the communication transaction. The third type of goal is retrospective. Retrospective goals only make sense after the conflict takes place. "Since we do not know the size and implications of a conflict until we look back on it, goals serve an explanatory not a predicting, function."<sup>97</sup>

A person chooses to follow a particular rule in a conflict situation with the hope of achieving a certain end state.

"Participants in a conflict have notions about (1) their own goals, (2) the other's goals, (3) their options, (4) the other's options, and (5) possible consequences that will result from the tactical options chosen."<sup>98</sup>

If, after applying the chosen rule, the desired end state is not achieved, then one may wish to change the rule applied.

### Debug Methodology

Now that the methodology for managing demand-time conflicts has been diagrammed and explained, it is time to consider whether anything should be debugged. In Chapter I, I presented five design specifications as requirements for a methodology. The completed methodology in this study must meet these requirements in order to be accepted as a methodology. The design specifications are:

- (1) it must be multiordinal; (2) humans must be viewed as choice makers;
- (3) the focus should be on pattern properties; (4) change must be accounted for; and (5) various systemic qualities must be present.

### Multiordinality

The completed methodology for managing demand-time conflicts in physician marriages includes a procedure for choosing and applying various communication rules. There are rules and meta-rules to choose from. Meta-rules are at a higher level of abstraction than rules.

Also, as discussed in Chapter I, Shimanoff demonstrated the multiordinality of rules when she discussed the following structural quality of a rule: "A rule should include an indication of whether under the rule a certain behavior is preferred, required, or prohibited."

The characteristics of multiordinality are also evident in the procedure for choosing rules described in Chapter IV. Once a couple are aware of the potential for a demand-time conflict, they map the ongoing scenario. This requires that they pay attention to the first-order experience. When they map the ongoing scenario, the couple

describe what is happening in order to have an accurate map to guide them in their choices of rules for managing their conflict.

The next step in choosing communication rules is to interpret the conflict. Interpretation is at a higher level of abstraction than description and the first-order experience. From the interpretation, generalizations and conclusions can be drawn. The multiordinality of this process is illustrated by Bois's version of Alfred Korzybski's structural differential diagrammed on page 28.

### Choice Makers

The completed methodology requires that the users be viewed as choice makers. Couples make choices at every step of the methodology. They make choices on how to map, interpret, and diagnose their particular scenario.

The conflict participants also make choices about whether to avoid, maintain, escalate, or reduce their conflict. Each choice along the way has an effect on the successive choices. For example, a choice to avoid conflict limits the couple's choices of communication rules to those that prescribe behavior for avoiding conflict.

### Pattern Properties

This methodology deals with pattern properties. The rules used in the methodology are non-metrical and non-causal. The rules themselves cannot be measured, because it is the relationship between parts which is significant. Also, rules do not provide causal explanations. Rather they provide reason-giving explanations, i.e., the



conflict participant did X because s/he chose to follow rule A, which prescribes X.

Other evidence that the methodology deals with pattern properties can be found in the procedure for interpreting the scenarios demonstrated in Chapter III. Interpreting the scenario is necessary in order to better understand the structure of the conflict. The participants look for patterns in their conflict. The focus is on relationships between parts and a whole. The structure of the conflict depends upon arrangement, or organization, or the totality of things. Thus, when the couple interpret their scenario, they are concerned with pattern properties.

### Change

Once the conflict participants have applied their choices of communication rules, they evaluate the results. If the results are unsatisfactory, they may change their choice of rules.

In this methodology, change is accounted for through meta-rules. Meta-rules are rules for creating, negotiating, discussing, and changing rules.

### Systemic Qualities

The relevant systemic qualities presented in Chapter I are:  
(1) interdependence of parts; (2) open systems; (3) positive and negative feedback; and (4) equifinality.

### Interdependence of Parts

The couples look for structural qualities while interpreting their conflict. They are concerned with relationships between parts of the whole.

### Open Systems

Since this methodology was designed for use by couples, it deals with open systems. The couple must interact with their environment in order to decide whether or not to follow a rule and, if so, which rule to follow.

### Positive and Negative Feedback

The users of the methodology can make choices between positive and negative feedback. For example, rules for avoiding conflict can be viewed as negative feedback. These rules are intended to counteract conflict. Rules for escalating conflict can be seen as positive feedback. These rules function to increase the intensity of conflict.

### Equifinality

As stated several times, all of the communication rules for managing demand-time conflicts can be used for either productive or nonproductive purposes. The use of one rule can result in a number of different behaviors. For example, consider the rule, "If one wishes to avoid conflict, then one should postpone the conflict until a later time." Following this rule can result in, "Let's just forget it for now," or "Honey, I know you're upset. We'll discuss it tomorrow morning over breakfast." Obviously one result would probably be more productive than the other.

It is also possible for the same kind of behavior to result from following two different rules. For example, suppose a woman asks her husband this question, "Are you unhappy with my heavy work schedule?" She could be following the rule, "If one wishes to reduce conflict, then one should use negative inquiry." However, the same question could result from following the rule, "If one wishes to reduce conflict, then one should respond to all levels of conflict."

It is clear from this review that the procedure for managing demand-time conflicts in physician marriages meets the requirements for a methodology. It includes all the design specifications set forth in Chapter I and, thus, may be considered a methodology.

The diagram for the design of this study, or the meta-methodology, shown on page 23 in Chapter I, indicates that the methodology for managing demand-time conflicts should be evaluated in terms of the original design specifications. The last step of the design diagram is to debug the methodology.

Since the design specifications were all satisfied by the completed methodology, it is not necessary to debug it. If the methodology had fallen short on any one of the design specifications, it would have necessitated a change in the methodology.

## CHAPTER VI

### CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

As I stated in Chapter I, my interest in the area of physician marriages started during the year I was engaged to my husband. He was a junior medical student when we got engaged and is now a first-year internal medicine resident.

Shortly after we were engaged, Carla Fine, author of Married to Medicine, was on the Phil Donahue Show. She reported what she had discovered through 115 interviews with physician spouses. Her main theme was that life married to a physician meant a life of disrupted plans, unpredictable hours, and many hours spent alone. According to Fine, it meant living with a generally respected member of the community whose opportunity for extramarital affairs was unlimited, and who usually considered his/her career as more important than family life.

On that particular Donahue Show, one physician's wife from the audience was questioning the value of the information that Fine reported. An excerpt from the transcript of that show went as follows:

Spouse: I don't see the purpose to it. I think it's each wife's problem to handle if she can. Now, as a doctor's wife, I think the problem is harder because you don't have the time and the availability to be able to work out your marital problems like other people might normally.

Phil: You're a physician's wife?

Spouse: Yeah.

Phil: And you're saying that you don't have the time because of his responsibility.

Spouse: You don't have as much control over his life, I think, as a wife who has a lot more time with her husband.

Phil: How do you feel about that?

Spouse: Sometimes I am real angry about it. Sometimes, you know---

Phil: Might it be useful for other young women who might be falling in love with all those residents out there in those white coats?

Spouse: Unless you're going to tell them don't get married to a doctor.

Phil: We wouldn't be that messianic, but---

Spouse: What else can you tell them?

Phil: Buyer beware.

Spouse: Well, even if you're aware of it, I don't understand how discussing the fact that doctors might have extra-marital affairs is going to help solve anybody's problem.<sup>99</sup>

As I listened to this conversation, I began thinking that there should be more useful information available to physician couples other than mere awareness that certain problems are characteristic of physician marriages. This thesis, then, was written in order to help physician couples to better manage some of these characteristic problems in their marriages, specifically demand-time conflicts.

The methodology in this study was designed for direct use and application by physician couples. In order to create the methodology, I first constructed four prototypical scenarios of demand-time conflicts in physician marriages (Chapter II). Once these scenarios

were composed, they were interpreted in order to better understand the structure of the conflicts (Chapter III).

Once the reader was more familiar with several possible structures of demand-time conflicts, I proceeded with a step-by-step explanation of the methodology for managing demand-time conflicts by choosing and applying communication rules. Choices of communication rules depend on a couple's individual and collective goals, their ability to accurately map the ongoing scenario, and their interpretation and diagnosis of their conflict. Once these steps are completed, the couple may choose a communication strategy and one or more of the corresponding rules to follow in an attempt to manage their particular demand-time conflict (Chapter IV).

Finally, the couple should apply the rule to their conflict situation in order to determine if they have achieved their desired outcome. If they are satisfied with the outcome, then the conflict is sufficiently managed. If they are dissatisfied with the outcome, then they may choose to employ a different communication rule (Chapter V).

While this methodology focused on rules for mediating demand-time conflicts, couples should understand the possibilities for preventing some demand-time conflicts. It was not the purpose of this study to develop a communication theory for preventing demand-time conflicts. Developing such a theory and testing it experimentally are both beyond the scope of this study. However, Appendix I includes some possibly useful information on preventing demand-time conflicts not directly related to communication.

According to Silvern, "An untested model is much like an airplane just off the assembly line. Interesting, but unsafe. It must be flight-tested."<sup>100</sup> Thus, the usefulness of this methodology remains to be seen. While designing the methodology, I aimed toward representational validity. I aimed for this by generating design specifications which the completed methodology had to meet and also, by constructing the scenarios according to current research literature and the stated essential elements of conflict.

In a future representational validation study, the objective would be to determine whether the utility of the methodology on the prototypical scenarios matched the utility of the methodology on real-life conflicts. If these matched, the methodology could be said to have representational validity.<sup>101</sup>

The reliability of this methodology remains to be seen. However, there is no reason to believe that it would not be reliable provided the user understood the methodology and had competence in using it. This should also be tested in future research.

One possibility for future study would be to run a controlled experiment. I might hypothesize that acquiring an understanding of the methodology for managing demand-time conflicts in physician marriages might have the effect of couples being happier about their relationships. This could be tested experimentally.

This thesis was written specifically for couples who wish to have more than just awareness of common marital problems and hope that their marriages can withstand those problems. According to Mary Ann Lamanna and Agnes Riedmann in Marriages and Families: Making Choices

throughout the Life Cycle, "Hope alone won't make emotionally satisfying marriages, although it may help. Maintaining a marriage also takes work and knowledge of what you're doing."<sup>102</sup> The methodology created in this study was designed to contribute to the knowledge of physician couples in order that they may more productively work at their marriages.



## **APPENDIX I**

## PREVENTING CONFLICTS

Of the possible demand-time conflicts in physician marriages, some might be prevented. Faith Robertson Elliot suggested some possible ways to prevent demand-time conflicts in his article, "Professional and Family Conflicts in Hospital Medicine." He presented the following two types of strategies: (1) accepting strategies and (2) evasive strategies. Elliot stated, "the use of one strategy over the other seems to be determined in part by the exigencies of the situation, but in part, also, by attitudes to the legitimacy of work, family demands."<sup>103</sup>

Accepting strategies include developing family rituals, cultivating alternative sources of help and companionship by spouses, and curtailing non-familial leisure by the physician.

Family rituals have been developed by some couples so that the family is all together at some time daily. "For example, some couples set aside a particular time each day for the children--bath time and bed time may also be time with father, and the ordinary business of daily living is then transmuted by the spirit of family solidarity. To facilitate this, children may be kept up late."<sup>104</sup>

Also, some spouses deal with time when they anticipate being alone in a ritualized way. A ritual can be made of demanding household chores, or tasks such as letter-writing, or jogging which are saved up for weekends or evenings when the physician is on duty so that there is something to absorb their energies at these times.

The development of alternative sources of companionship or outside interests can be adopted as a means of alleviating loneliness. The belief in the need for the spouse's independence is commonly held in the research literature. Rosanne Krcek Frank, author of "The Doctor's Wife: Meeting her own Needs," stated, "Each developmental phase (of the medical marriage) has its crisis. Utilizing one's inherent capabilities for growth during each of these periods can result in a serenity which allows for a mature, co-pathic relationship within a marriage. By utilizing the positive aspects of being married to a successful professional, with all that implies--the status, the economic security--one can achieve a high level of satisfaction. This means that one has to take advantage of the opportunity for personal growth and become a co-equal partner in the marital relationship."<sup>105</sup>

One physician's wife confided to Carla Fine that she was never very independent and still feels uneasy when she does things without her husband: "I'm basically a dependent person who has become self-sufficient out of necessity. It was painful, but I made a resolution to be able to function independently of my husband. Because of this, I discovered qualities in myself I never knew I possessed. All Sam wants is a smooth-running home, and he shows no curiosity about how I accomplish it. My self-reliance came about as a response to Sam's frequent absences and the fear that my problems would add to the pressures of his work. Mine is a practical solution, not a feminist statement."<sup>106</sup>

It appears that outside interests such as taking classes, developing a career, or cultivating neighborhood ties for the spouse

may relieve some marital stress. Of course, the couple should still feel their life together is important. They must be able to share with each other; self-sufficiency and autonomy need to be tempered by mutual dependency and support.

At the root of many demand-time conflicts is unfulfilled expectations. Typically, a spouse enters the medical marriage believing all her needs will be met. Setting these expectations so high, she is often disillusioned. For example, Nancy is a nurse married to an orthopedic surgery resident, Ted. Nancy said:

I worked as a nurse for four years before marrying Ted, and even though I was aware that residents spent all their time working, I thought if I married a doctor, it would be different. I truly believed that any man I married would love me enough to put my needs before those of his patients. I was naive, of course, and it was hard for me, as it would be for any woman, to come to terms with the idea that I will always take second place; even though it's not meant as a personal insult, it still is painful to accept.<sup>107</sup>

Another commonly held misconception is that with each transitional phase within the medical career, i.e., medical school to residency to practice, that there will be more time with the family. The following statement from Helen (married to Charles, an Atlanta, Georgia Ophthalmologist) is quite common. Helen was disappointed to find that Charles spent so much time at work, because she assumed that his pace would slacken once his residency was finished. She stated, "I imagined that since my husband would now be working for himself, he would be able to balance his time a little better. Yet, if anything, his hours are worse than before."<sup>108</sup>

Since unfulfilled expectations may be a significant part of demand-time conflicts, accepting strategies may be useful in preventing

some of them. It could be argued that a decision to marry a physician constitutes a decision to accept the life-style that accompanies that occupational position. In some marriages, physician absences had been expected. One wife reported, "Since George is never home, I don't feel guilty about spending long hours in the library or taking an extra seminar. Some of the married women in my class feel an obligation to make dinner for their husbands or study at home, even though the television might be interfering with their concentration. They don't want to be accused of ignoring their husbands and turning into cold career women. I'm lucky not to have this conflict. . . . George also feels freer to devote more time to his own work, knowing that I'm occupied with my own studies."<sup>109</sup>

Fine, referring to the "doctor's wife," also reported, "early in her marriage she is advised by older physicians' wives to accept the fact that she will always be second to the patients. She is told that the sooner she understands this, the happier she will be."<sup>110</sup>

The accepting strategies imply the legitimation of the heavy investment of time in work by the couple. If statements such as "family commitments have to be secondary" and "medicine is a way of life and the rest of your life is adapted to it" can be accepted by both the physician and the spouse, then possibly the accepting strategies may be useful in preventing some demand-time conflicts.

A second preventive strategy could be evasive strategies. According to Elliot, evasive strategies are aimed at the avoidance or reduction of heavy work-loads. This may be done in two ways. Elliot said, "Attempts may be made to limit the time spent in work by

curtailing activities such as research and publication which are necessary to the process of carving out a career in medicine but which are not immediately essential to patient care. This course of action represents an ordering of priorities in the allocation of time, a compromise by which the patient is given priority over the family but career goals are circumscribed in the interests of the family."<sup>111</sup>

Also, career paths may be chosen in order to maximize the opportunity for meeting family demands. A doctor may enter a specialty which is believed to be relatively undemanding of time and energy. One friend told me, "One reason for choosing radiology was that inevitably you don't put in as much time on work as in some other specialties. This leaves time for me to be with my wife and daughter."

Elliot and others have suggested strategies for restructuring the procedure for selecting medical students, the philosophies of many residencies, and private practices. While suggestions of these sorts may be worthwhile, they are beyond the scope of this study.

The particular evasive strategies discussed here are not strategies that challenge the occupational system. "Rather they represent the curbing of occupational aspirations within given occupational structures so that there may be time for familial involvement."<sup>112</sup>

The key to preventing some demand-time conflicts seems to be in the ability to anticipate the work-family tensions that are likely to arise as a result of the incompatibility of the commitments to work with expectations of a spouse and family. In anticipating the conflicts, some may be prevented by employing accepting or evasive strategies.

#### FOOTNOTES

<sup>1</sup>Leslie Narvan, "Communication and Adjustment in Marriage," Family Process 6 (1967): 173-184.

<sup>2</sup>Carla Fine, Married to Medicine, (New York: Atheneum, 1981), p. 6.

<sup>3</sup>Ibid., p. 18.

<sup>4</sup>Ibid., p. 45.

<sup>5</sup>Ibid., p. 60.

<sup>6</sup>Ibid.

<sup>7</sup>Ibid., p. 65.

<sup>8</sup>Ibid., p. 80.

<sup>9</sup>J. Samuel Bois, The Art of Awareness, 3rd ed. (Dubuque, Iowa: Wm. C. Brown Co., 1978), p. 107.

<sup>10</sup>Ibid., p. 108.

<sup>11</sup>Susan B. Shimanoff, Communication Rules: Theory and Research, (Beverly Hills: Sage Publications, 1980), p. 75.

<sup>12</sup>Kenneth Burke, The Rhetoric of Religion quoted in Susan B. Shimanoff, Communication Rules: Theory and Research, p. 33. Beverly Hills: Sage Publications, 1980.

<sup>13</sup>Shimanoff, Communication Rules: Theory and Research, p. 90.

<sup>14</sup>William H. George, The Scientist in Action: A Scientific Study of his Methods, (New York: Arno Press, 1936), pp. 268 and 338.

<sup>15</sup>Shimanoff, Communication Rules: Theory and Research, p. 75.

<sup>16</sup>Ibid., p. 225.

<sup>17</sup>George, The Scientist in Action: A Scientific Study of his Methods, p. 213.

- <sup>18</sup>Shimanoff, Communication Rules: Theory and Research, p. 212.
- <sup>19</sup>Richard Bandler and John Grinder, The Structure of Magic, (Palo Alto, California: Science and Behavior Books, Inc., 1975), p. 12.
- <sup>20</sup>Ibid., pp. 14 and 16.
- <sup>21</sup>Shimanoff, Communication Rules: Theory and Research, p. 46.
- <sup>22</sup>Ludwig Von Bertalanffy, "General System Theory" in General Systems Theory and Human Communication. ed. Brent D. Ruben and John Y. Kim (Rochelle Park, N.J.: Hayden Book Co., Inc., 1975), p. 13.
- <sup>23</sup>Alfred Kuhn, "Social Organization," in General Systems Theory and Human Communication. ed. Brent D. Ruben and John Y. Kim (Rochelle Park, N.J.: Hayden Book Co., Inc., 1975), p. 117.
- <sup>24</sup>Ibid.
- <sup>25</sup>George Kelly, The Psychology of Personal Constructs, (New York: W. W. Norton and Co., 1955).
- <sup>26</sup>Ibid., p. 46.
- <sup>27</sup>Ludwig Von Bertalanffy, in General Systems Theory and Human Communication, p. 10.
- <sup>28</sup>James Evans, "Psychiatric Illness in the Physician's Wife," American Journal of Psychiatry 122 (1965): 159-163.

The records of 50 wives of physicians admitted to a private psychiatric hospital were reviewed. For the years 1960 to 1963, the first 50 cases meeting the following criteria were selected for this study: the record had been completed (patient discharged), the patient at the time of admission was married to a physician, and the illness was not definitely ascribable to organic factors. The women had developed severe psychiatric illnesses requiring repeated hospitalizations. A precipitating factor in many of these cases appeared to be a feeling of increasing exclusion from the husband's life, as he became more and more involved in his profession.

- <sup>29</sup>The following studies were reviewed:

Faith R. Elliot, "Professional and Family Conflicts in Hospital Medicine," Social Science and Medicine 13A (1) (1979): 57-64.

Elliot studied the incompatibility of the contemporary family ethic with traditional work commitments by comparing hospital medicine with dental practice. Sample size was limited to 38



junior hospital doctors, drawn from the registrar, and 16 general dental practitioners drawn from men with 3-12 years work experience. Data were gathered by means of a diary of activities which respondents were asked to keep for a week and interviews with husbands and wives. The diary was used for the quantification of the amount of time spent in work, family, and leisure. He concluded that doctor's wives feel overburdened by their almost single handed responsibility for child rearing and experienced intense loneliness.

Marvin Goldberg, M.D., "Conjoint Therapy of Male Physicians and their Wives," Psychiatric Opinion 12(4) (1975): 19-23.

Based on his experiences as a psychiatrist for 21 years, and his work with over 200 medical couples, Goldberg characterized the nature of marital complaints. The complaints commonly heard included that the physician spent excessive time in his practice and in professional activities and insufficient time with his wife and family.

James E. Miles and Robert Krell, "Marital Therapy of Couples in which the Husband is the Physician," American Journal of Psychotherapy, 30(2) (1979): 267-275.

Based on the authors' clinical experiences, certain common characteristics of troubled "medical" marriages were identified. The authors concluded that the physician's commitment to work and its attendant responsibilities frequently outweighed the commitment to the family and to personal growth.

James E. Miles, M.D., Robert Krell, M.D., and Tsung-Yi Lin, M.D., "The Doctor's Wife: Mental Illness and Marital Pattern," International Journal of Psychiatry in Medicine 6(4) (1975): 481-487.

A random sample of 20 physicians' wives who had been inpatients in the University of British Columbia Health Sciences Centre Hospital during the period March 1, 1969 to May 31, 1973, and those whose husbands had been interviewed, were selected. A common marital pattern reported was that the wife appeared to become progressively more resentful as her needs were not met. The husband would then immerse himself further into his work. The husband's immersion in his work was thought to be symptomatic.

Elof G. Nelson and William F. Henry, "Psychosocial Factors seen as Problems by Family Practice Residents and their Spouses," The Journal of Family Practice 6 (1978): 581-589.

Residents and spouses in the University of Minnesota Family Practice Program were surveyed using an inventory relating to psychosocial stresses in their lives. The reported central

concerns of physicians were domestic and spouse complaints, conflicting demands on study needs, decrease in sexual expression, and communication deficiencies.

Sarah B. Nelson, "Some Dynamics of Medical Marriages," The Journal of the Royal College of General Practitioners 28 (1978): 585-586.

Nelson, a psychiatrist, described what she believed to be common traits in doctors and in their wives based on her experience. She concluded that wives often feel neglected and that patients always seem to come first to the physician/husband. According to Nelson, physicians often use the demands of their practice to shield themselves from the demands of wife and family.

Gordon Parker, Peter Beaumont, Sue Blaxland, and Vasco Carvalho and Mary Prendergast and Joanne Williams, "The Doctor's Wife," The Medical Journal of Australia 2 (1976): 102-106.

Sixty-two doctors' wives were chosen from lists of graduates in medicine for the years 1936, 1950, and 1964. Fifty-two of these wives completed a sociological questionnaire. Along with basic sociological questions, five profiles of doctor's wives were provided and each respondent was asked to nominate the one which best described her concept of a doctor's wife. The results indicated dissatisfaction about doctors' lengthy work hours and lack of contact with children, the loneliness and self-reliance required by the wives, and the risk of loss of personal identity. The findings appeared to confirm the impression that the wife of a doctor marries a husband and his profession.

E. P. Scarlett, "Doctor out of Zebulun: The Doctor's Wife," Archives in Internal Medicine 115 (1965): 351-357.

Scarlett traced the theme of the doctor's wife since the Victorian Age. Scarlett concluded that it is more difficult for the doctor's wife to achieve a pattern of flexibility, to combine some activities outside the home with marriage and children, while her husband, the physician is relatively outside the orbit of the demanding family circle.

Alexander Sinclair, M.D., "The Doctor and His Wife," The Medical Journal of Australia 5 (1966): 25-29.

This article was the presidential address, by Alex Sinclair, delivered to the Australian Medical Association. Sinclair stated that the practice of medicine means a heavy emotional involvement with an increasingly large number of people, who by virtue of their illness, are often demanding, dependent and in need of constant reassurance and support. This commitment

is a necessary part of the job, according to Sinclair, and permeates increasingly into his life and that of his wife.

George Vaillant, Nancy C. Sobowale, and Charles McArthur, "Some Psychologic Vulnerabilities of Physician's," The New England Journal of Medicine 287 (1972): 372-375.

The childhoods of 47 physicians were compared with those of 79 socioeconomically matched controls in occupations other than medicine. Thirty years prior to this article, 268 college sophomores were chosen for intensive study by a university health service. They were selected for reasons of having no easily detectable health problems and for easily meeting their academic demands. Of these 268, 47 attended medical school. The other 79 were selected by chance from the larger sample. All of the people were followed by questionnaire and occasional interviews for 30 years. The doctors were found more likely than matched controls to have problems with their marriages.

J. T. Wilkins, M.D., and N. C. Marvin, M.D., "The Physician as a Person," The Journal of Family Practice 1 (1978): 379-380.

The authors presented five factors which they believed hinder the physician's ability to relate to others in a true, human manner without hiding behind the mask of professionalism. The fifth hindrance speculated was that physicians fall into the trap of meeting all his/her needs for personal fulfillment through his or her role as a physician. The physician-patient relationship takes the place of spouse and family.

<sup>30</sup>H. J. Locke, Predicting Adjustment in Marriage: A Comparison of Divorced and Happily Married Couples, (New York: Holt, 1951).

Locke secured questionnaires and case materials from 200 couples described as happily married and from 201 divorced couples. A significantly larger percent of the happily married couples reported that they always talked things over together, Locke's major index of communication.

<sup>31</sup>The following studies were reviewed:

N. W. Ackerman, "The Family Approach to Marital Disorders," in The Psychotherapies of Marital Disharmony. ed. B. L. Greene (New York: The Free Press, 1965).

In this discussion of marital conflicts, Ackerman identified several problem areas directly related to interpersonal communication skills and stated further that the outcome of such conflicts depends less on the nature of the conflict than on ways of coping with it.

N. W. Ackerman, The Psychodynamics of Family Life, (New York: Basic Books, 1958).

A descriptive analysis of marital maladjustment was reported by Ackerman, a family therapist. He stated that disturbances in the marital relationship seemed to be strongly associated with defective communication.

Donald R. Bardell, "A Relationship Approach to Marital Problems," Social Work 2 (1966): 70-77.

Bardell, a family therapist, suggested communication skills as suitable training for groups of married couples desiring to improve their relationships. Ambiguous and often contradictory statements and an adherence to the past rather than the present were observed to be major factors contributing to marital conflicts. One of the most important tasks of the therapist in Bardell's point of view is to assist couples in becoming more aware of the many elements making up their relationships and of the nature of their interpersonal communication.

M. G. Blinder and M. Kirshenbaum, "The Technique of Married Couple Group Therapy," Archives of General Psychiatry 17 (1967): 44-52.

In their discussion of group therapy for 19 married couples, they identified disturbances in communication as a major factor in marital conflicts. Partners may act upon unwarranted assumptions concerning wishes or feelings of the other and then feel hurt when their spouse does not conform to expectations. They fail to correct such misperceptions because it rarely occurred to them to check out explicitly with their spouse; they lacked or were afraid to use verbal techniques with which to do so; or they failed to recognize or interpret nonverbal clues.

Gordon L. Bolte, "A Communications Approach to Marital Counseling," The Family Coordinator (1970): 82.

Bolte, a marriage counselor, described problems inherent in studying the marital relationship. Bolte recommended communication as a proper vehicle for studying the marital relationship.

C. W. Hobart and W. J. Klausner, "Some Social Interactional Correlates of Marital Role Disagreement and Marital Adjustment," Marriage and Family Living 21 (1959): 256-263.

The authors investigated the relationship between marital roles, empathy, adjustment, and barriers to communication. Communication was found to be significantly related to marital adjustment for both husbands and wives, but no consistent patterns of relationships were obtained among the other factors.

J. T. Landis and M. G. Landis, Building a Successful Marriage, (Englewood Cliffs, N.J.: Prentice-Hall, 1968).

Authors studied 581 couples identifying themselves as average in marital satisfaction. When asked to indicate values they felt to be most important in contributing to their marital happiness, these couples rated communication with each other as the most important value.

W. T. Lederer and D. D. Jackson, The Mirages of Marriage, (New York: W. W. Norton, 1968).

These family therapists recognized faulty communication as a major cause of breakdown in otherwise workable marriages. The authors contended that communication is a skill which can be learned and spouses who wish to improve their relationships must practice techniques of acknowledgement and feedback. While they recognize that clear communication does not always resolve every marital problem, its value in enhancing and improving the marital relationship cannot be over emphasized.

R. K. Leik and L. K. Northwood, "The Classification of Family Interaction Problems for Treatment Purposes," Journal of Marriage and the Family 26 (1964): 288-294.

Suggested improved communication between spouses as an appropriate treatment for many problem areas. The authors identified 143 "group process type" disagreements between spouses. Their classification of marital and family problems emphasized group process modes of interaction within the family as opposed to more traditional emphasis on literal content of communication or psychopathology of individual spouses.

H. J. Locke, G. Sabaugh and M. M. Thomas, "Correlates of Primary Communication and Empathy," Research Studies of the State College of Washington 24 (2) (1956): 116-124.

A study using the Primary Communication Inventory and Marital Relationship Scale indicated a significantly positive correlation between communication and marital adjustment.

V. D. Mathews and C. S. Michanovich, "New Orientations on Marital Maladjustment," Marriage and Family Living 35 (1963): 300-304.

A lengthy problem checklist was returned by a total of 984 married respondents. Analysis of the results indicated a significant difference in reported problem areas. Of the first 50 problems which were found to discriminate between the happy and unhappy, 34% were directly related to lack of communication or to defective communication skills.

E. L. MacMillan, "Problem Build-Up: A Description of Couples in Marriage Counseling," The Family Coordinator 18 (1969): 260-267.

McMillan studied the characteristics and reported problems of 108 couples in marriage counseling. Husbands listed lack of understanding first on the list of basic problems and lack of effective communication second, while 23% of wives in the sample listed lack of communication as their primary difficulty.

D. C. Murphy and L. A. Mendelson, "Use of Observational Method in the Study of Live Marital Communication," Journal of Marriage and the Family 35 (1973): 256-263.

The authors compared self reports of communication processes in young married couples with ratings of live communication by trained judges. Using the Marital Adjustment Test (MAT), they selected a sample of 30 couples from a college population, fifteen high-scoring designated as well-adjusted and fifteen low-scoring. The two groups were closely matched for age, ethnicity, husband's education, length of time married and number of children. Among the battery of tests administered to both groups was the Marital Communication Inventory (MCI). The correlation between scores on the MAT and MCI were extremely high ( $r = .846$ ), significant beyond the .05 level. The correlation between MCI scores and judge's rating of live interaction was also quite high.

Leslie Narvan, "Communication Adjustment in Marriage," Family Process 6 (1967): 173-184.

Narvan used the Marital Relationship Inventory and Primary Communication Inventory. He selected 24 happily married couples using high scores on the MRI as criterion. Low scores on the MRI were used to confirm his criterion in selecting 24 unhappily married couples from a group of applicants for marriage counseling. Scores on the PCI and the MRI were found to be highly correlated ( $r = .82$ ) giving additional support to the positive relationship between communication and marital adjustment.

D. M. Peterson, "Husband-Wife Communication and Family Problems," Sociology and Social Research 53 (1969): 375-384.

Peterson analyzed and compared data on communication between husband and wife in a sample of 116 married university students. Using the Hobart-Klausner scale (1959), respondents were grouped into two categories: "high" communication and "low" communication families. Husband-wife communication was found to be significantly related to the ability to solve family problems and to the absence of certain others.

H. L. Rausch, W. A. Barry, R. K. Hertel, M. A. Swain, Communication, Conflict, and Marriage. (San Francisco: Jossey-Bass Publishers, 1974).

These authors studied the same group of young married couples as Rausch (1963). They used an extensive communication coding system which presented 55 categories including such items as: conventional, ritualistic remarks, seeking, giving, or withholding information, agreement, avoidance, or confrontation, coercion, commanding, or threatening remarks. The authors concluded that communication styles which enable and foster conjoint learning and continued renewal of the marital relationship allowed couples to meet more competently and to cope more creatively with the demands of the world.

H. L. Rausch, D. W. Goodrich, and J. D. Campbell, "Adaptation to the First Years of Marriage," Psychiatry 26 (1963): 368-380.

The authors observed and reported the effectiveness of adaptation and conflict resolution among young middle-class couples in the early months of marriage. The authors emphasized the critical importance of effective interpersonal communication between marital partners. Effective communication was characterized by increased mutual awareness and respect, by specification and clarification of issues without digressions or spread of conflict and by their use of language itself.

Alexander Taylor, "Role Perception, Empathy, and Marriage Adjustment," Sociology and Social Research 52 (1967): 31.

Taylor reported that communication was significantly related to interpersonal adjustment. In his research design, discrepancies in self-perceptions were considered a measure of marital communication. Such discrepancies were used to differentiate between adjustment and maladjusted marital groups at significant levels. Taylor contended that marital adjustment was basically a series of communications between husband and wife.

<sup>32</sup>Virginia Satir. Peoplemaking, (Palo Alto, California: Science and Behavior, 1971).

<sup>33</sup>Bandler and Grinder, The Structure of Magic.

<sup>34</sup>Leonard C. Silvern, Systems Engineering of Education I: The Evolution of Systems Thinking in Education quoted in Gordon L. Lippitt, Visualizing Change, p. 125. LaJolla, California: University Associates, Inc., 1973.

<sup>35</sup>*Ibid.*, p. 123.

<sup>36</sup>Joyce Hocker Frost and William W. Wilmot, Interpersonal Conflict (Dubuque, Iowa: Wm. C. Brown Co., 1978), p. 9.

<sup>37</sup>*Ibid.*, p. 10.

<sup>38</sup>*Ibid.*, p. 86.

<sup>39</sup>*Ibid.*, p. 87.

<sup>40</sup>*Ibid.*, p. 11.

<sup>41</sup>Carla Fine, Married to Medicine, (New York: Atheneum, 1981), p. 11.

"The sanctity of medicine is an important factor in her (the doctor's wife) marriage, and it is a common practice for her doctor-husband to employ a kind of 'moral blackmail' excusing himself from daily household chores and normal husband-father responsibilities."

<sup>42</sup>*Ibid.*, p. 11.

<sup>43</sup>*Ibid.*, p. 12.

". . . And when her five-year-old son confides to her that he wants to be a 'patient' when he grows up so he'll be able to see his father, the wife of a physician must also come to terms with the fact that her family must compete with strangers for her husband's time."

<sup>44</sup>*Ibid.*, p. 11.

<sup>45</sup>*Ibid.*

"Later the management sent over a complimentary bottle of champagne in gratitude, fittingly we toasted our marriage with a sparkling symbol to his skills as a respected member of the medical profession - that he was also a man and a husband somehow didn't seem important compared with his saving a life in the bathroom."

<sup>46</sup>*Ibid.*, p. 10.

"My husband once treated a passenger on a plane five minutes into the first vacation we had taken in three years. Last year he had to leave the ballet to take care of a member of the audience who had fainted, and even during our daughter's school play last week he was backstage, attending to a teacher who had slipped on a prop. . . Together with those demanding responsibilities goes the powerful prestige: the pilot of the plane announcing the doctor's life saving measures over the



intercom and the passengers clapping with approval, the doctor's wife receiving a season's pass to the ballet in gratitude from the management, and the school principal telling the parents in the auditorium, 'We should all be grateful to Kathy's daddy.'"

<sup>47</sup>Ibid.

"How can I possibly expect him to think of himself as a husband and father first when his obligations as a doctor are so much more immediate?"

<sup>48</sup>Ibid.

"There is not one doctor's wife who is not proud that her husband can use his unique skills to help others, yet many a wife cannot help feeling angry that while her husband is practicing his craft, she is, once again, left alone. Resentment leads to waves of guilt for being selfish - after all, he didn't leave her to watch the football game - so the doctor's wife joins the applause, smiles proudly at her husband, and suppresses her feelings of frustration. If her husband is always on call as the doctor, she, too, must always be on call as the doctor's wife.

<sup>49</sup>Ibid., p. 37.

<sup>50</sup>Ibid.

"Sam claims he's too tired to get involved in our son's problems and avoids any decisions by saying that he trusts me to handle everything."

<sup>51</sup>Ibid.

"Sam used to confide to me his fears, expectations, and conflicts about medicine. Now he doesn't even tell me what goes on at the hospital."

<sup>52</sup>Ibid., p. 38.

"The wives see their husbands spending increasingly long hours away from home - even moonlighting during their free time - and medicine gradually becoming the #1 priority in their lives."

<sup>53</sup>Ibid.

"If I initiate sex, he says that I'm pressuring him and can't fully understand how tired he is."

<sup>54</sup> Ibid.

"My husband is either working at the hospital or home sleeping. . . I know I shouldn't push him, but lately he is completely insensitive to my needs, including sex. I understand he's exhausted, but I find myself resentful of his sleeping. Instead of spending less time at the hospital, he seems to be there more than ever, even when he's not on call. Because I'm alone so much, I start to feel bored and then angry that my youth is slipping away."

<sup>55</sup> Martin Goldberg, M.D., "Conjoint Therapy of Male Physicians and their Wives," Psychiatric Opinion (April 1975): 20.

<sup>56</sup> J. Samuel Bois, The Art of Awareness, (Dubuque, Iowa: Wm. C. Brown Publishers, 1978), p. 107.

<sup>57</sup> Fine, Married to Medicine, p. 9.

"Every doctor's wife learns early in her marriage that her husband considers himself a physician above all else. . . the identity as a physician transcends age, sex and race. In addition, even when doctors are at their most relaxed, a part of them is always geared for a potential crisis; when the call goes out for a doctor in the house, they immediately go on duty."

<sup>58</sup> Donald K. Darness and Wayne Brockriede, Persons Communicating, (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1976), p. 172.

<sup>59</sup> Fine, Married to Medicine, p. 37.

"Sam used to confide to me his fears, expectations, and conflicts about medicine. Now he doesn't even tell me what goes on at the hospital. Sam's schedule makes him physically exhausted, but he also acts mentally drained. I understand that in order for him to function as a physician, he has to block off many of his feelings toward his patients, but I don't understand why he also withdraws from me. Sam claims he's too tired to get involved in our son's problems and avoids any decisions by saying that he trusts me to handle everything. I realize that his patients are his first concern and while I feel sorry that they're ill, I also resent the time my husband devotes to them. I sometimes feel that my husband ignores me and my son because we're healthy."

<sup>60</sup> Paul Watzlawick, Janet Helmick Beavin, and Don D. Jackson, Pragmatics of Human Communication, (New York: W. W. Norton and Co., 1967), p. 54.

<sup>61</sup>David Maddison, "Stress on the Doctor and his Family," The Medical Journal of Australia (August 31, 1974): 316.

"Overwork can be most usefully interpreted as a mechanism of retreat from overwhelming personal conflict."

<sup>62</sup>Richard Bandler and John Grinder, The Structure of Magic, (Palo Alto, California: Science and Behavior Books, Inc., 1975), p. 7.

<sup>63</sup>James T. Wilkins, M.D., and Norman G. Marvin, M.D., "The Physician as a Person," Family Practice Forum (1978): 380.

<sup>64</sup>Ibid.

<sup>65</sup>Goldberg, "Conjoint Therapy of Male Physicians and their Wives," p. 21.

<sup>66</sup>Ibid.

<sup>67</sup>Shimanoff, Communication Rules: Theory and Research, pp. 76, 77.

<sup>68</sup>Frost and Wilmot, Interpersonal Conflict, p. 86.

<sup>69</sup>Bois, Art of Awareness, p. 78.

<sup>70</sup>Frost and Wilmot, Interpersonal Conflict, p. 28.

<sup>71</sup>Ibid., p. 31.

<sup>72</sup>Ibid., p. 41.

<sup>73</sup>Ibid., pp. 104, 105.

<sup>74</sup>Ibid., p. 114.

<sup>75</sup>Ibid., p. 116.

<sup>76</sup>Ibid.

<sup>77</sup>Ibid. p. 117.

<sup>78</sup>Ibid., p. 118.

<sup>79</sup>Ibid.

<sup>80</sup>Ibid., p. 119.

<sup>81</sup>Ibid., p. 121.

<sup>82</sup>Ibid., p. 123.

- <sup>83</sup>Ibid., pp. 125, 126.
- <sup>84</sup>Ibid., p. 127.
- <sup>85</sup>Ibid., p. 128.
- <sup>86</sup>Ibid.
- <sup>87</sup>Ibid., p. 132.
- <sup>88</sup>Ibid., p. 133.
- <sup>89</sup>Ibid., p. 135.
- <sup>90</sup>Ibid., p. 137.
- <sup>91</sup>Ibid., p. 138.
- <sup>92</sup>Ibid.
- <sup>93</sup>Ibid., p. 139.
- <sup>94</sup>Frost and Wilmot, Interpersonal Conflict, p. 134.
- <sup>95</sup>Ibid., p. 125.
- <sup>96</sup>Ibid., p. 138.
- <sup>97</sup>Ibid., p. 87.
- <sup>98</sup>Ibid.
- <sup>99</sup>Donahue Transcript #03061, Multimedia Program Productions.  
P. O. Box 2111, Cincinnati, Ohio 45201. Appearances: Carla Fine.
- <sup>100</sup>Silvern, in Visualizing Change, p. 123.
- <sup>101</sup>Marshall Scott Poole and Joseph P. Folger, "A Method for Establishing the Representational Validity of Interaction Coding Systems: Do We See What They See?," Human Communication Research 8(1) (Fall 1981): 26.
- <sup>102</sup>Mary Ann Lamanna and Agnew Riedmann, Marriages and Families: Making Choices throughout the Life Cycle, (Belmont, California: Wadsworth Publishing Company, 1981), p. 3.
- <sup>103</sup>Faith R. Elliot, "Professional and Family Conflicts in Hospital Medicine," Social Science and Medicine 13A (1) (1979): 62.
- <sup>104</sup>Ibid.

<sup>105</sup>Rosanne Krcek Frank, "The Doctor's Wife: Meeting her own Needs," Illinois Medical Journal (April 1975): 387.

<sup>106</sup>Fine, Married to Medicine, p. 41.

<sup>107</sup>*Ibid.*, p. 46.

<sup>108</sup>*Ibid.*, p. 65.

<sup>109</sup>*Ibid.*

<sup>110</sup>*Ibid.*

<sup>111</sup>Elliot, "Professional and Family Conflicts in Hospital Medicine," p. 62.

<sup>112</sup>*Ibid.*