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Linda S. McGinnis
From the Perspectives of
Both: The Impact of the
Therapist's Job on the
Relationship Between
Therapists and Their Partners

ABSTRACT

This study was done in order to examine, from the perspectives of therapists and their partners, the impact of the therapist's job on the couple's relationship. Each participant was encouraged to offer examples of both positive and negative experiences in their relationship and how they believed these experiences were affected – if at all – by the mind-set and/or skill-set of the therapist. Twelve participants were interviewed: six therapists and their partners.

The major findings were that most of the participants believed that the therapists' use self-reflection during times of conflict had a positive impact on the relationship. The extended family valued the therapist's advice in matters such as child-rearing and conflict resolution. Several participants believed that it was not advantageous for therapists to bring their skill-set into their relationship or into matters that involved the extended-family unless asked to do so. Therapists needed some transition time when they got home from work. Also included in the findings is the type of person each of the partners in this study perceived their therapist-partner to be.

Future research in this area is needed in order to gain additional perspective from partners of therapists. This would increase awareness of therapists regarding how their profession impacts their personal relationships and would thus be of value to the field of clinical social work.

FROM THE PERSPECTIVES OF BOTH: THE
IMPACT OF THE THERAPIST'S JOB ON THE
RELATIONSHIP BETWEEN THERAPISTS AND
THEIR PARTNERS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2007

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	4
III. METHODOLOGY.....	25
IV. FINDINGS	32
V. DISCUSSION	40
REFERENCES	49
APPENDIXES	
Appendix A: Therapist Interview Guide.....	51
Appendix B: Partner Interview Guide	52
Appendix C: Contact Letter	53
Appendix D: Referral List for Partner (Cincinnati).....	54
Referral List for Partner (California).....	55
Appendix E: Therapist Informed Consent	56
Appendix F: Spouse/Partner Informed Consent	58
Appendix G: Human Subjects Review Letter of Approval	60

CHAPTER 1

INTRODUCTION

In this study I have examined, from both the perspective of the therapist and the perspective of the therapist's partner, the impact of the therapist's job on their interactions and their relationship. For the purposes of this study, a therapist is defined as anyone who holds a master's degree or higher in social work and/or psychology and facilitates therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction. A partner is defined as anyone who is married or has resided in the same house with the therapist in a spousal context for a minimum of two years. A client or patient is defined as a person who is seeking emotional/mental relief by engaging in therapeutic sessions with the therapist.

The theoretical perspective used is the theory of self-in-relation. The use of this perspective allowed for the addition richness to the study's central theme of how each person in a two-person relationship experiences the self in relation to their significant other as work-related dynamics enter into the relational space.

At various times I have wondered if therapists interact with their spouse or partner in ways that are perceived by the partner as therapeutic. I have also wondered if therapists perceive that they should stay in control during conflicts with their partners. Or, might they seek control in conflicts with their partners by asking questions and

interpreting the emotion involved during the conflict? How do partners of therapists experience life at home with someone who, by training, interprets feelings and conversations?

Studies have shown that the partner of the therapists may, on occasion, assume the role of a client or patient. The therapist, drawing from their basic nature and from their professional training, may respond to this empathically as well as professionally (Smith, 1995; Zur, 1994). Thus, does the therapist experience that he or she is *expected* to ask questions and provide interpretations of answers and emotions? How does this effect the couple's interpersonal communication? Does either perceive advantages or disadvantages in their relationship brought about by the therapist's career?

I have long been interested in the dynamics that affect couple interactions in general and the dynamics affecting the interpersonal relationship between therapists and their partners in particular. The nature of clinical work (e.g. sitting with the pain of others, maintaining caring relationships, holding trauma as it is retold by the traumatized) can be as demanding on one's psyche and one's emotions as it is satisfying. Due to the sometimes extreme nature and intensity of these types of interpersonal interactions, I believed it was reasonable to assume that they would have significant carry-over effect into the therapist's personal life and into his or her most intimate relationship.

At the same time, I believed it was also reasonable to assume that the partner of the therapist would experience at least some of these affects personally as well as within the couple's intersubjective space. How this dynamic affected their relationship as a couple interested me and it is also of value to clinical social workers and to psychologists, psychiatrists, and to psychoanalysts because the private life of the therapist often affects

his or her professional life. Thus, I did this study to increase awareness by providing data related to the impact on a relationship in which one of the partners is a therapist.

CHAPTER II

LITERATURE REVIEW

This chapter contains eight sections. It begins with an introduction followed by a brief section that defines therapist, partner, and client/patient for the purposes of this study. The next sections, in order, are a self-in-relation theoretical perspective, a review of related studies, the character and psychological make-up of individuals who tend to become therapists, and a review of literature which deals with therapists as parents. These are followed by a section on the home life of therapists and their partners and concluding with a chapter summary.

Introduction

A review of the literature which deals directly or is indirectly related to the phenomenon of therapists' interpersonal relationship with their families revealed that studies had focused on three primary areas. These areas were therapists' personality types, therapists' relationships to their families of origin, and therapists' influence on, and their interactions with, their children. The relationship connected to the day-to-day interactions between the therapist and his/her partner, however, appeared to be an area of minimal research.

In the relatively few writings found which offered insight into the relationship between the therapist and his or her partner, the focus was on the need for the partner to be understanding toward the therapist's job demands and on how the partner may be

helpful with the therapist's self-care in order that the therapist may be protected from "burnout" (Berger, 1995; Cray & Cray, 1977; Grosch & Olsen, 1995). Grosch and Olsen (1995) cautioned therapists about the potential to be emotionally worn down by the profession and encouraged them to ask their spouse and family for "feedback" regularly regarding how they were fitting in to the daily family system (p. 276). They also encouraged therapists to seek good supervision and to carve out time away from work for rest and relaxation.

Berger (1995) interviewed 10 psychotherapists. Their average age was 59 and their average number of years in practice was 29.6. Each interview was approximately 2 hours in length (pp. 305-306). Berger's purpose for the study, though not stated as such, appeared to be his concerns about his own increasing weariness with the therapy profession. He chose subjects who had managed to navigate the job of therapist and had balanced their personal and professional lives with apparent success. Unfortunately, he did not include the questions he asked his participants. His article was a recounting of his "conversations" (p. 306) with these experienced professionals and the commonalities shared by each regarding how they had sustained themselves emotionally during their years of practice. All said that their career impacted, sometimes positively and sometimes negatively, their personal lives. All also mentioned a spouse or a partner as being part of their support system. However, how being a therapist was experienced by them or their partner within the couple's relational space appeared not to have been a topic during the interviews.

Cray and Cray (1977) offered a perspective from a psychiatrist and his wife and their life together at home. Each wrote a portion of the article and each offered their

thoughts on the needs of the psychiatrist (Mr. Cray) at home and on how their family dynamics were influenced by his needs. Their article was reviewed in this chapter's *Life at Home* section.

These studies provided data and information related to the partners' role with helping to relieve the therapist from work-related stress. However, I was unable to find studies which focused on how either the therapist or their partner experienced the effect of the therapist's work on their relationship as a couple.

According to Duncan and Duerden (1990) and Farber (1983), the reasons that this phenomenon had been studied minimally included the difficulties associated with consistently accounting for "contextual factors" (Anastas, 1999, p. 302). These included the variability of personality types among therapist's partners, the varying socioeconomic status within study participants, and difficulties with determining the condition of the couple's relationship prior to beginning the study (Farber, 1983). There also existed, according to Farber (1983), the "nature of the therapeutic model; which focuses on patients, not therapists" (p. 177). Thus, a large gap existed in research relating to the phenomenon of the relationship between therapists and their partners.

This work is an attempt to use related literature and to provide data from interviews with therapists and their partners for this sparsely studied area in the hope that it may be pertinent to the personal lives of therapists, both privately as well as professionally. How the job of therapist affects and is experienced by each individual in the relationship has implications that are important to informing the field of clinical social work.

Self-in-Relation

The theoretical perspective used for this study was the theory of self-in-relation. Self-in-relation emerged from theorists at The Stone Center in Wellesley, Massachusetts. These theorists posited that traditional developmental theories exemplified by Erickson (1968) and Levinson (1978), are biased by male-dominated Western culture and thus the separate and individuating theories of the development of self emerged. They hypothesized that a sense of self for women was not dependant upon individuation because women were relational beings and their sense of self was associated less with separateness and more with relational continuums.

In a study of 107 women involved in marriages and committed relationships Lippes (1998) determined that how their partners behaved toward them regarding acknowledging and responding to their emotional needs – the primary criteria used by Lippes to define “mutuality” – had a large impact on how the women rated their self-esteem and their relational satisfaction (pp. 50-51). Lippes’ study was limited by her use of self-reporting survey questions, a lack of randomness (all study participants were white, middle class, and well-educated), and by the argument that self-esteem was difficult to define and may also be associated with ever-evolving life events. Nonetheless, her findings presented evidence to support the theory that a strong correlation existed between a woman’s sense of self and how she perceived herself within the context of her relationship with her partner.

Stone Center theorists did not present self-in-relation as a female theory exclusively, however, rather they distinguished it from traditional male and female theories of development as a theory in which a more balanced examination of both

genders' development of self occurred. In this way self-in-relation offered an excellent lens by which to look at couples because it acknowledged that males and females developed into "relational beings [via] different developmental pathways" (Lippes, 1998, p. 6).

Surrey (1991) described relationship as "an experience of emotional and cognitive intersubjectivity: the ongoing, intrinsic awareness and responsiveness to the continuing existence of the other or others and the expectations of mutuality in this regard" (p. 61). Self-in-relation can thus be likened to the old merger equation of one plus one totaling more than two by its suggestion that a relationship enables one to experience the self as something larger than an individual due to "the emotional cognitive presence of the other" (p. 62). That the psychological development of women may have emerged from a different path, one in which the goal was connection as opposed to the autonomous self, may have enabled traditional psychology to too easily label women as dependant. The theorists purported that this may be more the result of a construction of male-dominated psychological theory than fact (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Miller (1986) wrote that for many women, "the threat of disruption of connections is perceived not as just a loss of a relationship but as something closer to a total loss of self [because] individual development proceeds *only* by means of connection" (p. 83). However, our culture has internalized the belief that relation-based emotions are predominately female emotions and to rely on such connections in order to form and sustain one's sense of self made one needy and/or weak (Gilligan, 1993; Jordan et al., 1991; Lippes, 1998).

In *Women's Growth in Connection*, Jordan, et al. (1991) offered a collection of their writings from the Stone Center. It was their shared belief that progression through the stages to adulthood was done differently by women and that this difference was neither maladaptive nor pathological. Traditional theory had taught us that the signs of healthy maturity were represented by an individual's movement from attachment to independence via the stages of separation/individuation and autonomy. However, self-in-relation provided to us a different theory: a theory in which continued connectedness and empathic mutuality were integral elements of female development (Jordan et al., 1991).

Gilligan (1993) believed that self-in-relation was "a way to see difference as a marker of the human condition rather than as a problem to be solved" (p. xviii). Her work, *In a Different Voice*, emerged from three studies: one with only female participants, and two that involved both males and females. Participants in the first study consisted of 25 college-age men and woman who each had taken the same class in moral and political choice as freshmen. The sample was interviewed as seniors. In the second study, 29 women, ranging in age from 15 to 33, were chosen. All were in their first trimester of pregnancy and all were considering abortion. The third study contained 144 participants from 9 points across the life cycle. The age range was as follows: 6-9, 11, 15, 19, 22, 25-27, 35, 45, and 60. Gilligan chose 8 males and 8 females at each stage. All three studies involved personal interviews in which questions related to morality and experiences of moral conflict and choice were asked. She conveyed the summation of her findings eloquently:

The differences between women and men which I describe center on a tendency for women and men to make different relational errors – for men to think that if they know themselves, following Socrates' dictum, they will also know women,

and for women to think that if only they know others, they will come to know themselves. Thus men and women tacitly collude in not voicing women's experiences and build relationships around a silence that is maintained by men's not knowing their disconnection from women and women's not knowing their dissociation from themselves. Much talk about relationships and about love carefully conceals these truths. (p. xx)

The premise of Gilligan's (1993) work was to find women's voice, and once found, to enable women to hear it and to feel validated. Like Jordan et al. (1991), Gilligan also acknowledged that though the feelings and emotions of men and women are similar, how each gender reacted to feelings and emotions was the result of long-standing patriarchal psychological conditioning and social constructivism. Thus, men and woman acquiesced to this disconnect and internalized the belief that their reactions were simply the natural order of things.

Miller (1986) believed that men are taught to be "strong, self-sufficient, and fully competent" (p. 33) regardless of situational pressures and circumstances. They were also taught that to acknowledge feelings other than ones in which strength, self-sufficiency, and competency are supported indicated that they were weak and vulnerable (considered *female* traits). "They feel as though they have lost something" (p. 31). Women, according to Miller, reinforced this belief by accepting the theory that experiencing emotions and reacting to them somehow made them weaker than men. However, Miller believed that the opposite was true. She wrote that women's ability to "tolerate these feelings – which life in general, and particularly our society, generates in everybody – is a positive strength" (p. 31). Gilligan (1993) and Jordan et al. (1991) put forth that men and women, for similar psychological and socially constructed reasons, operated with different yet equally valid feelings and reactions. Miller (1986) went a step further:

One can, and ultimately must, place one's faith in others...related to other human beings, in their hands as well as one's own. Women learn very young that they must rest primarily on this faith. They cannot depend on their own individual development, achievement, or power. If they try, they are doomed to failure; they find this out early. (p. 87)

In *Toward a New Psychology of Women*, Miller was insightful and poignant. However, at times she leaned toward the competitive; the very we-are-better-than-them psychological philosophy which she also appeared to be denouncing.

Related Studies on the Impact of the Therapist's Job on Their Partner

While literature related to studies focused on the impact of the therapist's job on a couple's relationship were rare, studies of occupational stress and its effect on family/couple relationships were available (Clark, 2002; Cook & Rousseau, 1984; Crossfield, Kinman & Jones, 2005; Long & Voges, 1987). Two studies, Cook and Rousseau (1984) and Long and Voges (1987), offered research on specific occupations and how the job-related stress of one partner may be experienced by the other (Long & Voges, 1987) and how the strain of occupying a role in a family caused individuals to become less tolerant of work-related strain; which, conversely, helped them become more aware of when they felt overloaded at work (Cook & Rousseau, 1984).

Long and Voges (1984) studied 301 heterosexual couples in New Zealand in which the male partners were prison guards. Each member in each couple was asked to complete a questionnaire (at a different time than their partner) and rate areas of potential stress. The purpose of the study was to determine the degree of convergence between what female partners perceived as the sources of their male partners' job stress and the male partners' perceptions of the source of their work-related stress. The researchers

hypothesized that the wives' perceptions would be accurate (Long & Voges, 1987, p. 235).

Two factors complicated Long and Voges' (1984) findings, however. One, the female partner's perceptions of her male partner's work stress was based largely on the communication between her and her male partner. And two, though the results of their research reflected that the female partners of the prison guards were able to identify the sources of their male partners' stress with a high degree of accuracy, it was noteworthy that 72.4 percent of the couples surveyed lived in the same community in Department of Prisons housing (pp. 236, 241). Thus, it is likely that the social environment of most of the couples was similar (i.e., listening to their male partners in conversation with colleagues during social gatherings, female partners talking with one another about their male-partners' jobs) which may have biased the female partners' perceptions.

Cook and Rousseau (1984) conducted a survey of 200 elementary, middle-school, and high school teachers from 25 schools in Michigan. Sixty-three percent of the participants were female and 27% were male. The age range of the participants were, 21 – 29, 16%; 30 – 44, 51.5%; 45 – 54, 23.5%; and the remainder were 55 and older. Using an initial phone interview, a face-to-face interview, and a self-administered questionnaire with each participant to collect data, the researchers' findings indicated that stress from demands at work increased stress at home for female teachers with partners and children as they attempted to balance the demands from both places. Male teachers who had partners and children also reported an increase in stress levels at home as demands grew at work but to a lesser degree than females (Cook & Rousseau, 1984). This may have been due to the inequality in at-home family responsibilities which traditionally fall to

women. However, both male and female teachers who had partners and children reported a higher degree of overall life satisfaction and reported higher degrees of physical well-being than participants without partners or children.

Since this finding was noted in the study (Cook & Rousseau, 1984), it may have been helpful if the researchers had included data related to the employment status of the partners of participants which may have had corollary affects on the stress levels of the participants both at work and at home. Also missing in the research was the impact of crossover communication (talking about work at home) in the relationships of the partnered participants. This was inferred and the researchers reported that “extensive face-to-face interviews” (p. 255) were used in their methodology. However, no data was offered to evidence how having a partner and/or children were perceived as helpful by the participants.

Two recent studies that looked at the effect of crossover communication in couples’ relationships were Clark (2002) and Crossfield et al. (2005). Crossfield et al. (2005) used identical sets of questionnaires to gather data from 74 dual-career couples who had a variety of jobs. The questionnaires were labeled “male partner” and “female partner” (p. 215). The first questionnaire asked participants to mark their responses to questions about their job. The second asked their perception of their partner’s job on a number of work related topics (i.e. work demands, job commitment/satisfaction, support from colleagues/co-workers, workload demands) and how they perceived these topics as influencing their partner’s communication and behavior at home.

The results (Crossfield et al., 2005) suggested that for males, frequent discussions at home about their partner’s work, regardless of the discussion’s positive or negative

context, raised the male's anxiety levels about their partner's job. For women, the study's findings reflected that work-related conversation at home was perceived as aiding understanding and helpfulness within the relationship. Thus, regardless of which partner is talking about work, females experienced higher levels of psychological well-being. In a similar study by Clark (2002), however, slightly different results were yielded.

Clark's (2002) sample population included males and females who held jobs with less professional influence and lower incomes than those in the later research of Crossman et al. (2005). Clark gathered data from a sample of 179 individuals in the northwestern part of the United States who worked and had family responsibilities. However, she did not use dual-career couples as her target population. Instead, a more diverse population was recruited which included 83 women and 96 men. A little more than half (52%) of the participants had a college degree, the majority of them were married (91%), and most (88%) had one or two children living with them in the home. The participants' yearly income average was from \$30,000-\$60,000.

Each participant was asked to reply to a series of questions about communication with their families about the participant's work. A 5-point scale with a range from *never* to *always* was used. The purpose of Clark's (2002) study was to examine "factors that influence the amount of communication and the effect of communication on work/family balance" (p. 23). The results of her study indicated that both genders who engaged in communication about their work with their families showed more satisfaction with work, reported that they functioned better at work, reported a higher satisfaction with home and family, and had more functional families. However, since the study focused only on how communicating about their work affected the study participant in relation to the

participant's perception, no data were gathered related to how the participant's communication at home was perceived by their partner. Also noteworthy was that Clark did not include the types of jobs held by her participants and neither did she mention how many of her participants were in dual-career partnerships.

These studies evidenced that work-related communication occurred at home and that the communication impacted those who talk about their jobs. However, how the communication was experienced by their partner, though perhaps as central to the effect as the conversation itself, has received little attention.

Who Are Therapists?

An important question in a study about therapists and their partners explored the types of individuals who become therapists. Guy (1987) believed that there were many kinds. He wrote that there were both functional and dysfunctional motivators which drove people to seek careers as therapists. Those motivated by dysfunctional drivers may include individuals who sought a greater understanding for personal emotional distress (also known as "wounded healers") and those with a desire for "vicarious coping" in an attempt to overcome "deep-seated loneliness and social isolation" (Guy, 1987, pp.13-17). However, Guy listed those with healthy, or functional, motivators as also choosing this career. These included individuals who were attracted to the profession because they were inquisitive about themselves and about others, and those who were comfortable with, but did not experience a need to abuse, power. Functionally motivated therapists, according to Guy, could enter into relationships with a non-threatening and engaging "open genuineness" (p. 11).

Guy's (1987) look at the character and psychological make-up of therapists was enlightening reading for therapists as well as for those who were thinking about becoming therapists. Unfortunately, he did not always make easy a distinguishable transition from his discussion of the results of empirical studies and his personal opinion or subjective conclusions. Within the context of reviewing a study, he at times interjected a biased statement such as, "The psychotherapist must be somewhat of a natural conversationalist..." (pp. 11) as if the statement was fact or as if it was part of the results of a study. This made it difficult at times to separate his biases from evidence. Goldberg (1991) and Golden and Farber (1998), though not disagreeing totally with Guy, pointed out that those who pursue therapy as a career were also those who had empathetic natures and who were naturally curious and insightful about psychological reasoning.

Goldberg (1991) and Golden and Farber (1998) agreed that there were certainly dysfunctional personalities within therapy's ranks, however, each study purported that most individuals who became therapists did so because the career was well suited to their internal characteristics. Further, their position was that many chose this career because they were comfortable with conversation, were able to listen, and they were caring and introspective. I found no information regarding the character types of individuals who tended to partner or to be sought after as partners of therapists. This lack of information regarding the partners of therapists was consistent and created a situation whereas the review of all the literature focused almost exclusively on therapists.

Therapists as Parents

For this research I focused narrowly on the perception of the two adults affected by forces at work within their relationship. However, within this study's sample there

were children present and it was for this reason that two studies of therapists as parents were included here.

Strean (1969) treated twelve children of analysts, psychologists, and social workers (the subgroups were proportionally represented). The children, ranging from 8 to 19 years of age, had all been entered into treatment by their parents for behavioral dysfunctions; their mood and affect descriptions from their parents included depressed, irritable, sarcastic, and petulant. Each was treated by Strean for 12 to 18 months. He concluded that the therapist-parent of each of the children in his study had “unwillingly squelched the child’s maturational movement and induced guilt and depression” (Strean, 1969, p. 88). Further, he inferred that the children, all of whom showed signs of improvement after treatment, improved because they were being treated by someone “less narcissistically involved” than their therapist-parent. Strean posited that therapist-parents, “out of their own feelings of deprivation, tend to over-gratify their children which blocks assertive expressions and the growth process (p. 88).

An omission in Strean’s (1969) study was that of any similar studies of children whose parents were therapists. Also, he did not say that he had worked with children in his practice whose parents worked in a different vocation. He said only that over a 10-year period he had worked “with over a dozen youngsters who were the offspring of therapists” (p. 82). Thus, the reader was left to wonder if Strean treated young people as a matter of course in his practice. If he did not, and there was nothing in his study to indicate he did, then his statement that therapist-parents are “unable to sincerely encourage expressions of assertiveness, separation, and autonomy” in their children lacked credibility (p. 89). In addition, Strean offered no evidence for his assertion that

his subjects' parents were deprived in their own youth and that this had somehow affected their parenting.

Almost 30 years later, in 1998, Golden and Farber used a 14-item, semi-structured interview in the study of 20 children of psychotherapists. The age range (10 – 18) was almost identical to Strean's group and the subgroups of therapists-parents were again equally represented by analysts, psychologists, and social workers. An important difference in Golden and Farber's study, however, is that their participants were not in treatment. Instead, they had volunteered to be part of a study group. Because of the other similarities in the study, however, Golden and Farber's results are offered for comparison and consideration.

In contrast to Strean's conclusions, Golden and Farber's (1998) results implied that the effects on children of having a parent who was a therapist were generally favorable and that, "many therapists seem to successfully create for their children and atmosphere of empathy, genuineness, and positive regard" (p. 138). Golden and Farber spent part of the interview time with their participants asking questions directed at determining what the children of therapists knew and understood about what their parents did for a living and how they perceived the impact of their parents' profession on their lives. Included were questions related to details such as the children's knowledge of the therapeutic environment and per session fee rates.

Golden and Farber (1998) stated that they were attempting to refute the "commonly expressed notion" (p. 138) professed by Strean (1969) and others (Cray and Cray, 1977; Guy, 1987; Zur, 1994), which purported that children of therapists tended to view their parents' profession as something dark and obscure and that they felt as though

they were being constantly treated as patients at home. They were also attempting to refute the professions of Strean and Zur that children of therapists were jealous and resentful of the time their parents' spent with clients. It is noteworthy that of Strean, Cray and Cray, Golden and Farber, Guy, and Zur, only Golden and Farber and Strean offered empirical studies to substantiate their positions regarding therapists as parents. Concerns about Strean's research have been mentioned in this section. Golden and Farber's findings that children of therapists appeared to suffer no more or no less distresses with their parents than children of parents in other professions were based on research with a larger sample and appeared to involve fewer biases. However, it should be noted that Golden and Farber did not use a control group in their research.

Life At Home

Smith (1995) cautioned that as therapists gain experience there may be a propensity to begin to see pathology as ever-present. Pathology thus became the lens through which all human behavior was viewed. At home, this could translate into a partner's sadness becoming *depression* or their attention to detail becoming *obsessive-compulsive* (pp. 83-85). Though Smith's conclusions were not empirically-based, he offered years of professional experience and interactions with other therapists as his foundation. Other writers had offered similar opinions earlier (Cray & Cray, 1977; Farber, 1983, 1985; Guy, 1987; Zur, 1994).

Farber (1983) interviewed 60 therapists (40 of the 60 were analytically and/or psychodynamically trained) for approximately an hour using semi-structured questions that focused on the therapists' experience of their work and of the interfaces between work and their personal lives. The study was not longitudinal which created some

limitations and Farber's sample was heavily weighted in favor of psychodynamic/psychoanalytically trained participants. Nevertheless, he maintained that his results substantiated his claim that:

therapists who are exponents of psychodynamic theory use these theoretical and therapeutic constructs to structure their view of self and others. And because this theory is a belief system, a way of ordering the world, the development of an on-off switch is an extremely difficult task. (p. 181)

Two years after his study was published, Farber (1985) continued to caution that therapists' "tendency to become increasingly psychologically minded as a result of therapeutic practice" may result in their finding it difficult to "turn it off" when they are home and that this may have a detrimental effect on their relationship with their partners (Farber, p. 171). Guy (1987) went further and pointed out that "the tendency to constantly interpret a spouse's behavior reduces mutuality, increases defensiveness, and renders intimate interaction emotionless and highly intellectualized" (p. 110).

Zur (1994) concurred with Farber. He wrote, "...psychology does not stop and cannot be stopped at the end of the clinical hour. It permeates therapists' lives and inevitably impacts their intimate and familial relationships" (p. 80). Zur's extensive theoretical work on the impact of the therapist's job on individual and family dynamics listed possible positives and negatives which could effect these relationships. He warned therapists that if they maintained a clinical psychological posture at home then it was likely that their spouse or children would assume the role of "the patient" (p. 81).

C. Cray (Cray & Cray, 1977) wrote that it may be difficult at times for therapists to positively interact with their families due to the emotionally draining nature of the therapist's job. In addition, because the focus of their work with patients dealt with

“long-term goals and vague end points” (p. 339), it was easy for the therapist to unwittingly (or even knowingly) bring these thinking and conversational styles into the relationship; which the therapist’s partner may find frustrating. For example, focusing on feelings as opposed to the circumstances or events which may be driving the feelings may work well in the office. However, at home, such reactions could appear highly invalidating to a partner. The therapist could appear very insensitive. As Cray’s wife noted in the article, “...the problems of his family seem very trite compared to the problems he has been focusing on” (p. 337).

Cray and Cray (1977) offered a narrative of how the psychiatrist who practiced psychotherapy and his wife viewed the impact of the psychiatrist’s job on their life together. The effects of a dominant patriarchal society on Mrs. Cray’s role in the relationship were evident. She wrote, “We spouses are sharing a home, a bed, children with a highly intelligent person. He needs to recognize our need to be listened to, to be as special occasionally as he is. We need to recognize special needs he has as the result of his very special profession” (p. 338). Mrs. Cray was clearly the traditional wife of 30 years ago and her perspective was difficult to blend into today’s more gender-neutral and vocationally respectful social and work environments.

There were also positives associated with the home-life of therapists. Empathic listening, caring responses, and an expertise in communication and behavioral responses were among them (Duncan & Duerden, 1990; Farber, 1983, 1985; Guy & Liaboe, 1986; Zur, 1994). Duncan and Duerden’s (1990) study reflected that the spouses of therapists, as well as the therapists, believed that the therapist’s job enhanced family life.

Their sample consisted of 44 therapists and their spouses (Duncan & Duerden, 1990). Each was asked, “How has your work uniquely strengthened your own marriage/family?” and “How has your spouse or partner’s work uniquely strengthened your own marriage/family” (p. 212). Then each was asked, “How has your work been uniquely stressful to your own marriage/family?” and “How has your spouse or partner’s work been uniquely stressful to your own marriage/family?” (p. 212). These questions were followed by an 11-item questionnaire in which the respondents were asked to check the items which applied to their own family situations and then rank each in the order of their relative strength in the area of enhancer or stressor. The two most frequently checked (by the spouses) stressors were “Little time left for own marriage/family,” and “Little energy left for own marriage,” with “Difficulty switching roles from professional to family member” a close third (p. 213). However, both the spouses and the therapists reported significantly more enhancers than stressors. These included, “Greater ability to prevent potential marital/family problems,” and “Greater ability to communicate effectively” (p. 213).

Two areas of difference between Duncan and Duerden’s (1990) study and Farber’s (1983) included first, only 23% of Duncan and Duerden’s sample were clinical therapists or the spouses of therapists. The rest of the participants were family “life counselors,” case managers, or school social workers (pp. 211-212). Thus, the number of hours spent in the therapeutic space with clients varied significantly. Second, the participants in Duncan and Duerden’s study responded to survey questions as opposed to open-ended interviews which limited the sample’s possible answers. However, based upon the empirical and theoretical evidence presented in this section, it was apparent that

the therapy profession indeed affected the relationship between the therapist and their partner.

Summary

The review of the literature revealed that when the personal lives of therapists have been studied, past research has dealt primarily with therapists in relation to the effect their job had on them as individuals, or with how the therapist interacted and related to her family. The research also indicated that though there was not a unique character make-up from which all therapists emerged, there appeared to be certain types of characteristics that were prevalent among those who practiced therapy. Some of these included a caring and empathetic nature and a natural curiosity and insightfulness with regard to psychological reasoning (Farber, 1985; Guy, 1987; Guy & Liaboe, 1986).

The theoretical perspective of self-in-relation provides a balanced lens by which we may observe same or opposite genders in a couple relationship. It allows us to view individuals in a relationship without the burden of labels such as maladaptive and/or dependant in cases where one or both members' relational needs and resulting behaviors present differently than traditional theories have defined as healthy. This is important because the purpose of this study is to examine how the therapist's job affects the couples' relationship. It is not an effort to pathologize study participants.

The research is somewhat conflicted regarding the effects therapists have on their children although more recent studies appeared to dispel the older, stereotypical images of therapists as distant and narcissistic at home which resulted in their children growing into adults with psychological impairments (Golden & Farber, 1998; Streaun, 1969).

Efforts to find studies regarding the relationship between the therapist and their partner and/or the effects of the therapist's job on their relationship have yielded few results.

The dominant theme throughout the sparse research appeared based on the assumption that the needs of the therapist at home (i.e., rest, non-stressful environment, need to talk about feelings) should occupy a large space within the family dynamic. This promoted an obvious imbalance in the relationship in that the needs of partners of therapists were mentioned rarely or not at all, yet their role in the maintenance of harmony within the family in order that the therapist's needs were met was presented as highly important. How each partner experienced the effects of the therapist's job within their relationship appeared based primarily on a second assumption - that the therapist's job was demanding and emotionally draining and therefore had a negative crossover effect within the couple's relationship (Berger, 1995; Cray & Cray, 1977; Duncan & Deurden, 1990; Goldberg, 1991; Grosch & Olsen, 1995).

While both assumptions may be reasonable given the nature of the profession, there was little empirical evidence to substantiate or to refute them. The lack of information about this phenomenon has prompted me to do this study.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine, from both the perspective of the therapist and the perspective of the therapist's partner, the impact of the therapist's job on the couple's relationship. This was a qualitative, inductive, exploratory study. A minimally structured, flexible methods design was used in an attempt to discover the perspectives of therapists and their partners and then to discuss the phenomenon of how each believes the therapist's job affects their personal interactions and their relationship. In order to explore the phenomenon fully, I used induction, a process which allows data to precede theory. Two interview guides, one for therapists and one for partners of therapists (Appendix A and Appendix B), were created that consisted of minimally structured, open-ended questions in order to gather narrative data from the study participants. The interviews were recorded by audio tape in order to capture tone and voice inflections.

The small amount of literature on this phenomenon invited a flexible methods design in order to provide the opportunity for minimal structure and discovery and to construct theory in the hope of informing clinical social work practice. Flexible methods also allowed for a discussion of the personal bias of the researcher and how this may have influenced the results (Anastas, 1999).

Definitions

For the purposes of this study, a therapist is defined as anyone who holds a master's degree or higher in social work and/or psychology and facilitates psychodynamic therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction. A partner is defined as anyone who is married or has resided in the same house with the therapist in a spousal context for a minimum of two years. A client or patient is defined as a person who has come seeking emotional/mental relief by engaging in therapeutic group or individual sessions facilitated by a therapist.

Sample

I interviewed six therapists and their partners. This non-probability, convenience sample was gathered from lists of potential participants in the mid-west as well as a second list of potential participants from a large city on the west coast. Telephone numbers and/or email addresses for therapists who agreed to be contacted were supplied to me by a classmate and by my Faculty Field Adviser. I made the initial contact with several therapists from each location by telephone or by email (Appendix C). In order to protect the confidentiality of the therapists and partners who became part of my sample, I did not tell my classmate or my Faculty Adviser which therapists and partners were contacted or chosen for the study's sample from their lists of potential participants.

I completed 12 individual interviews. The study sample included six therapists and their partners. Of the total of the 12 participants, eight were male and four were female. Two participants were of color and four identified as gay, which increased the

richness of the study by providing perspectives from non-dominant cultures. The therapists' sample included three males and three females which provided for an equal representation of perspectives from both genders. The partners were less evenly gender-represented and included five males and one female. The therapist participants included psychiatrists, psychoanalysts, and licensed clinical social workers. The professions of the partners included business, education, law, and homemaking. For therapists, the requirements for inclusion in the sample were as follows:

- That they be English-speaking and over the age of 18 years.
- That they be living with a partner to whom they were married or with whom they were living with in a spousal context.
- That they had been living with the same partner for a minimum of two years.
- That they had a masters degree or higher in social work or psychology and were working in an office, agency, or hospital in which they facilitated therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction.
- That they be employed and working as a therapist for a minimum of two years.
- They could be white or of color, and identify as heterosexual or homosexual, queer, or transgendered.
- That they and/or their partner had children from their relationship or from a prior relationship and the children may or may not be living in the home. Or, they or their partner did not have children.

The requirements for inclusion in the sample for partners of therapists were as follows:

- That they be English-speaking and be over the age of 18 years.
- That they be married to, or living with in a spousal context, a therapist who had been included in the sample for this study.
- That they be living with the therapist for a minimum of two years.
- That they were not a therapist, a nurse, a psychologist, or a psychiatrist. Neither could the partner be employed in a social service agency or a mental health clinic.
- That they were white or of color, and identified as heterosexual, homosexual, queer, or trans-gendered.
- That they and their partner had children from their relationship, or from a prior relationship. The children may or may not be living in the home. Or, they or their partner did not have children.

Ethics and Safeguards

In order to protect the confidentiality of the volunteer participants, I did not label cassettes used during the recorded interviews other than by number. Also, no names of either the therapists or their partners were used during transcription. All tapes, and informed consent forms were locked in a file drawer during the thesis project and will remain there for three years after the research for this study was completed. After this time I will either destroy the previously mentioned materials or keep all of it secured in its location. In addition, the participants' demographic information was not used individually, but rather the demographic data was pooled in order that no individually identifying information is reported in the study.

The benefits to the participants of this study include an opportunity to be involved in a work that will further the knowledge of professional social work. Both the therapists

and their partners were provided with opportunities to voice their thoughts, feelings, and opinions, in an area of previously neglected research. The risks to the participants included the possibility that negative thoughts or feelings about their partner and/or about their partner's job might be triggered. However, other than my knowledge and the knowledge of their partner, all of the participants' information and identities are confidential. Only the partners were provided with a list of agency and regional psychotherapy resources prior to being interviewed (Appendix D). It was assumed that the therapists who participated were aware of such resources.

Data Collection

All participants who agreed to participate in this study, met the criteria, and were chosen, were given a consent form that was signed prior to beginning the interview. The consent form described the nature of the study and included information about the risks and benefits. Participants were also made aware, in writing, that their confidentiality would be protected according to federal regulations.

Each interview with each participant lasted approximately 20 to 45 minutes. Interviewing is an often-used technique in flexible methods research because it provides the opportunity to "learn more" about a little researched or poorly understood phenomenon (Anastas, 1999, p. 353). Interviewing also allowed for the "assumption that the informant's knowledge and experience of the phenomena of interest should guide the dialogue" (p. 353).

I used semi-structured questions to encourage participants to share their experiences in their answers. The interview guide began with questions that allowed me to collect demographic data such as the participants' age, identified race/ethnicity,

professional degree, job duties, the length of time they had been with their partner, and their sexual orientation. With participants in the sample who had children, I asked the ages of the children and if they were living in the home full or part-time. An example of my interview questions for the therapists and their partners is provided in Appendices F and G of this proposal. Due to the nature of the study, the interview questions, and the data collected, participants disclosed their thoughts and feelings about their private life and their interactions and relationship with their partner; who was also a participant in the study. I thus discussed matters of confidentiality with each participant at the beginning of each interview. Following the discussion, I allowed time for any questions or concerns any participant may have had. Every effort was made to put each of the participants at ease regarding these matters in order that they were comfortable participating in the interview fully and that their answers were not unnecessarily biased due to preventable concerns of future disclosure.

Data Analysis

I recorded the narrative data via audio tape during the interviews. I did not take notes. Following the interviews, I transcribed the dialogue from the recorded tapes. Once the data were transcribed, I did a “content analysis of the narrative data” (Anastas, 1999, p. 414) and used open coding in order to place the data into categories. I then looked across the categories to find themes. The study’s findings are validated by the consistency of the emergence of themes and from these themes new theories were derived (Anastas, 1999).

Biases

The structure of the research design allowed opportunities for my own biases to enter into the study. These biases have grown from casual and professional conversations with therapists where, on occasion, they have disclosed to me information about themselves, their partner, and their relationship. Reflecting on some of these conversations created personal biases related to my research topic.

One bias of which I am aware is that I believed therapists would have a tendency, in a variety of interpersonal contexts, to assess their partners and to react to them in ways that were similar to how they react to their clients. I wondered if the majority of therapists in the study would do this and would also disclose these contextual assessments to their partners. I also wondered if a majority of therapists, within the perceived safe parameters of a confidential interview, would reveal that they often experience their partner as behaving/reacting in ways similar to their clients.

A second bias involved my speculation that many partners would experience feelings of being reacted to as if he or she were a client and that this would lead to conflicted emotions within the relationship. Thus, the possibility exists that portions of interviews were interpreted by me in ways that attempted to validate these ideas and that my subjective writing in the findings and discussion sections reflect these biases.

CHAPTER IV

FINDINGS

There were four major findings in this study of the impact of the therapist's job on the relationship between the therapist and their partner. The first was that therapists in this study valued their ability to be self-reflective, especially when they were in conflict with their partner. The second was the extended family's valuing of the therapist's advice in matters such as child-rearing and conflict resolution. Conversely, the third finding, which is also presented under the *Extended Family* subheading, was that several participants believed that it was not advantageous for therapists to bring their skill-set into their relationship or into matters that involved the extended family. The fourth finding was that most of the participants said that therapists needed some transition time when they got home from work. And last, a short section has been included in order to present findings from the partners in which similar comments made by each evolved into a subsection that reflects the type of person each of the partners in this study perceive their therapist-partner to be.

Use of Self-Reflection

All the therapists in this study commented about their ability to be self-reflective and how the ability is helpful in their relationship with their partners, especially during times of conflict with their partners. One participant shared how he does this. He said, "...if it's a situation where there's a conflict between us in the relationship I have to be

very, very careful to be aware of what my issues are in whatever the conflict is and not jump to conclusions.” Another therapist said that it is during times of relational conflict that she tries to make a conscious effort to “...do a lot of self- reflection...like, what is my part in this and how could I have done it differently.”

Most of the therapists in the study indicated that if conflicts occurred in the relationship that they tried to make self-examination their first response. An example of this was offered by one of the therapists who said, “I try not to go around interpreting [partner’s] unconscious motives but I take myself apart all the time because I constantly ask, you know, like what my motives are and whether I’m really being pure, reasonable, [or] whatever. I think I spend more time trying to be honest about my own self than I do evaluating him.”

Though the use of self-reflective techniques appeared universal among the therapists who participated in this study, one participant said that it took time and some professional help before he became able to do this effectively.

I was probably...in hindsight....projecting some stuff onto the relationship. We actually went into couples’ therapy and I was all ready to....because I *am* a therapist...to spout what was the problem. And it turned out that I was the one who needed to have some insight into my behavior and my attitudes... . I realized that being a therapist...that I had to be really, really careful...I had to be very cautious and I had to be constantly aware of myself... . I had to be very conspicuous [sic] in terms of analyzing what I was doing...[and] a wonderful couples’ therapist helped me see that I had to be on top of myself all the time about not getting stuck in this narcissistic, like I’m a therapist and I *know*, kind of thing.

Some partners in the study commented that the therapist’s ability to self-reflect was not only valuable in times of conflict, but valuable to their overall relationship. One

believed that the therapist's "insight into herself influences the relationship [in an] emotionally healthy way" while another said his partner's history of self-examination has helped him, over time, to feel less threatened during their disagreements. He says this has helped him, during times when they are not having a conflict, to trust his partner more and turn to him for advice. This participant spoke about their early years as a couple. "I used to feel sort of like...uhmmm...is that a trick question you're asking me?" He says that his partner's efforts at self-reflection has helped him to become "...a lot less defensive." He continued, "And now, I think, not only are you talking to your partner, but you're also talking to someone who knows how to deal with someone emotionally [and] psychologically and is able to sort of at least ask the right questions."

One therapist commented that, "I think my skills as a therapist have not only helped me be a good advocate for myself...in terms of what I need in a relationship, they also have been excellent in helping to mediate some potentially tense situations; maybe head off some arguments." Another offered, "I'm constantly in a place where I'm working on my relational skills and my communication skills. I've done so much of my own work and that's probably what's made the difference [in the relationship]. I probably would never have done that if I weren't a therapist."

Extended Family

Many of the study participants offered comments about how extended family members reacted to having a therapist in the family and most said that the extended family valued the therapist's opinion and advice – calling on them during times of conflict in the family. However, the reaction of the study participants regarding the therapist's involvement in extended family matters was mixed.

One partner said, “My family looks to [therapist’s name] as a support...emotionally...and also for direction.” Another, who talked about each partner’s role in their relationship, said that family members from both sides “seek us out for different reasons [and] she’s definitely the counselor. She gives pretty damn good advice.”

One therapist shared that his partner’s family comes to him regularly “when someone’s in trouble or when someone needs advice or when they’re working through some stuff” because “I think I’m able to be a little more objective with some situations that tend to be emotional in nature. I can bring up some points in a way that’s not threatening.” Another mentioned several matters that his partner’s family had asked him about in the past. This participant smiled and said, “You become sort of the family therapist...even if they don’t realize they’re doing it. They’ll bring something up and, once in a while I’ll say, ‘Why are you asking me about this?’ and they’ll sort of stop and think and then they’ll say, ‘Well, you know...you’re trained!’” One therapist, when asked if becoming involved in extended family issues ever interfered with his and his partner’s relationship replied, “I don’t think it interferes, I think it helps.” This therapist said he believed the couple’s families view him as “a positive resource.” He said, “I can explain to a family member with a child what it means to be a terrible two and that sort of thing.” Most of the participants believed the therapist’s role in the extended family was positive. However, a few expressed concerns about the potential that existed for therapists to do more harm than good when dealing with extended family matters.

One participant said that when a therapist becomes involved in family matters they can sometimes be guilty of “over-evaluation.” This participant continued, “If you

constantly evaluate what another family member talks about and then you analyze the reason behind why he is talking like this and what's in his mind...that's not a healthy relationship.” Another participant cautioned that unless clear and consistent boundaries were maintained by the therapist regarding their role in the extended family, a potential existed for the therapist's role in the family to become “a double-edged sword.” He explained, “It's a constant kind of balancing of, is it me the therapist or me the person? I think sometimes too much information can be problematic...and I think that the crux of the matter is how do you use information [in the family] so that you don't misuse it.”

In order to lessen the risks of creating problems within the extended family and perhaps jeopardizing relationships or inadvertently making a family situation worse, some therapists elect to consciously avoid bringing their skill-set into the relationship with their extended family or with their partners. As one partner commented, “I think [therapist's name] is very disinclined to practice on us or give us advice. He keeps those roles very separate.” This partner believes this is a positive in their relationship because, “I think it would probably be a dangerous road to go down if he were inclined the other way.”

Even therapists who allow their skills to be used in the extended family warn against, as one therapist said, “using your training as a weapon.” He continued,

...if there is trouble in the family with a particular family member, let's say my mother-in-law for example. It would be a disadvantage because I'd be pretty sure I'd know what her diagnosis was. And once I'd written her off as crazy, then it becomes harder to deal with her as a mother-in-law; as a person.

After Work

The interview question of “How has your partner’s job as a therapist impacted your relationship?” created a variety of responses. A small number of participants responded, “not at all,” but most believed the job of the therapist had some impact on their relationship as a couple especially during the period shortly after the therapist returns home from work. One therapist shared this:

[Partner’s name] and I have a very, very different approach to coming home in the evening. I come home and I need some down time. I mean...I come home in the evening and I don’t want to talk. I don’t want to talk about my day, I don’t want to bring up stuff.... He comes home and he just wants to tell me his entire day. I need some down time. I need to just calm my mind. And this actually created some conflict because I would come home a little shut down...and, you know...quiet. I wanted to be in a different mindset, especially if something disturbing happened....

A partner commented, “the work [therapist] does is emotional and emotionally draining and...lots of listening. It takes like 2 or 3 hours after work in the evening for [therapist] to decompress.” One therapist confessed, “...there are days that I come home more irritated...you know, that I have a job that can be irritating” and the preference for quiet-time, or “down-time” at home was echoed by most of the therapists interviewed.

A few believed that the effects of the job on their relationship with their partner go even beyond the right-after-work hours. An example of this was given by a therapist who has sat with clients for many years.

I think the disadvantages are that I’m much less social than I used to be. I used to be extroverted...but...ahh...I spend my days doing therapy. I start at 7 in the morning. I often don’t end till 6, 5 days a week. I work a half day on Saturday. The way I understand what’s happened to me is just that this pretty much satisfies my need to be in contact with people. We used to entertain a lot so I feel like there’s been a cost in terms of...[sic] I don’t really have the energy for keeping up with a lot of friends...and [partner] is not in that place. [Partner] is much more social. Even in the grocery store he’s...he’s like waving people down he hasn’t

seen. I'm, like...I see somebody I know and I'm like this [hides face]. I don't want to get into a conversation. I just want to get my groceries and get out. So...I think that's been a cost.

A therapist whose long-term clients/patients have an after-hours number for him talked about the "interruptions" to his and his partner's home life created by client phone calls which usually result in "things I (therapist) need to respond to." Though most of the partners in the study acknowledged that such interruptions have become part of the couples' normal life, some demonstrated a difference in how they experienced them. One confessed that "the long, long hours" worked by their therapist-partner coupled with the interruptions to their life by after-hour calls from clients can create a home atmosphere that is "occasionally distressing or frustrating." Another commented, "[Therapist] likes what she does. If she were in another field we might talk more [but] there wouldn't be as much giving as she can give because it's just what she's used to doing all the time so it enriches our lives as well."

Therapists as Partners: From the Perspective of the Partners

Soon after I started transcribing interviews, I noticed that many partners in the study had began their answers to the thesis question by first talking about how they perceived their therapist-partners as mates before they talked about their perceptions of the impact of the therapist's job. Without prompting, all but one of the partners in the study commented positively on things like the therapist's insight as it related to their relationship and/or family situations. Also mentioned were the therapists' abilities to be kind and caring, as well as patient and empathic listeners.

A partner was explaining her perception that the job had been advantageous to the couple's relationship and to their children and throughout the extended family when she

added, "...but he's also a very kind...mild-mannered person and I think he would have been that way whether he had had his training or not. He was already that way." Another described the therapist with whom he is partnered as "an amazing listener." He said, "[Therapist] can sit there for hours listening to me...we're able to work through things such that we can have such a rewarding relationship."

Several partners used the word "insight" when talking about their communication with the therapist at home. The therapist was almost always credited by their partners for using their insight within the contexts of caring and empathy. One partner said that the therapist was "...very tolerant, very patient, very understanding [and] very insightful." He said, "I don't relate to her as a therapist in any way. I just think her training and education allows her to be more actualized as a human being. She lets me be and lets me go through who I am and deal with whatever I have to deal with and doesn't interfere. [Our] relationship is very clean." Another offered, "I've learned a lot more about the profession being with [therapist]. I've learned about listening skills and about compassion...I mean true compassion. I think it's an incredibly noble profession."

CHAPTER V

DISCUSSION

The purpose of this study was to examine the impact of therapists' jobs on the relationship between therapists and their partners. This chapter examines the relationship of the findings to previous research and literature. It also looks at limitations of the study and ideas for future research as well as implications for clinical social work. The study allowed for the perspectives of the therapists as well as their partners to be included and the findings show that most participants in the study perceived that the job impacted their relationship positively.

The themes in this section include the therapists' abilities of self-reflection and the role of the therapists in their and their partners' extended families. Other themes in this chapter include how the job affects the couple's life at home and how the partners in this study experienced the therapists as partners. The chapter concludes with a perspective on how future research of this phenomenon would benefit therapists, in particular, and benefit the field of clinical social work overall.

Use of Self-Reflection

All of the therapists in the study talked about their ability to be self-reflective during times of conflict in the relationship and about their capacity to look first at themselves. In addition, the therapists' non-threatening "open genuineness" (Guy, 1987, p. 11) regarding their conversational and relational styles, was echoed by their partners

and was consistent with the literature of Guy (1987), Goldberg (1991), and Golden and Farber (1998) who had presented both theoretical and empirically-based evidence that commonalities existed among the types of individuals who became therapists.

Self-reflection is a valuable tool in the therapeutic profession and much of the therapist's training and experience involves the development and enhancement of this skill. The findings can be tied, albeit somewhat obliquely, to the literature because the literature focuses primarily on the therapeutic relationship as opposed to the therapists' personal relationships. However, it was reasonable to speculate that this ability was also used by therapists in their personal relationships. The findings from the perspectives of the majority of study participants showed that introspection was indeed used often by therapists in times of major and minor distress in the couple's relationship and that it was helpful in maintaining and/or restoring harmony.

Therapists as Partners and Members of the Extended Family

The findings related to the internal characteristics and skill-set of the therapist as they apply within the context of the couple's relationship were consistent with the literature of Duncan and Duerden (1990) regarding how partners experienced the therapist in their relationship. Duncan and Duerden's study showed that though therapists struggled at times to step out of the professional role and into the role of family member, both the therapists and partners in their study reported significantly more enhancers than stressors in their relationship, citing relationship augmenters such as "greater ability to prevent potential marital/family problems" and "greater ability to communicate effectively" (p. 213). However, the findings were inconsistent with other literature on this topic.

The findings did not concur with the literature of Guy (1987) and others (Farber, 1983; Smith, 1995; Streaan, 1969; Zur, 1994), who said that though therapists had good relational abilities, their psychological mind-set and training often made them emotionally disengaged partners and that the skills required for the therapist's job may infiltrate therapists' relationships with their partners and effect the relationship detrimentally. Conversely, with the exception of the therapists' need for down time after work – a subject that will be discussed later in this chapter - all of the partners interviewed made positive references to the ability of the therapists to be emotionally engaged in their relationship. One described his therapist-partner as an “amazing listener” with the ability to “listen to me (the partner) for hours” and several used words like “kind” and “caring” to describe their therapist-partner's nature. Still others commented positively on the therapists' insights and the trust they had in their relationship; a trust one might assume that is nurtured by the therapist's consistent self-reflection and honest communication.

The findings were also not consistent with literature dealing with the therapist's inability to stop occupying the role of therapist at home – their inability to “turn it off” (Farber, 1985, p. 171). Writings by Cray and Cray (1977), Farber (1983, 1985), Guy (1987), Streaan (1969), and Zur (1994), cautioned that because therapists were unable to step out of the therapist's role, their family relationships were often at risk of being impacted negatively. Smith (1995) warned that as therapists gained experience, that there may be a propensity for them to see pathology in their partner's moods and behaviors as opposed to the normal mood swings associated with day-to-day life. Contrary to the literature and maintained throughout the findings, was that occupying the role of therapist

in the family and/or the extended family was something that most of the therapists had done (when asked by a family member) or, depending on the dynamics involved, had chosen not to do with relative ease. Only one partner reported that he perceived his therapist- partner as being unable to turn it off and step out of the therapist's role at home. And though most of the therapists confessed that it was not always possible to bridle their analytic way of *thinking*, only one said that it was difficult for her to keep her analysis of what she believed was going on psychologically with her partner and/or within the couples' extended family out of the couple's at-home communication.

After Work

The findings were consistent with literature about therapists needing down time after work. Most of the therapists who commented on their need to unwind said they achieved this by not being very talkative when they came home in the evenings. One said that she not only needed time to relax and reflect after work but, over the years, she had noticed that she had also become less social overall than she used to be.

Many of the interviews for this study concurred with the work of Cray and Cray (1977), which said that the therapist's work day could be emotionally draining and that it was helpful to therapists and to the relationship for partners to be aware of this. One of the themes of Cray and Cray's work, a theme also presented in studies by Berger (1995) and Grosch and Olsen (1995), was that the therapist's profession, by design, created a unique type of stress, an emotional draining that may cause them to be unable to switch quickly when they come home in the evenings from the role of professional to the role of family member. Unlike the choice the therapist has during his or her off-hours of whether or not to step into the role of therapist to family members, when therapists are at

work the job requires that they be engaged and active listeners. It requires them to hold the pain of others and call constantly on their skills and training in efforts to aid their clients who come to them seeking relief. The therapist's tools of the trade are internal and can not simply be put away at the end of the day.

Implications for Clinical Social Work

An implication for clinical social work in this study is that information related to the personal lives of therapists has been provided. Elements of therapists' natures, elements that one might assume are enhanced by their training and by their job, were shown to be valued by therapists' partners as well as by members of the couples' extended families. This study is also an opportunity to raise therapists' awareness to the positives and negatives that can occur in their personal relationships in regard to the mind and skill sets required by and associated with their particular profession.

Limitations

Some difficulty exists with tying all of the results of this study to the related literature in that most research has focused on the therapists' perspectives while only two, Cray and Cray (1977) and Duncan and Duerden (1990), included information from the perspective of partners. Another concern is that no studies were found that discussed therapists' interactions with their or their partners' extended families. Additional limitations of this study included the small sample size, the fact that all of the participants were volunteers, and the brevity of the findings chapter – thus limiting available data - due to the study's design of a single question. A total of twelve individuals participated and within this sample the participants were further divided into two smaller study groups

- six therapists and six partners. This impacted the generalizability of the findings and a larger sample may yield different results.

The limitation created by all of the participants being volunteers may have resulted in most, if not all, of the participants in this study experiencing their relationship with their partner as stable. The findings reflected this bias. No questions related to either partner's perspective of the condition of the relationship were asked during the interview and most of the comments by the participants reflected little, if any, conflicted feelings or animosity toward their partners. Only two of the six couples interviewed had been together less than ten years and all of the therapists who participated had been in the profession of therapy, or training to be a therapist, since the beginning of the couple's relationship. It would be interesting to see the differences and/or similarities of data collected for this study compared, for example, to data collected from divorced partners of therapists.

The limitation of having only one primary question with two follow-up, or prompting, questions resulted in many of the interviews being brief (less than 30 minutes) and this impacted the overall length of the findings chapter by limiting the amount of data available. However, common themes were able to emerge and, because each participant was asked for their own perceptions of the phenomenon of the impact of the therapist's job on their relationship, a perspective that has been studied minimally in prior research, the data collected was useful.

Areas for Future Research

The literature of Duncan and Duerden (1990) and Farber (1983) suggested that the phenomenon of the how the therapist and/or their partner experienced the effect of the

therapist's job on their relationship had received minimal attention. They posited that factors influencing this lack of literature included the varied personality types among therapists' partners and that the condition of the couple's relationship prior to the study was difficult to determine. Thus, the lack of research of this phenomenon has created an atmosphere of assumption and past literature related to this topic has leaned heavily on speculation from researchers and a few theoretical conclusions – virtually without input from the partners of therapists.

In the review of the literature for this study I read about the home life of therapists regarding their need for down time after work, I reviewed studies about how therapists interact with their children, their partners, and even one study that included a portion of a chapter dedicated to therapists' families-of-origin. This rather egocentric approach to the study of the phenomenon of the cross-over effect of the therapist's job with their home life may explain why many of my findings are not supported by the literature. It appears that few researchers have asked partners of therapists to share their perspectives. The sample size of only six partners makes it difficult for themes from their perspectives to have merit in this study, thus, further research is needed in order that this gap is addressed.

Another topic of interest involved the six therapists interviewed for this study. Three of the six therapists were female. Though each of them talked about their ability to be self-reflective during times of conflict in the relationship, the reasoning behind a need for self-reflection revealed some gender bias. The female therapists (all of whom were in heterosexual relationships) talked about their awareness with regard to their own

emotional responses during times of relational conflict with their partners. One said, “I have to check myself sometimes to make sure I’m not just being mean.”

The assumption that their emotional responses would bring about negative or hurtful (to their partners) results and what appeared to be a need to protect their male partners during relational conflict created the speculation that the female therapists (as well as female partners in other vocations) may experience a greater awareness of their partner’s feelings and a greater need to protect them than do their male counterparts. This was interesting and consistent with self-in-relation theory and the literature of Gilligan (1993), Jordan (1991), and Miller (1986). The three male therapists talked about their abilities with regard to self-reflection but none mentioned their own emotional responses or comments during conflicts in the relationship and none indicated that they felt the need to protect their partners’ feelings.

This does not mean, of course, that the male therapists who participated in the study reacted to their partners insensitively. In fact, the majority of the partners in the study made at least some reference to their therapist-partner’s innate “kindness” and/or “caring” manner. However, it appears that the findings run parallel with literature from self-in-relation theorists who have hypothesized that men and women experience and react to relational conflicts along gender lines. Further research with partnered therapists that focuses on gender-based reactions would be of benefit to therapists and to the field of clinical social work.

Conclusion

Potential concerns associated with researching this topic, concerns noted by Duncan and Duerden (1990) and Farber (1983), regarding the difficulties associated with

determining the condition of the couple's relationship prior to the study and the affect of personality differences among partners are certainly valid. However, these concerns need not label this phenomenon off-limits for study.

By incorporating data from both members in the couple, each is allowed an equal voice and their perspectives may then be examined for commonalities. Existing biases (perceived or obvious) within the sample and limitations of the study can then be included without rendering the data useless. Thus, this topic can and should be researched further.

If it continues to be an area researchers shy away from because of the difficulties and ambiguities associated with its findings then it is likely that therapists may continue to make erroneous assumptions in their personal relationships regarding how they are being perceived by their partners. This was exemplified by the majority of the findings in this study not concurring with existing literature. Future research that includes the perspectives from partners of therapists will enhance the profession of clinical social work by providing therapists with a more balanced and more accurate informational base from which they may better examine the potential effects of their profession on their personal relationships.

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Appendix A

Therapist Interview Guide

Demographic Questions:

1. What is your age and current level of education?
2. What professional degrees do you have?
3. How long have you been a practicing therapist?
4. How long have you lived in this area?
5. How long have you lived with your current spouse/partner and are there children in the home?
6. Please tell me how you identify racially and how you identify with regard to your sexual orientation.

Question:

Tell me how your job as a therapist influences your relationship with your partner?

Guide for follow-up questions, if needed:

Can you give examples of interactions/scenarios in which you have experienced your job as interfering with your relationship with your partner?

Can you give examples of interactions/scenarios in which you have experienced your job as aiding your relationship with your partner?

Appendix B

Partner Interview Guide

Demographic Questions:

1. What is your age and current level of education?
2. What is your occupation?
3. How long have you lived in this area?
4. How long have you lived with your current spouse/partner and are there children living in the home? (If there are children, I will ask their ages.)
5. Please tell me how you identify racially and how you identify with regard to your sexual orientation.

Question:

Tell me how your partner's job as a therapist influences your relationship?

Guide for follow-up questions, if needed:

Can you give examples of interactions/scenarios in which you have experienced your partner's job as interfering with your relationship with him/her?

Can you give examples of interactions/scenarios in which you have experienced your partner's job as aiding your relationship with him/her?

Appendix C

Contact Letter

Linda McGinnis
4050 Executive Park Dr., Ste. 404, Cincinnati, OH 45241
Office: 513-354-5684 Cell: 859-338-5081
Email: mcginnis1554@yahoo.com

Dear (name of therapist),

I am a 2nd year graduate student at Smith College and I am recruiting participants for my research project. Your name and (address/email address) have been provided to me by (name of provider). This letter is an invitation to you and to your spouse/partner to become volunteer participants in my study which would require that each of you agree to be interviewed by me.

The purpose of this study is to examine, from the perspectives of each, how the therapist and his or her partner experience the impact of the therapist's job on their relationship. Requirements for participants who are therapists include that they have a master's degree or higher in social work and/or psychology, or are a psychiatrist who has received training in psychotherapy and/or psychoanalysis. The therapist must work in a therapeutic venue and facilitate therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction. The therapist must have been practicing for a minimum of two years.

In order for you to become a participant in my study, your spouse/partner must also agree to become a participant. To qualify as a participant, your spouse/partner may not be a licensed or practicing therapist. Also, you and your partner must have resided together in a spousal context for the past two years.

The interviews will be conducted separately and all identifying information will be kept confidential. Each interview will be audio taped and I may also take notes. Interviews will last approximately one hour and each will be scheduled for a time and place that are convenient for each of you. I will also provide to each of you Informed Consent Forms prior to your individual interviews and you will be given time to read the forms and to ask questions before being asked to sign.

I will contact you by phone within two weeks of the postmark of this letter. I have included my contact information should you wish to contact me prior to my call and I invite you to do so. Thank you for your attention and I look forward to speaking with you soon.

Appendix D

Referral List for Partner (Cincinnati)

Clermont County Offices of Mental Health and Recovery
551 Batavia Pike
Cincinnati, Ohio 45244
513-752-1555

Family Services of Cincinnati
205 West 4th Street, Suite 400
Cincinnati, Ohio 45202
513-345-8555 (Ohio)
859-547-5750 (Kentucky)

Mental Health Association of Cincinnati
2400 Reading Road, Suite 412
Cincinnati, Ohio 45202
513-287-8542

Northkey Mental Health Services
J. E. Willett Treatment Center
7459 Burlington Pike
Florence, Kentucky 41042
859-525-6808

The Mental Health Association of Northern Kentucky
513 Madison Avenue, 3rd Floor
Covington, Kentucky 41011
859-431-1077

Referral List for Partner (California)

Private Practice:

Iverson M. Eicken, Ph.D.
12304 Santa Monica Blvd.
Los Angeles, CA 90025
310-729-3055
Dr_Eicken@hotmail.com

Judith Richardson, MA, MFT
2560 N Beachwood Dr.
Los Angeles, CA 90068
323-468-0945
www.Hhillstherapy.com

Robbi Johnstone, LCSW, BCD, CEAP
10811 Washington Blvd., Ste. 301
Culver City, CA 90230
323-957-4790

Agencies:

Kaiser Permanente
Mental Health Center
765 West College Street
Los Angeles, CA 90012
213-580-7200

Health Education and Psychiatry Offices
Wateridge Office Park
5105 West Goldleaf Circle
Los Angeles, CA 90056
323-398-3100

Appendix E

Therapist Informed Consent

Dear Participant:

I am a graduate student at Smith College and I am undertaking a research project for my master's thesis. The focus of the project is a study of the impact of the therapist's job on the relationship between the therapist and his/her partner. For the purposes of this study, a therapist is defined as anyone who holds a master's degree or higher in social work and/or psychology, or is a psychiatrist who has received training in psychotherapy and/or psychoanalysis. The therapist must work in a therapeutic venue and facilitate therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction. A partner is defined as anyone who is married or has resided in the same house with you in a spousal context for a minimum of two years. I plan to interview therapists and their partners in order to collect data for incorporation into my thesis. The data will also be used for presentations and publication. All consents will be requested individually and all interviews will be conducted individually and confidentially.

You are being asked for your consent to be interviewed because you are a therapist, as defined above and you are living with a partner. Also, you are English speaking and you may be of any ethnic/racial group, and of any gender identity. You may or may not have children and they may or may not be living with you.

During the interview you will be asked some demographic questions. Following these questions, you will be asked to share your perception of the advantages and/or disadvantages in your relationship with your partner that are brought about and/or affected by your vocation.

You are being asked to participate in an interview that will be approximately one hour in length and will be recorded by an audio tape recorder. The recordings will be transcribed by me.

There are potential risks associated with participation in this study. The possibility exists that in a discussion that focuses on thoughts and feelings related to your partner and to your relationship, you may experience sadness, anger, or other feelings. The possibility also exists that the interview will bring up issues which may create post-interview conflict in your relationship with your partner.

There will be no financial benefit to you for your participation. However, the benefits of participation in this study may include a sense of relief for you by providing an opportunity to verbalize in a confidential and safe space, thoughts and feelings about

yourself and/or about your relationship with your partner that may have been repressed. You may also benefit by knowing that your participation in this study will contribute to theoretical and practice knowledge and will contribute to the field and practice of professional social work.

You will be interviewed independently from your partner and strict confidentiality will be maintained regarding all information gathered. The final data will be discussed and presented in such a way that it cannot be associated with you or your family. However, the possibility exists, in the final study, that your partner may recognize information from your interview. The recordings will be stored in a locked drawer for three years, consistent with Federal regulations. The recordings will remain secured after this time until they are no longer needed and will then be destroyed.

If difficult or distressful feelings are experienced at any time during the interview, the interview can be paused or stopped at any point. Also, any question that is uncomfortable for you or any question you chose not to answer for any reason may be omitted. If you consent to participate and to be interviewed, indicated by your signature on this form, you remain free to end the interview at your discretion or to abstain from answering any questions at any time. You may also withdraw completely from this study at any time prior to March 1st, 2007. If you withdraw from the study and your partner does not, data collected from your partner's interview may still be used. If you have additional questions or if you wish to withdraw, my contact information is as follows:

Linda McGinnis
4050 Executive Park Drive, Suite 404
Cincinnati, Ohio 45241
513-354-5684 (work) 859-338-5081 (cell) mcginnis1554@yahoo.com (email)

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF INTERVIEWER

DATE

Appendix F

Spouse/Partner Informed Consent

Dear Participant:

I am a graduate student at Smith College and I am undertaking a research project for my master's thesis. The focus of the project is a study of the impact of the therapist's job on the relationship between the therapist and his/her partner. For the purposes of this study, a therapist is defined as anyone who holds a master's degree or higher in social work and/or psychology, or is a psychiatrist who has received training in psychotherapy and/or psychoanalysis. The therapist must work in a therapeutic venue and facilitate therapy sessions with clients/patients for a minimum of 10 clinical hours per week in efforts to help clients/patients cope with, or be relieved from, psychological distress, including substance abuse or substance addiction. A partner is defined as anyone who is married or has resided in the same house with a therapist in a spousal context for a minimum of two years. I plan to interview therapists and their partners in order to collect data for incorporation into my thesis. The data will also be used for presentations and publication. All consents will be requested individually and all interviews will be conducted individually and confidentially.

You are being asked for your consent to be interviewed because you are the spousal partner of a therapist. In addition, you are English speaking and you may be of any ethnic/racial group, and of any gender identity. You may or may not have children and they may or may not be living with you.

During the interview you will be asked some demographic questions. Following these questions, you will be asked to share your perception of the advantages and/or disadvantages in your relationship with your partner that are brought about and/or affected by your partner's vocation.

You are being asked to participate in an interview that will approximately one hour in length and will be recorded by an audio tape recorder. The recordings will be transcribed by me.

There are potential risks associated with participation in this study. The possibility exists that in a discussion that focuses on thoughts and feelings related to your partner and to your relationship, you may experience sadness, anger, or other feelings. The possibility also exists that the interview will bring up issues which may create post-interview conflict in your relationship with your partner. I will provide a list of referral resources to you prior to beginning the interview.

There will be no financial benefit to you for your participation. However, the benefits of participation in this study may include a sense of relief for you by providing an opportunity to verbalize in a confidential and safe space, thoughts and feelings about yourself and/or about your relationship with your partner that may have been repressed. You may also benefit by knowing that your participation in this study will contribute to theoretical and practice knowledge and will contribute to the field and practice of professional social work.

You will be interviewed independently from your partner and strict confidentiality will be maintained regarding all information gathered. The final data will be discussed and presented in such a way that it cannot be associated with you or your family. However, the possibility exists, in the completed study, that your partner may recognize information from your interview. The recordings will be stored in a locked drawer for three years, consistent with Federal regulations. The recordings will remain secured after this time until they are no longer needed and will then be destroyed.

If difficult or distressful feelings are experienced at any time during the interview, the interview can be paused or stopped at any point. Also, any question that is uncomfortable for you or any question you chose not to answer for any reason may be omitted. If you consent to participate and to be interviewed, indicated by your signature on this form, you remain free to end the interview at your discretion or to abstain from answering any questions at any time. You may also withdraw completely from this study at any time prior to March 1st, 2007. If you withdraw from the study and your partner does not, data collected from your partner's interview may still be used. If you have additional questions or if you wish to withdraw, my contact information is as follows:

Linda McGinnis
4050 Executive Park Drive, Suite 404
Cincinnati, Ohio 45241
513-354-5684 (work) 859-338-5081 (cell) mcginnis1554@yahoo.com (email)

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF INTERVIEWER

DATE

Appendix G

Human Subjects Review Letter of Approval

December 8, 2006

Linda McGinnis
4001 Sharon Park Lane, #15
Cincinnati, OH 45241

Dear Linda,

The Human Subjects Review Committee has reviewed your materials. You have done an excellent job in their preparation and there are just a few details that need your attention before we are able to give our final approval to this very interesting project.

In the **PRECAUTIONS** section, if one partner decides to withdraw from your study after both partners have been interviewed, will you keep the other partner in, or remove her/him as well? Whatever you decide, you should be sure to indicate it in both the Application and the Consent.

In both **CONSENT FORMS** (and the letter of introduction), you indicate that the therapist must see clients for at least ten hours/week. In the Application you indicate twenty hours/week. You must be consistent, either ten or twenty.

You may want to shorten the Consent, particularly about the inclusion/exclusion criteria. Too long a Consent can be burdensome and the main points can get lost in the detail. For instance, you might just say *participants can be of any ethnic/racial group, and of any gender identity; can have children at home or not*. At the beginning of the 3rd paragraph, you just need to tell them you will ask some demographic questions. You don't need to describe them in the Consent.

In the therapists' Consent, you indicate that you will provide them with referral "sources" (should the word be resources?). In the Application you say you will not provide lists to the therapist. Please be consistent.

Regarding confidentiality, you state that the "data will be discussed and presented in such a way that it cannot be associated with you or your family". It may be that although you do your best to disguise data, it may be possible for the participant's partner to recognize information from the participant's interview. You may want to warn them of that and if you do, include the same information in the **RISKS** section of the Application.

You state in the Consent that after three years all data will be destroyed, but in the Application you indicate that if the data is kept after three years, it will remain secured,

and then destroyed when no longer needed. Again, the documents should be consistent. The statement in the Application is perhaps better as it gives you more leeway.

I hope these suggestions will be helpful as you make these few changes. **Please indicate any changes you make by typing in color or in bold or by underlining.** We look forward to the return of your amended materials and to giving final approval to your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

December 12, 2006

Linda McGinnis
4001 Sharon Park Lane, #15
Cincinnati, OH 45241

Dear Linda,

Your amended materials have been reviewed and all is now in order. We are glad to give final approval to your project.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

We wish you success with this very interesting study. It was a very creative idea and it will be fascinating to see what people have to say!

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor