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Marital Experience and Spirituality among Physician Couples

Elisabeth vonEgen Esmiol

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LOMA LINDA UNIVERSITY
School of Science and Technology
in conjunction with the
Faculty of Graduate Studies

Marital Experience and Spirituality among Physician Couples

by

Elisabeth vonEgen Esmiol

A Dissertation submitted in partial satisfaction of
the requirements for the degree of
Doctor of Philosophy in Marriage and Family Therapy

June 2011

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABSTRACT OF THE DISSERTATION

Marital Experience and Spirituality among Physician Couples

by

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Doctor of Philosophy, Graduate Program in Biochemistry

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Dr. Carmen Knudson-Martin, Co-Chairperson

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This study will examine how marital experience and spirituality interact in the lives of physician couples. Physicians' increasing openness to spiritual issues inherent in treating the ill and suffering (King, 2000; Thorsen, Harris & Oman, 2001), the growing number of women entering the medical profession and becoming physician and dual physician couples (Levinson & Lurie, 2004; Brotherton & Etzel, 2008), and physicians' work-related stress (Transue, 2004; Wicks, 2006) and the resulting pressures and time constraints on medical marriages (Sotile & Sotile, 2000) make studying this population particularly relevant. Interviews with twenty two married, professional couples, in which at least one spouse is a physician, will investigate spousal experiences from a relational perspective informed by feminist theory (Fishbane, 2001 & 2007; Knudson-Martin & Mahoney, 2009). Relationality will be conceptualized as including attunement, authenticity, relational responsibility and mutual influence. This relational feminist theoretical perspective will be used in tandem with grounded theory (Charmaz, 2006) in a qualitative analysis exploring the relationship between how physician couples experience relationality with God and with their spouse. Connections between spirituality and couple relationships will be examined through a contextual understanding of relational

and power dynamics. Based on the findings, implications will be suggested for possible therapeutic interventions with physician couples. Suggestions will be made for future research in the area of further understanding the connection between spirituality and marriage among physician couples and other types of couples.

CHAPTER ONE

INTRODUCTION

Family therapists are increasingly called upon to integrate spirituality in working with couples yet express having little understanding or training in such issues (Doherty, 2003; Walsh, 2008). A relational feminist approach offers family therapists a way to examine spirituality as a relational issue, revealing systemically familiar relational dynamics within spiritual issues. While spirituality and religion have been shown to be important factors in marriage and marital satisfaction (Fiese & Tomcho, 2001; Perrone et al., 2006), how spirituality factors into marital experience is much less understood. Examining the connection between spirituality and marriage through a relational feminist framework allows spirituality to be addressed as another type of relational process involving issues of mutuality and power. Understanding the link between relational spirituality and marriage seems especially relevant to improving therapeutic competence in working with couples' spiritual needs.

Purpose

The proposed study will use relational feminism to explore the relationship between marital experience and spiritual experience among physicians and their spouses. As spirituality tends to be defined more relationally than religion, this study will explore the relational aspects of how physician couples connect spiritually with God and with one's spouse in marriage. Research indicates that physician couples tend to have satisfying marriages (Austrom et al., 2002; Lewis et al., 1993; Sotile & Sotile, 2004) and that most physicians support integrating spirituality into the medical work place (Curlin

et al., 2007b; Lawson, 2010). This study examines physician couples as an interesting type of couple due to the powerful position of medicine, the increasing numbers of women entering the medical field and forming physician marriages (Levinson & Lurie, 2004; Brotherton & Etzel, 2008) and physicians' growing awareness of the benefits of spiritual issues. This study will use a relational feminist perspective of relationality in tandem with grounded theory to illuminate the particular relational experiences of approximately 20 physician couples. The study will thus provide a more in depth understanding of the connection between relational spirituality and marital experience than is currently in the literature and offer implications for clinical interventions and future research.

Background

This study emerged from a general interest in understanding the relationship between spirituality and marriage. The proposed study will focus specifically on physician families for several reasons. These include findings on the current growing demographics of physician couples, positive levels of marital satisfaction despite unique challenges facing physician couples, and the relationship of physicians to spiritual issues.

Larger numbers of female physicians are entering medical school and the profession, increasing the number of dual physician marriages (Fletcher & Fletcher, 1993; Levinson & Lurie, 2004). Couples in which one or both partners are physicians face particular career-related obstacles to family life due to the work related stressors that impact doctors and their marriages. Despite work related time constraints and limited resources, physicians appear to have relatively satisfying marriages (Sotile & Sotile,

2004). Investigations of marital satisfaction among physicians and their spouses suggest an overall positive view of physician marriages (Austrom et al., 2002; Lewis et al., 1993).

In addition, physicians indicate an appreciation for the role of religion and spirituality in their workplace (Curlin et al., 2005). Studies on religion, spirituality, and medicine show that a majority of physicians support incorporating spiritual issues into treatment (Curlin et al., 2007b; Lawson, 2010) and that physicians' personal and professional expressions of spirituality are closely related (Seccareccia & Brown, 2009). These combined factors contributed to selecting physician couples as the population within which to examine the relationship between spirituality and marriage.

The proposed topic of exploring spirituality in marriage reflects a small but recently growing body of literature citing spirituality as an important aspect in healthy couple relationships (Cattich & Knudson-Martin, 2009; Giblin, 1997; Giblin, 2004; Mahoney, 2010; Mahoney et al., 2009). The focus of this current study will remain on spirituality as a more relational encounter with God than practices of religion. While it is expected that not all participants will have a relational understanding of God, this study will use a relational focus to explore couples' experiences and particularly their relational experiences with God. It will be argued that using a relational approach allows this study to focus on the emotional bonds that connect a person to God and to a spouse. While the link between spirituality and marital health has been demonstrated in the literature, there is less clarity about how couples experience the influence of spirituality in their marriages (Giblin, 2004). Further understanding is needed regarding the relationship between how couples experience God relationally and how they experience their marital bond. This

study will address this gap and explore the specific relationship between couples' perceptions of God and of their spouses.

The research question as well as the interview questions and method of analysis specific to this study assume a relational approach to conceptualizing and exploring marriage and spirituality. The relationship between how physician couples experience God and their spouses will be examined using this relational approach. The field of family therapy is premised on relational ideas and while not all family therapy models view relationships the same way, using systemic concepts to explore divine and human connections is fundamental to this study. Drawing primarily from feminist theory, and also incorporating some concepts from family systems and postmodern theories and the field of neuroscience, a relational approach will be defined by the following ideas: (1) how we connect is developed in relationship, (2) establishing and maintaining relational bonds is essential to health and well-being, (3) how we interact socially reflects our level of health, and (4) we learn to repeat patterns of social interactions previously experienced. Reference to Christian anthropology and Trinitarian theology offer a spiritual perspective and will help further define a relational approach in reference to God.

In this study *relationality* will be understood as having the ability to: (1) be mutually empathic, (2) be authentic, (3) attune to others, (4) take relational responsibility, and (5) be influenced and able to influence another. This definition evolved from feminist literature (Brown, 2004; Fishbane, 2001) as well as the student investigator's participation in a clinical research project studying Socio-Emotional Relational Therapy (SERT) that focused on these dynamic issues of couple interaction (e.g., Knudson-Martin

& Huenergardt, 2010). Using the concept of relationality will help provide a new perspective on couple and spiritual health.

The proposed study assumes that the larger societal context is important to couple processes. The relational approach used to study couples and their spirituality will include attention to contextual issues such as gender and power that directly influence couple experience. The student researcher's prior clinical and participatory research experiences involving the development of a contextually conscious lens further influenced this study (Esmiol, Knudson-Martin & Delgado, 2011). Specifically the importance of larger contextual issues including not only spirituality, gender and power but also culture, race, and social economic status, will help shape the conceptualization of this study.

Research Objectives

The proposed study first considers the gap in the literature regarding the connection between how couples experience their relationship with God and with their spouse. Findings on the influence of spirituality on marriages and on relational experiences of God will be used to hypothesize about and then explore this proposed connection between relational experiences of God and one's spouse. This study then aims to explore physician couples' direct perceptions from a relational framework. Couples' experiences of both divine and human interactions will be explored through this relational lens. Specifically relationality will be defined as consisting of authenticity, attunement, relational responsibility and mutual attunement. Physician couples'

connection with God and spouse will be examined based on this definition of relationality.

The objective of the proposed study is to understand how married physician couples experience their relationships with God and with their spouses and how or if these two experiences are related. Issues explored will include:

- a. How and if a couple's experience of being authentic with God relates to experiences of authenticity with one's spouse.
- b. How and if a couple's experience of attunement with God relates to experiences of attunement with one's spouse.
- c. How and if a couple's experience of being accountable for one's spiritual relationship with God relates to experiences of relational responsibility with one's spouse.
- d. How and if a couple's experience of being able to influence and be influenced by God relates to experiences of mutual influence with one's spouse.

Rationale

In order to understand the rationale for using a relational framework to study physician couples' marital and spiritual experiences, it is necessary to first justify the importance of a relational approach. It is argued that relationality, as defined using feminist literature, is central to understanding healthy couple interaction. In addition, conceptualizing healthy interaction as inherently relational has significant ethical and practical implications for conducting both research and therapy. From the way in which

researchers design studies and choose methodologies to what they suggest as important areas for future research, the implications of embracing a relational approach are extensive. For example, a relational approach can impact how researchers make decisions regarding who is included as participants, conceptualize the importance of different types of couple interactions, and propose clinical implications based on the study related to the assessment and treatment of couples. Using a relational framework allows this study to approach physician couples as emotionally-bonded, relational systems. This relational approach provides the rationale for interviewing couples together, examining their interactions, and analyzing their responses in terms of their subjective experiences of relational dynamics.

Part of the rationale for studying physician couples from a relational approach includes the observation that this approach impacts the researchers and the participants on every level of the study. For example, this approach helps create a more collaborative relationship between researcher and participants. Researchers will consider participants to be the experts on their own experiences. Researchers will also privilege couples' words and first-hand experiences in writing up research findings. In addition, such researchers will tend to privilege couple relational interactions, highlight patterns and point out styles of engagement between partners. For researchers in the social sciences, a relational lens will influence who is chosen as participants, i.e., couple dyads versus the physician spouse, and the type of data that is sought, i.e., interactive dialogue versus individual reports. Couples who see themselves and each other as inherently relational, as opposed to couples operating from a more individualistic framework, will have different and more relational ideals for their marriage. Such relational couples will tend

to think in terms of their mutual and reciprocal impact on their spouses and define both marital problems and marital health according to this relational lens. This proposed study views a relational approach as essential to investigating marriage and spirituality in a way that highlights couples' immediate experience.

Besides using a relational approach, this current study uses relationality as a lens through which to explore physician couples' marital and spiritual experience. Part of the rationale for using a relational lens emerges from the growing number of fields, ranging from psychotherapy to neuroscience, that are targeting the relational or emotional bond between people as critical in human development and overall well-being (Fishbane, 2007; Iacoboni, 2008). In addition, spirituality is being increasingly understood as distinct from religion and conceptualized as more interested in the transcendent and in experiences with the sacred than traditional religiosity, more often tied to institutions and practices (George et al., 2000; Miller & Thoresen, 2005). A study of spiritual experiences thus seems to lend itself to being examined through this relational lens in which spiritual bonds are considered. This lens also addresses feminist theory concerns, shedding light on the importance of contextual issues such as gender and power in impacting the degree of relationality experienced by couples. Finally, relationality ties together the concepts of marriage and spirituality, allowing both to be viewed as relational bonds in which different degrees of authenticity, attunement, relational responsibility and mutual influence can be experienced.

As far as a rationale for studying couple experience, research indicates that marital quality has a significant impact on many areas of life, including health and well-being (Doherty, 2003), work place productivity (Swanson & Power, 1999), child rearing

and children's adjustment (Grant & Simpson, 1994). As it is known that religion and spirituality impact marriages (Giblin, 2004; Mahoney et al., 2009), further understanding the connection between marriage and spirituality from the perspective of couples themselves may increase our understanding of marital health and well-being. The expected implications for further research as well as clinical implications for both couple therapy and integrating spiritual issues into therapy seem promising.

Finally, the unique qualities of physician couples make this particular population ideal for exploring the relationship between marriage and spirituality. Increasing numbers of physician couples and dual physician couples as well as physician couples' overall positive levels of marital satisfaction provide an important subgroup of couples in which positive couple interactions and experiences can be studied. In addition, an ample body of literature on the religious and spiritual practices of physicians in the work place indicates that this is a population appreciative of spiritual issues (Post et al., 2000). Further, the lack of research on physicians' spirituality in their marriage make physician couples an excellent population to further our understanding of marriage and spirituality. Again, with studies pointing to the importance of healthy marriages on society at large (Doherty, 2003), and studies attributing religion and spirituality as key factors of marital well-being, a deeper understanding of the relationship between marriage and spirituality may address some of the gaps in the literature while helping researchers and clinicians better serve couples.

CHAPTER TWO

CONCEPTUAL FRAMEWORK

Conceptualizing and Defining a Relational Framework

In this study, feminist theories will be used to help conceptualize a relational framework from which to understand spirituality and the couple bond. Beginning with a description of a relational approach, it will be argued that a relational approach is necessary to understand healthy couple interactions. Next relational bonds will be examined, with particular emphasis on the couple connection. The link between bonds and behavior, the different qualities and fluidity of bonds, and the nature of spiritual bonds will be considered. Then larger contextual issues will be explored and the necessity of considering the impact of these issues in studying couples and their spirituality.

Next couple experience will be conceptualized through examining gender dynamics, relational power and stress as they pertain particularly to physician couples. Spirituality will then be defined, emphasizing relational spirituality as the approach used in this study. Finally, six key constructs of relationality will be defined. These include a social conceptualization of human as inherently relational, the ability to be mutually empathic, to attune to one another, to be authentic, to take relational responsibility for one's actions, and to be influenced by and able to influence one's partner. It will be argued that each of these constructs apply equally to couple relationships and relationship with God.

A Relational Approach

The innovators of family therapy including such pioneers as Bateson, Bowen, Whitaker, Satir, Haley, and Minuchin began to work with couples from a systemic approach. For instance Gregory Bateson helped articulate systemic ideas, arguing that the word *self* is an artifact of our own construction and that relationships take place within a context that is part of the whole. Therefore, to talk about human interactions apart from the whole is a false construction (Bateson, 1972; Bateson, 1979). “The systemic therapist tends to look at the relationships and processes between partners, families, and social contexts” (Weeks & Treat, 2001, p. 49). Systemic thinkers became increasingly interested in a relational focus emphasizing the relationship and patterns of interaction. These pioneering systemic therapists brought a relational focus to the study of couples.

While family systems theorists helped conceptualize couples in relational terms, other fields of study were also promoting a more relational lens. As the interest of this current study lies in understanding the relational bonds in marriage and spirituality, it is interesting to note that marriage and family therapists and some psychologists were not the only ones exploring relational connections. The feminist movement was not only fighting against oppressive power differentials in the dominant culture but also promoting a new view of relationships. As feminists promoted relationships defined by equality and mutuality, the very concept of relationship and connection was being rethought through the Stone Center at Wellesley College (Miller & Stiver, 1997). The proposed study draws on this growing body of support for viewing couples through a relational lens. In

addition this relational approach enables the current study to more closely examine physician couples' bonds with God and their spouse.

Relational Health

Many different fields have begun to converge around the notion of a relational approach to understanding healthy human interactions. Even within psychodynamic thought, the modern version of Freud's psychoanalytic theory, a strong emphasis has been placed on relational psychodynamic therapy in which not only the intrapsychic but interpersonal aspects of humans are being considered essential to wellbeing (Mitchell, 2003; Mitchell and Black, 1996). In addition, postmodern theory and in particular, social constructionist thought, has promoted a paradigm shift regarding not only the construction of knowledge but meaning and identity as essentially constructed in relationships (Gergen, 1985). Who we are, according to social constructionists, is shaped by the people with whom we interact and the society and time of history in which we live. It is interesting to highlight the breadth of fields and variety of disciplines embracing a relational conceptualization of human interaction and health and well-being. This proposal draws on this rich background and follows in the footsteps of these diverse disciplines in viewing physician couples through a relational lens. Such a lens sees relational bonds as synonymous with marital health and healthy spiritual experiences with the divine.

Spiritual Relational Connection

Regarding a relational connection with God, not all religions view God as a relational figure. While the Christian tradition offers a relational view of God as Three Persons connected in a Trinitarian relationship and desiring relationship with man, not all Christians view God in this way. It is important to emphasize that not all religions or Christian denominations view religion as a relational practice. However, orthodox Christianity has a long history of understanding and engaging with God as a relational Being (McGinn & McGinn, 2003; McGinn, 2004). For the purpose of this study, relational spirituality is defined by the belief and practice of experiencing relational connection with God. In further understanding the spiritual connection, feminist theory addresses relational issues in their larger societal context (Brown, 2004).

Larger Contextual Issues

Theoretical assumptions within feminist thought point to the importance of valuing women's experiences, seeing gender as socially organizing, understanding gender in its historic and cultural context, and advocating for liberation from various forms of oppression and marginalization (Carroll, et. al, 2005). Of significant importance, feminist theory takes into account the larger social contextual. Feminist theory, rooted in critical inquiry, attends not only to gender issues but to such greater contextual issues as "power, oppression, and privilege...socioeconomic status, ethnic affiliation, and sexual orientation" (Daly, 2007, p. 82).

Larger contextual and societal issues include multicultural concerns such as gender, race, religion, ethnicity, sexuality, and culture. With an understanding of

contextual issues comes a willingness “to consider and ask about the larger sociopolitical contexts and discourses that support problems” (Freedman & Combs, 1996, p. 283). This inclusion of greater systemic issues shows a level of ethical responsibility consistent with a relational approach. Consideration of diversity issues remains a strength of such a perspective and of significant benefit to understanding diverse couple interactions. In this current study, a lens will be adopted which assumes that couples are influenced by such multicultural issues and that such issues will most likely emerge in the interviews. For example, questions regarding experiences of spousal support, experiences of being a female physician, and experiences of decision making and communication, will be listened to in light of larger contextual influences.

Contextual Issues and Change

From a feminist lens, attending to contextual issues is not an end in itself. Instead, the goal of focusing on the larger context is to evoke lasting change. “The critical paradigm is not simply to explain, but to serve the call for justice through a process of social *action*” (Daly, 2007, p. 119). Feminist thought, in promoting social justice, assumes that theorizing and research aim toward such changes as liberating the oppressed, bringing more gender equality, advancing socioeconomic freedom or encouraging racial acceptance. Changes are assumed to impact the familial level as well as in the larger society. Such change at multiple levels may involve “ridding oneself of false consciousness, or of external social transformation” (Guba & Lincoln, 2008, p. 267). In incorporating feminist theory, the current study aims to explore the relationship between physician couples’ experiences of God and their spouses with the intent to create

theory and suggest implications encouraging positive changes towards improved marital and spiritual health.

Social and Historical Context

In embracing a relational framework, this study recognizes the importance of grappling with contextualizing not only marriage but also spirituality within the larger social and historical context. In addition to the intimate bonds of family and friendship, relationships exist within one's larger surroundings. The communities, culture, nationalities, and time and place in history all impact relational bonds. Spiritual experiences are equally impacted by these social contextual issues which influence the formation of relational bonds and emotional experience with a higher power. Issues of transcendence and connection with God will be considered in light of these larger social-contextual issues. This study assumes that bonds and connections on both the horizontal plane with others and the vertical plane with God form in large part as a reflection of the particular historical context, i.e. living in twenty first century America.

The larger societal context will be taken into consideration as a necessary aspect of further understanding relational bonds and connective behaviors. "Biology provides the raw materials, while society and history provide the context, the instruction manual, that we follow" (Kimmel, 2004, p. 94). The influence and importance of the larger societal context will be addressed as foundational to a relational conceptualization of the couple and spiritual relationships. From a relational approach, marriage and spirituality are best understood in the context of all influencing relationships from those within the home and neighborhood to those across the country and around the world.

Gender and Power Context

Addressing the larger societal context will also involve paying attention to gender and power issues. One way to attend to such issues is to attempt to understand their perspective. As a contextual lens “requires therapists to enter the ‘world’ of the client” (Freedman & Combs, 1996, p. 285), this suggests that contextual researchers must also learn to enter the world or perspective of their participants. Making a concerted effort to use reflection, repetition and probing questioning will promote accurately hearing and understanding each participant’s perspective (Anderson, 1994). For the researchers analyzing the data generated by couples’ transcribed interviews, the same goal will exist to enter into the world of the participants’ experiences and perceptions. To do this, researchers need to understand the contextual impact of gender and power on couple interactions. In addition, attention to the world of the other, will enable the researchers to better understand the participants and their responses. The contextual issues of gender and power widen the lens from couple relationships to outside societal influences potentially impacting couples’ relationships with both spouse and God. Such a contextual lens, incorporating gender and power issues as essential components of understanding human and divine relationships, will be adopted throughout this study.

Religious Context

Part of embracing a contextual lens for the purpose of this study involves understanding that religious influences also impact spiritual experiences and couple relationships. To further understand religion as a contextual issue it is necessary to grasp how institutionalized beliefs and practices influence relational bonds with God and one’s

spouse (Anderson & Worthen, 1997). Clearly theological differences as well as religious beliefs, traditions and rituals contextualize how people experience marriage and relationship with God. Understanding participants' religious backgrounds helps contextualize the differences and nuances of physician couples' spiritual experiences. Working from the viewpoint of a relational spirituality will be more in agreement with some religious contexts than others, even within Christianity. As a relational spirituality is an essential aspect of this study, taking into consideration physician couples' religious contexts is also necessary.

Conceptualizing Couple Experience

In conceptualizing couples' experiences, the specific contextual issues of gender and power need further explanation. While feminist theory has transitioned over time to incorporate more than women's issues, and to advocate more broadly for the oppressed, this theory nevertheless continues to offer significant insight into issues of gender inequality and power imbalances (Brown, 2004). Influenced by transitions and growth within the movement, what has been called first wave, second wave, and third wave feminism, and more recently the postmodern movement, feminist thought has continued to develop under the overarching umbrella of critical theory (Carroll, et. al, 2005). Considering the many types of critical theories, "feminist theorizing has probably had the largest impact on the field of marriage studies" (p. 271). Feminist theory offers important insight into understanding how gender and power operate not only as contextual issues but also how they influence and organize couple interactions. This study is particularly interested in understanding gender and power issues in physician couples. Specifically

questions will be raised regarding who accommodates, who attunes, who takes responsibility for the relationship in the unique work, marriage and spiritual experiences of physician couples.

Gender Dynamics

Gender plays a key role in organizing couples and influencing the couple bond. Often gender is invisible and the nuances and complexities are hard to make visible. Within the larger societal context, the culture around gender norms can operate fluidly, not always defined statically in pre-scripted roles. Nevertheless, certain societal contexts may apply strong expectations for certain gender roles and meanings. For example, Latino cultural patterns tend to define women as the ones to sacrifice for their husband and marriage and promote men as domineering and authoritative (Garcia-Preto, 2005). Clearly societal gender patterns influence how partners relate to each other and how they create gender imbalances.

When gender imbalances are removed, for example among homosexual couples, increased levels of equality and shared decision making result (Jonathan, 2009). Yet for heterosexual couples, gendered interactions infuse every level of communication. As gender and the societal context are inextricably interwoven, researchers can arrive at pervasive gender issues through exploring the surrounding societal context. For example, researchers may start by understanding power imbalances as inherent to gendered patterns of interactions in the broader American society. Researchers may also view traditional gender roles as a limiting factor specifically in the development of mutually supportive heterosexual relationships (Knudson-Martin & Huenergardt, 2010). Making

these dynamics visible in the current study is essential to understanding authentic couple experiences.

Relational Power

Power is inherent in all relationships (Thorne, 1993). As couples relate to each other they continually organize their experience of one another in relationship. How couples interact and communicate reveal specific patterns of power dynamics (Coan & Gottman, 2007; Parr et al., 2008). Traditional gendered power processes view disparities between heterosexual partners as linked to the larger societal context (Knudson-Martin & Huenergardt, 2010). Relational power dynamics, however, differ from traditional power dynamics in terms of one's concept of self. Traditional power derives its view of the self from Western culture's dominant conception of the self as an autonomous, independent individual (Fishbane, 2001). Couple relationships occur in the context of independence and individuality. The model that reflects this traditional view has been termed the *power over* model and described in contrast to more relational uses of power (Fishbane, 2001).

Instead, of a *power over* model, the Wellesley Centers for Women has helped develop a *power to* or *power with* model that supports mutual empowerment (Surrey, 1991). From this relational perspective, couples co-created their conceptions of each other and their relationship. Relational power involves "a willingness to be moved by the other, to see and be seen, to stay connected even through conflict, to hear the other's narrative even while articulating one's own, and to negotiate differences without resorting to 'power over' tactics" (Fishbane, 2001, p. 276). The process of being heard

and hearing in relationship as well as the process of building relational bonds are all fueled by relational power.

Just as either traditional power or relational power can fuel couple relationships, it is also important to consider the role of power within couples' spiritual experiences. In a study of the spiritual practices of 78 couples, researchers found that some couples tend to engage in harmful patterns of triangulation with God (Gardner et al., 2008). For example, a husband may evoke his 'God-given' position as 'head of the house' to justify unilateral, non-collaborative decision making. The couple-God relationship seems susceptible to distortion by traditional power and gender imbalances reflecting unhealthy relational practices already established between partners. This current proposed study understands traditional power, including unequal power and acts of dominance, as harmful to both spiritual and relational bonds with God and one's spouse. On the other hand, relational power as defined by Fishbane (2001) is understood as sharing power equally, being mutually impacted by each others' needs, and as ultimately helpful in fueling positive relational bonds. Traditional power processes can disrupt and destroy the very bonds relational power helps build. Power is not inherently detrimental to relational intimacy (Goodrich, 1991). Yet the way in which power is used, as the traditional *power over* or the more relational *power with*, has the potential to significantly impact relational bonds positively or negatively.

Couple Experiences

The impact of larger contextual issues, from gender disparities to power imbalances, can have a direct impact on couple experiences. Couple relationships are

conceptualized in this proposed study as fragile and susceptible to the breakdown of the relational bonds. Napier (1990) refers to marriage as a *fragile bond* which continually faces many internal and external obstacles. Part of this study's relational approach to studying couples includes privileging couples' experiences of the impact of contextual pressures and stressors. Viewing couples as susceptible to gender disparities and power imbalances, further heightened by stressful work and family environments, suggests they are in danger of experiencing a weakening of relational bonds.

For physician couples already impacted by larger contextual issues, facing stressful workloads and family life can be detrimental to couples' marital experiences. For example, stress places pressure on relational bonds and can disrupt relational connectedness in couples. Physician couples face an unusually high level of stress due to the high demands of the medical profession. Both husbands and wives in physician marriages report that "on call out of hours, the ethical commitment to medicine, and work encroaching into family time were identified as major sources of conflict" (Swanson & Power, 1999, p. 67). Attention to the couple's relational connection and actively practicing the constructs of relationality, which will be described below, are considered ways to maintain healthy relational bonds despite stressors inherent in the lives of physician couples.

Relational Spirituality

Defining Spirituality

Before examining relational spirituality, a working definition of spirituality will be helpful. Spirituality is comprised of spiritual beliefs, spiritual practices, and spiritual

experiences which can be private or shared. “Spiritual beliefs influence ways of coping with adversity, the experience of suffering, and . . . meaning” (Walsh, 2008, p. 3). Based on the nature of such beliefs, they can either positively or negatively influence relationships and relational bonds (Gold, 2010). Attending to the nature of spiritual values and beliefs reveals that spirituality can at times become unhealthy. Part of defining spirituality includes distinguishing between healthy and unhealthy forms of spiritual beliefs (Jackson et al., 1997). In addition, people are increasingly exposed to a variety of spiritual beliefs in our increasingly multicultural and diverse society. Walsh (2010) suggests that “couples, and families seek, combine, and reshape spiritual beliefs and practices – within and among faiths and outside organized religion – to fit their lives and relationships” (p. 330). Part of understanding spirituality is considering this broader societal and cultural context in which spirituality is practiced.

Spiritual practices may range from some of the more traditional practices to everyday practices of life. On the more formal end, spiritual practices may include disciplines of prayer, fasting, meditation, scripture reading, worship, service, confession and solitude, among others (Foster, 1978/1998). Yet the most seemingly normal aspects of one’s day can also become spiritual practices. Through practicing awareness or being mindful in any given moment, such activities as taking a walk, watching a sunset, or dancing can be turned into a spiritual practice (Cameron, 2001). Even the most mundane and routine activities, such as washing the dishes, may be experienced as spiritual when engaged in a manner of openness to God and his immediate presence (Lawrence, 1691/2010).

Spiritual experience can range from the obvious to the obscure and from the bizarre to the mundane. By definition a spiritual experience need not occur in a place of religious practice, but more often “involves streams of experience that flow through all aspects of our lives” (Walsh, p. 3). Such experiences are subjective and often deeply personal though sometimes experienced communally. The focus of this proposed study is on spiritual experience and specifically relational spiritual experiences. By acknowledging that spiritual experiences can infuse the everyday lives of physician couples, the data analysis of participants’ interviews will focus on their perceived quality of these subjective God-encounters.

Relational Spirituality

Many definitions of spirituality stress the relational aspect of a spiritual connection. For example, Giblin (1997) distinguishes between the concepts of religiosity and spirituality, defining spirituality as “the experience of seeking to make meaning of one’s life and to sense the connectedness and interconnectedness across life as informed by relationship with the divine” (p. 321). Such terms as *connectedness*, *interconnectedness* and *relationship* underscore the concept of relational connection as inherent in spirituality. Because not all definitions of spirituality reflect such a relational view, it is important to stress that this study will focus primarily on the relational aspect of spiritual experiences with God.

A recent critical review used relational spirituality as a lens to examine the past ten years of peer-reviewed studies on religion and family relationships (Mahoney, 2010). Drawing on Mahoney’s conceptual framework furthers our understanding and definition

of a relational spirituality. Specifically, spirituality is seen to help form, maintain, and transform family relationships in sometimes positive but also negative ways. Mohoney concludes that spirituality shapes family bonds, including the marital bond. These findings indicate that particular spiritual experiences are associated with positive relational outcomes, making an exploratory study of the relational spiritual experiences of couples all the more timely.

This proposed study adopts a Christian orthodox view of spirituality as inherently relational. Trinitarian theology exalts God as three Persons in One. While the order and role of these three Persons differs according to different branches of Trinitarian thought, all three Persons of the Godhead are considered to exist in a communal, ongoing relationship (Grenz, 2001). Relational spirituality hinges on the idea of the *imago Dei* or that humanity is created in the image of God (Grenz, 2001). If the triune God is inherently relational within the three Persons of the Godhead as well as relationally connected with created humanity, to be made in the image of such a God suggests mankind is also inherently relational. The concept of the *imago Dei* demonstrates that humans, like God, are designed for a “partnership entailing commitment to mutual respect, fairness and cooperation” (Howe, 1995, p. 38). Relational spirituality embodies such a partnership between humans and God, forming a spiritual relationship which in turn can imbue every other experienced relationship.

Relational spirituality obviously involves a relationship between God and a person, but it can also exist between God and persons (emphasis on the plural). Relational spirituality is not something only shared between one person and their conceptualization of God. Whatever this experience is, it may be either talked about with

another person or persons, or actually shared in the moment as two or more people experience God together. While perceptions of an actual spiritual experience may differ, this is true of any shared experience. This shared aspect of relational spirituality is important when considering couples and the nature of their shared spiritual experiences. The current study will examine couples' individual and shared spiritual experience, noting any relational links between marital and spiritual experiences. Relational spirituality will be recognized by evidence of the constructs of *relationality* as defined in this study.

In highlighting this study's interest in couples' shared aspects of relational spirituality, it is important to consider the larger context. Research indicates that same-sex couples in a Judeo-Christian context have actually been found to prefer private spiritual practices such as prayer and meditation over more public practices of corporate worship and religious services (Rostosky et al., 2008). To the degree that this is related to homophobia in corporate Judeo-Christian services, it is important to recognize that larger contextual issues may privilege private over shared spiritual experiences. What remains less understood is how both heterosexual and same-sex couples' experience of relational spirituality intersects with their marital experience. Research on this interconnectedness of spiritual and relational connections (Cattich & Knudson-Martin, 2009), remains limited and in need of further exploration.

Six Key Constructs of Relationality

Feminist theories provide the main theoretical underpinnings for this proposed study. As has been demonstrated, feminist thought offers a perspective of human

development and social interaction that is inherently relational. For the purpose of this study on physician couples' experiences of relationships with God and spouses, *relationality* will be defined by six key concepts. These concepts include an understanding of humans as shaped in relationship and an understanding of healthy couples as able to be mutually empathic, to attune to others, to be authentic, to take relational responsibility and to be able to influence and be influenced (Fishbane, 2001; Knudson-Martin & Huenergardt, 2010). In addition to drawing largely on feminist literature, references to family systems theory, postmodern theory and neuroscience will be made. Rather than describing each of these additional theories and their contributions separately, the main constructs of relationality will be explored in relation to the contributions from each of these different fields.

The same six constructs of relationality as applied to human relationships will also be used to understand human relationships with the divine. Towards this end, the same theoretical framework provided mainly by feminist literature in conceptualizing human relationality will be used to conceptualize a relational spirituality. For the purpose of this study, it is assumed that the same constructs of relationality experienced in marriage are also experienced in a spiritual relationship with God. Each of the following six constructs of relationality are understood as enabling couples to engage with one another and with God in safe, secure bonds.

Shaped in Relationship

Most foundational to a relational approach is the idea that we are relationally shaped by those around us. This social conceptualization of humans (Fishbane, 2007)

helps us understand the influence of others, including the larger society, in shaping a relational sense of self. For example, “we respond to the world we encounter, shaping, modifying, and creating our identities through those encounters with other people and within social institutions” (Kimmel, 2004, p. 93). Our identity or sense of self cannot be separated from our daily and moment by moment relational interactions with others. It is inherent in a relational approach to understanding couples as understood from a feminist perspective that our very notion of who we are and how we connect is constructed in relationship.

Research in neuroscience also brings light to this notion of being shaped through relationships. The discovery of mirror neurons and their function in helping us predict the intentions of others suggest we are biologically wired for relationship (Iacoboni, 2008). Mirror neurons were accidentally discovered by Giacomo Rizzolatti and his colleagues while studying the brain to understand motor function recovery after brain injuries (Iacoboni, 2008). Mirror neurons, most basically, help us understand the actions and intentions of other people. Mirror neurons are “primarily motor neurons . . . [with] important sensory properties” that are activated for example by facial features and once activated then activate emotional centers in the brain (Iacoboni, p. 122). What is fascinating is that a six month old infant cannot watch a person playing with a toy and predict with her eyes where the hand will take the toy. However, by the time that infant is one year old, her “mirror neurons *learn* to predict the actions of other people...this is another example of how the mirror neuron system may be shaped by experience” (Iacoboni, p. 162). How we learn and interact with others even at the neurological and cellular level seems to be constructed through our relationships.

In addition, neuroscience literature suggests that our evolutionary survival has been linked to the ability to relate and establish social connections. Sometimes referred to as “interpersonal neurobiology,” the links between our brain and ability to connect emotionally in relationship continue to emerge (Siegel, 1999). Fishbane (2007) describes similar findings in studies on primates, again highlighting the link between the brain, social connections, and evolutionary survival. Specifically Fishbane notes that the size of the neocortex, the part of the brain specialized in interpreting social cues, actually increases according to increasing sizes of social groups. Among baboons, the significance of social connections is indicated by the fact that babies are more likely to survive when baboon mothers partake in increased socialization behaviors. More time grooming and socializing actually calms baboon mothers and improves their parenting (Fishbane, 2007). This link between survival and making social connections further stresses the importance of emotional connections. The current study’s focus on emotional bonds aims to increase understanding of how relational connectedness, with one’s spouse and with God, impacts couples.

The growing research in neuroscience adds to our understanding of how humans’ ability to bond and connect is shaped in relationships. From mirror neurons to the size of our neocortex there appears to be a direct connection between biology and the ability to function and interact in relationship. Even at the most physical level we seem to be wired for intimacy. For the purpose of this study, it is assumed that couples are neurologically and socially designed for connection whether with God or one’s spouse (Anderson & Worthen, 1997).

Empathy

One of the most essential abilities of couples is the capacity to empathize with each other. “Empathy is the affective-cognitive experience of understating another person” (Jordan, 1991, p. 83). Research in neuroscience indicates that “the intimacy of self and other that imitation and mirror neurons facilitate may be the first step toward empathy” (Iacoboni, 2008, p. 70). At our simplest cellular level researchers are finding that we are constructed to connect relationally with others. Empathy is the building block of such interpersonal connections. In fact, “our ability to be empathetic provides the basic foundation of human connection” (Miller & Stiver, 1997, p. 43). Empathic connection includes a cognitive process of resonating with another’s feelings, knowing what those feelings feel like from one’s own experience, and being able to reflect that knowledge to the other (Stern, 2000).

What is important in understanding couples as relational is the ability of two people to interact together in a mutually empathic encounter. Mutuality refers to something that is shared or reciprocated. “Mutuality does not mean sameness, nor does it mean equality; rather it means a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible” (Miller & Stiver, p. 43). To fully grasp the significance of conceptualizing couples as inherently relational, it is key to understand this concept of mutuality. One person may show empathy towards another in a unilateral direction. But of even more interest is our relational ability to be able to engage in mutually empathic experiences with each other, whether through words, a look, or a gesture.

Attunement

Attunement stems from the concept of being in tune or in harmony and reflects the ability of one partner to match the state of the other. While empathy is a cognitive process, attunement happens largely outside of one's awareness (Stern, 2000).

Attunement is an important aspect of well-being and involves not only being in harmony with others but also with oneself (Siegel, 2007). As a relational dynamic between two people, attunement is essential to forming relational bonds. For example, primary caregivers build relational bonds with an infant by staying attuned to the infant's affective state (Stern, 2000). Stern defines attunement as the almost unconscious and automatic "performance of behaviors that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the inner state" (p. 142).

Attunement behaviors include facial expressions, intonations, and body language combined in such a manner to communicate that one person feels what the other is feeling.

As a relational or interpersonal dynamic, attunement is a process that occurs in flux. Attunement involves an empathic stance towards another person which can adapt moment by moment to the other's emotional state. "Empathy is not a steady state; even in healthy relationships, breaks or ruptures in attunement are inevitable" (Fishbane, 2007, p. 396). With ruptures being unavoidable, secure connection involves the ability to "get back on track" or shift into new relational patterns of attunement. Another way of talking about attunement is resonance and response. Attunement involves this continual, moment by moment harmony of people in relationships, engaging with each other,

responding to each others' changing states and maintaining resonance with each others' moods (Stern, 2000).

The importance of empathy as emotional attunement may be a gender issue if emotions are viewed derogatively as feminine. In therapy, helping a husband redefine gender and learn empathy is an example of recreating gender (Knudson-Martin & Huenergardt, 2010). For example, the fear for many men is that while they want to feel closeness, they don't want to feel the vulnerability that comes with self disclosure. By addressing gender issues through the lens of emotion, such obstacles may be overcome. The current study will examine physician couples' gendered experiences of empathy and attunement, focusing on couples' perceptions of God's, their spouse's and their own ability to empathize with and stay attuned to each other.

Authenticity

Feminist theory advocates for the importance of mutual authenticity in couple relationships (Jordan, 1991). "Authenticity is seen relationally as not only articulating one's own truth, but also as having voice in relationship" (Fishbane, 2001, p. 275). Authenticity as defined in feminist thought is inherently relational. For example, "being true to one's self in this model does not come at the expense of relationship but, rather, occurs in the context of relationship" (p. 275). Being able to speak from one's own perspective in a relationship, whether with one's spouse or with God, is an important concept offered by feminist thinkers from the Stone Center (Jordan). Feminist theory specifically highlights how the societal context can limit expressions of authenticity for both men and women (Fishbane). Gendered scripts establish the norms for what 'should'

or 'should not' be expressed or experienced. Feminist thought however attempts to expand options for both genders and thus enhance couple authenticity (Lyness & Kropf, 2005). Finally authenticity involves having the self-confidence to stand apart while remaining in relationship. It is worth highlighting that the very formation of this 'self'-confidence occurs in an egalitarian relationship. In a fully-functioning relational couple both partners embody self confidence, gained through relationships, and feely express difference. These qualities in turn seem to enable more authentic interaction in relationship.

Relational Responsibility

Part of conceptualizing couples as relational involves the ability to take relational responsibility (Knudson-Martin & Huenergardt, 2010). Sometimes termed relational accountability (Fishbane, 2001), responsibility is a key issue in relationship. Being responsible includes being able "to take into account relational consequences of one's own actions" (p. 276). Such awareness of the consequences of one's actions on the other person reflects an interdependent understanding of couple relationship. This concept of responsibility is experienced not only in the context of a spousal relationship but also in relationship with God.

Relational responsibility is also linked to the concept of ownership and owning one's impact on the other. It is significant that such ownership is understood in the context of the relationship. Relational responsibility involves admitting that one's actions impact the other and learning to act in new, more responsible ways (Knudson-Martin &

Huenergardt, 2010). This includes embracing a relational approach and focusing more intentionally on one's impact on one's partner, family, and God.

Influence and Responsiveness

The concept of responsiveness involves communicating to the other person that they matter and that the relationship also matters. It is important to note that this is a process of mutual responsiveness in which couples both offer and receive influence. The concept of responsiveness has been termed “a readiness for the relational” in which there is “a willingness to be moved by the other, to see and be seen, to stay connected even through conflict, to hear the other’s narrative even while articulating one’s own, and to negotiate differences” (Fishbane, 2001, p. 277). Being influenced by the other and affected by the other is a critical aspect of responsiveness. For couples both in their marital relationship and their relationship with God, the presence of perceived and reciprocated responsiveness is an important indicator of relationship quality. Having this ability to respond to another’s influence and exercise influence over another, again in mutually enhancing ways, is a core aspect of healthy relational (Fishbane, 2001) and spiritual bonding (Barry & Connolly, 2009; Kass et al., 1991).

In couples’ relationships with God, mutual influence or responsiveness may be expressed slightly differently than in couple relationships. For example, being able to influence God may include believing in the “power of prayer” to influence God into action. Being influenced by God on the other hand may involve repenting for acts believed to offend God or choosing to respond to perceptions of God’s callings or

invitations. Whether with God or with one's spouse, how physician couples practice mutual influence will be considered a reflection of their degree of relationality.

Summary

In summary, this study will conceptualize physician couples as capable of relational connection. We are shaped in relationships and constantly being influenced by larger contextual issues including gender and power. Couples may also engage in spiritual bonds with God, practicing a form of relational spirituality. Healthy relationships, both human and divine, are conceptualized as involving empathic, attuned, authentic, relationally responsible and mutually responsive partners. The current study will examine physician couples' experiences of these aspects of *relationality* with God and their spouse. Specifically the relationship between participant couples' marital and spiritual experiences remains the focus of this study. It is the aim of this study to examine if any connection or link exists and if so to understand this link between how physician couples' relationally experience their spouse and God.

CHAPTER THREE

REVIEW OF THE LITERATURE

Overview of Couples and Spirituality

Studies of marital experience and couples' spirituality are embedded in a larger body of literature on marital satisfaction and couples' religiosity. While neither marital satisfaction nor religiosity is a core concept in this proposed study, both topics help set the larger context in which spirituality, marital experience, and couple bonds are studied. Marital satisfaction and religion have been shown to correlate in a number of studies (Anthony, 1978; Filsinger & Wilson, 1984; Roth, 1988). In more recent years researchers have continued to investigate religion as a factor in satisfying marriages with similar findings (Fiese & Tomcho, 2001; Perrone et al., 2006). Yet the ongoing research reveals many different approaches to understanding religion, studying both religion and spirituality as factors of marital satisfaction. Important theoretical differences in defining and measuring religiosity versus spirituality add a complexity to this research and the various methodological considerations in designing a study.

The following review of the literature will begin by defining and distinguishing religiosity from spirituality. Important methodological issues in studying spirituality will be examined. A theoretical understanding of spirituality as well as research indicators of spirituality as a factor in marital experience will follow. Next research on couple bonds and the marital relationship will be explored focusing on findings regarding authenticity, attunement, relational responsibility and mutual influence in marriage. Finally research on the marital experiences of physician couples will be examined, including issues related to professional couples and the balance of work and family. The purpose of this

review is to demonstrate the need for further understanding of the relationship between spirituality and marriage in this population.

Defining Religiosity

Religiosity can be defined extrinsically or intrinsically. Extrinsic religiosity is defined as perceiving religion “as a means to another end, such as a personal benefit or social relationships” (Hughes & Dickson, 2005). Simply stated, extrinsic religiosity is “the use of religion in a utilitarian, selfish manner” (Slater et al., 2001, p. 5). In a study of 57 Caucasian couples married between 25 and 46 years, Kaslow and Robinson (1996) found that “the satisfied group chose more internally motivated reasons (love and the value of lifelong marital commitment) than the externally prescribed motives and standards selected by the dissatisfied group (responsibility to partner and religious commitment),” (p.163). Similarly Hughes and Dickson (2005), in a study of 87 interfaith couples, found an inverse relationship between extrinsic religious orientation and marital satisfaction and the opposite for an intrinsic orientation.

Individuals with an intrinsic religious orientation are “strongly committed to their faith” and have “a central sense of meaning in their lives” (Hughes & Dickson, 2005, p. 27). Moral beliefs are another intrinsic factor of religiosity (Wilson & Musick, 1996) as are internal religious motivations centered on love and values (Kaslow & Robinson, 1996). Hughes and Dickson (2005) found evidence supporting intrinsic orientation as a significant predictor of marital satisfaction (p. 34). However as the intrinsic religious dimension on this scale measures religious commitment it is critiqued as a second order measure of religiosity (Slater et al.). For this and other reasons, extrinsic and intrinsic

religious dimensions have been increasingly critiqued as poor measures of interaction with God (Kirkpatrick & Hood, 1990). More researchers are turning to spirituality as an alternative and important dimension in understanding the human-divine connection.

Defining Spirituality

A definitional distinction is being made between intrinsic/extrinsic religiosity and spirituality (Giblin, 1997). Differences between religiosity and spirituality have been well articulated (Hill & Hood, 1999). Religiosity is defined by extrinsic and intrinsic dimensions as well as the additional components of following a group's legitimizing views on religious practices (Slater, 2001 et al.). Spirituality tends to be defined more relationally. Spirituality includes a belief in something bigger than oneself (Kaslow & Robinson, 1996) and the search for something sacred (Slater et al.). The study of spirituality focuses on how people relate to and experience the divine (Giblin).

Self-transcendence is another important aspect of spirituality. In a study on spiritual experience, the self-transcendence dimension of the Temperament and Character Inventory examined the behavior, subjective experience and individual worldview of 15 men age 20 to 45 (Borg et al., 2003). These men showed that experiences of spiritual self-transcendence were linked to increase binding potentials for serotonin in the hippocampal and neocortex areas of the brain. These findings suggest a biological basis for spiritual experience and expand the definition of spirituality to include all aspects of the person from relational bonds and emotions to physical and biological responses.

Finally, a definition of spirituality needs to include the growing research linking specifically relational spirituality to health and well-being (Peterman et al., 2002). A call

to revise the World Health Organization's definition of health to include spirituality as not only an influence but a dimension of health shows this growing recognition of the importance of spirituality (Larson, 1996). The current study recognizes spirituality as a component of health and well-being.

Methodological Issues Regarding Spirituality

Having considered definitional issues, another important consideration in this area of research involves different measures of spirituality. Regarding the measuring of spirituality, Slater et al. (2001) reviewed six measurements both new and widely used. These researchers critiqued the various conceptual and measurement problems within the more widely used instruments, such as the Spiritual Well Being Scale. The SWBS attempts to measure life purpose, direction, satisfaction and relationship with God. Slater et al. argued that it measures satisfaction with spiritual life but not a person's actual quality of relationship with the divine. They went on to recommend the newer instruments more directly investigating relational spirituality. Slater and his fellow researchers supported the recent trend among newer spiritual instruments in measuring personal, experiential and relational aspects of spirituality as opposed to the intrinsic/extrinsic religious distinction.

Research and Relational Spirituality

Studies on relational spirituality, or the quality of relationship between a person and God, tend to reflect experiences and perceptions of God much more robustly than studies simply determining frequency of worship or level of religious commitment.

Research on relational spirituality has been scarce to non-existent (George et al., 2000) though it is increasing, as reflected by a measure recently created to test relational spirituality. Called the Dedication to the Sacred Scale (DS), this scale focused on a person's relationship with God and the degree to which a person viewed God as a personal or impersonal being (Davis et al., 2009). This measurement, based on a model of relational spirituality, confirmed that those who had a more relational view of God were able to be more successful in human relationships, specifically in the area of forgiveness.

Another measurement of relational spirituality, called the Attachment to God Inventory (AGI), was developed to test two different dimensions of connection to God: (1) avoidance of intimacy and (2) anxiety over loveability (Beck and McDonald, 2004). The AGI was used to further test Kirkpatrick and Shaver's (1990) *correspondence* and *compensation* theories regarding whether or not one's connection with God corresponds with or compensates for one's primary connection with early caregivers. When attachment with God was compared to attachment with parents in a study of 101 Christian college students from very religious homes, the AGI helped support the correspondence theory (McDonald et al., 2005). Students with authoritarian parents tended to have high anxiety in their relationships with God. These student-God relationships seemed to correspond with student-parent relationships. Students with authoritative parents tended to fear abandonment by God, have difficulty relying on God, and not feel intimate with God (McDonald et al.).

Further support for the correspondence theory was found in a study of 30 Catholic priests and religious figures and a matched group of Catholic lay people. Using

the Adult Attachment Interview (AAI), researchers found that parental attachment experiences corresponded with participants' experiences of God (Cassibba et al., 2008). In particular, the priest group showed stronger connection to God and also more secure attachment styles on the AAI. Among both groups, positive connective experiences with God and with parents were linked to secure attachment states on the AAI (Cassibba et al.). These concepts of connection to God and forming relational bonds with God help researchers both expand beyond the implicit/explicit description of religiosity towards a more relational view of spirituality. As our understanding and study of relational spirituality increases, the impact of spirituality on other relationships such as marriage becomes more viable.

Spirituality as a Factor in Marital Experience

Studies investigating relational aspects of spirituality appear more rarely in the literature on couples than studies of religion and marriage (Mahoney et al., 2009). Nevertheless spirituality, as distinct from religiosity, has been linked with positive marital experience (Giblin, 2004). In a study of 178 couples, most couples reported spiritual experiences within their marriage, including viewing their relationship “as imbued with sacred qualities...and a manifestation of God” (Mahoney, p. 1). Such findings highlight the pervasiveness of spirituality within the context of marriage and the daily experience of couple relationships.

Studies continue to find that spirituality is a factor in marital relationship outcomes (Bergin, 1991; Giblin, 2004). Giblin (1997) administered the Spiritual Experience Index (SEI) which uses object-relations and developmental theory to measure

spiritual maturity. His findings that SEI scores significantly related to ENRICH marital adaptability scores demonstrate a link between spirituality and positive marital experiences. In addition, spiritual beliefs have been shown to negatively contribute to the development and maintenance of couples' problems (Prest & Keller, 1993). A study of twenty heterosexual couples found spirituality to be closely tied to both positive and negative patterns of communication and problem-solving (Cattich & Knudson-Martin, 2009). These connections between more negative spiritual beliefs and poor marital experiences only seem to further support the importance of a healthy spirituality within marriages.

For example, in a study of mostly Catholic couples, in which twenty couples used natural family planning (NFP) and twenty couples used contraceptives, beliefs preferring NFP impacted couples' spiritual and marital experiences (Fehring & Lawrence, 1994). Researchers found that couples using natural family experienced increased relational closeness with God and with their spouses. This study reflects the impact of beliefs on spiritual and marital experience. Increasingly researchers and psychotherapists are recommending the importance of including spiritual strategies in couple therapy, highlighting again this link between spirituality and marriage (Carlson, Kirkpatrick, Hecker & Killmer, 2002; Richards & Bergin, 2005).

Couple Experience and the Marital Relationship

Studies indicate that couple connectedness at times appears fragile, tenuous, and not as secure in a landscape that is decreasingly in support of marriage (Doherty, 2003). Despite the divorce rate increasing more slowly than the rate of marriage over the past

decade (CDC/National Center for Health Statistics, 2009), today one out of every four couples currently married will divorce while nearly half of all new marriages will end in divorce (Doherty). While many factors contribute to either strengthening or weakening couples' experience of connection, this study is particularly interested in the impact of contextual issues such as gender and power on marital experience. In addition how the various constructs of relationality, including authenticity, attunement, relational responsibility and mutual influence, impact couples' experience of marriage and the relational bond are of direct importance to this study.

Gender and Power

Research indicates that gender and power inequalities negatively impact couples' relational well-being, hurting both men and women (Steil, 1997). In exploring specific relationship conditions that benefit both husbands and wives, Steil suggests that marital well-being is directly associated with equal decision making power and the ability to influence one's spouse. In heterosexual marriages, "equality . . . is associated with greater relationship satisfaction, more direct and mutual modes of influence, less depression, especially for women, and increased intimacy for both partners" (p. xix). Yet despite the benefits of relational equality, marriage partners remain unequal and couples continue to relate in traditional gendered roles with visible and invisible power imbalances (Jonathan, 2009; Knudson-Martin & Mahoney, 2009; Steil, 1997).

Doherty's (2003) research and clinical experience suggest that many societal forces can drive the marital relationship apart, including gender socialization. "Our gender training as men and women prepares us differently for maintaining our marriages"

(p. 14). While Doherty is careful not to overstate the differences, he reflects that these differences tend to predispose women to focus more intentional effort into relationships than men.

Men tend to see close relationships as needing lower maintenance and work than women do. (Look at the difference in this regard between men's friendships and women's friendships.) ...most wives, after a period of trying unilaterally to make the marriage a 'high work' relationship, settle for their husband's standard. Doherty, 2003, p. 14.

While gender differences organize relationships, they are also closely tied to power (Knudson-Martin & Mahoney, 2009a). Questions about who makes decisions or accommodates whom, such as wives in the above example settling for their husband's standard, point to underlying power issues.

While different explanations exist regarding how power operates in marriages, there appears to be an important gender component to power in heterosexual marriages (Tichenor, 2008). Yet often these experiences of gendered power are unseen as heterosexual couples operate in socially accepted roles which tend to mask a legacy of inequality and hidden male power (Knudson-Martin & Mahoney, 2009b). In a study of couples and marital power, Tichenor (1999) found that wives with higher status and higher paying occupations did not exercise more power in their relationships. This study confirmed the idea of hidden power dynamics in marriage and showed that power is more directly linked to gender than either status or income (Tichenor, 1999).

Examining how couples accept gendered power and use power in marital relationships is an important part of understanding couples' marital experience. The challenge for researchers is to identify the less visible aspects of gendered power which

participants themselves may not be fully aware. By contextualizing relational experience in the larger societal context of gender and power issues, the current study hopes to attend to some of these hidden relational dynamics.

Constructs of Relationality

Authenticity

Research on authenticity indicates that good or authentic communication is a factor in successful marriages (Giblin, 2004). Communicating well appears to be a bidirectional process which on one hand involves being able to “speak for self; express feelings, thoughts, intentions; report completely; [and] send congruent messages” (Giblin, 2004 p. 46). On the other hand, research indicates that couples need to hear what is being communicated, which involves being able to “attentively listen; indicate messages heard; paraphrase; check out; [and] attend to affect and content” (p. 46). Clinical research indicates that helping couples practice mutual authenticity facilitates shared vulnerability and can change and strengthen marital connectedness (Skerrett, 2004). However, a study on conflict resolution in heterosexual couples shows that authenticity can vary by gender, reflecting a tendency in women towards other-oriented behavior (Neff & Harter, 2002b). Again gender and power dynamics seem to play a role in levels of authenticity, hindering open, vulnerable connection where power is unbalanced.

Attunement

Research indicates that attunement, the process of two people sharing their subjective emotions, is an essential aspect of relationship (Stern, 2000). From his

extensive research on infants and their mothers, Stern observed three basic characteristics of two people attuned to each other: (1) “They give the impression that a kind of imitation has occurred...some form of matching is going on” (p. 141). (2) “The matching is largely cross-modal. That is, the channel or modality of expression used by the [receiver]...is different from the channel or modality used by the [sender] (p. 141). (3) “What is being matched is not the other person’s behavior per se, but rather some aspect of the behavior that reflects the person’s feeling state” (p. 141). In layman’s terms, attunement behaviors evoke the experience of feeling that another feels what one is feeling.

In addition it is the process, facilitated by mirror neurons, of reflecting back to another that some feeling has been shared. Empirical research on mirror neurons, which has only been gathered for about fifteen years, already indicates these cells provide “the fundamental connections between self and other” linking people through attunement behavior (Iacoboni, 2008, p. 258). Studies indicate that the reciprocal behavior of attunement is not only essential for the social development of infants (Stern, 2000) but for the well-being of all relationships, including couples (Fishbane, 2007).

Research indicates that attunement involves accurately identifying emotion and when practiced helps provide the basis for security in couple relationships (McCluskey, 2007). Couples who learn to attune to one another and maintain a state of attunement tend to have more intimate relationships (Goldstein & Thau, 2006). Supportive and empathically attuned couple relationships have been shown to lead to increased experiences of intimacy and healing from destructive emotions such as shame (Greenberg & Goldman, 2008). In addition, a study of homosexual couples, where same-sex partners

lacked gender organizing dimensions inherent in heterosexual couples, found that attunement is highly connected to both equality and intimacy (Jonathan, 2009). According to this research, attunement is a core construct of relationality, requires shared power dynamics and results in a more connected or bonded couple experience.

Relational Responsibility

Research on couples in therapy shows that relational responsibility is a necessary component in healthy relational connectedness, and involves such behavior as taking responsibility during conflict and offering each other attempts to repair the relationship (Knudson-Martin & Huenergardt, 2010). Research also reveals that same-sex couples with high levels of equality tend to display such relational responsibility by effectively addressing conflict and consciously making relational decisions (Jonathan, 2009). This link between relational responsibility and the ability to equally share power suggests the importance of understanding this relational construct within couples' larger contextual frameworks.

The concept of relational responsibility within the marriage can also be inclusive of God. In a study of 217 spiritual spouses, researchers found a significant relationship between experiencing God in prayer and taking responsibility and softening towards one's spouse during conflict (Butler et al., 2002). This finding indicates that as a construct of relationality, responsibility positively impacts both spiritual and relational bonds with God and one's spouse.

Mutual Influence

In highlighting the degree of mutual influence in a marriage, research has focused on couples' decision making processes over such issues as child care, finances, and the division of domestic work (Steil, 1997). In addition, research regarding a couple's ability to influence and be influenced by each other has surfaced issues of unbalanced power and gender roles. For example, a review of the research on how gendered power issues impact couples' decisions regarding their sexual and reproductive health, suggested that health programs directly addressing gender-based power were most effective for men and women (Blanc, 2003). Studies continue to show that couples speak of equality in their marriages while their unbalanced behaviors indicate a discrepancy between belief and action (Bittman & Lovejoy, 1993; Steil, 1997; Knudson-Martin & Mahoney, 2009b). This discrepancy has been termed *pseudo-mutuality* and "is a false complementarity, where the emphasis is on the actor maintaining a sense of reciprocal fulfillment by denying or concealing evidence of non-mutuality" (Bittman & Lovejoy, p. 302). Understanding how contextual issues impact mutuality is essential in the current study.

In a study of 251 couples aged 18-75, participants' relationship styles were examined to determine the degree of mutuality in adult, heterosexual couples (Neff & Harter, 2002a). While most participants reported having a mutual style, both partners were mutual in only half the couples. Mutuality was defined by sharing power and decision making, and was linked to equality and the best outcomes for relational health. A lack of mutuality was associated with either dominance or subordination, a lack of authenticity, and poor psychological outcomes. Being able to mutually influence one's partner and be influenced involves sharing power and appears connected to other

constructs of relationality as well as overall relational well-being. For example, a study of 130 newlywed couples found that specifically husbands rejecting their wives' influence was a predictor of divorce (Gottman, Coan, Carrere & Swanson, 1998). The current study hopes to build on this research by examining the importance of mutual influence on the marital bond as well as the spiritual bond.

Physicians and Marital Experience

Research on physician marriages has been impacted by the changing demographics among physicians, most noticeably in the number of women entering the field. Levinson and Lurie (2004) reported that women now comprise 50% of the student body at medical schools and 25% of practicing physicians. This increase in female physicians has corresponded with a growing number of dual physician marriages as well as marriages between physicians and other professionals "in careers as demanding as medicine" (Fletcher & Fletcher, 1993, p. 629). Sotile and Sotile (2004) reported that among a sample of 603 physicians' wives, 44% classified themselves as professionals. The following brief review of the literature shows that the overall state of physician couple bonds, from residency, through early and mid careers and into retirement, seems to be surprisingly favorable with moderate to high levels of marital well-being.

In a study of 42 couples with at least one of the spouses in medical residency, Powers et al. (2004) found that non-resident spouses rated higher than the general married population on a general mattering scale. This concept of mattering to others has been shown to be an indicator of strong relationships (Rayle, 2006) and increased marital equality and well-being (Kawamura & Brown, 2010). Powers et al. also found that both

resident and non-resident spouses' satisfaction with shared values, another aspect of marital satisfaction, was significantly higher than the general married adult sample.

From a study of 204 early career physicians (57 female and 147 male), Grant and Simpson (1994) studied 174 who were married or living with a romantic partner. The researchers failed to prove their hypothesis and found that gender did not have a significant effect on physicians' marital satisfaction. They found that both female and male physicians scored high on marital satisfaction. Researchers also found that children only decreased marital satisfaction when the presence of children also decreased couple communication and support giving. This was seen in that "physicians who cancel commitments to spouses and partners tend to have lower levels of marital and relationship satisfaction" (p. 335).

Yet another a study of 244 married physicians found an interesting link between gender and marital satisfaction, reporting that more men experienced their work as stressful, more women found their work satisfying, and more men found their work to be a source of marital conflict (Swanson & Power, 1999). Such findings suggest that in physician couples, gender makes a difference in how spouses experience such relational issues as family life stress. In addition these findings indicate that gender based imbalances appear to exist and impact the well-being of physician couples.

In a sample of 747 physicians, in which 85% were male, and 490 of their spouses, marital satisfaction for the physicians was associated with their work satisfaction, with working fewer hours, and with older age, more vacation, and lower levels of stress (Lewis et al., 1993). For spouses marital satisfaction was associated with the physician's work satisfaction. Couples scored in the good to fair range on marital satisfaction with

high levels of agreement between spouses, failing to support the researchers' hypothesis that physician's marriages were more dysfunctional than other marriages.

Spendlove et al. (1990) found that in a sample of 116 physicians, physician marriages fell in the not-distressed range according to the Dyadic Adjustment Scale. Further, they found that mutual support of careers and the number of hours spent alone as a couple were factors in marital satisfaction. Sotile and Sotile (2004) also found that time spent together was a factor in marital satisfaction among male physician and their wives. This researcher couple also found that marital satisfaction increased when wives perceived that their husbands made sacrifices for the family and the wife's career, that their husband's work did not interfere with family, and when the husbands worked less and the wives worked more. The largest factor in marital satisfaction among their sample was how the couple treated each other when working.

Austrom et al. (2002) gathered a sample of 795 physicians who graduated from medical school before 1965 and 455 of their spouses. All of the spouses and the 678 physicians who identified as retired or semi-retired were included in their study on predictors of life satisfaction among retired physicians and their spouses. Of these, 88% in both groups reported being mostly satisfied or better with life. The most significant challenge reported by spouses was the marital relationship and "the most common retirement advice from spouses was to work on the marital relationship (34%)" (p. 137). Factors in relationship satisfaction for spouses included a better relationship with the husband, more help with chores and better sexual relationships. For physician husbands the only factor in relationship satisfaction was better sexual relationships.

The literature seems to suggest that the majority of physician marriages are functional and satisfying. While many factors of physician marital satisfaction are discussed in the literature, very little is discussed about the role of spirituality in influencing marital satisfaction. Spendlove et al. (1990) reported that greater church or religious attendance was a positive factor in marital satisfaction. The majority of literature on physicians and spirituality however relates not to their marriages but their patients. For example, in a study of 1,260 U.S. physicians it was found that 75 to 76% believe religion and spirituality give patients a positive state of mind and help patients cope (Curlin et al., 2007).

Conclusions from the Literature

Studies investigating indicators of satisfaction among physicians and their spouses seem to support a positive view of physician marriages. In addition a burgeoning body of literature points to the role of religion in marital satisfaction (Fiese & Tomcho, 2001; Kaslow & Robinson, 1996; Perrone et al., 2006). These studies seem to reflect a general consensus in the literature that religion and marital satisfaction positively correlate. Despite the many studies which have been conducted on religion as a factor of marital satisfaction, the existing literature on spirituality, as opposed to religion, and its impact on marital satisfaction is still being developed (Anderson & Worthen, 1997). Spirituality differs from religion in a number of important ways. While religion or religiosity measures external or extrinsic aspects of a person's faith, spirituality measures relational aspects. Spirituality in marital research is a more recent area of study in need of further investigation.

How spirituality factors into physician's marital satisfaction is much less understood. Further research is needed in investigating the impact of physicians' spiritual lives on their marital satisfaction. Furthermore, understanding spirituality from feminist theory orientation will hopefully allow the relationship between physician couples' spiritual and marital relationships to be explored in more depth than traditional religion and marital satisfaction studies. By specifically focusing on authenticity, attunement, relational responsibility and mutual influence as constructs of relationality, this proposed study hopes to make a contribution to the existing literature on marriage and spirituality.

CHAPTER FOUR

METHODS

The purpose of this study is to understand complex couple dynamics with a focus on finding physician couples' subjective meanings through a lens of relational feminism. Specifically this study examines how married physician couples experience their relationship with God and with their spouse and how these two experiences relate. Grounded theory is applied to understating couples' meaning through a relational feminist approach. Because the purpose of this study is to try to understand complex relationships, Newman et al. (2002) recommends that the appropriate research question should be an iterative process in which "the goal is to acknowledge all the possible purposes [and] all possible questions" (p. 186). Such a purpose lends itself to the assumptions of qualitative research. Additionally, due to the exploratory nature of this study and the interest in couple experience and relational process, a qualitative methods design will be conducted using a relational feminist theoretical lens of *relationality* in tandem with grounded theory as described by Charmaz (2000). From this methodological perspective, the research questions, sampling procedures, data collection methods, analytic procedures, expected results, and trustworthiness and authenticity of this study will be explored.

Research Questions

Due to the lack of research on relational spirituality, the main problem explored in this current study will be (1) how married physician couples experience their relationship with God and with their spouses and how these two experiences relate. While it is

expected that not all participants will have a relational understanding of God, further questions will explore couple's experience of God. These more refined research questions are as follows: (2) How does a couple's experience of being authentic with God relate to experiences of authenticity with one's spouse? (3) How does a couple's experience of God's attunement relate to experiences of spousal attunement? (4) How does a couple's experience of being accountable for one's spiritual relationship with God relate to experiences of relational responsibility with one's spouse? (5) How does a couple's experience of being able to influence and be influenced by God relate to similar experiences with one's spouse?

Research question one is the umbrella question focusing on the relational bonds that physician couples experience with God and their spouses. In examining this question the student researcher will take into consideration the larger socio-cultural context including issues of gender and power. Research question two addresses the concept of authenticity while question three addresses attunement. Question four addresses relational responsibility and question five explores the issue of mutual influence. All of these refined research questions (questions two through five) relate to the first and main research question. Specifically they relate in helping to further understand the relationship between physician couples' relational experience with their partner and with their concept of God.

Participants

Parent Study

The current qualitative study will be part of a larger mixed methods study on physicians and their families. In the parent study, trained interviewers interviewed individual physicians as well as physicians and their spouses on topics of relationship formation, choosing medicine as a profession, work and home stress, relationship quality and experience, spiritual experience, female physicians, and parenting (when applicable). The length of interviews ranged from one hour to one and a half hours. Interviewers include the researcher of this current study and seven other family studies doctoral students.

The researcher of this current study is a female European American Christian in her early 30s. At the time of the study she was a Marriage and Family Therapy Intern and practiced from an experiential family systems perspective in her own clinical work. She also was a practicing Spiritual Director with a seminary degree in Spiritual Formation and Soul Care. She approached the study with a belief that being relational was important in the spiritual and couple interactive process and thus, as will be discussed below, incorporated various methods to ensure the trustworthiness and credibility of the results.

All eight interviewers collaborated in developing the interview questions and collaborated in the initial process of coding and analyzing the data to determine saturation. The current study will use the gathered interviews and the student researcher will determine if additional interviews need to be collected to reach saturation for the present research questions. Saturation will be determined by gathering repeatedly similar

answers from multiple physician couples (Brod, Tesler & Christensen, 2009). This will be determined when interviews yield repetitive answers for the same questions, and ongoing data analysis and coding stop generating new categories.

Sampling Procedures

A snowball sampling strategy was used for the parent study. Physicians were found through the university affiliated medical center and through referrals provided by the principal investigators. After physicians and physician couples were interviewed, the participants were asked to refer additional participants to the study. In this way participants were gathered throughout the southern California region and in several other states where investigators and previously interviewed physicians had contacts willing to be interviewed. All interviews were conducted in person and any additional interviews will also be conducted in person and gathered using the same sampling strategy.

Inclusion Criteria

Inclusion criteria for this current study will require physicians to have completed at least one year of residency. This is due to significant differences between medical students and those practicing medicine. In addition, this current study's interest is in analyzing those practicing medicine with patients. For this reason physicians will have to be practicing medicine and not retired. Another inclusion criterion will require couples to be married at least two years. Due to the honeymoon effect, couples married less than one or two years may display different relational dynamics than couples married for more than two years (Carrere et al., 2000; Strong, DeVault & Cohen, 2011). It is the goal of

this study to analyze and explore marriages and couples' experience of their partners without the interference of newlywed perceptions.

Finally, this current study will only use interviews from the parent study in which both the physician and spouse are present. This is to ensure that answers will reveal the relational interactions of the couple as reflected during the course of the interview. All interviews will thus consist of physicians and their spouses and reflect the relational framework used in this study. This systemic approach to the interviewing process and sample gathering reflects the relational and systemic perspective of the research questions. Open ended questions relevant to this study will pertain to participant answers regarding relationship formation, relationship quality and experience, stress, and spiritual experience. (See Appendix A and B for schedule of questions.)

Data Collection Methods

Assumptions

This study uses a relational feminist theory lens to help frame the qualities and concepts of relationality. Physician couples are understood as inherently relational and able to engage relationally with their spouse and with God. Drawing on relational feminist theory, it is also assumed that positive relational experience in each dimension of relationality (i.e. attunement, authenticity, relational responsibility and mutual influence) requires equality between partners and the ability to effectively use relational power to strengthen couple connectedness (Knudson-Martin & Huenergard, 2010). To the degree couples display authenticity, attunement, relational responsibility and mutual influence,

both spiritually and in marriage, it is assumed that couples are sharing power and interacting with mutuality and aspects of equality.

Concepts of Interest

This study does not lend itself to strict observation, manipulation or measuring certain constructs. Instead the hope is to better understand and describe the personal experiences of participants and describe these experiences through developing theory. The assumptions of a qualitative methodological approach best fit the nature of an investigation into couples' experience of marriage and spirituality. These assumptions most accurately reflect my hopes and goals of better understanding the concept of relationality.

Due to the lack of specific instruments developed to measure relationality and spirituality among couples, this current study seems to better lend itself to an exploratory investigation focusing on understanding the complex issue of couples' experience of relationality. In addition, a grounded theory qualitative analysis best addresses the purpose of the research questions to probe the depth and complexity of marital and spiritual bonds and to understand physician couples' relational experiences. Qualitative research best lends itself to research questions that are "generally open-ended, flexible, and broad to begin with, and then become more focused and refined as analysis occurs" (Echevarria-Doan & Tubbs, 2005, p. 46).

Defining and understanding the concept of relationality for this study involves developing more focused qualitative research questions pertaining to attunement, authenticity, relational responsibility and influence. The research questions themselves

aim at further exploring the concept of relationality. The actual questions asked in the couple interviews reflect findings in feminist literature. The development of these more refined qualitative research questions, moving from broad to more specific questions pertaining to relational concepts, occurred through exploring the literature on relationality. To analyze the data created from interviews using these refined research questions, grounded theory methods will be employed. Within quantitative methodology, grounded theory methods have a strong history of providing a means of analysis that systematically codes interview transcripts in order to generate theory from existing data (Corbin & Strauss, 2007; Glaser & Strauss, 1967; Strauss & Corbin, 1998). Using grounded theory as described by Charmaz (2006) will enable this study to better understand the experiences of the physician couples without bringing hypotheses or pre-defined coding schemes into play.

Interview Questions

A total of eight qualitative questions pertaining to this current study were asked, each with probes to facilitate further responses by participants if determined necessary by the interviewer. Questions probe not only for general world view and perceptions of God but also for experience regarding four constructs of relationality: attunement, authenticity, relational responsibility and influence. These four constructs, derived from the literature on couple relationships and from the spirituality literature, guided the interview questions asked. In each of these four constructs, questions focus on participants' relationship with God. For example the question from the authenticity construct asked participants: "Can you describe a difficult experience and what thoughts

or emotions you were or were not able to share with God?” The exception is the category of influence in which two questions were asked to obtain couples’ perceptions of being influenced and being able to influence. In addition two questions were asked regarding perceptions of God and one opening question on participants’ general world view.

Exploring Relational Spirituality

Because the concept of relational spirituality is largely emerging in the field (Hall, 2007), a grounded theory methodology using open-ended questions most directly helps researchers further understand couples’ experiences of what is being conceptualized as a relational spirituality. Combining the concepts of spirituality and constructs of relationality as described in the chapter on Conceptual Frameworks, the specific interview questions and probes are further described as applied to a person’s spiritual experiences.

Attunement

Regarding the construct of attunement as it applies to spirituality, participants will be asked “What is your experience of God being aware or not aware of you and your thoughts and feelings?” To further delve into participants’ experiences and perceptions, probing questions such as “What lets you know God is aware or not aware of you?” and “How do you experience God’s awareness of you?” will also be asked.

Authenticity

To further understand the construct of authenticity, again in regards to couples' experiences of God, another open-ended question will be asked: "Can you describe a difficult experience and what thoughts or emotions you were or were not able to share with God?" This question is designed to help illuminate to what degree a person feels able to be authentic with God. To probe more deeply into participants' experiences, interviewers may also ask participants to "Describe what it's like trying to articulate your feelings/thoughts to God?" In addition, participants may be asked the following probe: "What might be holding you back from sharing certain things with God (i.e., guilt, shame, embarrassment, fear)?"

Relational Responsibility

The construct of relational responsibility will be addressed through asking physician couples "How would you describe your impact on God?" This question may be more difficult for some couples and easy for others depending on their theological perspectives. Asking the probe: "Describe your how your choices, thoughts, behavior affect God?" may help evoke more of a response. What is important about this question is that it will hopefully help illuminate whether or not couples see themselves and their actions as directly impacting God. In a marital relationship, awareness of how one's actions impact one's spouse and taking ownership and responsibility for one's actions is an important part of relationality. The question here is designed to uncover whether people experience a similar dynamic with God and if so how this relates back to their marital experience.

Mutual Influence

Finally looking at the construct of influence, participants will be asked, “How do you know whether or not you are willing to be influenced by God?” The probe for this question will be “How do you feel when you are aware of God wanting you to do something you may not want to do?” The issue at stake is whether participants feel they are willing to be influenced and to change according to their view of what God wants from them. Again in marriage this is an essential issue and especially important that husbands are able to be influenced by their wives for the longevity of marriage (Gottman & Silver, 1999). As influence is such a key construct in relationality, the role of influence in a relational view of spirituality is also considered paramount.

The reverse of being willing to be influenced is being able to influence the other. Towards this end, participants will be asked “What is your experience of being able or not able to influence God?” The follow up probe will be “What is it like feeling like you can or cannot alter God’s actions?” This probe will further investigate couples’ perspectives of being able to influence God (i.e., through prayers and petitions, repentance, acts of service, etc.).

Qualitative Interviewing Guidelines

Interviews completed for the parent study were conducted by the student researcher and other interviewers all trained to be familiar with the questions. In addition, the student research will conduct any additional interviews that may be determined necessary to gather during the analysis stage. Before the interview, participants were asked to fill out a one page survey on demographic data, including

information on such topics as gender, culture, education, and religion. (See Appendix C and D.) Interviews began with brief ice breakers in which interviewers encouraged interviewees to become more comfortable with interviewing process. Interviewers were encouraged to avoid having a table between them and the interviewed couple again to facilitate more openness. Interviewers were instructed in maintaining eye-contact to build rapport. Couples were offered a choice of where to meet, including in their own home. Questions were asked in an order that facilitated beginning and ending the interview with less intrusive questions. Interviewers used at least two recording devices to ensure more accurate transcriptions during the interview. During the interview, interviewers were encouraged to validate different opinions expressed by spouses. If couples evaded a question, interviewers were instructed to wait and then come back to the question later or rephrase it later. Following the interview, interviewers immediately took notes on perceptions and personal experiences of interview.

Data Creation and Analysis

In her preface to *Constructing Grounded Theory*, Charmaz (2006) recounts the story of “the master ethnographer Erving Goffman [who] avoided writing about his methods” in order to prevent confusion, misunderstanding, and being blamed by future researchers (p. xi). Charmaz acknowledges the challenge of describing qualitative methodologies. Yet rather than attempting to avoid misunderstandings, she invites the reader into the adventure of interpreting, reconstructing and even inevitably misunderstanding qualitative methodology towards the end of increasing understanding and furthering the field. This illuminates the issue of how to define methods in

qualitative research when qualitative data collection is fundamentally creative and artistic. Daly (2007) addresses this issue by stating that “when we do qualitative research, we do science and art” (p. 1). In this current study, grounded theory methodologies will be used in a manner that respects and upholds this element of artistic and creative process while aspiring to methodological rigor.

Interactive and Recursive Processes

An underlying assumption of qualitative research methodology is the inseparable and simultaneous process of creating and analyzing data (Daly, 2007). Instead of artificially conducting data creation and data analysis as two distinct stages, this study will carry out these processes together. Seen as an interactive, recursive process, data creation will influence the analysis which will further influence continued data collection. The data will include the recoded and transcribed couple interview transcriptions, individual reflections written by the principle interviewers, collaborative dialogic and coding experiences of the researchers participating in the parent study, and the individual coding and theory building of the student researcher in this current study. It is assumed that new data will emerge from the ongoing group and individual analytical process (Charmaz, 2006) which in turn will influence the questions asked in further couple interviews. Grounded theory methods will be employed to develop theory describing the couple experiences as expressed by the interviewed participants. Because grounded theory helps to further understanding of complex interactions, this method is especially suitable in analyzing the findings of couples’ experience of marital and spiritual relationality (Charmaz).

Analytical Coding

Throughout the course of interviewing physician couples, data analysis, as explained above, will be interwoven into each stage of data collection. The recorded couple interviews will be transcribed and coded while initial, focused and theoretical coding as described by Charmaz (2006) will be used to generate themes related to marital and spiritual experience and connectedness. Results will be informed by new interviews, reflected upon, and then revised according to new findings.

Initial Coding

A group process of open coding occurred as researchers in the parent study collaborated and reflected on the transcripts of couple and individual physician interviews. Researches discussed and coded transcripts as a group, focusing on interviewees' recorded experiences and using couples' direct words. For example, in describing their experience of connecting emotionally, one couple has the following dialogue. The non-physician wife states, "It's not so much the time he spends at work, but the time he spends carrying that burden home with him... He has a hard time turning that part of his life off." The physician husband replies, "This is a common theme with my kids and my wife, they have told me I'm off somewhere. And I know where I am, I'm solving something. So that's the biggest issue, this inability to turn off the work and come home and be the husband, dad, funny guy" (Transcript 02LPS). The student researchers coded the first line in this statement as "carrying [work] burden home with him" and the next line as "common theme with kids and wife - inability to turn off work." For the current study, the student research will continue the process of initial coding with

the spirituality questions and couple relationship questions. Coding with a relational feminist lens will bring an awareness of couple power dynamics and highlight issues of mutuality. For example as the couple above is viewed through this lens, their dialogue will be understood as lacking mutuality and a privileging of work over emotional connection. Such relational feminist initial coding will help keep goals simple and help the student researcher remain close to the data before moving into focused coding (Charmaz, 2006).

Focused Coding

Focused coding will be used to “synthesize and explain larger segments of data” and better conceptualize physician couples’ relational experiences with God and their spouse (Charmaz, 2006, p. 57). For example, the initial codes described above will be grouped together to create specific categories, or focused codes, reflective of multiple couples’ experiences. For example if multiple couples describe their experience of relating emotionally as eclipsed by the physicians’ work, then a phrase such as “emotional unavailability” or “privileging medicine over emotional connection” may become a focused code. Throughout this process a relational feminist lens will help identify concepts that reflect the different experiences of the physician couples interviewed. These concepts will in turn lead to the development of a theoretical explanation or description of couples’ relational experiences with God and their spouse.

Theoretical Coding

Finally, theoretical coding will be used to identify relationships between categories and link these to each other. The goal will be to describe couples' relational experiences with their partner and their concept of God through a relational feminist framework. At this level of coding, any relationships between experience with spouse and experience with God will be highlighted. During the ongoing process of data creation and collection, all three levels of coding, i.e. initial coding, focused coding and theoretical coding, will be used to develop and refine a theoretical account reflecting the collective experience of all physician couples. Using a relational feminist lens, the goal will be to explain how elements of relational spirituality and mutuality in couple dynamics interact.

Methodological Rigor

Fundamental to any research study are the issues of methodological rigor. Because qualitative questions generally aim to understand peoples' experiences and the meanings they derive from these experiences (McWey, James & Smock, 2005), methodological rigor thus starts with accurately reflecting the subjective experiences and perspectives of participants. In addressing the topic of rigor within a qualitative methods design, this study will attend to issues trustworthiness, authenticity and consistency (Denzin & Lincoln, 2005; Bryant & Charmaz, 2007; Olesen, 2007; Wiener, 2007). In addition, this study will reflexively explore the impact of contextual issues on methodological rigor. One of the basic assumptions of qualitative research holds that "knowledge is constructed through a meaning making process in the mind of the knower"

(Daly, 2007, p. 23). To the degree that researchers accurately reflect the knowledge or experience in the mind of the knower or participant, methodological rigor begins to be achieved. As the development of grounded theory begins with becoming sensitive to particular concepts, research credibility must be understood and addressed within the proposed theoretical framework. Credibility in the current study thus depends on capturing couple experience as it relates to the constructs of relationality and the larger contextual consciousness brought to the analysis through a relational feminist lens.

Trustworthiness

Qualitative methods can vary along a spectrum from positivist to post-positivist to postmodern. From a postmodern perspective, reality is seen as something created in a context in which some voices have more power than others. Charmaz (2000) takes a more moderate position in a form of grounded theory that is neither too positivist nor a fully postmodern approach. For example, some researchers critique Strauss and Corbin (1998) as being too positivist a form of grounded theory (Charmaz, 2006). In adopting Charmaz's approach and working from a non-positivist perspective that embraces aspects of a postmodern lens, this study will be concerned with who creates reality and the goal of bringing to light the marginalized perspectives. Reality can be understood within a particular context. For example, I will approach each couple transcript as representing a couple living in a reality created by the context of their culture, gender, language, history, migration status, neighborhood and community. While I am interested in how couples experience their marriage and their relationship with God in each of these different contexts, for the sake of this study I will focus on how couples' experience of God impact

their marital experience. This understanding of reality as contextually created will inform my approach to studying such families and to understanding the concept of trustworthiness.

For the postmodern, the idea of objective reality does not exist (Guba & Lincoln, 2008). Within this paradigm there is a range of views from moderate to extreme. Postmodernists basically view reality as something understood by the observer. For a more extreme postmodernist, there is no meaning apart from interpretation (Gergen, 1999). From this paradigm, a person can never take the self out of a situation. According to a more moderate postmodern approach, each person has his or her own meaning, influenced by history, context and social interactions. For example, “objectivity is a chimera: a mythological creature that never existed, save in the imaginations of those who believe that knowing can be separated from the knower” (Guba & Lincoln, 2008, p. 275). This more moderate stance rejects objective reality and assumes that each person makes his or her own meaning, creating reality through subjective interpretation.

For this reason, research data are trustworthy to the degree data reflect consistent use of a relational feminist lens in understanding participant’s subjective experience. As researchers collaborate and interpret the data together, increased trustworthiness will result from viewing the participants’ perspectives and experiences through the researchers’ adherence to a relational feminist perspective. For extreme postmodernists, any researcher’s or even reader’s interpretation of the data are as “true” as anyone else’s interpretation. Yet in this study I will take the position of a moderate postmodern researcher, more in line with Charmaz’s (2000) middle ground approach, and privilege the participant over the researcher, while viewing the participant through the proposed

lens. I will hold a less extreme view of meaning and interpretation yet nevertheless see questions of “reliability” in light of each person’s subjective understanding of truth. From a relational feminist view, subjective truth is further understood as an interactive process involving two equally valid and mutually informing ways of viewing and experiencing. This interactive nature of subjective truth informs the research process while simultaneously being observed within couple interactions.

The unique, subjective reality of each participant, viewed through a relational feminist lens, will be the interest of the student researcher. This in turn will have significant implications for the concept of trustworthiness as this qualitative grounded theory study will attempt to depict participant’s subjective experiences through the proposed lens. For this reason, a traditional positivist concept of reliability will no longer be appropriate for a “constructivist grounded theory” qualitative research study (Charmaz, 2000). The ability to replicate the data with similar results among different populations directly contradicts the idea that reality emerges from the specific and unique view of each individual person. To the degree that the developed grounded theory will reflect the experience of individual couples as understood through a relational feminist framework, the research results of this study may be considered trustworthy.

Authenticity

The issue of authenticity is always important in research. Researchers and readers of research are interested in whether or not the data and results are authentic or valid, though different paradigms view this idea quite differently. Within qualitative approaches, this idea may be referred to as either validity or authenticity. As a researcher

adopting a non-positivist grounded theory lens, I will be concerned with authenticity and how the data are historically situated. “Contextualism and contextual validity move back and forth in time, from the particular and the situational to the general and the historical” (Denzin & Lincoln, p. 251). Data will be considered authentic when accurately portraying the participants’ experiences as embedded in their particular societal context. Accuracy will be determined by using participants’ direct words and phrases, by intentionally considering contextual issues as described by participants and recorded in their demographic information, by being transparent regarding relational feminist assumptions in the analytic process, and by taking into account research on the impact of larger societal issues on couples and in particular physician couples.

From a feminist perspective, contextualization helps researchers understand what participants say and do with their knowledge of the society context. This includes participants’ experiences of gender structures, power, economic pressures, the role of physicians in society, and particular spiritual and religious contexts within the larger society. In studying couple experiences, data will be considered authentic to the degree the interview transcripts reflect the present state of these specific physician couples living in America in the early 21st century, as defined by their own perceptions, current events, and the recent literature on physician couples.

Another issue of authenticity involves the researcher yielding data that reflects the experiences of couples, including both perceived experiences and unperceived experiences such as hidden power issues. For example, data will be authentic to the degree couples’ perceived concerns are being authentically heard and represented (Denzin & Lincoln, 2005). If data contain the views and voices of the less heard

members of each couple, perhaps including a partner's previously unspoken concerns, fears, questions, and stories, data will be considered more credible. In addition, as research participants are not always aware of contextual influences, revealing hidden relational dynamics is also an important part of researchers obtaining authenticity. Researchers see and identify such influences as power and gender when using a theoretical lens that makes contextual issues visible. Illuminating unseen contextual issues is considered authentic when these influences are described using couples own works and expressed experiences.

Finally, I will consider data credible in terms of how well it reveals direct ways in which new action can be recommended or taken by couples as well as therapists (Daly, 2007). This might include theory regarding how participants might establish new patterns of dialogue or how therapists might create support groups for couples struggling with certain communication styles. In addition new action might include publishing literature or pamphlets on helpful tips for couples, or educating therapists on ways to provide better support for couples. All these examples of direct action, stimulated from the data, will support the data's authenticity and credibility.

Authenticity is further determined by whether or not, after the data collection, the researcher presumes to be the expert now of the participant's voice or continues to use participant's own words and qualifies what is the researcher's voice (Seidman, 2006). Using direct quotes from the transcripts of research participants will enhance the authenticity of the results. Working collaboratively with the raw data provided in the transcripts, the student qualitative researcher will adopt a role defined by being a "passionate participant" and a "facilitator of multivoice reconstruction" (Guba & Lincoln,

2008, p. 257). Valuing each participant's unique voice, the student researcher will attempt to understand the variety of perspectives by allowing the research questions to be informed by what participants understand and find meaningful.

In addition the student researcher will bring to participants' experiences a greater understanding of larger contextual issues and hidden power and gender dynamics. The researcher will attempt to study not only what appears important to the participants but also what appears to be impacting participants' experiences outside of their awareness. In approaching transcripts of couple interviews, the student researcher will rely on the direct words and verbal interactions of the couples while also already having an idea of what to study as reflected in the questions asked during the interviews. In this way, what is important to the particular couples and what they seem to want will be studied along with what appears important to the researcher according to a contextual and relational lens, thus enhancing the authenticity of expected findings.

Consistency

Typically in positivist traditions and within quantitative research, generalizability refers to the degree to which research findings can be applied to other samples within and outside of the particular population studied. Yet as a researcher conducting qualitative research using a grounded theory approach as defined by Charmaz (2000), I will adopt the approach that research results can be viewed as a newly constructed reality. This is even opposed to Strauss and Corbin's (1998) approach to grounded theory which assumes an "objective external reality" (Echevarria-Doan & Tubbs, 2005, p. 43). As a non-positivist grounded theorist I am not concerned with the generalizability of another

reality, but a newly constructed, accurately represented reality in which the researcher's own authorship and voice are inextricably involved.

According to this approach, my goal will be to portray the consistency found within the data in terms of similar themes found across the sample of couples when viewed through a relational feminist lens. The goal of such consistency will be to create new theory about my participants' particular experience. The goal will be to create grounded theory based on the experience of the specific couples studied in the hopes that we might better understand couples' experience of spirituality and marriage. In addition it is hoped that researchers and therapists will be able to apply the developed theory in their work with other couples and research studies. By saturating the study through gathering repeatedly similar answers from multiple physician couples (Brod et al., 2009), the degree of consistency and applicability will hopefully be enhanced.

Finally, in considering the issues of consistency, a number of questions are raised regarding how the concept of control impacts the researcher's use of the data. Clearly paradigms such as positivism and postpositivism view the researcher as having control over the data. Working from a moderate postmodern paradigm the student researcher will embrace a more collaborative understanding of control, seeing control as something shared between the researcher and participants. In light of this collaborative understanding, the student researcher will ask that readers, researchers and therapists would not generalize the research findings in this study to all couples so much as discuss the applicability of these findings with specific couples in the context of their perceptions and experience.

Reflexivity

Feminist theory contributes to methodological rigor by calling into question such concepts as reflexivity, gender issues and power dynamics. Reflexivity involves an ever present awareness of one's own biases and the impact of one's context on the process of interviewing and analyzing data. Daly (2007) suggests that "to be an effective qualitative researcher, you need to...[engage in] reflexive scrutiny of your own scientific beliefs and preferences" (p. 20). Furthermore, she acknowledges that "this belief in the importance of epistemology is in itself reflective of my own epistemological positioning," which again is a typical position among qualitative researchers (p. 20). By embracing a reflexive stance, the qualitative researcher continually questions one's own biases and beliefs in order to most accurately portray participants' perspectives undisturbed by personal preconceptions.

In addition, reflexivity helps to "raise our consciousness of the ways privilege and oppression operate in family life...in order to be sensitive about how we generate knowledge that will be a catalyst for social change" (Daly, 2007, p. 201). To address methodological issues of reflexivity, both gender and power issues will be considered. In order to consider contextual issues, only interviews in which both spouses are present will be coded in the present study. Couple interviews are expected to more accurately reveal any power imbalances or gender disparities that otherwise might not be apparent in interviews in which one partner is absent. In addition, because "there are always elements of power that are part of research relationships," consideration of power dynamics in the couple relationship and the interview itself will be reflexively considered in the analysis (p. 202).

Results

It is anticipated that qualitative results will generate grounded theory regarding whether or not a connection exists between relationship with spouse and relationship with God. Specifically it is expected that results will describe some form of association between participants' perceived experience of being in relationship with their spouse and in relationship with God. Results will reflect the actual verbatim codes directly from participants' transcribed interviews. The findings will be specific to the couples interviewed for the current study. In addition the theory generated by the findings will reflect the intimate experience of these participants.

Qualitative results will allow for the participants, the physicians and their spouses, to speak to their experience first hand. More than any other argument for a purely qualitative approach, the presentation of direct verbatim responses from couples is the strongest argument. Qualitative results will best reflect the personal experiences and perceptions of couples and their intimate experiences of God and of their spouse. Specifically, results are anticipated regarding how and in what contexts physician couples experience authenticity with their spouses and God. In addition, results are expected that offer information about couples' experiences of attunement and about the impact that feeling understood by God and one's spouse has on relational bonds. Information about the relational process involved in taking or not taking relational responsibility are also anticipated. Finally research findings are expected to illuminate how couples display a willingness to be influenced in relationship, both with God and spouses, and how this impacts their relational and spiritual bonds. Again, due to the relative lack of findings on relational spirituality among couples, an investigative study seeking understanding of

couples' marital and spiritual experiences will best fit a qualitative methodological design and will most likely produce the results anticipated.

Limitations

Anticipated limitations in the current study include issues of sample size, causality, and generalizability. Regarding the issue of sample size, it expected that data will reflect the perceptions of approximately twenty couples. One limitation of a small sample is that the number of participants may be too few to verify any patterns or theories generated by the interview data (Sandelowski, 2001). Instead, qualitative studies with limited sample sizes tend to generate theory that reveals the unique experiences of a given sample. In the present study, data from physician couples will be understood as reflective of their perceived experiences and used in a manner that honors the data as deeply personal.

In addition, small sample sizes may bring into question claims of having reached theoretical saturation and the desired redundancy of information (Sandelowski, 2007). However, by using sound judgment and “evaluating the quality of the information collected against the uses to which it will be put,” the student research hopes to reduce this possible limitation in the present study (p. 179). Also, it has been suggested that “instead of apologizing for the so-called limitations of . . . ‘small’ sample sizes, researchers might show the ‘large’ numbers of which such ostensibly small samples are often actually comprised” (Sandelowski, 2001, p. 231). For example, single interviews of just ten participants can yield upwards of 250 pages of raw data, before including filed notes and observations (Sandelowski). While understanding the restrictions of sample

size, the current study will fully utilize the breadth of information gathered from its participants.

This study will also be limited in not being able to answer questions about the causality between the constructs of relationality and the impact on relational and spiritual bonds. Whether or not authenticity or relational responsibility, for example, increases couple experiences of closeness or of spiritual connection will not be able to be determined from the current study. Similarly, questions on whether or not healthy spirituality improves marital experiences or whether healthy marriages improve experiences of spirituality will not be understood. As a descriptive study exploring physician couples' subjective perceptions of their relationships, this study will be limited to explaining participants' first-hand experiences with God and their spouses.

Another possible limitation of this study will be the inability to statistically generalize findings to the larger population. Even generalizing from physician couples to other professional couples may not be possible due to the unique work environment and culture of the medical field. While anticipated qualitative findings will not be intended for generalization, this inability to generalize findings will nevertheless be a limitation of the selected methodological approach. The purpose of the study's findings will be to illuminate the qualitative findings. The stated purpose of the expected results in creating generated grounded theory will attempt to address this possible criticism.

The major benefit of grounded theory design for investigating physician couples' experiences of God and their spouse will be the potential to understand the complex construct of relationality through the eyes of the couple participants. Due to the lack of tested and developed instruments concerning relational spirituality remains the largest

benefit for using exploratory qualitative measures. The strongest argument for conducting this study as a qualitative methods approach is that this design will more quickly achieve the research goal of better understanding physician couples' experience of God and each other and reflecting these findings through verbatim responses of the couples themselves.

Implications for Marital Quality among Physicians

It is anticipated that the proposed study will generate a deeper understanding of physician couple's intimate and relational experiences of marriage and spirituality. The collected and analyzed data will reflect the particular spiritual and marital experiences of these couples. It is expected that grounded theory will be created that summarizes these experiences in a coherent and authentic manner. Qualitative studies of similar sample size and design have helped to "generate questions for further inquiry" (Sandelowski, 2001, p. 232). It is expected that grounded theory from the current study will raise questions regarding the range of relational bonds experienced by physician couples and the function and impact of these bonds on marital and spiritual well-being. Specific implications for the marital life and spiritual life of physicians will also be drawn from this grounded theory.

For example, how gender, power and stress impact physician couples' relational bonds will be linked to areas of further needed research and possible ways of improving physician marriages. In particular, implications will likely focus on the relationship between couples' spiritual and marital experiences, and provide suggestions for mutually enhancing marital and spiritual well-being. Findings may offer new insights regarding how couples experience the constructs of relationality, namely authenticity, attunement,

relational responsibility and mutual influence, each of which will be explored. It is expected that such suggestions may further research as well as the treatment of couples in marital therapy.

General Implications for Field of Marriage and Family Therapy

In terms of implications for therapists and in particular marriage and family therapists working with couples, it is hoped that this study will help promote more effective clinical interventions. Clinical interventions will be suggested related to the specific findings on relationality constructs of authenticity, attunement, relational responsibility and mutual influence. In addition, clinical implications based on the study's findings and related to the assessment and treatment of couples may be offered.

By exploring the connection between a relational spirituality and marital experience, this study hopes to provide clinical implications for improving marital relationships that integrate spiritual issues. Prior research has shown the importance of therapists learning to use their own spirituality as a resource in couple therapy (Anderson & Worthen, 1997). Other suggestions regarding integrating spirituality into couple therapy will be drawn from the research findings. For example, the results of this proposed study may offer new insight into existing couple counseling interventions (Frame, 2000) which may be reexamined through a relational-spiritual lens.

This study hopes that's the relational way of conceptualizing spirituality may have relevance more broadly to other types of professional couples as well. It is anticipated that this study will generate theory that can aid in using clinical interventions to target not physician couples but other professional couples as well. It is hoped that

these findings will promote better practice as clinicians devise new approaches and will increased understanding as researchers frame new research designs.

CHAPTER FIVE
MARITAL EXPERIENCE AND SPIRITUALITY AMONG
PHYSICIAN COUPLES

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Abstract

This study examines how marital experience and spirituality interact in the lives of physician couples. Physicians' increasing openness to spiritual issues (King, 2000; Thorsen, Harris & Oman, 2001), growing numbers of women entering medicine (Levinson & Lurie, 2004; Brotherton & Etzel, 2008), and work pressures on medical marriages (Sotile & Sotile, 2000) make studying this population particularly relevant. Interviews with twenty two married couples, in which at least one spouse is a physician, investigate how physician couples experience God and their spouse. A relational feminist theoretical perspective (Fishbane, 2007; Knudson-Martin & Mahoney, 2009) was used in tandem with grounded theory (Charmaz, 2006) in a qualitative analysis. Findings suggest spirituality and couple relationships seem inseparable from couples' power dynamics and connect across three themes: 1) perception of other, 2) experience of relating, and 3) direction of dialogue. Implications for addressing social discourses and facilitating couples in power sharing interactions are explored.

Marital Experience and Spirituality among Physician Couples

Family therapists are increasingly called upon to integrate spirituality in working with couples yet express having little understanding or training in such issues (Doherty, 2003; Walsh, 2008). A relational feminist approach offers family therapists a way to examine spirituality as a relational issue, revealing systemically familiar relational dynamics within spiritual issues. While spirituality and religion have been shown to be important factors in marriage and marital satisfaction (Fiese & Tomcho, 2001; Giblin, 2004; Perrone et al., 2006; Mahoney, Pargament & DeMaris, 2009), how spirituality factors into marital experience is much less understood. Examining the connection between spirituality and marriage through a relational feminist framework allows spirituality to be addressed as another type of relational process involving issues of mutuality and power. As spirituality tends to be defined more relationally than religion, this study will explore the relational aspects of connecting spiritually with God and with one's spouse in marriage. Understanding the link between relational spirituality and marriage seems especially relevant to improving therapeutic competence in working with couples' spiritual needs.

The proposed study will use relational feminism to explore the relationship between marital experience and spiritual experience among physicians and their spouses. Research on physician couples indicates a trend towards satisfying medical marriages (Lewis, Barnhart, Nace, Carson & Howard, 1993; Austrom, Perkins, Damush, & Hendrie, 2003; Sotile & Sotile, 2004) and suggest that most physicians support integrating spirituality into the medical work place (Curlin, Lawrence, Odel, Chin, Lantos & Koenig, 2007b; Lawson, 2010). This study examines physician couples as an

interesting type of couple due to the powerful position of medicine, the increasing numbers of women entering the medical field and forming physician marriages (Levinson & Lurie, 2004; Brotherton & Etzel, 2008) and physicians' growing awareness of the benefits of spiritual issues. Using the concept of *relationality* drawn from feminist theories, in tandem with grounded theory (Charmaz, 2006), the particular relational experiences of twenty two physician couples are explored. This study uses physician couples as an example of one type of couple to address the current gap in the literature and provide a more in depth understanding of the connection between relational spirituality and marital experience. Couples in which at least one spouse is a physician are selected due to the fact that physicians routinely confront human suffering and illness and deal with imperfection and uncertainty which can be experienced as deeply spiritual (Cassell, 2004). Due to the intensity, stress, time-involvement and unpredictability of the medical profession (Sotile & Sotile, 2002; Transue, 2004; Wicks, 2006), the work-family connection for those in medical marriages tends to heavily influence couples relational experiences (Myers, 1994; Sotile & Sotile, 2000). How these marital and spiritual experiences intersect and impact couple well-being is the focus of this study.

Spirituality and Couple Relationships

Defining Relational Spirituality

A growing body of literature clearly articulates definitional distinctions between religiosity, general spirituality, and specifically relational spirituality (Giblin, 1997; Hill & Hood, 1999; George et al., 2000; Hill & Hall, 2002). Religiosity, defined by following a group's legitimizing views on religious practices (Slater, Hall & Edwards, 2001),

includes such activities as prayer, reading holy texts, fasting, and religious attendance. General spirituality focuses on issues of transcendence (Borg et al., 2003) and is defined as the search for something sacred (Slater et al.) and a belief in something bigger than oneself (Kaslow & Robinson, 1996). Models of relational spirituality have more recently emerged in the literature, drawing from psychodynamic and object relations frameworks (Hill & Hall, 1996, 2002; Simpson, Newman & Fuqua, 2008) and integrating couples and sex therapy with contemplative spirituality (Sandage & Shults, 2007). Relational spirituality involves a conceptualization of humans as capable of relationship with God (Benner, 1998; Hill & Hall, 2002) and a dynamic experience of intimate friendship with God (Willard, 1999). While research on relational spirituality had been scarce to non-existent (George et al.), studies in the past decade have investigated how individuals experience the divine (Giblin 2004), what impacts the development of a relational spirituality (Desrosiers, Kelley & Miller, 2011), and implications of relational spirituality on forgiveness (Davis, et al., 2010; Davis, Hook, Worthington, Van Tongeren, Gartner & Jennings, 2010; Sandage & Williamson, 2010). However, how a relational spirituality impacts the marital relationship remains to be explored.

Couples, Spirituality and Health

A growing body of research links relational spirituality to health and well-being (Peterman et al., 2002). A call to revise the World Health Organization's definition of health to include spirituality as not only an influence but a dimension of health shows this growing recognition of the importance of spirituality (Larson, 1996). Additionally, a small but recently growing body of literature cites spirituality as an important aspect in

healthy couple relationships (Cattich & Knudson-Martin, 2009; Giblin, 1997; Giblin, 2004; Mahoney, 2010; Mahoney et al., 2009). While the link between spirituality and marital health has been demonstrated in the literature, there is less clarity about how couples experience the influence of spirituality in their marriages (Giblin, 2004). Further understanding is needed regarding the relationship between how couples experience God relationally and how they experience their marital bond. This study begins to address this gap and explores specific connections between physician couples' relational perceptions of God and of their spouses.

Physicians and Changing Demographics

Physician Couples

Larger numbers of female physicians are entering medical school and the profession, increasing the number of dual physician marriages (Fletcher & Fletcher, 1993; Levinson & Lurie, 2004; Brotherton & Etzel, 2008). Couples in which one or both partners are physicians face particular career-related obstacles to family life due to the work related stressors that impact doctors and their marriages (Sotile & Sotile, 2000). Despite work related time constraints and limited resources, physicians appear to have relatively satisfying marriages (Sotile & Sotile, 2004). Investigations of marital satisfaction among physicians and their spouses suggest an overall positive view of physician marriages (Austrom et al., 2002; Lewis et al., 1993).

Physicians and Their Spirituality

As evidence builds linking faith and healing (Thoresen, et al., 2001), physicians show an increasing appreciation for the importance of spirituality not only in their patients' health and healing (Post et al., 2000; Curlin et al., 2005) but in their own personal health and happiness (Sotile & Sotile, 2002; Koenig, 2004). Dealing with illness evokes greater needs for spirituality (Mueller, Plevak & Rummans, 2001) and physicians begin integrating spiritual issues during training as the Association of American Medical Colleges' educational guidelines state that physicians must understand their patients' beliefs (AAMC Report 1, 1998). Recent studies on spirituality and medicine reveal the effectiveness of training programs teaching physicians how to discuss spirituality with patients (Poehlman, 2003) and show that many physicians now support direct means of incorporating spiritual issues into treatment (Curlin et al., 2007b; Lawson, 2010). While physicians' personal and professional expressions of spirituality are closely related (Seccareccia & Brown, 2009), how increased openness to spirituality impacts physician marriages and the specific relationship between spirituality and physician marriages remains to be explored.

Physician Couples and Spirituality

The lack of research linking relational spirituality and marriage persists across all types of couples, including physician couples. Overt attention to spirituality in the doctor-patient relationship (King, 2000) makes physician couples an excellent population for further understanding marriage and spirituality. With studies pointing to the importance of healthy marriages on society at large (Doherty, 2003), and studies

attributing spirituality, as distinct from religiosity, as a key factor of marital well-being (Bergin, 1991; Giblin, 2004), a deeper understanding of the relationship between marriage and spirituality may address some of the gaps in the literature while helping researchers and clinicians better serve couples.

Conceptualizing Relationality

In examining physician couples' experiences of relating to God and their spouse, the theoretical concept of *relationality* is foundational to identifying healthy couples and understanding humans as shaped in relationship. Defined here by five key concepts, relationality involves the ability to be: (1) mutually empathic, (2) attuned to others, (3) authentic, (4) relationally responsible and (5) influenced and able to influence (Fishbane, 2001; Silverstein, Bass, Tuttle, Knudson-Martin & Huenergardt, 2006; Knudson-Martin & Huenergardt, 2010). Developed from feminist (Brown, 2004; Fishbane, 2001) literature, the concept of relationality provides a robust perspective on couple and spiritual health, gender dynamics, relational power and equality. Relationality offers a conceptualization of healthy interdependence which provides the foundation for the following key concepts as they pertain particularly to physician couples and spirituality.

Mutual Empathy

Empathy is the building block of interpersonal connections (Miller & Stiver, 1997). Empathic connection involves the process of resonating with another's feelings, knowing what those feelings feel like from one's own experience, and being able to reflect that knowledge to the other (Jordan, 1991; Stern, 2000). A mutually empathic

encounter refers to a way of fully participating in a shared empathic act whether through words, a look, or a gesture and is foundational to intimate human connection (Miller & Stiver, 1997; Iacoboni, 2008). Empathy contributes not only to healthy couple interactions but also to a relational spirituality as research suggests a person's relational qualities imitate the ways in which one communicates and relates to God (Sandage & Shults, 2007).

Attunement

Attunement, unlike the conscious process of empathy, involves unconsciously matching or imitating some aspect of another person's behavior in a way that reflects an understanding of the other person's emotional state (Stern, 2000). This moment by moment process of responding to another's changing states and maintaining resonance with another's moods (Fishbane, 2007, Stern, 2000) is essential for the well-being of couple relationships (Fishbane, 2007). On the spiritual level, attunement with God involves both understanding and feeling understood. Research indicates that attunement aids couples in healing from destructive emotions such as shame (Greenberg & Goldman, 2008), helps provide the basis for security in couple relationships (McCluskey, 2007), and is highly connected to both equality and intimacy among couples (Goldstein & Thau, 2006; Jonathan, 2009).

Authenticity

Authenticity involves being able to speak from one's own perspective in a relationship (Fishbane, 2001), whether with one's spouse or with God. Spiritual

authenticity entails bidirectional openness and transparency with God. In marriage, authenticity expands options for both genders and thus enhances couples' transparency and honesty (Lyness & Kropf, 2005; Jordan, 1991). A factor in successful marriages (Giblin, 2004), authenticity can vary by gender, reflecting a tendency in women towards other-oriented behavior (Neff & Harter, 2002b), which can hinder open, vulnerable connection where power is unbalanced. Clinical research indicates that helping couples practice mutual authenticity facilitates shared vulnerability and can change and strengthen marital connectedness (Skerrett, 2004).

Relational Responsibility

Relational responsibility involves being aware of the consequences of one's actions on the other person and reflects an interdependent understanding of couple relationship (Knudson-Martin & Huenergardt, 2010; Fishbane, 2001). In relationship with God, this involves owning the impact of one's actions on God and God's impact on oneself. Relationally responsible behaviors, such as taking ownership during conflict and offering each other attempts to repair the relationship, are a necessary component in healthy couple connectedness (Knudson-Martin & Huenergardt, 2010). Shared relational responsibility has been found to occur more often among couples with high levels of equality (Jonathan, 2009). Regarding spirituality, research indicates a significant relationship between experiencing God in prayer and both taking responsibility and softening towards one's spouse during conflict (Butler et al., 2002).

Mutual Influence

The ability to influence another and be influenced by another involves sharing power and the decision making process. The practice of mutual influence is a core aspect of healthy relational (Fishbane, 2001) and spiritual bonding (Barry & Connolly, 2009; Kass et al., 1991). From a perspective of relational spirituality, mutual influence includes being receptive to what one perceives God wants as well as experiencing agency with God, for example feeling able to pray and influence the outcome. Among couples, research indicates that mutual influence is linked to equality and that addressing unbalanced, gendered power issues aids in relational health and well-being (Blanc, 2003; Neff & Harter, 2002a). A study of 130 newlywed couples found that specifically husbands rejecting their wives' influence was a predictor of divorce (Gottman, Coan, Carrere & Swanson, 1998). Yet studies continue to show that couples speak of equality in their marriages while their unbalanced behaviors indicate a discrepancy termed *pseudo-mutuality*, between belief and action (Bittman & Lovejoy, 1993; Steil, 1997; Knudson-Martin & Mahoney, 2009b).

Physician Couples and Larger Contextual Issues

This study explores the theoretical assumptions of *relationality* from a contextually conscious approach and attends to issues directly influencing couple experience such as gender, power, social economic status, stress, spirituality, and ethnicity. Literature indicates that females, even when the physician in the couple, continue to experience gender and power disparities, completing more child care than their partners and making larger work-related sacrifices to support the couple relationship

(Sotile & Sotile, 2000, 2002; Delaunay, 2010). While dual income earning couples tend to be more egalitarian, physician couples still place the larger home and child care burden on the working female partner (Delaunay). Higher levels of social status and economic stability create a context of privilege for physician couples, yet gender and economic inequalities persist (Hinze, 2000). Stress functions as another contextual factor with a long researched history of negatively impacting medical marriages, reducing the physician's amount and quality of time spent with family (Fine, 1981; Menninger & Gabbard, 1988; Sotile & Sotile, 2000). Spirituality as a contextual issue impacts physicians who are increasingly faced with clients wanting spirituality integrated into treatment and to use spirituality to cope with illness (Soden, 2003). Research on the contextual issue of ethnicity indicates patient satisfaction and positive health outcomes in areas with ethnically diverse physicians (Laditka, 2004) and among physicians and patients of similar minority ethnic origins (Nayer, Hadnott & Venable, 2010). Physician couples' experiences of *relationality* must be considered in the context of such gender, power, spiritual and ethnic issues. Only through appreciating the impact of these larger contextual issues can this study aim to examine if any connection or link exists and if so to understand this link between relational experience with God and spouse.

Method: Using a Theoretical Perspective of Relationality

The purpose of this study is to use a relational feminist framework to develop grounded theory regarding how married physician couples' contextual experience of connection with God and with their spouses and how these two experiences relate. Grounded theory methods, designed to understand complex interactions (Charmaz,

2006), were employed as especially suitable in analyzing the findings and developing theory describing couples' process and experience of marital and spiritual *relationality*. The analysis focuses particularly on the concepts of authenticity, attunement, relational responsibility, and mutual influence in relationships with both God and one's partner and how these occur within the larger socio-cultural context.

This study is part of a larger mixed methods study on physicians and draws on 22 conjoint interviews conducted with physicians and their spouses. Trained interviewers questioned couples on topics of relationship formation, choosing medicine as a profession, work and home stress, relationship quality and experience, spiritual experience, female physicians, and parenting (when applicable). All interviews were conducted in person, ranged from one to one and a half hours, and were conducted by the author and seven other members of the research team.

A snowball sampling strategy was used to find physicians through the university affiliated medical center and through referrals provided by the principal investigators. Participants were gathered throughout the southern California region and in several other states where investigators and previously interviewed physicians had contacts willing to be interviewed. All eight interviewers collaborated in developing the interview questions and collaborated in the initial process of coding and analyzing the data to determine saturation. Saturation was determined after similar answers from multiple physician couples were repeatedly gathered (Brod, Tesler & Christensen, 2009) and ongoing data analysis and coding stopped generating new categories.

Participants

Participants in this current study included twenty two physician couples comprised of 4 dual physician couples, 11 male physician couples, and 7 female physician couples (Appendix G). Of the forty four participants, 26 were physicians and 18 non-physician spouses. Of the 22 physicians, 15 identified as Seventh Day Adventists, 5 as Christians, and 1 as Catholic. Ethnic diversity of the physicians included 13 of African descent, 9 Caucasian, 2 Asian and 2 Hispanic. Physician specialties included: Cardiology, Ophthalmology, Neurology, Podiatry, Pediatrics, Pediatric Neurology, Emergency Medicine, Internal Medicine, Family Medicine, General Surgery, Orthopedic Surgery, Anesthesiology, Preventative Medicine, Radiology, Psychiatry, and Gastroenterology (Appendix G).

Only couples interviewed together, in which both the physician and spouse were present, were included in order to reveal couples' relational interactions during the course of the interview. All physician participants were actively practicing medicine and had completed at least one year of residency, due to significant differences between medical students and those seeing patients. Years married ranged from 3 to 37 years (Appendix G), to avoid the honeymoon effect, in which newlyweds tend to display different relational dynamics than couples married over two years (Carrere et al., 2000; Strong, DeVault & Cohen, 2011).

Interview Questions

In examining how married physician couples experience connection with God and with their spouses and how these two experiences relate, open-ended interview questions were developed focusing on the concepts of *relationality*. The researcher's prior clinical

and research experiences involving the development of a contextually conscious lens (Esmiol, Knudson-Martin & Delgado, 2011), as well as training and practice in spiritual care, influenced the development of relational spirituality interview questions. Also the author's participation in a clinical research project studying Socio-Emotional Relational Therapy (SERT) (e.g., Knudson-Martin & Huenergardt, 2010) which involved live couple therapy observation and coding helped evolve the author's relational lens and conceptualization of *relationality*. Taking the larger socio-cultural context into consideration, questions aimed at exploring physician couples' experiences of empathy, attunement, authenticity, relational responsibility and mutual influence with God and their spouse.

For example, regarding ability to influence God, couples were asked, "What is your experience of being able or not able to influence God?" This was followed by the probe, "What is it like feeling like you can or cannot alter God's actions?" To explore experiences of attunement with God, couples were asked, "What is your experience of God being aware or not aware of you and your thoughts and feelings?" Further probes for attunement included, "What lets you know God is aware or not aware of you?" and "How do you experience God's awareness of you?" Such questions examining couples' relational spirituality were asked in the context of questions addressing marital history, current relationship and the balance of family, work and stress.

Data Creation and Analysis

An underlying assumption of qualitative research methodology is the inseparable and simultaneous process of creating and analyzing data (Daly, 2007). Instead of

artificially conducting data creation and data analysis as two distinct stages, this study carried out these processes together (Charmaz, 2006). Seen as an interactive, recursive process, data creation influenced the analysis which further influenced continued data collection. Data included couple interview transcriptions, individual reflections written by the principle interviewers, collaborative dialogic and coding experiences of the eight researchers (including the author) in the parent study, and the individual coding and theory building of the author. New data that emerged from the ongoing group and individual analytical process influenced the questions asked in further couple interviews (Charmaz). The recorded couple interviews were transcribed and coded while initial, focused and theoretical coding as described by Charmaz (2006) was used to generate themes related to marital and spiritual experience and connectedness.

Initial Coding

The research team began with no predetermined categories and used couples' direct words from transcribed interviews to create initial codes. For example, in describing his physician wife, a male physician stated that "people saw her as being very sweet and pediatric, in that way, in that she was very caring and warm" (couple #1). The researchers collaborated to code this statement as "husband calls wife 'very caring and warm.'" Such verbatim, initial coding helped researchers remain close to the data before moving into focused coding (Charmaz, 2006).

Focused Coding

Focused coding was used to “synthesize and explain larger segments of data” and better conceptualize physician couples’ relational experiences with God and their spouse (Charmaz, 2006, p. 57). For example, couples who repeatedly described their spouse using caring, complementary words, such as in the example above, were grouped under the focused code, “positive view of spouse.” These same couples’ initial, verbatim codes such as “I’m amazed at God” and “He is right there with me and reachable,” became the focused code “positive view of God.” Descriptions of egalitarian practices such as working well as a team and accepting influence became the focused codes “relationship-directed” and “power-sharing.” In contrast, “role-directed” and “power-imbalanced” described couples who separated and divided roles and privileged one spouse’s needs over another. Focused codes in turn led to the development of a theoretical explanation or description of couples’ relational experiences with God and spouse.

Theoretical Coding

Finally, theoretical coding was used to identify relationships between categories and link these to each other. At this level of coding, any relationships between experience with spouse and experience with God were highlighted. For example couples with “caring” versus “critical” perceptions of the other were compared to couples categorized by other focused codes such as, “relationship-directed” versus “role-directed.” As these various categories were analyzed, theoretical coding revealed, that relationship-directed couples tended to have caring perceptions of both God and spouse while role-directed couples had critical perceptions of God and spouse. As the physician

couples' collective experiences were gathered and analyzed, additional theoretical codes made linkages between how couples negotiated gendered power and how they experienced God and their spouse.

Developing a Theoretical Model

Analysis focused on how experiences of couple relationship and spirituality were linked (see Figure 1). The model was developed in three parts: (1) understanding couples' marital experiences, (2) understanding their spiritual experiences, and (3) analyzing connections between these experiences. In part 1, represented in the model as "Couple Relationship," partners reported relationships with each other that ranged from relationally unbalanced, gender imbalanced experiences to more relationally balanced, egalitarian experiences. In part 2, represented in the model as "Spirituality", their experiences with God ranged from being "duty-accountability oriented" to "experientially-intimacy oriented." Participants experienced "Couple Relationship" and "Spirituality" along two parallel continuums, in which the "relationally balancing" couples were more "experientially-intimacy oriented" with God, and the "relationally unbalanced" couples were "duty-accountability oriented" with God. In part 3, represented by the vertical arrow in the model, analysis revealed how the parallel relational processes of "Couple Relationship" and "Spirituality" connect through three themes. As we tried to understand each of these aspects of their lives, power and gender dynamics were integral to each. Represented by a frame around the model, couples' implicit and explicit power dynamics ranged from descriptions of "non-gendered, power-sharing, and relationship-directed" to "male-dominated, power-imbalanced and role-

directed” interactions. Though we found it useful to categorize couples to develop our understanding of how spirituality, couple dynamics and power interrelated, it is important to note that their experiences were dynamic and fluid both across time and the spectrum of relational orientations described below.

Trustworthiness

Trustworthiness of the research was maintained by intentionally reflecting the subjective experiences and perspectives of participants (Daly, 2007). In addition to trustworthiness, authenticity and consistency were upheld through attention to couples’ direct experiences, their societal context, and shared experience (Denzin & Lincoln, 2005; Bryant & Charmaz, 2007; Olesen, 2007; Wiener, 2007). Finally, the lens of *relationality*, the research team’s collaborative analysis, and the power dynamics in the couple relationship and the interview itself, as well as the author’s biases and beliefs, were continually questioned and reflexively considered in order to most accurately portray participants’ perspectives (Daly, 2007).

Linking Marital Experience and Spirituality

We identified three distinct processes that connect the ways in which participants experience their couple relationships and spirituality: perception of other, experience of relating, and direction of dialogue (see Figure 1). Specifically, the couples at the role-directed end of the spiritual continuum tended to (1) perceive both God and their spouse as more critical and demanding, (2) relate to the other in more dutiful roles, and (3) dialogue in a more unilateral direction in which one party was privileged over the other.

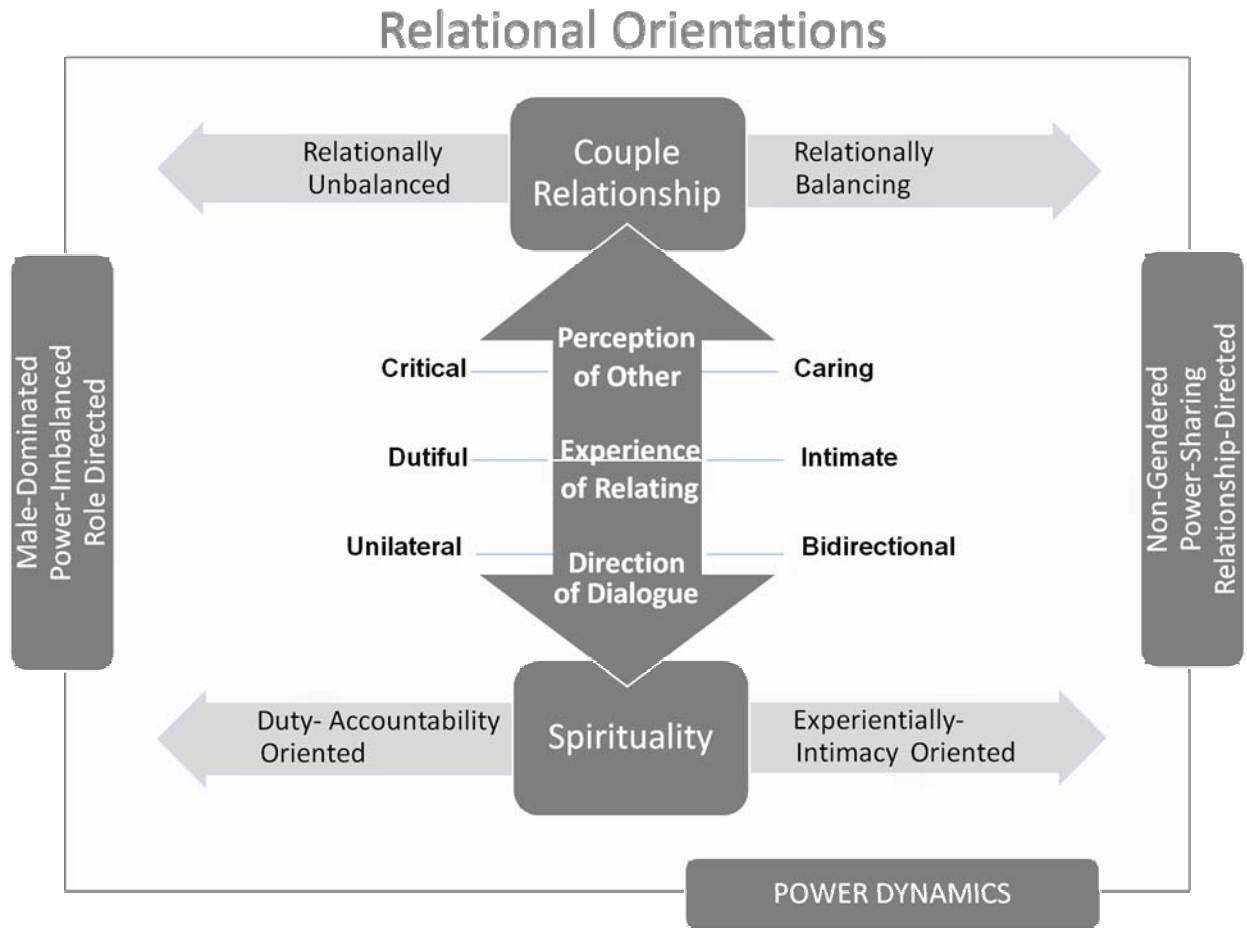


Figure 1. Linking Couple Relationship and Spirituality across a Spectrum of Relational Orientations

In contrast, couples categorized as relationally-directed tended to (1) perceive both God and their spouse as more caring and loving, (2) relate to the other in more intimate ways, and (3) dialogue in a more bidirectional, egalitarian manner with mutual understanding and influence. Using direct quotes from the couple interviews, examples of the three different relational orientations (relationship-directed, mixed relational orientation, and role-directed) will be given. From these three positions we see how the degree of mutuality impacts relationship with God and spouse, demonstrated through examples of

couple experiences across the three themes of perception, relational experience and dialogue. It will be illustrated how perception, experience and dialogue vertically link couple and spiritual experience and horizontally span across a range of role-directed to relationship-directed orientations. After outlining these connections, how the different relational orientations occur in a gender and power context and can change overtime will be explored.

Relational Orientations as Framed by Power

How couples negotiate power seemed directly related to couples' relational orientations and to the three themes linking couple relationship and spirituality (see Table 1). The model reflects this pervasive influence of gendered power by framing both the large vertical arrow depicting the linking themes and the two large horizontal arrows depicting relational orientations. The more egalitarian couples with non-gendered, power-sharing interactions moved to the right, where they perceived God and spouse as caring, experienced intimacy, and communicated bidirectionally. Couples with male-dominated, power-imbalanced interactions moved to the left where they perceived God and spouse as critical, experienced an emphasis on duty, and communicated unilaterally. Further exploring couples' interactions reveals how gender and power dynamics connect to couples' relational experiences with both God and spouse.

Relationship-Directed Couples as Non-Gendered and Power-Sharing

Out of twenty two couples interviewed, nine were relationship-directed and of these seven were either female physician or dual physician couples (see Appendix H).

Interestingly, the relational orientation among these nine couples, in which the majority of wives were also physicians, tended to more consistently reflect non-gendered, power-sharing dynamics, though to varying degrees of being relational. Significantly, these couples were noted for perceiving God and spouse as caring, relating to God and spouse intimately, and dialoguing bidirectionally with God and spouse. In addition, eight couples (four were male physician couples, two were dual physicians and two were female physician couples) described a more mixed relational orientation, falling somewhere between role-directed and relationship-directed. To best illustrate these findings, two case examples show how a relationship-directed couple and mixed relational orientation couple navigate power and gender.

A Relationship-Directed Dual Physician Couple

One dual physician couple, whose experiences with God and spouse were caring, intimate and bidirectional, made an intentional, non-gendered, power-sharing choice for the husband to run the business side of his wife's medical career. The result was a more egalitarian partnership marked by helping each other.

No one has traditional roles in our house. We fit in where there is a need...He saw us in medical school not working together, so he created a situation for us to work together, so we can help each other. [physician wife, couple #8]

This dual physician couple prioritized her desire to pursue medicine and worked together to intentionally "create a situation" of mutual support. Their decision appeared directly linked to their relationship-directed dynamics and their positive experiences of perceiving, relating to and dialoguing with God and spouse.

A Mixed Relational Orientation Female Physician and Non-Physician Spouse

Being a physician impacts family life yet gender seems to direct how couples navigate choices and orient themselves relationally to God and spouse. In this example of a female physician and her non-physician spouse, her medical profession seems to pull their relational orientation from relationship-directed to a more mixed position. Due to her demanding schedule, the couple decided that the husband would care full-time for the children. He expressed his process of accepting and making “peace” with his role of primary care giver.

There is that social aspect that is still there as far as the doctor’s husband. But I made peace with that before I ever said ‘I do.’ ...So that’s still there, but it’s not a problem. [non-physician husband, couple #13]

His description of making peace seems to indicate the difficulty of going against stereotypically gendered patterns of power dynamics and couple interactions, while moving toward a more relationship-directed orientation. Yet in their experience of God and spouse, they described a more mixed relational orientation. Significantly, this couple worked to share power, balance family time and divide responsibilities, yet the demands of medicine seemed to limit the degree of the wife’s involvement with the family.

If I had know what motherhood entailed and family life entailed, as far as the joys of it and the, for lack of a better term, the demands of it, I’m not sure I would have chosen this career path, because it pulls away from really what I would like to do, which I raise my kids. My husband is doing a very, very good job of it, but I’d sure like to do it myself. [physician wife, couple #13]

The honest reflections of this physician seem to reveal the high cost of her career and how medicine limits her ability to be relationship-directed. This dynamic of feeling a

strong loss of connection and being “pulled away” from her family interestingly emerged in her description of not spending enough time with God. While the ways in which couples balance work demands and support each other greatly impact the degree of non-gendered, power-sharing in a relationship, the realities of medicine clearly play a significant role. The interconnectedness among power and gender dynamics, how they experience God and spouse, the impact of medicine, and their mixed relationship orientation is significant. What seems to differentiate her from power-imbalanced couples is her desire to remain connected as well as her ongoing struggle to prioritize family, even if not successfully.

Role-Directed Couples as Male-Dominated and Power-Imbalanced

Couples with more role-directed patterns of relating structured their relationship according to traditionally gendered patterns of interaction, separating and dividing roles in a manner revealing a power imbalance. Of the five couples who described strong role-directed relationships, all consisted of male physicians married to non-physician spouses. Four additional male physician couples described mixed relational orientations while only two male physician couples described relationship-directed relationships. In addition, the role-directed male physician couples perceived God and spouse as critical, emphasized relating out of duty to God and spouse, and communicated unilaterally with God and spouse.

An example of a role-directed male physician and his non-physician wife best reveals such couples’ power imbalances. Spiritually and in marriage, this male physician and his wife were critical of the other, duty oriented, and dialogued unilaterally in ways

that privileged God and the male physician. In terms of their gender and power dynamics, this wife described accommodating her husband's medical schedule to such a degree that her life seemed to revolve solely around him.

I spent the first couple of years of our marriage, even up to our third anniversary in a waiting room with my book because he got called. [non-physician wife, couple #4]

Such gendered stereotypes of the female attending to the needs of the male and accommodating his plans became an evident theme among the power-imbalanced, role-directed couples. This particular spouse's display of accommodation was common among other wives who shared experiences of specially preparing late meals that were still missed, attending children's school and sports events alone, and learning to accept the male physician's absences. The continued observation that such unbalanced power dynamics connected to role-directed relational orientations with God and spouse remains significant.

Perception of Other: Caring vs. Critical

In the theoretical model, a large, vertical arrow represents the three themes, beginning with "Perception of Other," that connect how participants experienced their couple relationship and spirituality. Quotes from other couples further demonstrate how "Perception of Other" emerged as a link between marital and spiritual experience, directly tied to couples' various relational orientations.

Relationship-Directed Couples and Perceptions of Spouse as Caring

Couples who fell along the more relationship-directed end of the continuum described both God and their spouse in more caring language, reflecting a positive perception of the other. In recounting their courtship, relationship-directed couples used a variety of complements to praise each other as loving, kind and attentive.

I think she is a wonderful, calm, beautiful, loving person and I also saw how she treated her siblings and her parents and how she respected them. [non-physician husband, couple #3]

He was just very kind to me and I was so amazed that anyone would come to me and want to know me more personally. I was just very intrigued by that. He was very attentive...it attracted me a lot. [wife, non-physician professional, couple #16]

Among these relationship-directed couples, such positive descriptions of each other seemed to emerge from the interviews without intentional efforts on the part of the interviewer to elicit such compliments. Not only did these couples complement each others' caring attributes, they also seemed to perceive each others' positive characteristics as increasing over time.

All the things I saw in him when I was dating him...are still there. And there are newer things that have come about that are even better...It definitely outweighed the bad habits. [physician wife, couple # 3]

She is caring and loving and it just gets better and better. We are so blessed. [husband, physician, couple #16]

Relationship-directed couples repeatedly described their spouse as "caring" and "loving" and perceived their relationship as getting "even better." Such positive perceptions

reflect an important aspect of being connected in relationship and through strong, emotional bonds with one's partner.

Relationship-Directed Couples and Perceptions of God as Caring

Interestingly, these relationship-directed couples shared similarly positive perceptions of God's loving attributes and caring qualities. For example, one physician couple described their shared perception of God as intimately helpful.

Husband: He's helping me so tenderly all the time. I'm amazed at God. Wife: He is right there with me and reachable. [physician husband, professional wife, couple #16]

Such positive perceptions of God as intimate and caring were repeated by the more relationally oriented couples. These perceptions of a caring God extended to seeing God as intimately engaged with one's life and having one's best interest at heart.

Even things that I did not want to do, when they worked out, that's sort of reinforcing that God is up there trying to do something with your life. It's not just your decisions. I can point to a couple of things that we had not really planned on doing... Just the whole sequence of events, your whole life comes together. [husband, dual physician couple #1]

Both the husband and wife in this physician couple described God as intimately involved in helping them adopt a child, something they "had not really planned on doing" but which they perceived as kindly directed by a loving God.

Role-Directed Couples and Perceptions of God as Critical

In contrast, couples on the role-directed end of the spectrum described both God and spouse through a more critical lens, including seeing God as more demanding. For example, one spouse described her perception of a God of high standards requiring such standards be met.

God is a god of order. He wants us to live in an orderly way. So he's not going to open a door until he sees that you are out there, that you have the right mindset, that you've earned the things that you needed to learn. [non-physician wife, couple #2]

Notice the emphasis on a God that demands people “earn” what is needed and have “the right mindset” before being offered help, i.e. the “open door.” Unlike the loving, helpful God of the more relational couples, role-directed couples repeatedly perceived a demanding God, requiring more than was given and disappointed by people’s efforts.

I don't know. I think I'm a good person, and I think [God] sees me as a good person, but I think he is disappointed that I don't spend more time focused on my relationship with him. [physician wife, couple #10]

This physician wife seems duty oriented in her interactions with God, perceiving God as wanting her to spend more time praying, studying, etc., and perceiving herself as disappointing God. Interestingly this physician wife perceived her husband as similarly disappointed in the lack of relationship she has with him and their children. Yet, her non-physician husband described having a very different perspective of God from his wife.

Before I was a father I would have judged [how God sees me] from a judgmental angle. Yeah, you know as not spending enough time studying or working more, or volunteering more... Now I am a father, and all those references to God as our father in the scriptures, I don't think that there is anything my kids could do to,

you know, love them any less or be disappointed in them. Sure, I would love to spend more time with them, but they are a blessing and a miracle in my life. [non-physician husband, couple #10]

This non-physician husband has moved from a duty oriented view of God as demanding to a much more relational orientation than his physician wife. Such differences between spouses seemed to at work in both spirituality and marriage, resulting in this couple for example being categorized in a mixed relational position, neither fully relational nor role-oriented.

From the above physician wife's perception of God emerged the significant theme of time and viewing God as wanting or requiring more time. This theme returned in other participants' descriptions of a critical God demanding more time.

Time is even more limited as far as the personal stuff because you have to make commitments for this and that [church related] thing. You have to reach a balance somewhere. I don't think it's become overwhelming but we have definitely seen a change in the time, really having to micro manage that time ever closer because now you're having to, you're really factioning with a lot of different [church] things. Spirituality and church really take a lot of time. [physician husband, couple #4]

The tone of this husband seems to suggest a perception of God, or at least the things of God, as time consuming and needing to be "micro managed" into their proper place. Again such quotes are in stark contrast to the relational couples sensing God intimately with them in every moment, offering love and support, versus high standards and disappointment.

Role-Directed Couples and Perceptions of Spouse as Critical

For the same group of role-directed couples, negative perceptions of God paralleled negative perceptions of one's spouse. Such perceptions tended to reflect a certain level of dissatisfaction with the marital relationship and with the partner in particular.

I didn't like his attitude...I thought he was a really good guy but he's a jerk.
[non-physician, full-time mother, couple #2]

To me she should spend more money on herself. On her hair, on her nails, but she doesn't do that which to me is bad. [physician husband, couple #5]

Husband: She was prim and proper... Wife: I couldn't stand him... With my first husband? No. It was different...I [have] to adjust. [physician husband, retired wife, couple #6]

In each of these quotes, couples' obviously negative perceptions of their spouses stand out. In addition, the last quote hints at the wife's perception of ongoing relational difficulties. In contrast to her prior marriage, she now feels the need to "adjust" to living with her current physician husband. Whether critical of one's marriage or one's partners' attitude, personal habits of hygiene, or personality, such disapproving comments were much more common among the role-directed couples.

Experience of Relating: Intimate vs. Dutiful

Just as couples' perceptions of God and spouse varied according to their relational orientation, couples' experiences of relating to God and spouse were similarly connected to their location on the model's horizontal continuum. "Experience of Relating" emerged as the second theme linking marital and spiritual experience. Impacted by gender and

power dynamics, couples experiences of God and spouse ranged from dutiful, for those on the role-directed end of the spectrum, to intimate, for the more relationship-directed.

Relationship-Directed Couples and Relating Intimately with Spouse

Relationally-directed couples repeatedly described their experience of relating to each other through a lens of intimacy. While different levels of closeness were apparent among different couples and reflective of such contextual issues as years married and age of children, these more relational couples consistently described liking each other and enjoying their interactions together.

Wife: I think you are my best friend. Husband: Yeah. Wife: And I think I still remember why I liked you and that still helps me out when I am discouraged sometimes...I think we are in a fairly good place. Husband: I think our relationship is stronger now than it's been. Wife: I think so. Husband: I think we are enjoying our time together. [physician husband, non-physician wife, couple #15]

This couple's conversation reflects growth over time and hints at a process of building what they now call a "stronger" relationship in which they seem to authentically take pleasure in each other. What stands out is their experience of relating today in more intimate ways, calling each other their "best friend" and enjoying their time together.

Relationship-Directed Couples and Relating Intimately with God

Couples who reported relating to their spouse more intimately seemed to experience God in similarly intimate ways. These relationally-directed couples described their experiences with God in terms of trust, reliance and comfort.

We just put it to God [and] have faith in what he is going to do. Sometimes it looks kind of harry, what is he doing? What is he doing? But just take it one day

at a time, have faith, I'm going to trust, not doubt, just go forward with what we are trying to do with our family and our lives... And when you have a chance to actually look back and see that something was better that it happened the way it did...that just gives you something more to lean on for the next time. [physician wife, couple #3]

The physician's transparent description of relating to God incorporates experiences of hesitancy and fear, i.e. "what is God doing?" as well as an earned security in being able to "lean on" God next time. This posture of reliance and trust reflects an intimacy with God that seems to have grown out of past experiences with God. Such descriptions of spiritual intimacy were common among the relationally-directed couples.

Role-Directed Couples and Relating Out of Duty to God

In contrast, the role-directed couples spoke about their experience with God primarily in terms of responsibility and duty.

For me spirituality is accountability... I have to answer to God for my time, for my actions, for people I have touched in a positive or negative way... Again the accountability to God keeps me in line...I will have to answer to him someday. [wife, non-physician mother, couple #2]

Unlike some couples intimate experiences of leaning on God, this non-physician wife reflects a spiritually dutiful posture in which she believes she will have to give an account for her actions. This participant's physician husband expressed similar views on experiencing both God and his marriage through a lens of responsibility.

If you believe in God and you believe that you have certain responsibilities to him, and the other person feels the same way, then you try to do what you can to work [problems] out. [physician husband, couple #2]

To “do what you can” seems to reflect a dutiful approach both God and marriage, grounded in a spirituality of obligation.

Role-Directed Couples and Relating Out of Duty to Spouse

The wife in the above example of a role-directed couple expressed relating to her husband in a similarly dutiful manner.

You really have to be supportive because the more support you give towards that, the more he’ll be able to get his work done in peace and tranquility and give that committed time he feels he needs to give to his family. It’s a lot more involved emotionally on the wife’s part to know that it’s his calling. It’s not that we are not important but when you look at the order of things. When you put God at the head of your marriage, you see that we are all called and we have to be in support of that. [wife, non-physician mother, couple #2]

Her support of her husband’s medical career appears rooted in her obedience to what she perceives as the spiritual “order of things.” This dutiful approach gives preference to her husband, *his* perception of what he needs to give to his family, and not an intimate way of relating and making these family decisions together. Not only in their spiritual experience, but also in their marriage, themes of duty and role allocation mark the relational interactions of this role-directed couple.

Direction of Dialogue: Bidirectional vs. Unilateral

“Direction of Dialogue” emerged as the third theme in the model’s large vertical arrow linking couples’ experiences of marriage and spirituality. This theme, like the prior two, also runs along a horizontal continuum influenced by couples’ relational orientations. On the left of the model, role-directed couples spoke in more unilateral

patterns of interaction in which one spouse's voice was consistently privileged over the other. On the right of the model, relationship-directed couples described communicating more bidirectionally, able to mutually influence and be influenced by the other.

Relationship-Directed Couples and Bidirectional Dialogue with Spouse

Another theme emerged among relationship-directed couples in which these spouses appeared to engage in bidirectional dialogue. These couples spoke of talking together about their schedules, intentionally prioritizing time and finding balance together. Significantly, these were shared discussions in which both parties contributed and were able to impact the other.

Physician Wife: He's my balance, if I'm starting to do too much he will let me know so I can back off. It works and I am able to do more of what I want...[work] for an hour, take the kids and go home. As long as we are able to keep to that schedule we are ok. Schedules are important. Husband: And we analyze our schedule often. [couple #3]

This couple reflects the process of openly talking about schedules and planning time together. Such intentionality emerged as a key part of these bidirectional couple conversations. Interestingly, among the more relational couples, not all began their marriages having these mutual dialogues but learned over time to interact as more equal partners.

Husband: I think she feels like I prioritize her more. I think back ten years ago, I felt like she was always drawing the shortest straw. Wife: But I sensed he has been willing to be sensitive to it. It has not always been easy to meet all the needs. I think there has been a willingness to help. [physician husband, non-physician wife, couple #15]

Again the intentionality to prioritize his wife is both recognized by the physician and positively experienced by the non-physician wife. In their conversation there is the sense that this couple, and particularly the physician husband, has worked to hear and attend to his spouse's needs. Her acknowledgement that her physician husband has been "willing" and "sensitive" to her voiced needs reveals that their dialogue has indeed become bidirectional.

Relationship-Directed Couples and Bidirectional Dialogue with God

These relational couples also engaged in more bidirectional dialogues with God. While spiritual "conversations" are highly subjective, the perceived experiences of these couples seemed to reflect two-way communication.

Husband: I know that [God] is aware of everything. And since I allow him to be in my life, that's where I see the growth. It's totally awesome. Wife: And I think that it's ok for me to have all the feelings I have. God loves me even if I'm disappointed or upset. And reading the psalms, for example, shows me that all those emotions come. God made me and he knows that I function that way and he can pick me up when I am down. He loves me the same through it all.
[physician husband, professional wife, couple #16]

In this example both spouses describe an ongoing, bidirectional dialogue with God. The husband's conversation begins by "allowing" God into his life, opening a two-sided dialogue. In response he experiences God helping him grow. His wife describes a mutual conversation in which she honestly shares her raw emotions with God and perceives God consistently responding with love. These and other similar bidirectional dialogues seemed to involve openness, honesty and a felt experience of God communicating in return.

Role-Directed Couples and Unilateral Dialogue with God

In contrast, conversations with both God and spouse seemed more unilateral among the role-directed couples. In terms of spirituality, role-directed couples seemed to focus less on a bidirectional, relational connection with God and more on what they perceived as their proper response to God's rules, morals and commands. This unilateral dialogue took the form of participants describing their attempts to obey God's commands to "do good" and live in a "good moral way."

You know, it's funny, because the other day God brought it back to me: if it is in your power to do good...if it is within your power [do it]. I give of myself the talents that God has blessed me with. I find it is really important spiritually. [non-physician wife, couple #2]

I do feel like people who try to live life in a very good moral way will be rewarded for that. [couple #10]

In both these quotes the focus is on what a person can and ought to do to serve God and be rewarded. For role-directed couples, spiritual communication originated from God and dictated specific ways to act and live, without a sense of mutual influence or interaction with God.

While the result of such unilateral communication appeared at times to be a heightened sense of focus or purpose, the communication remained one-way.

[God] directs everything that we do and the purpose that we have for being here. So it gives us a sense of purpose and a fact that we are not just existing but we are here for a reason and that we try to accomplish what we believe, what we believe God has called us to do. That gives us meaning, a sense of purpose to go forward and do what we do on a daily basis. [physician husband, couple #2]

This husband represents the role-directed couples who described their communication with God in terms of a one-way “call” from God prescribing proper behavior. Couples derived purpose and meaning from such a call, yet the direction of dialogue with God remained unilateral as couples maintained their role as responder, some responding “better” than others.

I think [my wife] is a better Christian than I am. Really, I think she is. I think she is more Christian in her day to day living and the way she lives her life than I am....I have more of a temper I think, or maybe I have more of a mouth, one of the two or both. Where [my wife] is usually more calm or reserved. [physician husband, couple #5]

The language of communicating with God seems to be lost here among comparisons of measuring up to the perceived requests that God makes of Christians, i.e. being “calm or reserved” and not having “a temper.” The unidirectional language of such couples differs markedly from the relationally-directed couples and their experience of open, bidirectional communication with God.

Role-Directed Couples and Unilateral Dialogue with Spouse

The couples who engaged in unilateral, spiritual dialogues engaged their spouses in similar ways. Spousal conversations about schedules and couple decision making around how to spend time, seemed one-way. Among these role-directed couples, particularly the male physician and his schedule seemed to direct the dialogue and determine whose voice was ultimately heard. For example, notice in the following unilateral conversation the physician’s honest assessment of himself as relationally uninvolved, his wife’s gentle agreement, and yet the lack of change on his part.

Husband: I think [our relationship] always has been a work in progress and I think it will continue to be a work in progress... This is not to say I'm not happy with my relationship but I think it's a lot of work and sometimes I sense that I might not put in as much time as I would like to. But again it's not related to being a physician, it's just my personality. Pretty honest answer. Wife: I was just thinking the word 'honesty.' Thank you. Husband: Could use improvement from my perspective and from my part. Wife: I would agree. [physician husband, wife full-time mother, couple #11]

While this physician's honesty may seem refreshing, and even appreciated by his wife, in a truly bidirectional dialogue this husband would hear the impact of his actions on his wife, validate her desire for more investment, and make active changes to meet her needs. Yet this same physician husband, at another time in the interview, blames his medical career for the lack of relational time he spends with his family instead of consistently taking ownership for his part in this dynamic.

I think once I was in practice, I think we started to understand what my time commitments were going to be and what kinds of time we would have to take vacation or what not. It started to become fairly clear that it wasn't going to change drastically. [physician husband, couple #11]

The demands of the medical field are certainly substantial, yet the words of this physician seem like a justification, especially following his prior admission of lacking investment in his marriage. His wife's subtle desire for more time is reflected in her "thank you" and her agreeing with her husband's honesty. Yet her desires seem to be ignored as his own preferences (which he calls 'personality') and profession are privileged over his family.

This dynamic, in which the non-physician spouse's relational needs seem unheard by the physician, continued to appear among the less relational couples. Notice the following physician's description of his marital relationship, the impact of his work, and the messages he seems to hear from his wife.

I think being a physician, it's the time [that] is really a commodity, it's valuable and always in short supply for a personal relationship... You try to enjoy each other's company and she's glad to see when I'm here and I'm glad to be here. To know that she is safe and doing well. So we make the most of it. [physician husband, couple #4]

From this quote, it appears that the physician's wife feels similarly to him and that she has communicated that she is similarly glad to spend what time they are able to share together. Yet as the interview unfolded, her perception of the relationship seems markedly different and reflects that her efforts to communicate her view have gone largely unheard.

Our personal time, that part of it, we, I think I struggle with because I think that part of our lives we need more time with each other. I think lately I've been saying, you know what, we need to come together and go on vacation together... We go to meetings and all of that. See, he'll take anything as a vacation, "Oh, this is my vacation." But he's going to a meeting... I am a person who needs the other person to be around sometimes because you are married to them, yeah. And we've had discussions about that. [non-physician wife, couple #4]

Despite having had "discussions about that," this non-physician wife seemed to be in a pattern of unilateral conversations with her physician husband in which she asks for more time and he assumes "she's glad...when I'm here." Such examples of not being heard by one's spouse were more evident among the more role-directed couples.

Interestingly, among these couples with a more unilateral direction of dialogue, the non-physician spouses seemed to strongly support the physician's work and schedule. This unbalanced support of the physician's work over the family and even over the non-physician spouse's needs seems to be linked to the lack of bidirectional communication.

I see his commitment and his calling and there's no, there's nothing that I can say to change that...I'm always with the kids, which I love, but we can't make

memories together...I want you to be there so [when] we are in our old age we can recall. So again it's him constantly balance[ing] "am I giving enough time for this?" [wife, non-physician mother, couple #2]

This wife frames her husband's choice to prioritize his career over his wife and their children as a "calling" that she unilaterally supports. Her requests for more of his time become lost in unilateral conversations in which it is "him constantly balancing," not "us constantly balancing" how much time he spends with the family. Among these role-directed couples, it was the physician who repeatedly made the decisions, unlike the relationship-directed couples who sat down together, listened to both partners' desires, and scheduled couple and family time.

Relational Orientations as Dynamic and Fluid

A final theme that emerged from the data suggested that couples' relational orientations were actually dynamic and fluid, able to change over time. Of the couples further along the spectrum towards a more relationship-directed orientation, several spoke of learning this way of interacting and power-sharing only after previous struggles with being role-directed and power-imbalanced. For example, two different physician husbands, married to physician wives, describe their growth towards more relational ways of engagement.

I've worked on things [that] are important to her to make her happy. [husband, dual physician couple #1]

I've always been a loner. I've always done everything by myself. ...I had to realize that...I can't keep to myself and expect to be married at the same time. [husband, dual physician couple #8]

Both men reveal an awareness of the impact of their behavior on their wives. The first husband admits to intentionally working on things that make his wife “happy.” His focus on what is “important to her” appears deliberate as well as learned. Similarly, the second husband also describes his learning process as he realized his need to become intentional about engaging relationally with his wife and not remaining “a loner.” This theme that relational orientations are dynamic and fluid continued to surface. Among the relationship-directed couples, spouses repeatedly talked about being able to learn to attend to their partners as couples described transitioning from less relationally oriented to more relationally oriented positions.

Discussion

This study provides new insight into the connection between couple relationships and spirituality and specifically the impact of gender on shaping relational interactions with God and spouse. While other studies have addressed how people relate personally to God (Hall & Edwards, 2002), this study links gender equality to relational spirituality. This study also addresses a neglected aspect of the link between work and family by making evident the connections not only to gender but relational spirituality (Hochschild, 2011; Schulz, 2011). Findings reveal a complex connection among (1) how spirituality and couple relationships are linked (2) how couples negotiation of gender and power influence both spirituality and marriage, and (3) how the medical profession influences power and gendered dynamics. The twenty-two physician couples who participated in this study provide an insider view of the spiritual and marital experiences of spouses. In developing the theoretical model “Linking Couple Relationship and Spirituality across a

Spectrum of Relational Orientations” (see figure 1), it appeared that participants’ experiences with God and spouse were experienced across a spectrum from role-directed to relationship-directed, and connected through themes of (1) perception of other, (2) experience of relating, and (3) direction of dialogue. How physician couples experienced God and their spouse seemed to change over time for some couples while remaining the same for others. Couples’ experiences with God and spouse were framed by power dynamics and contextual issues, especially how couples navigated gender and medicine, impacted their relational experiences. Finally, key experiences that connect spirituality and marriage and how these physician couples experience being and becoming more relational, both spiritually and in marriage, may shed light on possible implications for training, practice and future research.

Becoming Relationally Balanced

Research indicates that increased levels of equality and shared decision making result in stronger couple relationships (Jonathan, 2009) while traditional gender roles limit the development of mutually supportive couple relationships (Knudson-Martin & Huenergardt, 2010). This study indicated that how couples relate, not only in marriage but with God, was linked to and influenced by how couples negotiated gender and power issues. Out of 22 physician couples, only 9 couples, just two of whom were male physician couples, described relationally balanced, non male-dominated marriages and a spirituality of intimacy. Key connections linking couples’ experiences of positive marital and spiritual interactions included (1) perceiving the other as caring, (2) relating to the other intimately, and (3) dialoguing bidirectionally. In contrast, couples dominated by

hierarchical power structures and male-dominated styles of interaction described more negative marital and spiritual interactions involving (1) perceiving the other as critical, (2) relating to the other through duty, and (3) dialoguing unilaterally. Each of these themes seemed in turn to be connected to how couples dealt with gender and power issues.

Perceiving the Other as Caring vs. Critical

Physician couples on the relational end of the spectrum seemed connected in their descriptions of both God and one's spouse as more caring, loving and supportive. These couples experienced their partners as inherently loving and as actively kind. Among the relationally oriented physician couples, a positive perception of the other seemed linked to the ability to relate in non-gendered patterns, attending equally to each other's needs regardless of gender. Partners who felt cared for described their spouses as aware of how they were doing and what they needed. This gender-balanced experience of one's partner as aware of one's own state and one's ongoing need surfaced among those couples who perceived their spouse as caring. Similarly, these couples also seemed to experience God as intimately involved and aware of their needs. Significantly, the non-relationally oriented or role-directed couple held negative perceptions of the other which seemed intensified by gender imbalances and privileging the male, regardless of whether or not he was a physician.

Relating to the Other Intimately vs. Out of Duty

Couples who described their experience of relating to both God and their spouse as intimate were intentional about actively engaging in honest, open communication and about intentionally prioritizing their relationship. While couples described different levels of closeness with their spouse, this pattern of intimate experiences remained consistent among couples who shared power equally regardless of gender. Such spouses described enjoying each other, referring to each other as best friends. Similarly in terms of spirituality, these relational, non-gendered couples described a level of intimacy with God reflective in experiences of trust, reliance, and comfort. Such experiences of security and intimacy with God were in stark contrast to the stronger emphasis on requirements for dutiful and responsible behavior described by the less relational, more role-oriented, male-dominated couples whose interactions reflected noticeable power imbalances.

Dialoguing Bidirectionally vs. Unilaterally

Couples who engaged in a bilateral direction of dialogue consistently demonstrated the ability to hear and respond to their spouses' requests. In contrast couples who described unilateral dialogues, with both God and spouse, seemed to privilege couple requests made by the husband. The non-gendered, power-sharing couples made special efforts to intentionally prioritize time, consciously balancing work schedules with family and couple time. In order to have mutual dialogue, both partners, irrespective of gender, repeatedly showed evidence of being open to the other's influence. Two-way spiritual communication seemed similarly marked by honest and authentic

connection in which participants were open to both being influenced by God and aware of their ability to influence God.

The experiences of care, intimacy and bidirectional dialogue with God and spouse that emerged among the more egalitarian couples supports the idea that *relationality* is more a way of being, and when present, is experienced in both spirituality and marriage. Relationally oriented, power-sharing couples also seemed more aware of their impact on each other and made positive changes over time according to partner needs. This seemed to validate the theory of *relationality* that both mutual influence and relational responsibility play a role in couple well-being to the degree that couples share power and resist gender imbalanced patterns of interaction (Fishbane, 2001; Silverstein, et al., 2006; Knudson-Martin & Huenergardt, 2010).

Fluidity of Relational Styles

Research indicates a certain level of fluidity in how, when, and to what degree a person holds onto unhealthy patterns of disconnected interaction or develops new and secure relational bonds (Karen, 1998). Marriage is a particularly good context in which change is possible through the formation of new relational bonds with one's spouse (Johnson, 2004). This study confirmed earlier research on the possibility for change within relational patterns of interaction and suggests that fluidity relates to couples ability to balance gender and power issues. While further research is needed to explore couple changes over time, participant couples who described moving from a role-directed to relationship-directed orientation talked about shifting from male-dominated or more egalitarian, non-gendered patterns of interaction.

Balancing Power Positions: Gender vs. Medicine

Being a physician typically provides economic security and a position of authority and high social status (Hinze, 2000; Sotile & Sotile, 2004). In addition, being male provides a power position as gender disparities still exist and men continue to experience privilege over women both in the work place and in the home (Kimmel, 2004; Carroll, et. al, 2005). Among the 22 physician couples interviewed, being male emerged as having more influence than being a physician on determining relational dynamics and how couples navigate gender and power. Couples seemed to structure their relationships around either male-dominated or non-gendered patterns of interaction yet none of these couples described female-dominated relationships. Female physician and dual physician couples were more likely than male physician couples to move to non-gendered patterns of interactions. Yet couples, in which the wife was a physician, even when her husband was not a physician, described an ongoing process of becoming relationally balanced rather than having arrived at a state of gender and power equality. Despite the fact that physicians hold a powerful and privileged social role, being male seemed to carry an even strong level of social privilege and power among these couples.

A Relationship-Friendly Spirituality

This study makes a key contribution to the understanding of relational spirituality by incorporating the important aspect of gender equality. Current findings support prior research linking couples and spirituality and revealing couples experience God in a variety of ways, both relationally and non-relationally (Cattich & Knudson-Martin, 2009). This study also supports research on relational spirituality suggesting that how a

person experiences God can carry over to how a person experiences a spouse (McDonald, Beck, Allison & Norsworthy, 2005). Most significantly, this current study deepens our understanding of the link between couples and relational spirituality and reveals the connection to gender and power. Not only are couple relationships intimately impacted by gendered power dynamics (Carroll, et. al, 2005; Knudson-Martin, & Mahoney, 2009b) but how a person experiences these dynamics has significant implications for relating to God. Physician couples' non-gendered, relationship-oriented, power-sharing ways of engaging with their spouse carried over to their spirituality and enabled a more intimate experience with God. These findings suggest that egalitarian, relational patterns of interaction may actually foster a more relationship-friendly spirituality.

Implications for Clinical Practice

Increasingly researchers and psychotherapists are recommending the importance of including spiritual strategies in couple therapy, highlighting again this link between spirituality and marriage (Carlson, Kirkpatrick, Hecker & Killmer, 2002; Richards & Bergin, 2005). This study suggests that the link between spirituality and marriage is intimately impacted by how couples negotiate power and gender and experienced in terms of interactional patterns of relating. Implications include the need to address gendered power imbalances and help couples transition to more relationship-directed patterns of interaction. Significantly, findings suggest a need to assess both spirituality and marital well-being for a more robust understanding of a person's relational orientation. By highlighting gender disparities in couple's marital and spiritual experiences, addressing specific patterns of relational interaction, and focusing on

increasing *relationality* skills therapists may benefit couples. For example, a therapist might directly point out how one spouse seems to accommodate the other yet remain unheard and help the couple practice mutual vulnerability. Finally understanding the connections between spirituality and couple experience may encourage clinicians to further collaborate with the spiritual care givers or leaders in couples' lives and seek further training in integrating spirituality into practice in ethical ways.

Balancing Relational Power

Power is inherent in all relationships (Thorne, 1993). As couples relate to each other they continually organize their experience of one another in relationship. How couples interact and communicate reveal specific patterns of power dynamics (Coan & Gottman, 2007; Parr et al., 2008). This study suggests that therapists must not only adopt a contextual lens and learn to enter the world or perspective of their clients (Freedman & Combs, 1996), but pay special attention to the complex interaction of gender and spirituality and the ensuing influence on the couple relationship. It is suggested that therapists highlight disparities and help clients change male-dominated power-imbalances in order to facilitate couples in moving to more relational patterns of interaction.

Shifting Relational Orientations

Understanding relational styles as fluid and linked to power dynamics suggests that new positive experiences, whether with God or with one's spouse, can improve the quality of relational connection. How couples experience and perceive their relational connection is linked to experiences of marital quality and stability (Carrere, Buehlman,

Gottman, Coan & Ruckstuhl, 2000). It is suggested that therapists need to attend to both relational connection and gendered power issues to help couples successfully shift toward more intimate patterns of relating. Yet without addressing power imbalances, gender disparities may persist and pull couples back toward role-directed, male-dominated patterns of interaction. The experience of physician couple participants suggests the need for therapists to integrate interventions that strengthen couple bonds and balance gender and power disparities.

Addressing Spirituality and Relationships

The link between couple relationship and spirituality, made explicit by this study, suggests that one is unable to change couple relationships without changing spirituality. This indicates spirituality may in fact be necessary to integrate more fully into therapy. Yet many therapists feel out of water and unsure of how to process and treat spiritual issues with clients (Walsh, 2008). As marriage and family therapists specialize in such nuances of intimate interaction, it is suggested that therapists need to recognize many types of spirituality as another form of relational interaction and therefore not outside the scope of one's practice. This does not negate the need for training but instead supports the importance of continuing education and ongoing learning in the area of spiritual integration.

As both spirituality and couple relationship appeared tied to how couples negotiated gender and power, this study also suggests the need to change our understanding of healthy spirituality. Relational spirituality at its core is about connection and the interaction patterns between a person and their experience of God, yet

thus far the non-gendered, power-sharing components have been unarticulated. The implication for therapists includes helping couples relate more intimately with a non-gendered God and experience healing in their perception of and relationship with God. While orthodox Christianity has a long history of understanding and engaging with God as a relational being (McGinn & McGinn, 2003; McGinn, 2004), helping clients distinguish between societal gender disparities and a spirituality that respects and upholds the value and equality of both genders may have a significant impact on both spiritual and marital experience. For example, a therapist might facilitate clients in discussing the impact of societal gender messages on their spiritual and marital experiences and explore alternative ways of interacting with God and spouse consistent with faith practices.

Limitations and Future Research

This study was conducted within a lens of *relationality*, looking specifically at how couples related to God and one's spouse across the themes of empathy, attunement, authenticity, relational responsibility and mutual influence. Though the narrow focus and honed definition of *relationality* offer specific insight into couples' relational well-being, the study did not examine the possibility of other qualities of *relationality* or additional factors also at work in marital and spiritual experience. It also did not address how other forms of spirituality may be related to couple dynamics.

Various contextual issues seemed to influence couples' experience of intimacy, including length of marriage, age of children, and specialty. Some of the couples married fewer years with younger children described actively trying to balance family and work while couples with adult children seemed to have become more rigid in either gendered

or non-gendered patterns. Yet how couples demonstrated growth over time in deepening intimate experiences was not fully understood. Additionally, the participant couples were protestant Christians living in Southern California and represented an ethnically diverse sample with half of the physicians of African descent. This study's predetermined lens did not provide ample focus on such contextual issues or explore how different conceptualizations of spirituality may be related to race or community.

Further research is suggested, examining both other links between spirituality and marriage as well as how change occurs along the spectrum of couples' relational orientations. In particular, research is recommended targeting how societal discourses, e.g. gendered, medical and religious contexts, pull couples in both role-directed and relationship-directed orientations. Also research on contextual factors of length of marriage, number of children, specialty within the medical field, different faith traditions, and couple's ethnicities need further analysis. Finally, research on the impact of clinical and spiritual interventions facilitating skill building and intentional conversations about being relationship-directed is suggested. The hope is that the field will continue to develop a body of knowledge that will enable more couples to participate in relationally balanced ways of interacting in marriage and more intimacy oriented ways of being with God, thus increasing overall health and well-being.

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APPENDIX A

SPIRITUALITY QUESTIONS CATEGORIZED BY RELATIONAL

CONSTRUCT

Spirituality Questions (for physician and spouse)

Worldview

1. Please describe your view of God.
 - a. Probe: If you don't believe in God, how do you make sense of life?
 - b. Probe: Do you have a particular worldview? What makes life meaningful to you?

Attunement

2. What is your experience of God being aware or not aware of you and your thoughts and feelings?
 - a. Probe: What lets you know he is aware or not aware of you?
 - b. Probe: How do you experience His awareness of you?

Authenticity

3. Can you describe a difficult experience and what thoughts or emotions you were or were not able to share with God?
 - a. Probe: Describe what it's like trying to articulate your feelings/thoughts to God?
 - b. Probe: What might be holding you back from sharing certain things with God? (i.e. guilt, shame?)

Relational Responsibility

4. How would you describe your impact on God?
 - a. Probe: Describe your how your choices, thoughts, behavior affect God?

Influence

5. How do you know whether or not you are willing to be influenced by God?
 - a. Probe: How do you feel when you are aware of God wanting you to do something you may not want to do?
6. What is your experience of being able or not able to influence God?
 - a. Probe: What is it like feeling like you can or cannot alter God's actions?

Perceptions

7. How do you think God views you?
 - a. Probe: What lets you know God views you a certain way?
8. Sometimes what one believes about God may not match one's experience of God. Can you describe what that's like for you?
 - a. Probe: What is it like for you when you don't experience what you believe to be true about God?
 - b. Probe: For example, when something bad happens, I might not feel God cares. Or it may be hard to feel God loves me even when I believe God loves everyone. What's it like not experiencing what you believe?

APPENDIX B

COMPLETE QUALITATIVE QUESTIONNAIRE

Interview Questions for Medical Doctors and their Families: Qualitative Study

A. Physician as Individual (background, family of origin, identity, career)

1. How did it come about in your life that you chose to become a physician?
 - a. Probe: How did your childhood and family experiences affect your desire to become a physician?
 - b. Probe: How did you choose your particular specialty?
2. What is it like being a physician for you? (shape who you are/what you should be)
 - a. Probe: How rewarding or satisfying is your professional life?
 - b. Probe: What are some aspects of being a physician that are challenging to you?
 - c. Probe: What makes your work meaningful to you?
 - d. Probe: How does being a physician help shape your identity/sense of self?
3. What core values or ethics guide you personally as a physician?
 - a. Probe: What motivates you and guides you in your profession?
 - b. Probe: How do you relate to the core-values/ethics of your profession?

B. Relationship Formation (how the couple met, what attracted them, etc.)

1. Please tell me about the story of your relationship.
 - a. Probe: How did you two meet?
 - b. Probe: What attracted you to each other?
 - c. Probe: What stage of your medical training or career were you in when your relationship began? (What was it like to being a relationship during that time? (ASK ONLY IF APPLICABLE)
2. How has your relationship evolved or changed during each stage of your medical training and career?
 - a. Probe: During medical school, residency training, early practice, established practice? (ASK ONLY IF APPLICABLE)

C. Marital Relationship (satisfaction, challenges, conflict, intimacy, time, etc.)

1. How would you describe your current relationship?
 - a. Probe: What aspects of your current relationship do you find most satisfying?
 - b. Probe: In terms of
 - i. Intimacy (physical, emotional, sexual)
 - ii. Communication
 - iii. Time together
 - iv. Closeness

- v. Sense of partnership
 - c. Probe: What aspects of your relationship do you perceive to be the most challenging or how might you wish it to be different?
- 2. What aspects of being in a physician marriage most impact your marital life?
- 3. How does being married to your spouse affect your work life?
 - a. Probe: How does your spouse support your career goals?
 - b. How does your spouse support you with the demands of your profession?
 - c. Probe: (to the physician) What are some areas in which physicians have expressed a need for more spousal support?
- 4. Can you talk about how you make major decisions?
 - a. Probe: How are house work (and childcare) responsibilities divided? What is it that way?
 - b. Probe: Would you say that one person's professional goals take precedence over the others? What is that?
- 5. How do the two of you handle disagreements or conflicts between yourselves?

D. Spirituality (See Appendix A)

E. Stress (questions for the physician only)

- 1. What are your thoughts about the demands of your professional life?
 - a. Probe: What are the demands?
 - b. Probe: How stressful are the demands?
- 2. What other demands or expectations do you experience apart from your job?
 - a. Probe: What are those demands?
 - b. Probe: How stressful are those demands?
- 3. How do you cope with stress?
 - a. Probe: What works best?
 - b. Probe: What does not work as well?
- 4. What kinds of support are available to you in managing the stressors in your life?
 - a. Probe: What is most helpful about their support? Least helpful?
- 5. How does stress affect your relationships?
 - a. Probes: With your spouse? With your children? With colleagues With patients? With friends or extended family?

F. Female Physician (ask both male and female physician about their experiences)

- 1. In your experience, have you observed that there are important differences for female vs. male physicians? What if any are the differences you have experienced?
 - a. Probes: In the workplace? In marital life? In experiences of parenting?
- 2. Have you felt supported and empowered (as a woman) in your professional life?
 - a. Probes: In the workplace? In marital life? In experiences of parenting?

G. Parenting (for those couples with children, only)

1. How did you make (are you making) the decision to become parents?
2. Has having children had an impact on your professional life?
 - a. Probe: When in your professional training or career did you begin your family?
 - b. Probes: Do you feel this was the ideal timing? What would the ideal timing be, if there is any?
3. How do you achieve quality time as a family?
4. How do you balance work and family demands, as well as personal needs?

APPENDIX C

MEDICAL DOCTORS AND THEIR FAMILIES: PHYSICIAN

QUESTIONNAIRE

Please answer the following questions:

- 1. Gender: Male Female
- 2. Age.....
- 3. Race/ethnicity you most closely identify with:
 Caucasian Black/African American Hispanic/Latino American
 Asian American Other.....
- 4. Religious organization/denomination that you most closely identify with:
.....
- 5. Year of graduation from medical school.....
- 6. Highest level of education completed:
 Masters Degree Doctorate Degree Other.....
- 7. Medical specialty
- 8. Current place of work: Private Practice
 Community Hospital University Hospital
Other.....
- 9. Marital Status: First Marriage Second Marriage
Other.....
- 10. Years in current marriage
- 11. Years in current relationship.....
- 12. Number of children.....
- 13. Number of children living at home
- 14. Children's gender and age:

<i>Birth Order</i>	<i>Gender (male/female)</i>	<i>Age</i>
First child		
Second child		
Third child		
Fourth child		
Fifth child		
Sixth child		

15. How many hours per week do you typically spend on:
Paid work Housework.....
Childcare Leisure.....
Being with spouse Being with child(ren).....
Being with both spouse and child(ren)
16. Do you have a housekeeper? Yes No
If yes, for how many hours per week.....

APPENDIX D

MEDICAL DOCTORS AND THEIR FAMILIES: SPOUSE QUESTIONNAIRE

Please answer the following questions:

1. Gender: Male Female
2. Age.....
3. Race/ethnicity you most closely identify with:
 Caucasian Black/African American Hispanic/Latino American
 Asian American Other
4. Religious organization/denomination that you most closely identify with:
.....
5. Occupation
6. Highest level of education completed: Less than High School
 High School Degree Some College College Degree
 Masters Degree Doctorate Degree
 Other.....
7. Marital Status: First Marriage Second Marriage Other.....
8. Years in current marriage
9. Years in current relationship
10. Number of children.....
11. Number of children living at home
12. Children’s gender and age:

<i>Birth Order</i>	<i>Gender (male/female)</i>	<i>Age</i>
First child		
Second child		
Third child		
Fourth child		
Fifth child		
Sixth child		

13. How many hours per week do you typically spend on:
Paid work
- Housework
- Childcare
- Leisure.....

Being with spouse
Being with child(ren)
Being with both spouse and child(ren)

14. Do you have a housekeeper? Yes No
If yes, for how many hours per week.....

APPENDIX E

LETTER OF INTRODUCTION

Hello,

My name is _____. I am affiliated with the Department of Counseling and Family Sciences at Loma Linda University. I was referred by the principal investigators of the study to have a brief interview with you for a research study that seeks to understand the work life, family dynamics, and relational interactions of physicians.

The purpose of the study is to gather information from physicians and/or their spouses that will provide insights on the impact of marriage and professional practice on the quality of life of individuals in this demanding career. We hope that the results of the study will add to a better empirical understanding of physician life, and will eventually influence work and family policy that govern workplace settings. Your participation will be invaluable.

This study is endorsed by Dr. Colwick Wilson and Dr. Curtis Fox of Loma Linda University who are researchers and advocates for family enrichment and policy development among career families and workplace settings.

We kindly ask for your participation and look forward to sitting with you for that brief interview. One of the researchers will make contact with you in order to set up an appointment for the interview. To facilitate that process, they would like to know what is the best number to contact you at, as well as the best time to do so.

If you have further questions about the study, please feel free to contact Dr. Curtis Fox at (909) 558-4547, ext. 47010.

Thank you for your time and your willingness to help.

Respectfully,

Dr. Curtis A. Fox

APPENDIX F
CONSENT FORM

Medical Doctors and their Families: A Qualitative Inquiry
Loma Linda University Department of Counseling and Family Sciences

Consent Form

Thank you for choosing to participate in this study on physicians and their marriage and families. We would like to talk with you and your spouse about your relationship and familial experiences so that we may better understand physician families. The project is overseen by Doctoral level Faculty at Loma Linda University within the Department of Counseling and Family Science.

Purpose: The purpose of the interview is to gain insight and knowledge into the marriages and families of physicians.

Voluntary: Your participation in the interview is completely voluntary. You have the right to not participate in the interview and withdraw from the interview at any time.

Confidentiality: All information you share is confidential, which means all identifying information about you or your spouse will be removed from the interview transcripts. Only members of the research team will have access to the audio tapes and transcripts from which all identifying information will have been removed.

Referral: Due to the nature of the interview questions, you may experience emotional discomfort or new awareness of interpersonal issues. If you should chose, you may pursue counseling services at:

Loma Linda University
Marriage and Family Therapy Clinic
164 W. Hospitality Lane, Ste 15
San Bernardino, CA 92308
(909) 558-4934

Psychological Services Clinic
Loma Linda University
11130 Anderson Street
Loma Linda, CA 92354
(909) 558-8576

By signing below, I give my informed consent to participate in this research project:

Name of Participant

Date

Signature of Participant

Date

APPENDIX G

DEMOGRAPHICS

The following demographics describe the 22 physician couples interviewed.

Couple	Husband	Wife	Physician Race	Physician Age	Years Married		
1	Physician	Physician	Asian/Black	48	20		
2	Physician	Nurse	Black	43	7		
3	Computer technician	Physician	Black/Black	38	8		
4	Physician	Artist	Black	50	17		
5	Physician	Nurse	Black	38	13		
6	Physician	Nurse	Black	83	3		
7	Business owner	Physician	White	55	21		
8	Manager	Physician	Black	34	10		
9	Physician	Physician	Black/Black	44	14		
10	HS teacher	Physician	White	34	10		
11	Physician	Mother	White	57	37		
12	Physician	Physician	Hispanic/Hispanic	45	16		
13	Accountant	Physician	Black	49	21		
14	Student	Physician	Asian	30	3		
15	Physician	Nurse	White	56	16		
16	Physician	Manager	White	58	32		
17	Company director	Physician	White	52	32		
18	Physician	Researcher	White	58	25		
19	Physician	Physical therapist	Black	33	6		
20	Physician	Physician	Black/Black	50	23		
21	Physician	Nurse	White	48	20		
22	Business owner	Physician	Black	47	12		

APPENDIX H

RESULTS

Results table for 22 physician couples.

Relationally Balancing	Mixed Orientation	Relationally Unbalanced
1: Dual physician couple, Asian wife, White husband	12: Dual physician couple, both partners Hispanic	2: Black male physician, wife a nurse
20: Dual physician couple, both partners Black	9: Dual physician couple, both partners Black	4: Black male physician, wife an artist
3: Black female physician, husband a nurse	10: White female physician, husband a HS teacher	6: Black male physician, wife a nurse
8: Black female physician, husband a business manager	14: Asian female physician, husband a graduate student	19: Black male physician, wife a physical therapist
13: Black female physician, husband an accountant	7: White male physician, wife a business owner	11: White male physician, wife a full-time mother
22: Black female physician, husband a business owner	18: White male physician, wife a medical researcher	
17: White female physician, husband a company director	21: White male physician, wife a nurse	
15: White male physician, wife a nurse	5: Black male physician, wife a nurse	
16: White male physician, wife a business manager		

Shading Key: Light Gray = Dual Physician Couple
 Gray = Female Physician Couple
 Dark Gray = Male Physician Couple