

# Implications of Couple Therapy Profession on Therapists' Spousal Relations

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**Abstract:** The profession of psychotherapy is included in those occupations that are presumed to have a bi-directional "spillage" on the professional's personal life. Theorizing that experiences and behaviors from people's occupations will affect behavior in life outside work, and the reverse, thirteen marriage and family therapists (MFTs) were interviewed using a semi-structured questionnaire. Responses were examined by analysis of qualitative content.

The findings suggest that there is a gap between the ability of the therapist to use professional skills in the treatment room and his or her ability to implement that knowledge in his/her own marriage. Additional findings are described, as are limitations of the study.

**Keywords:** Couple therapy, spousal relations, education.

## INTRODUCTION

The end of the 1980s saw an increase in research on the personal lives of the therapist [1, 2]. It seems that there was more recognition of the impact of the subjective experience of therapy on the therapists themselves [3]. As mentioned by Protinsky and Coward [4], there is some kind of 'synthesis', that is - a merging of the professional and personal selves of the therapist, who influences both arenas and this mutuality, is a prosperous field for studying.

The professional literature cites a number of reasons that people are attracted to this profession, including benefits and satisfaction [3, 5], noted as follows:

- Personality of the therapist: Malachi-Pines, Aronson and Kafry [6] believe that the selection of a therapeutic profession stems from a personality that is especially sensitive to others with a great deal of empathy for their suffering.
- Inherent benefits in the role of therapist: Independence [1, 2]. Variety [1]. Money, prestige and appreciation [1, 7, 8]; Intellectual stimulation [3]. Others mentioned factors such as: personal growth, enrichment and feeling of wholeness [9] as benefits inherent in the therapist's role. According to Farber [10], psychotherapists reported that as a result of their work, they became more aware of themselves as confident, assertive and sensitive people. The therapist also experiences satisfaction as a result of the deep, intimate connection and being a party to the struggles of their clients.
- Opportunity for solving personal problems [5, 7, 11-17].
- Family of origin and early experiences [18].

Many researchers agree that the psychotherapy profession constitutes a sort of compensation for inner conflicts that are rooted in the therapist's own family of origin. It is possible that the psychotherapy profession provides satisfaction that is a sort of replacement/ substitute and compensation to a therapist who did not receive intimacy, love and closeness in childhood; thus the therapist's career provides the opportunity for self-healing with the help of the other [18, 19]. According to some researchers' impression [7, 20, 21], the work of therapists is a continuation of their earlier role of "rescuer," a role that they played in their original family of origin. In other words, they were members of a family in which they assumed the role of the "identified patient" or the "parent". Through these roles, they expressed solicitude for the needs of others in the family and did not deal with their own emotions of pain or deprivation/discrimination.

- Choosing the psychotherapy profession as a source for fulfilling needs amongst the following: Gratifying sexual and/or aggressive impulses [1]; Gratifying narcissistic needs [3, 22]; dependency needs [5, 23]; Separation needs [3]; Needs for power and control [1]; Intimacy needs [3]; finally, aspirations of rescue and salvation [3].

In summary, a review of the theoretical literature show that there are many and varied motives for the selection of the profession connected to the therapist's personality, but no empirical proofs have been found for any of the theories that were proposed.

## MOTIVES FOR CHOOSING MARRIAGE AND FAMILY THERAPY (MFT) AS A PROFESSION

Framo [23] considers family therapists to be a "different breed" than other therapists: they are more open and curious, they tend to treat people as "human beings" and not as "patients" and they place more focus on the human context than on psychopathology. Framo [24] believes that family

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therapists "are born and not made" (p. 868). They have an instinct for their work and an intuitive understanding of family dynamics. Most family therapists were manipulators in their own families of origin; they were "experts" on family power struggles and continue to employ these facilities in their professional pursuits. Other researchers [14, 25] feel that a large percentage of family therapists served in the past as "rescuers" or "mediators" in their own families of origin.

Luthman and Kirshenbaum [21] maintain that people who seek the family-therapy profession are more open, more aggressive and "go with the flow". According to them as well as to Charny [26] many therapists seek family-therapy training for their own development and personal growth, more than as professional tools.

The authors all seem to agree with the hypothesis that the selection of the one-on-one (individual) psychotherapeutic profession, as well as the MFT profession, spring from similar motives. However, there may be unique reasons that cause therapists to narrow their focus to MFT alone.

### **INFLUENCE OF THE THERAPIST'S FAMILY ON THE THERAPY**

One of the means used by therapists to increase their effectiveness is by bringing to their work their awareness of their own past and present family patterns as well as their own methods of coping with problems. One of the results of efficient coping with their own personal and family problems is the ability to direct their energy towards their clients rather than toward themselves, thus increasing emotional awareness [27]. When therapists have unresolved problems, these not only restrict their insight into issues related to treatment, but also diminish therapeutic intervention facility [28]. Kramer [29] maintains that when clients bring problems that are similar to the unresolved problems in the therapist's life, the therapist cannot assist the client effectively. Other researchers [30-35] clearly state that their functioning is affected during their own crises and personal difficulties. These therapists report that emotional difficulties and personal experiences impinged on therapeutic processes and the quality of therapy they were able to offer to their clients.

Framo [23] believes that the family of origin can contribute to the therapist's work: Therapists' personal experiences can enlarge their perspective and capacity to relate to the client's problems in a personal way, adding a great deal of insight to the treatment. In addition, individuals and families tend to place more trust in a therapist whom they feel understands them and has walked in their shoes. Thus, another facet that influences therapy is the therapist's awareness of problematic aspects in his/her own families and their effect, as well as the ability to cope with them.

### **IMPLICATIONS OF THE MFT PROFESSION ON THERAPISTS AND THEIR FAMILIES**

In terms of negative implications, MFTs are not immune to family stresses and divorce, despite their attempts to help others solve their marital and family problems [36]. For many therapists divorce symbolizes failure in the attempt to create a satisfactory personal life; other therapists see divorce as a springboard to personal growth [27, 37]. Some researchers [21] emphasize the difficulty in working with families and cite two factors connected to the personal lives

of the therapists and their personalities: 1) The power of the family system in therapy arouses mental difficulties in therapists who were not in touch with them previously, even in individual treatment, and 2) the very processes of coping with intimacy on a constructive level, "opens" the conflicts and needs of the therapists in these spheres, sometimes even leading them to re-examine their relationships with their own spouses. Despite the hope and need for emotional closeness with family members, the emotional involvement of therapists with their clients may cause emotional exhaustion/burnout, and lack of energy in relating to their own families and listening to their problems [38, 39].

There are difficulties involved in shifting from the role of therapist to the role of family member. Both the therapists and their families may sense greater personal development within the role of the therapist than in their personal spouses [39]. Moreover, some therapists are likely to feel angry and hurt when they do not receive from their families the kind of respect and admiration they receive from their clients [26].

In terms of positive implications, the MFT profession is supposed to help therapists feel better about themselves during their work, and better about their interpersonal relations [40]. In addition, the intensive interactions that they deal with do not allow them to remain emotionally isolated and distanced. Therapists are constantly reminded that human beings need attention, respect, intimacy and closeness—thus therapists may look for these elements in their own families [26]. The concern of therapists for the welfare of their clients' families as well as their emotional involvement, are likely to contribute to the tolerance of therapists in accepting themselves and their family members. In addition, the constant testimony of difficulties of client families is likely to enlighten therapists regarding the positive aspects in their own families [36]. Furthermore, the exposure of therapists to lack of balance and polarities in clients' families causes awareness, which in turn brings about acceptance, insight and tolerance for weakness and difficulties in their own families [41].

A few researchers [38] add that the work of MFTs enables them to achieve a basic acceptance of the differences between family members. They feel that this lowers the tension in their families, which is especially beneficial during crises and prevents situations from arising that are likely to dismantle the family. It should be mentioned that the coping of the therapists with the separation from their clients prepares them for separation from their own loved ones (e.g., children leaving home). Similarly Paris, Linville and Rosen [40] mention self awareness, confidence, perspective taking, and letting go, as significant growth experiences in MFT's lives. This is also in accordance with Bowen's premise that differentiation somehow is needed by and/or linked with the development of a family therapist [42].

Other studies [36, 39] relate to another domain that affects therapists and their families. These researchers believe that theoretical knowledge and therapeutic tools and techniques assist MFTs in developing awareness regarding behavioral dysfunctions as well as normative crises. Even more, their therapeutic skills contribute to the healthy development of marital and parent-child relationships as well as to solving problems out of empathy, understanding, and acceptance.

A study regarding influences of professional experiences over personal growth found that clinical practicum, supervision and teaming, personal reactions and family systems/family of origin theories – were all mentioned as growth promoting factors for the therapist, growth experienced in terms of individuation, the development of the ability to achieve moment-to-moment authentic relatedness [40].

Empirical examination of the ramifications of the MFT profession on the therapists and their families was carried out by Wetchler and Piercy [36]. The study focused on both pressures as well as benefits of the profession on the quality of marital/family life of the therapists, and the results point to the predominance of benefits over disadvantages. Therapists are more likely to recognize their role in marital problems when they arise and are more likely to develop skills connected to their own families.

However, the profession causes stress when therapists feel that they have little time or energy left to connect with their own families after their demanding work.

The issue of the therapists' spouses—whether they appreciate or resent the profession of their spouses and its impact on their own lives—is connected to the way the therapists use their experience and knowledge. Malachi-Pines [43] claims that both spouses benefit from the knowledge from the professional world introduced by the therapist into the home, regarding development of communication expertise and development of parenthood skills. These facilities are internalized by the therapist and are expressed in the therapists' relationships with their family members, providing a role model for the spouse and contributing to healthy couple relationships.

In summary, a review of the theoretical and research literature points to a reciprocal relationship between the therapist and the therapy. Accordingly Strozier, Bowen and Vogel [42] note that marital and family work is seen as "a complex phenomenon influenced by both individual dynamics and systemic processes" (p. 156). Our work distinguishes between the psychotherapy profession in general and MFT specifically, regarding the ramifications of each on the therapists and their families. Most of the literature relates to the connection between the psychotherapy profession and the therapist. Very little literature exists regarding the MFTs and their own families.

## METHOD

### Epistemological Approach

In the present study, a phenomenological approach was taken. The phenomenological approach to qualitative inquiry, seeks to find, describe and understand individual's life experiences [4]. Typically, the data is collected by in-depth conversations in which the researcher and the subject (interviewee) are fully interactive, and co-construct meaning regarding the subject of inquiry. The phenomenological approach in the present context enabled a deep, broad capturing of therapist's both personal and professional experiences. Within the frame of phenomenology, research question was concerned with the ramifications of choosing and practicing MFT profession, on therapist's private couple relationship, as this mutuality is perceived by therapists.

### Study Population

The research subjects included 13 therapists, three males and 10 females. They ranged in age from 40 to 57, and the average age was 49.6. All 13 therapists had specialized in MFT. Most of the participants were recruited through the snowball method: each therapist approached the next one according to a preliminary list of therapists that was produced by the office of the Social Work Program in Tel Hai Academic College. In addition, some were recruited through personal familiarity of students with therapists.

Level of agreement-90% of the reviewers agreed to participate the search.

Ten of the participants were married, with eight in a first marriage (two men and six women); one female therapist was in a second marriage, and another was in a third marriage. Three participants were divorced (2 women and 1 man). Two of the unmarried therapists were in long-term couple relationships and one was not. Of the participants, nine were social workers, 2 were psychologists and 2 were educational advisors; all are MFTs.

The period of time in which participants worked as therapists ranged from 12 to 30 years with an average of 19.7 years. The period of time the participants worked specifically in couples therapy ranged from 2 to 25 years, with an average of 11.2 years. The therapeutic approaches of the participants included dynamic (3 therapists cited the 'Imago' technique), narrative, system-wide, and spiritual.

Consent for participation in the study was difficult to obtain from a number of additional therapists. The researchers' hypothesis is that the therapists were concerned about revealing themselves and were reluctant to deal with the intimate issues that were the subject of the study.

### Procedure

The researchers created a questionnaire with four central sections:

1. Personal data.
2. Questions relating to the profession itself and what transpire in the treatment room: reasons for choosing the profession, therapeutic techniques and characteristics, the interviewee's professional philosophy and credo.
3. The marital or couple relationship of the therapist, and his/her professional conception of couple hood.
4. The relationship between the interviewee's profession and his/her personal couple relationship.

The full questionnaire is presented as appendix A below.

Most of the interviews were taped, except for two in which the interviewees did not give their consent. The answers were examined by analysis of qualitative content. This method relates to qualitative aspects of written content and attempts to identify significant patterns in it. This is a process of identification, coding and categorization of the main patterns in the data [44]. The interviews were analyzed by the researchers as well as by one external certified/qualified family therapist. Each evaluator analyzed the interviews separately and uncovered central themes; afterwards a joint

discussion was held on the common themes, and these were synthesized.

In an attempt to pinpoint recurring subjects and main data patterns, the following categories were created: the interviewees' choice of therapy-oriented profession and couples therapy; their conception of the couple relationship with regard to parameters of communication, intimacy, power struggles between the spouses (in the professional as well as private realm); and perception of roles both in treatment and in couple hood—gender, parental, childlike, etc.

After an examination of the categories, a broad analysis was carried out. All the responses were analyzed into three core categories: the gap between the (interviewee) therapist's professional skills and its application in the therapist's private relationship; the connection between healing of past wounds and the idyllic conception of couple hood; and gender roles in the interviewee's therapy-related work and in the interviewee's own couple relationship.

## RESULTS

### Choosing a Therapy-Based Profession and Couples Therapy (Questions 1-2):

Among these participants, there were two motives for choosing a therapy-based profession:

1. Family of origin: Three therapists said that they served in the "therapist's role" while still in their family of origin, and 6 chose the profession out of the desire to heal childhood experiences and personal wounds. For example, one participant stated, "I always found myself [caught] between my two sisters...Not infrequently, I was the unconscious mediator, the negotiator, the conciliator...." Another said, "I was the family therapist in my family, I was also the crazy one in the family over many periods of time but at some point I turned into the therapist; usually, the one who is the most sensitive becomes the therapist."
2. Most of the therapists (10) cited "personal curiosity, humane behavior and the desire to help and make a difference" as the motives for choosing a therapy-oriented profession in general, and couples therapy specifically. As one participant stated, "For as long as I can remember, I wanted to help people and understand what makes them tick," noting that the motivation for specializing in couples therapy is the therapist's desire to cope with difficulties that arose in his or her family of origin and family of procreation. Another said, "There were difficulties in my relationship with my partner and I searched for a way to deal with it...It was clear to me that I was going to work in the field in which I myself have the greatest difficulties."

### The Therapy-Based Profession and the Marital Relationship of the Therapist (Questions 4-10, Questions 13 and 19)

Regarding the application of "therapeutic qualities" such as, listening, restraint, and patience, most of the therapists (10) cited difficulties in applying these "therapeutic qualities" to their own relationships. A gap was found between theoretical knowledge and the real-life application of this knowledge. According to one participant, "I know what's the

mainly because the dialogue inflicts pain on my personal wounds; there is more to work on."

Most of the participants (9) said that the connection between their profession and their marital relationships was expressed in gaining insight from observing couples in therapy (drawing conclusions, making comparisons) and bringing that knowledge to their own relationships. For example, "When I treat couples I think, 'Wow, what a nice thing this is, I wish it could exist in my own relationship, if it is appropriate/applicable to our own relationship...I can learn a lot from my work with other couples, in other words—the positive or negative that I see in myself."

Regarding the effect of their therapy-based work on their own marital relationships, most of the participants (8) view their own couple hood as a "test case" for professional know-how. They perceive themselves as the "experts" and that is their "role" even in their relationships with their spouse. As one participant stated, "In my present marriage I have applied everything I know about couple hood." Another added, "My observation of my husband and child is through the eyes of a psychologist," and "my husband is not always willing to touch upon issues that I want to explore."

Regarding the attitude/stance of the therapist's spouse relative to their spouse's profession, the interviewees' views were split between positive and negative. Those who thought that their spouse would consider the connection to be positive claimed that their knowledge and experience contribute to their relationship. According to one participant, "My spouse tends to connect what is happening between us to my profession. He asks for my advice, learns from me. For example: how to ask questions—he applies this in his work when he interviews workers. The fact that I am a therapist affects him a lot, but it also affects me." Another stated, "It calms him to know that I am a therapist, in case difficult things will happen to us. I use my experience and know-how to solve family crises and that gives me confidence."

On the other hand, those who found the connection to be negative claimed that their spouses tended to respond with anger to the fact that they were the "all-knowing, expert" therapist. There also were responses of jealousy when therapeutic qualities were not expressed in the relationship. As explained by one participant, "sometimes she is jealous that my professional talents are not expressed in our relationship." According to another, "he gets angry over the lack of equality as I am the one who 'knows'."

All of the participants (13) said that there are differences between their conception of the couple relationship today and their views when they were starting out at the beginning of their profession. After they have gone the distance in their profession, the therapists see in couple hood a space for development and a foundation for personal growth. This is as opposed to their views at the beginning of their professional careers when they viewed couple hood as a concrete entity that was supposed to fulfill the fantasies and needs of the perfect couple relationship. Thus, one participant stated, "even at the beginning of my professional career I thought that couple hood is a place for development but I didn't understand what that really meant." In another example, the participant said, "Today I have more demands of my relationship with my spouse; that it should fulfill me in all ways;

intellectually, emotionally, and with physical attraction." And another noted, "At the beginning I thought that there is something as a perfect couple relationship and I would achieve it; today I know that nothing is perfect and there is always more work to do and develop."

Regarding the adoption of insights and beliefs from the world of therapy and applying them in private couple relationships, all the participants (13) claimed that their work with couples did lead them to new insights, some of which they applied in their own couple relationships. There were a variety of different insights, including giving space to each other; accepting differences between the spouses; understanding that a good, healthy relationship involves role-changing; understanding that one does not abandon a marital relationship but fights for it to the bitter end; and striving for clear communication. As expressed by one participant, "My many insights relate to the space within the relationship, which is something that was never really clear to me. It is something I adopted, I implemented myself and I teach it. It is one of the insights I use to teach spouses to be closer."

Most of the participants (7) found that there are 'spillovers' from their profession that they feel impinges their family and spousal relationships. According to one participant, "Sometimes, I come home very emotionally drained from work and don't always have time for my wife and children." In the words of another, "The question is how much energy is invested into therapy and if not for that, how much would be funneled into the family. It is a profession that is very taxing." Five of the participants did not find that these 'spillovers' had an adverse effect on their family life.

Most of the participants (9) claimed unequivocally that their marital life would have been worse if not for their therapy-oriented profession. For example, one participant stated, "We would be more pessimistic—that's for sure. Less rich, less exciting, less enlightened." Another added, "Sodom and Gomorrah. I am sure that there would have been many power struggles, anger, pettiness, and manipulations. I don't know if we would have divorced but we were on the terrible verge of separation." One participant answered that the question was not relevant to him, another answered that she did not have a clear-cut answer and the third answered that her relationship might be better if she was not a therapist, saying, "Suddenly it occurs to me that perhaps it would have been better, maybe I would have approached the couple relationship from a more egalitarian place."

Regarding the features that led the participants to choose their spouses, most of the participants (7) cited general qualities, including sensitivity, warmth, attentiveness, support, esteem, and a mutual past. Four participants cited physical attraction as a factor, and only one cited a common professional language as a cause for attraction to his or her spouse.

Regarding attraction in the present, only a small number of participants addressed this question; their main answer was that the attraction has remained the same over time.

### Therapists' Perception of the Couple Relationship (Question 3, Questions 15-18)

The interviewees related to the following parameters: communication, intimacy and power struggles between spouses in both personal as well as professional spheres.

Regarding the question, "What is couple hood to you?" the interviewees described the couple relationship as a positive, almost idyllic relationship except for one who saw a tragic side: "Clinging to a former choice." Most of the interviewees (8) found the marital relationship to be composed of 3 central parameters: **commitment**—protection and security, **partnership**—an open ear, respect, closeness and a joint household, and **sexuality**.

In addition, couple hood was perceived as a foundation for growth and self development, including the healing of old wounds. As one respondent noted, "Couple hood is like a large container encompassing two people who are committed to holding onto both ends; between them is a place that is so safe and warm that it facilitates development." According to another, "Each spouse comes and returns to create his private nest – the family of creation, because he was been thrown out already from his previous nest – the family of origin."

Two interviewees deemed the couple relationship to be an opportunity for completeness. According to the first, "It is when two people come together and become joined and stand together, thus complementing one another—[each provides the missing] part of the other." The second stated, "Until you have experienced couple hood, a real relationship of many years, you have not really lived life fully."

Two interviewees described couple hood as an expression of immense male and female forces in the universe, the merging of the male and female energies. In the words of one, "when a couple is united they take part in the creation [of the world.]"

**Communication**—regarding the professional attitude of the interviewees towards healthy communication between spouses, most of the interviewees (9) said that healthy communication is composed of attentiveness, empathy and trust between the spouses. As one participant stated, "One must really listen to what the other is saying, to really assimilate the other one's words, and only then—answer." The emphasis in the answers was placed on the ability of each spouse to involve the other in "everything"; In the words of a participant, "to involve each other in a clear, direct way in thoughts, desires, emotions with all its negative as well as positive aspects," and of another, "everything is legitimate, but you must accept responsibility for the results".

The interviewees said that the **type of communication** most common among spouses who come to them for couples therapy involves lack of paying attention [to the other] and lack of ability to really view the spouse as a different, independent entity. One participant thought that this springs from the narcissism of the individual, including "lack of ability and desire to understand what is happening to the other, why he is the way he is, why things have changed, detracting from the value of the spouse, wallowing in individual narcissism." Another described, "Communication that does not grant space to each other, in a way that they don't listen to one another, each is busy fighting for him or herself."

Only four interviewees referred to positive communication among those who come to them for couples therapy. They described genuine partnership, caring and expressions of love to each other.

Regarding the type of communication in the private lives of the interviewees-therapists and their spouses, most expressed "healthy communication" in their relationship but "there is still a long way to go."

In the realm of **intimacy** - half of the interviewees cited parameters of partnership, security, and the closeness that springs from trust as the basic components. As one participant described it, "Feeling of the most together in the world, to be with the other and connect in an open manner, a union of two people." The rest of the interviewees viewed intimacy as a process of removing masks and facades vis-à-vis the other spouse. For example, according to one respondent, "When spouses remove their masks and are not busy attempting to prove something, that's when the special moments make their appearance." Others described "Non-confrontational connection and closeness," and "Quality of being vulnerable and bare in front of the partner."

Regarding the question "How do you work to improve intimacy in your therapy-related work," diverse answers were given. Two examples include: one interviewee who emphasized that each spouse should first achieve intimacy with him/herself and only then, examine the fear that prevents intimacy with the spouse. The other focused on the importance of making the correct choice in choosing a spouse, as the basis for building intimacy.

Regarding "creating intimacy in your own marital relationship [of the interviewee-therapist], only some (5) responded. The common denominator of the answers was that there was still work to be done in this domain. For example, one person stated "We still have what to improve. I don't feel that we have completely abandoned the confrontational approach, there are some very lovely moments between us but I don't feel that, in general, we are softened enough when we meet."

The very use of the term "**power struggle**" aroused negative reactions among some of the participants. Most of the interviewees (12) said that the power struggles they observed in the couples they treated is expressed in the attempt of the partners to control and force their opinions and desires on each other in subjects such as family finances, sexuality, parenthood, and woman's status.

Regarding the therapeutic work involved in dealing with power struggles, most of the interviewees (10) emphasized the importance of clarifying the conflict to understand "what is the confrontation really about," and the importance of encouraging the couple to come up with the solution themselves. As one person noted,

"I try to put the issue on the table, even to magnify the problem, to confront the couple, to sharpen the clash that reflects the power struggle. Sometimes I intensify or amplify the situation, even to the absurd. The idea is that I will not solve their problems; they will have to solve the problems themselves. I work with techniques that will bring them to a different mindset, to change the way they think that now revolves around power struggles."

### **Gender Roles in Therapy as well as in their Own Spousal Relationship (Questions 11, 12, and 14)**

Regarding the way in which the interviewee regards the gender role in his/her spousal relationship, most of the interviewees (8) tended to view their gender roles in their own couple relationship as traditional. According to one participant, "We have a division of labor in our house that is like in most families: I am in charge of the bank and the car, and my wife is in charge of the kitchen—it's on this level." Another stated, "I 'sit tight' in the traditional woman's role and [I am in charge of] those things he doesn't know how to do. He is the one who changes the light bulbs." And another added, "Despite the fact that we are a couple of the twenty-first century, my spouse and I have a stereotypical division of labor. I maintain the household while my husband checks the plumbing and the electricity, something that is very stereotypical."

About half of the interviewees (6) view their roles in accordance with their gender. The husband is the economic anchor, the conservative one who brings safety and security to the relationship while the woman is in charge of the emotional and creative world. As one participant stated,

"Regarding 'roles,' here we have a division [of labor]: he is the expert of the physical-economic world and I am the expert of the emotional world of the family and the couple. From the time we married, I have never been to the bank. That's a bad thing but that's the way it is; evidently that suits us so it remains that way. I am a real ignoramus about money matters, I have no idea how much he earns or what we have in our bank account. If I need to write a big check I call him like a little girl to ask if it's OK...I am still the expert regarding emotional issues and he is the expert regarding our finances."

According to another participant, "My husband is the one who provides economic security to the household, stability, constancy and conservatism—he preserves the old and the well-known. I, on the other hand, am always changing and looking for new directions in life and in our home; I want to develop in new directions. To a great extent, he is the anchor in our relationship, as well as in our family and life in general."

Furthermore, it seems that the female therapists generalize their spousal roles as intuitive, emotional, dynamic, and childlike, in need of security and stability. As one stated, "I am the rebellious girl and he is the controlling father." According to another, "My spouse is the dreamer—he dreams where we are going and when we will arrive and what will be, and he leads us forward. I...I am the creative one in our relationship; I am the one to turn on the 'music' inside the system."

Finally, regarding the therapist's use of masculinity/femininity in his/her therapy, all the interviewees (13) admit that they make deliberate and conscious use of their gender- role with their clients. From a woman interviewee we learn, "My approach is, that I represent everything a man wants from a woman and cannot achieve. The motherliness,

the concern, the gentle reflections/encouragement—everything I do in therapy in order to enlist the confidence and trust of the client." From a man we hear, "I bring my masculinity into my work.

## DISCUSSION

There is no doubt that there is extensive professional literature on the subject of couple hood and marital/couple relationships. Many psychotherapists, theoreticians and researchers have written numerous books and articles in which they describe their concepts and views regarding this complex, fascinating subject. However, despite the plethora of literature on marital/couple relationships, little attention has been paid to the effect of the MFT profession on therapists and their families—and the reverse. The profession of psychotherapy is included in those occupations that are presumed to have a bi-directional 'spillage effect' on the professional's personal life [45]. The spillage approach, which is the basis for this study, theorizes that experiences and behaviors from people's occupations will affect behavior in life outside work, and the reverse [46]. The psychotherapists' emotions, thoughts and beliefs all come into play in their work; these are professional as well as human/humanistic tools that accompany the therapist as a professional, a spouse, a parent and a person as a whole. Therefore it was surprising to discover that little research has been done on the "spillage" aspect of psychotherapy. Deutch [47] and Kaslow [27] suggest that perhaps a taboo exists regarding family therapists in admitting that they may have personal and familial problems too.

The purpose of the present study was to examine the perception of the family/couple therapists regarding the connection between their profession and their own marital or couple relationship. The study reveals three main subjects which reflect various aspects of the link between the profession and the private couple hood of the therapist:

1. Connection between healing the wounds of the past and the idyllic conception of couple hood.
2. Implications of the profession on the therapist's couple hood: the gap between theoretical and professional know-how and its application is his or her own family life.
3. Gender roles in therapy and in couple hood.

## HEALING THE WOUNDS OF THE PAST AND THE IDYLLIC CONCEPTION OF COUPLE HOOD

We learn from the study that one of the major reasons these participants chose the therapy-oriented profession resulted from the interactions and roles the therapist experienced in his or her family of origin, and the desire to heal and resolve childhood wounds. This is in accordance with one of the central reasons mentioned in the literature for choosing psychotherapy as a profession, that is, the opportunity to solve personal problems [5, 7, 15, 16]. The decision to become an MFT also stems from the desire to heal childhood wounds, but the emphasis was even more on the roles that the therapists played in their families of origin. The findings of the study point to the desire of the therapists to surmount difficulties that arose in their families of origin, as one of the major motives for specializing in family/marital

therapy. These findings are compatible with many studies in the professional literature [14, 25] that maintain that a considerable number of family therapists had the role of 'rescuer' or conciliator/mediator in their family of origin.

Three parameters were found to be components of the couple relationship in this study: **commitment**—protection and security; **partnership**—an open ear, respect, closeness and a joint household; and **sexuality**. Couple hood is perceived as a foundation for personal growth. These findings strengthen those of other researchers [48, 49]. They show that most of the therapists perceive the couple relationship as a positive relationship, almost idyllic. This reminds us to a great extent of the analogy made by Hendrix [50] in his story about Plato. Plato maintained that marriage is "the" opportunity to return to the harmony that was shattered when the original androgynous creature was cut in two. And in our contemporary world, it is the way to heal childhood wounds through the "conscious couple relationship."

One of the major significances of this study is to shed on the therapist's ability or in ability to treat patient who are suffering from the same personality issues the therapists suffer from. When therapists are suffering from a family problem, this may harm the therapist's ability to help patient recover from similar problems.

## EFFECTS OF THE PROFESSION ON THE COUPLE RELATIONSHIP OF THE THERAPIST

The study findings indicate that the profession can affect the therapist's marriage/couple relationship either in negative or positive ways. It can be negative when therapists do not apply their professional know-how to their own spouses and do not appeal emotionally to their spouses and families. This is similar to the findings of other researchers [38, 39], who say that despite the anticipation, and need for emotional closeness with family members, the emotional involvement of the therapists with their patients' leads sometimes to emotional exhaustion/burn-out, lack of energy in relating to their families, and difficulty in listening to their problems.

We also see from the study that the therapy-oriented profession may bring the therapist face to face with a wide variety of problems and places him or her in charge of complex family/couple situations. These encounters can have the positive effect of equipping the therapist with a heightened capacity to cope with problems that pop up in his/her own family and marriage. The connection between the therapist's profession and his or her marital relationship is expressed in gaining insight from observing couples in therapy (drawing conclusions, insights and comparisons) and bringing that knowledge to his or her own relationship. These positive ramifications are consistent with professional literature on the subject [36, 41] that emphasizes that therapists' work helps them acquire greater tolerance and acceptance towards their families and the difficulties that arise in family life.

The therapists described their spouses' stance towards their work as either positive or negative. Some said that it had a negative influence on their relationship because their spouses felt that they did not have an equal share in the relationship, and were resentful of the therapist-spouse as all-knowing and superior. Others, however, claimed that their spouses view their knowledge and experience as beneficial tools in dealing with difficulties, and a source of support and

security in the marriage and family. These findings are consistent with those of Malachi-Pines [43] regarding the positive contribution of knowledge to the marital relationship.

In addition, the findings of the study revealed that there was a gap between the ability of the therapist to use professional skill in the treatment room and his or her ability to implement that knowledge in his own marriage. Professional skill is perceived by the therapist as a double-edged sword; the desire to have a "perfect" marriage creates frustration resulting from the difficulty in implementing these acquired skills in his or her own marriage. There is a gap between the therapist's own theoretical professional awareness and knowledge and the real application of this knowledge in his or her own daily family and marital life

### **GENDER ROLES IN THERAPY AND IN COUPLE HOOD**

The study findings show further that most of the therapists tended to view their gender roles as traditional in their own couple relationship as well as in their work as therapist. In their marriages, the women tended to be in charge of the house and its maintenance as well as the inner emotional and creative worlds while the men were responsible for economic and physical security, physical upkeep of the house and the car.

The therapists also made conscious use of their gender in their work. The female therapists brought their motherly talents: caring and soft, accepting and all-encompassing. The males used such qualities as courting, flirting, fatherly behavior and stability.

In summary, there are many interesting findings in the present study. In this discussion the researchers chose to focus on three subjects - namely: connection between healing the wounds of the past and the idyllic conception of couple hood; implications of the profession on the therapist's couple hood or the gap between theoretical and professional know-how and its application in his or her own family life; and finally gender roles in therapy and in couple hood.

Many questions arise in the attempt to tie the three subjects together: Is there a connection between the therapist's desire to heal past wounds with the pronounced gender role in his/her work as well as marital relationship? What roles did he or she play in the family of origin? Is the aspiration of a perfect couple relationship connected to the traditional gender-related perceptions in the current marital/couple relationship? Is the therapist attempting to achieve a perfect relationship *via* traditional gender-related roles? Are masculine/feminine qualities employed in therapy in order to heal childhood experiences that are connected to these inadequate qualities?

These questions, and others, can and should only be answered by additional research.

### **LIMITATIONS OF THE STUDY**

This study had methodological limitations, the first of which is the small number of interviewees. Thirteen participants do not reflect the entire population of therapists. The major obstacle in getting a larger group of participants was lack of willingness of therapists to be interviewed. This, in turn, leads to another issue regarding the study's internal va-

lidity: the problem of selection. It is possible that those therapists, who agreed to participate, were innately different than the ones who refused; we might even have to attribute the results of the study to these primary differences.

Another issue is the fact that the study was qualitative, thus leading to certain consequences. For example, the researchers had a lot of leeway in the interview and each researcher emphasized different points in the interview in accordance with their own worlds, which almost certainly influenced the answers of the interviewees. Also, some of the researchers interviewed therapists that they had some familiarity with, including lecturers, counselors, extended family members, and parents of friends. This also might have affected the answers of the interviewees.

### **RECOMMENDATIONS**

One of the questions that arise as a result of the study findings is why the therapist-interviewees tended to espouse an idyllic perception of couple hood. Is there a connection between their professional expertise and their 'agenda' regarding the marital/couple relationship and their aspirations for a 'perfect' relationship? One of the hypotheses is that there might be a connection between their idyllic viewpoint and the desire to heal childhood wounds. Although the present study, due to its limitations, does not point to a direct connection, it would be worthwhile to examine this interesting hypothesis in future studies.

The study indicates that there may be a gap between therapists' own theoretical professional awareness and knowledge and the real application of this knowledge in their own daily marital/couple relationships. This leads us to the question (that is addressed in only a very limited way in the study) regarding whether the therapeutic qualities and professional knowledge of therapists should be an integral part of their own marital or couple relationships. What use do the therapists make of this knowledge, and do they implement it in their own marital relationships? Does this knowledge and expertise 'protect' them from being vulnerable in their own spousal relationships? In order to clarify these questions and many others that are deduced from this study, more research should be conducted, dealing with the complex interfaces between marital/family therapists private and professional spheres.

Finally, the current research is a qualitative one, based upon a phenomenological framework and point of view. This holds some benefits, that lay mostly in pointing towards possible connections and ideas regarding the issue under discussion, such as the questions raised in the previous paragraph. However, there is a need in further investigating those ideas, by means of some quantitative methods, in order to draw some more clear-cut conclusions. Farther research needed for better understanding of this issue. A better sampling based on married or not, married with children, not married in a lasting relationship, not married in a short term relationship, married long or short, extended family living with the married couple, etc.

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