

Scott: Coping with medical illness in relationships. This is Stay Happily Married: Episode Number 276.

Announcer: Welcome to Stay Happily Married; your source for weekly updates on the latest tips and advice to build a happy and healthy marriage.

Scott: I'm Scott Blair, and I am your host today. Welcome to the show. Does your relationship have what it takes to deal with medical illness? Relationships can be tricky; it requires communication, honesty, and love to keep it alive and healthy. You recognize what each other needs and want out of the relationship and out of each other. You begin to share life lessons with one another. You learn to provide emotional support, validate, and complement. You start sharing goals and dreams that resonate with both of you. You discover the value of compassion, acceptance, and forgiveness. What happens when a relationship you've worked so hard to keep healthy is threatened by a medical illness and its consequences?

Earning his Doctorate in medical family therapy from East Carolina University, Doctor Dan Marlowe is the Director of Behavioral Health from Campbell University School of Osteopathic Medicine where he is in charge of the psychological health of the medical and graduate student body. Doctor Marlowe's studies focus on the integration of the mental and behavioral health in medical settings, as well as the treatment of families and couples dealing with acute and chronic illness.

His doctoral residency was spent at Duke Cancer Institute's Cancer Patient Support Program, where he helped launch their research program as well as help to expand their Collaborate Care Program that provides counseling services to patients and their families at no cost. Doctor Marlowe is the President-elect for the North Carolina Association for Marriage and Family Therapy.

Welcome to the show Dan. I'm so glad you could join us today.

Dr. Marlowe: Thanks for having me.

Scott: You are most welcome. Dr. Marlowe, over the years now, I have participated in and I've listened in on a lot of conversations about what we say we would do or we wouldn't do, or what our spouses should do and so on if we were to ever end up chronically ill. I'm quite sure that our responses don't often measure up to what the reality of such a situation is. What exactly are you seeing when it comes to coping with acute and chronic medical illness?

Dr. Marlowe: Typically what happens is when people experience any type of illness, especially one that is prolonged, it has profound changes on just the roles that people have in their own relationships; not only the person who has the illness but their significant others and even their family. To put an example for that, you have, let's say, a woman in her mid-30's diagnosed with breast cancer. Let's say she has

two children and she's married. Going through not only the process of diagnoses and just the stress that that carries, but then also, having to endure the treatment. I don't know how many of your listeners know somebody who's ever gone through chemotherapy or radiation treatments, but it is quite taxing on the body physically.

What typically ends up happening is maybe that person isn't able to be as involved logistically in the relationship, meaning if they have small kids, taking care of those kids. When I . . . when any of us feel sick, the last thing we want to be able to . . . the last thing we want to do is really anything; is just trying to focus on getting better. Really what ends up happening is just the expectations in the relationship shift, where one person may not be able to do as much as they used to which means that there's a space where that other spouse have to come in and pick that up. On top of that, when you have somebody who's always been the caretaker and can no longer do that, that can create issues as well.

Really, illness, regardless if it's something as serious . . . and all illness are serious, but something as life-changing and altering as cancer and something as small as even the flu, even though I know it sure doesn't feel very small when you're going through it; those can all create extra stress not only on the person who has the illness but those who are connected to them.

Scott: What types of problems do these couples experience in their relationships when it comes to trying to cope with acute and chronic medical illness?

Dr. Marlowe: Basically, it comes down to burnout. All of us have experience burnout at some point, regardless if it's from our jobs or just from stress [inaudible: 04:51]. Really, what ends up happening is people don't talk. As a couple when we see somebody that we love hurting, what we want to be able to do is reach out and help them, but at the same time, not necessarily talk to them about our own fears, especially . . . again, I'll use cancer as an example.

When you have the patient going through it, the patient will see their family and see their family struggling, so they do not necessarily want to feel like burdening their already-stressed out family with the fears and anxiety that they have, so they don't talk. Then their partner who's seeing their spouse riddled with disease and having then having to endure with the painful effect of treatment, they're dealing with their own fear. Is my significant other going to die? What does that mean? There's a feeling of impotence, of not being able to alleviate that pain. Then also, not wanting to burden the patient, so then they don't talk. What ends up happening is nobody's really talking about how they feel, which creates problems in terms of nobody really communicates what they need. Sometimes what we need is just to both know . . . to know that the other person is just as scared as we are.

Scott: We're experiencing some burnout, we're not communicating well. What are the negative effects that illness and conditions like this can actually have on the relationship?

Dr. Marlowe: When we're not talking, and it's like any relationship where you don't communicate, people tend to live in their heads a lot. If they're not giving the outlet to connect, talk, it's very easy for both people to feel like they're shouldering this ordeal by themselves. The patient may not be able to communicate what it is that they need to feel better supported. What wounds up happening is when we are not talking we typically do tend to do the best with what we have.

What you might find the spouse who's not ill is trying to do different things, but however, the patient doesn't find them very helpful, which can be resentful not only to the patient but can create resentment also for the other spouse. Really, what this is . . . this is done, this posturing of silences is really done with the best of intentions and it's to protect the other person. Unfortunately, what ends up happening is when there is not communications; people can't coordinate their actions, which leads to assumptions. One of the worse things that anybody can experience when dealing with something that shakes your very sense of self, which illness has a tendency to do, is to feel like you're dealing with this by yourself.

Scott: Let's touch on that point that you just brought up, this posturing of silence. I love how you put that. You said a lot of times this is done with the best of intentions to protect the other. At what point in time do you see that couples actually start becoming aware that this medical illness is hurting or affecting their relationship?

Dr. Marlowe: I wish I could tell you that there is a specific point. A lot of times, it just comes down to somebody saying, "We need to deal with this. This is creating a significant issue," whether it's the patient themselves or whether it their spouse, or it may even be . . . what we try to do as mental health providers working with physicians, nurse practitioners, and other medical professionals is to notice those changes even when they see the patients, when the patient comes in for their medical visit. A lot of time what ends up happening is you can have your spouse tell you to do something 100 different times but then you have a friend, a close family member, or a medical professional tell you to and you're much more willing to.

Really, it just comes down to people come in when they're ready to come in. Sometimes, they come in and the other person's not ready to come in. It's a balancing act. A lot of times what I've seen is when a one person can look at their relationship, and not only look at their relationship but also look at the illness and say, "I know that illness is stressful, but there's something going on here that is making it unbearable." A lot of times, it being unbearable has a lot to do with their relationship, and then that's when they come in.

Scott: You said that it's hard to identify the point at where couples become aware that it's hurting their relationship. What about any other trends or patterns? Have you noticed any among couples that are having issues coping with medical illness?

Dr. Marlowe: Absolutely. This is not only in my own clinical experience, but even if you go to look at research, couples who have been together longer which typically means that they're older, tend to adjust better to illness simply because they've been around longer; they've been working together, they've developed those patterns of how to deal with stressful situations. What you typically find is younger couples don't do as well. Again, none of these are set in stone. Younger couples have a lot more stress in a lot of different ways; being that their relationships is younger, so they're still trying to figure each other out. That happens throughout all of the marriage. When you look at the statistics, couples are most likely to divorce for the first 5 years for those very reasons. Not only that, but there may be small children. When you add small children into the situation, that simply exacerbate the stress of the illness itself.

Again, if you go back to look at a . . . going back to the example I used in the very beginning of our conversation; you think about a mother diagnosed with breast cancer who has 2 small children, who now can't take care of her kids. That falls almost exclusively to the spouse. When you have small children, they require a lot of your time, too. Now you have a spouse who's sick, who requires your time. All of those different things coalesce to create lots of stress.

What you typically also find is that if there were problems in the relationship prior to the illness, depending on how the roles in the relationship change and depending on the type of illness itself, that those problems themselves could become exacerbated. Let's say a couple doesn't really communicate very well to begin with, and then when you layer onto that a significant illness with significant physical limitations which in and of itself creates this air of not talking, you only find that that inability to communicate becomes even worse.

Scott: I can only imagine. In the intro of the show, we've already talked a little about your work and your bio, and the fact that you've worked to help cancer patients and their family cope with cancer; that you have a lot experience in that area. Let me ask you: What have you observed works best in trying to help these families and these couples with illness?

Dr. Marlowe: The word of the day I would say here is 'connection'; anything that can promote this sense of feeling connected. A lot of what that looks like is helping them breakdown those walls that they have setup around themselves, getting them to really talk about not only how they feel but what they need from one another. Sometimes what we need is just the other person to be there. For somebody like me who's a fixer, I like to fix things, which gives you an idea of why I got into the work that I did; when somebody close to me is hurting or somebody close to

me is sick, the one thing I want to be able to do is fix it, and you can't all the time. Sometimes we find connections in our fears.

You're afraid that you're going to die, I'm afraid you're going to die. What does that look like for our marriage? I thought we were going to be together forever. That allows couples to find some common grounds. Even if overall, that's a pretty hard place to meet, but that fear of death or that disappointment that things have happened this way is actually a great source of connection for couples. Once people feel connected, it's a lot easier for them to start to talk.

What I've found in working, especially . . . this is what usually ends up happening: You have the patient come in by themselves or you have the spouse come in by themselves; it's usually individual. Then as we start talking, there's a lot that has to do with the other person, and then gently trying to nudge to get the other person to come in. Really regardless of how that happens, increasing communication, increasing feelings of connections; that generally is what works best. Specifically how that works for each couple is unique to them, which is why it's important to be able to talk with somebody that can help you guys find out what is exactly the most important ways of connecting between the two of you and how that looks specifically for your relationship.

Scott: I can only imagine. I think you nailed it earlier when you were discussing how people would do that to protect the other spouse or to protect the family. I can picture in my mind's eye how a mother who would be scared being diagnosed with cancer would not want to share that fear with her children or the husband, or the husband who wants to help it but he can't fix anything or do anything about it, and then not being able to discuss that. I can imagine that being a big disconnect. I understand exactly what you're saying there. What are some of the positive effect that can happen when these couples actually learn to connect? You guys get them to open up and to share how they are feeling; they connect with one another during this time of medical illness.

Dr. Marlowe: Just as we said that . . . just as I mentioned earlier that problems in the relationship can be exacerbated, the positive parts of the relationships can also be amplify during this time, as well. Or you have couples that have been struggling with not feeling connected, and then all of the sudden this illness happens and they really rally and they really pick themselves up as a couple and support one another, and actually, their relationships becomes more solidified.

There was a couple that I had worked with, that were on the verge of divorce. The husband was diagnosed with prostate cancer. Through our conversations, it took a lot of time, even after his treatment was over, for them to get to a place where they were both happy with the relationship. That illness event was the catalyst that made both people sit up and go, "You know what; we really need to make this relationship better." What that could look like, again, is increased communication, people feeling more in sync. There's nothing worse than . . . I hear this all the

time: “I roll over. I look at the person I’m laying next to and I don’t even know who they are anymore.” Being married to and in a relationship with a stranger, that’s a really tough thing to swallow. These event, as tragic as they are and as stressful as they are, they provide enough of a shakeup, so to speak, to a couple that that couple could really make some strides into being more connected, more open, both emotionally, physically, even if just instrumentally with one another.

Scott: If we’ve got to . . . I am sure there’s going to be listeners who have searched for this and are finding this information; listening to this show because they’ve recently been diagnosed or a spouse has been diagnosed. If there’s anything else that we could end on that you would offer to them, any other knowledge or anything else that our listeners should know, what would you say to them?

Dr. Marlowe: I would say first and foremost, it takes a lot of courage and a lot of strength to even ask for help in the first place. I tell all of my clients when they come to see me, “You’re interviewing me as much as I’m talking to you.” If you meet a somebody, if you meet a therapist that you don’t necessary clique with or connect with . . . find a good therapist is like trying to find a good used car, sometimes you have to drive a bunch of lemons. It’s the truth, so just do not give up if you have a bad experience with one person.

No matter how many . . . this is my own personal belief: No matter how many years of experience or how many letters somebody can put behind their name, they can’t be an expert in you and they can’t be an expert in you and your spouse. Really what therapy should be about being able to sit with somebody and them being able to help you figure out how you want to be and what changes need to take place for you to be that way; not to necessarily tell you how you should be. In saying that too, people should look for therapists that have specific training in working with couples and families because the dynamics that go on in how a therapist thinks about a problem from a couples’ perspective or a family’s perspective is definitely different in how they look at it from an individual perspective. Finding somebody that has some training in family therapy or couples therapy; that’s only going to make it a lot easier to start having those conversations.

Scott: Those are some really great points. I can only imagine how important and valuable this information is to a family or a couple that’s going through this, and the type of work that you do. Dan, I want to thank you so much today for talking with us and sharing that information, and being on this show.

Dr. Marlowe: I appreciate it so much. Thank you.

Scott: To find out more about Dr. Marlowe and his practice, Campbell University School of Osteopathic Medicine, you can call 910-893-1560 for an appointment. Thank you so much for joining us today and I hope you’ll join us for next week.

For more information about this show and previous episodes, visit us at StayHappilyMarried.com. I'm Scott Blair. Until next time, stay happily married.

Announcer: Thank you for joining us today on Stay Happily Married. If you'd like more information, please visit us on the web at StayHappilyMarried.com. We would love to hear your feedback or comments. Please email us at comments@stayhappilymarried.com or call us at 919-256-3083. Until next time, best wishes.