

SOAP: 4 Steps to Marital Intimacy (especially in medical marriages)

By William Cutrer, M.D., and Sandra Glahn, Ph.D.

It's been a hard day—the last surgical case was especially long. And now you're finally home. Clinging to a glass of lemonade, you collapse into your recliner, spiraling down into a persistent vegetative state in front of the TV, hypnotized by CNN.

Why are so many physicians—quite skilled at communication with patients—so dysfunctional in their marital communication? Too tired? Afraid of the answers? Used up the entire word count for the day? Don't have time? Mind still on the job? Malpractice case looming? Weary of empathic listening? All of the above? Studies suggest that couples spend fewer than forty minutes weekly in meaningful dialogue. That number is probably lower for medical couples, due to call schedules, stress, and fatigue. But perhaps a SOAP note will help.

One of the first lessons on the wards for new medical students involves the infamous SOAP note. Physicians use the acrostic “SOAP” to guide them in writing concise, meaningful progress notes on hospitalized patients. Not only is “SOAP” a good structure for patient care, it's also a good strategy for spousal care. Each note contains Subjective findings, Objective findings, an Assessment, and a Plan.

S: Subjective findings. Beginning with subjective findings, we assess feelings.

O: Objective findings. Then there's the objective—the facts. Each partner needs to have a chance to articulate both feelings and thoughts, recognizing that most of us tend to be more comfortable in one sphere than the other.

A: Assessment. After discussing thoughts and feelings, there's the assessment—putting it together, finding the best solution. Each partner in turn shares his and her perspective.

P: Plan. After the previous three steps, there's the plan. The plan has several possible outcomes 1) He wins, she loses; 2) She wins, he loses. 3) They both lose something to gain something. None of these is ideal over the long haul. Instead, rather than seeking a compromise solution that involves winning or losing, strive for consensus.

By analyzing the SOAP notes, once each partner has communicated and been heard, the best answer often becomes evident to both. Consensus is the ideal, and for many issues it's quite attainable. This sort of unity pictures the oneness that the Bible describes when it says “two shall become one.” However, coming to such a place of harmony requires both time and commitment.

Good physicians have honed listening skills. Doctors learn in medical school that if you listen well and long enough to your patients' complaints, they will

ultimately tell you or at least direct you to what is wrong with them. Similarly, spouses need to listen well and with sufficient concentration (not mentally rebutting the issue, focusing more on the answer than the statements). Providing accurate empathy and showing genuine respect validates the person, paving the way for consensus. Yet even though they have the skills, most couples have bad communication practices, due to laziness and taking each other for granted.

Think back to the wards and recall those early morning rounds with the attending who would grill you—the lowly student or resident—for pertinent facts and up-to-the-minute labs to dazzle and amaze. Success depended on certain communication skills, and disaster resulted if you responded incorrectly or with an “attitude.”

We’ve all encountered the sniveling, whiney med student who, when asked for something obscure, refused to suck it up and admit he didn’t know. Instead he whined about being too tired, too busy, or complained that the lab was closed, the lab lost the blood, or that nobody asked him to request a value. The same defensiveness can destroy marital communication.

Research has surfaced the following communication styles that can be especially deadly to the marriage relationship. (Dr. Gary Barnes, Director of Counseling Services at Dallas Seminary, helps us remember them by creating another acrostic: Don’t be a “WENI.”)

W: Withdrawal – The person who withdraws might hide behind the newspaper or even get up to make a sandwich to ignore what’s being said. The most damaging of the four patterns, withdrawal is done predominately by men.

E: Escalation – What starts out as minor conflict over the trash ends up as World War III, punctuated with “And your mother’s ugly, too!” In contrast with men who avoid conflict, women are more likely to do the escalating.

N: Negative Interpretation– “No good deed goes unpunished.” One says something intended as positive or at least neutral, and the other partner interprets it as selfish or unkind. Everything is seen through negative eyes, and no matter how hard the other partner tries, all is perceived as being done with ulterior motives or thoughtlessly.

I: Invalidation – Invalidation communicates, “Not only are your thoughts worthless, but so are you.” It can involve invalidating the other’s idea or his or her very person.

Consider what the SOAP strategy might look like in a marriage committed to avoiding these four negative indicators. The physician comes home and makes the following assessment:

Subjective – Spouse says everything is “Fine.”

Objective – Silent treatment shows that “fine” must mean “Frazzled, Incensed, Neurotic, and Exhausted.” Stale sandwich on the table suggests underlying slow burn.

Assessment – Trouble ahead; critical condition.

Plan – Call 9-1-1, the rescue squad, and the fire department!

When you sit down to work through it, you do the opposite of being a “WENI.” Instead of withdrawing, you are “quick to listen, slow to speak, and slow to become angry” (James 1:19). Instead of allowing conflict to escalate, you let “a gentle word turn away wrath” (Prov 15:1). Instead of negatively interpreting what is meant as kindness, you “honor one another above yourself” (Rom 12:10). Finally, rather than invalidation, you recognize that your spouse is made in God’s image, and thus has infinite worth.

Maureen and Jack had a track record of conflict. Joe, the doctor, responded to conflict by leaving the room to answer calls and dictate consults. Maureen reacted by leaving the house to “see how long takes for him to notice.” Following a conference where they learned good communication strategies, Jack purposed to “hang in there” and listen. Maureen decided she, too, needed a more mature approach. Convinced that their marriage could improve, they began to talk through their difficulties by focusing on thoughts and feelings.

Most couples generally focus on either thoughts or feelings, but it takes extra effort to explore both. Often one partner tends to express more on a feeling level (usually, though not always, the wife) and the other tends more toward thoughts. In the process the two often never get to the plan of action.

Maureen and Jack purposed to do both. By inviting clarification from each other, they were able to resolve many issues and felt better about the unresolved ones. Through implementation of these skills, they found a renewed sense of fun that reminded them of when they were dating and actually talked!

In many medical families, arguments about finances, where to live, how to live, and how to raise children need input from both husband and wife. Yet many medical families default to whichever of them is the home caregiver. Oneness requires the giftedness of both. If the couple has children, their proper development necessitates seeing their parents’ love.

Some have likened marriage to a spiritual discipline. Keeping it vibrant requires the sacrifice of time and energy. Couples need time spent in recreation together, praying together, and worshiping together.

Tender communication is vital to intimacy. Through it you develop your friendship for a lifetime in all dimensions—whether spiritual, relational, or physical. In addition to the SOAP process, multiple small, seemingly

meaningless, connections (phone calls, notes, emails) are the preventative care that keep up ongoing communication. And they can serve to warn like a screening alarm when problems do arise. The daily connection—talking through thoughts, feelings, and plans—can be the “marital preventative medicine” or the “good nutrition, exercise and rest” that make marriage strong for a lifetime.

When employing that same effective SOAP technique in your marriage that you use with patients, the summary note can indicate a much-improved situation:

Subjective – My spouse looks and feels fine—so-o-o fine!

Objective – Candlelight, table set, music, and warm food.

Assessment – Oh, honey...

Plan – Keep the fire burning!

This article first appeared in *Today's Christian Doctor*.

Related Topics

[Infertility](#)

[Infertility FAQ](#)

[Adoption](#)

[Bioethics](#)

[Seven Ways to Keep Your Marriage Strong While You're in Seminary](#)

[Paralyzed Athlete: Building Solid Marriages](#)

[How to Gripe in the Spirit](#)

[Sexual Intimacy Lecture: In Russian: Христианский Брак](#)

[Family Planning: In Russian Естественное планирование семьи](#)

[Problems with a Standard Text on Sex](#)

[Assessing Wheat](#)

[Sexual Intimacy in Marriage](#)

[Does the Pill Cause Abortion?](#)

[The Truth about the Pill](#)