



## The Divorce Epidemic Among the People We Pay to Prevent Divorce

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### FAMILY MATTERS

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*Why do therapists divorce more than most? High stress, blurred boundaries, and perfectionism strain marriages.*

For a field devoted to mending relationships, the numbers are uncomfortable: multiple datasets suggest therapists divorce more than the general population.

As our culture increasingly relies on therapeutic tools to heal our minds and mend our relationships, we would do well to be curious about why this surprising trend exists.

Multiple data sources indicate that therapists, counselors, and similar professionals have above-average divorce rates. One analysis of 449 occupations found that categories

like “*therapists (all other)*,” “*counselors*,” and “*psychologists*” reported divorce rates around **12-40% higher than the average**.

More recent data echo this pattern. For example, a 2022 American Community Survey analysis revealed that *clinical and counseling psychologists* had **the highest divorce prevalence** among high-income professions.

Even in medicine, where overall divorce rates are relatively low, psychiatrists (medical doctors specializing in mental health) have stood out for especially high divorce rates. One long-term study of physicians found **51% of psychiatrists divorced**, far exceeding the divorce rates of surgeons, pediatricians, etc.—it was the highest of any medical specialty.

Why therapists may get divorced at much higher rates than the general population.

Therapists are highly educated and reasonably well paid, factors that protect most of the population against divorce. Why does that not work for them? Why should a group that we turn to to help us with our relationships be so bad at them?

These questions tend to be speculative by nature. Little research analyzes root causes. One role an editorialist can take is to look at available data and use their best reasoning to suggest potential avenues for researchers to explore in trying to answer the next batch of questions.

In that spirit, here are some of my ideas about why therapists may get divorced at much higher rates than the general population, both to help understand the phenomenon and to provide potential warnings for the many people going into this field and hoping to keep their marriages alive.

## Emotional Burnout and Compassion Fatigue

The work of a therapist is intense: hour after hour inside other people’s panic, grief, and rupture. Over time, that drains the tank. Psychology has a name for it—burnout; in clinical circles, compassion fatigue. Whatever the label, the symptoms are the same: exhaustion, detachment, a thinning capacity for empathy.

Home can often absorb the spillover. When you spend the day offering careful presence to strangers, your family too easily gets what's left. Patience shortens; small irritations loom. Spouses feel a subtle withdrawal—not hostility, just a steady turning inward that starves intimacy.

Confidentiality compounds the strain. In many jobs, you can debrief a hard day over dinner. Therapists can't. The heaviest stories stay locked inside, which means the person most able to comfort you is cut off from the very thing that would explain your mood. One partner feels shut out; the other feels alone.

Compassion fatigue is real, and if we want to understand why therapists have such high divorce rates, we can't just skip ahead to the ideological reasons; we need to understand that there are likely lifestyle reasons. It's a structural risk of the work: chronic exposure to distress, emotional labor as a day job, and necessary secrecy can make home the place where compassion runs thinnest. Marriages do not thrive on leftovers.

But this doesn't explain why therapists get divorced more than other caregiver roles, like day care workers or physicians, or other confidential roles like attorneys or defense employees.

## Blurring of Boundaries: Taking the “Therapist” Role Home

Home is not a clinic. Yet the habits that make a clinician effective—slowing a conversation, analyzing motives, keeping emotion in check—can misfire with a spouse. Partners often report feeling *assessed* rather than engaged. The dynamic tilts: one becomes the knower; the other, the case.

In conflict, the tilt shows. Instead of apology or simple empathy, out comes clinical vocabulary—*projection*, *attachment style*, *trauma response*. Diagnostic language creates distance. It reframes a disagreement as a dysfunction and quietly assigns roles: therapist and patient. Useful at 10 a.m. in an office. Rarely helpful at 10 p.m. in a kitchen.

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You can't be your own therapist. Blind spots are built in, and the therapeutic lens—so valuable at work—can breed a misplaced confidence at home. Formulations start to feel like verdicts. The give-and-take a marriage requires disappears, as any compromise feels to the therapist like an abandonment of professional principles.

Layer onto that a professional life organized around boundaries and containment. After a day holding other people's pain without spilling your own, dropping your guard with a spouse can feel unnatural. If the therapist's stance remains—calm, controlled, always managing—the relationship registers distance rather than safety. One partner feels examined; the other feels unseen. Over time, that role confusion becomes a steady headwind against intimacy.

## Personal Struggles and the “Wounded Healer”

Therapists are human first. Many come to the work by way of their own personal pain—their own or someone they love. The old “wounded healer” insight endures: we often offer what we ourselves have needed. Surveys of clinicians and trainees regularly find elevated rates of depression and anxiety.

Perhaps therapists get divorced at higher rates not because the work of therapy makes them more likely to divorce, but the personality and trials of people drawn to therapy include personal demons that also negatively impact their personal lives.

This can intersect with compassion fatigue and blurred boundaries because cases that resonate with a therapist's own experience can reverberate for hours or even days. While about [10% of the general population has sought out therapy](#), as many as [84% of therapists seek out their own therapy](#).

This isn't destiny, of course. Many clinicians do the personal work, seek supervision, and build sturdy marriages. But the wounded-healer pathway, the pull toward caretaking, and the temptation to over-interpret create structural risks. Naming them—candidly and charitably—helps couples set better boundaries, seek help early, and keep the marriage a place of reciprocity rather than repair.

## High Expectations and the Critical Eye

By training, therapists know the taxonomy of “healthy” relationships—attachment styles, red flags, best-practice communication. Useful in the clinic, that knowledge can harden into a scorecard at home. Ordinary friction begins to read like pathology; quirks look like patterns. The standard rises, tolerance falls. Marital life gets graded.

The effect is not neutral. A spouse living under continual assessment feels audited, not loved. Micro-failures—an ill-timed comment, a missed cue—are cataloged as evidence. Clinical language reframes a disagreement as dysfunction and quietly assigns roles: evaluator and evaluated. That isn’t simply an occupational hazard; it’s a worldview imported into a shared life. Marriages do not thrive under permanent review.

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The pattern can invert, too. Professional empathy easily becomes professional rationalization—explaining away a partner’s lapses as trauma, stress, or insecure attachment. Problems are tolerated longer than they should be until the frame flips: this is “unhealthy.” Once a marriage is reclassified that way, the therapeutic script offers a ready exit—boundaries, self-protection, discharge. The same counsel therapists give clients is applied to themselves, with the same clinical confidence.

Layer on perfectionism. Relationship experts feel pressure to model what they teach. When normal rough patches appear, the gap between ideal and reality can read as failure—of the marriage, of the partner, or of the self. Instead of lowering expectations or seeking help early, the cleaner solution is sometimes to declare the fit unsound. The theory remains intact; the relationship is the variable removed.

In sum, the therapeutic posture—optimization, diagnosis, and a low tolerance for “unhealthy”—can make therapists exacting partners and impatient reformers. Knowledge that should invite patience and humility can, misapplied, produce hyper-critique or delayed but decisive exits. If divorce rates among therapists are indeed higher, that looks less like a paradox than the predictable byproduct of a professional lens carried home.

## The Therapeutic WorldView

Therapy at its best honors real goods—agency, empathy, honesty, companionship.

As a worldview, though, its defaults can migrate from clinic to kitchen table: affirmation as first principle, Rogerian unconditional positive regard flattened into unconditional self-regard, and expressive individualism cast as the highest good—the center of gravity shifts from we to me.

In that frame, ordinary marital friction is reinterpreted through an individual-first lens: Are my needs validated? Is this relationship serving my growth? Missteps become “misalignment.” Discomfort is pathologized as “unsafe.” The partner is evaluated for fit with a personal arc of self-actualization rather than joined in a covenant that presumes mutual sacrifice. What helps a client articulate needs in session can, at home, license a steady escalation of standards and a shrinking tolerance for imperfection.

Therapists, steeped in this language professionally, are especially prone to applying it with clinical confidence to their own marriages. Validation outruns exhortation; boundaries become walls rather than doors; “healthy” is defined as maximal affirmation with minimal friction. When the telos is self-optimization, the ordinary virtues that keep a marriage— forbearance, shared duty, repentance, patience—read like concessions rather than goods. Exit begins to feel principled. Some therapists will, despite the overwhelming data, even frame divorce as a success.

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This is not to say these clinical approaches and worldviews have no place. But when you apply them on a constant basis to what would otherwise be a healthy relationship, it can end up creating the sickness itself. Perhaps it acts like an emetic—if you swallowed something harmful, it can be useful to induce vomiting. But if you were healthy before, now you're just vomiting.

It's a profound irony that those who guide others through relationship struggles face more such troubles themselves.

While no single explanation fits all cases, I hope that one or more of the above suggestions can lead to better answers in what is happening, and help those who rely on therapists in their relationships to have a better understanding of the limitations of the help they are receiving.

Why do therapists get divorced at such high rates? We've explored several likely contributors: the emotional toll of therapeutic work that can leave little energy for one's spouse, the difficulty of leaving the therapist role at the office, and personal histories or traits (the "wounded healer" phenomenon) that can complicate one's own marriage. Added to that are the high standards and insights that can make therapists both hyper-aware of relationship flaws and perhaps less willing to tolerate them, and a professional-cultural openness to ending unhappy unions, which, combined with economic independence, makes divorce a more accessible choice.

It's crucial to emphasize that these are theoretical explanations, not judgments. Not every therapist will experience these issues, and many thrive in long, happy marriages. However, as an editorial exploration, these factors make intuitive and logical sense in light of the data and the testimonies of therapists themselves. In fact, many in the field are candid about these challenges, acknowledging that *"we're just people"* with the same vulnerabilities as anyone else.

For readers and experts alike, this discussion opens the door for further reflection and research. If those who know the most about relationships are still struggling, what does that tell us? Perhaps it's a humbling reminder that knowledge alone isn't enough—it takes continued effort, self-care, and sometimes external support to apply it. It also highlights the importance of addressing therapist burnout and mental well-being, not just for their clients' sake but for their own families. Ultimately, understanding why therapists have higher divorce rates isn't about pointing fingers; it's about learning how we can better support the helpers, so that the wisdom they share with others can more readily nurture their own closest relationships. By shedding light on these possible reasons, we hope to invite deeper conversation—among professionals,

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within training programs, and among spouses—about what it takes to sustain a healthy marriage in the context of such an emotionally demanding career.

#### About the author



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