

Combat Stress and the Marriage: Treating PTSD and the Couple

Michael D. Howard
LT, CHC, USN
LMFT-LMHC-LPC-LCAS-CSAT
Staff Chaplain
Naval Hospital Camp Lejeune

Disclaimer

The views expressed in this presentation are those of the presenter and do not necessarily reflect the official policy or position of the department of the Navy, Department of Defense, nor the U. S. Government

Objectives

- Participants will be able to discuss the major components of the EFT model as they relate to working with couples impacted by combat-related PTSD and combat stress injuries
- Participants will become familiar with major research literature on the use of couple's therapy in the treatment of PTSD
- Participants will state the major assumptions and elements of adult attachment theory as they relate to military culture, and the treatment of combat stress injury and combat-related PTSD

Common Stressors on the Military Couple (Drummond et al, 2003; Howard & Cox, 2007)

- War and combat-deployments
- Relocation – domestic and international
- Separation from family members
- Reunion and reintegration of the family
- Demands of work – the “greedy institution”
- Spousal employment
- Children and parenting
- Financial
- Infidelity and trust
- Roles and responsibilities

Attachment

- Bowlby (1952) – attachment system
 - Inborn push toward proximity to a preferred caregiver
 - Results in establishment of a bond that is well established by 12 months
 - External and intra-psychic stimuli serve to shape attachment
 - **Continues to impact functioning throughout the lifespan**

Attachment

- Bowlby (1952) - Continued –
 - Feeling of repeated abandonment results in intense separation anxiety
 - A well-loved child will develop self-reliance
 - Grief and mourning occur when the attachment figure is repeatedly unavailable
 - **Continual parental absences could leave a child with an inability to form deep relationships**

Attachment

- Types of attachment styles:
(Ainsworth et al., 1978)
 - **Secure**
 - **Resistant/ambivalent** (preoccupied)
 - **Avoidant** (dismissing)
 - **Disorganized / disoriented**
(disorganized/unresolved)

Attachment

- Relational dynamics are particularly complex when at least one partner has PTSD due to combat trauma, which may be exacerbated by childhood trauma

Challenges of Combat Deployments

- Combat exposure is one of the greatest stressors a person can experience in life
- Absence of a safe place
- Continuous encounters with sniper fire, IEDs, suicide bombers, and an indistinguishable insurgency
- Combat veterans describe exploding vehicles, body parts being thrown about, and being blanketed in shrapnel as common

Combat Trauma and Attachment

- The persistent harmful effects of repetitive traumatic events have a significant negative impact on the individual's sense of safety and security, posing great challenges for them to hold onto their attachment capacities

Combat Trauma and Attachment

- With increased numbers of women and parents being deployed to war zones, additional stressors are being placed on families in managing the disruptions to attachments between spouses and between parents and children (Basham, 2008)

Challenges of Combat Deployments

- The horrors of war can readily alter pre-existing attachment patterns, even those that would be considered secure
- Returning servicemembers may experience disrupted attachments with family members, friends, and other associates
- They may also perceive their spouses and other family members as victims, victimizers, or bystanders – a phenomenon that will result in polarized beliefs and conflicts over power and control

Challenges of Combat Deployments

- There is a direct association between deployment and the co-varying conditions of depression, suicide, substance abuse, and other anxiety disorders (Hoge et al., 2007)
- Physical disability related to lost limbs and traumatic brain injury leave spouses, friends, and family to struggle with ongoing care-giving issues

Family Responses & Return

- Traumatized couples often report difficulties adjusting to changing roles and balancing of power in decision making
- Learning to share and cooperate in problem solving can be extremely difficult
- Combat exposure is strongly associated with subsequent marital conflict and increased intimate partner violence

Family Responses & Return

- Spouses are likely to experience different emotions during the deployment, which they may not be able to effectively share via e-mail, letters, or phone
- The at-home spouse may feel a sense of pride and accomplishment as well as feeling overwhelmed by the pressures and stressors of managing home, family, work, etc. while worrying about the adjustment of the children and the safety of his or her spouse

Family Responses & Return

- Servicemembers may worry about returning home to a family consisting of destabilized and insecure attachments
- Shortly after returning home they often express desires to deploy again – to what they experience as a secure and protective attachment

Family Responses & Return

- Given the increased risk of negative mental health outcomes beyond the first year following homecoming, returning servicemembers and their families need reliable community support and immediate short-term interventions to normalize acute stress responses (Basham, 2008)

Family Responses & Return

- Returning servicemembers and their families also need to discuss the effects of combat trauma on families and learn about the importance of rebuilding attachments with their families, workplaces, and communities
- As couples progress and heal, spouses often feel an increasing sense of inner security and safety as well as more perceived security within the relationship

Working with the Couple

- A relationship-based treatment model is critical, especially as it relates to attachment injuries resulting from exposure to traumatic stressors during the deployment
- Valuing the resilience, empowerment, and responsiveness of the couple is vital

Working with the Couple

- Most veterans express a desire for treatment customized to them individually based on their specific needs as opposed to a prescribed protocol
- A one-size-fits-all approach further alienates the servicemember, reinforces objectification of people, and perpetuates disengagement

Phase Model of Working with the Couple (Basham, 2008)

- Phase I
 - Affect regulation
 - Stabilization
 - Self-care
- Phase II
 - Cognitive reflection on ways to temper the victim-victimizer-bystander pattern in daily relationships
 - Grieving major losses
- Stage III
 - Consolidating new perspectives, attitudes, and behaviors
 - Reinforcement of attunement and affect regulation

Couples Therapy and PTSD

- “Well-designed couples therapy has the potential to help veterans cope more effectively with trauma-related distress, to assist partners to understand and empathize with confusing behavior, and to strengthen intimate relationships” (Sherman et al., 2005, p. 626)

Couples Therapy and PTSD

- Partners of veterans with PTSD are often unhappy with the relationship and quite distressed
 - Report lower overall satisfaction
 - More caregiver burden
 - Poorer psychological adjustment
- Increased stress in the family (particularly tension and hostility) can trigger the veteran's PTSD symptoms

Couples Therapy and PTSD

- The inclusion of family members in treatment increases the likelihood of creating positive, enduring change
- Dysfunctional patterns of interaction within the family will continue if treatment is not oriented towards the individual's trauma-related issues and the family's expectations and ways of interacting with the servicemember

Couples Therapy and PTSD

- Treatment aimed at the interpersonal context does the double duty of addressing the PTSD symptoms within the context of strengthening the family's cohesiveness and supportiveness (Johnson, 2002)
- Family focus may remain on the servicemember which over time reinforces the role of the identified patient and ignores the needs of the spouse
- Couple therapy serves to balance the needs of the family and the individual

Couples Therapy and PTSD

- “Couples need to move beyond the conceptualization of the ‘PTSD partner’ and being married to the ‘PTSD veteran’ to a new paradigm in which the woman sees herself as married to a man who has some challenges related to wartime experiences” (Sherman et al., 2005, p. 628)
- Solely focusing on PTSD symptom management is superficial, reinforces a pathology perspective, and fails to address the deeper relationship dynamics
- In-depth couple counseling takes into account the challenges, experiences, and needs of both spouses, allowing them to make positive, sustainable changes in their relational patterns thus creating relationships that are more balanced and interdependent

Couples Therapy and PTSD

- Therapists need to quickly address any abuse issues or compulsive and addictive behaviors that might be used as a way to escape, self-medicate, or numb the pain associated with the traumatic experiences
- Therapists working with these couples should work from the perspective of acceptance within the relationship (Jacob & Christensen, 1996).
- “Promoting acceptance in dyads involves helping partners to tolerate and respect relational differences rather than attempting to eliminate seemingly unsolvable problems” (Sherman et al., 2005)

Couples Therapy and PTSD

- Comprehensive and effective treatment of couples dealing with PTSD requires assessment and intervention in areas related to the three PTSD symptom clusters (re-experiencing, avoidance, and increased arousal) (Sherman et al., 2005)

Re-experiencing Symptoms

- Re-experiencing symptoms are hard on all family members
- Veterans will often feel ashamed, embarrassed, exhausted, and possibly anxious following a flashback or nightmare
- Spouses and other family members are likely to feel confused, shocked, afraid, and helpless
- If the servicemember does not want to discuss the situation or event, the spouse is likely to feel left out
- Nightmares may cause couples to sleep in separate beds which subsequently hinders physical and emotional intimacy

Re-experiencing Symptoms

- It may be difficult for veterans to obtain quality employment, thus causing the spouse to take on greater financial, occupational, and household responsibilities
- Spouses also assume a greater caregiver burden as responsibilities increase and veterans assume more of an identified patient role

Re-experiencing Symptoms

- Treatment Implications
 - Assist the veteran in educating his or her spouse about re-experiencing symptoms
 - The veteran as an expert in his experience of PTSD
 - Support the veteran in sharing his or her experiences of the symptoms – promotes intimacy and sheds light on the individual's unique experiences

Re-experiencing Symptoms

- Treatment Implications
 - Assist the veteran in teaching his spouse how to support him during episodes
 - Encourage the veteran to show his spouse how to assist him while he is re-experiencing the trauma
 - Helping the veteran to state his desires and then to share them with his spouse
 - Educate the couple on problem-solving
 - Address the primary importance of safety
 - Teach the couple a debriefing process – to deescalate and promote learning
 - Develop a team approach for dealing with reminders of the trauma

Avoidance Symptoms

- Avoidance promotes isolation on the part of the servicemember as well as the spouse
- Social isolation also increases emotional distance between the couple
- Emotional intimacy is a prime predictor of marital satisfaction and stability (Gottman & Levenson, 1986) and is impaired in veterans with PTSD (Roberts et al, 1982; Rosenheck & Thomson, 1986) – possibly due in part to emotional numbing (Cook et al., 2004)

Avoidance Symptoms

- Veterans with PTSD may display the following characteristics:
 - Difficulty expressing care and concern
 - Low levels of self-disclosure and emotional expressiveness
 - Sexual disinterest
 - Ineffective interpersonal problem-solving skills
 - These factors can result in the relationship becoming emotionally dead or numb (resulting in couples feeling like they are cohabitating or living as roommates)
 - Infidelity is sometimes used as a means to find connection

Avoidance Symptoms

- Veterans with PTSD may display the following characteristics:
 - Loss of friends in combat can result in survivor guilt and cause the servicemember to associate emotional connection with loss
 - Low levels of emotional closeness also result in diminished trust
 - A study of partners of combat veterans found that 90% perceived reluctance on the part of the veteran to share emotionally, thus causing the partner to feel lonely and isolated (Matsakis, 1989)

Avoidance Symptoms

- Veterans with PTSD may display the following characteristics:
 - Decreased interest in previously enjoyable activities resulting in the veteran spending a great deal of time in solitary, unfulfilling activities
 - This may result in significant depression tied to the veteran's perception of his now seemingly meaningless existence
 - These factors contribute to the couple spending less time together in mutually enjoyable activities

Avoidance Symptoms

- Treatment Implications:
 - Discuss the potential benefits and fears surrounding efforts to increase intimacy
 - Empower the couple to negotiate how much of the trauma is shared with the spouse and within the relationship
 - Trauma involves great powerlessness so veterans need to control how much information is shared
 - Encourage the pursuit of enjoyable activities (individually and together)

Avoidance Symptoms

- Treatment Implications:
 - Empower the couple to risk trust and openness with each other
 - Work of John Gottman – turning towards vice away from each other (Gottman & Silver, 1999)
 - Sue Johnson’s emotion-focused therapy which uses an attachment-based paradigm for fostering emotional intimacy (Johnson, 2002)
 - Communication skills training
 - Identifying, labeling, and expressing emotions
 - Coaching the partner how to respond in supportive way

Increased Arousal Symptoms

- Sleep problems and subsequent fatigue may exacerbate social withdrawal
- Startle response and hyper-vigilance may also exacerbate social withdrawal
- Living in a state of heightened arousal will lead to increased tension and additional stress within the relationship
- Spouses and other family members find themselves “walking on eggshells”

Increased Arousal Symptoms

- Chronic low-grade irritability can erode the positive feelings within the relationship
 - Leads to criticalness and/or emotional disengagement
- Displays of anger often result in less motivation by others to offer support (Lane & Hobfoll, 1992)
- Risk for domestic violence is higher among veterans with PTSD (Jordan et al., 1992)
 - One study of combat veterans found that 42% of men had physically abused their partners, 92% had verbally abused them, and 100% had psychologically abused them (Byrne & Riggs, 1996)

Increased Arousal Symptoms

- Rates of aggressive behavior in couples dealing with PTSD seeking marital therapy is even higher than the numbers reported in the Byrne and Riggs (1996) study (Sherman, Sautter, Jackson, Lyons, and Han, 2004)
- Increased risk of violence in these couples is logical given the high co-morbidity rates of PTSD and other variables such as depression, substance abuse, relationship distress, and impaired problem solving skills (Riggs, 1997)

Increased Arousal Symptoms

- Treatment Implications:
 - Assist the couple in giving feedback about their needs and setting limits on emotional involvement
 - Combat veterans struggle with becoming emotionally flooded or overwhelmed and in response will become numb or mentally tune-out
 - Couples need to find a non-judgmental way of setting limits on emotional discussions

Increased Arousal Symptoms

- Treatment Implications:
 - Assess for domestic violence with every couple
 - Couples therapy is contraindicated if severe domestic abuse is present
 - Refer to individual counseling and specialized programs as applicable

Increased Arousal Symptoms

- Treatment Implications:
 - Assist the couple in coping with expressions of anger and general irritability
 - Identify triggers
 - Develop coping strategies
 - It may be helpful to help the veteran identify times when he displaces his trauma-related anger onto his spouse
 - Helping the spouse to provide respectful feedback to the veteran about his behavior can result in behavior change as well as increased intimacy

Increased Arousal Symptoms

- Treatment Implications:
 - Teach conflict disengagement
 - Time-out process can prevent escalation and create emotional safety
 - Rehearsals and role-plays can be helpful in teaching conflict disengagement

A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a dark blue horizontal bar with rounded ends.

Questions?