

2016

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Recommended Citation

Gourley, Shawn J. (2016) "Educating Spouses May Be Key to Helping Veterans," *Montview Liberty University Journal of Undergraduate Research*: Vol. 2 : Iss. 1 , Article 7.

Available at: <https://digitalcommons.liberty.edu/montview/vol2/iss1/7>

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Educating Spouses is Key to Helping Veterans

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Abstract

Veterans' and family members are facing great difficulties when the veteran returns home to transition into civilian life. Marriages are struggling, and families are being torn apart when the veteran returns home with Post Traumatic Stress Disorder (PTSD). Although there are many programs that have been created to educate spouses about PTSD, however, they often fall short of being able to prepare a family for the actual experience of transition. The Department of Veterans Affairs (VA) is starting to come up with programs to help couples and research is starting to gain empirical support; there are still many couples left with no idea what to do. In a group already prone to higher rates of divorce, infidelity, and domestic violence, it is important to analyze every plausible explanation and treatment possible to make sure the best care is being given. This paper analyzes empirical literature on spouse's perceptions, education on PTSD, and relationship dynamics. The results of this analysis, along with the creation of the PTSD Marriage Triangle and Couples Perception Grid, could pave the way for creating a proactive peer education course for spouses before they leave the military. That will give them a much better understanding of PTSD, perceptions, and creating a "we" united front in their marriage. This could have a positive impact both on the spouse's mental and emotional health while improving their marriage by not letting it get to a dysfunctional state.

Keywords: marriage, PTSD, spouses, veteran, caregiver, perception, education, we-ness, military marriage

Educating Spouses is Key to Helping Veterans

Marriage is hard for most couples, but military couples seem to face additional stresses that most civilian couples do not experience. From the very beginning of a military marriage, wives feel as though they are in constant competition for attention and the loyalty of their service member. One example of this stress could be in pre-marriage counseling, civilian couples are taught to put their spouse and marriage first, above anyone else. The Army has a saying, “The Army is his wife, his wife is his mistress” (Moore, 2012, p. 16). The military culture is in direct conflict with the civilian premarital counseling teaching. Many times, a new military wife finds herself fighting for her place in the hierarchy of importance. This, in addition to the multiple relocations, finances, PTSD, Traumatic Brain Injury (TBI), or other injuries, creates a multitude of difficulties for military families to face (Sayers, 2011).

The military places a high priority on building resilience, and the military’s tradition of mental toughness is instilled in military personnel. However, little is being done to educate family members to build resilience in the face of reintegration of the military personnel. Even though, “the concept of mental toughness is also expected from spouses and family members” (Rossi, 2012, p. 9). If spouses are educated prior to the reintegration and transition into civilian life, spouses can “assist in the diagnosis and treatment of PTSD while helping to maintain the physical and psychological well-being of the spouse and the integrity of the marriage” (Rossi, 2012, p. 7).

Traditionally with the VA, the veteran is the patient and PTSD was treated as an individual ailment. A 2004 study highlighted, “VA care of families is justified only if it facilitates the veteran’s care” (Galovski & Lyons, 2004, p. 493). The results of more recent studies suggest that treating a veteran individually for PTSD without including the spouse in the

treatment sessions could risk unbalancing their relationship even more than it already is (Miller et al., 2013). If the veteran presents fewer symptoms as a result of individual treatment while the family members continue with counterproductive behaviors, veterans may mistakenly view their family members as the source of conflict and distance themselves from their families at a time when they need their families the most. Many times, the spouse and children are in need of education and therapy themselves. Thus, the individual therapy success in the absence of an integrated family approach would negatively affect the veteran's marriage and family unit. If treating just the veteran can unbalance the relationship and lead to the toppling of a marriage, then that loss could negate any prior success achieved through treatment.

The purpose of this study is to determine if educating female spouses could make a difference in helping male veterans with PTSD and their marriage. Specific goals include: (1) to evaluate if PTSD education for spouses is sufficient, (2) evaluate patterns of specific maladaptive behaviors of a PTSD couple, (3) conceptualize the behavioral dynamics and complex interactions of a PTSD marriage, (4) evaluate if educating spouses in creating a team "we" within the context of the relationship could change the outcome and perception in marriage, and (5) conceptualize specific behaviors within a PTSD couple to educate and create understanding of their spouses' perceptions.

The present study aims to address female spouses of male veterans with a diagnosis of Post-Traumatic Stress Disorder. It is recognized that not all spouses are female and not all veterans are male. Yet, in the military, "men make-up 85% of the active military population and the majority of spouses are women" (Stevenson, 2014, p. 25). In all of the studies reviewed for this research, the veterans were consistently male subjects and the spouses were consistently female subjects, which this study stays in-line with.

Literature Review

While the traumatic experience of war happens to one member of a family, the effects trickle down to the other members. When a veteran starts exhibiting symptoms of PTSD, the family must be prepared to deal with the trauma survivor's changing thoughts, feelings, and actions (Whealin, 2004). Even so, there is an abundance of studies that confirm that PTSD in a veteran can cause many different mental health problems in the spouse and children (Monson, McDonald, & Brown-Bowers, 2012). Consistently, spouses of veterans with PTSD compared to spouses of veterans without PTSD exhibit more relationship and family problems (Monson, Taft, & Fredman, 2009). Studies show, the symptom clusters of PTSD that are most related to family dysfunction are emotional numbing, avoidance, and PTSD anger (Monson et al., 2009; Sones, Madsen, Jakupcak, & Thorp, 2015). Spouses, due to lack of education and understanding, many times view the PTSD behavior by their veteran negatively. A number of studies point to a spouse's misinterpretation of PTSD symptoms in a veteran (Rossi, 2012; Renshaw & Caska, 2015; Meis et al., 2012, p. 7).

More recently, research shows incorporation of spouses into treatment is beneficial (Monson et al., 2009). Efforts are being made to "incorporate significant others into the prevention and treatment of military service members' and veterans' mental health and intimate relationship problems specifically in the OEF/OIF cohort" (Monson et al., 2009, p. 710). Existing research also shows both spouses and veterans can benefit from a spouse being educated about PTSD. One study found that when spouses are educated about PTSD, then veterans receive increased support and have higher levels of participation in therapy (Sherman, Blevins, Kirchner, Ridener, & Jackson, 2008). The same study also found that when spouses are educated about

PTSD, it gave them an understanding to assist them in interpreting their veteran's behaviors as symptoms, thus lowering their distress (Sherman et al., 2008).

In 2012, Rossi conducted a study examining the education spouses received while in the military. A critical aspect identified by the study in maintaining personal psychological health is tolerance and understanding (Rossi, 2012). In the study of six Army wives, "Participants discussed how awareness that veteran's behavior may be the result of PTSD makes it possible to view the behavior as a symptom rather than a personal attack on the spouse (e.g. violent outbursts, aggression, etc.)" (Rossi, 2012, p. 36). The study reflected a key finding from the perception of spouses: "The importance of social support, education, and receiving professional mental health support was emphasized in retrospections by participants" (Rossi, 2012, p. 35).

One study highlighted the importance of spouses being educated. It focused on a spouse's perception of the veteran's PTSD behaviors in conjunction with an aspect of her personality, locus of control, could determine marital outcome. Rotter (1966) defined locus of control as:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control. (p. 1)

According to Botello (2015), spouses with a high internal locus of control, even though they could not control their husband's PTSD, would recognize that they were in control of how

they dealt with the stress in their marriages. This greatly differs from a wife with a high external locus of control, who would instead perceive herself as a victim of circumstance with little to no control over the cause of the stress in her marriage or the success or failure of her marriage.

Botello (2015) hypothesized that the spouse with high internal locus of control was more likely to achieve marital satisfaction by, “learning about her husband’s condition, learning how to best deal with the condition, and doing what was necessary to maintain her marriage” (p. 9).

Results of the study found that, “internal locus of control accounted for a 45% variance in marital satisfaction compared to the 8% variance without internal locus of control” (Botello, 2015, p. 74). The variance is significant because individuals who have an internal locus of control want information about well-being, and are more likely to be proactive in learning about PTSD (Botello, 2015, p. 74). When considering the spouses level of satisfaction, Botello (2015), concluded that

Their husbands’ PTSD is a hindrance to the satisfaction level experienced within their marriage. Thus, a wife with an internal orientation would be more likely to study PTSD so that she may gain better understanding on how to deal with the condition. High internal are consistently more health focused and are much better prepared to deal with adversity. (p. 74)

In a study focused on treating couples with an OEF/OIF veteran, Sayers (2011) discusses couples-based interventions and addresses the complexity of problems facing OEF and OIF veterans and their families. The study points out that existing treatments do not provide a framework specific to military family difficulties, but does present case illustrations of work done with OIF/OEF veterans and their spouses using behavioral couples’ therapy (BCT) (Sayers, 2011). Although couple’s therapy is starting to get empirical support, currently, there are no

specific couples-based interventions for family reintegration after a wartime military deployment (Sayers, 2011). One of the treatments mentioned by Sayers (2011), which is showing promising results, is Cognitive-Behavioral Conjoint Therapy for PTSD. CBCT for PTSD is the only disorder-specific BCT designed to address both the veteran's symptoms of PTSD and relationship issues concurrently (Monson et. al., 2009). This program was designed on two main assumptions: that most veterans with PTSD had family members or significant others and that family dysfunction is from how the couple relates to the post trauma PTSD (Monson, 2012). The thinking behind conjoint therapies is, if you do not treat the couple and the veteran's PTSD simultaneously, the couple will continue living in dysfunctional ways. Currently, there is very little evidence that individual treatment improves family relationship functioning (Dekel, Monson, 2009).

Sayers (2011) also recommends BCT which provides a flexible and useful framework. One of the major issues presented by Sayers (2011), "is how to intervene when the veteran in the couple is exhibiting behaviors that are likely sequela of military training and combat" (p. 112). One suggested intervention combined with BCT is the BATTLEMIND and spouse-BATTLEMIND training developed by Walter Reed (Sayers, 2011). BATTLEMIND Training educates veterans about behaviors and skills that were necessary and beneficial in the context of military and combat that need be adapted for the transition home. One of the ways Sayers (2011), recommends clinicians can intervene is

In general, the first step is to use a psychoeducational mode to help the veteran and spouse understand that the behavior is a vestige of training and combat in which it served a useful function to protect the service member's life. . . . Furthermore, the spouse can

gain some temporary tolerance while the veteran begins to increase his or her awareness of the maladaptive nature of these behaviors. (pp. 113-14)

Some of the maladaptive behaviors veterans display are: (a) using vulgarities and being “commanding” of his wife; (b) aggressive driving; (c) not discussing details of deployment; (d) sleeping in separate beds; (e) not going in crowds or avoidance; (f) short tempered; and (g) controlling or overly aggressive (Sayers, 2011; Monson, 2012). Sayers (2011) warns, “Clinicians should pay careful attention to the accommodations that spouses may make for trauma-related symptoms for the comfort of the veteran in uncomfortable situations” (p. 114). Unfortunately, the Battlemind program educates both veterans and spouses on the behaviors and perceptions of the veteran, but falls short of educating the couple to behaviors and perceptions of spouses. This leaves a huge gap in helping couples learn to work together as a team against PTSD.

Methods

Data collection Liberty University Database searched terms:

- “Awareness of Posttraumatic Stress Disorder Spouse Perspective” – returned six scholarly peer-reviewed articles, excluded any that were not specific to partner perspective on PTSD awareness, two usable articles.
- “Partner accommodation in posttraumatic stress disorder” returned 521 scholarly articles, excluded any that were not specific to accommodation, three usable articles.
- “Family Therapy Drama Triangle Model” – returned one usable scholarly article that focused on “family therapy” and “Karpman Drama Triangle Model.”
- “We-ness” – returned 2,651 scholarly articles, four usable scholarly articles, excluded any that were not specific to heterosexual married couples putting the context of marriage in “we.”

In analyzing themes of the retrieved research starting with education and perceptions in spouses and couple conjoint therapy, the words conjoint (n=13), avoidance (n=25), accommodating (n=107), responsibility (n=45), perpetrator (n=155), education (n=14), perceptions (n=13), communication (n=51), rescuer (n=35), couple (n=232), and relationship (n=403) were the baseline dominate words.

Results

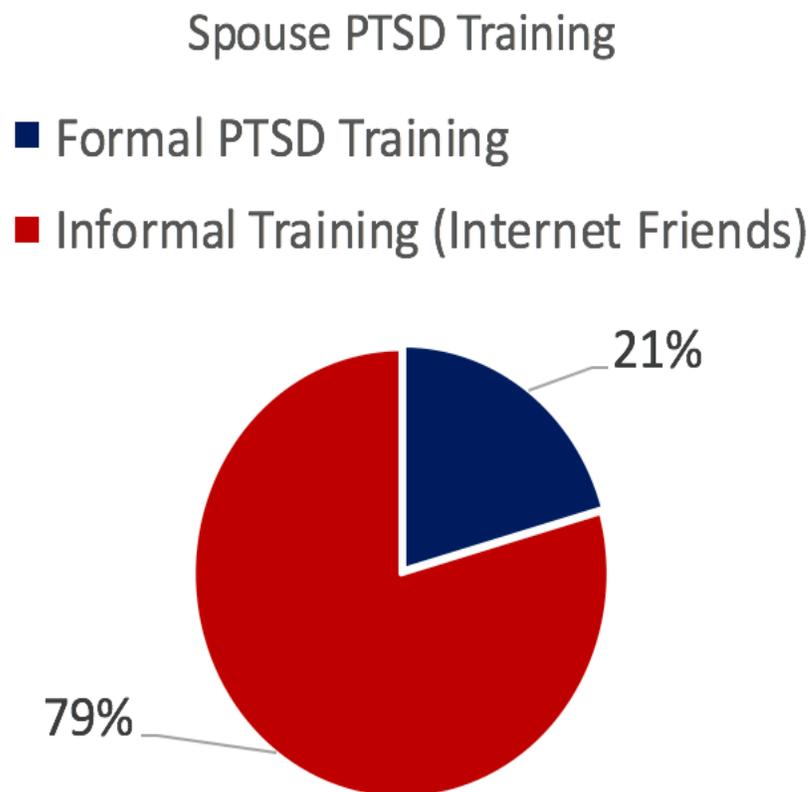
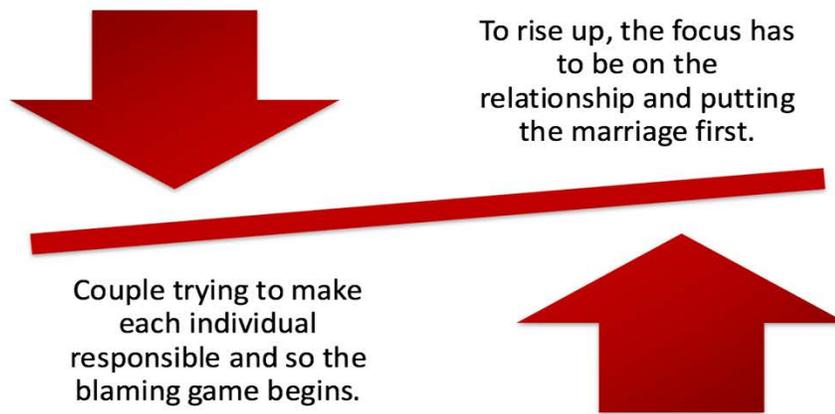


Figure 1. Studies show spouses are not being educated about PTSD

To fully explain the dynamics of military couples, it was important to find a model that represents a dysfunctional personal relationship and the complex interaction that occurs between

the veteran and the spouse. Unfortunately, the results turned up empty. Only one study was found that focused on family therapy and the usage of The Karpman Drama Triangle.

Power Struggle



Relationship Meaning Co-Creation

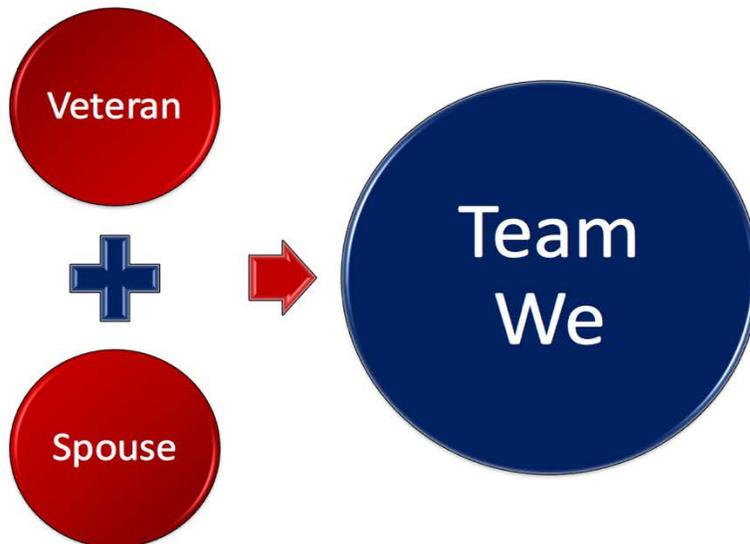


Figure 2. Couples thinking of marriage as a joint endeavor and approaching conflict with a team mentality have been shown to maintain high relationship satisfaction

Discussion

Perception of Spouses

How individuals view the world around them can affect the way they live their daily lives. Everyone has perceptions, and individuals often forget to think about how others view the same world, including themselves. A person's perceptions play a huge role in how he or she works together with their spouse. The veteran's PTSD often takes over the lives of the entire family (Blow, Curtis, Whittenborn, & Gorman, 2015). Many times, spouses struggle with no longer being just a wife; they have become full-time, exclusive caregivers. This loss of personal identity is one of many things that can cause a cascade of mental health problems for the spouse.

As much as spouses are excited to have their service member home, incorporating the service member back into the family can be stressful. Spouses may be taken off guard to find themselves experiencing deep sadness at the changes they perceive in their veteran. They might also wish for the return of the veteran they sent off to war and have a hard time adjusting to the stranger that came home to them (Makin-Byrd, Gifford, McCutcheon, & Glynn, 2011). A spouse's overall relationship adjustment is directly related to how they perceive their veteran's thoughts, behaviors, and actions (Monson & Fredman, 2011). In a recent study, results showed that the more stress a spouse was under, the more her negative view of the marriage increased (Trump, Muse, Lewis, & Lamson, 2015). Unfortunately, this becomes a dysfunctional cycle in the marriage, since a veterans' PTSD symptoms can get worse due to a spouse's negative psychological state and attitude; which the spouse's distress is related to her partner having PTSD in the first place (MacDermid & Riggs, 2011).

Only two studies were found relating to a spouse's perception and PTSD education. The first study found, out of 39 spouses, only seven could name the symptoms of PTSD and had any

type of formal education on PTSD. The other 22 spouses learned about PTSD from the news, friends, and internet and could not name the symptoms of PTSD. When the spouses were asked about different common scenarios in a marriage with PTSD and how they would handle them, there were four main responses: ultimatums, suggestion of treatment, trying to wait with patience and support, and take action (Buchanan, Kempainen, Smith, MacKain, & Wilson Cox, 2011). This study highlights how important it is for spouses to be educated about PTSD.

In a recent pilot study, spouses participated in an evaluation of a group therapy program for female partners of veterans with PTSD. The study, which consisted of 18 spouses, nine spouses were put on the wait-list intervention group, and the other nine spouses were put into an immediate intervention group. The immediate intervention group educated the spouses about PTSD, helped them with relationships skills, and self-care in a 10-week group therapy protocol as a means to improve both the psychological health of the spouse and overall relationship functioning and satisfaction. The outcomes of education in the immediate intervention group showed a drastic decline in stress versus the wait-list group (Sones et al., 2015).

Although both studies show that spouses are not being educated on PTSD there were some significant limitations to the studies. In the study of 39 spouses, they had no way of verifying if the spouses were in fact current spouses of veterans. In the pilot study, the effects on spouse's being educated did not show it resulted in a positive impact on the marriage. The study states, "In an intervention focused on the female partners only, it may be that the positive impact would be primarily on their own psychological health" (Sones et al., 2015, p. 157). The results could indicate that education will have more of an impact if received prior to the veteran returning home with PTSD. Another possible indication is that educating the spouse's only does not produce a positive impact on the marriage due to it only focusing on one spouse.

Maladaptive Behaviors of a PTSD Couple

Emerging research has established that spouses feel that the responsibility of their veteran's well-being and treatment fall on them (Gerlock, Grimesey, & Sayre, 2013; Buchanan et al., 2011). These reports are consistent with April Gerlock's (2013) results, which found that it was not only spouses who felt responsible, but veterans also felt that their emotional well-being, health, anger, aggression, and daily tasks were the spouse's responsibility (p. 351).

Because PTSD takes over the lives of the entire family, spouses that have not had access to education, nor any support, react in unhealthy ways, and wrongly think that they are making it better. For example, a frustrating aspect for spouses when dealing with a veteran's PTSD is avoidance. One way that most veterans do this is by avoiding anything – people, places, conversations, thoughts, emotions and feelings, physical sensations – that might act as a reminder of the trauma. Sometimes, this avoidance results in social isolation that hurts relationships.

Multiple studies found in response to distress, spouses may unintentionally hinder recovery by accommodating a veteran's use of unhealthy coping skills such as avoidance (Fredman et al., 2016; Monson & Fredman, 2011; Sayers, 2011). Spouses may also try to protect the veteran from triggers, thinking they are helping the veteran and saving their own sanity. When studying this phenomenon, researchers have found: "Some loved ones consider these behaviors expressions of their affection for their distressed loved one; others feel angry or resentful about taking on extra, burdensome responsibilities" (Monson et al., 2009, p. 711). Avoidance keeps the veteran from ever attempting to learn how to cope while maintaining the symptoms of PTSD. This can cause the veteran to resent the spouse and erode the relationship

(Monson et al., 2009; Monson, Wagner, MacDonald, & Brown-Bowers, 2015). Some examples and reasoning for this as highlighted in a 2011 study include:

Common ways that partners accommodate, and thereby help to maintain, PTSD symptoms include “running interference” with other family members by making excuses for veterans’ irritability or absence from events, requesting that others modify their behaviors to minimize veterans’ feeling triggered (e.g., telling children to be quiet so that the veteran is not exposed to sudden, loud noises), taking over veterans’ roles and responsibilities to minimize their being exposed to anxiety-provoking situations (e.g., doing all of the grocery shopping or driving), or even explicitly encouraging veterans to avoid anxiety-provoking situations by isolating themselves or using alcohol. When asked why they engage in such behaviors, partners typically share their belief that exposure to even mildly stressful situations will exacerbate veterans’ symptoms. Because their intention is to help the veteran feel better in the moment, they think that the most effective way to help is to buffer the veteran from stress. (Fredman, Monson, & Adair, 2011, p. 123)

PTSD Marriage Triangle

To fully explain the dynamics of military couples’ interactions, it was important to find a model similar to the Karpman Drama Triangle. Unfortunately, the results turned up empty. Even though a study was conducted to find a viable model for Family Therapy similar to the Karpman Drama Triangle, the study was unable to find empirical and clinical evidence to support its validity to justify its application in family therapy practice (L’Abate, 2009).

The original Karpman Triangle (1968) is a triangle that represents a dysfunctional personal relationship and the complex interaction that occurs between people embroiled in

pathological conflict. The Karpman Triangle is composed of three roles which an individual can play in that relationship: the victim, the persecutor, and the rescuer. The roles are not people themselves, as L'Abate (2009) explains: "Each participant in an intimate (close, committed, interdependent, and prolonged) role plays the Victim, and can be perceived as a Persecutor or Rescuer at the same time, depending on who does or says what" (p. 2). The central role in the drama triangle is the victim. When playing the role of victim, the person who assumes the role relies on blaming others or a particular circumstance and perceives oneself as being unable to take any action to make the situation better. Every victim requires a persecutor, which is the person or situation that is the cause of their problems from the victim's perception. The third role is rescuer, which is the person who tries to save the victim.

When one takes the original drama triangle and applies it to a veteran marriage that includes PTSD, an example may look like this: A spouse may perceive herself as a rescuer first before becoming a victim. Yet the spouse is being perceived as a persecutor by the veteran, whom the caregiver sees as the original persecutor. Meanwhile, the veteran sees him or herself as a victim of the caregiver's persecution. Unfortunately, the above model and example do not exactly fit properly, as according to the Karpman Drama Triangle, the spouse and veteran are trying to occupy the same place at the same time. In reality, the spouse and veteran can switch roles but can never occupy the same place at the same time, or the outcome is a gridlock of the blame game. Another issue with using the Drama Triangle is that it is common for veterans to use the unhealthy coping skill of avoidance. A veteran's PTSD behavior of avoidance, when substituted into a role on the Drama Triangle, has the potential to fit the victim role. However, most people would be cautious of classifying the action of avoidance, or trying to cope with the

trauma, as a victim-claiming behavior. Moreover, once a more effective positive coping strategy is learned, a veteran will often stop using avoidance as a coping skill.

As L'Abate (2009) concludes in reference to the Karpman Drama Triangle, "If, however, family therapists observe the interactions among members of dysfunctional families as processes with this triangle in mind as a blueprint, it will be relatively easy to discover it, observe its pernicious influence, and perhaps intervene more effectively" (p. 9). As previously stated by Sayer (2011), "[t]hese couples often present with greater clinical complexity, and the combat deployment of the military spouse often leads to the presentation of specific behaviors and couple dynamics that may be unfamiliar to many clinicians" (p. 111). To effectively address the complex interactions of a couple where PTSD is diagnosed, it is essential to have a clear conceptualization of the roles and dynamics of the veteran and family member. With no viable model having been created previously, this paper proposes a modified Drama Triangle model specific to PTSD marriages.

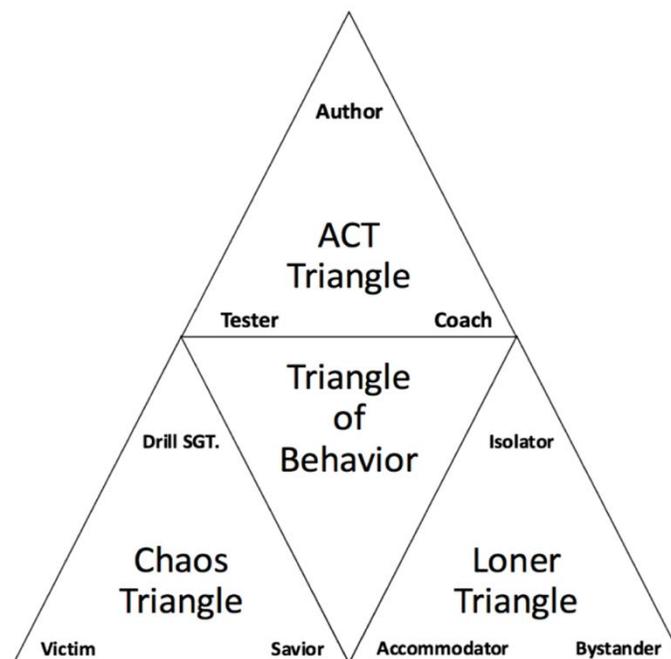


Figure 3. PTSD Marriage Triangle with Maladaptive Relationship Behaviors

With the Original Karpman Drama Triangle in mind, three separate triangles were created. In the Chaos and Loner triangle, the roles played are made up of the three PTSD symptoms that are the most related to family dysfunction are which are: emotional numbing, avoidance, and PTSD anger (Sones et al., 2015). The other roles are occupied by the three unhealthy behaviors commonly associated with the spouses which are: accommodator, savior, and victim.

First, the Chaos triangle, which is similar to the Karpman Drama Triangle, includes the Victim, the Savior, and the Drill SGT. In the Chaos triangle the Drill Sgt. represents the PTSD symptom of anger, the Savior represents the unhealthy behavior of protecting the veteran from triggers, and the Victim which represents the spouse's negative view of the PTSD symptoms. In the next triangle, which is the extreme opposite behavior, the Loner triangle, which include Isolator, Bystander, and Accommodator. In the Loner triangle the Isolator represents the PTSD symptom of avoidance, Bystander represents the PTSD symptom of lack of emotions, and the Accommodator represents the spouse's unhealthy behavior accommodation.

Finally, on the top, another triangle was placed to complete the full triangle. The ACT Triangle serves as the opposite to the Chaos and Loner triangles. This triangle represents the roles played in which healthy interactions are represented. The Authors have the ability to write their own story, the Coaches respect each individual's ability to do for themselves and does not try to cross the line of being an enabler or a rescuer, while the Testers challenge negative beliefs.

Having a viable model is important because according to L'Abate (2009), "[w]hen the original perception still remains in the first partner's perception without resolution, the triangle may be repeated from one generation to another. The reactive quality of this triangle leads to its repetition from one relationship to another" (p. 3). The above quote also clarifies how important

it is to have accurate perceptions. To assist in helping couples come up with accurate perceptions, the following table was designed for both veterans and spouses.

*Table 1
PTSD Behavior, Thinking, Perception Grid for Couples*

Veteran's Action	Veteran's Thinking	Spouses Perception
Reckless Driving	That pothole might be an IED! Or that trash bag might have a bomb!	He is going to get us or someone else killed.
Yells at spouse for being home 15 minutes late.	I thought she was dead.	It's only 15 minutes, what's the big deal anyway?
Sleeps on couch due to nightmares.	I am protecting my spouse from myself.	He doesn't desire me or he wants to leave me.
Barking Orders	Following orders and doing as told is the military way.	I am your spouse; not under your command.
Won't talk about military experience.	She can never understand. I am protecting her.	He doesn't trust me or he won't let me in.

*Table 2
PTSD Behavior, Thinking, Perception Grid for Couples*

Spouse's Action	Spouse's Thinking	Veteran's Perception
Trying to force the veteran into help or make him see he needs help.	I am trying to do what is best for this family and help him.	Nothing's wrong with me; I'm fine! I'm not the problem; you are!
Plans to go out somewhere or invites people over	It will be good for us to get out and do things or socialize like we did before.	It's not safe, I feel overwhelmed.
Tells everyone about how her veteran is acting	I have to vent!	She's disrespectful or she can't stand me.
Tries to tell the veteran what to do. Nagging until veteran completes desired action	Necessary Advice Giving	I can't ever do anything right that will make her happy. I feel like a failure. Or, she won't get off my case.
Live life around veteran's PTSD symptoms or enable behaviors that restrict veteran from ever getting better	You have no idea what it is like when he gets triggered. I am doing this for the family and our sanity!	She isn't nagging or triggering me anymore!
Punishment for some action or inaction	Bet he will think twice before doing that one again!	Well, I just won't tell her anything else!

Paradigm Shift to “We”

In many relationships, couples get locked into a power struggle. When a couple locks horns, they are paralyzed from moving forward. Instead of working together, spouses start trying to convince the other that they are “correct.” The way one person sees something is not always the only way to see it. Many times couples cannot see that the other person’s answer is just as

“correct” as his or her own. Instead, couples try to tell each other how the other spouse is wrong and how they are right.

When a veteran returns home, some spouses and their veteran have a hard time understanding each other, as the spouse has adopted to her own way of doing things (Sayers, 2011). Communication is a common struggle between military couples after a veteran returns home (Whealin & DeCarvalho, 2012). Many times, couples come into counseling citing “communication problems” (Koch-Sheras & Sheras, 2008), desperate for help to learn how to reconnect with each other.

It is very difficult to sustain a marriage when there are no positive statements between the couple (Whealin & DeCarvalho, 2012). Although a relationship cannot survive without communication, Peter Sheras (2008), warns that starting with communication, as in couple’s therapy, can actually be devastating to a relationship (p. 109). If things like commitment and perceptions are not addressed first, teaching communication to a couple may just give them a weapon to use against each other (Koch-Sheras & Sheras, 2008).

When looking at some of the things that help couples, researchers have found that couples that were less stressed and more successful spoke using the term ‘we,’ had set boundaries, utilized self-care, and spoke of specific coping strategies (Gerlock et al., 2013). The concept of creating “we” helping frame the relationship in the context of a unified front, was shown to be helpful as well (Sones et al., 2015). After studying 12 couples and the couple’s creation of “We-ness,” Vanessa Garcia concludes that “We-ness” offers a social context in how people live by showing their role salience in their relationship. “We-ness” guides people’s life and their decision-making” (Garcia, 2012, p. 51). The study “Pronouns in Marital Interaction: What Do “You” and “I” Say about Marital Health?” was found that couples who used we

focused problem-solving achieved a more positive resolution (Simmons, Gordon, & Chambless, 2005). Communication skills have not been shown to cause future couple relationship satisfaction; however, couples thinking of marriage as a joint endeavor and approaching conflict with a team mentality have been shown to maintain high relationship satisfaction (Halford, 2011). Successful couples do not run a marriage with an ‘I’ and ‘You’ mindset. To ensure a healthy marriage, people should think about it as a joining of two separate people together as one family. There has to be a shared mindset. It is not so much the language of pronouns—I, you, and we—as it is how one thinks about everything they want for the marriage.

Conclusion

The most difficult struggle families face is reconnecting and understanding perceptions. In order for the marriage to thrive, it is essential for the spouse to learn and understand PTSD as a whole. This is a key finding that could potentially lay the framework to develop a proactive education by peers instead of waiting until the couple is suffering and desperate for therapy. Even though trauma is specific to the veteran, family members will need to learn about PTSD and learn how to adjust as well (Whealin, 2004). The literature supports the need for spouses to be educated about PTSD and shows the education of spouses to be two-fold. According to Rossi (2012), “[t]hrough education, spouses can learn to detect possible warning signs in order to aid the veteran in seeking and receiving mental health treatment as well as potentially protecting their own emotional and physical well-being” (p. 3). It is also important to acknowledge that prevention is one of the primary goals in the counseling profession (Rossi, 2012). It has been proven in a multitude of studies that spouses are not nearly as stressed if the spouse understands and perceives a veteran’s PTSD symptoms as a result of the war (Synder & Monson, 2012). Communication is the lifeblood in any relationship, but if couples do not

understand the ‘why’ behind actions and things said by their spouse, they will continue to see things from a distorted perception. With understanding, the potential for great compassion and the ability to work together as a team can come to the forefront. Helping spouses understand the “why” behind veterans’ thinking can be one of the single most important steps someone who is working with these families can take.

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