Military couples face enormous stressors and challenges. During wartime, these couples face added dangers and the constant fear that the military service member might return injured, or worse yet, might not come home at all. In most military couples, it is the husband who is serving in combat. Often, however, it is the wife serving in a combat environment. This is particularly true of reserve units and specialized support branches such as medical, dental, and legal. In addition to either the husband or wife serving in combat, many couples are dual-military, where both are serving on active duty and as a result, can both deploy to a combat zone—even at the same time. Unusual relational dynamics can result from these various issues; issues that not only impact the couple, but also raise concerns regarding home management and parenting.

“Combat trauma involves a unique brand of horror that involves exposure to terrifying, violent events, along with a mixture of fear, anxiety, or despair, as well as pride, excitement, loyalty, and patriotism” (Basham, 2008, p. 87). Combat trauma, although categorized as a Type I trauma (single discreet catastrophic event), is more likely to resemble Type II trauma, which involves “chronic and repetitive life threatening events that render a victim powerless” (2008).

Combat-related trauma can be particularly detrimental to marital and other intimate relationships (Nelson Goff, Crow, Reshig, & Hamilton, 2007, Dirckzwager, Bratmen, Ader, & van der Ploeg, 2003; Ruger, Wilson, & Waddoups, 2002). Marital instability is present at higher rates in combat veterans (Kessler, 2000). Veterans with post traumatic stress disorder (PTSD) and their spouses report significantly higher rates of impaired relationship functioning than those without PTSD (Riggs, Byrne, Weathers, & Litz, 1998). World War II former POWs with PTSD reported almost three times as much marital distress as those without PTSD (31% as compared to 11%) (Cook, Riggs, Thompson, Conye, & Sheikh, 2004). Vietnam veterans and partners reported clinically significant levels of relationship distress (70% as compared to 30%) (Riggs, Byrne, Weathers, & Litz, 1998).

Impact of Attachment
“Emotional attachment is probably the primary protection against feelings of helplessness and meaninglessness (McFarlane & van der Kolk, 1996, p. 24)” (as cited in Johnson, 2002, p. 36). It is easier to cope with traumatic experiences when one has a secure attachment, or a felt security with a loved one. According to Johnson, “the attachment system is evolution's
Secure emotional connections with significant others can significantly minimize the impact of traumatic experiences.

way of maximizing survival in a dangerous world, a world in which a person cannot survive alone” (p. 36).

The famous attachment theorist and researcher, John Bowlby (1969), defined secure attachment as “providing a safe haven and a secure base from which to explore and learn about the world” (as cited in Johnson, 2002, p. 36). When a military couple is caught in the echoes of battle, the emotional isolation and lack of secure connection make it much more difficult for an individual or couple to effectively deal with a traumatic experience. Secure emotional connections with significant others can significantly minimize the impact of traumatic experiences and facilitate healing in the aftermath of these events.

Case illustration

The following fictional case is based on real-life situations. Robert and Cindy have been married for 10 years and have three children together. Robert has been a U.S. Marine for 12 years and Cindy is a nurse at a local hospital. Robert recently returned from his third seven-month combat deployment to Iraq. While in Iraq, Robert was involved in numerous wildfires with enemy forces. He came close to being shot on several occasions and saw some of his closest friends injured and/or killed. He described feeling helpless and powerless in helping “his brothers,” who he described as “only people he could completely trust.” He became increasingly angry over time—angry at the war, at the enemy they were fighting, and at himself for not being able to save the lives of those he relied upon and felt closest to. It became increasingly difficult to sleep and eat. His mind was always reliving the traumatic events and he became consumed with the desire to kill enemy insurgents in an effort to avenge the death of his friends.

Robert returned home still angry and bitter. Cindy knew from personal experience and talking with other spouses that Robert’s return would be stressful and complicated. She knew they would both need time to adjust to each other and their life together. She just didn’t realize how difficult it would be. Robert was having a lot of trouble sleeping, averaging only two to three hours of sleep per night. He would often wake up in a pool of sweat, shouting, screaming, or crying in what appeared to Cindy to be a state of intense panic. When she tried to talk to him, he would tell her to just get away from him, that she wasn’t a Marine, and because she had never been in combat she could never understand what he was going through. They both felt extremely alone and were unable to turn to each other for the emotional support they needed and longed for. They did not have a secure attachment and resulting safe haven that couples need. Cindy described feeling very afraid and felt that she had to walk on egg shells around Robert. This tension was quickly felt by the children who did not understand why Robert was always angry and why their parents were fighting all the time.

As the anger and tension continued, Robert became increasingly isolated and Cindy and the children avoided him as much as possible. Robert’s drinking also increased dramatically as he sought to escape or numb-out. Cindy was feeling extremely alone and isolated from her husband. She remarked to a male co-worker that Robert was not the same man she had married and that she didn’t feel that she was in love with him any longer. An emotional and eventually sexual relationship developed between Cindy and the co-worker. Cindy stated that she feels understood by this man and that he makes her feel important and loved. With Robert, she says she feels invisible.

Johnson, Makinen, and Milliken (2001) describe attachment injuries as a situation in which one partner experiences a sense of betrayal or violation resulting from the other partner failing to offer love and comfort in the face of distress. In the case illustration, a series of escalations or threats to attachment security occur. For example, when Robert returns from combat, Cindy reaches for him in an attempt to rekindle their romance. This, to Robert, is perceived as an attempt to draw close to him, only to be pushed away and to have her efforts discounted. Cindy is in fact attempting to diminish this sense of betrayal. Further betrayal and attachment stressors occur when Robert begins drinking excessively, spending time getting drunk instead of spending time with Cindy and the kids. This makes Cindy feel unappreciated, unloved, and unwanted. Simultaneously, Cindy finds comfort in the arms of a co-worker, a man who is reaching out to her physically and emotionally during a time of greatest need. Although it feels good now, it will ultimately have devastating effects upon her marriage.

For Robert, the adaptations he made for deployment now leave him feeling confused and disoriented at home. Without the intense living conditions of purpose and his comrades close, he reports feeling a bit lost and misunderstood. He knows he’s different, but he is still making sense of how different he is and how this impacts his wife and family.

Treatment

Well-designed couples therapy has the potential to help service members cope more effectively with trauma-related distress, to assist partners to understand and empathize with confusing behavior, and to strengthen intimate relationships (Sherman, Zanotti, & Jones, 2005, p. 626). The interactional dynamics between the service member and his or her family are complex at best. The inclusion of family members in treatment increases the likelihood of creating positive, enduring change. Without helping the veteran address his individual trauma-related issues and simultaneously altering the family’s expectations of and ways of interacting with him, families will continue to exist in maladaptive, dysfunctional patterns (Sherman et al., 2005, p. 627).

Johnson (2002) adds, “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” (as cited in Sherman et al., 2005, p. 627).

In treating a couple such as Cindy and Robert, it would be critical to (a) understand the necessary level of rapport with each partner—an alliance that is built upon mutual trust, respect, and acceptance. This is especially important considering the stigma associated with receiving mental health assistance in the military. Hoge, Castro, Messer, McGuirk, and Koffman (2004) discovered that less than half of service members returning from combat in need of mental health care actually asked for it, and a much smaller number actually received it. Because of stigma, service members are less likely to seek help, and if they do, they may be hesitant to go outside the military system, even if they have to pay for it themselves. Regardless of where the service member goes for help, it is crucial that the therapist has knowledge of the military organization and its unique culture. He or she should not try to fake an understanding of what military service, particularly combat, is like. Service members and veterans will spot this immediately, and any trust that has been developed will be permanently destroyed. When unsure, therapists should take a one-down position and allow the service member to educate them on the specific issue or concept. This is even true when counseling individuals from different branches of service. Each branch has its own unique way of doing things, and in many ways, is a subculture of its own.

Emotion-focused therapy (EFT), as developed by John Gottman, is an approach that is extremely effective in treating military couples impacted by war and the trauma of combat. This model consists of nine steps contained within the following three stages: (a) de-escalation of negative cycles of interaction; (b) changing interactional positions; and (c) coordination and integration. The premise of the model is that couples get stuck in dysfunctional patterns of interaction as a result of attachment injuries that develop beginning in childhood and are built upon in subsequent years, as well as specific events that stress on the family and undermine the security of the couple relationship.

EFT synthesizes experiential and systemic approaches, combining the interpersonal and the intrapsychic. The EFT therapist helps partners to reprocess their emotional experience and was emotional expression to create a shift in their interpersonal process that also discards and choreographs new interactions, which evoke new emotional responses in the partners (Johnson, 2004, p. 16).

An EFT therapist working with Robert and Cindy would try to identify the dance or attachment cycle in which the couple is likely stuck. This cycle typically consists of one partner taking on a more critical, blaming, or aggressive pursuer role, while the other partner takes on a more defensive withdrawal role. As the cycle begins to unfold through the manifestation of overt behavior, the therapist can identify primary and secondary emotions, as well as the unmet attachment needs of each partner.

In the given case, Cindy seems to be the pursuer and Robert the withdrawer. This is a complex case because Cindy started out pursuing Robert following his return from Iraq, subsequently became burned out in the Johnson (2004), ultimately became what is commonly referred to as a burned-out pursuer. Robert, on the other hand, responds aggressively, but does so within a defensive posture, thus making him a defensive withdrawer. The cycle then looks something like this: Robert comes back from Iraq and is unusually compliant and accommodating. He attempts to isolate from Cindy and the kids, becomes easily provoked, frustrated, and irritable. He is feeling alone and is experiencing guilt associated with friends that were injured and killed in combat. Cindy attempts to reach out to Robert, to talk to understand him. As he pushes her away, she is left feeling confused, alone, and rejected. Robert becomes increasingly angry, isolates himself even more from the family, and
begins drinking to emotionally cope and escape. He doesn’t feel that Cindy can understand what he is going through, and as a result, feels increasingly lonely. He doesn’t feel that anyone except his fellow Marines can understand what he is feeling. He begins to believe that the best thing he can do is to return to Iraq. Cindy feels unappreciated, rejected, and unlovable. She questions whether the marriage can work, whether she really wants to try, and what has happened to her husband. She draws into a relationship with a co-worker in an attempt to feel important, cherished, loved, and visible.

The EFT therapist helps each partner attend to and organize their underlying vulnerabilities and feelings that fuel their respective parts in the cycle. This helps the withdrawing partner see the pursuer as afraid rather than threatening, and the withdrawn partner as lonely and his or her partner. The transition to a new, more functional way of interacting with one another through relational enactments and ultimately works to develop a new, more functional way of interacting with each other through a process referred to as withdrawing re-engagement and Manor softening (Johnson, 2004; Johnson, 2002).

**Conclusion**

The connection and comfort found in a loving marriage is a powerful antidote to combat stress and is a preventative factor in the development of post traumatic stress. Soldiers with positive secure relationships recover from stressful deployments more easily and have less anxiety and depression after potentially traumatic events. Emotional isolation, on the other hand, exacerbates the aftermath of stress and trauma for the soldier and his or her partner. The transition and readjustment of homecoming is also a critical period for the future of family life and health and the future of the marriage. Extensive research now demonstrates that secure emotional connection with a significant other is a powerful source of resilience and impacts physical and mental health.

The goal of EFT is to help the couple become emotionally accessible to one another, to be able to turn to each other, sharing vulnerabilities, and trusting that the other will be there. Through this process, the couple can share their longings for each other, as well as their fears, needs, wants, and desires in a way that provides a safe haven of attachment. Military couples impacted by the trauma of war are in a very delicate place. Deployment and combat activate their attachment needs in ways that are hard to imagine for civilian mental health professionals. As therapists, we have an enormous responsibility to those who defend our freedom. Treating these couples from a systemic perspective makes sense. By mending the shattered heart and attachment bond, real healing can occur—for the individual, the couple, and the family.

Johnson is a founder and director of Strong Bonds, Strong Couples, LLC, which provides EFT-based weekend retreats for soldiers coming home from Iraq and Afghanistan and their spouses. She is an AAMFT Clinical Member.

Disclaimer: The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.


