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From highly distressed to thriving: A qualitative analysis of relationship behaviors in Veterans with PTSD

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Background on the impact of Veteran's PTSD symptoms on dyadic functioning

- Social support, especially that of spouse or intimate partner, may counteract or reduce some PTSD symptoms (King, et al., 1998).
- However, positive effect may be time limited...as the impact of living with someone with PTSD starts to erode benefits and impact caregiver and family (King, et al., 2006).
- Partner distress may be related to living with someone with PTSD, secondary traumatization, or primary trauma secondary to their victimization at the hands of their loved one for whom they are also caregiver (Manguno-Mire, et al., 2007; Monson, Taft, & Fredman, 2009).

The Relationships and PTSD Study: Detection of Intimate Partner Violence (NRI-04-040)

Research Study Team:

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Overview of Project

- Part of the larger “PTSD and Relationships Study: Detection of Intimate Violence”
 - 441 male Veterans randomly selected from PTSD treatment programs at VA Puget Sound HCS.
 - 441 female wives/partners.
 - Yes IPV 190 (44%) No IPV 251 (56%)
 - Within IPV NO group: 3 women primary aggressors;
 - Within IPV YES group: 2 mutual violence couples
- Veterans’ ages ranged from 22 – 88 years old.
- Most (96%, 432) had deployed to a war zone.

Research Questions

- “What is the impact of the Veteran’s PTSD symptoms on the relationship behaviors of this couple?”
- “How do the couples handle conflict?”

Method - Grounded Theory

- A systematic methodology for the generation of theory from data.
- From the data collected, the key points are marked with a series of codes, which are extracted from the text. The codes are grouped into similar concepts in order to make them more workable. From these concepts, categories are formed, which are the basis for the creation of a theory.
- The emerging theoretical model is continually checked against the data to make sure it is well grounded.

Procedures

- 23 digitally recorded couple interviews were purposely selected from the larger study sample and transcribed.
- Couples were selected for the qualitative analysis based on a representative sample of IPV Yes and NO, and who gave rich descriptions of their relationship issues.

Overall Finding

Care giving, Communication, Community, and Responsibility are key components to lasting intimate relationships.

However the presence of intertwined **Disability and Trauma**, that is part of PTSD, create unique complex and potentially highly problematic dynamics.

Dyadic Tension Model

- **Function/dysfunction** of PTSD Veteran couples is experienced in a variety of intertwined tensions: Disability, care giving, responsibility, trauma, communication and community.
- These tension reflect three axis of dyadic functioning: **Mutuality, locus of control and approach to weakness.**

Definition of Terms

- **Mutuality:** “Bi-directional communication, respect, supporting each other’s decisions and life’s goals, enjoying each other.”
- **Locus of Control:** A persons tendency to perceive their life events as either within (*internal locus*) or beyond their control (*external locus*).
- **Weakness:** Weakness can be paradoxically powerful depending on the degree to which weakness is accepted and integrated or used to exploit or demean.



Disability

- Both Veterans and their partners described the following PTSD symptoms and related issues as having significant impact on their relationship: avoidance, emotional numbing, depression, a heightened need for control, hyper-vigilance, self-harm & risk taking, aggression and self-medication. Many of the participants specifically identified these as PTSD-related symptoms.
- They also described a wide variety of physical and cognitive impairments/limitations that the Veterans suffered in relation to their deployment not directly related to their PTSD symptoms: diabetes, hearing loss, medication related erectile dysfunction, loss of mobility, and cognitive problems such as attention and memory impairment.
- The majority of Veterans and their partners described the Veterans' history of alcohol and/or substance abuse and use for self medicating in a manner that exacerbated both PTSD and medical issues. The presence of these symptoms was woven throughout the couple's descriptions of their conflict, communication and over all relationship.

Tensions around Disability

- PTSD agent/PTSD victim
- Partner/Patient/Child
- Impotence/Disability

Examples: Disability

- *I don't even think we've had a disagreement because he's been in such a medical state on all, so many dynamic levels of needing to take care of himself that I didn't want to add to that. (Partner)*
- *I'd wind up crisis firefighting on everything. Bills, house cleaning, medical. One time I came home and there wasps in the entire house because they had bored through the ceiling. And, he was terrified, and I could understand that. And, I was compassionate. And, I jumped on it because I'm a task-oriented and I'm a fixer and, and like to take care of things. And, then I compartmentalize and I have my reactions later. (Partner)*
- *I just go by whatever she feels. I just try to make her life easy, you know? "Do what you need...It's easier for me, I don't have to deal with it...I don't do anything, myself. Like, I put myself in a little cage. (Veteran)*

Examples: Disability

- *Well, she won't tell me if, if something's going on. She tries to keep me out of the loop, knowing that I'll, that I'll stress about it. And that, and that, I think, actually, upsets me more. It seems to piss me off more than her spending the money. Or, you know, or hiding the fact that we got a big bill, or something, you know. And, that - I hate that. 'cause she'll, she'll take, try to take care of it without me knowing about it. And, then, I find out and it just blows up bigtime... I think she is trying to minimize the stress all around, but it, it's still upsets the hell out of me. (Veteran)*
- *He felt I was intruding. He felt that I was treating him like a child. He felt I was asking of him things that were unreasonable. And, really, what I was concerned about was making sure that he was safe and that he was going to get home OK and on time. (Partner)*

Care Giving

- A vicious cycle in which caring for the symptoms of PTSD is received/experienced as a source of PTSD symptoms.
- In these couples, caring/care giving, normally a phenomena/experience grounded in concern for the other, has been transformed/is simultaneously a state of self concern.
- Reflecting the combination of a very high felt need to manage the Veterans well being, motivated by both empathy (concern for the other) and anxiety (concern for self), and minimal information regarding PTSD resulting in being minimally effective at either supporting the Veteran or managing their aggression. Partners expressed self-blame, a sense of helpless, incompetence and frustration. Partners described poor self care, and an overall sense of losing themselves in the relationship.
- When discussing the volatile and sometimes violent behavior of the Veterans, partners expressed anxiety regarding his emotional state, and a desire to avoid triggers, but these descriptions were marked by self preservation/protective and defensive language rather than concern.
- Caring/trigger- a crucial dynamic defining Veteran-PTSD relationships is the tension around care giving being experienced as both support and as a trigger.

Tensions Around Care Giving

- Self-care/other care
- Caring/trigger
- Caring/self-protection

Examples: Care Giving

- *That wasn't me, but I, I guess I was at that point where I was, like, "Darn it. I need a liberation here."(Partner)*
- *Well, I also did them for me but, you know, I was secondary. And, that's another thing that I would like it known is that the family and the spouse become secondary to everything. And, you, kind of, get lost in the shuffle. Everything is focused on it, everything. And, in some ways, rightfully so, but, also, the - my emotions, my feelings, my medical care, my physical care, my sexual desires, my life desires, you know, work, everything falls to the wayside. And, it all is about them. (Partner)*
- *So that I could - so that I could know whether I was safe or not.*

Examples: Care Giving

- *...depends on a trigger. If she hits a trigger, like she's, sometimes - let's see, when, when I have the feeling that she's nagging, when you get the feeling that she, she's nagging, and, then, all of a sudden, it's, like, bam, bam, bam. ...- I can't be speci-, I can't be specific, but that's pretty much what happens. (Veteran)*
- *...and he doesn't even recall these things. Not today. So, he's learning and I'm learning how to recognize either environ(inaudible) at the end, or stresses, or, you know. So, today, it's hard to say. OK, how it is now is when something gets triggered for either of us ... through the work we've been doing, both here - well, in a lot of different ways, but, we've learned to recognize the trigger. ...(Partner)*
- *I try and figure out what triggered him to want to argue, and come at it from a different direction. (Partner)*

Responsibility

- Both Veterans and partners tended to implicitly or explicitly speak of the **partner** as responsible for the Veterans emotional state. This dynamic was most clearly expressed around the themes of “triggers.”
- Partners tended to be acutely aware of, and frequently more articulate and detailed than the Veteran’s themselves. Their descriptions reflected an experience of attending closely to the symptoms, states, and well being of their Veteran partner.

Tensions Around Responsibility

- Knowledge & naivety
- Veteran passivity/Veteran control
- Helplessness

Examples: Responsibility

- *And, the fact that it fell on me all the time to be responsible for making sure that he got the medical help that he needed. It was a huge responsibility. And, the majority of which I didn't know enough it - I mean, I've worked in and out of medical hospitals and clinics, and I know enough about it to ask the right questions and get it just before it gets really bad. But, if I'm not there, then there's not anything I can do about it. (Partner)*
- *...we had a pretty good relationship in the beginning, but I didn't know anything and I was pretty blind. (Laughter) It was like the blind leading the blind. And, you know, like, like they say, love is blind, OK? (Partner)*
- *I know that when he has bad nightmares, I smell - I wake up smelling. To me, he smells like rancid maple syrup... I can get up and say, "Oh, you had a bad night." And, he goes, "Yeah, I did." ... Sometimes, it's just, "Oh, I didn't sleep last night." And, that doesn't mean anything. (Partner)*
- *So, and then, after awhile, I got to thinking, "Boy, I was really stupid." You know, I felt stupid, and humiliated, ... ashamed... that I didn't catch it, that I didn't do something (Partner)*

Examples: Responsibility

- *But, yeah, I could definitely have a lot of pent-up rage that I can't - I don't know how to get rid of instantly. And, that's where there'd be a hole in the wall from. And, that happened a few times. I don't know. It, it easily pops up at situations. Sometimes, I don't even know where it comes from, honestly. (Veteran)*
- *...we check in with ourselves to find out what that trigger is before, kind of, reacting. ... really, for me, anyway, when, when I'm feeling like I'm being triggered, I want to know how much, how much do I want to invest in this particular thing? I de-escalate it, and I just let it go. If it's a high priority, then I'll say something like, "We need to talk about this when I'm less angry." (Veteran)*
- *He did get better over time. But, it still was a struggle to get him to comply. I would ask him for information about finances, because we used to make decisions together about finances. And, probably the last 10 of the 15 years after he was injured in 1995, everything pretty much got dumped into my lap. In other words, he abdicated his entire life. (Partner)*

Trauma

- Entitlement “you owe me” because of what I’ve been through, actions as well as impotence justified in this way, weakness & vulnerability turned back so others have to deal with me.
- “Triggering” (being activated by environment) used as excuse for IPV.
- Veterans significant need for control and the level of aggression was described as inducing neither empathy nor concern, but fear and anxiety.
- An awareness of the Veteran’s capacity to harm, noted in reference to his size, strength, or past history, military or previous IPV, created significant partner fear and anxiety.
- Assaults during sleep added to the knowledge that the Veteran has killed/could harm actively or passively.
- Possession of weapons was common with the Veterans and a recurrent theme among the more distressed and violent couples, becoming the focal point of the Veteran’s capacity to harm.

Tensions Around Trauma

- Experience = traumatized/traumatizer
- Actions = victim/ perpetrator
- Status = powerful soldier/ diminished Veteran
- Time = immersed in immediate/ past/ future
- Aftermath = capacity to ensure safety/
lethality induces fear “to protect and scare”
- Secondary PTSD: Veteran as a ‘carrier’ of
trauma

Examples: Trauma

- *“So I was going through this triggering thing. And I got the thing for domestic violence anyway. And – you know, the preclusion to it with my dad and everything. So, everything just hit just right, you know? It was like the perfect storm of domestic violence, with the anger, the guilt, and everything just meshed. And, it , it wasn’t a pretty sight.” (Veteran)*
- *“He says, ‘I killed people in Vietnam’. Now, what does that make you think? If you’re yelling at somebody and they say ‘I killed before’.” (Partner)*
- *“I get nervous about it, because I don’t know what he’s going to do. I know he can kill.” (Partner)*
- *“I think she’s scared of me, because of what she knows of my, my military past.” (Veteran)*
- *“Well, I have knives and, well, I had knives and weapons around the house, back in the day. And I told her if she kept on doing, arguing and saying things that I didn’t appreciate or didn’t like, she would come up missing. And, told her I would take my weapon and kill her.” (Veteran)*

Examples: Trauma

- *At its worst, something could be said that was not kind. You know, for whatever reason, it would escalate very quickly. And, it would feel like - you know, I'll be frank: It would feel like I, I never knew quite where it was going to go. His temper, he - I always knew if he started laughing, then I was in trouble. It, the laughing was an indicator for me that he was not taking this seriously, and, that he was, kind of, that laughter, for him, was, kind of, a, a way of trying to manage his rage. And, it never worked. And, I was never very smart about it, either. Instead of, maybe, just doing what I said I now do, ...where, you know, I really kind of de-escalate it? I would not leave it alone. And, if I felt like I'd been disrespected, or offended in some way, then I, I tended to just, like, bite and not let go. And, that would result in a lot of screaming. (Laughs) A lot of screaming and shouting, and ...unkind things. (Partner)*

Communication

- PTSD symptoms (emotional numbing, avoidance, need for control, and depression) are impediments to communication.
- Partners have to develop hypervigilance in absence of communication, i.e., “smell his nightmares.” Partners may already “know” the secret, the tension lies in disclosure.
- When describing their partners attempts to communicate or manage their triggers, Veterans tended to express annoyance or resentment at being controlled. Many described a diminished sense of self, being treated like a child, passivity or compliance. In this way, partner’s attempts to manage their Veteran are themselves experienced as “triggers”, the partner was perceived as responsible for both the Veteran’s emotional experience and aggression/violence.
- The lack of communication was experienced by partners as resistance and led to frustration and anger toward the Veteran and contributed to the partner sometimes adopting power assertion methods/style of relating.
- Both identified partners as highly talkative, expressive, communication initiating and pursuing of connection. This was often framed as either complimentary to , or compensatory for, the Veteran’s lack of communication. (Partner forced to change way of engaging the world?)

Tensions Around Communication

- Secrets = protection/control
- Sharing = intimacy/vulnerability
- Silence = safety/isolation
- Mutuality = partnership/adversary

Examples: Communication

- *“I mean, he has secrets. He would withhold stuff from me. He wouldn’t tell me where he was, what he was feeling, what he needed, what he wanted. He would not go to the doctor, he wouldn’t schedule appointments. He wouldn’t write down his meds – he would rely on me to remember what his meds are, even if they’d changed.” (Partner)*
- *“She’s heard more details when me and my buddies have been flapping our gums, and she just happened to be overhearing what was going on.” (Veteran)*
- *“I felt very abandoned. (Veteran)
What kind of response would you hope for? (Interviewer)
Understanding. (Veteran)
You mean, in terms of listening, and trying to understand? Or, getting information on their own? Or, what, what could have helped, do you think? (Interviewer)
Understanding at a level where the other person would know that I was weak, and vulnerable, because of certain incidents. And, I was having a hard time adjusting to it. I needed their ability to deal with me as I coped with those issues. So, not the ability to relate, but a little lower level.” (Veteran)*

Examples: Communication

- *I was not assertive enough, and I think of the things that he did and it just ... kills me, you know what I mean? Well, yeah, advantaged of, but ashamed that I didn't do something sooner. (Partner)*
- *Well, most of the time, she's controlling, too controlling. I don't like to be controlled. She's a type of person who's loud, she's inconsiderate. (Veteran)*
- *We ended up being two strangers in the same house. She didn't recognize that I'd come back a different person and that there were a lot of things that I couldn't talk to her about, that I can't talk to her about. She knew I wasn't sleeping at night. If a needle fell on the carpet I could hear it, you know? She was very critical of the fact that I just wasn't the same person. I was depressed. (Veteran)*
- *...because there's no room for a relationship when you're having all that all the time. (Partner)*

Community

- This lack of effective inter-relating was worsened by the Veteran's military experience & culture in which secrecy and security is valued and, sometimes necessary, and there is a strong sense of distinction between soldiers/civilians leading to a sense that partners cannot understand.
- Service dogs – liked for helping/protecting, partners – resented for it. Service dog gets to succeed at what wife is punished for.
- Hypervigilance motivated by caring/love and/or by pathological fear/self-protectiveness.
- Partners spoke of how connections with other Veterans were an important part of not only PTSD awareness, but also vital support system for the Veteran.

Tensions Around Community

- We/ me, us/ them = understanding needed from partner and others, but conflicts with the belief that only Vets can understand the unique experiences of military culture & combat.
- Society as threatening/society as benign.
- Love as desired and loss grieved/love avoided as fear of rejection & further loss.
- Hypervigilance motivated by caring & love/by pathological fear & self-protectiveness.
- Moral dilemma exists in Veterans role to protect/ability to harm.
- “Survival guilt” prevents intimacy or even friendship in many relationships.

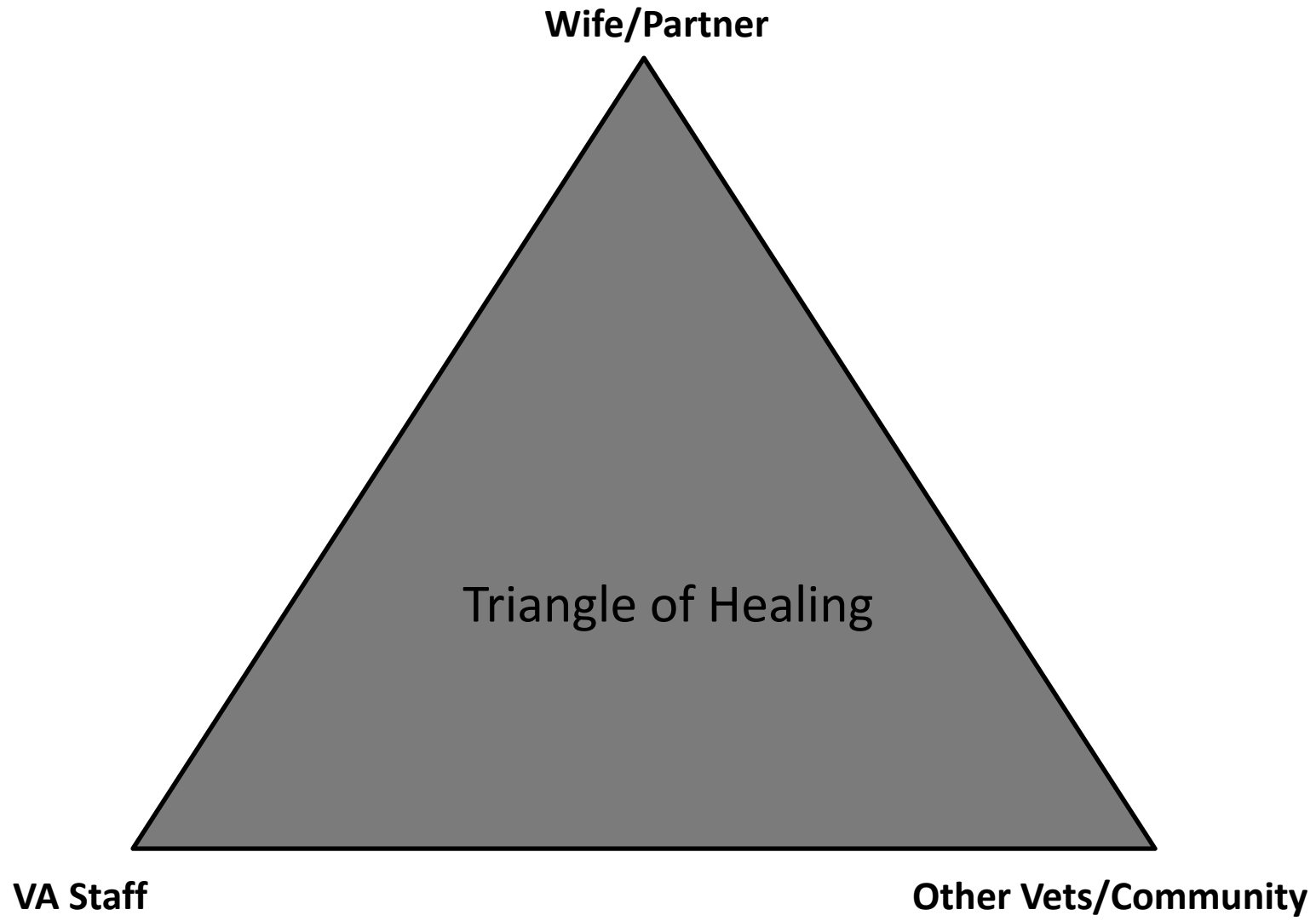
Examples: Community

- *A lot of it was job related, because I was working – it was nothing to put in a 90 hour week, which meant we never saw each other. I was trying to put her through school to get her master’s degree, but, basically, I was hiding. I didn’t want to have to be out in public. I didn’t want to have to relate with people. If you work the night shift, you don’t do those things. It just got to the point that there was no room left for anyone or anything. She wasn’t receiving any feelings or information or anything from me, which became just intolerable for her. (Veteran)*
- *“She pretty much told me that if I didn’t get help, she was leaving. So, ...And then we had seen VFW people up at the Safeway, and I got involved with that, and the guy started talking to me and I ended up here (VA) after awhile, ‘cause I didn’t think I needed to come in here. You know - but, after she told me she was going to leave, then I thought, ‘Shit. OK, ... I guess I’ll try it out.’” (Veteran)*

Examples: Community

- *And, you try to sympathize with him, and you say, you know, “I can’t imagine that. I feel so bad for you.” And, then, he gets real defensive, and, “You can’t possibly understand what it was like.” (Partner)*
- *I couldn’t even go to the grocery store by myself, and, I mean, it got to the point where my friends no longer liked him. They despised him because all he did was call. It got to the point to where I stopped going and seeing my friends. I stopped going out and being social, you know?”(Partner)*
- *I remember she got scared and she took the kids in the bathroom, and I wasn’t really going to do anything, and, next thing I know, I’m stabbing the door.” (Veteran)*
- *He changed more when he came home from deployment. The other day he’s telling me “If you leave me, or you cheat me, or something, I’ll kill you. I prefer to kill you and put you in pieces and spread you everywhere.” He said “If you leave me, I’m going to kill somebody.” But he doesn’t tell me who he’s going to kill, or if himself, or myself, or my son ,or ? He doesn’t go out, so I don’t know what he’s talking about. (Partner)*

PTSD Treatment & Healing



PTSD Treatment & Healing

- Treatment that effectively addressed PTSD and related symptoms and/or alcohol abuse was identified as helpful in several couples, especially around overt physical violence (but not in regard to ongoing IPV patterns). It should be noted that although several participants reported being in some form of anger management, or “DV” treatment, none spoke of it in detail or attributed any specific behavioral change to it.
- The Veterans who had more open communication with their partners RE: PTSD and their emotional state experienced less relational distress.
- The partner’s involvement in the Veteran’s treatment as a couple was also described as very beneficial.
- Partners in less distressed couples expressed having created boundaries and communicated with the Veteran about the effects PTSD was having on them. They more often spoke in terms of “we” when describing both conflict, support, and resolution.
- Partners spoke of how connections with other Veterans were an important part of not only PTSD awareness, but also a vital support system.

Examples: Treatment & Healing

- *I think that the healing didn't really start to take a deeper road until he started coming to the VA and doing the work with other Veterans. That was really a huge shift. I can't emphasize how much that changed him." (Partner)*
- *I did go to some of his sessions as a spouse, I guess that was just to help me weather through and understand the process that my husband would be going through. It's a joint venture. I cannot totally rely on the VA to fix my husband's problem, but , you know, It helped me to understand, it grounded me, 'cause I never knew what this PTSD was, I always thought he was just getting grumpier. But yeah, I would have to say the VA has got me to understand, and helped me to cope. (Partner)*
- *You need help. But, he was so much in denial, where he doesn't want to get help. And, he's telling me, "Don't get me in trouble, 'cause I'm," you know, "I'm not doing anything," you know - he felt like he was crying for help was trouble for him. (Partner)*

Examples: Treatment & Healing

- *“I have tried to talk to him about it, and that’s how I got him to go to - well, that and the divorce is what got him to go to the Vet center for PTSD. No, I went to the Vet center and I said, “What in the world?” That was the day I woke up and he had beaten on me. And, ...He was asleep. I said, “What do I do? I can’t even have a fight with him about it, because he doesn’t know he did it.” I said, “What do I do?” So, they said, “He needs to come in here.” And, he wouldn’t go. He wouldn’t go. He wouldn’t go. And, and it came down with all the eggshells and the yelling and -- I went and got all the paperwork for a divorce. I didn’t get a lawyer, I just got all the paperwork and I filled it out. And, I sat it on the coffee table and I said, “Sign this and get out of the house.” And, I took the kids and I left home, went to a party. And, I came back and he was there, and he was watching TV, and I put the kids to bed, and I came in, I said, “What in the blazes?” I used some superlatives. I said, “What are you doing in this house? I said sign that paper and get out of this house.” And, he sat there looking at the TV, huge alligator tears coming down his face. “Baby, I’ll do anything you want, but, please, don’t make me sign that paper. Please, don’t make me sign that paper.” I said - he said, “I’ll,” he said, “I’ll do anything you want.” I said, “You’ll go to the PTSD, you’ll go to the Viet Vet center and talk to them.” “I’ll do that tomorrow, baby, if they’re not open tomorrow, I’ll do it day after tomorrow.” He said, “Just don’t make me sign that paper.” I said, “OK.” I said, “The paper’s going to stay there. Unless you go to the Vet center, it is getting signed and you are getting out of this house.” I said, “We cannot live this way.” (Partner)*

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