Caregiver, IPV victim, or both: The complex dynamics of intimate relationships for treatment-seeking veterans with posttraumatic stress disorder

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

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Overview of Project

- Part of the larger "PTSD and Relationships Study: Detection of Intimate Violence"
- 441 couples: male Veterans randomly selected from PTSD treatment programs at VA Puget Sound HCS and female wives/partners.
- 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?"

Qualitative Method – Grounded Theory

- 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

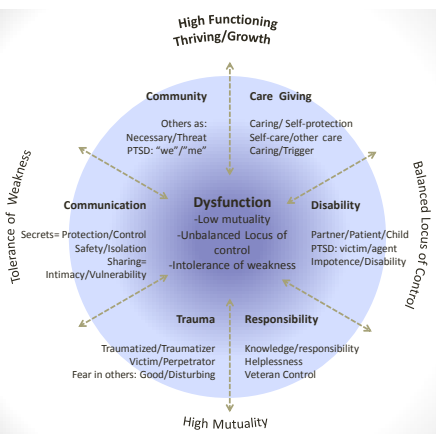
- **Function/dysfunction** of PTSD Veteran couples is experienced in a variety of intertwined tensions: **Disability, caregiving, responsibility, trauma, communication, and community**.
- These tensions exist along three axis of dyadic functioning: **Mutuality, locus of control** and **approach to weakness**.

Tension

- *Condition of being held in a state between two or more forces, which are acting in opposition to each other*
- *Pulled taut, without any slack*
- *Mental worry or emotional strain that makes natural relaxed behavior impossible*
- **Double bind:**
- a state or relationship in which two conflicting demands, *each on a different logical level*, neither of which can be ignored or escaped.

Three Axis of dyadic functioning

- **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 limiting or 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**.
- 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.**

Care Giving

- **Caring & care giving**, normally a phenomena grounded in concern for the other, has been **transformed/is simultaneously a state of self concern.**
- A very high need to manage the Veterans well being, **motivated by both empathy (concern for the other) and anxiety (concern for self)** and a **desire to avoid triggers** (being activated by environment) as a mode of **self preservation**
- Minimal information regarding PTSD results in being minimally effective at either supporting the Veteran or managing their aggression. Partners expressed **self-blame, a sense of helpless, incompetence and frustration, poor self care, and an overall sense of losing themselves in the relationship.**
- **Caring/trigger** is experienced **as both support and as a trigger**.

Responsibility

- **Veterans and partners** tended to see the **partner as responsible for the Veterans emotional state**.
- This dynamic was most clearly expressed around the themes of **"triggering." Triggers** used as **excuse for IPV**.
- 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.

Trauma

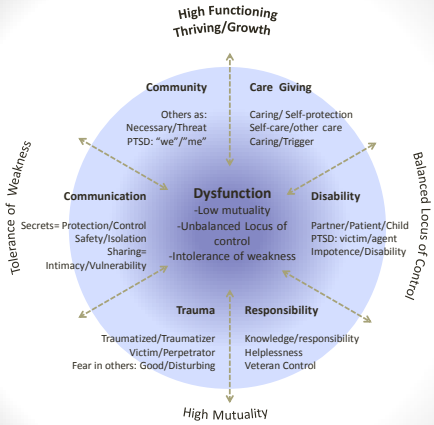
- Veteran sense of entitlement **"you owe me"** because of what I've been through.
- Veterans significant **need for control** and the **level of aggression** was described as inducing neither empathy nor concern, but **fear and anxiety**.
- An **awareness of the Veteran's capacity to harm**, noted in reference to his size, strength, or past history, military or previous IPV, and **Assaults during sleep** created significant partner fear and anxiety.
- **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.

Communication

- **PTSD symptoms** (emotional numbing, avoidance, need for control, and depression) are **impediments to communication**.
- **Partners as responsible for communication:** highly talkative, expressive, communication initiating and pursuing of connection.
- **Partners develop** hypervigilance in the absence of communication, i.e., "smell his nightmares."
- In response to partners attempts to communicate or manage their triggers**, Veterans tended to express annoyance** or resentment at **being controlled**.
- The **lack of communication** was experienced by partners as resistance.

Community

- **Lack of effective inter-relating** was exacerbated 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.
- Veteran 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.



Disability: in participants' words

- *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 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)

CareGiving: in participants' words

- *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)*
- *…depends. 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 specific, but that's pretty much what happens. (Veteran)*

Responsibility: in participants' words

- *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)*
- *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)*

Trauma: in participants' words

- *"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)*
- *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)*
- *"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)*

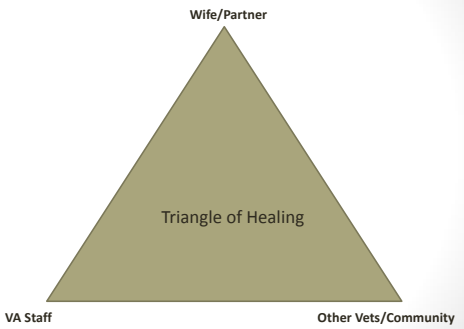
Communication: in participants' words

- *"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)*
- *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)*

Community: in participants' words

- *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)*
- *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)*

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). 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 PTSD awareness, and also a vital support system.

Treatment & Healing: in participants' words

- *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)*

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