

Chapter 1

Healing Connections: Expanding the Role of Couple Therapy

*I*n old Celtic stories, where life is dark and full of danger, poets and seers teach people how to face the darkness. They teach that life is about standing in a narrow passage, in the dark, with your back against the wall, facing a dragon. There is no escape. The only question, in these old stories, is how well you fight. This is a somber vision, but also one that celebrates the courage that the darkness calls forth.

To those of us who see the power of intimate bonds, in couples and in families, there is a second question: the question of whether you fight alone.

If another stands beside you when you face overwhelming terror and helplessness—whether you name this terror and helplessness a “dragon” or call it by some other name, such as traumatic stress—then everything is different. Shadows are not so terrifying. The struggle can be shared, and sometimes the fight can even be a thing of joy as, together, you defy the dragon. We all know it is better not to be alone in the dark and that connection with others makes us stronger.

This knowledge is the basis of the entire enterprise called psychotherapy. Every therapist knows that when we are wounded, connection with another helps us heal. The one thread that has united therapists across models and paradigms is a recognition that the relationship with

a therapist is a new context that can create new, healing experiences for clients. Research on the effects of psychotherapy has echoed this recognition. More essential than the use of technical skill is “being skillfully” with our clients. If a therapist is a skilled weaver of new realities, the therapeutic relationship is the frame on which such realities are woven and become tangible.

Couple and family therapists attempt to create new, more positive connections, not only between the therapist and individual clients, but between family members. We have been intent on improving couple relationships and helping families to step out of negative ways of relating. We have tried to help people resolve conflicts, communicate more effectively, and create greater intimacy. And, if we consider couple therapy, the subject of this book, we seem to have made headway in helping couples improve distressed relationships. There are now a number of empirically validated couple therapies, and in the last decade this field has made strides in identifying common relationship problems and ways to alleviate those problems (Johnson & Lebow, 2000). Recently, couple therapy has also been used to address “individual” problems such as depression and anxiety disorders, agoraphobia, addictions, and eating disorders (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). It may be used as a main intervention or as an adjunct to more individually focused interventions. For example, Barlow and colleagues (Barlow, O’Brien, & Last, 1984; Cerny, Barlow, Craske, & Himadi, 1987) found that when spouses were included in treatment for anxiety, success rates jumped from 46 to 82%. The growing trend to use couple interventions to address common problems of individuals is a recognition of the importance of our closest relationships in our lives. These relationships can maintain and exacerbate personal problems; they can also be active sources of healing.

This book reflects and extends this trend in the evolution of the field of couple therapy. It concerns the use of couple therapy, not only to alleviate relationship distress and to help individuals address problems of mental and physical health, but also to help couples construct relationships that enable partners to face the traumas inflicted by life and to walk away from them whole.

Trauma involves exposure to a stressor that evokes intense fear, helplessness, and horror. This experience irrevocably shapes the way a survivor defines the world and his or her self. Trauma may involve echoes from the past, such as childhood sexual abuse (CSA). This form of trauma, often inflicted by those we need most, has a powerful effect on

how people construct their lives and their relationships. In fact, the effects of CSA are so patent as to be given special recognition and are now referred to as complex posttraumatic stress disorder. Trauma may also involve present trials, such as physical or mental illness, the traumatic loss of a loved one, and the occupational traumas that soldiers and police officers face daily. These traumas are not inflicted by loved ones, but the aftereffects are played out in technicolor in the victim's close relationships, often with disastrous results. The thesis of this book is that couple therapy has a vital role to play in addressing the interpersonal effects of trauma and helping partners to turn their relationship into a safe haven, a haven that actively promotes facing the dragon well and healing from the aftereffects of his fire.

This broader view of the role of couple therapy fits with the heightened awareness of the last decade that couple interventions can be actively used to promote health and resilience in individual partners. New approaches to couple therapy have tended to depathologize relationship problems and emphasize the resources partners may have to offer each other. For example, emotionally focused and narrative therapies both take such a stance (Freedman & Combs, 1996; Johnson, 1996). Our closest relationships can provide the ideal context in which we can heal and grow (Hendrix, 1988; Johnson, 1986; Walsh, 1996). Couple and family therapists are now focusing not just on resolving relationship problems, but on specific ways in which better relationships can promote positive coping and individual growth. In this context, it makes sense that improving an individual's closest relationships can be a crucial element in addressing multidimensional problems that involve the whole personality, such as posttraumatic stress disorder (PTSD).

This expanded view of the potential role of couple therapy is supported by a convergence of philosophical perspectives that focus on changing the relationship context in which an individual problem is enacted. The feminist movement offers one such perspective. Feminists and other writers are emphasizing that the self is relational, that we define ourselves in relation to others (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) and that man is a mirror for man. This argument echoes Sullivan (1953), who talked many years ago about how personality is the way we engage with others and create social relationships. Social psychologists, who study attachment between intimates, view a person's style of engagement with others as intimately connected to his or her model of self and how emotion and information are processed in everyday life (Bartholomew & Horowitz, 1991). Postmodern social con-

structionists also emphasize how the sense of self is continually created in interaction with others (Anderson, 1997). All these theorists stress that identity is not so much an achievement of the mind, but a reflection of key relationships and a drama requiring a supporting cast (Gergen, 1994). These perspectives add momentum to the use of couple therapy to address problems that until recently were considered the exclusive domain of long-term individual therapy.

Advances in the couple therapy field also make this modality more applicable to serious individual problems. It is significant that couple therapists are focusing not just on behaviors in interactions but also on emotions in the change process. This focus helps the couple therapist to specifically address an individual partner's emotional problems, particularly traumatic stress disorders, in which emotional regulation and integration are of such central importance. Recent advances in the literature on the use of emotion in clinical practice point out that emotion bridges self and system, the intrapsychic and interpersonal worlds (Greenberg, Rice, & Elliott, 1993; Kennedy-Moore & Watson, 1999; Plutchik, 2000). Emotion orients us to the salience of events, colors the meaning of these events, and primes us for action. It also structures communications with others and evokes particular responses from them. Thus, sadness can speak to me of my loss and bring that loss into focus. It moves me to weep and seek comfort. Its expression also conveys to my partner that I need soothing and draws him or her closer (Johnson & Greenberg, 1994). Couple therapists who work with emotional realities and emotional communication are in a unique position to impact clients' inner and relational worlds. It is logical that as an intimate relationship improves, the individual partner's sense of self and general resources for dealing with life's challenges also improve. It is perhaps not so easy to recognize that couple therapy may provide a unique arena for specific and crucial changes in individual functioning. When a survivor is able, in spite of terror and shame, to turn to his or her partner and ask to be held and comforted during a flashback, rather than to dissociate or harm him- or herself, not only are the negative symptoms of PTSD modified, but a new world of trust and a new sense of self open for that survivor.

This book suggests that for many clients, particularly those struggling with the aftermath of a trauma characterized by "violations of human connection" (Herman, 1992), there is a potentially more powerful corrective relationship than the relationship with a therapist. This is the

relationship with the person's life partner. This relationship is often overlooked or discounted by health professionals as an active source of healing. It is addressed, if at all, only when distress between partners clearly and irrevocably undermines the effectiveness of one partner's individual therapy. This book focuses particularly on the aftereffects of different kinds of trauma and takes the position that if a person's connection with significant others is not part of the coping and healing process, then, inevitably, it becomes part of the problem and even a source of retraumatization. As healers, we may sometimes forget the brilliance of ordinary people in healing themselves and the people they love. My client couples have taught me that, in general, we underestimate the ability of a husband to comfort his wife when a traumatic flashback wakes her in the middle of the night. We tend to forget the powerful, positive impact of such events on a survivor. As therapists, we may have focused too much on the individual and underutilized the power of a client's attachment to a significant other as a natural and potent antidote to helplessness and loss. Perhaps the field of couple therapy is now ready to take up the challenge, not only of healing relationships, but of helping couples create relationships that heal the traumatic wounds that life inflicts on so many of us.

Why is this the time for the field of couple therapy to address such a challenge ?

First, couple therapy as a modality has evolved to the point where we have a clear sense of the nature of distress in close relationships, as well as well delineated and tested interventions such as emotionally focused couple therapy. We can have increased confidence in our ability to help couples, even very distressed couples who are dealing with symptoms such as depression and PTSD, to change their relationships for the better.

Second, there is accumulating evidence of the effect of close relationships on physical and mental health and the ability to cope with stress. Positive close relationships have been linked to immune system competence, to resilience in combat situations, and to the ability to cope with chronic stress and illness (Kiecolt-Glasser et al., 1993). Conversely, there is increasing recognition of the links between relationship distress and emotional problems, particularly depression and posttraumatic stress disorder (Whisman, 1999). As "social capital"—that is, our sense of community—diminishes and the anxiety and stress involved in everyday life increase (Twenge, 2000), it may be that we

need ever more support from our partners and have fewer other resources when these relationships become distressed.

Third, a theory of adult love relationships has been elaborated that allows us to clearly conceptualize and explain the link between secure relationships with others and the development of personal resilience. We now have a theory that explains how being connected with others enables us to overcome fears and maintain resilience. Attachment theory (Bowlby, 1969) specifies that secure bonds foster our ability to cope with hurt and danger, whereas isolation and alienation from others render us vulnerable.

Fourth, and perhaps most significant, in the last decade the enormous impact of traumatic experience, particularly physical and sexual abuse, on people's emotional and physical health has been recognized. In particular, there has been greater recognition of the "violation of human connection" (Herman, 1992) that occurs when trauma is inflicted by those we depend on and are closest to. This kind of experience is *not* rare or unusual. Herman (1981) suggests that up to one-third of all women have had some form of sexual experience with a male relative while growing up. In response to this awareness, a plethora of new interventions have evolved, most of them directed at the survivor as an individual (Foa & Rothbaum, 1998). In addition, it has been acknowledged that these interventions must be efficient and, where possible, brief.

Finally, we now better understand traumatic experience in terms of both its multidimensional nature and its far-reaching effects, and thus we see the need to intervene on a number of levels, including a victim's interpersonal context. There is a growing recognition that although re-experiencing symptoms are being successfully treated with interventions such as exposure-based therapies (Foa, Hearst-Ikeda, & Perry, 1995), the interpersonal symptoms of trauma, such as numbing and detachment, are difficult to treat via the traditional individually focused interventions. Symptoms such as numbing and hyperawareness may be best addressed by the comfort and reassurance offered by a significant other.

The multidimensional nature of the aftereffects of trauma implies that to effectively treat trauma, we need to use different interventions to hit different targets. However, treatment has mostly focused on the inner experience of the individual survivor, with the additional use of structured group experiences. Until quite recently, couple therapy has not been employed systematically to address the effects of trauma, even though distressed relationships are such a central feature of posttraumatic stress.

Perhaps because more of the work in this field has focused on the female survivor of trauma (except in combat stress disorders), as a colleague has suggested, men have been seen as the enemy, not part of the healing. But this perspective ignores the many female survivors with long-term partners who are spending a great part of their lives struggling to connect to these partners, in spite of their traumatic experiences. When we consider survivors who have coped with childhood trauma successfully, we see that a positive relationship with an adult partner is often a key factor in their success. Women who have been abused as children and are able to be good parents for their own children, for example, are often those who have managed to create a positive relationship with a spouse, in spite of the lack of maps or models. At first, as couple therapists, my colleagues and I simply saw that helping couples improve their relationship often took longer if one partner had a trauma history. It took time for couples to teach us that when partners successfully fight the dragon of trauma together, not only is the dragon more likely to be put in its place, but the fight builds a powerful bond between the partners. Our couples helped us to see that a partner who understands the nature of the terror that takes over his or her spouse is often capable of more empathy and responsiveness than we or the survivor had ever imagined possible. Not only that, a spouse or lover is there in the middle of the night when the dragon comes, whereas the therapist, no matter how expert and empathic, is miles away. The fact that if partners are not part of the solution, they are, almost inevitably, part of the problem, is also a cogent argument for couple interventions. If a partner does not understand and is unable to respond to the survivor's pain, however expressed, that partner most often confirms the survivor's worst fears and exacerbates his or her difficulties. This argument is not meant to imply that individual therapy is less than essential in the majority of cases. Rather, it posits that couple interventions can make a crucial, and to date almost unrecognized, contribution in the treatment of traumatic stress.

Perhaps we have not generally used couple therapy to address posttraumatic stress because we have not been sufficiently clear about the impact of trauma on close relationships to know what to target in therapy. We were unclear about where and how to intervene and the best ways to help restore and empower such relationships. If, in the past, we have been unsure about how to promote couple relationships as positive sources of healing for individual wounds, we may now be at the point where we can realistically think of intervening to create spe-

cific changes in individual functioning, as well as to the nature of relationships.

This book is intended as a guide for the therapist working with couples who are struggling with the impact of trauma on their relationships, seeking to create secure bonds that promote healing for the survivor. More generally, this text will have relevance for therapists in helping couples deal with other “individual” disorders, such as depression and eating disorders. If the marital relationship is seen as a key factor in the trauma recovery environment, and if we acknowledge that marital distress tends to evoke and maintain trauma symptoms, we must pay attention to the quality of survivors’ primary relationships. Van der Kolk and his colleagues (van der Kolk, Perry, & Herman, 1991) state that it is the ability to derive comfort from another human being that ultimately determines the aftermath of trauma, not the history of the trauma itself. For traumatized couples, *the therapist’s goal must be not just to lessen the distress in a survivor’s relationship, but to create the secure attachment that promotes active and optimal adaptation to a world that contains danger and terror, but is not necessarily defined by it.*

Trauma intensifies the need for protective attachments and often, simultaneously, destroys the ability to trust that is the basis of such attachments. The couple therapist is therefore likely to see a disproportionate number of trauma survivors in his or her practice. Trauma survivors are more likely to experience distress in their close relationships and to have fewer resources to deal with this distress. Much of their energy is consumed in facing a world infused with danger and uncertainty. They are more likely to get stuck in the deadly cycles of pursue–withdraw and criticize–defend that consume relationships and make separation so likely (Gottman, 1994). It makes ultimate sense that after experiencing a traumatic disruption or betrayal of human connection, they have difficulty with trust and closeness and are generally reluctant to risk that kind of hurt again. However, without this human connection, they cannot truly heal.

From my experience in our hospital clinic, survivors and their partners tend to be caught in a relentless spiral in which relationship distress primes and exacerbates trauma symptoms, and trauma symptoms prime and exacerbate relationship distress. This spiral takes on a life of its own, becomes self-reinforcing, and is often the reason that individual therapists send their clients to a couple therapist. The survivor’s partner

is, at one moment, a potential source of safety and healing, and at the next moment, a source of danger and fear.

THE SCOPE OF THIS TEXT

This text offers a general approach to therapy with traumatized couples, for whom affect regulation and safe emotional engagement are key issues. It can hopefully be useful for all couple therapists, regardless of their theoretical orientation. This is an attempt to go beyond the specific model of therapy with which I am most familiar, emotionally focused couple therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996). Interventions based on other constructionist therapies, such as narrative therapy, and more dynamic approaches are discussed when they seem to have something to offer the therapist dealing with trauma survivors. Constructivist therapies, such as EFT, focus on human beings as active agents who individually and collectively construct the meaning of their experiential world (Neimeyer, 1993). Such therapies tend to focus on the process of meaning creation, on the self in relation to others, and on the manner in which individuals organize themselves and their experiences to protect their internal coherence and integrity.

This text, however, takes a particular theoretical perspective on adult love, an attachment perspective. Currently, this perspective is supported by the most extensive research base of any theory of adult love and offers couple therapists of all persuasions a general map of close relationships. It is also particularly pertinent to trauma survivors and their relationships. Attachment theory stresses that emotional ties with others, wired in by evolution, offer all of us a safe haven in times of need and a secure base from which to explore and learn to survive in a dangerous world. A secure connection with others is most pertinent in the face of danger and loss. The lack of such connection not only leaves us unprotected but can, in itself, be aversive and even traumatic. Confinement in solitary isolation, often called cruel and unusual punishment in our penal systems, is used as a general means of torture to deliberately induce helplessness and terror, that is, to induce traumatic stress.

This text also examines negative events that violate the assumptions of attachment relationships, just as trauma tends to violate the individual's assumptions about a safe and controllable world. Concep-

tualizing these injuries as relationship traumas has helped my colleagues and me to grasp, understand, and design interventions to address such injuries. If unresolved, these injuries block the growth of trust and openness in couples' relationships and undermine the effectiveness of couple therapy (Johnson, Makinen, & Millikin, 2001).

We begin with some brief snapshots of the kinds of issues these couples bring to therapy.

SOME SNAPSHOTS: COUPLES FACING TRAUMA

Relational cues to the presence of the dragon

WIFE: Don't just come up behind me and grab me—like you did last night. I hate it.

HUSBAND: What do you mean? I don't know how to be with you. I can't even give you a hug without you going off the deep end.

WIFE: Just don't do it. It's aggressive. It's just like I'm back home with my brothers—always touching me, touching me. (*Shudders and starts to cry.*)

HUSBAND: (*deep sigh*) Fine, fine. I will just stay away from you then.

Dealing with re-experiencing problems

WIFE: When you have these, these nightmares, why don't you tell me, wake me up?

HUSBAND: Oh yeah, right. Then you could tell your friends—"He lost it again last night, some kind of cop he is. One shoot-out and he turns into some kind of pathetic crybaby who's afraid of the dark." Just leave me alone.

Numbing and dissociation

HUSBAND: I don't feel anything right now. When she cries like this, I just hear that I have screwed up again. Like I did in the fire that night. It's like I'm a long way off. I'm hardly even here.

WIFE: That's right—you are never with me when I need you. What's the point?

Avoidance

WIFE: I can't handle it. I don't mind a cuddle, in fact, it helps sometimes. But I can't handle it when I see that look in his eye. He wants sex. So I go on the computer for a few hours.

HUSBAND: When we were first together, you wanted sex all the time. Now I can't even touch you. Why am I here? You don't want me at all.

Hypervigilance

WIFE: I'm on eggshells all the time. Everything has to be perfect, in place, predictable. And if it isn't, well, all hell breaks loose and I am the enemy.

HUSBAND: I know, I know. But if you would just keep everything. . . . All right, I know, I am so thin-skinned, I'm bleeding to death here.

Irritability

HUSBAND: You're angry all the time, with me, with the kids. You got assaulted, okay, but you know, we aren't the ones who assaulted you. But we are the ones that get to pay for it and we've paid for it for a long time now. When is it going to stop ?

WIFE: (*in a dull, listless voice*) It's never stopped—never going to stop—that's the point.

From the preceding examples, it is easy to get a sense of how the aftermath of trauma interferes with emotional engagement in a relationship and how this lack of safe engagement then plays a part in maintaining traumatic stress. The couple therapist has the perspective and the expertise to help such couples create new kinds of interactions whereby the echoes of trauma can be contained and the wounds associated with it can be healed.