

Couple Therapy with Survivors of Childhood Trauma

By Joan Fisch, MSW, LCSW

Traumatic interpersonal life experiences damage relationships by disrupting survivors' abilities to regulate emotion, form secure attachments, and maintain a coherent positive sense of self. Although there has been tremendous progress in developing therapeutic approaches to help traumatized individuals, most models of couple therapy do not consider the impact that unresolved traumas have on couple relationships. Treatment approaches that focus only on problem-solving, increasing communication, and enhancing positive aspects of relationships do not sufficiently address difficulties that result from traumatic experiences.

A high incidence of trauma in the general population means that couple therapists will inevitably see couples in which one or both partners have been traumatized during childhood. While the effects of adult trauma can disrupt even the most secure and satisfying relationships, childhood traumas are particularly damaging because they derail normative emotional, cognitive, and psychological development. Children can be traumatized by a wide spectrum of childhood experiences. These include, but are not limited to, being physically, emotionally, or sexually abused by a trusted adult; growing up with a parent who is alcoholic, abuses drugs, or is mentally ill; or having a parent or other important person die.

Negative Effects of Traumatic Experiences

Children whose traumas are recognized and appropriately responded to are often able to resume normal development. If traumas are not acknowledged, children must find ways to protect themselves from feelings of vulnerability. When they are abused or neglected by parents or caregivers, they have the added challenge of having to find ways to maintain their much-needed connections to those who have abused or failed to adequately protect them. They typically do this by denying, disregarding, forgetting, or distorting what happened; by remembering the facts but denying the emotional impact; and/or by developing a belief system in which they are to blame for the abuse.

When traumatized children reach adulthood, they can experience significant difficulties. Much of their emotional energy may be needed to manage traumatic symptoms of anxiety, depression, flashbacks, sleep disturbance, and/or intrusive thoughts, leaving them unable to fully engage with their partner. Efforts to manage these symptoms may lead to alcohol or drug dependence; to eating disorders or other self-limiting and self-destructive behaviors; or to behaviors that are harmful to others. The desire to be in a caring relationship may be in conflict with their previous experience that relationships with loved ones are inevitably hurtful. Strategies that were adaptive in childhood may now contribute to patterns of interaction that increase rather than decrease interpersonal distress.

Partners' behaviors, even those intended to be comforting, may trigger traumatic memories and defensive reactions. Other interpersonal interactions, especially with their children, can reactivate memories of childhood traumas. The partners themselves may develop traumatic stress responses. Traumatic experiences during adulthood further complicate and challenge couples' capacities for creating a secure, intimate connection.

When therapists understand how emotionally overwhelming experiences lead to difficulties in interpersonal relationships, they are better equipped to find ways to help their clients establish safe and emotionally satisfying relationships. They also have a way to understand the strong feelings they themselves are likely to experience. When therapists do not recognize, understand, and manage their countertransference reactions, they risk compounding their clients' difficulties by

providing inadequate treatment and by blaming them for their failure to change.

Interpersonal Neurobiology and Emotional Regulation

Because couples frequently come to therapy lacking the ability to identify and discuss the negative effects of childhood traumas, therapists need to be able to recognize interactions common to trauma-based interpersonal difficulties. Daniel Siegel's work in interpersonal neurobiology provides an excellent foundation for understanding the patterns that develop in interpersonal relationships when adverse and overwhelming events create impairments in mental processes. Interpersonal neurobiology is an interdisciplinary approach to understanding how the mind works. It integrates research in a wide array of independent disciplines, including neurobiology, developmental psychology, attachment theory, systems theory, and memory, with the goal of creating a framework for understanding the intricate and powerful ways in which biology and interpersonal experiences continuously interact to shape our subjective and interpersonal lives.

According to Siegel, emotion plays a central role in self-regulation, in creating subjective experience, and in forming our connections with others. Emotion is not simply a by-product of experience but a complex process that influences and is influenced by a wide range of interwoven mental processes including thought, perception, memory, and action. A well-regulated flow of energy (emotion) and information is the essence of all attuned relationships. When emotion and information are well regulated, systems (individuals, couples, families, communities, etc.) are stable, flexible, and adaptable. When systems have been severely stressed (traumatized) and have not had the opportunity to heal, the flow of energy and information becomes constricted or chaotic, or may fluctuate between these extreme states.¹

Patterns of Emotional Dysregulation

Because traumatized individuals have difficulty tolerating, expressing, and/or modulating their emotions, couples in which one or both partners have unresolved trauma will be more likely than non-traumatized couples to have developed patterns of interaction that are characterized by emotional dysregulation. Although their patterns may resemble those of non-traumatized couples, they are usually more rigid or chaotic with higher levels of distress and lower levels of satisfaction. The following are commonly encountered patterns of emotional dysregulation:

- Both partners experience chronically high levels of emotion. These include fearfulness, anxiety, irritability, and aggression. Each person can easily be triggered into an intensely negative emotional state. A strong response by one results in an intense response from the other. Both lack the ability to calm themselves or withdraw from the interaction. In this hyperaroused state their ability to talk productively with each other or a therapist is severely impaired.
- Both partners are distant, withdrawn or emotionally numb. They have little access to feelings or thoughts. They have little to say to each other or a therapist. What they do say is emotionally flat and lacks important details.
- One partner is highly emotional while the other is withdrawn and emotionally inaccessible. A strong response from the more emotional partner results in the more withdrawn partner withdrawing even more. His/her withdrawal results in a highly emotional response from the partner, increasing rather than decreasing their distress. The more withdrawn partner will typically have little to say, while the more emotional one will do much of the talking.

Couples who are emotionally dysregulated will be unable to initiate or respond to repair attempts after an argument. They will also likely to be highly defensive (avoid, blame, withdraw, or be contemptuous) and to resist or reject the possibility that their difficulties have their origin in

childhood experiences.

Even when there is strong evidence of unresolved childhood trauma, other explanations for a couple's difficulties must be considered. Emotional dysregulation can be the result of psychiatric or medical conditions, of extremely stressful current life situations, or of having grown up with parents who had difficulties with emotional regulation because of their own unresolved traumas. It is also important to keep in mind that how trauma is experienced and expressed varies from person to person and couple to couple, and that it can be strongly influenced by contextual factors such as gender, race, ethnicity, social class, and sexual orientation.

Treatment Phases

When unresolved trauma plays a role in a couple's difficulties, it is essential that the therapeutic approach include the three widely accepted basic phases of trauma treatment: (1) stabilization and symptom reduction, (2) remembering/reprocessing and mourning, and (3) integration. These phases are interdependent and cannot be approached in straightforward linear fashion. The process of recovery from trauma has been described as "a spiral, in which earlier issues are continually revisited on a higher level of integration."²

Stabilization. Stabilization refers to interventions that establish safety in the therapeutic and the couple relationships; identify interpersonal patterns of interaction as the problem; and repair, build, and reinforce self and relational capacities. A central focus of stabilization is the teaching of emotional regulation and self-care skills. In couple therapy this includes helping the couple establish patterns of interaction that will help them maintain or regain emotional regulation at times of stress.

This process can take time and should not be rushed. Only when an atmosphere of safety has been established and the couple is able to reliably regulate their emotions should the focus shift to remembering/reprocessing and mourning.

Remembering/Reprocessing and Mourning. The word "remember" as it is commonly used refers to memory processes in which there is a conscious, subjective sense of recalling that can be expressed as "I am remembering." This form of memory is more accurately called *explicit memory*. Conscious attention is required for explicit memories to be formed. *Implicit memory* is used to refer to memory processes that operate without conscious attention and are not accompanied by a sense of remembering. Implicit memory is experienced as behaviors, perceptions, and sensations. It also consists of generalizations and belief systems (mental maps) that we create as we interact with our environment and use past experiences to try to anticipate what will happen next.

Remembering/reprocessing involves retrieving, organizing, and integrating fragmented, disorganized, dissociated, and/or incoherent implicit and explicit memories into a coherent narrative that makes sense of the traumatic experience and supports ongoing growth and development. As survivors reprocess their experiences, their reactivity to reminders of the trauma diminishes and a sense of emotional well-being is (re)established. Remembering is not about establishing objective truth. Because memory processes are exceedingly complex, finding out "what really happened" is not possible. In fact, focusing on a search for objective truth interferes with the work of making sense of implicit and explicit memories.

When traumatic experiences are remembered/reprocessed during conjoint sessions, the couple develops a joint understanding of how they both have been negatively affected by the traumatic experiences. Together they are able to anticipate and manage temporary setbacks. Disruptions in their connection with each other occur less often, are less intense and more easily repaired when they do occur. Patterns of interaction become stable, flexible, and capable of supporting the ongoing growth of intimacy, healthy dependence, and joyful living.

Mourning is an important component of remembering/reprocessing. As survivors become aware of how they were harmed, they grieve for what they missed. Because unresolved grief interferes with forming intimate connections, we need to anticipate and actively attend to our clients' needs to be aware of and mourn the full extent of their losses. For couples, there is both an individual and shared sense of grief.

Processing trauma is painful and can be destabilizing. Traumatized individuals frequently avoid acknowledging or talking about upsetting childhood experiences and may have actively tried to forget them. Couples may avoid exploring traumatic experiences by maintaining a focus on current issues and denying that the past has anything to do with the present. Sometimes one partner will recognize the importance of these experiences while the other avoids or denies it. Therapists need to be careful not to join with an individual's or couple's desire to avoid painful memories. They also need to pace the work, returning to the task of stabilization when the process of remembering threatens to overwhelm the couple's ability to maintain emotional regulation and an empathic connection.

Integration. Integration is the third phase of trauma-focused therapy. Integration is the process of bringing awareness to the changes in behaviors, feelings and belief systems that have occurred during the therapeutic work and incorporating these changes into one's view of self, others, and the world. The work of integration often involves struggling with belief systems about blame, responsibility, and why bad things happen to good people. In couple therapy, attention is also paid to the changes that have occurred in their relationship as well as other aspects of their lives. As couples become aware of how they have been able to work together to overcome adversity, their connection with each other and their individual sense of well-being is strengthened.

Treatment Considerations

How the therapeutic process unfolds will be a function of the therapist's theoretical framework, clinical experience, personal life experiences, and practice setting in interaction with the clients' presenting complaints, life experiences, and relationship patterns. What all effective psychotherapies have in common is the presence of a therapeutic relationship that provides safety, empathy, and understanding. Establishing and maintaining this positive relationship with individuals who have been traumatized and have difficulty regulating their emotions can be difficult. Couple therapists face the added challenge of needing to simultaneously establish and maintain empathic connections with two people whose relationship has become a source of distress. In order to have the capacity to form and maintain a positive therapeutic relationship and meet the emotional challenges of trauma work, therapists need to identify and make sense of their own traumatic experiences, establish professional relationships in which they feel safe discussing the full range of their emotional responses to clients, have emotionally satisfying personal relationships, and regularly engage in activities that promote a sense of well-being.

Awareness of how traumatic childhood experiences affect our clients' abilities to form satisfying intimate relationships and familiarity with the phases of trauma treatment are the first essential steps in being able to provide appropriate therapeutic experiences. When trauma work is done in couple therapy, instead of or in addition to individual therapy, couples have the opportunity to work together to learn how to regulate strong emotion, develop a joint understanding of how their experiences have contributed to their difficulties, and form a secure, intimate relationship that supports their emotional well being. Recent findings in a wide array of disciplines are dramatically increasing our knowledge of how traumatic experiences disrupt the ability to develop healthy interpersonal relationships. I hope that these new perspectives will be used by couple therapists from all theoretical orientations to meet the challenges of helping couples free themselves from the negative effects of childhood traumas.

¹ Daniel J Siegel. (1999). *The Developing Mind*.

² Judith Herman (1992). *Trauma and Recovery*. P. 155.

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