Field combat stress clinics and research have identified the signature event that precedes thoughts of suicide and homicide in combat soldiers in Iraq and Afghanistan: a distressing personal relationship event with a stateside partner. In response to this alarming information, we have identified critical factors and precipitating incidents as well as critical social skills that form the basis for changing communication between soldiers and their stateside partners. A pilot program is described that proved effective with small groups of soldiers who were led by a male–female professional team and given structured reading and social skills training exercises based on Gottman and Silber’s (1999) book The Seven Principles for Making Marriage Work. Recommendations for future training are made based upon our assessment of the family issues facing the combat soldier in Iraq and Afghanistan. In conclusion, we describe the family fitness interventions and program elements of the skill building trainings within the family component of the Comprehensive Soldier Fitness program, which can be delivered via online interactive technology as well as face to face with families.

Keywords: military couples, conflict, combat, soldier fitness

The United States now has an all-volunteer army. The two wars in Iraq and Afghanistan are the longest protracted American wars since Vietnam. As Mastroiani, Mabry, Benedek and Ursano (2008) noted, “Many difficulties faced by the U.S. war fighters in Iraq are related to the fact that the ‘military we have’ was not designed, trained, equipped, or maintained with the current operations in mind,” (p. 49) . . . [and] “repetitive and lengthy deployments to Iraq or Afghanistan have also challenged the full-time military force, especially the U.S. Army and Marine Corps” (p. 48). Castro, Adler, and Britt (2006) aptly summarized the problem we are addressing in this article, namely, the multiple stressors facing today’s military families. The emotional cycle of deployment, involving anticipation, separation, and reunion, impacts not only the coping skills of the parent left behind but familial attachments and conflicts as well. Three factors surrounding deployments can be identified that leave families at increased risk. The first factor is isolation: There are families who find themselves alone, without a specific unit affiliation for support or information, such as is the case with today’s National Guard and U.S. Army Reserve families throughout the country. The second factor is youth and inexperience: There are service members who are young and inexperienced (and this involves junior service members who are young) and who have families who have yet to go through the stress of deployment. The third factor is the cumulative stress effect: There is often an accumulation of stressors in a military family’s life, such as single parenting during deployment, legal difficulties, or family reintegration difficulties due to emotional or physical injuries unaddressed between deployments.

There is a well-documented dose–response curve between the duration and intensity of specific types of trauma exposures (e.g., the number of deployments a soldier experiences) and the number of symptoms of posttraumatic stress disorder (see Baker, Riosbrough, & Shork, 2008). This is true despite the admirable fact that medical and psychological services available to soldiers in the combat zone have radically changed since the Korean War. During the early months of the Korean War, American military psychological casualties occurred at a staggering rate of 25%. As Ritchie, Schneider, Bradley, and Forste (2008) noted, “When the principles of early and far-forward treatment were eventually reinstated in October 1950, as many as 80% of neuropsychiatry casualties were again able to return to duty after early intervention and treatment in theater” (p. 27).

As a result of these new medical and psychiatric measures, there are now combat stress clinics in theater. Fortunately, these clinics are also able to collect valuable new information. For example, they are now able to assess and evaluate the proximal causes of suicidal and homicidal ideation in combat soldiers in Iraq and Afghanistan. As a result, a lot more is known about what is causing stress-related injuries to combat soldiers.

The Signature Emotional Injury

Communication between the soldier and home today is potentially a constantly available option given today’s cell phones, webcams, high-speed Internet connections, and the
two-way audio lines available on most forward operating bases. The result of this increased ability to communicate is that the soldier continually feels in the immediate presence of the partner in the combat theater while at the same time impacted by the separation. Yet in some ways, this constant possibility of communication may pose new challenges, because the soldier’s world of combat and the stateside partner’s world of single parenting are so radically different. The challenge of communicating geographically across half a world as well as the challenge of communicating across two totally different subjective realities can be overwhelming for both the soldier and the stateside partner. For example, one military couple we interviewed talked about a Skype conversation in which a minor argument they were having was interrupted by a fierce mortar attack on the soldier’s end in Baghdad. When the soldier returned to the Skype window 30 minutes later, his terror-filled wife was so relieved that he was still alive that the details of their argument seemed suddenly trivial. Bridging the two worlds of combat and home is an enormous challenge for military families during deployment.

Using interviews with National Guard soldiers and families, Wiens and Boss (2006) identified this strong stressor during the deployment stage surrounding this sense of the soldier’s being psychologically present with the family while deployed yet physically absent for a long period of time. The result of this dynamic is a strong sense of ambiguous loss. Soldiers and spouses share a sense of feeling exhausted, of recurring guilt, as if a part of themselves was missing while going about the day’s affairs both in the combat zone and stateside. Hawkins, Blanchard, Baldwin, and Fawcett (2008), in their meta-analysis of 117 studies, found consistent efficacy of preventive marriage education programs for two critical outcomes: relationship quality and communication skills. For those soldiers in intimate relationships without this kind of protection prior to the stresses of combat, poor mental health was the unfortunate result.

Combat stress clinics in theater have found that the signature critical incident that precedes suicidal and homicidal ideation experience in Iraq and Afghanistan is a stressful relationship emotional event (Mental Health Advisory Team V, 2008). Critical incidents we have collected include such events as phone calls that end in powerful arguments; fights over control and power at home; communications that leave both partners feeling abandoned, lonely, and alienated; an inability of partners to simply be good friends having supportive conversations; not knowing how to relate to their children, who are acting out because they miss their parent so terribly; threats to leave the relationship by one or both partners; and major periodic sudden crises in trust and betrayal. Internet pornography for the immediate masturbatory gratification of the soldier as well as an array of actual sexual opportunities on the Internet for the deployed soldier also constitute a major issue for partners back home. We have discovered in our pilot work that trust and betrayal are the issues soldiers and partners fight about most.

Many soldiers suppress their own emotions and the trauma they are experiencing in the combat theater to protect their stateside partners from worrying about the realities of combat. From the study of diaries and letters back home, this suppression of bad news appears to be a phenomenon of war. Soldiers who are suppressing the details of their daily lives to protect their partners from worry also find it almost impossible to connect with the everyday ordinary stresses of their families at home when their own daily stresses are so terrifying. It is therefore natural that the quality of the soldier’s communication is impaired. Many soldiers, in suppressing their own emotions, unfortunately also become less responsive to their partners’ bids for affection, humor, or support and become more physiologically aroused as a result of the emotional suppression. The result is a lowered threshold for physiological arousal in the soldier. Because they are deployed in a combat zone, they are easily flooded even by small conflicts with their loved ones, and they tend to become easily agitated and irate. Soldiers also often respond to requests from their stateside partners for understanding and support by giving orders or advice, becoming controlling, exerting power, becoming critical, or becoming contemptuous of their partners. Thus, what could be an experience in understanding and compassion often becomes an argumentative power struggle. Combat, therefore, is in part responsible for creating an equally combative and ineffective communication style with the stateside partner. Conversations often devolve into a zero-sum win–lose match for power, which also systematically erodes trust. Both partners are left with the vague feeling of “You are not there for me,” which is the cause of significant attachment injuries in couples and feels like emotional betrayal (Johnson, 2002, 2005).
Battle fatigue and combat-related stress alone have a documented impact on soldier performance (U.S. Department of the Army, 2006), while multiple recent sources have noted the correlation between relationship stressors in the soldier’s intimate relationship and corresponding negative mental health outcomes. The United States Medical Corps’ Mental Health Advisory Team, in their fifth annual investigation (Mental Health Advisory Team V, 2008), found that most suicides of U.S. soldiers in Iraq and Afghanistan involved failed relationships with spouses or intimate partners. A critical finding was that 68% of the U.S. soldiers in Iraq who committed suicide had had an intimate relationship failure, and relationship failures were involved in 56% of the suicides in the non-Iraq-war population. These findings highlight the importance of the “Dear John” letter (or today the “Dear John” video) as a factor in the deployed setting. Of note is the Mental Health Advisory Team V (2008) finding that long tour duration, in itself, does not increase the rate of suicide but rather serves as a secondary factor in provoking marital disruption and in kindling the loss of love relationships.

Another possible indication of mental health problems is the percentage of soldiers who report that they are considering divorce. In 2007, the adjusted percentage for married male E1–E4 soldiers after nine months in theater was 17.0%; the adjusted percentage for noncommissioned officers was 12.3%, and the adjusted rate for officers was 3.5%. Raw rates were 20.8%, 15.1%, and 4.3%, respectively. Values significantly differed across ranks but did not differ from 2006 to 2007 (Mental Health Advisory Team V, 2008, p. 91). The Army Suicide Event Report (Suicide Risk Management & Surveillance Office, 2007) released the demographics of soldiers who committed suicide. They tended to be young and male, with failed personal relationships cited as the primary critical-incident precursor to suicide. The Mental Health Advisory Team V (2008) report confirmed this demographic. In terms of mental health problems, the soldier of greatest concern is a male, of rank E1–E4, who has been in theater for nine months and is married. However, being single does not exclude from concern the soldier who nonetheless is struggling with relationship stress. In light of these recent findings showing that relationship failures are the primary precursor to suicidal ideation and soldier suicide, this article explores preventive, proactive educational strategies for equipping military couples with resilience by providing them with critical knowledge and skills to strengthen their intimate relationships, deal with conflict and alienation, and therefore aid them in bolstering the soldier’s ability to face future combat stressors.

Following an intense day or a long night in the heat of today’s Middle Eastern battlefield, combat soldiers interacting with their spouses back home naturally face a huge gulf between their experience base and that of their intimate partners. Simple communications become easily distorted and strained. The combat soldier must engage in a complex self-soothing ritual, down-regulating normal combat vigilance and hyperalertness so that he or she can listen to his or her spouse’s events of the day, identify with the spouse’s emotional world, and interact positively with any young children.

Wiens and Boss (2006) shared findings on family resources that function as protective factors during and following military separations. These were identified as having flexible gender roles in order to shift roles during deployment, employing active coping strategies such as e-mailing or letter writing, and being embedded in community and social support systems. Families availing themselves of such resources were involved in their community in or outside the military base, accessed the rear detachment staff, met with family support groups and other unit families, utilized military social services, or were involved with faith groups and religious communities.

In the fall of 2007, following the troop surge in Iraq, the Combat Stress Clinic at Camp Liberty, Iraq, which saw an average of 350 soldiers a month, noted a trend in marital distress as a chief complaint of soldiers seeking outpatient counseling services as well as in those seeking restoration services. These reports of marital distress were accompanied by difficulty sleeping, depressed mood, heightened anxiety, excessive rumination about home-front relationships while on missions, and in some cases, impulsive outbursts resulting in self-harm, suicidal ideation, and failed suicide attempts. These events usually followed threats by the home partner about ending the relationship, exemplified by statements such as “I don’t know if I love you anymore” and “Maybe we should separate when you return.”

In reaction to these data, from 2007 to 2008, the Camp Liberty Combat Stress Clinic, under the direction of Behavioral Health Officer Captain Christopher L. Atkins, offered a seven-week relationship enrichment group titled “Deployment Relationship Skills Training (DEP-RST)” for
the service members from all service branches in the combat zone. The group was cofacilitated by male and female mental health professionals from the Combat Stress Clinic. Soldiers were provided with the book *Seven Principles for Making Marriage Work* by John Gottman and Nan Silver (1999). Eight to 10 soldiers comprised the group in an open-membership format, because the group continually cycled through the deployment cycle in the seven weeks. Hence, soldiers in the group were at various stages in the deployment cycle. Both the soldiers and the soldiers’ side partners were provided with copies of the book and were e-mailed an overview of each week’s topic. The couples received homework from each chapter as they learned relationship skills in each of the seven levels of the Gottman method’s Sound Relationship House theory.

These included (a) building love maps, (b) sharing fondness and admiration, (c) turning toward instead of away or against, (d) creating a positive perspective, (e) managing conflict, (f) making life dreams come true, and (g) creating shared meaning. Couples used webcams to complete the interactive skill-building assignments with their partners, either at the webcam labs at Camp Liberty or Camp Victory or from the soldiers’ containerized housing units via their personal laptops with internal webcams and wireless technology. As couples joined in the creation of “love maps” by asking one another questions about their experiences, feelings, concerns, future hopes, aspirations, and dreams, the fear and apprehension that once dominated their conversations were replaced by a shared meaning they were able to create and discuss with one another. Couples reported that their conversations moved from disagreements to experiences of substance and the sustaining of their identity as a military couple. In looking at online technology as a vehicle by which to deliver psychotherapeutic interventions, the evidence is supportive. In an analysis of 64 studies that assessed the effectiveness of Internet-based psychological interventions for a variety of problems, online delivery was found to have an impact almost identical to that of face-to-face therapy (Barak, Hen, Boniel-Nissim, & Shapira, 2008).

**Current Efforts and Recommendations**

The Gottman Institute is currently creating Internet-based social skills training programs based on the critical incidents we have collected from soldiers in the U.S. Army. Four initial self-instructional modules are being created. In response to their scores on the family portion of the Global Assessment Tool (GAT), members of the U.S. Army will be able to learn relationship skills using these initial four interactive modules. In order to reach a larger community of military family members in an efficient and cost-effective way, computer technology in conjunction with other strategies will be used to deliver assessment and programs (see Park, 2011, this issue).

In response to the Army, we have also identified a potential curriculum of critical skills for soldiers that span areas of family functioning. These are creating and maintaining trust, safety, and secure attachment; creating and maintaining friendship and intimacy; increasing trust and honesty; having supportive phone conversations; managing conflict constructively and gently; avoiding conflict escalation leading to violence; cognitive self-soothing; containing and managing physiological and cognitive flooding; soothing one’s partner; managing stresses external to the relationship; dealing with and healing from betrayal; converting posttraumatic stress disorder to posttraumatic growth through the relationship; creating and maintaining shared meaning; building and maintaining a positive relationship with each child, including emotion coaching of each child; practicing effective positive child discipline; helping each child to learn at home; and, supporting the child in forming healthy peer relationships. Recognizing that there will inevitably be relationships that dissolve, we also include training in skills for breaking up an unhealthy relationship, including knowing the signs of an unhealthy relationship; reaching out for support from family and friends during the breakup; reaching out for professional support when needed; buffering the children from the negative effects of a breakup; and making life-affirming new relationship choices for the children and the self. Taken together, these are the skills the Gottman Institute has identified as the basis of a family component for maximizing behavioral and physiological resilience to combat stresses. As the U.S. Army introduces innovative programming to enhance soldier psychological resiliency, couples’ relationship education can be looked to as a strong preventive factor in enhancing soldier well-being and, consequently, conserving fighting strength.

Attachment theory is helpful in understanding the soldier’s reactions to a loss of emotional support at home during a combat experience that may often involve constant fear, the potential loss of close soldier friends, or reactions to an overly authoritarian leadership style on the part of the
soldier’s supervisor. When individuals lose their emotional support, or even if they have a well-functioning intimate relationship half a world away, they are most vulnerable and may have difficulty with emotion regulation. Coupled with the fact that their intimate relationships are very stressed, it is no wonder that relationship building skills and exercises were so helpful in the Combat Stress Clinic groups. In the groups, couples spoke with strong emotions of their “attachment injuries” and of regretting not “being there” for one another, and they made many references to life and death. There is evidence that travel-related separations from romantic partners are more difficult physiologically—in terms of cortisol secretion—for the partner who stays at home (Diamond, Hicks, & Otter-Henderson, 2008). A chaplain, mental health provider, or civilian mental health professional working with military families can serve by assisting partners in resolving their prior attachment injuries and fostering the growth of trust and the strengthening of bonding and connection (Johnson, 2002). The Gottman method and its corresponding interventions are an example of relationship education facilitating trust and connection in the military couple.

The U.S. military would be strengthened by implementing relationship skills training as early as possible in a soldier’s career. Since soldiers often enter military life, settle into an active duty post, and then begin an intimate relationship, relationship skills for soldiers would be beneficial. We believe that it would prove ultimately beneficial for the Army to take a preventive approach to building relationship skills by mandating such training for soldiers before they receive an increased BAH (basic allowance for housing). Marital enrichment could then continue in the combat zone as well, facilitated by chaplains and combat stress clinic personnel downrange. The rear detachment and corresponding family readiness groups could assist in organizing stateside partners into weekly groups to process the relationship enrichment work and the everyday experiences of military couples.

We wish to emphasize that we expect that the greatest benefit from such preventive interventions will be obtained by improving dyadic communication between partners, rather than intervening only with the individual soldier. The dyadic form of these interventions needs to be voluntary, but we expect that most partners will welcome their inclusion. Aside from the preventive use of this program, the structure of both a soldier group and a partner group doing relationship exercises and learning relationship skills will strengthen overall relationship dynamics. Partners will then have a mechanism for discussing the expected issues that result from having to continue knowing one another while they have such very different experiences. They will have a place for providing support to one another in dealing with the loneliness of both the stateside partner and the children. This structure can provide a mechanism for constructively talking about the inevitable conflicts and regrettable incidents that are part of every relationship, but especially for people separated by half a world. The structure provides a mechanism for these young couples being able to talk about their very separately changing identities, which they are building as young families, as soldiers, as partners, and as parents. Involving children in this structure would potentially strengthen overall family resilience and increase the abilities of the family to cope with the personal and collective adversity of combat separation. In the Army, community programming is needed that permits a structure for families to work together on their relationships prior to, during, and following deployment. Families within this structure could proactively develop plans for managing stressful situations and critical incidents as a team.

We recommend that the training should not use the format of families in an audience facing a presenter armed with a PowerPoint show. Rather, we have seen the power of building community in a supportive group. Training should involve experiences that group members have in common, such as bonding exercises. The skills should be built interactively and deal with real-life everyday critical incidents that these families face at all the stages in the deployment cycle. The training should be experiential rather than didactic. Park (2011, this issue) describes well the urgent need for better understanding of both the challenges faced by and the strengths and assets of military children and families so as to help them not only survive but thrive. Studies and programs need to take a comprehensive approach that is strengths based and problem focused. Walsh (2006) highlighted three key factors for strengthening family resilience: belief systems, organizational patterns, and communication processes. Skills relating to these factors should be trained through experiential learning in which the group copes with the everyday issues confronting military families. The Internet provides an excellent context for this kind of experiential communication and learning, even during deployment. Provisions must also be made for the Army Reserve and National Guard populations. For many guard and reserve couples and families who live in rural settings, the nearest home unit or active duty post can be more than 100 miles away. This provides a challenge for the delivery of in-person military couple and family relationship education, but the challenge can be met by placing military couples and families on orders to complete trainings at their nearest active duty post, where training can be completed alongside active duty families and other reserve and guard families from within a several hundred mile “marriage and relationship education service region” surrounding the primary active duty post.

To launch a national training initiative of this scope would require Department of Defense and Congressional support, with outcomes reaching into future generations of service members. Trainings and structures such as those described here in both predeployment and postdeployment phases have the potential of strengthening family relationship dynamics. The U.S. military and their families could stand strong amidst relocations within the United States and overseas separations with future deployments. Family readiness and mission readiness would become linked in the domain of the many adaptations required of military families.

56 January 2011 • American Psychologist
REFERENCES


