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Strangers at Home: Comment on Dirkzwager, Bramsen, Adèr, and van der Ploeg, (2005)

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In an interview with a young wife of a recently returned Iraq War veteran, she said bitterly, “He brought the war home like an STD.<sup>1</sup> He did not mean to, but knows he never had these problems before the war, and now we both have problems.” The woman was speaking of her husband. She reported that he is now like a stranger in their own home. He has the symptoms of post-traumatic stress disorder (PTSD), specifically, sleeping problems, irritability, depression, anxiety, a loss of a sense of humor, and loss of sexual desire, like many other American vets of the most recent wars in the Middle East (<cr8>Hoge et al., 2004). Although their marriage is strong and affectionate, they are both war veterans. Their adjustment to war fits the pattern that is reported in an important article in this issue by <cr1>Dirkzwager, Bramsen, Adèr, and van der Ploeg (2005). However, it also takes the form of a classic pattern characterizing the marriages of many<sup>2</sup> returning war veterans, which was first thoroughly described by family sociologist Rubin <cr7>Hill (1949) in his study of World War II veterans and subsequently characterized by scholars following later war era veterans of Vietnam (<cr2>Figley, 1978; <cr6>Figley & Leventman, 1980;<sup>3</sup> <cr10>Matsakis, 1996) and the first U.S. war with Iraq (<cr3>Figley, 1993; <cr9>Mateczun & Holmes, 1996; <cr13>Ursano & Norwood, 1996).<sup>4</sup>

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<sup>1</sup> Can you provide a source for this quote (without revealing identity)?

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>Dirkzwager et al.'s (2005) article serves as a wake-up call, or more accurately, a reawakening for those who are <sup>5</sup> for either veterans, families, and especially the secondary effects of war on society. The secondary effects of war on the family are widely acknowledged but rarely studied dirkzwager et al.'s testing, confirmation, and report of the secondary traumatic stress thesis deserves special recognition in consideration of the careful attention paid to what happens when peacekeeper troops return home to their families. This research team followed traumatized soldiers home and studied their 708 partners and 332 parents of Dutch soldiers who were involved in combat. Dirkzwager et al. found that the partners were most significantly affected, which was consistent with secondary, or systemic, trauma theory (<cr4>Figley, 1998). The partners' mental health paralleled that of their soldier partner's mental health. That is, partners of peacekeepers with post-traumatic stress symptoms reported more PTSD symptoms themselves, more sleeping and somatic problems, and more negative social support, and judged the marital relationship as less favorable than did partners of peacekeepers without PTSD symptoms. In this brief comment, I offer some observations about the implications of the study for family psychology research, theory, and practice, in the shadow of a bloody and costly American war in the Middle East.

<p>Understanding the psychosocial and interpersonal consequences of war is critical to family psychology efforts with individuals affected by war, not to mention trauma psychology and traumatology generally. <cr>Hill's (1949) sociological analysis of stress and the family point to the parallel stressors for both the troops and the family members, as do the findings of <cr1>Dirkzwager et al. (2005). General systems theory (<cr14>von Bertalanffy, 1969)<sup>6</sup> and related fields of information theory, game theory, and cybernetics provide an epistemology at variance with the more linear, one-way, cause-and-effect views of human behavior. The field of

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<sup>5</sup> Something seems to be missing here. Please check sentence.

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family therapy embraces a family systems perspective. Fundamental to systems thinking is the notion that perturbations or disruptions introduced by one member have repercussions on others.

<p>It is critical to investigate the impact of war on those who were engaged in it and on the loved ones that awaited their return. In an important, though overlooked study of the U.S. prison system, <cr11>Mumola (2000) found that although veterans were less likely to be in prison, compared with nonveterans, they were far more likely to be there because of violence-related incidents. Moreover, 20% of those in prison have been involved in combat. Of those veterans in state prisons, 55% were violent offenders compared with 46% of nonveterans, and 22% of veterans were violent offenders in federal prisons compared with 13% of nonveterans. Most turned their violence toward spouses or girlfriends. Finally, incarcerated veterans were more likely to report a mental illness than were nonveterans.

<p> <cr8>Hoge et al. (2004) reported on a recent and reputable study of war combat effects. As expected, they found that combat exposure was greater for those who were deployed in Iraq than for those deployed in Afghanistan. Consistent with this finding, Hoge et al. found that, in comparison with rates prior to deployment to Iraq (9.3%), among returning war veterans, 15.6% to 17.1% of Iraq war vets met the screening criteria for either major depression, generalized anxiety, or PTSD. The comparative percentage of Afghan war veterans with postdeployment mental illness was 11.2%. The largest differences were evident in the PTSD rates. Even more troubling in this report was the likelihood that these veterans would not receive the kind of mental health care they need. Only 23% to 40% of those who met the screening criteria actually sought mental health care; these veterans, in comparison with those who did not meeting criteria, were more than twice as likely to report concern about possible stigmatization and other barriers to seeking help. To whom, then, are they most likely to turn for help? And, in turn, to whom will the partners and spouses of veterans turn for help with their relationship problems? These concerns were highlighted by <cr1>Dirkzwager, et al. (2005).<sup>7</sup>

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<sup>7</sup> Do edits convey your meaning?

<p>It is clear from this study and other reports (<cr5>Figley, 1994)<sup>8</sup> of returning veterans and their partners that such individuals require considerable guidance that they are not receiving to address and overcome the challenges noted in Dirkzwager et al. (2005).<sup>9</sup> A recent publication by the Uniformed Services University for Health Sciences (<cr12>USUHS, 2004) offered considerable advice. Among other things, the article emphasizes the shared sense of purpose and mission for the spouse and the veteran. The advice offered involves four steps that suggest commonalities with other separation processes.<sup>10</sup> The first step involves appreciating the other's sense of purpose during separation. Although the partner remains at home and the soldier is away from home and facing more physical hardship, the partner faces another set of challenges that include dealing with the fear of unknown stressors encountered by the soldier and managing responsibilities alone without the help of the partner. Managing responsibilities can be especially challenging for parents with young children or family members with disabilities. By focusing treatment on exchange of information between the partners, an opportunity is afforded for the soldier to explain the events in which he or she was engaged during the deployment, in turn, shedding light on the mysteries that emerged away from home.

<p>The second step noted in the report (<cr12>USUHS, 2004) is the process of the partners acknowledgement to each other that the build-up of concerns—both real and imagined—are common, complicated, shared, and demanding and that they will require mutual adjustments and time to work through. With these concerns comes a renewed commitment to the relationship and confidence that everything will and must work out with patience and attention.

<p>The report (<cr12>USUHS, 2004) noted that the third step involves avoiding the “relationship breakers,” namely, sex, money, and children. Being apart for so long and without

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<sup>8</sup> This reference is not included in the list. Please check the date; add to the list if it is a separate reference. Should it be <cr5>, which currently does not have a date?

<sup>9</sup>Is this the study you are referring to here?

<sup>10</sup> Edit ok?

the benefit of direct contact to focus on these issues, sexual frustration, the temptation and fear of extramarital affairs, and the build-up of sexual tension can act as ingredients of a ticking time bomb, which must be defused quickly on return. Similarly, money is an explosive issue that can emerge as a source of tension during the deployment. Joint decision making for both acquiring, saving, and spending are often made by the partner at home with varying degrees of satisfaction of the soldier. Spending in times of crisis, including expensive phone calls and travel that might have made the deployment more tolerable, may seem unnecessary after the deployment. As with the topic of sex, the build-up and potential explosion of the issues surrounding money must be defused as quickly as possible. The same is true for children—both their behavior and their parenting—may be a source of tension. One specific strategy in the USUHS report is that the veteran be cautious around voicing opinions, and especially judgment, around childrearing initially. The partner parent must be equally patient to not insist on immediate endorsement of actions and decisions during the deployment.<sup>11</sup>

<p>The final step noted in the report (<cr12>USUHS, 2004) is perhaps the most difficult because it requires far more time and encompasses many more issues. This step involves accommodation. In the accommodation process for the reunification of the couple, rebuilding of the relationship initially occurs during the unification period (2–5 months). The task of rebuilding represents a recognition by both partners that the end of the homecoming is the beginning of their renewed life together as a couple. Rebuilding involves the realization that the partners as individuals and as a couple have fundamentally changed as a result of the deployment and its extraordinary stressors. Rebuilding requires becoming reacquainted with the old and original life and determining what should be retained in building a new one. Finally, rebuilding requires extraordinary patience—with one’s own expectations and with those of the partner.

<p>Just as the young wife of the veteran quoted in the opening passage views her returning husband as a stranger, he feels like one himself. As family psychologists and as caring citizens,

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<sup>11</sup> OK to state this more generally? It feels out of place to be so prescriptive here.

we have a responsibility to focus our energies on understanding the experiences of such couples and how to best help them rebuild their lives, one day at a time.

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<sup>12</sup> Please provide the date. See query on p. 5 – should this be 1994?

<sup>13</sup> Please add reference.

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<c14><rf>von Bertalanffy, . (1969).<sup>16</sup>

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<sup>14</sup> Please provide publisher and location.

<sup>15</sup> Please provide page nos. and vol no. if available. Also note the date on which you retrieved the article.

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