

Do We Have to Crash Our Marriages Too?

By Jacqueline L'Heureux, Ph.D.



I never saw the truck coming, stopped on a freeway under a knock-your-eye-out blue sky. My back would freeze for months from the monster grille I never felt mount our car.

I want that day back, to live repeatedly, like the characters in “Our Town”—every part of it right until the crash. Not because it was special, but because it was so ordinary, effortless—as no day has been since. I want to start with rising early, clear-minded and happy to make breakfast for my son, who hardly ever touches it, then joke quietly, scruff his hair and send him off to school. I want to say the same thing I have said as he leaves every day since preschool (and his three brothers before him).

“Remember, no matter what happens out there, you are loved.” He waves me off, smiling at the silly ritual that he is too old for on this day his mother changes forever.

After that day, I was in rehab most of the rest of his high school in another city. His father swung from being angry to coldly withdrawn in response to my traumatic brain injury (TBI), seizure disorder, and chronic pain from my injuries. Rubble continued to rise under the truck long after that Indian summer evening. The debris eventually included my clinical practice as a Ph.D. family therapist, my life’s work treating post-traumatic stress disorder (PTSD) patients and their families, a center I founded and directed, my university teaching, and the necessary, but wrenching dissolution of my 33-year marriage.

Eighty percent of marriages don’t make it after TBI. Mine didn’t. My husband had presented identical behaviors during my earlier battle with cancer, but the toll on me was markedly different. I still had my brain for coping, asserting myself and assessing my own situation. I could set boundaries and alert him when he behaved in ways that were unhelpful and unhealthy for me. TBI is different, though. This time, even planning a daily outfit stressed my brain. Silent seizures from

his yelling debilitated me for hours. Unable to tolerate the sounds of the world, I continued to make my world smaller, isolating myself from my wide circle of friends. I made contracts with him about acceptable responses. Each of us with TBI knows that making a brain-injured person ‘crazy’ is easy. That someone should never be a husband. To cope with my own challenges, I chose a family therapist who had some brain injury knowledge. I worked alone with her, supported by her, to have my spouse resolve his issues in his own therapy. Over a year into therapy, he had made little progress in his understanding of my TBI and the changes that were required of our relationship.

For example, after extensive emergency surgery, he left me at home alone to fend with the pain, drains and dressings, while he continued with his already scheduled two-week vacation. In response to our sons’ angry questions, he replied that his vacations were important to him.

Despite my grueling work ethic, my rehab team quickly began to link my glaring lack of progress to the time I spent at home. They left the choices to me, but carefully helped to assemble the big picture and see the consequences to my health over my lifespan if I did not leave my marriage. They ordered me to move full time to Richmond and I began to bloom. I owe every bit of my healing to a conversation that began, “We are afraid to release you to your family.”

Though I am grateful to live in a peaceful home now, given a choice I wouldn’t be living on my own. I spend too much of my precious daily bank just trying to get each day together. Only TBI patients could understand that they risk getting out of the shower with conditioner on their heads if they don’t focus on every step of every task of showering—and everything else they do—every day. Of course, days come when something needs assembly or a phone call requires repeating

many numbers and I quickly become white-faced and shaken. This is not living; this is surviving. It keeps me just enough on this side of whatever will happen when I can't live on my own. I have much to contribute and am desperate for the energy to make a meaningful life. A good man and a shared life would have helped me realize the promises of so many parts of my life. When asked to identify my greatest strength for rehab, I stated, "my ability to love and be loved." TBI didn't touch that, nor does it for most of us. Except in cases where abuse is present, couples need help from the TBI community to find their way back to married love.

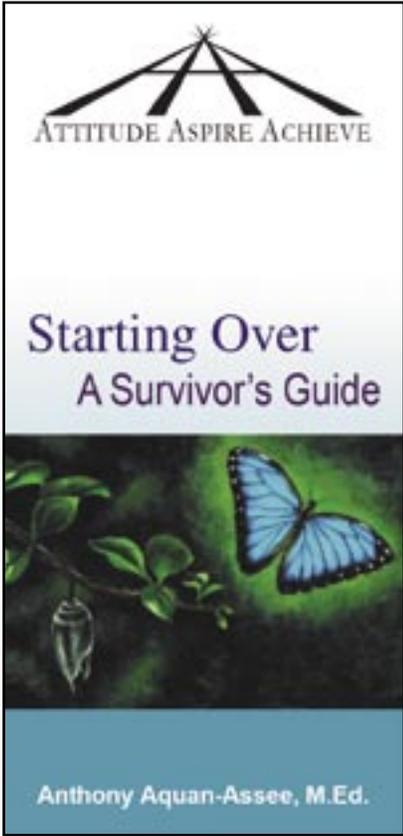
The question, "Do we have to crash our marriages too?" is a call to arms to all of us in the TBI community. We must consider how, post-injury, we have carried some responsibility for that startling 80 percent divorce rate. Often, we have introduced more chaos to already traumatized couples and failed to provide specialized, timely help that helps the person with TBI.

The good news is that all the therapeutic resources and state organizations that individuals need are already in

existence. It is possible that we could do much good without great cost. Helping existing family therapy, trauma and rehabilitation organizations to have purposeful meetings under brain injury auspices with specific agendas would be one efficient way to get the ball rolling. In these meetings, professionals and associations could begin to share things that are working or initiate wholly new protocols for this endemic problem.

We also must be prepared that societal culture itself is resistant to the significant kinds of changes in the marital structure that TBI couples must make. Even modern couples without disabilities struggle with such problems. For couples used to the egalitarianism of the office dynamics, trouble often emerges in the marriage after a baby is born. The baby cries at night and the mother gets up. She's mad about getting up, mad that he would assume she would, but she feels she's a bad mother if she's not the responsive one. We've only come so far in many modern marriages in allowing for "a helpful husband."

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In ***Starting Over: A Survivor's Guide***, Anthony Aquan-Assee, Teacher, Author, Motivational Speaker and Brain Injury Survivor, shares his story about "***Starting Over***" following a devastating motorcycle accident. Read about Anthony's recovery process and the strategies he used to cope following this life changing event.

"Anthony's story is a Miracle. I salute you Anthony"
Love, Dr. Wayne Dyer, Ph.D.

Read this inspirational book to find out how to cope with a brain injury

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Society still expects the woman to create the blueprint that guides the family and all the family tasks—and she often works outside the home. Good husbands help with delegated tasks. However, if either the woman or man has a TBI, the structure of the partnership must change. Each partner's sense of what it is to be a woman or man in the culture must adapt—and those changes are hard. No person with TBI, woman or man, should have responsibility for the blueprint. This is brand-new work for therapists, the couple and people they know. Changes, based on strengths and competence, rather than gender or culture, reflect modernity more than present models. Couples need to answer the questions, "Can I count on you?" and "Will you be there for me?" With some help from each part of our community, perhaps we can begin to change a TBI diagnosis to one that only temporarily knocks the wind out of the relationship rather than one that chokes the very life out of it. ■



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What Can We Do?

by **Jacqueline L'Heureux, Ph.D.**

State organizations, local communities, rehab centers, treatment centers, hospitals and mental health clinicians can do much to help in the aspects of traumatic brain injury that aren't typically considered.

What Can State Organizations and Local Communities Do?

- Nothing will change if organizations and communities don't see their power to affect the course of people's lives and their responsibility to do so.
- Begin right away to facilitate this much needed help for couples: organizing therapeutic resources; alerting couples to the need for this treatment in hospitals or treatment centers; outreaching to post-rehab couples (many of whom who are in serious marital trouble and need to work with brain injury specialists who have trauma training and are family therapists—or who can team together).
- Assume that virtually no clinicians know anything about brain injury and arrange opportunities for experts to educate others (e.g., conferences, workshops, seminars).
- Identify licensed clinicians who are post-traumatic stress disorder specialists and family therapists because they must work in teams or be the same person (check ISSD, EMDR, AAMFT). Build a resource bank of professionals who have a basis in trauma, brain injury and family therapy.

What do Rehabilitation Centers, Hospitals, and Treatment Centers Need to Do?

- Encourage couples' therapy for your patient. Inform patients of the risks to marriages. Have good family therapist referrals ready for your couples.
- Consider expanding couple participation in treatment.
- Consider adding more psycho-ed and occupational therapy workshops to begin helping the couples shift the management and structure of household tasks post-rehab.
- Question how your facility is handling post-traumatic stress disorder. For instance, is your facility using EMDR—with stage-oriented models of treatment?

This is a highly treatable disorder, and apart from dissociative cases, I have difficulty understanding why I continue to read about so many TBI patients experiencing florid symptoms in and out of treatment settings.

How Can Mental Health Clinicians Reading this Better Support TBI Couples?

- Read up on TBI—use the BIAA website. If someone asks me how my weekend was, answering his or her question is work for me. Retrieval is sweaty work. I'm cooked before I start when I must fill out forms, figuring out dates and medications. Patients of mine weep with gratitude when I understand their struggles. The only place I feel understood is in my treatment center—that's home. Help TBI patients have that feeling in your office.
- The patient's injury was traumatic—therefore the diagnosis. The ideal fit is someone who is a trauma specialist—or a family therapist who is teaming with one.
- Assess the person with TBI for PTSD, and assess the partner for the full spectrum of stress disorders. Who on the team is treating the trauma? If PTSD is present, think about adapting classic trauma model and making it systemic. A couple has virtually no chance to reconnect to themselves or each other with untreated PTSD present.
- Competency/strength-based philosophy is recommended for both trauma and TBI.
- Lower stimulation (lights, noise, intakes, processing issues) during the first 18-24 months when the patient's brain is healing.
- It's best if you are involved from the time of the injury—recovery itself is traumatizing. Hold hope that TBI patients will improve; that the structure of a marriage can change and roles can change; that partners can rebuild around competencies, can rebuild rituals, and can still be a team.
- If you gain expertise, share it with colleagues. The need for providers of service is great and growing greater.
- Routinely ask all presenting patients about accidents and concussions, veterans about war histories, students about sports injuries, etc.

If You Have a TBI and Your Marriage Is in Trouble:

- Find a therapist—it's okay if it takes several tries before you find a fit.
- In the first 24 months post-injury, advocating for yourself in your marriage, or even using sessions well in therapy, is difficult. You will have problems processing and retrieving information, assessing your own experience, using judgment and finding energy. If your spouse is angry, and the therapist does not monitor the stimulation in the room, you can be "cooked" easily. The most important thing is to ask for help from others. Ask for help in all tasks. Things will get better.
- Many changes happen in the first two years after the injury and sometimes after that. Don't try to judge how things will be in your marriage by how things are now. Your brain is still healing (and body, if physical injuries are present). You may not be stable on medications due to the changes. If you have PTSD symptoms, get help. It is highly treatable. Look up EMDR [certified clinicians] on the web. Ask if they work in stages, starting with grounding and stabilization.
- If you are working with a couples' therapist who has no brain injury experience and your therapy is not progressing, call your state brain injury association for mental health providers who work with brain-injured patients.
- When you call, ask the therapist to send intake forms before the visit. Write things down between sessions as you think of them. Speak up as soon as you get lost in the processing part of couples' sessions—it's too important. If you need a short break, that's okay, too.

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