

# How Couples Recover From Emotional Wounds

BY VAL FARMER  
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*Editors Note: This is one of Dr. Farmer's favorite columns - first published in Nov. 2002.*

One vital dimension of marriage is that it provides the sense of security we need to face the major problems of life. It is like having someone in your corner when life gets overwhelming - someone you can turn to for comfort and support.

The need for quality marriages in today's society is becoming magnified because of the loss of community and family supports. Being lonely and alone is more dangerous to mortality than smoking. A dependable source of intimacy is an essential buffer for dealing with stress and trauma.

People count on their spouse to care, soothe, and comfort them, especially during times of crisis. It is part of the bargain of marriage. Even if there are differences and conflicts in a marriage, what makes the relationship secure is the ability of the couple to stay connected emotionally and to be able to retreat to one another's arms for comfort and care.

**Attachment bond violation.** What happens if this secure bond is violated in a way that a spouse is left alone when he or she is most helpless and desperate? The violation is experienced as a betrayal of trust or abandonment at a crucial moment of need. An injury has been inflicted. It is a wound to their marital bond.

These times of crisis are different for different people. It could be a time of financial ruin, job loss, physical danger, physical illness, birth, death, or miscarriage. The worst example however is infidelity. Instead of being a safe haven for comfort, the offending spouse becomes a source of fear and danger.

"You weren't there for me. You left me alone. My hurt didn't matter to you. You didn't care. Never again will you do that to me."

Educational Psychologist Susan Johnson of Ottawa, Canada, published a book, *Emotionally Focused Couple Therapy with Trauma Survivors*, which deals with this problem. She says the abandonment or betrayal is seen as a defining moment in the lack of dependability of the offending partner. Tragically, at a time of great vulnerability and when presence and comfort were most essential, his or her partner was missing in action - or in the case of an affair or money fraud, the one delivering blows instead of comfort.

In some cases, this last traumatic episode becomes the symbolic loss of trust that accumulated because of a repeated history of similar let-downs.

**No resolution.** If apologies or reassurances are given, they aren't good enough or they are not believed. The injured spouse can't let it go. The traumatic incident takes on a disproportionate influence on their relationship from that time forward. Reminders of the traumatic event trigger emotion with fresh and renewed intensity. Sometimes the wounded partner retreats into a state of being numb and shuts down.

If the offending spouse responds to the hurt by discounting, denying, dismissing, or simply not "getting it," it is a double wound. This intense defensive reaction is extremely provocative to the injured partner. Repeated conversations about the "event" confirm the inner experience of disappointment and hopelessness for each partner.

The offending event becomes the subject of constant bickering, hostility, and a part of an inflexible attack/defend cycle of the "here we go again" variety. The aversive interactions between them cause marital partners to withdraw into despair, alienation, and aching loneliness. Even if the hurtful event is not openly discussed, it is still there producing tension and emotional isolation.

**Resolving relationship injuries.** There is an antidote to violations of the security and safety of the relationship. It is a

willingness to take a risk to confide one's inner hurt and to have it received compassionately and non-defensively.

The offending spouse needs to be strong enough to emerge from his or her state of withdrawal or defensiveness. He or she needs to become engaged and then stay engaged while the injured partner describes the impact of the offense and its significance.

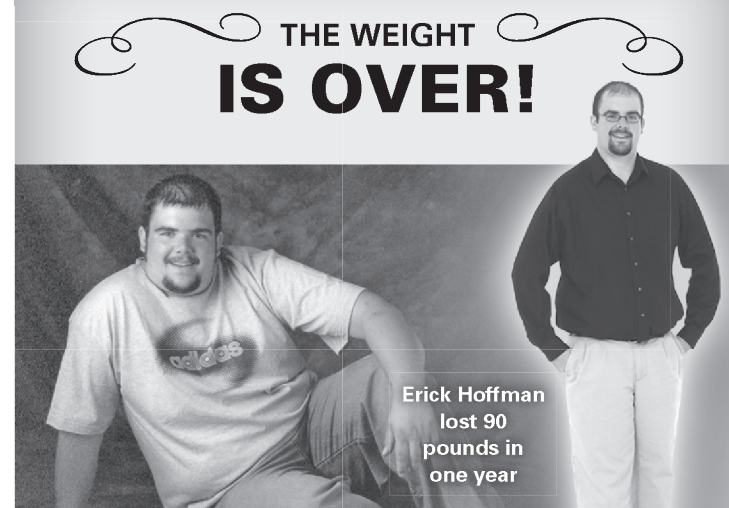
**Confiding in each other.** As he or she is being truly listened to, the injured partner's anger often evolves into hurt, helplessness, fear, and shame. The hurt partner shares grief at the loss of connection and trust the offense caused. By really listening and understanding their partner's pain, it helps the offender truly connect and empathize with the harm that was caused.

The offending partner needs to take responsibility for the event, acknowledging the pain and hurt he or she caused. He or she needs to express concern, sorrow, remorse, and regret along with promises about the future safety of the relationship. This is followed by an expression of his or her own grief and loss in the relationship since their bond was weakened. The process of mutual confiding with emotional openness and intensity pulls each other back into the relationship.

**Physical closeness.** Confiding to each other needs to be accompanied by touch, affection, and physically holding each other. Both partners take emotional risks in either reaching out compassionately or by asking for comfort and reassurance. The caring way this is done acts as an antidote for the lack of comfort in the original incident.

It is a beautiful, sacred moment when couples reaffirm their commitment to stand by each other again. It is like a marriage vow being said again with two broken hearts coming together truly knowing what it now means to be loyal and trustworthy. They now have a rekindled hope that they can find comfort in the shelter of each other's arms.

*Val Farmer is a clinical psychologist specializing in family business consultation and mediation with farm families. He lives in Wildwood, Missouri and can be contacted through his website.*



"I tried different diets and exercise but never saw results. After witnessing the success a family member had with the LAP-BAND, I spent time researching and understanding the impact it could have on my life. After only 24 hours in the hospital, I was back home, ready to begin making the right choices. Now I run and lift weights and simple tasks are not as taxing as they used to be - I have even hiked Harney Peak."

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## Visiting Hours

# CRNA's Celebrate 150 Years Of Care

BY BETTY BISGARD

CRNA, Avera Sacred Heart Hospital

In recognition of their profession's long history and enduring record of patient safety, Certified Registered Nurse Anesthetists (CRNAs) in Yankton and across the country are celebrating the 13th annual National Nurse Anesthetists Week, January 22-28, 2012, with this year's theme of "Quality and Excellence in Anesthesia Care."

Established by the American Association of Nurse Anesthetists (AANA), National Nurse Anesthetists Week was created to encourage CRNAs to take the opportunity to educate the public about anesthesia safety, questions to ask prior to undergoing surgery and the benefits of receiving anesthesia care from nurse anesthetists.

The theme of this year's campaign emphasizes the high standards which CRNAs adhere to when administering anesthesia.

One of the many rewards of being a nurse anesthetist is providing patients with the comfort of knowing that we will be by their side monitoring their vital signs and adjusting their anesthetics to ensure a pain free and safe anesthesia experience. National Nurse Anesthetists Week serves as an opportunity to inform the public exactly what CRNAs do and who we are.

Nurse anesthetists are advanced practice



registered nurses who administer approximately 32 million anesthetics in the United States each year. CRNAs practice in every setting where anesthesia is available and deliver anesthetics to the vast majority of rural hospitals while offering obstetrical, surgical and trauma stabilization services to these underserved areas. CRNAs have been the main provider of anesthesia care to U.S. service men and women on the front lines since World War I.

The South Dakota Association of Nurse Anesthetists is a statewide professional organization of CRNAs dedicated to providing

quality anesthesia care to patients and promoting the profession of nurse anesthesia. CRNAs in South Dakota are the sole anesthesia providers in 76% of South Dakota's hospitals and are the sole providers in 100% of South Dakota's rural hospitals.

We take pride in belonging to a profession that has been at the forefront of anesthesia patient safety for 150 years. CRNAs play a key role in developing trends related to monitoring technology, anesthetic drugs and standards of care. In fact, due to continuing research and education, anesthesia today is nearly 50 times safer than it was 20 to 30 years ago.

Founded in 1931 and located in Park Ridge, Ill., the AANA is the professional organization for more than 90 percent of the nation's CRNAs and student registered nurse anesthetists. To learn more about National Nurse Anesthetists Week or the AANA, visit [www.aana.com](http://www.aana.com).

At Avera Sacred Heart Hospital, seven full-time and two part-time CRNAs provide anesthesia in collaboration with three anesthesiologists.

THIS WEEKLY COLUMN IS PRODUCED BY THE PUBLIC RELATIONS OFFICE AT AVERA SACRED HEART HOSPITAL TO PROMOTE HEALTHY LIFESTYLES AND PROVIDE USEFUL MEDICAL INFORMATION TO OUR COMMUNITY.

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Reserved Seating - \$22, General Admission - \$12.

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