

Helping a Combat Vet Face His Vulnerability



Connecting with the Shut-down Client

By Kathryn Rheem

Resonating with clients' inner experience is key to being able to work effectively with emotion in therapy. With traumatized and shutdown clients, however, becoming attuned is easy to talk about, but extremely hard to do.

Probably no aspect of couples work is more critical, or more difficult, for therapists than engaging a distant, emotionally shutdown partner. It's far harder to connect with an emotionally closed-off person than with a more expressive client—even one who's angry, loud, and actively fighting therapy every step of the way. At least the latter gives us some emotional Velcro to which we can attach, rather than the slippery-smooth surface of impassive, impenetrable stoicism. Attunement requires us to experience in ourselves and *reflect back* our clients' feelings, but if we can't pick up any feelings except an obvious desire not to have or express feelings, we're left high and dry.

Since it's so hard to stay with shut-down clients, many clinicians will give up and try going *around* their feelings—or avoidance of feelings—focusing instead on cognitions and behaviors. This not only prevents us from really taking such clients in emotionally, but reinforces their original problem—their tendency to avoid feelings and remain shuttered inside their own heads. Since the feelings being avoided are often regarded as terrifying, humiliating, and deeply threatening, doing this work is a delicate therapeutic balancing act. It requires moving forward with both gentleness and persistence, without being deflected by clients' profound unwillingness to become engaged.

Beyond Radio Chatter

Josh, a 32-year-old Army officer, and his wife, 30-year-old Jennifer, who'd just retired from the Army, came to see me after two failed attempts at couples therapy. In the initial call, Jennifer's voice was shaky, and she wasn't sure Josh would come. "I love him very much, but I'm worried about our marriage," she shared as we ended the call. At the first session, Josh, who'd been home from Afghanistan for eight months, moved toward me in the reception area, slow step by slow step, as if walking into my office was as perilous as leaving the safety of Iraq's Green Zone, where he'd spent his first deployment during the volatile early days of Operation Iraqi Freedom.

Josh prided himself on being a soldier, willingly worked long hours, believed in the mission, and had devoted his life to his military career. He'd married Jennifer between his second and third deployments, and found her military service and independence appealing. While he said he'd liked the idea of having a female companion—after all, many of his buddies were getting married—he wasn't interested in an emotional connection. It seems he expected his wife to be a kind of stay-at-home buddy—fun to have around, but self-sufficient. He didn't want to rely on

her for anything, nor did he want her to rely on him. His real companions were his Army comrades—he “ate, drank, slept, and fought side by side with them for years”—and they were all he thought he needed.

Far from being self-sufficient, however, Jennifer had grown increasingly “clingy” since Josh had returned home from his third deployment. She hovered at the front door waiting for him when he came home from work, he said, and followed him around like an anxious puppy. He needed space and solitude, but she wouldn’t leave him alone, constantly demanding reassurance that he loved her. “She’s choking the life out of me,” he said. “I need some room to breathe.” The more she clung to him, the more he stayed away, spending hours at the gym, washing the car, or hanging out with his buddies.

Jennifer’s experience of their relationship was quite different. During Josh’s last deployment, she’d been terrified that he might die—might even already be dead and she wouldn’t know it. Troops in his unit had been killed, but there’d been long delays in notifying family members. They’d dated during his first two deployments, and now she was desperate to get him home safe, counting each day until his return so that they could finally begin their married life together. She was determined to be the best wife possible, promising herself she’d never let him down.

What he called her “clinging” was, in her mind, a way of fulfilling her promise never to let him down—to be there for him always. Thinking she was being the best wife possible, she had no idea how he experienced her. When she heard his words during our session, she was devastated and began weeping, then flipped into anger. “Why didn’t you say anything?” she yelled, tears streaming down her face. “I was only trying to be there for you.” Now hurt and mad, she sat stiffly upright, her arms crossed tightly across her chest.

During the first few sessions, Josh spoke about “radio chatter,” which he described as communication that was “brief, concise, to the point. No emotion.” Describing his interactions with Jennifer, he said “I shut her out, put the wall up, and tell her only what she needs to know.” I quickly realized he was using radio chatter with me, too. When I asked him how he felt his connection with his wife was, he said flatly, “Fine.” When I asked him about his experiences while deployed, he answered, “Nothing noteworthy.” I turned myself into a pretzel trying to connect with him. Maybe he’d respond if I shared a bit of what I knew about deploying to Iraq (stuff I’d learned from working with other service members). He didn’t. Maybe he’d answer more fully if I asked about his hobbies. “Golf. Gym. Off-roading,” he said robotically, and then sat closemouthed.

This wasn’t going well. As a therapist who practices Emotionally Focused Therapy (EFT), I was asking what I hoped were evocative questions, trying to call forth his inner world, which was exactly what he was trying to avoid. Even though I knew a lot about the military—I was a military dependent, did my internship with the Army, and worked with postcombat service members and their partners in EFT-based weekend retreats—I felt like an outsider with Josh.

As he continued with the radio chatter, I noticed how tight his jaw was, and how hard it seemed for him to swallow. In EFT, the foundation of all interventions is empathic responsiveness, so in my effort to stay attuned with him, I allowed his experience to bring up for me past moments in my life when I’d tried to suppress what I thought were unacceptable feelings of pain or fear by clenching my own teeth and tightening my jaw to avoid crying. I became acutely aware of how

uncomfortable it is to be experiencing wired-in emotions without any understanding or desire for them.

But having some sense of what Josh must be feeling didn't mean I could connect with him. He remained tensely remote, and when he did talk, Jennifer was often looking away. She looked exasperated and said how frustrating she found his terse remarks. The only time she talked directly to him was to beg him to get with the therapy program—"Please, Josh. Just start talking. We'll never get better if you don't start talking." This only made him double down in his withdrawal. Sitting rigidly, looking straight ahead, he remained on high alert. He told me that he didn't feel safe in sessions and, frankly, wasn't expecting to feel safe.

Faced with his obdurate stillness, I lost any connection with my usual emotional points of reflection—expressed sadness, anger, anxiety—which are so important to building an alliance and beginning to understand a client's experience. He gave me nothing to reflect back. It was clear that I had to slow myself, and the process, down. I put myself in his position and thought, if I were he, what would I want to know? I assured him the door and windows were unlocked and that he was free to leave anytime. To make myself and therapy safely predictable, I described the way EFT works. I told them that the emphasis was on their interactions as a couple, and that I was working on the behalf of the relationship, not "taking sides." EFT, I said, is never about fault and blame, but about how partners can learn to reach for each other in moments of need. I added that I wanted to help them both learn how to be there for the other. "We all need to know our loved ones have our backs," I said.

Being more cognitive with Josh seemed to help. I noticed that he was marginally more receptive to this explanation *about* the process than he'd been to my attempts to get him to engage in the process, so I also began talking about EFT research. This clearly interested him and, for the first time, he opened up enough to ask me to describe the empirical research in detail. I talked about the effectiveness rate of EFT and he nodded affirmatively in response. I described EFT's clearly delineated process of nine steps and three stages, and assured him that our process research had demonstrated what changes lead to effective outcomes and how to create those changes in session. Although not always a typical starting point of EFT, this educational, explanatory approach not only seemed to engage him, it made me feel a little more competent and confident.

As I was talking to Josh, I saw tears seeping from Jennifer's eyes and rolling down her cheeks—which he didn't seem to notice. I turned to her. "I see your tears and see that you're touched. What are these tears connected to?" She shrugged and looked away, seemingly not wanting to say more. "Tears of frustration?" I conjectured, using a common EFT intervention (when clients can't name their own emotion, we'll often suggest possibilities). "Yes," she said, "frustration." "And, helplessness?" I wondered tentatively. She nodded her head. I continued, "I'm wondering—can you help me here? You're so longing for Josh to open up, to share. You're so ready to learn how to be there for him. Do I have that right?" I asked gently.

She cautiously said, "I ache to feel married again. I haven't felt married since he came home. I had such high hopes and such huge anticipation. And, now, just eight months later, we're so far apart. There's so much space between us; I do feel frustrated and helpless."

Upon hearing about Jennifer's frustration and helplessness, Josh stated somewhat defiantly that he was considering another deployment—"going downrange"—since "at least I feel trained

to fight *that* enemy.” Meanwhile, at home, the real enemy was the negative pattern of interaction he and Jennifer were caught in, increasing the emotional isolation for each and leading to mutual blame. In EFT, we help a couple see this enemy to their relationship, and help them link arms to fight it together.

To bring his attention back to the moment in therapy and away from the idea of another deployment, I started talking about how important his wife must be to him. This was risky since he might well go deeper into his shell, or even indicate that his wife *wasn't* nearly as important to him as his buddies. But by highlighting the significance of the attachment—a common tactic for EFT therapists—I was putting their distress in the context of their relationship. I said to Jennifer, “Your partner is so important to you that when you can’t get a connection, you up the ante by getting clingy?” To Josh, making one last try at couples therapy, I said, “For you to come into this foreign and potentially risky environment all because Jennifer wants an emotional connection with you—she must be very special to you; as special to you as your battle buddies are, I imagine.” He agreed with a nod of his head and a slightly perplexed look on his face. This tiny indication that he was beginning to accept the therapy process and my highlighting the significance of their attachment was enough to give me a sense of hope.

At the beginning of session four, desperate to help Josh feel safe enough to continue, I shared with him what I’d learned from working with other Army and military couples. “Going downrange, I know you got all this training about how to shut down your fears in order to complete the missions. But coming home, it seems to me that nobody trains you how to put your weapon down, metaphorically speaking. Of course, you turn your weapon in, but you still have your guard up, preparing for the next round of incoming.” I said. He actually seemed intrigued, so I continued, “The skills you learned to survive war now need to adapt so you can be with your wife. The mission has changed, and I want to help you learn how to be successful with this new mission: connecting with your wife—for the benefit of both of you.”

I tried to normalize couples therapy by telling him that many of his comrades were also seeking it—even if they might not reveal it to their buddies. I told them how much I respected their profession and their sense of mission. Since therapist transparency is a hallmark of EFT, I admitted that I didn’t think I had the courage to go to war myself: “Facing that constant threat and fear would have dismantled me emotionally.” To my surprise, both responded positively to my admission of vulnerability. Josh’s mouth turned upward in the first smile I’d seen from him, and he even began to chuckle a bit, saying, “Oh, you’d learn how to survive. We all did eventually.” Jennifer smiled, too, and said, “We all wondered how we’d endure it all—it’s scary, and it does change you.” She then went on, “War changes everyone impacted by it, and I’ve been so afraid that Josh wasn’t going to see how his deployments changed him and us. I guess that’s why I got so clingy.”

This conversation was a real shift in the therapy. Over the next few sessions, Josh talked about his own experience without the usual radio chatter. As he spoke, his face moved and softened, his eyes opened a bit, and he looked directly at me. He told me how, after redeploying, he’d ended up in a hospital bed with a sudden seizure, which after three weeks in the hospital and a battery of tests, proved to be caused by the stress of coming home and being emotionally ill-prepared for life away from the wars. He talked about how his wife constantly cried at his bedside, making him feel totally inadequate. “Her tears were worse than any threat of an IED,” he said. “I felt more helpless lying in that stupid hospital bed than being a sitting duck in a

broken vehicle outside the Green Zone. I kept reminding her that I didn't die!" Jennifer teared up as he was sharing this, and he looked at her and said, "See—why are you crying? I don't get it."

I said, "Let me see if I can clarify the message of Jennifer's tears." Turning to her, I said tentatively, "Your tears now, and probably back in the hospital, are all about how important he is to you? How vulnerable you've felt being home alone, worrying about him daily while he was overseas, and then worrying about him, for different reasons, once he was home?" She nodded positively while dabbing her cheeks with tissue. "It's been so hard for you to try and contain your feelings . . . they end up seeping out," I said in a very soft, low voice.

She nodded again and said, "These tears are about my love for him, my hope for our future, how vulnerable I've felt for almost two years now. I've tried to hide them—I thought in the hospital I did a pretty good job of hiding them," as she looked at him. "I didn't want them to increase the stress on you, but this whole thing has been so hard on me, too."

I added, "You'd felt so alone, you'd missed him so much, and now he was finally home, but in a hospital bed. It's been so much to tolerate—so many strong feelings, which any of us would have."

She nodded and tentatively looked toward her husband again. As she did so, he looked back at her. This was the first time he'd looked at her since therapy had begun.

I slowed the moment down. "Josh, as you see Jennifer looking toward you tentatively, and I see you looking back, what do you feel going on inside of you?"

"I see her sadness, I hear her sadness, and it makes me realize how much she cares," he said.

"Right," I said softly, "How much she cares for you. What's that like to notice how much she cares for you?"

He took a deep breath. "Pretty amazing, actually. I didn't realize the depth of her feelings, or how much she'd gone through while I was downrange. I'm starting to see how hard it was on both of us, and how much we haven't talked about this at all." Jennifer smiled upon hearing this and looked at him.

As he talked about those weeks in the hospital, he said he now realized that he'd been "held together by Scotch Tape." He continued, "I held it all together for my guys. I was the one who had to be there for them. I remember once when one of them asked me how I was doing, I just said, 'fine.' I had to be fine for my guys. There's no way I could even let myself wonder if I was really doing fine." The seizure, he admitted, forced him to see that he wasn't exactly OK. "Looking back," he said, "I was way more overwhelmed than I even realized. There'd been no time to think about all that I went through, but clearly my brain was full and got all scrambled." Much to my relief, once he opened up, Josh seemed willing to continue talking, and our sessions became more fluid.

A few sessions later, I began exploring Josh and Jennifer's coping strategies in distressing relationship moments: his shutting down and retreating and her turning up the emotional heat and pressuring him. Josh was quiet for a moment and then began describing going on autopilot about a week and a half after being on the ground in Iraq. He noticed he wasn't feeling

anything, even when two buddies got hit by an IED. Not being able to feel worried him initially. When he and his unit were camping behind a mosque, he found a bottle of shampoo on the ground and washed his head and face in cold water to try to shock some feelings out of himself. “I knew enough to know that not feeling *anything* when your buddies get smoked was a bad sign,” he remembered. When shocking himself out of it didn’t work, he figured he’d just better get used to the condition.

Now, he didn’t know how to get off autopilot. When I asked what autopilot was like, he said, “Just get the job done. Wake up and take whatever comes—being sad or angry gets in the way of doing the job.” I was so touched by his directness and honesty. We talked about the courage it takes to go to war, and the courage it takes to talk about what happened while at war. We agreed about how adaptive—how necessary—it was for him to shut down his fears and worries to be able to do his job and complete his mission in a war zone. He said he knew this cognitively, but never thought about it emotionally or relationally. Now, I continued, shutting down in this new “home zone” wasn’t nearly as effective. He chuckled at this. “You can say that again!” he said, smiling ruefully at his wife.

Throughout this conversation with Josh, Jennifer was more settled than I’d seen her so far. Her arms were no longer crossed and she was turned toward her husband pretty consistently. As he looked at her, she smiled back. When I asked her what it was like to hear Josh describe his experience this way, she said, “It’s such a relief to hear him say that he realizes how shutting down wasn’t working now that he’s home. For so long, it’s felt like he was trying to get me to shut down, too—and this scared me. When I was scared, it would come across to him as clingy or angry.”

The tension had now left the room, and I felt myself relax as I experienced getting some traction with them. I realized how stiff I’d become in our previous sessions, worried about how this process would unfold. In EFT, we use our felt senses as barometers for what may be happening in therapy. I know I’m not providing the best care when I’m feeling stiff and anxious that I won’t be able to help. Such feelings compel me to go faster just when I need to slow down.

At the start of session seven, I asked Josh what it was like for him that I was curious about his shutting down—a question we use in EFT to help clients share how they’re doing with the therapy process. He told me it was strange and a bit awkward, but that he was OK with it. He said I asked “weird” questions about his inner experience that nobody, including their previous couples therapists, had ever asked. Knowing that, like a lot of military services members, Josh was probably allergic to the “F” word (feelings), I avoided it. Instead, I asked, “On the inside, what are you going through?” Or, “Tell me about your inner experience.” Or, “Help me understand what you go through on the inside as you see your wife’s tears. How do her tears touch you?” His honest responses felt like permission to continue evoking his inner world. “So, then, Josh, can you tell me what ‘autopilot’ is like for you on the inside?”

He said autopilot became his constant companion and best friend. While initially uncomfortable with it, he came to consider it his safety zone. I asked, “Like getting your game face on?” “Exactly,” he responded. Kicking in people’s doors, seeing the terror on children’s faces, and being a “menacing force” wasn’t his norm. “Autopilot,” he related, “helped me tolerate my moral

conflicts with my job, stay focused on the missions, and feel that I was in charge of the war, rather than feeling like the war was in charge of me.”

As I reflected and explored all he was sharing, I wondered whether he used autopilot to help him not feel helpless. “Definitely,” he said.

“Is your helplessness too risky to feel, too potent to touch?” I wondered in a soft and slow voice.

He responded, “I couldn’t afford to touch my helplessness downrange—what good would that have done? I’d have to go out and do the same thing again tomorrow. There was no way I could focus for a nanosecond on my helplessness. But, did I feel helpless? Yes, absolutely—and often. Our vehicle would break down, and we were sitting ducks. My buddies got killed, and I was supposed to carry on. My parents and wife were struggling back home, and I couldn’t do a damn thing. Yes, helpless is how I’ve felt a lot lately.”

Acknowledging feelings of helplessness can open awareness to a rich trove of emotional experience, which ultimately can be shared with a loved one. Always before when Josh got a glimpse of his helplessness, he’d back away. But at this point in our work, when I got a more visceral glimpse of his feelings and sensations, I’d lean in, and try to coax them out into the open. Josh described his helplessness as a constant presence—it was so strong that he couldn’t eat and was losing weight. He felt it was zapping him of what he felt was his greatest asset: his strength. As he and I worked together, I kept one eye on Jennifer, who was listening attentively.

Turning to her, I asked what it was like to hear Josh describing his inner struggles. “I didn’t realize how hard it was for him,” she said thoughtfully, as she faced him and leaned closer. “He’s never shared what it was like downrange or any of this since being home. I’ve been complaining about his lack of emotion without realizing that being on autopilot was his way of coping.” She was so relieved he’d survived the war and had wanted to make his transition home easier. But now she was seeing how much he was going through. With tears in her eyes, she looked at her husband and said, “I’ve missed you so much. I love that you’re a military man, but something changed inside me after we were married.” She realized now that her “clinginess” came out of her fear of losing him.

As Jennifer talked, tears came to Josh’s eyes. “I get it now,” he said. “I get that you were crying for me, in a way. I get why you were so clingy. I was giving you nothing when you’d waited so long for me to come home. When I saw your tears, my own pain would start getting agitated. I tried to get you to go on autopilot, too . . . but I get now how we need to open up with each other.”

Over the next several sessions, something fundamental shifted between Josh and Jennifer. Josh reported that he no longer felt so helpless, or so anxious to escape into his default autopilot mode. And the more he opened up to Jennifer, the more easily she could give him space. The more settled she became, and more able to slow down and share her fears, rather than pressure Josh for reassurance, the less he experienced her as “clingy.”

For the first time, Jennifer was able to travel on her own without becoming agitated. “I used to fret and worry when we were apart—it was like I was trying to cling to Josh even from another state!” she said. “It was such a relief to feel connected while we were apart. I didn’t call him in a

panic, and it didn't feel like our relationship stopped while I was gone." Another key moment that helped stabilize their reconnection was Josh's response after a conversation between Jennifer and her father that left her in tears. Instead of feeling helpless and distancing himself, Jennifer said, "He actually put his arms around me, and told me he understood." She called this "amazing," as tears came to her eyes and Josh smiled at her.

As we terminated therapy, Josh was making plans to leave the Army and go to graduate school while Jennifer was finishing her degree. Since then, Jennifer has stayed in touch with me periodically and has shared how well they've continued to do. "Of course," she said, "it's not perfect, but we find our way back to each other with more ease and less drama."

The 3 S's

"Attuning to avoidance" may sound like an oxymoron, but getting in synch with the undercover emotions that lead clients to distance is just as important as attuning to loud, angry, or dramatic expressions of emotion. Rather than trying to circumvent Josh's emotional detachment, focusing on it helped us slowly create the possibility for more emotional openness. Slowness and softness are key—creating a pace and tone in the therapy room that establishes safety and enables clients to take the risks of engaging with emotions they've long avoided.

A therapist isn't going to get an emotionally shut-down person to open up with a fast-talking, high-pitched, intellectual delivery of interventions. The way interventions are conveyed influences how they're received. So, if the therapist is being cognitive, the client is encouraged to be cognitive in response. By contrast, a soft and slow therapeutic style deactivates the client's limbic system and creates an opening for new experience and a deepening of relationship. In EFT, therapists struggling to establish connection with clients are reminded again and again of the three S's—soft, slow, simple. These are essential elements of therapeutic style if one wishes to connect with the shut-down client.

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