

Working with Couples and the Family following a SAH

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The Process of Adjustment



- ▶ Emotional adjustment to disability resulting from injury to the brain is **accepting** that life is **different** now in many ways.
- ▶ Can be linked to the process of **bereavement** which actually means '*to be robbed of something*'.
- ▶ The process involves both emotionally processing and accepting the loss and then reorganising your thinking and lifestyles to accommodate the loss.

The Difficulties of Adjustment

- ▶ It may take years because of a number of factors
 - It is often hidden loss or hidden disability – it can't be seen.
 - Spontaneous recovery continues for first few years and then plateaus.
 - Can be difficult to be objective about yourself, others may see things about you that you do not and vice versa.



Process of Loss: Bereavement Reaction



The process of bereavement

- ▶ Several possible stages
 - Initial shock and perhaps denial
 - Anger and Protest
 - Depression
 - Reorganisation and acceptance.

Signs of Adjustment

- ▶ Acceptance that things will never be quite the same. Life has changed and you are now developing new goals.
- ▶ You can identify where your difficulties lie.
- ▶ You can draw upon strategies to help you in situations where problems arise.
- ▶ You can talk about it.
- ▶ Accepted and incorporated your limitations into a 'different' you.
- ▶ You have recreated a different lifestyle in terms of the things that are meaningful for you. This means not constantly striving to do things that are ultimately going to be disappointing and frustrating but discovering new ones.

How Others Make Sense of What Has Happened

- ▶ People around you can also go through parallel processes:
 - Denial
 - Anxiety
 - Anger/Frustration
 - Bereavement



The Couple Container - 1



- ▶ The couple relationship can be thought of as a “psychological container” for each partner
- ▶ Couples need to develop a psychological space within which they can process and “contain” their emotional experiences arising from their relationship.
- ▶ We call this space - **“The Couple Container”**

The Couple Container - 2

- ▶ Often partners have similar personal histories. Each partner's inner world is affected by the relationship. Together this forms a **“Shared Inner World”** in the relationship
- ▶ The Couple Container is the couple's ability to process their emotional experience is to think about their shared inner world
- ▶ Does their share inner world contain a **“good internal couple”** that can be turned to when things are difficult?

Shared Unconscious Phantasies

- ▶ Partners share some aspects of their internal worlds – certain phantasies about what it means to be in a relationship - about the nature of intimate relating, about which there will be fears or anxieties – and defences arising from these.
- ▶ Britton: couples living together do not just share a bed, but also to a considerable extent, a shared mental life, sharing some internal figures in the same mental landscape in their otherwise separate minds.

Caregiver as Container for Partner

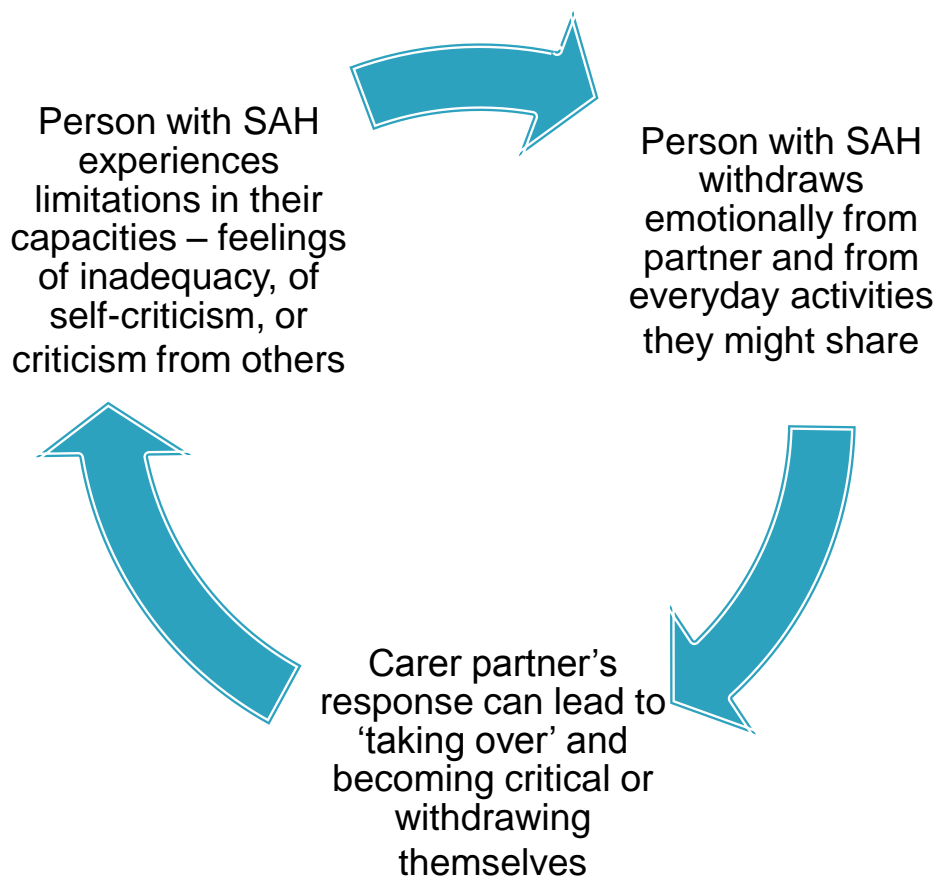
- ▶ Relationship may have functioned as a container for both partners
- ▶ In initial post-SAH period, responsibility shifts to carer partner to provide containing mind
- ▶ Emotional load for carer partner
- ▶ Need to contain the container – help the carer partner to process their experiences
- ▶ Carer self-care – helps to continue to provide support and staying connected with work/house/children helps to maintain the system that the loved one can return to



SAH May Stimulate Early Feelings of Dependency and Loss

- ▶ Sudden dependency and loss of regular abilities can carry with it fears of a state of traumatic return to earlier states of dependency
- ▶ Meaning of this may vary for people
- ▶ Partners can feel tremendous pressure when faced with partner's vulnerability and need
- ▶ It is difficult for services to take the couple into account

Negative Loop of Withdrawal



Emotional Quality of Life

- ▶ Decreased QoL in emotional functioning for both partner and carer partner (Hop et al., 1998). E.g. tiredness, fatigue, loss of confidence, anxiety, fear of having sex if the SAH had occurred during sex.
- ▶ Carer partners can have even lower QoL scores than the partner with SAH in emotional domain.
- ▶ Their increased emotional distress can be explained by feelings of anxiety and uneasiness.
 - E.g. afraid to leave partner alone, especially if they had witnessed the initial event.

Couple Therapy Aims:

- ▶ To find strategies for both partners to become more interdependent.
- ▶ To develop strategies and understanding earlier on which may be useful later on.
- ▶ To address different ways of coping during this period and impact on the relationship.
- ▶ The couple is supported to increase their communication and their understanding of one another by processing the transition together.

Not to Idealise What is Possible



- ▶ Importance of people having space to talk about more negative feelings – there can be a lot of guilt or shame about these.
- ▶ Value of being able to speak to someone about these feelings – to have them normalised; to talk to someone who is not judging or criticising them.

To Understand The Strain On The Carer Helpful To Understand How The Event Triggers Patterns Of Attachment: Through The Lens Of Attachment...

- ▶ Compulsive care giving in partners – care given beyond what is needed
- ▶ Anxiously attached partners may panic and fight against the post SAH changes
- ▶ Compulsive self sufficiency presents in arguing or withdrawal from partner
- ▶ Secure attachment makes it easier to accept the changes, keep in contact and care

Attachment Styles



Secure Attachment Style

Adult Narrative accounts

- ▶ Recognise importance of relationships
- ▶ Have a convincing quality
- ▶ Consistent descriptions even if experience unfavourable
- ▶ Open to collaboration

Insecure anxious/ preoccupied/ ambivalent

Adult Narrative accounts

- ▶ Confused, longwinded
- ▶ Passive fearful quality
- ▶ Importance of clear boundaries in the therapist

Insecure dismissive/avoidant

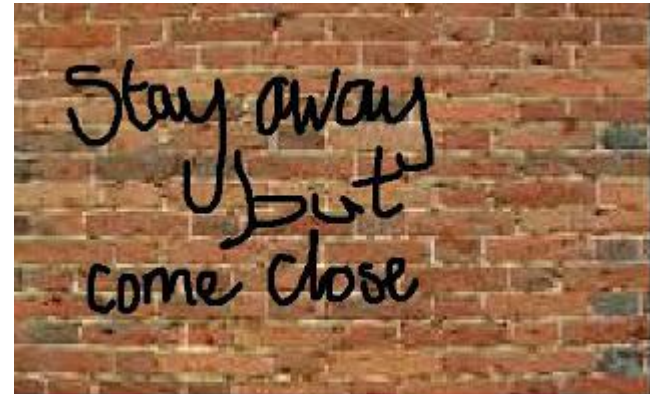
Adult Narrative accounts:

- ▶ Brief, abstract, lack recall & internal consistency
- ▶ Limit the influence of attachment experience
- ▶ Therapist can awaken curiosity by noticing lack of feeling

Insecure disorganised/confused

Adult Narrative accounts:

- ▶ Caregiver can also be source of fear
- ▶ Inconsistent behaviour



Developing Existing Resources

For the partner with SAH:

- ▶ What are your **strengths**?
- ▶ What are you **better** at?

For the couple and/or family:

- ▶ What are the couple's/family's **resources**?



The Glass is Half Full...

- ▶ Individuals often express gratitude to have survived the hemorrhage and to get a “*second chance*”.
- ▶ Social relationships appreciated more than before.
- ▶ Some individuals feel less stressed than before.
- ▶ An opportunity to have a ‘life review’ – taking better care of yourself, slowing down your pace, being compassionate to yourself and reflecting on what’s meaningful to you now.

