

FULL PAPER**Some couple therapies for military couples (CT-MC)**Ayu Nuzulia Putri^{a,*}  | Marlina S. Mahajudin^b 

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Marriage is a legal bond between a man and woman before religion and law. Every couple often experiences marital conflict due to differing mindsets, cultures, and values, necessitating adjustments. The families and spouses of military personnel become integral parts that must adhere to the same rules. Marriages involving military personnel encounter more complex conflicts compared to civilian communities due to differences in culture, language, personality, lifestyle, and education. The assignment of duties or missions can be a source of conflict, necessitating adjustments from spouses as they serve as the main support system for these personnel to carry out their missions effectively. In addition, unresolved conflicts in military marriages pose significant risks and must be addressed promptly. This literature review aims to explore couple therapies for military couples by examining relevant articles and publications from 2015 to 2020. A total of 21 qualified published literature pieces and four ebooks were reviewed. The results revealed several types of military couple therapy counseling, including emotional-focused therapy (EFT), solution-focused therapy (SFT), and cognitive behavior couple therapy (CBCT), which can effectively address differences and individual desires within the relationship. These therapies are practical and time-efficient, making them less reliant on a specific therapist, especially considering the frequent changes in duties experienced by military personnel. The therapy selection is based on individual needs, requiring cooperation from both partners to improve their relationship.

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Introduction

The Indonesian National Armed Forces (TNI) is tasked with defending state sovereignty. Military personnel face demanding duties, requiring them to uphold high levels of discipline compared to civilians. A harmonious marriage is essential to support

their lives and enable them to fulfill their duties without domestic disturbance [1].

In military marriages, couples must adapt to the distinct culture prevalent within the armed forces, which differs from that of the civilian community. Conflicts within these marriages often arise from physical injuries or mental health disorders such as depression

or Post-Traumatic Stress Disorder (PTSD) [2-5]. Other causes include economic challenges stemming from frequent assignment changes, limited social support due to separation from family and friends, and tensions arising from balancing military responsibilities with family obligations [6].

These personnel are vulnerable to psychiatric issues, particularly PTSD, depression, and anxiety resulting from their experiences in warfare [7]. Numerous studies conducted in the United States have demonstrated that PTSD impacts not only the individuals affected, but also their spouses and other family members through significant relational and emotional stress. According to a meta-analysis, PTSD can lead to interpersonal and physical aggression due to the psychological stress experienced during task placement and difficulties in establishing relationships with spouses or other family members [8].

Domestic violence is also an issue in this population. Unfortunately, studies on military domestic violence are still lacking compared to those against civilian spouses. The increase in awareness of domestic violence has occurred since the murder committed by a military personnel against his wife in 2002. A study with a systematic review found a relationship between psychiatric disorders, such as depression and PTSD, and an increased risk of domestic violence in these individuals [9].

The National Commission on Violence Against Women (Komnas Perempuan) reported that domestic violence among the Indonesian National Armed Forces (TNI) is the most common issue. Out of the 319 cases, two-thirds (213) were military domestic violence. The Legal Aid Institute (LBH) stated that in 2014, it assisted 23 cases of this violence and resolved them administratively by delaying promotions or dismissals. The cases did not reach trial because they were stopped at the level of unitary investigation. The reason was that authority of the direct

superior to carry out investigations and the legality of military disciplinary penalties for certain cases are regulated in Law No. 25 of 2014 concerning Military Disciplinary Law [10]. Apart from these cases, many divorces in the military are caused by economic factors and affairs. Divorce data for the first three months of 2019 from Bintaldam V/Brawijaya recorded 24 couples, and the highest number of divorces came from Bintara members [1].

Marriage conflict requires willingness and commitment. Couple therapy has several benefits, including finding better communication, reducing distress and conflict in relationships, and practicing techniques that increase emotional and physical intimacy. Other benefits include building trust with one another, identifying harmful patterns that damage relationships, and finding ways to overcome them. This therapy has many techniques, exercises, and activities, but this literature review discusses those frequently used for military couples, such as emotion-focused therapy (EFT), solution-focused therapy (SFT), and cognitive behavioral therapy (CBT).

The term "military" originates from the Greek word "*milies*", referring to individuals armed, prepared for combat, and trained to confront threats against state sovereignty. However, not all armed individuals prepared for combat are considered part of the military, especially if they lack organization, uniform, discipline, and adherence to laws during warfare. The military consists of citizens mandated by law to defend state sovereignty and authorized to bear arms. This includes soldiers, student soldiers, mobilized soldiers (those reactivated into service), and civilians holding titular ranks [11]. Every personnel is tasked with fulfilling duties, demonstrating responsibility, and remaining prepared at all times. They are bound by laws and an ethical code, including the Soldier's Oath and the Sapta Marga. The military encompasses branches such as the Army, Navy, and Air Force.

These personnel possess a distinct culture and set of norms characterized by hierarchies of power, values, traditions, language, and behavior [12]. Often referred to as a "warrior culture", they maintain a constant state of physical and psychological readiness for combat, known as "combat readiness". Moreover, their service commitment extends 24 hours a day, 7 days a week, requiring them to be prepared to serve at any time and in any location. Even when not in uniform, they are expected to adhere to military norms, codes of conduct, and laws to prevent recklessness as well as to maintain a professional appearance.

Law no. 1 of 1974 defines marriage as an inner and outer bond between a man and a woman as husband and wife to form a happy and eternal family (household) based on the One Godhead. According to Commander of the Indonesian Military Regulation no. 50 of 2014, specifically outlined in Chapter III regarding marriage procedures, soldiers seeking to marry must obtain written permission from their commander or supervisor and demonstrate compliance with religious laws [10]. The permit is granted when the marriage promises happiness and prosperity for the prospective husband/wife concerned without posing any detrimental effects on the military service or the soldiers themselves. Furthermore, both male and female soldiers are permitted to have only one spouse.

Marriage to military personnel also entails strict rules. They should complete administrative requirements through a citizenship knowledge and insight test, as well as a medical examination. In addition, they undergo psychiatric training for household living advice. These personnel and their spouses are considered "selected people" who have passed examinations and tests mandated by the service. Upon marriage, the wife becomes part of the military organization for personnel's spouses, obliged to obey applicable rules. Commanders, as superiors, need to know and understand the members in the area [13].

Couple therapy is a type of psychotherapy in which the therapist works with a couple, helping two people involved in a romantic relationship to gain insight, resolve conflicts, and increase satisfaction. It has an important element, namely focusing on a particular problem, and they are required to actively participate in therapy sessions [14]. Emotional disconnection experienced by the spouses due to being apart or when military personnel experience physical injuries can lead to poor relationship function and dissatisfaction. Some commonly employed therapies include emotional-focused therapy (EFT), solution-focused therapy (SFT), and cognitive behavior couple therapy (CBCT) [15].

Emotional-focused therapy (EFT)

EFT therapy was first developed by Johnson. Emotions are a key target for change and interventions aimed at enabling couples to express emotions to each other in a more adaptive way. They learn to change dysfunctional engagement strategies in relationships by increasing empathy for each other and seeking comfort during difficult times [16]. Another challenge for these couples is re-establishing an emotional connection after separation. Some of them report that these personnel are unable to express emotions after completing their duties. Emotional "numbness" is associated with lower relationship satisfaction and decreased intimacy. This is because these personnel are afraid of being judged by their spouses for their actions at the place of service, for example, killing opposing troops [17].

The therapist helps couples to identify and recognize effective cycles of interaction by working together to restructure their bond. The key to EFT is helping them learn new ways to communicate with each other. Hence, when one spouse expresses an emotional need, for example, "*When you're late, I'm upset*

because I feel alone and worried that you don't want to be with me." The spouse can respond with positive emotions or give a hug [18].

There are nine steps and three stages in EFT, as indicated in Table 1.

TABLE 1 EFT stages

Stage	Type
1	Cycle De-Escalation
Step 1	Assessing and creating alliances, as well as explaining the core of marital conflict using an attachment perspective
Step 2	Identifying negative interactions that create attachment insecurity and marital stress
Step 3	Accessing unconscious emotions, attachment relationships, emotional vulnerability underlying interactions
Step 4	Reframing problems, underlying emotions, and attachment needs
2	Changing Interactional Position
Step 5	Identifying needs and aspects of self that are not based on and integrated into relationship interactions
Step 6	Accepting spouse experiences in new relationships and interaction behaviors
Step 7	Facilitating specific needs and wants to create emotional engagement
Stage 3	Facilitating consolidation/integration
Step 8	Facilitating new solutions to troubled relationships
Step 9	Establishing new position integration and the cycle of attachment behavior

EFT has empirical evidence that is relevant and effective in various couples and problems, including military couples [8]. Furthermore, it is considered the gold standard for those who experience a lot of stress in their marriages.

Solution-focused therapy (SFT)/solution focused brief therapy (SFBT)

SFT therapy, also known as SFBT, is becoming one of the most popular approaches today because of its emphasis on the absence of pathology from the individual, short treatment time, and easy-to-teach techniques. It recognizes clients as skilled individuals who can solve problems with little help from others [19].

The approach is implemented with the objective of enabling clients to articulate their situations, acquire knowledge about problem-solving strategies, and receive collaborative

support to change behaviors and take more effective actions toward finding solutions. It emphasizes that an individual needs to reflect on emotional experiences, know possible solutions, pay attention to the right things that have been made, and help couples reflect on what can be performed together [20]. This approach has benefits within the military community because it fosters an appropriate "I can" attitude with these personnel. Couples, as a teamwork unit, should improve relationship quality and satisfaction. The goal of SFT is that the client can listen attentively, understand the solution to the problem, and have a positive attitude. The therapist helps them to generate hope and utilize the abilities of these spouses to overcome problems.

Bavelas *et al.* (2013) summarized this approach in seven basic principles, as presented in Table 2 [21]:

TABLE 2 Basic principles of SFT

No.	Basic principles of SFT
1.	Every small step can lead to significant change.
2.	Explain the reason behind each solution chosen.
3.	Every problem requires a solution.
4.	Communicate solutions clearly so that spouses understand the explicit meaning.
5.	Change is inevitable.
6.	Looking for ways to work together.

One of the unique things about SFT is the miracle question. De Shazer (1986) developed the miracle question in 1984 at The Brief Family Therapy Center [22,23]. The client is asked to assume that the problem has been solved when awoken in the morning and to explain the solution in behavior. The therapist can ask, "*When do you wake up in the morning? What changes would you like your spouse to make?*"

The SFT/SFBT approach strengthens and allows clients to find coping strategies while emphasizing the strengths and capacities of the spouse. Counseling time is also limited because these personnel often move to new places related to official duties. This fits into the military culture and does not depend on the therapist [20]. The discussion for couples can be seen in Table 3.

Cognitive behavior couple therapy (CBCT)

Cognitive-behavioral couple therapy is an approach to helping couples reduce relationship stress and overcome individual difficulties in the marital relationship. This therapy (BCT) initially focused on behavioral change and expanded with CBCT to include interventions to treat cognitive behaviors. CBCT is based on cognitive behavior therapy (CBT) developed by Aaron Beck in 1960. Beck designed CBT as a structured psychotherapy, oriented to the current problem, modifying dysfunctional thoughts and behaviors that create automatic thought. The therapist helps to change "wrong thoughts" (cognitive distortions) to bring lasting emotional and

behavioral changes carried out on educated clients [24-26].

CBCT was conducted by Margolin and Weiss in 1984 as a way to reduce marital stress [27]. The interventions in CBCT include the following [20]:

Interventions for behavior change

The therapist facilitates conversations between couples to help them understand their preferred behaviors and undertake tasks based on the agreement to enhance desired interactions. These interventions focus on the spouses' needs and expectations for behavior change. The therapist can say, "*I want each of you to think and behave as expected by the spouse. What are the things you do and avoid? This will make you happier. I want you to do what's best for your spouse and have a good relationship*" [20].

Cognitive interventions

Cognitive therapy has an empirical basis for cognitive change. It has identified various cognitive variables that can be used to understand couple interactions, including selective attention, expectations, assumptions, and standards. CBT interventions on individuals should be carried out carefully. This is because, as a couple, they may perceive this intervention as evidence that their spouse is responsible for the problem at hand. Therefore, the therapist often uses Socratic questions [20].

TABLE 3 Guidelines for couple discussion

Guideline	Description
Skills for sharing thoughts and emotions	Expressing a subjective view from the perspective of oneself Expressing not only thoughts, but also emotions and feelings Expressing feelings beyond just the situation Conveying both negative and positive emotions Identifying the source of the problem and allowing the spouse to express their opinions
Skills for listening to your spouse	Demonstrating understanding of the spouse's position Validating the spouse's feelings and thoughts Expressing acceptance through voice, gesture, and expression Putting ourselves in our spouse's shoes and seeing things from our spouse's perspective
Ways to respond after your spouse has finished speaking	Summarizing the thoughts and feelings conveyed by the spouse Asking for clarification if something is bothersome Refraining from stating your point of view Refraining from translating or changing the meaning of what the spouse says Refraining from evaluating the spouse's statements

The military is a professional choice that involves dedication and loyalty to the institution, where personal and family interests are placed after the institution. Marrying a member of the military requires adaptation to a culture that is different from civil society. Their culture is different from civilians in its structure of the chain of command, military norms, and identity. In these couples, many aspects should follow the system to adapt to the environment. Couple therapy should involve both spouses and focus on impaired spouse relationships. Some couple therapies, such as emotional-focused therapy (EFT), solution-focused therapy (SFT), and cognitive behavior couple therapy (CBCT), are preferred because they are time-efficient and quite effective in resolving conflicts. Accordingly, identifying and resolving the root cause of the problem becomes more feasible. EFT primarily focuses on expressing emotions more adaptively, while SFT/SFBT focuses on solving problems agreed upon by both parties and employing miracle questions with clients. In CBCT, automatic thought is used on clients as a result of cognitive distortions to modify their thinking.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding this publication.

Authors' Contribution

All authors contributed to the preparation of this literature review.

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References

- [1] H. Sa'adah, Upaya bintaldam V/brawijaya dalam pencegahan perceraian anggota tentara nasional Indonesia (TNI) angkatan

- darat (studi kasus di komando distrik militer (Kodim) 0833 Kota Malang), *SAKINA, Journal of Family Studies*, **2019**, *3*, 1–13. [[Google Scholar](#)], [[Publisher](#)]
- [2] I.Y.J. Bomba, C.B.J. Lesmana, N.K.S. Diniari, L.N.A. Aryani, A.A.S. Wahyuni, N.K.P. Ariani, I.A.K. Wardani, I.G.A.I. Ardani, The relationship between self-esteem and husband support with body image perception in post-vaginal delivery primiparous mother in independent Delima midwife practice in Denpasar, *Bali Medical Journal*, **2021**, *10*, 21-25. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [3] A. Dewi, F. Junaedi, T. Safaria, S. Supriyatningsih, I. Dewanto, D.T.K. Dewi, COVID-19 Pandemic: Maternal Anxiety Increases during Pregnancy, Indonesia, *Bali Medical Journal*, **2021**, *10*, 1053-1057. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [4] N. Laili, M. Mariani, T. Suhartini, E. Handayani, Psychological and coping strategies of the red zone community: a cross-sectional study of COVID-19 pandemic in rural area in Indonesia, *Bali Medical Journal*, **2022**, *11*, 706-710. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [5] I.P.S. Wijaya, T.A. Wihastuti, I.W.A. Wiyasa, Plasma marker ACTH, cortisol, and beta-endorphins profile on pregnant women as targeted marker of approach for antenatal depression, *Bali Medical Journal*, **2023**, *12*, 600-605. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [6] J.C. Pflieger, C.A. LeardMann, H.S. McMaster, C.J. Donoho, L.A. Riviere, Millennium Cohort Family Study Team, The impact of military and nonmilitary experiences on marriage: Examining the military spouse's perspective, *Journal of Traumatic Stress*, **2018**, *31*, 719-729. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [7] B.M. Vest, Cercone S. Heavey, D.L. Homish, G.G. Homish, Marital satisfaction, family support, and pre-deployment resiliency factors related to mental health outcomes for reserve and national guard soldiers, *Military Behavioral Health*, **2017**, *5*, 313-323. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [8] N. Weissman, S.V. Batten, K.D. Rheem, S.A. Wiebe, R.M. Pasillas, W. Potts, M. Barone, C.H. Brown, L.B. Dixon, The effectiveness of emotionally focused couples therapy with veterans with PTSD: A pilot study, *Journal of Couple & Relationship Therapy*, **2018**, *17*, 25-41. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [9] K. Sparrow, J. Kwan, L. Howard, N. Fear, D. MacManus, Systematic review of mental health disorders and intimate partner violence victimisation among military populations, *Social Psychiatry and Psychiatric Epidemiology*, **2017**, *52*, 1059-1080. [[Google Scholar](#)], [[Publisher](#)]
- [10] A.S. Romli, Implementasi peraturan panglima Tentara Nasional Indonesia nomor 50 Tahun 2014 dalam pembentukan keluarga sakinah: Studi di Kodam V/Brawijaya Malang Perspektif Teori Efektivitas Hukum (Doctoral dissertation, *Universitas Islam Negeri Maulana Malik Ibrahim*), **2022**. [[Google Scholar](#)], [[Publisher](#)]
- [11] M.A. Chalim, F. Farhan, Peranan Dan Kedudukan Tentara Nasional Indonesia (TNI) di dalam Rancangan Undang-Undang Keamanan Nasional di Tinjau dari Perspektif Politik Hukum di Indonesia, *Jurnal Pembaharuan Hukum*, **2015**, *2*, 102-110. [[Google Scholar](#)], [[Publisher](#)]
- [12] H.R. Atuel, C.A. Castro, Military cultural competence, *Clinical Social Work Journal*, **2018**, *46*, 74-82. [[Google Scholar](#)], [[Publisher](#)]
- [13] S. Mulyono, Hasil Musyawarah Pusat XII Persit Chandra Kirana. 1st Ed. Pengurus Pusat Persit Chandra Kirana: Jakarta, Indonesia, **2018**. [[Publisher](#)]
- [14] I. Colangelo, B. Anwar, Everything you need to know about couple therapy, *Talkspace*, **2020**. [[Publisher](#)]
- [15] J. Goltzman, 25 best couples therapy techniques, exercises, and activities to try for couples. Healthline, (healthline.com), **2023**. [[Publisher](#)]

- [16] A.J. Blow, A.F. Curtis, A.K. Wittenborn, L. Gorman, Relationship problems and military related PTSD: The case for using emotionally focused therapy for couples, *Contemporary Family Therapy*, **2015**, 37, 261-270. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [17] K.E. Forziat, N.M. Arcuri, C. Erb, Counseling the military population: The factor of prior military exposure for counselors-in-training, *Journal of Counselor Preparation and Supervision*, **2017**, 10, 6. 1-36. [[Pdf](#)], [[Google Scholar](#)], [[Publisher](#)]
- [18] I. Wen, L.E. Price, A.M. Spray, C.R. Marmar, Mending broken bonds in military couples using emotionally focused therapy for couples: Tips and discoveries, *Journal of Clinical Psychology*, **2020**, 76, 865-870. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [19] S. Bagheri, A. Khajevand Khoshli, J. Asadi, The effect of solution-focused couple therapy on communication patterns and flexibility in divorce applicant couples, *Avicenna Journal of Neuro Psycho Physiology*, **2019**, 6, 133-140. [[Google Scholar](#)], [[Publisher](#)]
- [20] B.A. Moore, Handbook of counseling military couples, *Routledge*, **2012**. [[Google Scholar](#)], [[Publisher](#)]
- [21] T.S. Trepper, E.E. McCollum, P. De Jong, H. Korman, W.J. Gingerich, C. Franklin, Solution-focused brief therapy treatment manual. Solution-focused brief therapy: A handbook of evidence-based practice, **2012**, 20-36. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [22] S. De Shazer, I.K. Berg, E.V.E. Lipchik, E. Nunnally, A. Molnar, W. Gingerich, M. Weiner-Davis, Brief therapy: Focused solution development, *Family Process*, **1986**, 25, 207-221. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [23] D. Ariza, A.M. Kesrianti, T.A. Ruslan, Neutrophil Lymphocyte Ratio (NLR) in COVID-19 Patients Receiving Convalescent Plasma Therapy, *Indonesian Journal of Medical Laboratory Science and Technology*, **2022**, 4, 139-147. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [24] J.S. Beck, A.T. Beck, Cognitive behavior therapy: Basic and beyond, 2nd Ed., The Guilford Press: New York City, NY, USA, **2011**. [[Google Scholar](#)], [[Publisher](#)]
- [25] A. Donastin, A. Aisyah, Microbial pattern of diabetic foot ulcer patient in Jemursari Islamic Hospital Surabaya Period 2012-2016, *Indonesian Journal of Medical Laboratory Science and Technology*, **2019**, 1, 22-32. [[Crossref](#)], [[Google Scholar](#)], [[Publisher](#)]
- [26] A.N.M. Ansori, M.H. Widyananda, Y. Antonius, A.A.A. Muradlo, V.D. Kharisma, P.A. Wiradana, S. Sahadewa, F.D. Durry, N. Maksimiuk, M. Rebezov, R. Zainul, A review of cancer-related hypercalcemia: Pathophysiology, current treatments, and future directions, *Journal of Medicinal and Pharmaceutical Chemistry Research*, **2024**, 6, 944-952. [[Crossref](#)], [[Pdf](#)], [[Publisher](#)]
- [27] F.M. Dattilio, N.B. Epstein, Cognitive-behavioral couple and family therapy. In *Handbook of Family Therapy*, **2015**, 89-119. [[Google Scholar](#)], [[Publisher](#)]

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