

# **The Experiences of Families Who Have Veteran Family Members Diagnosed with PTSD**

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## **Abstract**

The purpose of this qualitative study was to explore the experiences of family members of veterans diagnosed with post-traumatic stress disorder (PTSD) at Clark Atlanta University. Past research on military spouses indicated that the family members have a hard time balancing their lives with the challenges of living with the veteran. The past research on adolescent offspring of PTSD veterans also indicated that the children of veterans may suffer emotionally. This study is unique because it does not only address significant others or children; this study explores the lived experiences of the family holistically. This study answered the following research questions: (1) how do families of veterans with PTSD manage their family and daily lives? (2) how do the families make meaning of their experiences with a veteran family member who is diagnosed with PTSD? The qualitative strategy used in this study was the phenomenology approach. The sampling strategy to recruit participants was maximum variation. Participants were 5 college students who had exposure to having a significant other with PTSD. The data collection method included semi-structured interviews. Validation strategies included reflexivity and rich thick descriptions. Reliability was established by member checking at the end of each interview. Results were coded into the following themes-- negative feeling from family members, consideration, understanding, perceptions of PTSD, and positive support systems and treatments. The findings indicated that family members of PTSD veterans are trying to do what is best for the veteran but still struggling with the behavior of the veteran. Implications of the results for future studies include establishing support systems for the family members of those suffering with PTSD. The results of this study can contribute to the field of psychology and help initiate positive change for family members of veterans suffering from PTSD.

**Keywords:** PTSD, Family Members of Veterans, Veterans

## **1. Introduction**

The U.S Department of Veteran Affairs (2019), defines post-traumatic stress disorder (PTSD) as “a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault” (para 1). Someone diagnosed with PTSD could have changes in their functioning which could lead to family needs that are unmet and an increase of stress within the family (U.S Department of Veteran Affairs, 2018, para 1). According to the U.S Department of Veteran Affairs (2018), families who have family members diagnosed with PTSD often devote themselves to taking care of those members with PTSD. When taking care of someone with PTSD, a person may neglect their physical, emotional, and mental needs; the caretaker may not take care of themselves properly (U.S Department of Veteran Affairs, 2018). The experiences of families who have veteran family members diagnosed with PTSD is important because the mental health of veteran families is just as important as the mental health of the veterans with PTSD.

Previous studies have explored family functioning among the families of war veterans (Boricevic Marsanic, Aukst Margetic, Jukic, Matko, & Grgic, 2014; Zerach, Solomon, Horesh, & Ein-dor, 2013). The studies consisted of veterans who were not from the United States; they were Croatian war veterans and Israeli war veterans. Work and family quality of life among U.S Afghanistan and Iraq war veterans were investigated (Vogt et al., 2017). Other studies explored perceptions of PTSD from the perspective of veteran partners or spouses (D'Aniello, Marek, & Moore, 2017; Yambo et al., 2016). However, there is little research on the experiences of families who have veteran family members diagnosed with PTSD. Particularly, there is little research on U.S veteran families. Numerous studies focus on military partners or spouses. This study will focus on the experiences of U.S veteran families as a whole unit, and how they make meaning of PTSD. Veterans diagnosed with PTSD and their families will benefit from this research and help practitioners develop support systems for the families to foster optimal family functioning.

## 1.1. PTSD

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) characterizes posttraumatic stress disorder (PTSD) by characteristic symptoms developing following the individual being exposed to one or more traumatic events (p.274). An individual with PTSD may have characteristic symptoms such as emotional symptoms, behavioral symptoms are reexperiencing the trauma (American Psychiatric Association, 2013, p. 274). According to the DSM-5, these symptoms may also include dysphoric mood states, negative cognitions, arousal and “reactive- externalizing symptoms” (p.274). A person can be diagnosed with PTSD at any age. Though any individual can be diagnosed with PTSD, PTSD is more prevalent among veterans and individuals “whose vocation increases the risk of traumatic exposure” (American Psychiatric Association, 2013, p. 276). For example, individuals who are policeman, firefighters, or even emergency personnel can be diagnosed with PTSD.

## 1.2. Veterans with PTSD

According to the DSM-5, in samples regarding the community and veterans, there is an association between PTSD and the following: poor social and family relationships, being absent from work, having a lower income, and “lower educational and occupational success” (American Psychiatric Association, 2013, p. 279). War and combat trauma is one of the types of trauma that veterans can be affected by. The number of veterans diagnosed with PTSD varies by service era. According to the U.S Department of Veteran Affairs (2018), three of the service eras are Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF), Gulf War (Desert Storm), and the Vietnam War. The U.S Department of Veteran Affairs (2018) lists the following as contributions to PTSD for veterans: what they do in the war, where it is fought, the politics surrounding the war, and the type of enemy that being faced (para 1).

Another reason that veterans may be diagnosed with PTSD is due to military sexual trauma (MST). The U.S Department of Veteran Affairs (2018) defines military sexual trauma as an individual being sexually harassed or assaulted while in the military (para 2). Both men and women can be subjected to MST during peacetime, training, or even war. Though more women veterans suffer from military sexual assault, since there are more men in the military, more than half of all of the veterans struggling with MST are men (U.S Department of Veteran Affairs, 2018, para 3).

### 1.2.1. *family*

Studies investigated the association of posttraumatic stress and family functioning among veteran families (Zerach et al., 2013; Vogt et al., 2017). Zerach et al. (2013), suggested that a psychological breakdown during war or combat could present potential family cohesion difficulties in the future. Zerach et al. (2013) recommended monitoring veterans with combat stress over time in order to identify early reactions to combat-related trauma and treat those reactions (p.212). Vogt et al. (2017) found that the veterans were doing well regarding work and family quality of life in spite of being exposed to a war zone (p. 349). Though these veterans reported an overall high quality of life, “almost half of all veterans reported some level of impairment in their intimate relationship functioning and about a quarter reported impairments in their occupational functioning” (Vogt et al., 2017, p.349-350). After assessing the impact of PTSD on certain aspects of quality of life, several gender differences were found (Vogt et al., 2017, p.350). There was limited literature on veteran families impacted by a PTSD veteran family member. Literature of veteran spouses and children of veterans and how they were affected by a PTSD veteran spouse or parent was found.

### *1.2.2. spouses*

Previous studies explored the experiences and perceptions of military spouses whose spouse suffered from PTSD (Yambo et al., 2016; D'Aniello et al., 2017). Yambo et al. (2016) found that military spouses struggle to find balance in their lives (p.548). The findings also indicated that the spouses find it stressful living with a veteran diagnosed with PTSD because of how complex the condition is (Yambo et al., 2016, p.549). From a positive perspective these spouses gained insight into how to cope with a difficult situation and they worked on normalizing their experience (Yambo et al., 2016, 549). Yambo et al. (2016) recommended that future studies be conducted in order to gain a greater understanding on how traumatic stress impacts a military spouse and military family (p.549). D'Aniello et al. (2017) investigated “service members’[or veterans] and their partners’ perceptions of how PTSD diagnosis and symptoms interfere with their daily life, and also how those perceptions may relate to their reintegration stress levels” (p.40). D'Aniello et al. (2017) found that the partners of the service members reported PTSD symptoms in the veteran, the veterans reported high integration stress levels (p.47). Regarding this finding, D'Aniello et al. (2017), considers it to be possible that partners may become consumed with taking care of the veteran or with managing their PTSD symptoms; it may get to the point where it results in the veteran experiencing increased stress (p. 48). D'Aniello et al. (2017) recommended that future studies “explore the needs of service members and their partners through dyadic analysis and qualitative interviews in order to improve family outcomes and coping, which will strengthen our military” (p.51). This recommendation will be investigated in this study.

### *1.2.3. children*

Two studies investigated adolescent functioning in the children of Croatian PTSD war veterans (Boricevic Marsanic et al., 2014a; Boricevic Marsanic Margetic, Zecevic, & Herceg, 2014b). Boricevic Marsanic et al. (2014a) found that in comparison to non-PTSD veteran counterparts, internalizing and externalizing problems were two times more likely to be reported by the offspring of PTSD war veterans (p.300). According to Boricevic Marsanic et al. (2014a), children of “veterans with PTSD have more problems with emotional regulation, depression, anger, aggression, substance use, authority, and personal relationships than adolescent offspring of veterans without PTSD” (p.300-301). Boricevic Marsanic et al. (2014a) recommended that future studies be conducted so that they can “attempt to identify factors that contribute to the development and maintenance of sub-optimal parenting behaviors and poor family functioning in families of PTSD war veterans” (p.304). Boricevic Marsanic et al. (2014b) found that, regarding the children of Croatian male PTSD veterans, “internalizing symptoms, poor overall family functioning, lower levels of both maternal and paternal care, and paternal overcontrol and overprotection, were specifically associated with suicide attempts” (p.581-582). These findings suggested that maternal parenting matters and that parental parenting could determine the suicide risk of inpatient children whose father is a war veteran who suffers from PTSD (Boricevic Marsanic et al., 2014b, p.583). Boricevic Marsanic et al. (2014b) recommended that future studies could investigate possibly the perspective of the parent or the report of a clinician (p.584). There was little literature on children impacted by PTSD veteran parents.

The existing literature stresses the need to conduct future studies on military families and military spouses in efforts to better understand how traumatic stress affects them. The literature also stresses the need to investigate the contributing factors to sub-optimal parenting and poor family functioning in order to improve family outcomes and functioning. Due to the gap in the literature regarding the experiences of families who have a PTSD veteran family member, this study will explore the experiences of those types of families. This study aims to look at the perspectives of significant others and children; this study will also look at parenting styles and family functioning to provide information that may improve family outcomes and functioning for veteran families.

## 2. Methodology

### 2.1. Research Questions

The following two research questions guided this study: (1) how do families of veterans with PTSD manage their family and daily lives? (2) how do the families make meaning of their experiences with a veteran family member who is diagnosed with PTSD?

### 2.2. Qualitative Research Orientation

The phenomenological approach was used to conduct this study. It is an appropriate strategy because this approach studies an individual's lived experiences through their subjective perspective or first-person point of view (Smith, 2013, para 3). This approach allows individuals to understand what it is like to be impacted by veterans with PTSD from learning about the participants exact feelings and experiences.

### 2.3. Research Design

#### 2.3.1. *participants*

Five individuals (4 females and 1 male) participated in the study. They were African American college students; they all attended the same university, Clark Atlanta University. The participants were recruited from psychology classes. Three of the participants were children of veterans, one was a cousin of a veteran, and one was a girlfriend of a veteran.

#### 2.3.2. *procedure*

The sample strategy maximum variation was utilized. This sample strategy was used for the purpose of understanding different individuals' experiences with family members who are diagnosed with PTSD. The researcher's goal was to understand the experiences of family members holistically; this includes actual family members and significant others. The inclusion criteria included the following: (a) be family member or significant other of a veteran diagnosed with PTSD and (b) have been close with the veteran (i.e lived with the veteran and/or had a strong relationship with the veteran).

Interviews were conducted in person and audio- recorded. Participants were asked 8 questions. Written notes were also taken by the researcher during the interview. The semi- structured interviews ranged from 20 minutes to an hour. Before each interview, the participants completed a consent form. Participants were provided with information to access counseling and disability services at Clark Atlanta University if the participants wanted to speak to a professional about their experiences. The interviews were conducted in a library.

#### 2.3.3. *data validation*

This study uses two validation strategies: Reflexivity and rich thick descriptions. The researcher reflects on her own biases. The researcher is an African American college student who is a dependent of a veteran who was diagnosed with a form of PTSD. She had firsthand experiences with a veteran with PTSD. During one of the interviews, the researcher was informed of the fact that after one of the participants said certain things, the researcher made slight verbal responses. Also, due to her first-hand experiences, the researcher realized that she may have expected certain responses. After reflecting on each interview, the researcher gained a greater perspective on the different experiences of family members of veterans with PTSD. Another validation strategy that was used was member checking. At the end of each interview, the researcher repeated all the notes written down and the information that was interpreted. The participants confirmed the correct information and corrected the researcher when it was not exactly what they described.

### 3. Results

The audio recordings from the interviews were uploaded to Atlas Ti 8.0. In Atlas Ti, quotations and codes were created. There were a total of 20 codes. The coding categories were created by the researcher. The codes were then grouped into five themes. The five themes that emerged were the negative feelings of the family members, consideration, understanding, perceptions of PTSD, and positive support systems and treatments.

#### 3.1. Themes

##### *3.1.1. negative feelings of the family members*

Five codes were combined to generate this theme. The negative effects of the experiences of being around the veteran was coded into three codes. The codes were distancing themselves, depressing/saddening, and concerning/worried. Participant 1 mentioned, "I give him space to work through what he got to work through." Regarding one of the effects being that the experience is depressing, participant 2 stated, "It is kind of saddening because like he can't truly be. I feel like he can't be as you know as happy to the fullest extent, it is still something that is kind of there. That stuck with him so..." Participant 4 expresses her concern with her father by saying, "Then I get worried about him because of what his PTSD is. Like he has nightmares that's where it shows really." Another code was participants avoiding the veteran on a bad day. When asked about her interaction with the veteran on a bad day, Participant 3 said "I avoid him." The last code that was used for this theme was that the participant has limited current interaction with the veteran. Participant 1 and 3 reported limited current interaction. During the interview participant 3 shared, "Now there's not really any interactions."

##### *3.1.2. consideration*

Four codes were grouped in order to create this theme. Two positive effects of the experiences of being around the veteran were coded. These affects were increased awareness and being more careful. With this specific theme, participant 2 reports a lot of feelings of awareness and concerns with being more careful. Participant 2 clearly stated, "I just became more aware that people do go through things mentally and that everybody is not the same as I am." She also said, "It's made me more careful when it comes to him too. Like I'm careful with what I talk about or like how I ask questions." A word of advice for dealing with these experiences was also coded. The advice was to be patient with the veteran who is diagnosed with PTSD. Participant 3's advice was to "Honestly, be patient." The last code that was used for this theme was the overall family interaction being that they became more careful with the veteran. When asked about her family's overall family interaction with the veteran, participant 2 responded, "Me and my mom are more careful about certain stuff." Participant 2 was not the only one to discuss being considerate and thoughtful of the veteran. She was one of the couple of participants that clearly states it.

##### *3.1.3. understanding*

The theme understanding was created by combing three codes. Two of the codes were positive effects of the experiences of being around the veteran. These affects were being understanding and accepting. Regarding these effects, participant 1 stated, "I am just accepting and understanding of whatever it is." Participant 5 shared, "It made me understand that people go through things." The last code was that the overall family interaction being that they became more understanding with the veteran. Participant 1 stated, "It is more so how the family treats him. Everybody is patient and they understanding, you know things happen."

##### *3.1.4. perceptions of PTSD*

This particular theme was created by grouping three codes together. The code that had the highest frequency for this theme was the fact that PTSD is caused by a traumatic event. All of the participants defined PTSD as the result of a traumatic event. Participant 5's response is included as an example. She stated, "Uh, what do I want to call it? I don't want to call it a sickness. Well I guess it is a form of an illness. Umm. Where people have experienced traumatic

events and the aftermath has caused them to have certain effects.” The other two codes are what the participants thought about PTSD. The codes are that PTSD is associated trauma and PTSD is associated strength. Three participants said the word “trauma” when asked what the word PTSD means to them. Two participants associated strength with PTSD. Participant 3 said the word “strong” and participant 4 said the word “resilient”.

### *3.1.5. positive support systems and treatments*

Five codes were combined to create this last theme. Three of the codes are the support systems that the participants wish they had when trying to manage their family lives and daily lives with their experiences with the veteran. The codes were as follows: counseling, the veteran, and people going through similar experiences. Participant 1 mentioned, “Family or counseling with the person. And maybe a couple of family members would be good for overall. With how to deal with things.” Participant 4 responded, “Probably him. Like I wish he would express it more and be honest with himself.” Participant 5 said, “Or maybe another girlfriend of a veteran who is dealing with the same things.” The last two codes were treatments that the participants recommended for people diagnosed with PTSD. The codes were medication and counseling/ therapy. Participant 2 mentioned “Drugs of some sorts. I don’t know what they would be for. Maybe anti- depressants or something that will help them.” And participant 5 stated “Definitely, therapy.” The participants also reported the severity of the PTSD that their veteran family member currently has. Participant 1, 2, and 4 reported around the mild to moderate range. Participant 3 reported more severe symptoms with her veteran father. And participant 5 reported more severe symptoms as well with her veteran boyfriend (it is relevant to note that participant 5 is no longer in a dating relationship with the veteran; they currently only have a friend relationship). With the more severe cases, the participants mentioned greater tendencies to avoid the veteran family member due to the veteran’s behavior.

## **4. Discussion**

The essence of this phenomenological study is family members of veterans diagnosed with PTSD are trying to find ways to cope with their experiences with the veteran. This finding is similar to the findings of a phenomenological research study on military spouses living with a veteran suffering from PTSD; the spouses are trying to find balance (Yambo et al., 2016, p.548). The findings in this present study highlight the family members attempting to do what is best for the veteran but also struggling to not be sensitive to the behavior of the veteran. Furthermore, these findings are consistent with the findings of research on the offspring of veterans with PTSD; the study reported the offspring having difficulty with various things such as regulating emotions, depression, and anger (Boricevic Marsanic et al., 2014a, p, 301). This current study’s findings suggest the children of veterans with PTSD may exhibit feelings of depression, avoidance, and frustration.

### **4.1. Limitations**

Limitations of this study include a limited number of significant others of veterans diagnosed with PTSD. Since there was only one significant other in the sample, it would be beneficial for a future study to have one or two more significant others in the sample. Overall, the sample was small and heterogenous regarding family relation. A larger sample of each type of family relation would be beneficial in future studies. Another limitation to the study was the length of the interviews. Longer interviews typically include more depth. More participants could possibly include longer interviews. More participants may reveal different experiences with the veteran diagnosed with PTSD. Also, perhaps conducting a case study method which includes prolonged engagement with the family member or significant other, may reveal how the family member deals with the challenges of PTSD, on a daily basis. Lastly, the study did not verify the veteran diagnosis of PTSD. The diagnosis is often overused. Future studies should verify the diagnosis of PTSD.

## **5. Conclusion**

In conclusion, the study suggests that family members of PTSD veterans are trying to cope with the challenges of the behavior of the veteran. This study’s findings suggest that family members of PTSD veterans are in need of counseling

or someone that can relate to the challenges in order to cope in a healthier and positive way. The results of this study can contribute to the field of psychology and help initiate positive change for family members of veterans suffering from PTSD.

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