2012

The effects of Post Traumatic Stress Disorder on family relationships

Melissa Leigh Weissmiller

THE EFFECTS OF POST TRAUMATIC STRESS DISORDER ON FAMILY RELATIONSHIPS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

The main objective of this study is to explore the impacts that a loved one's Post Traumatic Stress Disorder has on family relationships. Through qualitative analysis of seven one-on-one interviews with family members including a parent, four adult children, a sibling, and a spouse this study aims to understand how the lives and relationships of these family members are impacted. Findings reveal, in line with previous research, that the disorder has distinct impacts on the afflicted and the family members as well as their relationship. With the majority of resources focused on the afflicted, the impacts on the family member and the relationship have implications for further programs and resources that should be focused on the family. Further research is recommended to uncover coping skills that lend to resiliency in individuals and families that may be able to help others in similar situations.

ACKNOWLEDGMENTS

I would like to acknowledge all those who have had a part in me completing this project which has been both challenging and healing to me personally. First I would like to thank Dr. Davis for giving me the desire to pursue a topic that was so close to my heart and encouraging me to face my own biases. I would also like to thank Dr. Shon for being the most understanding and supportive research advisor that I could have asked for. I would like the thank my friends Celeste Stevens, Kendra Lutzow, Dianna England, Brianna Belcher, and Fabian Valdez whom without meeting on the first day of this program would not have been able to complete it without their support. I would also like to thank my family who put up with my stress-induced moods and always encouraged me to do my best while reminding me of how proud they were of me. I would not be where I am today without such a great support system. And finally I would like to thank those who participated in this study- for the amazing people I was privileged to meet and honored to hear their stories. Without you this project would not exist.

DEDICATION

This project is dedicated to my two daughters, Ciara and Caitlyn, for their continued support and understanding in getting this project completed; and for being the inspiration and driving force behind choosing this topic.

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CHAPTER ONE

INTRODUCTION

This project discusses the impacts that a loved one's Post Traumatic Stress Disorder (PTSD) has on family relationships. Chapter one includes a statement about the problem, the purpose of this study and the significance the study has for the field and practitioners of social work.

Problem Statement

With the state of affairs in this country regarding conflicts abroad in which our military has been serving in areas such as Afghanistan and Iraq the attention to and prevalence of Posttraumatic Stress Disorder (PTSD) has been on the rise. PTSD was officially included in the Diagnostic and Statistical Manual of Mental Disorders III (DSM-III) in 1980 although it had existed under different titles since the creation of the DSM-I in 1952. Aside from the rise in diagnosis of PTSD due to war, there are other ways in which people experience trauma and are subjected to the same symptoms.

Less attention is paid to those who fight the battle of living with PTSD and helping those they love learn how

to find a new normal and survive the debilitating symptoms of the disorder, their family; specifically the significant others, the parents and the children whose lives are also heavily impacted. This population of secondary "victims" is the focus of this study in determining the extent to which their lives and the relationships with their loved ones are impacted.

For years the focus of mental illness and mental disorders has been on the individuals living with the diagnosis; including their symptoms, how the diagnosis has affected them, how they function or are unable to function, and so on. Shockingly, millions suffer from disabilities secondary to traumatic injuries and lose more years of work life than individuals with cancer and heart disease combined (Steel, Dunlavy, Stillman & Pape, 2011). Olatunji, Cisler & Tomlin identify that PTSD has been found to be associated with decreased quality of life, poorer physical health and problems of social functioning (as cited in Steel et al., 2011, p 289).

However, more recently research has been conducted aimed at examining how PTSD, or living with someone who has the disorder, affects others. There is still much to be learned about this issue. While it is important to

focus on the individual living with PTSD in order to gain control of the debilitating symptoms that control their lives by providing psychotherapy and medication, it is also equally important to determine how the disorder affects those in his/her life as those relationships with loved ones can aid or hinder the process. Research suggests that sources of social support such as that of the spouse, family, friends, and military peers can be helpful in recovery from stress and that in those with PTSD greater levels of social support predicted lower symptoms (Wilcox, 2010). Chavaruvastra and Cloitre (2008) recognize that social support systems can serve as effective emotional regulators in that their behaviors can either soothe or exacerbate trauma driven fears (p 362). Attention, however, must be paid to these support systems and how their lives are being affected as this can have implications towards stability in their own lives both with the loved one and personally.

The issue of how a loved one's PTSD affects relationships is important to family, friends, mental health providers, and even society as a whole when the relationships are adversely affected enough to cause divorce or separation of the family unit, ultimately

eroding the social fabric. Those closest to the individual may have a desire to know how others in their situation deal with the stress of having a loved one with PTSD, providing them knowledge of unidentified coping skills and successful (or unsuccessful) adaption methods. The mere ability to identify with others who are coping with a situation that resembles their own is a source of support. Attention to this issue may assist mental health providers in obtaining a complete bio-psycho-social assessment on their client, that being the loved one or the family member.

The kind of information being elicited from this project would help provide better services to clients by bringing light to the many layers affected by the symptoms of PTSD, mainly family relationships. While research has begun to delve into the arena of those outside the individual diagnosed with PTSD, the main focus has been on spouses, particularly wives, of service members.

The truth is that while PTSD has a clearly outlined set of criterion that is universal to society, the form of trauma that one experiences to elicit such a diagnosis stretches wide. Traumatic experiences such as war seem

like an obvious stressor. However, abuse, rape, witnessing violence, disasters and accidents can all have equally traumatic effects on an individual. Data from the National Comorbidity Survey (NCS) reflect that 65% of men and 46% of women developed PTSD from a reported rape that was identified as their most upsetting trauma; men specifically indicate that high rates of PTSD were due to exposure to combat (38.8%), childhood neglect (23.9%), and childhood physical abuse (22.3%) where in women childhood physical abuse (48.5%), sexual molestation (26.5%), physical assault (21.3%) and being threatened with a weapon (32.6%) are identified (as cited in Charuvastra & Cloitre, 2008, p 304). For these reasons it is important to learn more about this issue as it has the potential to affect so many.

Purpose of the Study

It is the intention of this study to determine if relationships in families that include a member diagnosed with PTSD are able to overcome the crisis of the disorder, to find a new homeostasis in a changed relationship while identifying the coping skills and mechanisms utilized to enable the resiliency. As Figley

and Figley (2008) recognize, addressing the secondary trauma in the traumatized person's intimate support system through the co-constructing process is equally as important as those of the traumatized person themselves; the traumatic experience creates memories that are often co-constructed through interpersonal interactions with others, through seeking support or making meaning (p 173-174). Identifying these will help mental health professionals provide quality services to both loved ones and the family members when faced with these clients in future practice.

The basic question is: Was the relationship able to withstand the stress of PTSD on your life and if so, how? The answers to this question will provide direction in establishing policies and practices to assist with these relationships that ultimately have impacts on both the family member as well as the afflicted. As Charuvastra and Cloitre (2008) share, the debate over the relationship between social support and PTSD endures but some studies point to the idea that social support exerts its influence as a protective factor against the risk of the disorder and that the lack of such support creates an increased risk for it as well. They also state that

positive social support interactions can facilitate resolution of PTSD while negative interactions contribute to its maintenance (Charuvastra & Cloitre, 2008, p 306). This points to the idea that these interactions help model to the afflicted how to regulate their emotions of fear, anxiety and mistrust. According to the resilience model of family functioning the "adaptation to the stressors is influenced by the family's resources and coping abilities" (Chapin, 2011, p 529). Chapin also indicates that the adaptational outcome refers to the family's efforts to achieve a new balance after a family crisis (2011).

For the purpose of this study it is important to define key terms. Posttraumatic Stress Disorder is defined according to the DSM-IV-TR as "the development of characteristic symptoms following exposure to an extreme traumatic stressor including direct personal experience of an event that involves actual or threatened death or serious injury…" (listed under Criterion A: American Psychiatric Association [DSM-IV-TR], 2000). Subjects interviewed for this study will consist of family members who have a loved one who has been officially diagnosed with PTSD by a qualified professional although there will

be no verification of this information other than the family member's word. A family member in this project will be indentified as a spouse or significant other (boyfriend/girlfriend), parent or guardian, adult child or any member with blood ties to the diagnosed who is willing to be interviewed. A loved one would then be defined as having the relationship with the family member being interviewed, such as husband/wife, son/daughter, father/mother, etc.

Significance of the Project for Social Work

In the field of social work practice a heavy emphasis is placed on individuals, families and groups. This research touches on each unit, but is mainly focused on families as a result of the lack of attention they have received in this area previously, which remains one of the most significant pieces to the puzzle.

Family Systems Theory, as identified by Murray Bowen, is believed to be the "driving force underlying all human behavior" and is responsible for the "push & pull between family members for both distance and togetherness" (Goldenberg & Goldenberg, 2008, p 176). Bowen conceptualized the family as an emotional unit, a

network of interlocking relationships (Goldenberg & Goldenberg, 2008, p 175). Following this idea of family systems theory and relating it to the relationship with a loved one with PTSD, Craine, Hanks & Stevens (1992) contribute that "a conceptualization that addresses PTSD within a family system context and recognizes the importance of the family context in recovery requires an expanded view of the disorder to include family characteristics and patterns of interaction" (p 196). It becomes necessary to identify what coping skills lead to resiliency in these families in order to utilize the concept in practice with others who are struggling to find balance in similar situations. This is an important concept because as indicated the family unit can directly impact the individual's successful progress with the disorder. Furthermore, healthy family relationships impact more than one individual person. Identifying successful coping mechanisms can aid in family unity and stability which is a main goal is social work. Further uncovering the need for focused treatment can highlight and aid in program development and program evaluation, as well as other implications for macro practice.

CHAPTER TWO

LITERATURE REVIEW

Introduction

As previously stated, having a loved one with PTSD impacts not only the individual but those in their lives as well. The literature on this topic thoroughly explores these impacts and will be discussed in this chapter. Included in this chapter are the impacts on the afflicted, the impacts on the family, theories guiding conceptualization as well as gaps in the literature. This examination of the literature further explains the problem this study will address as well as the need for further attention in this area.

Impacts on the Loved-One, the Diagnosed

Kessler acknowledges that traits including high levels of marital conflict, cold and unresponsive parenting styles, social isolation, anger, absence of emotional warmth and responsiveness, parental depression, lack of support and low family cohesiveness commonly arise in stressful family environments involving PTSD (as cited in Ray & Vanstone, 2009, p 839). Taft, Schumm, Panuzio & Proctor (2008) further involve research

indicating military veterans with PTSD encounter poorer family adjustment, more problems with intimacy, higher relationship distress, more parental problems, lower family cohesiveness and less constructive communication behaviors. Many of the themes overlap and resurface throughout the literature.

Emotional numbing and withdrawal from the family, and society as a whole, are other key features of PTSD that affect both the individual and the family. Contributing to the symptom of emotional numbing is alexithymia, difficulty identifying and sharing emotions (Monson et al., 2009).

Most symptoms of PTSD are considered disruptive to the loved one's life. Dekel et al. (2005) conducted a qualitative study in which they interviewed wives of veterans with PTSD. Many of the stories shared in this study involved the physical and psychological symptoms that the wives have witnessed their husbands suffer through and have had to deal with themselves. These symptoms include sleep disruptions, the desire to die and suicidal thoughts/attempts, and fear of being alone or abandoned.

Impacts on the Family

While the issues mentioned in the previous section plague the veteran, the concern for the impacts on the family unit immediately arise. In Dekel, et al. (2005) the wives not only shared what their husbands were living with, but how these issues affected them as well. Many of the wives discussed the inability to detach from their husbands, causing her to become as "sensitive to external stimuli as her partner" (p 23). They also discussed their mindset of anticipating the worst in situations, being dependent on emotionally appealing to their sense of duty, avoidance of participating in activities they once enjoyed, and feelings of guilt over the thought of abandoning the situation for self-preservation. All in all, the strengths in maintaining these relationships identified in the study included a positive mutual past as all couples had known each other prior to the trauma, feelings of indebtedness on behalf of the wife, minimization of her own suffering and acknowledgement and recognition that the husband was the same person despite the disorder.

One of the major recurring themes throughout the literature is the idea of secondary traumatization.

Kellerman and Solomon describe secondary traumatization as suffering from mental distress as well as having difficulties in separation individuation and displaying a contradictory mix of resilience and vulnerability when coping with stress (as cited in Dekel & Goldblatt, 2008, p 281) regarding the intergenerational transmission of trauma from parent to child. Dekel, Goldblatt, Keidar, Solomon and Polliack (2005) also refer to secondary traumatization as compassion fatigue, which refers to wives of veterans with PTSD reporting feelings of tension, somatic complaints, anxiety, depression, low self-esteem, loneliness, confusion, loss of control, self-blame and feelings of heavy burden as a result of their husband's suffering.

Another frequent idea consistently found in the literature involves ambiguous loss. Both Dekel et al. (2005) and Dekel and Goldblatt (2008) discuss this as a notion that the loved one (father/husband) while still physically part of the family, is no longer functioning in the same role or is not as involved with the family as he used to be. For those family members, especially wives with children, this can mean taking on further responsibility to fulfill the lacking role adding to her

load. Dekel and Goldblatt (2008) also relate this shift to confusion of boundaries on the part of children and mother. Boss extends this concept of ambiguous loss among children's parents to cause a lack disappointment and appreciation in that the parent may not be able to understand or explain this behavior (as cited in Dekel & Goldblatt, 2008, p 285) further deteriorating the relationship and adding to the intergenerational transmission of trauma.

Monson, et al. (2009) propose the idea that a family member can enable certain behaviors to persist rather than forcing the loved one to face the fears that fuel PTSD. Labeled "accommodative behaviors" they suggest that consenting to behaviors that do not force the loved one to confront the symptoms such as hyper-vigilance and hyper-arousal, or even "avoiding sharing one's own feelings, concerns and needs" may hinder progress in overcoming the symptoms and reinforce avoidance, a phenomena referred to as symptom accommodation (Monson, et al. 2009, p 160).

Theories Guiding Conceptualization

Key theories identified through other studies and research includes models such as the stress-buffering and erosion models. The framework of the stress-buffering model posits that "supportive social networks help individuals cope with stressful events and buffer against the development of stress-related psychopathology" (Clapp & Beck, 2009). In the same study, the erosion model suggests that symptoms such as those experienced with PTSD have a negative impact on the quality and quantity of received support.

Another notion that Clapp and Beck (2009) make reference to is that influential models of PTSD suggest that trauma exposure creates a fundamental shift in perceptions of the self, others, and the world. The main theory highlighted by Dekel et al. (2005) is family stress theory, which they tie directly to the idea of ambiguous loss mentioned previously. They expect that due to the lack of clarity resulting from the loved one's disorder, others within the family are immobilized. Other theories to consider are stress theories, social ecological theory, social capital theory and social support and coping theory (Aisenberg & Ell, 2005).

In regards to treatment with this population, there are also plenty of suggestions in the literature. Deker et al. (2005) give credence to the idea that therapeutic intervention should be aimed at treating primary caregivers as they carry a heavy burden. They also mention the importance of systems perspective due to the entire family being affected by the posttraumatic injury. Monson et al. (2009) maintain Cognitive-Behavioral Conjoint Therapy (CBCT) as most effective, providing evidence-based couple or family therapy. The idea behind treating the group as a unit "translates into improved individual mental and physical health of the individuals in that relationship milieu (Monson et al., 2009, p 161). As Devilly (2002) mentions "because PTSD [in Vietnam Veterans] appears to be both severe and chronic, interventions designed to help partners cope more effectively may be fruitful" (p 1120).

More recently there has been a focus on crisis intervention. While the importance and necessity of educating social service personnel in the process of handling clients in the midst of a crisis cannot be downplayed, Roberts (2005) makes mention of the importance this process holds in limiting long term effects for those

at risk for PTSD when the intervention is conducted properly.

Gaps in Literature

The empirical research on the effects of a loved one's PTSD on family relationships mainly focuses on veterans and their families. The amount of literature surrounding alternate populations of PTSD survivors within this study is limited and difficult to locate. This points to an obvious area for further exploration including research that discusses other victims of PTSD who did not serve in the military as the symptomology and criterion for a diagnosis of PTSD are uniform.

Summary

While attention to the diagnosis and treatment of PTSD has been on the rise due to such trauma inducing events as war, the 9/11 attacks and Hurricane Katrina, there is still much more research that can be conducted to help these individuals, groups and families. The more social work comes to understand the effects of the disorder on others, the easier it will become to bridge the gaps in practice and policy to make living with PTSD feasible whether you are the one who experienced the

trauma yourself or have been exposed through secondary traumatization. Social workers are on the right track focusing on the family system and need to uncover as much information in this field as possible.

CHAPTER THREE

METHODS

Introduction

In this chapter one will find a description of this study's design, sampling practices, method of data collection and interviewing instrument, procedures for collection the data, how human subjects information will be protected and how the data will be analyzed.

Study Design

The specific purpose of this study was to explore the impact of a diagnosis of Post Traumatic Stress Disorder on a family member's life and their relationship with their loved one from the family member's perspective. This study utilized a qualitative design that enabled the interviewees to share his/her thoughts, feelings and opinions of the effects that their loved one's PTSD has had on their life through face-to-face interviews allowing for the collection of rich data. This study was based on the question "in cases of trauma resulting in PTSD, how are relationships with immediate social support affected?" It is possible that while this study attempts to gain knowledge of how loved one's lives

and relationships are impacted, it will only touch the surface of the topic, requiring further research with a wider sample to fully understand just how much impact this diagnosis has on others.

Sampling

The study utilized purposive sampling due to the nature of the research question and the family member's own expert knowledge about their situation. This purposive study allowed specific selection of subjects including a variety of family members including spouses, parents and adult children as well as opening up the selection to include those with family members who experienced different forms of trauma, specifically one sister-in-law. Interviews with a total of seven subjects were conducted. The interviews were taped and later transcribed.

Access to this population was gained through support groups for family members with loved ones diagnosed with PTSD. Due to the fact that these groups were completely voluntary and the study did not include those with the diagnosis themselves, there was little to no anticipation of negative effects. Those family members who

volunteered to participate in this study were advised of their rights to discontinue participation at any time. Due to the limited number of participants in these support groups, those who first volunteered and who have a loved one diagnosed with PTSD were included in the study; followed by other participants who were referred by early participants.

Data Collection and Instruments

The interviews included two basic demographic questions: "What is your relationship to your loved one with PTSD" and "What trauma exposed your loved one to PTSD?" The remaining questions of the interview consisted of six to eight questions, included in Appendix A, some of them with several dimensions, in order to gage the impact of the diagnosis on the family member's life and their relationship with their loved one.

The questions in the self-constructed measurement tool that were asked in this study aimed to measure the family member's perception (of the disorder and of the trauma exposure), stability of the relationship, communication, stress, and life changes. All of these

aspects affect the family member and the loved one; they may all also be affected by the disorder of PTSD.

The strength of this style of interview includes giving the participant the opportunity to share his/her story while emphasizing/focusing on aspects that are most important to them. The main limitation of this study was the time factor as some of the participants appeared to answer topics briefly until the interviewer probed for elaboration or asked a specific follow up question and may have felt rushed to complete the interview.

Procedures

Data was gathered via audio-taped interviews. Participation was solicited via the group leader of family support groups verbally informing the group participants of the study and providing those interested with the researcher's contact information. On contact from the interested participant, an interview was scheduled according to both party's availability. The researcher met with the participants at an agreed location to conduct the interviews, ranging from twenty to approximately forty-five minutes. The interview was then transcribed and analyzed at a later time.

Protection of Human Subjects

Confidentiality of participants was maintained through use of only first names and no other identifying information was solicited or recorded. The Consent Form (Appendix B) and Debriefing Statements (Appendix C) were provided, signatures were obtained, and are kept in a fire-proof, lock box at the researcher's home for the required duration after which time the forms and all transcription information will be shredded.

Data Analysis

All questions in the interview guide were created to obtain rich information about the participant's experiences in dealing with a loved one who has been diagnosed with PTSD. The questions gauged concepts such as perception, coping, communication, resources, enabling, and impacts on relationships including the relationship with the afflicted individual as well as with others. The descriptive answers provided by the participants were transcribed and processed according to themes allowing for analysis. The seven interviews were then compiled to determine the way(s) that those who

serve as social support are impacted by having a loved one who has been diagnosed with PTSD.

From previous literature it was expected that it could be revealed that the personal lives of loved ones have been impacted in some way through what has been identified as secondary traumatization. It was also probable that the relationship between the afflicted and the loved one has changed resulting from the trauma and symptoms experienced by the afflicted person. Identifying and understanding these implications will further assist human service agents/organizations in servicing all parties involved.

Summary

Chapter Three provides the reader with important information regarding the study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis of this particular study about the impacts on the lives and relationships of loved ones diagnosed with Post Traumatic Stress Disorder. All areas are relevant and necessary to ensure this study was conducted according to the requirements for research on human subjects.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four provides an analysis of the qualitative data obtained to address the research question "In cases of trauma resulting in PTSD, how are relationships with immediate social support affected"? This chapter also includes demographic information about the sample used in this study.

Presentation of the Findings

The sample in this study was comprised of one parent, a mother; four adult children, three daughters and one son; one sibling, a sister-in-law; and one spouse, a wife all whom represented their personal experience with their loved one (being their daughter, father, brother-in-law or husband) who is afflicted with Post Traumatic Stress Disorder. The trauma in which these loved ones were exposed included two near fatal traffic collisions, exposure to death during drug sale and use, a police officer witnessing the killing of his partner, and military service in both the Korean and Vietnam Wars. The sample of participants represented a

variety of ages and ethnicities noted through observation only.

All seven of the participants indicated that the relationships with their loved ones were able to stay intact meaning that the relationships were not severed. However, two of the three children indicated that their parent's relationships ended in divorce; and the marriage of the brother-in-law also ended in divorce. The data revealed that there were actions on the part of these participants that may have contributed to the preservation of the relationships including support for physical (when necessary) and mental healing, compensation for inabilities, remaining objective and having understanding, as well as providing encouragement and maintaining hope.

There were mixed responses in relation to the participant's loved one's ability or openness to sharing their feelings or expressing their emotions. All of the seven participants indicated that their loved ones didn't talk about their feelings of the trauma, especially early on. Five of the seven have shared more recently, as the time between trauma and present day have widened. A few of the participants suggested that discussion of the

incidents may have taken place with others or that the disclosure was prompted by drinking, or is a result of seeking benefits. The responses about sharing and expressing feelings in general, not related to the traumatic experience, were equally as mixed. Most of the participants shared that their loved ones did not share or express their feelings at all; while one participant discussed how her father was very good at showing her affection and indicating how he felt and how much he loved her and another recalls his father openly sharing his feelings and emotions when he was young. Those who indicated that their loved ones didn't generally express their feelings and emotions overall made reference to the fact that this was a characteristic that was prevalent prior to the trauma.

In an attempt to understand the level of stress placed on the individual and the relationship and the opportunity to utilize outside resources, each of the participants was asked if they had even personally sought counseling and if they had attended counseling with their loved one. Two of the seven participants affirmatively acknowledged personally seeking counseling for what they attribute to their loved one's PTSD. One of the

remaining five respondents indicated that while she never sought counseling, she knows of other family members who did seek counseling as a result of their loved one's disorder. Only two of the seven participants indicated attending family counseling together but noted that the loved one's PTSD and trauma was never discussed in such therapy sessions; in fact the topic was avoided.

Gauging the participant's view and/or opinion of their loved one pre and post trauma would help conceptualize their relationship and the impacts that the disorder has had on their loved one. One participant identified her daughter's change of emotional expressions specifically. She went from being unemotional as a child to having a flood of emotions post traumatic event and then losing that again. More recently she has begun to regain some of her emotional expression again after being in therapy. Another participant detailed her father's changes after becoming sober; the action she feels he was participating in to numb his feelings as a result of the things he witnessed and experienced. She says he father is now more dependant, he has a lot of guilt and remorse, he he's more fragile and he is much more emotional and cried a lot. A different participant indicated that the

characteristics she observed change in her brother in law included his quiet, introverted demeanor disappearing as she witnessed him become the life of the party. After being put on anti-depressants he began drinking heavily and spending money- a bizarre comparison to his personality pre-trauma. Yet another participant discussed her father's tendency to sleep in the cemetery after returning from war because of his feelings of safety among the dead, his obsession with gun and his binge drinking. One participant identified her husband's mood swings; the anger and rage when triggered and the quick acceleration of these symptoms. And the last participant discussed his father's panic attacks and his need to talk and settle him down.

In another attempt to conclude changes in the lives and relationships of these families resulting from a PTSD diagnosis the participants were asked about changes in activities of their loved ones before and after their trauma and subsequent diagnosis. Most participants didn't identify specific activities that their loved ones refrained from doing. More generally several participants discussed their loved one's overall inability to participate in everyday life necessities and

events, causing them (and others) to help them more. One participant specifically discussed her father's dependence on her due to his nightmares and the fear he feels as a result disabling him from doing simple things; as well as how his memory has been impacted. Another participant shared that her brother-in-law was unable to work for a few years, which allowed him to stay home and care for his children ultimately making him more present and active in their lives. One participant discussed her father's paranoia that the police, FBI, and military were constantly following them adding to his erratic behavior. Another participant recalled her husband's dislike for public, and specifically crowded, places and his negativity in those environments.

The participants indentified many ways in which their lives have been impacted causing changes to them personally. One participant shared how she now performs many of life's daily functions for her father including taking him places, picking up his medication, stopping what she is doing to talk to him; all of which place more demands on her already busy life as a wife and mother. Another participant disclosed her own personal somatic complaints that she attributes to her father's symptoms

and her desire to protect him from feeling hurt. Another participant, while she couldn't identify things in her life that changed as a result of her brother-in-law's diagnosis and symptoms recalls the family's preoccupation with his wellness and how the other family members appeared more affected. A different participant recalled how the perception of her father held by others affected her and how that impacted her interaction with other children because she had a "crazy" dad. Another participant discussed how understanding her husband's PTSD made her less angry and more patient with him. That sentiment was echoed by another participant who lent his patience and understanding to having an identified disorder to account for his father's behavior.

Only one participant in this study didn't indentify making accommodations to avoid her loved one from experiencing stress. The other participants acknowledged going out of their way to keep their loved ones from feeling unnecessary stress if it could be avoided. Some of the accommodating behaviors included handling small tasks that were easier for them to complete than it would be for their loved one, siding with their loved one to avoid anger or upset even when they (or someone else) may

have been right, refraining from confrontation about concerning behaviors or discussing anything related to the trauma, tiptoeing around the loved one and anticipating his mood and avoiding situations that would cause discomfort or triggers for them. But also the experiences with a loved one with PTSD gave one specific participant lessons in resilience and independence.

The final question of the interview aimed to understand not only the effects of the disorder on other relationship of the afflicted but also other relationship of the participants due to possible diverging opinions of others. Most of the participants identified the relationships with their loved ones and others being affected. Some of the themes include devaluing one's self in romantic relationships, others both understanding and being annoyed with the dependence and avoidance of acquiring and maintaining friendships (specifically due to distrust). All but one participant recognized that their other relationships have also been impacted by having a loved one with PTSD. This includes stress and strain on marital relationships due to accommodating behaviors, the appearance of loyalties alienating others, sacrifice of personal priorities, fragility and distrust

in others, and a sense of over protectiveness; all attributing to difficulties obtaining and maintain friendships even when you are not afflicted with PTSD yourself.

Summary

This chapter reported the rich data obtained through one-on-one interviews with seven participants, from a variety of relationship connections and types of trauma exposure, attempting to understand how these relationships are affected when a loved one experiences symptoms and diagnosis of Post Traumatic Stress Disorder.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter 5 will discuss the findings on this study, whether those findings are supported by previous literature, limitations of the study, suggestions for further research, and conclusions and implications for social work practice when dealing with families while understanding the implications of their loved one's PTSD on their lives.

Discussion

Fashioned as an exploratory study attempting to discover how relationships of immediate social support are impacted by a loved one's PTSD the desire for broad, rich information was anticipated. Guided by the literature of previous studies the main areas expected to be uncovered included impacts on the loved-one, the diagnosed; as well as impacts on the family and the family relationships.

Many of the themes outlined in the literature regarding the impacts on the afflicted included marital conflict observed and reported by the children in the

study and the spouse and sister-in-law that were interviewed, in addition to cold and unresponsive parenting styles mainly discussed by the children, anger which was reported in nearly every case, some absence of emotional warmth and responsiveness, some depressive symptoms as reported by the family members. Emotional numbing and alexithymia could also be identified in responses from the participants in this study.

One of the notable findings absent in two of the three cases in this study involving military families was the poor family adjustment, problems with intimacy, higher relationship distress, more parental problems, lower family cohesiveness that was highlighted in Taft, Schumm, Panuzio & Proctor's (2008) study as well as others. One of the cases in this study did reveal some of those problems according to the family member's perception, but without focusing specifically on military families and without a larger sample, generalizations cannot be made in this area.

Impacts on the family unit and the family relationships were equally documented in the literature were also uncovered in this study. The volume of literature in this area mainly focuses on military wives;

which was represented by only one of the participants in this study. One of the findings the researcher observed, which supports the previous literature, was her minimization of her own suffering as well as her recognition the while her husband's behaviors have changed over the years, he remains the same person despite his disorder.

Another interesting area that arose during this study paralleled the Dekel et al. (2005) study which indicated that wives of veterans personally experience physical and psychological symptoms like those of their husbands. During one of the interviews in this study one of the adult children reported experiencing somatic symptoms from a young age that she attributes to her father's symptoms, even though she does not recall witnessing the symptoms in him. Through her own research on the matter she revealed that she believes she may have been experiencing secondary traumatization, another recurring theme noted in Dekel and Goldblatt (2008).

Not directly mentioned, but concluded from the participant's responses was the feeling of ambiguous loss reported in Dekel et al. (2005) and Dekel and Goldblatt (2008). Many of the participants alluded to the idea

that their loved ones not longer functioned in the same capacity post-trauma and/or diagnosis. As the literature exposes, this places more responsibility on the loved ones to take on more roles causing them more stress and strain.

Symptom accommodation behaviors, mentioned by Monson, et al. (2009) were described by the study participants as being regular functions of their daily lives. In an effort to avoid their loved ones feeling stress, many of the study participants willingly take on the extra responsibilities and feel that in doing so they are helping their loved ones.

Limitations

There were several limitations to this study that will be discussed including the self constructed measurement tool, access to the sample population, and researcher bias.

Upon deployment of the self constructed measurement tool during the interview process it became apparent to the researcher that while attempting to account for the varying relationships the single tool made it difficult to anticipate the many different situations and

differences in relationships which caused adaptation of the questions to meet the needs and experiences of the participant. This change in the uniformity of the questions asked of the participants weakens the validity of the tool and would deplete any possibility of reliability in future studies. One example of this error was apparent when asking the adult children questions six and seven of the tool which aimed to establish a pre and post-trauma baseline to determine what has changed in their relationships. The adult children in the study whose father's have had PTSD for their lifetime were challenged to identify items that they had no firsthand knowledge about, often relying on what they had been told by others, if that was even an option for them.

Another limitation of the study was access to the population. Originally the researcher believed that through Family Support Groups it would be possible to locate and include ten family members for inclusion in the study. This process proved to be more difficult than anticipated. While one participant was located through this method, there simply were not enough support groups in the area who met the criteria for inclusion. The researcher was forced to use the purposive and snowball

methods to gain more participants. Even with these parameters widened, the researcher was only able to locate a total of seven participants instead of the intended ten.

The last limitation of this study was the researcher's bias in working with this population. With personal experience in dealing with a spouse who has had PTSD for the past ten years the researcher could empathize with those that were interviewed; also causing bias in the both the focus and direction of the study. It is probable that the self-constructed measurement tool was a reflection of this bias as well. Having a loved one with PTSD and watching the way that relationship, as well as the relationships of the researcher's children and other family members and friends is what prompted the desire to study this topic in the first place. However, the researcher was keenly aware of how the personal experiences could influence the study at the same time. With this knowledge attempts were made by the researcher to limit the bias as much as possible but the researcher also recognizes that not all bias is diminishable. In the same regard the researcher believes that her genuine empathy and understanding elicited rich data from the

participants that added depth and honesty to the study that may not have been elicited otherwise.

Recommendations for Social Work Practice, Policy and Research

Further research is recommended in this area, with more focus on the individual groups of relationship connections (such as children, parents, extended family and friends) to guide in creating competent practitioners and appropriate policies. Further research is also needed to determine what coping skills lead to resiliency which, if identified, could have the potential to be relayed to others who are facing the same issues. Understanding that the disorder does not only affect the individual, but also those in their lives, addresses our ethical responsibility to our clients that is highlighted in the NASW Code of Ethics. As social workers our focus on systems theory and the implications of unresolved or unaddressed issues within family units affect not only those units but have greater implications for society as a whole. The more support one individual has when facing a mental disorder, including PTSD, the more successful that individual will be.

Conclusions

Continuing to further uncover the need for focused treatment can aid in program development and program evaluation along with other implications for macro practice.

APPENDIX A

QUESTIONNAIRE

QUESTIONAIRE

1.) What is your relationship to your loved one with Post Traumatic Stress Disorder (PTSD)?

- I would ask this question because I want to include relationships including parents, significant others, and adult children in my study.

2.) What trauma exposed your loved one to PTSD?

- This question will gage how the loved one developed PTSD as it is my desire to include those from military experience as well as other traumatic experiences. This may also uncover the family member's perception of the exposure, a major theme in the literature surrounding the issue.

3.) Was your relationship with your loved one able to stay intact?

- I am wondering if the effects of the disorder cause enough strain/stress on the relationship that the family member(s) are able to cope and/or overcome the challenges OR if it causes the relationship to cease. (This may have different effects depending on the relationship, ie., parental, marital, romantic, etc.)

4.) Do you/did you feel like your loved one was able to share his/her feelings with you?

- A key theme in the literature discusses "alexithymia," difficulty identifying & sharing

emotions, which would have a huge impact on the quality of their relationships.

5.) Did you, at any point, seek counseling to deal with the stress surrounding the issue? Did you and your loved one attend counseling together? (Dimensions)

- This question would help to conceptualize the commitment to the relationship and the use of resources, if any.

6.) What kind of person (what characteristics) was your loved one before PTSD became a part of their/your lives? What kind of person (what characteristics) would you say your loved one is/was after the event/diagnosis? (Dimensions)

- Through this question I aspire to get an idea about the family member's view/opinion of their loved one prior to the diagnosis (to help conceptualize the pre-trauma relationship).
- This question will help determine what has changed and how the family member views their loved one (after).

7.) What kinds of activities did you do with your loved one before PTSD became a part of your/their life? What kinds of activities do you/did you participate in with your loved one after the diagnosis/trauma? (Dimensions)

- Another attempt to set a baseline for pre-trauma/pre-diagnosis life.
- This question will help conclude what has changed.

8.) What kinds of changes took place in your own life after your loved one's trauma/diagnosis?

- I would like to uncover if there were any life changes necessary to accommodate the relationship (ie. taking time off work, keeping a calendar, attending doctor's appointments, changing lifestyle, etc.). Could possibly ask these specific questions individually but would like to gain more rich data from the family member.

9.) Do/did you find yourself making accommodations to avoid your loved one experiencing stress?

- The kinds of areas I am attempting to identify are making excuses, avoiding conflict, symptom accommodation, etc. The idea behind this concept is the family member "protecting" the loved one; it also speaks to family member's impression of fragility and/or fear. The common theme in literature is the family member enabling the family member.

10.) Do/did you notice the dynamics of other relationships involving your loved one being impacted as a result of their PTSD? Has having a

loved one with PTSD impacted your relationship with others? (Dimensions)

- This question would help determine if the loved on depends primarily on this family member and what they do with other relationships in their lives. It may also shed light on the loved one's social skills, which can impact the family member's life. This speaks to the social support of the family member, possible sacrifices to nurture their loved one, conflict with diverging opinions, etc.

Questionnaire developed by Melissa Leigh Weissmiller

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The Effects of PTSD on Family Relationships

You are invited to be in a research study of the impacts on social support systems when a loved one is diagnosed with Post Traumatic Stress Disorder. You were selected as a possible participant because you have a loved one with PTSD. We ask that you read this form and ask any questions you may have before agreeing to be in the study. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

This study is being conducted by Melissa Weissmiller as part of my master's research/thesis project in Social Work. My advisor is Dr. Herb Shon.

Background Information:

The purpose of this study is to explore your experiences in dealing with a loved one who has been diagnosed with PTSD to better understand how your life and relationships have been impacted.

Procedures:

If you agree to be in this study, we would ask you to participate in a face-to-face, audio-taped interview answering questions about your experiences. The interview should take approximately one hour.

Risks and Benefits of Being in the Study:

There are no foreseeable risks in participating in this study.

The direct benefits of participation are: A $5.00 Starbucks giftcard for your participation in this study.

Indirect benefits to yourself/or the general public of participation include contribution of knowledge about the issue of impacts on social support of those diagnoses with PTSD which may provide a better understanding about how to help others who have experienced what you have.

Confidentiality:

The records of this study will be kept confidential. If I publish any type of report, I will not include any information that will make it possible to identify you. All data will be kept in a locked file at the researchers home; only my advisor, Dr. Herb Shon, and I will have access to the data and, if applicable, any tape or video recording. If the research is terminated for any reason, all data and recordings will be destroyed. While I will make every effort to ensure confidentiality, anonymity cannot be guaranteed.
Raw data will be destroyed after June 2015.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with California State University San Bernardino or your support group. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Melissa Weissmiller. You may ask any questions you have now. If you have questions later, you may contact Dr. Shon, research advisor, at (909) 537-5532 or via email at hshon@csusb.edu .
You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Mark _____ Date_____

I consent to be audiotaped (or videotaped):

Mark _____ Date_____

I consent to allow use of my direct quotations in the published thesis document.

Mark _____ Date_____

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The Effects of PTSD on Family Relationships

Conducted by Melissa Weissmiller as a requirement for the degree Master's of Social Work from California State University San Bernardino

Debriefing Statement

Thank you for your participation in this research on the impacts on family relationships when a loved one is diagnosed with Post Traumatic Stress Disorder.

The goal of this research is to explore your experiences in dealing with a loved one who has been diagnosed with PTSD to better understand how your life and relationships have been impacted.

The research question is "in cases of trauma resulting in PTSD, how are relationships with immediate social support affected"?

During this research, you were asked to answer a series of questions and share your experiences which have occurred as a result of your family member's (loved one's) diagnosis and symptoms of PTSD. There was no deception used during this study.

Contact Information

If you have questions right now, please feel free to ask. If you have additional questions later, you may contact the faculty member who supervises this research, Herb Shon, at (909)537-5532 or via email at hshon@csusb.edu. Results can be obtained after December 2012 by making a request through the above listed contacts.

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