

Effects of Post – Traumatic Stress Disorder on Military Families: A
qualitative study on the perspectives of females whose partners have been
diagnosed

By

Haley Schroeder

A Thesis Submitted to the Faculty of Graduate Studies of
The University of Manitoba
in Partial Fulfilment of the Requirements of the Degree of

MASTER OF SOCIAL WORK

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Abstract

Effects of Post-Traumatic Stress Disorder on Military Families: A qualitative study on the perspectives of females whose partners have been diagnosed

Presented are the findings from a qualitative study examining the perspectives of eight female partners of Canadian military members/veterans diagnosed with post-traumatic stress disorder (PTSD). Data was gathered from semi-structured interviews that followed a blended methods approach. The data revealed the many stresses encountered by the women in the areas of communication, psychological functioning, physical changes and environment and space. As well the findings illustrated the increased roles and responsibilities the women were faced with in various areas of the family. Also highlighted are the strengths the women identified in their marriages, their personal coping strategies and their perceptions on support. Specifically thirty-three themes emerged from this study including development and diagnosis of PTSD, other diagnoses, occupation of respondent's partner at time of onset of PTSD, current employment of respondents' partners, communication about traumatic events, stresses and issues faced, changes in symptoms and spouses perceptions of reasons for change, coping strategies as identified by the respondents, family roles and responsibilities and how these have changed as a result of the PTSD, parenting, respondents' abilities to meet children's needs, respondents' partner's ability to meet children's needs, communication with children about PTSD, respondents' needs within the marriage, changes within the family system respondents would like so their needs are better met, respondents' perspectives on meeting their partners' needs, respondents' perspectives on how they could better meet their partners' needs, wife versus mother, communication, respondents' perspectives on areas of improvement within the marriage, strengths of the marriage, beliefs about marriage, thoughts of leaving the marriage, talking with others about PTSD, social activity and maintaining friendships, support from family, support by health care professionals, respondents' recommendations for health care professionals, military community's perspective on PTSD, military community supports and recommendations from respondents, access to supports, and other comments made by respondents. Implications for social work practice and policy are included.

Acknowledgements

I started this degree thinking that getting a Master of social work was going to require just a few more classes, a few papers and tests, with a big research paper at the end. How hard could that really be? Well, I found out. Completing this degree challenged me both academically and personally, and pushed my limits further than I thought possible. Although the challenges I faced were difficult, with the support of many I succeeded. I would like to acknowledge the contributions of several individuals, without whom I could not have done this.

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Chapter 1: Introduction

Demands of Canadian Military Members

Military operations have changed considerably over the years. “Since 1949, more than 100,000 Canadian Forces members have served in areas outside Canada in various peacekeeping and peacemaking operations” (DND, 1999, p.1). As stated in Medical Support to Canadian Forces Operations (1999), the role of the military has required members to be deployed to areas that may expose them to hazardous conditions not normally associated with peacetime service. The nature of the work the Canadian military members perform puts them at risk for physical and psychological harm. Deployments involving war and peacekeeping have resulted in military members developing and being diagnosed with post – traumatic stress disorder (PTSD). Dr. Greg Passey a military psychiatrist and leading expert in post-traumatic stress disorder reported in a CBC interview titled Casualties of Peace that 15% of Canadian Peacekeepers have been afflicted with PTSD (CBC News, 1999a). Dr. Passey (1999) also foresees this number increasing with the increased peacekeeping demands.

Military Families and Post Traumatic Stress Disorder

Military families are unique as a result of the nature of the military member’s job and the lifestyle that accompanies it. This includes the risk of physical and psychological harm. Military members suffering from PTSD are at a higher risk for a lifetime experience of symptoms. As illustrated by Beers and Berkow (1999), the lifetime prevalence of post-traumatic stress disorder is at least 1 percent. This number increases substantially to between 3 percent and 58 percent for high-risk populations, such as combat veterans (Beers & Berkow, 1999).

It can be argued that the effects of post-traumatic stress disorder affect not only the member diagnosed but also the military family. Corporal Darrell Daines in the video *Witness The Evil*, produced by the Canadian Military, shared his experience of this:

[I] went into a school, he says, they had all the children lined up and I guess their schools were different grades. They had all the children lined up and uh, it looked like they played a game with the children... they chopped their heads off and then they'd sign their names like it was like a game.

Daines goes on to further explain:

It was nothing what I expected. You know I expected I'd do my job. You know it's my job as a medic to come back and just, I'd just carry on. But you couldn't carry on. It affected my wife, it affected me, my family. It was really hard and there was no support there. (Witness The Evil as cited in CBC News, 1999, December).

As illustrated by Corporal Daines, PTSD does not affect only the member diagnosed but the family members as well. Given the high risk of psychological harm to the member and the probability of life long symptoms, it is important to study the family experience of post-traumatic stress disorder. This study explored the experiences of military families who have a member diagnosed with PTSD. Female partners' perceptions of how PTSD has affected the family was the focus of the study.

Female partners were interviewed in order to examine:

- 1.) What stressors the families have encountered and how they have managed them;

- 2.) The roles and responsibilities within the family and how they have or have not changed;
- 3.) Marital relationships;
- 4.) Family's social life and
- 5.) Family supports.

Relevance to Empirical Findings

Research can be found in abundance on the affects of mental illness on the family (Friedmann, McDermut, Solomon, Ryan, Keitner & Miller, 1997; Lefley, 1989; Marsh & Johnson, 1997; Marsh & Lefley, 1996; Schene, Tessler & Gamache, 1994; Wilson, 2001).

In the study by Friedmann, McDermut, Solomon, Ryan, Keitner and Miller (1997) it was found that families with members suffering from a psychiatric illness experienced higher rates of family dysfunction compared to families not experiencing psychiatric illness. Families appear to be at greater risk for poor family functioning across many areas, including problem solving, communication, affect expression and responsiveness, role allocation, and general functioning”(Friedmann, McDermut, Solomon, Ryan, Keitner and Miller, 1997, p.364). Although families appear to be at greater risk a direct causal link between having a family member with a psychiatric illness and poor family functioning has not been established. It has also been illustrated that family/caregiver burnout can be experienced in the areas of fears of suicide, difficulties with medication, financial hardships, decrease in family social activities, and a change within the relationships between family and friends (Leafey, 1989; Wilson, 2001).

Another area important to consider is the grief and loss experienced by the individuals suffering from the illness and by those caring for them. It is natural that family members experience the loss of the way the individual was prior to the illness and the loss of certain hopes and dreams for the future (Leafley, 1989). Research in the area of family/caregiver burden has also revealed the strengths and resilience of families. In a study conducted by Marsh and Lefley (1996), 87.8 percent of participants reported family resilience and 99.2 percent reported personal resilience.

It is apparent that families caring for individuals suffering from a mental illness have essential needs. For caring professionals working with these families the following have been suggested:

Understanding and normalizing the family experience of mental illness; focusing on the strengths and competencies of their family and their relative; learning about mental illness, the mental health system, and community resources; developing skills in stress management, problem solving, and communication; resolving their feelings of grief and loss; coping with the symptoms of mental illness and its repercussions for their family; identifying and responding to the signs of impending relapse; creating a supportive family environment; developing realistic expectations for all members of the family; playing a meaningful role in their relative's treatment, rehabilitation, and recovery; and maintaining a balance that meets the needs of all members of the family (Marsh & Johnson, 1997, p.233).

Empirical conclusions have been made about meeting the needs of families that have a member with a mental illness. They focus on assisting families through the use of

family support and advocacy groups, family consultation, family education, family psycho-education and psychotherapy interventions (Marsh & Johnson, 1997).

Limited research can be found specifically on the military family experience of post-traumatic stress disorder. The studies that have been conducted focused on examining caregiver burden and make few direct suggestions for intervention. A study conducted by Calhoun, Beckham and Bosworth (2002) articulates that several interventions such as respite, psycho-educational and psychotherapy programs may have value for partners of persons affected by PTSD as they have been helpful for caregivers of older individuals affected by dementia. However, this study makes no direct link. Research has been done examining the effectiveness of group and family therapies for families affected by PTSD. It has been found that group therapies can be effective. Particularly psycho-educational groups are able to benefit families. These groups are able to introduce family members to the course and symptoms of PTSD, teach them about the dynamics of PTSD and the effects it can have on the family (Allen, S., & Bloom, S. 1994). However, Allen and Bloom (1994) caution that surprisingly there is very little research to support the benefits of group work.

Relevance to Social Work Knowledge Base

The following sections will review how studying the effects of PTSD on the military family and the female partner's perspective can increase the knowledge base in the areas of social work practice and policy.

Relevance to Social Work Practice

The social work profession has included a focus on the family since its inception (Hartman, 1981). For example, the first social workers within the healthcare and mental

health systems focused on working with families of those experiencing illness to alleviate various stressful components in the environment (Hartman, 1981). Studying families includes the study of families during stressful life events, such as a family's experience with mental health, or as in this study, with post-traumatic stress disorder. "Stress research in the social sciences has long held promise for understanding individual and family coping and adaptation"(Walsh, 1993, p. 55). By studying the family, family processes, behaviors, adaptation and coping it is hoped that social work policy and practice can be enhanced. It is important that knowledge be gained so that practice can be informed by the "understanding of the relationship between life tasks, resources, and families' transactions with larger systems" (Hartman, 1981, p. 11).

This study reveals the unique experiences of military spouses who have been affected secondarily by post-traumatic stress disorder. The study includes spouses of past and present military personnel and examines how they and their families have coped. The results bring to the attention of social workers and other health care professionals the need to see military families as unique entities and to better understand the effects one member's illness can have on the entire family. Within this view may come the understanding that treating the entire family and not just the diagnosed will better meet the needs of the family. This study is useful in providing insight into family experiences, families' abilities to adapt and cope, and best practices so that social workers and other health care professionals can best support these families.

Research in the area of post-traumatic stress disorder can be found in abundance (Burstein, 1986; Cosgrove, Gordon, Brnie, Hami, Montoya, Stein & Monga, 2002; D'Souza, 1995; Iveric, Oruc, Bell, 1999; Leskela, Dieperink, & Thuras, 2002;

McFarlane, 1997; Novaco, & Chemtob, 2002; Scurfield, & Wilson, 2003). The research has studied personality and family mental health as susceptibility factors, symptomatology, impact of the stressor event/s, social environment, psychopharmacological and psychological treatments. What is lacking is research that involves the family members of the diagnosed. This study may encourage social workers and the other disciplines that study family stress to focus on the area of family experiences of post-traumatic stress disorder in order for future theories and best practices to be developed.

Relevance to Social Work Policy

Social work research goes beyond merely describing the world; it aims to utilize the knowledge gained to make positive change (Shaw & Gould, 2001). The knowledge gained from this study can be used to make positive change in policies that affect the military families with a member diagnosed with PTSD.

Hartman (1981) states that “family impact studies, which assess the impact of policy on the family as a system and on the transactions among its members”(p. 8) have highlighted the need for the adoption of family focused policy. Family focused policy does not only examine how the policy will affect the individual but goes further to include how it will affect the family.

Through this study families may be able to identify what Canadian Forces policies they have found helpful in managing their experiences and which policies have hindered the families’ abilities to manage the stressors of PTSD. This study may assist in the creation and/or revision of the policies currently held by the Canadian Forces in regards to the treatment of post-traumatic stress disorder.

The knowledge gained from this study may also provide the Canadian Forces with a better understanding of how to provide care for the member and his family and adapt policy to support these findings. This research may provide government and non-government agencies a broader knowledge base in so assuring that policies meet the needs of families experiencing the stressors of PTSD. Specifically the unique needs of military families may come to light.

Chapter 2: Literature Review

Military families faced with the challenges of post-traumatic stress disorder can be better understood by examining the works of Figley (1989; 1993; 1995) and his theory of traumatized families as well as the works of Hill (1949; 1958; Hill & Boulding, 1949; Hill & Hansen, 1962) and McCubbin (McCubbin, Dhal & Hunter, 1976; McCubbin & Patterson, 1981; 1982; 1983). This chapter reviews these works as well as the literature pertaining to military families, post-traumatic stress disorder, and family experiences of post-traumatic stress disorder and mental illness.

Literature Defining Constructs

In order to understand the meaning ascribed to the terms utilized in this study, it is important to operationally define the constructs. They are as follows:

- a.) Coping
- b.) Post-Traumatic Stress Disorder
- c.) Military Family
- d.) Military Spouse Experiencing the Affects of PTSD
- e.) Family
- f.) Stressors
- g.) Roles & Responsibilities
- h.) Support

Coping

Coping has been defined in several ways. One definition of coping is that it is the cognitive and behavioral process used to alleviate the harm or threat within a challenging situation, whereby an automatic response is not available nor is it in the individual or family's basic repertoire (Hill, 1949; Lazarus, 1966; McCubbin, Dhal, and Hunter, 1976). McCubbin and Patterson (1981) have defined coping as a "multifaceted process wherein

resources, perceptions, and behavioral responses interact as families try to achieve a balance in family functioning” (p. 10). It is then argued that various coping techniques or responses exist and that they function in a flexible manner to accommodate the various hardships, family resources and changing family perspective and meaning (Voydanoff, 1983). For the purpose of this study McCubbin and Patterson’s (1981) definition of coping will be utilized.

Post-Traumatic Stress Disorder

All individuals experience stress whether it is in the work force, home life, bereavement, or a physical or emotional assault. The effects of stress vary depending on the individual’s personality and on the severity of the stress-inducing event (D’Spuzza, 1995). Some individuals, such as military members, experience events that are so horrific that it challenges their very conceptions of the world. D’Spuzza (1995) states that the theory of stress-generated neurosis has been well founded. However, it has only been recently that the diagnostic criteria for the principal psychological disturbances following extreme high stress experiences have been developed. The term “post-traumatic stress disorder” or PTSD has thus been adopted. Post-traumatic stress disorder has specific diagnostic criteria.

According to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (DSM IV),

post-traumatic stress disorder is essentially the development of a set of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an

event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (American Psychiatric Association, 2000, p.463).

An individual's response to such an event must consist of intense fear, helplessness, or horror (American Psychiatric Association, 2000). Resulting from the traumatic event are characteristic symptoms including: "persistent re-experiencing of the traumatic event; persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness; and persistent symptoms of increased arousal" (American Psychiatric Association, 2000, p. 463). The final two criteria for PTSD include the full set of symptoms lasting for a period of at least one month and the "disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning" (American Psychiatric Association, 2000, p. 463).

Several descriptive features and mental disorders are associated with post-traumatic stress disorder. Feelings of painful guilt over surviving or the things they were required to do to survive have been described by individuals diagnosed with PTSD. Avoidance patterns have also been noted and they can interfere with the individual's interpersonal relationships. This can then lead to marital difficulties, separation, divorce and/or job loss. In some severe cases of PTSD, auditory hallucinations and paranoid ideation may be present.

The following associated constellation of symptoms may occur and are more commonly seen in association with an interpersonal stressor: impaired affect modulation; self-destructive and impulsive behavior; dissociative symptoms;

somatic complaints; feelings of ineffectiveness, shame, despair, or hopelessness; feeling permanently damaged; a loss of previously sustained beliefs, hostility; social withdrawal; feeling constantly threatened; impaired relationships with others; or a change from the individual's previous personality characteristics (American Psychiatric Association, 2000, p. 465).

Several mental disorders have been noted at higher incidences with post-traumatic stress disorder including "major depressive disorder, substance-related disorders, panic disorder, agoraphobia, obsessive-compulsive disorder, generalized anxiety disorder, social phobia, specific phobia, and bipolar disorder"(American Psychiatric Association, 2000, p. 465). These disorders may develop preceding, concurrently, or following the PTSD.

Military Families

Military families are faced with the demands of frequent family relocation, separation from extended family and friends, employment and education difficulties, lengthy separation from the member, and the increased risk of their loved one suffering from physical or psychological harm.

The conventional definition of family was once a unit that consisted of a husband and wife with their unmarried child. This is no longer the case in Canada as the family unit has evolved to include a number of variants (Ramu, 1993). The military family is no different in its evolution. However, for the purpose of this study the military family will be defined as a military member and partner who reside together. The family must have children or must have parented children after the onset of the PTSD symptoms.

Military Spouse Experiencing the Effects of PTSD

With the change in the conventional definition of family, a change has also occurred in the definition of its members. Spouses were once considered individuals legally married, of the opposite sex. The purpose of this study is to examine the female spouse's experience with post-traumatic stress disorder. As such, the definition of spouse for this study will include a female, married or common-law, to a Canadian military member. For the purpose of this study, a military spouse experiencing the effects of PTSD will include any military spouse who identifies her partner as being diagnosed with PTSD.

Family

The family has been studied for many decades and the family as well as the research and literature has evolved considerably. The family can be defined as a natural social system that includes "rules, roles, a power structure, forms of communication and ways of negotiating and problem solving that allow various tasks to be preformed effectively" (Davison & Moore, 1992, p. 16).

With the ever-changing definition of family an attempt by some to define "the normal family" and examine its attributes has occurred (Walsh, 1993). Walsh (1993 & 2003) illustrates the four perspectives that have been put forward to assist in the definition of the normal family. The first is normal families as asymptomatic, meaning that the absence of any symptoms in family members implies a healthy normal family. This view has limitations. It has been argued that no family is problem free. Therefore, healthy family functioning should involve the consideration of family resilience and a family's ability to understand and manage stressors as part of normal family life. The

second perspective is that of the normal family as average. This perspective sees the family as normal if it is typical, or if it conforms to the average or ordinary family. This means the understanding that all families will experience stressors but within a range of normalcy. Therefore, the extremes become the deviation from the norm. This view does not encourage the view of symptomology as a factor in normalcy. The third perspective is the normal family as optimal or as described in Walsh (2003) normal family as ideal, healthy, seeing healthy as an optimally functioning family. A family that is able to accomplish family tasks and promote growth is considered to be optimally functioning and a normal family. The caution with this view lies in the ideal being derived from clinical studies of disturbed families and/or from social norms of how families should be (Walsh, 2003). These ideals can then stigmatize families that are healthy but do not fit the ideal. The final perspective is the normal family process. This perspective takes a systems approach and combines the perspective of average and optimal functioning to understand the basic processes characteristic of human systems. This perspective acknowledges the influence of processes over time. Processes in normal family functioning involve integration and maintenance of the family as well as the ability to accomplish family tasks, growth and well-being.

The theoretical stance within this research is an understanding of families as systems. Within this notion is the view that family members are individuals whom have separate functions, but all members must work together for the family system to function in a healthy manner. A systems perspective allows for the understanding of individuals within a social context, normally involving the family. "Viewing families as systems involves recognizing that the relationships formed among family members are extremely

powerful and account for a considerable amount of human behavior, emotion, values, and attitudes” (Figley, 1989, p. 4). Figley (1989) puts forward the analogy of a family’s influences being similar to a spider web, and argues that every family relationship influences all members and other relationships.

Figley (1989) argues that a result of a family’s connectedness to one another is that they are more susceptible to stress, particularly traumatic stress. When one member of the family is experiencing discomfort, the effects of it may affect the other members of the system. When this occurs the members of the system begin efforts to reduce, eliminate, or find coping methods for stressors. This is the same process that occurs for traumatized families.

Figley, (1989) states that traumatized families are:

“those who are attempting to cope with an extraordinary stressor that has disrupted their normal life routine in unwanted ways. Relying on the dictionary once again, trauma is defined as “an injury (as a wound) to living tissue caused by an extrinsic agent; disordered psychic or behavioral state resulting from mental or emotional stress or physical injury.” The analogy of a physical wound is not always directly applicable to either people or systems such as families, yet it is a useful metaphor for appreciating the process by which we respond to particular stressors over many years” (p. 5).

Figley (1989) suggests that in the case of traumatized families, they are attempting to recover from or cope with the injury to their system. The degree to which the injury affects the family system will vary, depending on the stressor. What is important is the fact that trauma experienced by one family member may affect the entire family system.

In summary, Figley (1989) defines “traumatized families as those who were exposed to a stressor that resulted in unwanted disruptions in their life routine” (p.5).

Given the profound changes that can occur in an individual as a result of post-traumatic stress disorder it seems most important to study the effects that have occurred for the family. Family members' individual stresses do not occur in isolation from the family. This study in particular aims to develop from the perspective of the partner, an understanding of how traumatized families experience the trauma within the system, how they attempt to reduce or eliminate it and how they cope with the stressor. Knowledge gained from this study will further the theoretical understanding of the experiences of traumatized families.

Stressors

In much of the literature pertaining to stress, the family and traumatic stress, stressors are defined more in terms of the stressor event. The stressor event being some sort of event that changes the family's social system (Burr, 1973). Hill (1958) goes a step further and attempts to identify the different types of stressor events. McCubbin (McCubbin & Patterson, 1983) in the Double ABC-X model also examines the stressor as an event but understands that a family's perception of the stressor may change over time and may have changing meanings.

For the purpose of this study, "stressors" will be understood in terms of the symptoms associated with post-traumatic stress disorder. The symptoms of PTSD are those identified the section on PTSD in the literature review. It is acknowledged that the symptomatology list provided may not be exhaustive and that spouses may identify other symptoms not listed. These additional symptoms will be included and understood as stressors.

Roles and Responsibilities

Roles and responsibilities have been defined in various ways throughout family studies literature. However, it is the McMaster model that will be utilized in this study to understand family roles and responsibilities. The McMaster Model of Family Functioning defines “family roles” as “the repetitive patterns of behavior by which family members fulfill family functions” (Epstein, Bishop, Ryan, Miller, & Keitner, 1993, p. 147). This model also acknowledges that some family functions must be repeatedly dealt with in order to maintain healthy and effective family functioning. The McMaster model identifies five areas that fit into this category of needing to be repeatedly dealt with and they include:

- 1) “Provision of resources,” this category speaks to those tasks involved in providing basic needs such as money, food, shelter and clothing (p. 147).
- 2) “Nurturance and support”, this category includes family members providing comfort, warmth, reassurance and support (p. 147).
- 3) “Adult sexual gratification,” involves both partners finding sexual satisfaction and feeling as though they sexually meet the needs of their partner (p. 147).
- 4) “Personal development,” involves the support of family member’s developmental needs (p. 147). This includes the physical, emotional, social needs of children as well as adults developmental needs in the areas of career and social functioning.
- 5) “Maintenance and management of the family system (p. 147).” This category has been further broken down into the family functions of:
 - a) “Decision – making functions,” involves leadership, major decision making and final decision making abilities (p. 147).

- b) "Boundary and membership functions," include the functions surrounding extended family, friends, community, family size and the negotiating of external institutions (p. 147).
- c) "Behavior control functions," involve the maintenance of family rules including those for the adult members (p. 147).
- d) "Household finance functions," include the management of the family's financial affairs (p. 147).
- e) "Health – related functions, include care giving, making appointments, identifying appropriate health problems, and maintaining compliance with health prescriptions" (p. 147).

The McMaster model also put forward two other concepts involved in family functioning, "role allocation" and "role accountability" (Epstein, N.B., Bishop, D., Ryan, C., Miller, I., & Keitner, G., 1993, p. 147).

Role allocation refers to who in the family accomplishes which task. Several issues need to be examined including whether the individual assigned the task has the skills and ability to successfully accomplish the task as well as whether the tasks needing to be performed are clear and explicit. Role allocation also involves the examination of whether the assignments are distributed throughout the family in a manner that satisfies all members (Epstein, N.B., Bishop, D., Ryan, C., Miller, I., & Keitner, G., 1993).

Role accountability refers to the process of assuring that the family tasks and assignments are completed. "This includes the presence of a sense of responsibility in family members and the existence of monitoring and corrective mechanisms" (Epstein, N.B., Bishop, D., Ryan, C., Miller, I., & Keitner, G., 1993, p. 48)

The McMaster Model points out the importance of role allocation being reasonable so as not to overburden any one family member, and the importance of clear role accountability. Healthy family functioning is derived when all family tasks are accomplished, role allocation is reasonable and role accountability is clear.

Support

There are various types of support, and sources of support. Pilisuk and Parks (1988) argue that traditionally the expectation of support rested within the family, however over the years other sources such as friends, extended family, co-workers, community and community agencies have been acknowledged as playing important roles. In relation to post-traumatic stress disorder, support can play an important role for both the diagnosed and the family. Figley (In Valent, 1995) argued that several supports such as: “emotional care, comfort, love and affection, encouragement, advice, companionship, and tangible aid”(p. 25) are all factors helpful as antidotes to stress disorders. However, these same factors can leave the caregiver susceptible to secondary traumatic stress disorders. Given families’ susceptibility to traumatic stress it becomes increasingly important that the family receives social support.

Several definitions of social support have been put forward. House (1981) defined social support as “an interpersonal transaction involving one or more of the following: emotional concern, instrumental aid, information, and appraisal” (p. 39). As well Cobb (1976), defined social support as providing families with “emotional support, leading them to believe that they are cared for and appreciated, esteem support, leading them to believe that they are valued and network support, leading them to believe they

have a role to play in the organization and that there is a mutual obligation” (McCubbin & Patterson, 1982. p. 36).

Review of Theoretical Literature

The ABC-X, The Double ABC-X and The T Double ABC-X Model

Hill (1949; 1958) understood that in order to determine if a family is in crisis three variables are considered including the event itself, the resources the family has acquired prior to the event, and the meaning that the family has associated with the event. Hill then created the ABC-X equation to assist in the understanding family stress management.

The A component of the equation involves an examination of the hardships of the event itself. Every family will experience an event differently and experience different hardships from the event (Waller, & Hill, 1951). Examining family resources to meet the demands of a crisis is the B component of Hills equation. Robert C. Angell (1936) was the first sociologist to introduce the notion of family resources. Two concepts of family integration and family adaptability were thus employed. The concept of integration refers to the “bonds of coherence and unity running through family life, of which common interests, affection, and a sense of economic interdependence are perhaps the most prominent” (Hill, & Hansen, 1962. p.192). The term adaptability is defined as a family’s ability to meet challenges and obstacles as a family unit. For Angell, the lack of or the presence of these concepts defines the B component.

The C component of the equation refers to how the family defines the event. While studying war separation and reunion, Hill and Boulding (1949) identified three possible definitions or categories that play a role in how the family ascribes meaning.

These three definitions include: “an object definition, formulated by an impartial observer; a cultural definition, formulated by the community; and a subjective definition, formulated by the family” (Hill, & Hansen, 1962, p. 193). The combination of A, B and C will then produce X the crisis. The limitation of the ABC-X model is that it makes no attempt to explain why the X or crisis factor varies over time. It was later argued that this variable is constant and varying.

It has been argued that a major weakness in many stress studies is their reliance on a three variable research design (McCubbin and Patterson, 1982). McCubbin and Paterson questioned the variation in families’ responses to stressors and, as a result, took the ABC-X model a step further and created the Double ABC-X model (McCubbin & Patterson, 1983b). This new model recognizes that families are often faced with multiple stressors including those created by the family stage of development and from their efforts to cope with the stressor and ultimately achieve family balance. Using the foundation of the ABC-X model a post-crisis variable was added to the model. As indicated by McCubbin and Patterson (1983b) this second variable is attempting to describe several areas. First, the additional stresses and strains that influence family adaptation. Second, the various resources families have gained in order to manage stress or crisis. Third, the changing perspectives and meanings families ascribe to their situation in an attempt to understand it. Fourth, the multiple coping strategies families utilize, and last the varying results of these efforts. This new model allows for the opportunity of understanding family stress management over a longitudinal span and the influence of interacting variables of multiple stressors, family resources and adaptive behaviors on family stress (McCubbin & Patterson, 1983b).

Family adjustment and adaptation response (FARR) (McCubbin & Patterson, 1983b) is the term utilized to define the process of family adjustment and adaptation. Families utilize these processes during normative and non-normative life events and transitions to achieve stability. “They are best viewed as two distinct phases: the adjustment phase in response to a stressor and the adaptation phase which occurs following a family crisis” (McCubbin & Patterson, 1983a. p. 19).

The family adjustment phase occurs following a stressor event. This phase could see stability within the family, however could also include disturbing patterns of family interaction. If a family prior, to the stressor event, has a “general sense of satisfaction and stability about the family structure and patterns of interaction” (McCubbin & Patterson, 1983a, p. 19), a family’s vulnerability to the stressor can be lessened. As stated by McCubbin and Patterson (1983a), when a family encounters a stressor event, the family must manage three things. First the stressor event itself, second the hardships associated with the event and third the stresses and strains already experienced prior to the stressor event. In an attempt to adjust the family may employ one or more coping strategies, including avoidance, elimination and assimilation. “Adjustment can be viewed as a short-term response by families, adequate to manage many life changes, transitions and demands” (McCubbin & Patterson, 1983a, p. 21). These adjustment coping strategies may not provide a long-term solution, and the family may discover that they are insufficient to meet the increasing demands on the family. When this occurs a crisis can occur. The crisis stage requires the family to make changes in order to achieve a state of balance and stability. The commencement of this phase indicates the start of the adaptation phase.

The family experiencing excessive demands and depleting resources marks the crisis phase. Families come to the realization that change needs to occur in order to regain stability. Changes that may need to occur could include roles, rules, goals and patterns of interaction. These new changes occur over time as family members work together to support the changes (McCubbin & Patterson, 1983a). During this phase of restructuring and change, the family can utilize adaptive coping strategies. These strategies include “synergizing, interfacing and compromising”(McCubbin & Patterson, 1983a, p. 23). Synergizing involves the family pulling together to assist one another with the changes. Interfacing involves the family connecting with their community; for example, work, school, groups to find their new place. Families will find in the end that perfection rarely occurs, faced with difficult circumstances at times, compromise needs to occur.

When considering family coping, it is important to remember that the family is a system. Therefore all dimensions of family life must simultaneously be managed in order to create a system that “facilitated organization and unity and promotes individual growth and development” (McCubbin & Patterson, 1983a, p. 24).

The Double ABC-X Model has again evolved to the T Double ABC-X Model (McCubbin & McCubbin, 1987; 1989). This new model differs in that the (T) family type, (V) family vulnerability as well as the (PSC) problem solving and coping has been added. Family typology is central to this evolved model. Family type refers to a set of “basic attributes about the family system which characterizes and explains how a family system typically appraises, operates and/or behaves”(McCubbin & McCubbin, 1989, p. 9). These patterns are reinforced by family rules, norms, values and goals. They can

assist in predicting and understanding how a family will behave in response to a stressful event. Several typologies have been put forward including regenerative families, resilient families and rhythmic families. The regenerative family typology is based on the dimensions of coherence, family hardiness and the degrees of each. The resilient family typology is based on the dimension of bonding, flexibility and the degrees. The rhythmic family typology is based on the dimension of family time, routines and the degree of each (McCubbin & McCubbin, 1989). Within each of these typologies are specific family types based on the degrees of each dimension that further group family characteristics and explain how a family responds to a crisis or stressful event.

A family's vulnerability is included within this model to account for a family's vulnerability to a stressor event. Taken into consideration is the family's existing pileup of demands and stressors as well as the family's life cycle stage. The problem solving and coping factor refers to the family's ability to manage stressful situations through problem solving and coping.

This model thus functions by: (Aa) The stressor and pileup of stressors interacting with (V) the family's vulnerability with (Bb) the family's adaptive abilities interacting with (Cc) the family's appraisal or meaning ascribed to the situation interacting with (PSC) the family's problem solving and coping abilities (McCubbin & McCubbin, 1989). The end result is (Xx) the family's level of adaptation or transition back to a crisis state.

Systems Theory and Families Under Stress

Systems theory has provided theorists and researchers a foundation for understanding marital and family dynamics. It was argued by Olson and McCubbin (1982) that the need existed to integrate this foundation with a model that can be used to

understand families under stress. They proceeded to organize the concepts of cohesion and adaptability into a circumplex model that can then be used to identify sixteen types of marital and family systems.

The definition of family cohesion has been stated as the “emotional bonding that family members have towards one another and the degree of individual autonomy they experience” (Olson & McCubbin, 1982, p. 49). When diagnosing and measuring family cohesion several variables such as: “emotional bonding, independence, boundaries, coalitions, time, space, friends, decision making, and interests and recreation” (Olson & McCubbin, 1982, p.49) can be examined in the circumplex model. Within the circumplex model and the concept of cohesion there exists four levels ranging from “extremely low (disengaged) to moderately low (separated) and moderately high (connected) to extremely high (enmeshed)” (Olson & McCubbin, 1982, p. 49). The preferred range of cohesion is between moderately low to moderately high. Within these ranges balance is hypothesized and individuals are able to be independent from and connected to their family (Olson & McCubbin, 1982).

The second concept of family adaptation is defined by Olson and McCubbin (1982) as “the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress”(p. 51). In order to diagnose and measure the concept of family adaptation several concepts have been borrowed from other disciplines including, primarily, family sociology. These concepts include “family power (assertiveness, control, discipline), negotiation styles, role relationships, relationship rules, and feedback (negative and positive)” (Olson & McCubbin, 1982. p. 51). Similar to family cohesion, family

adaptation within the circumplex model also has four levels. These four levels range from: “rigid (extremely low) to structured (low to moderate) and flexible (moderate to high) to chaotic (extremely high)” (Olson & McCubbin, 1982, p. 51). The desired range within this concept is structured and flexible. Like family cohesion it is hypothesized that this range will be the most conducive to marital and family functioning (Olson & McCubbin, 1982).

By combining the two concepts of family cohesion and adaptability and their four levels each into the circumplex model sixteen distinct types of marital and family functioning emerge. The sixteen types are then summarized into three groups. These three groups then correspond to the theoretical works of “Kantor and Lehr (1975) and Wertheim (1973; 1975), who describe marital and family systems as being open, closed, and random” (Olson & McCubbin, 1982, p.53). From this point the circumplex model puts forward several hypotheses relating to families ability to adapt to stress.

Compassion Fatigue as Secondary Traumatic Stress Disorder

Figley (1995) argues that families and other interpersonal relationships are important in the recovery process following traumatic events. However, these same systems that facilitate recovery are at risk to being “traumatized by concern.” They are at risk to the phenomenon being termed “secondary traumatic stress” (STS) or “secondary traumatic stress disorder” (STSD).

Secondary traumatic stress can be defined as the natural behavioral and emotional consequences resulting from knowing about the details of a traumatizing event experience by a significant other, and or the stress from helping or wanting to help that

individual (Figley, 1993). Figley further asserts that STSD and PTSD have similar symptoms and the difference in the two lies in the sequential pattern of the responses following the trauma. Symptoms in PTSD are directly linked to the individual who experienced the traumatizing event, whereby the symptoms in STSD are a result of the knowledge of the traumatizing event experienced by the significant other.

Figley recognized the varying degrees of symptoms experienced by individuals helping those who had experienced traumatic events. As such the categories of STSD and STS were further broken down. First, Figley argued that the Term PTSD should be changed to “primary post-traumatic stress disorder” as the same symptoms were involved in “secondary traumatic stress disorder” with the exception of the intrusion and avoidance symptoms relating to that of the primary individuals traumatic experience and not to their own. Next, Figley created the term “compassion fatigue, to the specific STSD resulting from deep involvement with a primarily traumatized person” (Valent, 2002, p. 19). Following the term “compassion stress” or “secondary traumatic stress” (STS) was coined. This term is then used to better define those helpers who were aware of the traumatic event and were affected by it but not to the degree that it became STSD. Figley also defined two further common terms, burnout and countertransference.

Burnout was termed to describe the symptoms of sleep disturbance, headaches, irritability, and aggression. Other symptoms also include problems with work relationships, decrease in work performance, callousness, pessimism, and cynicism (Valent, 2002). Burnout is a result of “frustration, powerlessness, inability to achieve work goals... the noxious nature of work stressors themselves or from hierarchical pressures, constraints, and the lack of understanding” (Valent, 2002,p. 19).

Countertransference is the term that explains the unconscious process whereby the helper attunes to and absorbs the stresses and traumas of the traumatized. By using empathy helpers make themselves susceptible to absorbing traumatic information. This information can be expressed nonverbally through actions and gestures. This vehicle of transferring information is called transference. The information received can assist the helper in understanding the traumatized individual's experiences and needs, but can leave the helper with stress. Figley's theory of Traumatic Stresses in helpers demonstrates that those who are helping the traumatized individual whether it is a family member or therapist will naturally experience degrees of stress.

Review of Empirical Literature

It is possible to locate various studies on the effects of post-traumatic stress disorder on individuals as well as on military members. However, there is a lack of research in the area of examining the family's experience of PTSD and specifically the spouses. This section will review the few studies that were found.

In a study conducted by Lyons (2001) ten women who were partners of Vietnam veterans suffering from PTSD were studied. This study interviewed the women using a phenomenological approach with the intent of discovering the lived experiences of these women. The study discovered twelve categories embedded within three overlapping phases of the relationship. The first phase was characterized by a period of adjustment, the second characterized by enmeshment and the third by resolution/healing (Lyons, 2001).

Within the first phase three categories of importance were identified and consist of attractors, feelings and communication. These factors were strongly associated with

the spouses experience and adjustment. The middle phase was characterized by a period of enmeshment. It was during this phase that spouses began to understand the degree of the veteran's symptomatology and its effect on their relationship. This stage became characterized by the entrenchment in the veteran's pathology (Lyons, 2001). Within this phase six categories emerged: "(1) dealing with the veteran's PTSD symptoms, (2) substance abuse, (3) physical and/or emotional abuse, (4) roles that the women were compelled to play, (5) feelings that were experienced by the women and (6) techniques used to cope with their individual situations" (Lyons, 2001, p. 72). The final phase was described as the phase of resolution and or healing. It was also characterized by three categories including: "(1) the development of chronic stress related symptoms by the wives/female partners, (2) decisions regarding staying in the relationship or leaving it and (3) activities that promoted resolution and healing" (Lyons, 2001, 74).

This study concluded that women participants appeared to organize themselves around the veteran's traumatic experiences. This included over investment in the caretaker role and for some the notion that they could "fix" their partner. It was also concluded that the participants tended to over function in the areas of caregiver, spouses, lovers, parents and financial providers. It was suggested that this over functioning might be a coping mechanism to allow them protection against the emotionality of their situations. This study also found evidence supporting Figley's (1995) theory of secondary traumatic stress. Participants experienced a range of symptoms including: "anxiety, hypervigilance, lack of trust, and numerous somatic complains" (Lyons, 2001, p. 75). These symptoms also coincided with a range of emotional symptoms.

Important to note is the challenge identified in this study. It was reported that the researcher had difficulty keeping the participants to limiting their responses to their own experiences. Participants frequently spoke to their partners' experiences, emotions and needs. The researcher suggested that this could be further evidence of the deep enmeshment that exists.

A similar study by Maloney (1987), explores, through the use of a phenomenological approach, the experiences of six wives of Vietnam veterans. Interviews were conducted where the women were encouraged to speak freely about topics they wanted to share. This study revealed several major and minor themes. The major themes that emerged consisted of: "women's conflicted relationships with their mothers; women's idealized relationships with their fathers; the importance of their children to them; their beliefs that their husbands have not grown past adolescence; and the significant part that alcohol and physical abuse have played in their lives from childhood through their adult years" (Maloney, 1987, p. 133). The four minor themes that emerged were: "the deleterious effects of post traumatic stress symptoms upon the veterans and their partners; the women's static views of their future 5 to 10 years hence; the women's conflicted feelings about the military; and the military as presenting an intergenerational family legacy for both the veterans and their female partners" (Maloney, 1987, p. 137).

It was discovered that the women who participated in this study had an acute knowledge of PTSD. However, a surprising outcome of this study was the participants' certainty and conviction that not only did their partners suffer from PTSD but that they did as well. These women identified the need for research that would specifically focus

on them and whether or not they were victims. They also argued the need for interventions such as groups that were not run in proximity to Veterans Administration facilities (Maloney, 1987).

A third and recent study conducted by Dekel, Goldblat, Keidar, Solomon and Polliack (2005) also utilized the phenomenological approach to examine the experiences of being a wife of a veteran with post-traumatic stress disorder. This study gathered data from an in-depth semi structured focus group consisting of nine wives of Israeli veterans with PTSD.

The study revealed five main categories and they are as follows:

1. "The illness as navigating living" described how the illness shapes the physical and emotional lives of the women and influences their functioning outside the home.
2. "Between merging and individuation" referred to the women's struggle to maintain control of their personal space.
3. "The partners as present-absent" described the loneliness of being with a partner who is physically present but psychologically absent.
4. "Separation and divorce – the impossible path" highlighted the moral and conscientious commitment of the women to their partners.
5. "The partners as empowering" shed light on the positive aspects of the marital relationship as identified by the women" (Dekel, Goldblatt, Keidar, Solomon & Poloac, 2005, p.27).

This study offered several central themes and findings for discussion. The first theme, the struggle the woman experienced between her husband's need and her own independence. "The husband's illness navigates the woman's life and those of the family" (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 33). The study states that the spouse's commitment to her husband and meeting his needs and expectations creates a fusion (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005). A second theme as supported by Figley (1983) was the women's account of personal symptoms known as secondary traumatization (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005). Another

theme portrayed was how the women perceived their husbands and their caregiver role. “The men were not allies, and in light of the women’s strength they were portrayed as being even weaker, more vulnerable, and in need of their wives for survival”(Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 33). The study highlighted the struggle of the women, “on one hand, the wife is her husband’s saviour, his lifeline and the foundation of their homes. On the other hand, she acts as a fighter, struggling for her independence and separateness from him. In all cases, the women fulfill roles in which they assume the main responsibility” (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 33). The final finding was that the experience of setting clear boundaries while preserving the marriage resulted in deep loneliness for the women; “these women confronted the realization that they live with a spouse who is not a true companion” (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 34). For these women, the study argued that they derived their strength from “their moral and conscientious commitment to their injured husbands and their families” (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 34) or from “the past when their husbands were healthy, supportive, and helped to rear the children” (Dekel, Goldblat, Keidar, Solomon & Polliack., 2005, p. 34).

Studies conducted by Beckham, Lytle and Feldman (1996) as well as by Calhoun, Beckham and Bosworth (2002) both focused upon caregiver burden in partners of Vietnam War Veterans with post traumatic stress disorder. The first study was a prospective study on the burden experienced by caregivers/partners of veterans with PTSD. The study utilized a mail out survey that consisted of demographic questions, as well as several standardized questionnaires. The study found that caregiver symptoms

and severity changed over time. It further found that the degree of caregiver stress was influenced by the severity of the symptoms of their partner's PTSD. The later study found similar results in that partners who were caring for partners with PTSD had higher levels of caregiver burden and poor psychological adjustment, as compared to a control group of those whose partners did not have PTSD. It was also found that the levels of caregiver burden were directly associated with symptom severity and interpersonal violence (Calhoun, Beckham and Bosworth, 2002).

Based on the empirical literature we know that other studies have found that the use of the phenomenological approach functioned effectively in researching the experiences of spouses whose partners had been diagnosed with PTSD (Lyons, 2001; Maloney, 1987). We also know that the empirical literature indicates that spouses have experienced changes in their marital relationships and in themselves (Beckham, Lytle & Feldman, 1996; Lyons, 2001; Maloney, 1987). It was found that spouses experienced changes in: having to learn about the symptoms of PTSD and how to deal with them; their partners substance abuse; physical and emotional abuse; role change; and learning techniques to assist them in coping (Lyons, 2001). A direct correlation was also discovered between the severity of the PTSD symptoms and the spouses' experiences, symptoms and care giver stress (Beckham, Lytle, & Feldman, 1996). It was also found that spouses reported a strong belief that they had developed PTSD (Maloney, 1987).

This empirical literature is beneficial to this study as it confirms the use of the phenomenological approach. As well, it provides insight into the possible areas for exploration and the possible outcomes. These outcomes assisted in the developing of interview questions.

A concern about the empirical literature is that the majority if not all research found was American. These studies focused on the experiences of American military members/veterans and their families in relation to PTSD. This raises questions about its applicability to the Canadian military family and member/veteran. It could be argued that the American and Canadian military have had similar experiences. Both departments of national defence share similar missions. The American “mission of the department of national defence is to provide the military forces needed to deter war and to protect the security of our country”(United States Department of Defence, 2004). The fundamental goals of the Canadian department of national defence “is to protect Canada, and Canadian interests and values, while contributing to international peace and security”(Canadian National Defence, 2004). The primary difference between the functions of the American and Canadian military being Canada makes it a fundamental goal to contribute to international peace and security. Not only are similar department of defence goals exhibited but history also reveals several wars and conflicts whereby the United States, Canada and other countries have fought side by side.

However similar the goals and experiences in conflicts the two countries have had, they are different countries and it is very difficult to compare the exact experiences of the members and the families. What is clear is the need for further research to determine what those experiences have been like for the Canadian military member and family.

It could be argued that the American research found in relation to PTSD and the military family is applicable to this study. First, it is useful as there is minimal Canadian research in this area. As such, these studies can provide guidance in terms of what

methodology has been successful and to the general areas of findings. These can provide us a template of areas to explore, and perhaps allow in the end for some comparisons to be made between the American and Canadian military family experience.

Table 1: Summary of Studies

Researcher	Methodology	Sample & Size	Findings
Lyons	Qualitative - Phenomenology	10 Partners of Vietnam Veterans suffering from PTSD	<ul style="list-style-type: none"> -Discovered 12 categories embedded in three overlapping phases. -First phase: period of adjustment. Categories embedded were attractors, feelings & communication -Second phase: enmeshment. Categories embedded were dealing with PTSD, substance abuse, physical/emotional abuse, roles women had, feeling experienced by women and coping techniques. - Third phase: resolution/healing. Categories embedded were development of chronic stress symptoms, decisions regarding staying or leaving relationship and activities that promoted resolution/healing
Maloney	Qualitative - Phenomenology	6 Partners of Vietnam Veterans suffering from PTSD	<ul style="list-style-type: none"> -Discovered several major themes including: conflicted relationships with their mothers, idealized relationships with their fathers, importance of their children, belief that their partner had not grown past adolescence and the significant role alcohol and physical abuse played on their lives. -Four minor themes including deleterious effects of PTSD on their partners and themselves, static views of their future, conflicted feelings about the military and the military as a family legacy. -Participants felt with conviction that they to had PTSD.
Dekel, Goldblat, Keidar, Solomon	Qualitative - Phenomenology	9 Partners of Israeli Veterans with PTSD	<ul style="list-style-type: none"> - Discovered 5 main themes including: The illness as navigating

& Polliack			living, between merging and individuation, partner as present-absent, separation and divorce- the impossible path and the partners as empowering.
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Identification of Theoretical, Empirical and Methodological Gaps

One of the major empirical limitations is the lack of empirical literature. It is difficult to find studies that explore the experiences and effects that post-traumatic stress disorder has on the family and specifically the spouse.

There is also a lack of literature that studies the effects on the family and spouse from current military missions. All of the studies that were found studied Vietnam spouses. Although these studies help to understand some aspects of the effects PTSD has on the family, there are differences that need to be acknowledged. The primary difference being the fact that many of the Vietnam veterans went to war when they were very young. It can, therefore, be assumed that many of them were not married before they went off to war. The major difference is that these spouses may know about the symptoms prior to committing to the relationship. It could also be argued that there are personality characteristics that attract certain individuals more than others to those with a mental illness. As indicated in Lyons study, in the category of attraction, the “fascination and the belief on the part of the wife/female partner that she could ‘fix’ the veteran, in spite of his many problems”(Lyons, 2001, p. 72).

A significant limitation is the lack of Canadian research in this area. No published studies pertaining to the family or spouse’s experience with PTSD could be located. The two studies on caregiver burden did identify certain limitations that can be transferred to the majority of research in this area. The primary limitation identified was

the small sample size (Beckham et. al., 1996; Calhoun et. al., 2002,). This resulted in causal inferences being difficult to draw. A second limitation is that it has been documented by Du Fort, Kovess, and Boivin (1994), that individuals with psychological disorders are more likely to marry another individual with a psychological disorder. These findings then question the functioning of the spouse prior to marrying the veteran with PTSD.

Chapter 3: Methodology

The purpose of this study is to examine the lived experiences of spouses whose partners have been diagnosed with PTSD. In particular, to explore how the spouse experienced the stressor within the family context. This question seems best explored with a qualitative paradigm, utilizing a blended methodology. This chapter outlines the theoretical framework of the research and describes the design of the study. This chapter is divided into the following sections:

- a.) Research questions and hypotheses
- b.) Examination of why the use of qualitative research methods
- c.) An overview of the qualitative traditions
- d.) Roles and responsibilities of the researcher/research subjects
- e.) Description of the research design

Research questions and hypotheses

The central research question for this study is stated as: From the perspective of the female spouse, how has the onset of post-traumatic stress disorder in their military member/veteran partner affected their family?

Within this broad question specific areas of interest have emerged. They are:

- a.) What stressors have you, the partner, encountered and how do you cope with them?

This question is relevant in determining what stressors within the wide range described in the literature section have effected the family. The question allows the participant to articulate how they define the stressor. This is important because as examined in the theoretical literature, families may each give different meaning to similar stressors. By asking how they have coped with the stressors, two important areas can be explored. First, coping mechanisms of the participant can be seen. Second, by the

participant exploring how the stressor was and how it may now be different as a result of coping mechanisms, we can potentially see how the stressor and its meaning as described in the Double ABC-X and The T Double ABC-X model have changed over time.

b.) Have the roles and responsibilities within the family changed?

As described in the McMaster Model of family functioning “role allocation” and “role accountability” are important aspects in healthy family functioning. It is relevant to question the family’s roles and responsibilities and how they have changed over time as a result of the family members development of PTSD. The responses to this question should assist in better understanding if the role allocation and role accountability within the family are healthy or if they have become a burden on the family.

c.) How has the marital relationship been affected by the stressors?

As argued in Figley (1989), traumatized families are affected by an individual members’ stresses; stresses cannot occur in isolation. The family, as a result will attempt to recover and/or cope with the injury to the system. By asking if and how the marital relationship has changed we are hoping to better understand the changes that occur within the family and how the system attempts to recover and cope.

d.) How has the family’s social life changed as a result of stressors?

e.) How does the family feel they have supported the diagnosed member?

f.) Where has the family obtained their support to cope with the stressors of PTSD?

Questions D, E, and F are all designed to extract information in regards to family support. Supports can come in various forms and sources. As argued by Figley, supports can be very beneficial in acting as an antidote to stress disorders. The responses to these

questions may assist in understanding how the different forms of support from various sources have assisted or hindered the family in its attempt to heal.

Examination of Why Qualitative Research Methods

Based on the central question of this study and its goal of examining the perspectives of spouses in regards to their lived experiences, it seems that qualitative research is the most appropriate paradigm for this study. Qualitative research allows for a holistic view of the situation being studied and for the participants to share their experiences and associate their own meanings to them.

According to McLeod (2001), there are two main interlocking reasons for conducting qualitative research. They can be summarized as knowing and becoming a knower. Qualitative research fits well with studying situations of everyday life. Situations examined are typical, “reflective of the everyday life of individuals, groups, societies and organizations” (Shaw & Gould, 2001, p. 6). Qualitative research involves examining the ordinary where it takes unaccustomed forms. This allows for a better understanding of everyday situations that is more insightful. This form of research provides what has been termed ‘thick description’.

McLeod (2001) describes three areas within which qualitative research can produce new forms of knowing. The first is knowledge of other, the second attempts to develop knowledge of phenomena and the third aims at the production of reflexive knowing (p.3). This study in particular focuses on knowledge of other. Knowledge of other involves research that takes a category of person, such as military spouse whose husband has been diagnosed with PTSD and attempts to “describe, analyze and interpret the world view, experiences and language of a sample of people who represent that

category (p.3). Qualitative research assists in giving the participants a voice in sharing their stories and experiences and allows the research to document them for multiple benefits.

An Overview of Qualitative Traditions

Qualitative research offers many traditions, however, the main four as articulated by Creswell (1994) are ethnographies, grounded theory, case studies, and phenomenological studies. These traditions can be useful to guide data collection, analysis, report writing and the general research process. These four traditions are quite different as illustrated below:

- a.) Ethnographies involves the study of a specific cultural group within a natural setting for a prolonged period of time (Creswell, 1994);
- b.) Grounded theory aims at generating a theory pertaining to a particular phenomenon (Creswell, 1994);
- c.) Case study is whereby a single bounded phenomenon is studied (Creswell, 1994);
- d.) Phenomenological study is where by human lived experiences are explored in detail through the descriptions of the participants to gain an insightful understanding of a phenomenon (Creswell, 1994).

When examining these traditions it appears that several of the traditions can be utilized to assist with the research goals of this study, being to explore the lived experiences of spouses whose partners have been diagnosed with PTSD and provide meaningful recommendations in the areas of policy and practice.

One of the traditions utilized in this study was Phenomenology. Phenomenology was founded by Edmund Husserl who hoped to clarify in a “descriptive-reflective manner the foundation and constitution of knowledge in human consciousness” (von Eckartsberg, 1998, p. 8). Phenomenology has developed into the study of human meanings as constructed by consciousness. Within phenomenology the conscious is understood as being intentional and as such it is recognized as creating meanings that subsequently inhere in the world as experienced (von Eckartsberg, 1998). Phenomenology has developed into the study of the lifeworld or lived experience. The goal is to gain a better understanding of the meanings of our everyday experiences (Van Manen, 1990). Van Manen (1990) illustrates how phenomenology differs from other science in that it seeks insightful descriptions of the way we experience the world rather than trying to classify and or abstracting it. Phenomenology does not attempt to offer effective theory to explain the world but, “rather it offers us the possibility of plausible insight that bring us in more direct contact with the world” (Van Manen, 1990, p. 9). Van Manen (1990) illustrates how the phenomenological tradition is also accompanied by a methodological structure of research activities rather than a set of prescribed procedures. It is further illustrated that phenomenological research may be seen as a dynamic interplay between six distinct research activities:

- a.) Turning to a phenomenon which seriously interests us and commits us to the world;
- b.) Investigating experience as we live it rather than as we conceptualize it;
- c.) Reflecting on the essential themes which characterize the phenomenon;
- d.) Describing the phenomenon through the art of writing and rewriting;

e.) Maintaining a strong and oriented pedagogical relation to the phenomenon;

f.) Balancing the research context by considering parts and whole (p.30-31).

Phenomenology guided this study by providing a focus on the lived experiences of the participants, seeking insightful descriptions of the phenomenon and by recognizing the importance of the meanings as constructed by the participants.

Although the qualitative tradition of phenomenology offers several strengths to this study it does have limitations. One of the limitations of the phenomenological tradition is that it develops a broad question without specific reference to the existing literature or a typology of questions” (Creswell, 1994, 71). This study will borrow from the ethnographic tradition in that a broad phenomenological question will be utilized but, several sub questions will be derived from a body of existing literature (Creswell, 1994). “These questions become “working guidelines,” rather than “truths” to be proven” (Creswell, 1994, 70).

This study hopes to be able to make generalizations in order to theorize and allow for policy and practice suggestions to be made. Grounded theory will be utilized to achieve this goal. It will complement the phenomenological tradition within the stage of data analysis. Grounded theory allows for categories and concepts to emerge within the data analysis stage. As the concepts and categories emerge the researcher is able to link them to theoretical models (Ryan & Bernard, 2003). This will assist with making policy and practice suggestions and the eventual theorizing about the phenomenon.

Through the interview process, followed the phenomenological traditions of reflecting on themes, examining parts and wholes and writing and rewriting of the descriptions, as well as the grounded theory’s identification of categories and concepts, a

better insight into the realities of the experiences of military partners whose husbands have been diagnosed with post traumatic stress disorder was discovered.

Diagnostic Criteria Versus the Phenomenological Approach

As phenomenology focuses on the lived experience and the meanings we ascribe, rather than on classifying and abstracting our experiences, it seems on the surface a conflict to be utilizing diagnostic criteria. Diagnostic criteria does the opposite of phenomenology in that it groups individuals and classifies them. In the case of post-traumatic stress disorder a group of experiences/stressors/symptoms classifies the individual. The challenge of this study is how to utilize both phenomenology and the diagnostic criteria required to establish PTSD.

Precedent has been set in other studies involving diagnostic criteria and the phenomenological approach. An example of this is Faith A. Robinson's study on Dissociative Women's Experiences of Self-Cutting (1998). The participants in this study were all women who exhibited self-cutting behaviors and met the diagnostic criteria for multiple personality disorder. The phenomenological approach still functions effectively when doing research involving diagnostic criteria. It functions as a result of the goal of the research being to examine and understand the lived experience rather than the goal being to group and classify individuals. The research questions then focus on the how rather than on the why.

This type of research within the areas that tend to diagnose and classify is very important. It can remind those in clinical practice that there is more to individuals than just a set of criteria; they have different experiences and understandings. Clinicians have a responsibility to ask questions of their clients and to learn of their experiences.

Description of the research design

Within the section of research design the areas of participants, roles and responsibilities of the researcher and research subjects, data collection, data analysis and methods of verification will be explored.

Participants

The target population for this study is female spouses married or common-law, to a Canadian military member who has been diagnosed with post-traumatic stress disorder between 1980 and 2004. This study is also limited to families with children. It is acknowledged that both male and female military members experience PTSD. However, this study focuses on the experiences of female spouses of male military members. This was done for the sole purpose of limiting the scope of the research and clarity (Nelson, & Wright, 1996).

The goal of this study was to reach saturation of data, and allow saturation to determine participant numbers. However, for practicality considerations this study did not exceed eight participants. When researching the limited numbers of similar studies it was found that other sample designs have utilized similar participant numbers. For example the research study done by Margaret Lyons (1999) interviewed 10 women, as well the research study done by Linda Maloney (1987) interviewed 6 women. Precedent has been set for utilizing a smaller sample size to obtain the desired data.

Purposive sampling was used and women were recruited through general advertising and through other service providers. General advertising included: Posters and information packages to 17 Wing Military Base Social Work department, Pastoral

Care department, Operational Stress and Injury's Clinic, Veterans Affairs and local health facilities treating military members with post-traumatic stress disorder.

The Counselling Program of the Winnipeg Military Family Resource Center did not do recruiting. This would be a direct conflict of interest as the researcher is the Coordinator of the counselling program. No past or current clients of Winnipeg Military Family Resource Center Counselling Program who have been assisted during the time the researcher has been employed were eligible for participation.

The primary concern of this study was the well-being of the participants. To assist in ensuring the well-being of the participants, a screening phone interview was conducted with all potential participants. During this screening interview ethical considerations were taken into account. This included, the ethical rule that no harm shall be done to the research participants. To minimize the risk of harm to participants, participants were explained the purpose of this study and the type of questions that would be asked of them. They were asked how they felt about responding to the questions and if they felt they would be able to manage the potential stress that might be caused. If participants did not feel that they would be able to answer the questions without experiencing high levels of stress or didn't feel that they would be able to manage the stress, they were excluded from participating. Participants were also asked whether they were currently in an abusive relationship and if they felt that it was likely that their participation in this study would result in an escalation of abuse. If they responded in the affirmative they were excluded from participation. All participants, including those excluded, were offered community resources and supports.

Roles and Responsibilities of the Researcher and the Research Subjects

It is the responsibility of the researcher to assure that the participants are clearly informed about the nature of the research and the role of both the researcher and the participants. During a pre-screening interview, participants were informed verbally and in writing of the nature of the research, the role of the participant and the role of the information they provide. Participants were informed at that time that the questions in the research interview will be personal in nature and how the information provided would be utilized within the research study. Potential participants were informed at this time about the potential risk to themselves. In this study potential risk included stress induced by the interview questions and reliving stressful moments and the small risk that someone could identify them based on information in the final report. Information in regards to confidentiality and the measures taken to assure it to the best of the researcher's ability was also provided. In the case of this study all materials pertaining to the study were kept locked in a secure location including the home of the researcher. Participants were informed of the right to withdraw from the study at any given time. If participants experienced stress or discomfort from the research, resources for supports were provided. Participants were informed of the right to see the final research product and methods to obtain a copy.

Researcher Bias

When doing research it is important for the researcher to have a good understanding of their biases and how past experiences may influence the research. To facilitate awareness of the researcher biases within this study and to follow the phenomenological approach, a researcher sketch has been produced.

Researcher Sketch

My interest in doing research on the effects of post-traumatic stress disorder on military families has come directly from my work with Canadian military families. Within my work, I have had the opportunity of working directly with families concerning various military life style issues.

Recent attention has been brought to PTSD through research (Ombudsman, 2002a; Ombudsman 2002b) and the media surrounding the effects of PTSD on military members (CBC News, 1999a; CBC News, 1999b). I became increasingly aware of the lack of information surrounding the effects of PTSD on the partners and families of these members. The increased awareness of PTSD, as well as the limited information surrounding the effects on the family has challenged me to seek the information to my questions directly from the source; military partners themselves.

I acknowledge that I am coming from a family systems approach whereby I recognize the “interconnectedness of individual, family, and social phenomena” (Guttman, 1991, p. 51). Therefore, in relation to PTSD, my beliefs lead me to assume that the disorder has effects on the family system. The question then is not, are there effects on the family, but rather, what are the effects.

It is also my belief that there is not one single truth or answer. All individuals will experience a stressful event or stressors in different manners. Every individual will have a unique and valuable view of his or her situation.

In this study I took the stance as a researcher of not-knowing, rather than that of knowing or being an expert. I believe that the participants are the experts in their own experience and I am looking for them to share their knowledge with me.

It is my hope that by keeping my beliefs and values in clear view I have been able to hear the stories of the women and interpret them accordingly.

Data Collection

In the area of data collection the tradition of phenomenology was utilized. Within phenomenology, interviewing plays an important role and can have two very specific purposes: (1) it may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon and (2) the interview may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of an experience (p.66). Based on the specific goals of interviewing it is apparent that the technique of interviewing fits well with the research goals of this study (Van Manen, 1990).

The method of data collection utilized in this study was semi-structured interviews. Interviews were approximately one and a half to two hours in duration. Both the researcher and the participant decided the location of the interview. Interviews were both recorded on tape and transcribed on a computer into a word format.

Data Analysis

The analysis process consisted of multiple steps from both the phenomenological and grounded theory traditions. First, the interviews were transcribed into a computer word format. The transcriptions were then reviewed for accuracy. By further reviewing the transcriptions it allowed for further analysis by providing an opportunity to examine the transcripts for significant statements, meanings and themes.

The first step in the data analysis was utilized from the phenomenological tradition and involved the researcher developing a full description of their experience with the phenomenon. This was accomplished through the researcher reflecting after each interview. The researcher put into word format her reflections of the interview, including the process, observations of the participants emotions and tone as well as the feelings of the researcher that emerged during the interview.

The second step in the data analysis process was taken from the phenomenological tradition and involved the process of “horizontalization of the data,” that is looking within each interview and listing the significant statements that are contained about the experience (p. 147). The goal is to create a list that is non-repetitive and non-overlapping. Important to note is that the statements were all given equal weight.

The third step also taken from the phenomenological tradition requires the statements to be grouped into “meaning units.” The researcher then listed the units and created a description of the “textures” of the experience – what happened and include verbatim examples (p. 150). These descriptions attempt to capture the participant’s meaning in their original text. Verbatim quotes were utilized to illustrate each unit. At times multiple quotes were utilized to provide the reader a full sense of the experiences and meanings as associated by the participants. Step three pairs well with the grounded theory step of open coding. This step involved the identification of themes that are pulled from the interview text (Ryan & Bernard, 2003). The researcher following a general question guide during the interviews facilitated the process of identification of

themes. Participants focused their comments on question areas and these developed into the themes, however other themes did emerge and were identified.

Following this step was the creation of categories from the terms that the participants themselves used; this is termed “in vivo coding” (Ryan & Bernard, 2003, p. 279). This fit well with the tradition of phenomenology and its belief of letting participants give meaning to their experience. Several of the themes that had large numbers of categories within them. For simplicity and clarity similar categories were combined and labelled with a general term. Sub categories were then utilized to illustrate the specifics.

The next step required the researcher to construct an overall “description of the meaning and the essence of the experience” (p.150). At this point themes merged and led to the development of patterns. The grounded theory step of comparing categories and linking them to theoretical models occurred (Ryan & Bernard, 2003). The technique used was “to compare and contrast themes and concepts. When, why, and under what conditions do these themes occur in the text?” (Ryan & Bernard, 2003, p. 279).

The final step in the grounded theory data analysis was to display the findings in a manner that presents “segments of text – verbatim quotes from the informants- as examples of concepts and theories” (Ryan & Bernard, 2003, p. 280). This complements the phenomenological tradition of providing an overall description of the lived experience.

During the process of data analysis it is crucial for the researcher to be aware of there own personal beliefs, values and experiences that may create bias. It is the hope of

the researcher that an open mind as well as an awareness of potential biases allowed the true experiences of the participants to come forward.

Methods for Verification

A number of different procedures maybe used for the purposes of verification. Creswell (1998) recommends that qualitative researchers engage in at least two of the eight procedures. The eight verification procedures suggested are as follows:

- a.) Prolonged engagement and persistent observation
- b.) Triangulation
- c.) Peer review or debriefing
- d.) Negative case analysis
- e.) Clarifying researcher bias
- f.) Member checks
- g.) Rich thick description
- h.) External audits.

This study incorporated peer review, clarifying researcher bias, member checking and rich, thick description.

Peer review functions as an external review of the research and process. The role of the peer reviewer is to ask various questions of the research in all of the research areas from methodology to interpretations of the data. The peer not only functions as a critic of the research but also as an emotional supporter to the researcher. The researcher's advisor as well as the researcher's thesis committee provided the peer review for this research through regular consultation and supervision.

Clarifying researcher bias is the process involving the researcher describing their own past experiences, values, beliefs and potential biases that may influence the research. Clarifying research bias in this study consisted of the researcher producing a biographical and personal sketch that reflected her past experiences, values, beliefs and potential biases.

Member checking involves obtaining feedback from participants in regards to the accuracy of the interpretations. According to Lincon and Guba (1985), member checking is “the most critical technique for establishing credibility” (p.314). Member checking was utilized by giving participants an opportunity to review the transcribed interviews to determine if any responses did not clearly come forward. Preliminary interpretations were offered to ensure their experience was represented accurately and completely. With the exception of one, participants declined the opportunity to review their transcribed interview. The one respondent who did review her transcript did not provide any further comments.

Rich, thick description required the researcher to provide a detailed description of participants or setting under study so that the readers can determine for themselves, the boundaries of transferability (Creswell, 1998; Erlandson, Harris, Skipper & Allen, 1993; Lincon & Guba, 1985). The goal of this research study was to provide as much detail as possible within all areas of the research. This was also accomplished by providing verbatim quotes to illustrate the themes and categories that emerged.

Strengths & Limitations

The following section will explore both the strengths and limitations of the research study on the effects of post-traumatic stress disorder on military families, and the female partner's perspective.

Strengths

The study in question has several strengths. This research can provide valuable information in the areas of social work practice and policy. As well, limited research has been done in the area of examining the spouse's/partner's experience with PTSD. This research may provide greater insight into the experiences of this group and be a springboard for future research. A strength of this research is that it is a Canadian study targeting the Canadian military and their families. This will allow for a unique view of how recent (within the last 15 – 20 years) Canadian military missions have left members traumatized and the resulting effects on the family.

A methodological strength of this study is that it used a blended methodology including the phenomenological approach. This approach allows for an in depth examination of the lived experiences of the participants, an area not heavily explored. A further strength is that the data gathered was received first hand by the participants. The lived experience of the participant will be conveyed directly by the participant allowing for a clear more precise account. As well this allowed for direct clarification if need be. This is important as within this study the participants are understood as having the expertise about their situation.

Limitations

Like strengths, all research has some limitations or room for improvement. Several limitations have been identified within this study and will be reviewed in this section.

First, by using a qualitative blended methodology, we asked participants to give retrospective accounts. Their experiences could be susceptible to distortions and subjective biases. However, by using the technique of member checking, it was hoped that if participants needed to add to their responses or wished to clarify something they felt may not have been well understood the opportunity existed.

A second limitation, as illustrated by Creswell (1998), was that not all participants were equal. Certain participants may have had a more difficult time than others articulating their experiences or being retrospective. However, as previously indicated, the technique of member checking acted as somewhat of a buffer in these instances. Participants continued to reflect after the interview and if they overlooked an aspect that they wished to share it could have been added later.

Another limitation of the study may have been the interview setting. Interviewing in a location other than the participant's natural setting may have caused discomfort and limited the amount of information shared (Creswell, 1994). Having the interview take place at a participant's home was in most cases not feasible. Participants may not have felt comfortable with the researcher coming to their home for reasons of confidentiality, especially if they resided within the military community.

A further limitation involves the researcher. As a result of the phenomenological approach requiring the researcher to interpret the data and associate meaning, the

research was susceptible to the false interpretations of the researcher, as well as the researcher's biases. Several techniques have been built into the methodology to minimize this limitation as much as possible.

The final limitation identified involved the small sample size of this study. The small sample size made generalizability difficult.

Chapter 4: Findings

The following chapter examines the findings of the study including who the participants were and the dominant themes that emerged from the data. Data was analyzed to reflect the range of responses and the dominant themes that emerged throughout the interviews. Table 2 is offered to illustrate the thirty-three themes and corresponding categories that were identified in this study. Respondents provided a thick rich description of their experiences and when appropriate verbatim excerpts were utilized to assist in illustrating the various themes and categories.

Table 2: Themes and Categories

<u>Themes</u>	<u>Categories</u>
Participants	
Development & Diagnosis of PTSD	
Other Diagnoses	
Occupation of Respondent's Partner at Time of Onset of PTSD	
Current Employment of Respondents' Partners	Employed Employed part-time/student Unemployed
Communication About Traumatic Events	Knowing some detail Knowing exact detail Knowing no detail
Stresses & Issues Faced	Communication Psychological functioning Physical changes Environment and space Roles of spouse
Changes in Symptoms & Spouses Perception of Reasons for Change	Threat of spouse leaving Treatment-Medication/therapy Deployments Education Employment Willingness to change

	Religion
Coping Strategies as Identified by the Respondents	Leaving the house Understandig/education Therapy & support groups Employment Food Involvement with children Talking with family & friends Techniques with partner Independence/time alone Religion
Family Roles & Responsibilities & How These Have Changed as a Result of the PTSD symptoms	Household management Parenting Caregiver to partner Involvement in family life
Parenting	
Respondents Abilities to Meet Children's Needs	
Respondents Partner's Ability to Meet Children's Needs	
Communication with Children About Post Traumatic Stress Disorder	
Respondents' Needs within the Marriage	Household assistance Financial needs Emotional needs Physical needs Marital relationship Fear of suicide/dependency
Changes Within the Family System Respondents Would Like so Their Needs Are Better Met	Details Communication Empathy & Emotional Connection Parenting/Relationship with their Children Living arrangements Marital relationship Symptoms
Respondents' Perspectives on Meeting Their Partners' Needs	Emotional needs/support Physical needs Commitment Responsibility
Respondents Perspectives on How They	

Could Better Meet Their Partners Needs	
Wife Versus Mother	
Communiation	
Respondents Perspective on Areas of Improvement Within the Marriage	Communication Emotional suport Physical/intimate relationship Relationship with children Caregiver Financial
Strengths of Marriage	Humour Religion Commitment/trust Love Fun Lack of symptoms Communication Individual members
Beliefs about Marriage	
Thoughts of Leaving Marriage	
Talking With Others About Post Traumatic Stress Disorder	Understanding Timing
Social Activity and Maintaining Friendships	
Support From Family	
Support By Health Care Professionals	Procedures/Policy Understanding/Education Support Availability of Supports Military Supports
Respondents Recommendations for Health Care Professionals	Knowledge/Understanding Support for families Holistic approach
Military Community's Perspective on Post Traumatic Stress Disorder	Secrative/Lack of Recognition Negative Supportive Sympathetic
Military Community Supports and Recommendation From Respondents	
Access to Supports	

The Participants

Eight women volunteered to participate in this study. All of the women were in relationships with partners who were diagnosed with post traumatic stress disorder. Participants' ages ranged from 27 – 45. Seven of the women were married and one respondent was in a common law relationship. For the purpose of this study, the term “partner” was utilized to describe all women and their significant others. Length of relationship ranged from 1 year to 20 years. It is important to note that Table 1 reflects the duration of the marriage and not the relationship with the exception of the respondent in a common law relationship. All respondents had children. Table 3 reflects the number of children between the two partners and does not distinguish between children from previous marriages, living in the home of the respondent, and children not residing in the home of the respondent. The age of the respondents' children ranged from Newborn – 22. Three of the respondents resided within the city of Winnipeg, three of the respondents resided outside the city of Winnipeg and two of the respondents resided outside the province of Manitoba in urban settings. All of the respondents with the exception of one completed high school. Three of the respondents attended university with one completing a degree. Three of the respondents took courses through a college or other training facility. Six of the respondents were employed in a full or part-time capacity.

Table 3: Respondent & Family Demographics

Age of Respondent	Relationship	Length of Relationship	Number of children	Residence
Thirties	Married	12 years	3	Outside Winnipeg
27	Married	5 years	2	Outside

				Manitoba
38	Common Law	4 years	5	Outside Manitoba
40	Married	16 years	3	Winnipeg
35	Married	1 year	3	Outside Winnipeg
45	Married	8 years	2	Winnipeg
39	Married	20 years	2	Outside Winnipeg
40	Married	17 years	3	Winnipeg

Respondents order is random and does not coincide with respondents number utilized for citations

Onset & Diagnosis of Post traumatic stress disorder

All of the respondents' partners were diagnosed with post-traumatic stress disorder. Respondents were asked when, in their opinion, their partners developed post traumatic stress disorder.

Several of the respondents felt that they could pin point the exact mission or incident that resulted in the development of their partner's symptoms. For example Respondent 3 reported:

I noticed right away there was a change in him when he came home from Afghanistan... Ya he wasn't the same person.

Other respondents who had not been with their partner from the onset of the illness had difficulty with the exact time of the onset. Respondent 7 stated:

I don't know because I never, all I know is that when he got back from the army from the stories he told me and from the stories from his mom and his aunt, (Name of partners sister) said, his sister, when my brother came back from the army, he wasn't my brother anymore. So he already had it, so it must have been one of the missions that really probably messed him up.

Table 4: Onset & Diagnosis of Post Traumatic Stress Disorder

On Set of illness	Diagnosed
1996 – Tour in Bosnia	January 2004
Approximately 15 years ago – Tour in Bosnia	2002 Approximately
Date unknown – Tour in	1999 Approximately

Somalia	
1982-1985 Incident/mission Unknown	August 2001
1985 – Incident in Canada	2003 Approximately
2002 – Tour in Afghanistan	June 2003
1990 – Tour in Somalia	1998 or 1999
1997 – Tour in Haiti	April 2000

Half of the respondents were able to precisely state the month and year when their partners were diagnosed with PTSD, while others were only able to give approximations.

Other Diagnoses

Respondents commented on diagnoses other than PTSD that their partners were suffering from or had been diagnosed with. Some respondents mentioned the symptoms of depression, insomnia and isolation but confirmed that they considered those symptoms all to be under the category of the PTSD. Respondent 5 depicts this when she stated:

Well the depression I put under the PTSD umbrella, you know the interrupted sleep, the insomnia. The incredible periods of just sleeplessness, the depression, the isolation that's all part of that.

A couple of the respondents reported other mental illnesses that their partners had been diagnosed with. For example, respondent 2 reported:

Ya he's got obsessive uh um...Obsessive-compulsive disorder, which makes it even worse. Um and his job makes it even worse. Because of course, the military prides itself on regimental, and so if you do your job really well and you're a workaholic and your obsessive-compulsive well then you're just like a star to them.

And respondent 4 reported:

It's just been in the past year that he has been on medication, um he ah no severe post-traumatic stress disorder plus he's ah rapid cycling bipolar 1.

The remaining respondents stated that there were no other mental illnesses that were diagnosed.

Occupation of Respondent's Partner at Time of Onset of PTSD

The respondents' partners' occupations during the time of the onset of PTSD varied considerably, however all were Regular Force, fulltime military members. Two Canadian Armed Forces elements are represented in this study: the Army and the Air Force. None of the respondents' partners were from the Navy element. Occupations as reported by the respondents consisted of structural technician, jumper with the commando, member of the air born, paratrooper, truck driver and three of the respondents' partners were in the infantry.

Current Employment of Respondents' Partners

Respondents were asked what their partners' current employment status was. Responses fell into three categories, employed, unemployed and part-time employed/school.

Within the category employed, three of the partners were employed full time. Only one partner remained in the military.

Within the category of unemployed, four of the partners were unemployed. Respondents reported various reasons why their partners were not employed including recent discharge from military and family moving, being retired, staying home with children and inability to work because of illness.

One of the respondents reported that her partner worked during the summer and attended school in the winter as part of his treatment and recovery process.

So, I have done some other schooling and (name of partner) himself he generally works in the summer and school during the winter. He has high school, went back to school ah (name of school) last year and finished up a two year course there. And he is just starting another course as part of his surviving.

Communication About Traumatic Events

Respondents commented on their partners' communication with them about the traumatic events that led to or contributed to the development of post-traumatic stress disorder. Responses generally fell into three categories: knowing some details, knowing all the details and knowing nothing.

Some of the respondents remarked how their partners shared very little detail with them about the traumatic event. However, they noted that their partners did at times share stories of their experiences in the military and about missions. Respondents also reported gaining information about their partners' experiences through other sources such as other members who were deployed on the same mission. Respondent 1 stated:

(Name of partner) still has not shared everything that has happened to him, he won't tell me. I know part of the things, I know some of the things, I have met guys what were on the same tour with him that have told me some of the things that have happened, that happened on that tour. And (name of partner) has never shared it with me.

Respondent 1 also reported that she felt her partner's lack of communication about the traumatic events that happened to him were perhaps a symptom of the PTSD and her partner's desire to protect her.

And then he went to Israel again, Syria again that was his third tour there. He ended up getting very very sick again I didn't find out till three years later that he was hospitalized for over a month, he didn't tell me. So you know the whole need to know thing. You know he did not want me to know because he did not want me to worry and went through that whole thing and I've heard since then that's another symptom of PTSD. They don't want you to have to share that burden with them they are thinking they are protecting you but he wasn't. All that did was drive a wedge between the two of us.

Many of the respondents reported knowing the exact details of the incidents that led to the development of their partners' PTSD. Respondents commented that their

partners had shared with them in great detail the events that they had witnessed, at times many of the experiences shared were horrific. Respondent 5 stated:

Yes, he did exercises, yes, he went on training courses but I, I you can see the incident occurring because we have talked about it and talked about it. I know exactly what has caused it; I know every single thing that has caused it. Um, he had to be able to communicate all of this with somebody, it had to come out sometime. It's taken a long time.

Several of these respondents reported feeling comfortable with their partners sharing this information with them. Respondent 6 stated:

Amazingly he has divulged a lot of information to me. Like I never expected to know what I do know. Or what he felt comfortable letting me know. Like when we first met, like some of the things he told me just, I was blinking and he said are you all right with that? I said ya sure. I thought if someone could be honest about where they have been or some of the difficulties.

A couple of the respondents reported not knowing the details of the incident that led to their partners' development of PTSD. Respondents stated that they did not ask their partners about the details and that they did not want to know. Respondent 8 commented:

No and I don't ask, that sometimes things are better left unsaid.

One of the respondents commented that she did not want to know the details because of how it made her feel but also because she did not want to upset her partner by asking him questions. Respondent 7 stated:

No detail, nothing too in depth and I don't want to take him there either, like I don't want to be at home and take him back somewhere where he doesn't want to remember to begin with and then have him have a melt down or totally flip off the deep end. I don't want that either so they usually stay away from it. And I don't want to know, I don't want to know because it makes me too sick to my stomach. Like I can hardly watch the news most of the time, like the flooding and you see floating bodies or whatever. Mostly it's like hungry or diseased people or poor, poor poverty, I just really have a hard time with that, I think most people do especially if you live really well or you know like we do in Canada, we live pretty well. I couldn't even imagine

what he saw over there. I could not even begin to fathom and quite frankly I almost don't want to know, I, I don't want to know. I would rather he had that with (name of his therapist). It does feel a little maybe hurtful that he can share those things with her and not me, but then I keep telling myself but do I really want to know? Do I really really want to know? And the answer for me to that is no I don't really want to know.

In summary, the amount of detail shared by the respondents' partners varied.

Many of the respondents knew exactly what the experiences of their partners had been and felt comfortable with that knowledge. Some of the respondents knew varying amounts of information that had been obtained through time from their partners and in some instances other military members. In other cases, the respondents were comfortable in not knowing what their partners' experiences had been and had come to accept that it was perhaps best left between their partner and the therapist.

Stresses & Issues Faced

A dominant theme throughout this study was the stresses and issues that the respondents faced in having a partner who suffers from post-traumatic stress disorder. When examining what issues or stresses the respondents encountered, responses fell into five categories including communication, psychological functioning, physical changes, environment and space and roles of spouse. This section will examine in detail these categories, which have emerged from the main theme.

A small number of respondents commented that communication was a stressor or issue. Respondents reported that communication was difficult if they were disagreeing with their partners or trying to discuss something that may end up being something that their partners did not want to discuss. Respondent 4 explained:

It doesn't, it doesn't seem to matter what I say. If he's talking and I'm responding to what he's saying the conversation will go okay. But when I bring up stuff, if it's a joking thing or talking about this he finds it just

always seems like he's finding things wrong with what I'm saying or how I'm talking. The tone of voice I'm using, you know that kind of thing. I, if I'm not using proper English or proper grammar or ya there is always something. I call it my walking on eggshell time. So I generally through those times listen to him and just respond to him. But I got to watch out how I respond to him because, if I respond to him in a questioning or negative way, kind of like devil's advocate or something with whatever he is talking about, that does not go over well. Kind of more let it go, go along with what he is saying, or just sit and listen.

Respondent 4 commented that she calls it her walking on eggshell time. Interestingly

Respondent 2 also comments that she is cautious when communicating with her partner.

She also makes reference to walking on eggshells.

Oh actually I remember, just the way he is always snapping. Like just out of nowhere he'll just snap, yell at the kids, like the kids were afraid of him. You know it's terrible when you're afraid of your own father. Um and I just walked on eggshells. I was afraid to say anything that might upset him, or even to some extent now I'm still like that. I'm very careful about what I say. Like I choose my words very carefully around him because I don't want to upset him. I don't want him to think, to read into it that I'm meaning something else.

The theme of communication is explored further when respondents speak to the communication in their relationship.

Only one of the respondents reported verbal comments as an issue. This respondent spoke of the verbal and as she described abusive comments that her partner would make towards her. This category pairs with the category of anger and rage as again the respondent speaks to the meanness her partner demonstrated towards her:

He was verbally abusive for many years. I can remember the one thing that sticks out in my mind. Three years ago, him standing out on the front street, screaming at that front door, standing in that front door and him screaming out in the front street calling me, you're a fucking bitch, you fucking bitch, just screaming at me. Just stuff like that, like he was, he was, he was very verbally abusive and he mean, mean, mean, and the shit that I took man. I'll tell you what if I, if I did not have good self-esteem and high self-confidence. I would have destroyed somebody. But I've always known I did not deserve to be talked to like that, and I always told him that.

In summary, the category of communication included the examination of how for some respondents', communication with their partners is an issue. Primarily this appeared to be the case when the respondents had differing opinions than their partners. Verbal comments were also raised as an issue and highlighted were the abusive comments and meanness that the respondents faced and described.

The category of psychological functioning emerged as one of the largest categories. Within this category thirteen subcategories emerged including anger/rage, isolation/withdrawal, mood swings, being selfish, lack of feeling, memory, triggers, sleep disturbances, suicide/self-harm, addiction, physical violence, employment and finances.

With only one exception, respondents discussed the anger and rage that their partners experienced. Respondents commented on their partners' short temper, behaviour of their partners when angry including following the anger with isolation, and the ability of their partners to not only be angry but to become extremely mean towards them. Several respondents felt that their partners had become angry and short tempered and that at points in the relationship the anger was ongoing. For example, respondent 1 simply stated:

When he first came home from Haiti he was very short tempered, very short tempered. (Name of partner) has a little bit of a temper anyways but it just got the point where it was all the time, angry.

Respondent 3 expressed similar experiences and highlights that at times her children directly experience the anger.

Oh ya, it's like, he can't handle much, before he would be like a calm guy but now it's like if my daughter, like if she is talking to him and he, his eyes are glued to the T.V. or whatever like you know he flies off the handle right away. You know and ah he never would before.

In one of the cases the respondent reported that when her partner became enraged it was like he was not the same person. She described:

So when we had a huge blow out at a friend's wedding there was like that was when we hit rock bottom like, it just, it just got so bad and the arguing and he just, he just lost it. It was the worst I had ever seen him. It was almost like he was disoriented, like he wasn't even there. Like you looked at him in the eyes and he wasn't there. He just physically was not there. Like his body was there, but he was not there, he was somewhere else.

In another case the respondent describes what the rages could look like including becoming physical with objects around him.

We lived with that um, lived with rages at work, he would have black outs, like he would go into an absolute rage, um he told me that he pulled a tree out actually in (location) at the base, um um kicked the coke machine in, like he took out all his rages out on other things. Kicked the side of his truck in...

Some of the respondents expressed that the anger could be triggered by various events, situations or normal, everyday activities. This is exemplified by respondent 7's description:

Well, us fighting would be a trigger, like okay something would set it off like the dishes or the dishwasher like I'm telling you, normal everyday things, you wouldn't even think twice about. He would just all of a sudden, you could just see the blood just boiling in his head and he would just get so mad and so upset and so worked up and then and then he would jump in his vehicle and he would be gone, or he would jump on his bike and he would be gone. And we wouldn't come home until like the next day. So you know he had been out drinking, just anywhere. So I didn't like that. But I'm not living with a drunk, that's what I thought.

Respondent 7's previous comments also illustrated how, for some of the respondents, the anger or rages could follow with periods of isolation. Respondent 6 expressed the difficulty of having a partner who when angry or upset would isolate himself internally and not be able to share or allow his partner to help him.

So just related to his symptoms, ah a lot of it was feeling shut out, because his symptoms when he went into, when he was treated and went into reaction he would, it would be a blast of anger. Even his body language would just

become, it would be like a concrete form. A human concrete form, like stiff everywhere. And really you know all we want is attention or what we could pick things up right away and we would get really mad if somebody is not talking to us and telling us what's wrong. Well ya, this person in front of you and all of a sudden they're not malleable any more and your left going okay was it me, did I do something wrong, how can I fix this? How can I make this situation better? Then you end up going into a cycle, that for me didn't help. It can make it worse. So those are the most difficult things that I had to deal with was just standing back and letting him come back when he was ready to and he needed to come back in his own time. And trusting that it wasn't me, and knowing that maybe he will never be able to speak to me about it, cause you always want to know what is going on. I had some counselling with his counsellor to, which has been very helpful to me because you know she was able to put it in context for me, it's mostly him and being completely shut out.

In other cases respondents discussed how their partners viewed things as right or wrong and there were no shades of grey. They were not able to see the humour in things.

Respondent 6 simply stated:

You know practical jokes, he doesn't do practical jokes, maybe little one but not.

Respondent 4 supports this in her statement:

Um, you got to watch what you say. I never know really what kind of reaction I'm going to get from him until I've said things. Like sometimes I'll try to joke around with him with something and he will take it literally.

Respondent 5 speaks to her partner's inability to see the grey and her desire to help him see it:

Um explaining the shades of grey. PTSD is seeing things black and white, your for me or against me...No grey, and explaining that there is shades of grey.

One respondent commented on how, when her partner got angry and they argued he could become very mean towards her and that this was not typical of their relationship.

One thing that I really noticed that he did was, he was, when we argued or had a fight he was mean. Oh he was like dirty, dirty mean fighting. He would call me names, it was just so unlike him.

The majority of respondents reported that their partners' isolation and withdrawal from them and their family was a challenge and for some the most difficult symptom of the post-traumatic stress disorder for them to cope with. Many of the respondents commented that their partners' isolation consisted of isolating themselves from the family and typically watching television. Respondent 1's comments were typical of those

He started sleeping on the couch; he would sit up and watch TV all night. Weekends would come around if he was not at work weekends and evenings would come around he did nothing. Absolutely nothing he would sit in front of the TV and I would go down stairs and say you know like what are you doing. You have this to do this to do and this to do and he would get mad at me and we would have a fight. And he would just stay there and that is actually where the pattern really started. Him sitting in front of the TV and falling asleep in front of the TV. Then he would get really mad at himself because he was not doing anything. That's when the depression started.

Respondent 1 noted that her partner would become angry at himself for isolating himself and then he would become depressed. For others their partners isolated themselves as a means of coping when they are upset.

He comes home from work, before it was just he would isolate himself completely, and when he is upset he still isolates himself. So he goes play PS2 in the basement for hours...

Several respondents commented on their partners' withdrawal from them and the lack of intimate contact as a result. Further comments of this can be noted in the subcategory of lack of feeling.

Ya, that's one of the hardest ones of anybody I know can accept. They're not sociable anymore, they're not talkative, they just sit there, they're there but they're not there. That's one of the hardest for everybody, every woman I meet. Because what we look for is that intimate contact, it's not intimate like physical intimate, but the emotional intimate. When they isolate themselves it's not there.

In a small group of respondents the mood swings of their partners was discussed as an issue. Respondents spoke to their partners' emotions as being very volatile and that

they could be fine one minute and then depressed or angry the next. For example

respondent 5 stated:

Um, (name of partner) is very volatile, he can go from 0 to 60 and then he gets mad and then when its all over and done with well what are you so upset about, I'm done, and I'm done being angry. You know you can let it go now. And he can go very quickly like that, and it just got to the point where he could, the mood swings were happening more and more often and then ah periods of just leave me alone. Um, no I don't feel like doing that, no I don't feel like doing that.

This is exemplified by respondent 2's comments:

Yep, I almost think like, I almost think he's got like depression too sometimes. Because um he's very moody, like he'll be down in the dumps then all of a sudden he'll be like hey, you know and I'll be like ummm.

In a minority of cases, respondents spoke to their beliefs that their partners were being selfish. Respondents reported that for them it felt like everything was about their partners and that their needs were peripheral. This is illustrated by the comments made by respondent 1:

You know it's almost like and I used to get really upset because I used to think that he he was just all himself. And his whole, and even to this day and I don't really know if this is even possible for me to think this way with his diagnosis, but I think he's very selfish. I think he's very self-centred, everything he thinks about is himself. Worries about himself, and is mad at himself and is depressed about himself and he's angry at himself. He wishes he was not here, everything so about him. Everything is about him, and I guess now after five years I'm just sick and tired of it. I've told him that to, I'm just so sick of everything being about you, you know. Always about you, your depressed, you didn't take your meds, you don't have a job, you hate yourself, you want to kill yourself, you can't be there for your kids, you this you that, oh your neck hurts, oh your back hurts, oh your dehydrated, oh it's, it's always him.

This was supported by the comments of respondent 2:

Ya, I think because, I think with PTSD basically then the world because evolved around them to a certain degree and when that happens everything is about them. My life and his life everything is about him and so you know when number one is getting looked after I mean you don't.

For a small number of the respondents the issue of their partners' inability to feel left them struggling to maintain the relationship they had. Respondents illustrated the challenge of being with someone who was unable to feel. For example respondent 4 describes:

Um, the main one that gets stressful for me is when things start building up for (name of partner) and he gets in to self-protection mode. He also gets very unfeeling. He doesn't think of anything else but his own survival and what he needs to do to get through the day. He doesn't feel love. He doesn't feel compassion. He doesn't like any of those feelings you need in a relationship. He doesn't feel.

Respondent 1 exemplifies this when she states:

Right, for sure. (name of partner) is very detached from his feelings. That's part of one of his symptoms to. Um very detached. He will often tell me how he feels dead inside. He has no feelings inside. He'll often tell me, he's very apathetic a lot of times. Makes it hard, makes it hard to have a relationship.

Several respondents discussed the challenges with their partners' memory, mainly the loss of short-term memory. Respondents noted that their partners would forget tasks they were supposed to do and at times it would result in an argument between the respondent and her partner as to whether he had or had not forgotten. Respondent 1 illustrated this in her comment:

Ah, he does things like take the garbage out stuff like that I have to remind him all the time. So again all that responsibility is on me. You know, he has short-term memory loss to and that's part of his PTSD, part of his meds. Um so we get into arguments about yes I told you, no you didn't tell me, yes I did... Nop, Nop. Two days ago he can't remember something. Yet he can remember something ten years ago. You know stuff like that.

Another respondent commented that she acts as her partner's memory and that it affects her in that she then forgets things she needs to remember. Respondent 3 highlights this:

Well, it has affected me a lot. Like I mean I'm still trying to deal with it. Like it's gotten to the point I keep forgetting about my stuff because I always have to remember, I remember for him.

One of the respondents suggests that her partners' memory and concentration is affected by what she terms his flare-ups. Respondent 5 states:

So you know these are the sort of things that happen when he has a flair up, the concentration goes, ability to reason things out diminishes so once again its kind of looking after again. No, you had to do that here and then this is what I have to do, oh okay.

A few of the respondents spoke to their partners' triggers as being issues for them.

While others spoke of the triggers as not so much bothersome to them but rather things that they knew to avoid with their partners so that they would not become triggered.

Respondents commented on how their partners would react to various triggers such as movies, television (specifically the news) and other specific triggers to their incident or trauma such as in the case of respondent 1, the weather. Other spouses commented on the stress of not knowing what the trigger was.

Respondent 1 spoke directly about one of her husband's specific triggers and how it affected her, her children and her partner:

The other thing he did to and this is because what happened to him in Haiti, was he actually um got dehydrated to the point where he his heart stopped. They had him on three IV's , two in his arms and one in this leg, in his groin. Um, he became so dehydrated that they could not get liquid into him fast enough and um um his heart stopped twice. They had to revive him with CPR. And um, he is extremely, extremely hyper vigilant about the kids having enough water, to the point where it drives me nuts. The first few years after he came home and was diagnosed, if it got hot outside, he got depressed.

Respondent 1 continued to explain that once the triggers were discovered, they became more manageable:

And it was a trigger for him and we did not know that. So finally it took us two years, two summers and two years of therapy before we could figure out that was a trigger. And once we figured out and it's the thing with all the triggers we have figured out, finally when we figure them out, he's not down as long. He has better coping skills now that he's aware of it. Me to, me to

because it would just drive me nuts. We would never see him. Totally...I understand it better, and that's what it was.

Another respondent who had not been with her partner from the commencement of the illness commented on finding it frustrating not to be able to make the connection to the triggers:

Ya, when he's um and in the past in our relationship it was worse, sometimes also to I want to add to that not even knowing when he was triggered, so all of a sudden because I wasn't there and I don't know if this speaks for other women that have been with them since and before but for me I didn't see a build up and watching things start completely. In the relationship when I came into it, you know everything seemed to be fine at the beginning of our relationship and then as you know we started to get to know each other, got a bit more comfortable around. Ya, it was there was some times he got angry and I didn't know where the anger was coming from. It felt like it was ah, targeting my children. Um, just little things that there would be a big flick, a shot, wouldn't happen a lot, it would just happen out of the blue and that's also what was frustrating to, I couldn't make a connection.

Several of the respondents commented that for their partners crying children was a trigger. Respondent 7 stated:

But that crying is a huge trigger for PTSD at least for (name of partner) it was a big trigger.

Some of the respondents reported that for their partners movies and television were triggers. Respondents commented that this was especially the case if the movie or show depicted accurate scenes of violence, mass panic and poverty.

Respondent 6 reported:

The stuff that, the experiences, the trauma from his like Rwanda, you can see it. He gets, like the day he popped in a movie, like why he did it and I wasn't around to, but that's okay, I'm kind of skipping around to. He popped in the movie The Interpreter, have you see it?...It's with Nicole Kidman. The opening screen is in Africa and it's, there is a truck driving along and they go to get some information and these young boys with guns. Well (name of partner) threw this movie in without knowing what the movie or the premise of the movie was about. What often happens is, is especially when it is that technically correct, like if it is just a Hollywood movie on Rwanda or a bit

make-believe or raw, raw United States, generally he can conceptualize that and box it up. Sometimes it bothers him, but there are aspects of it that don't. Like we saw, we saw this movie with Tom Cruise, I think it was Another World. Ah martians are coming kind of thing. It used to be a radio play. Okay well that movie we were sitting there watching it and certain scenes of panic, mass panic over food and um these are things they saw in Rwanda. Like bodies were there in piles and when the most technically accurate things happen in movies and they are shown true he can get really triggered. So the other day, when he put it in, not knowing what it was, he was and he was downstairs on his own because he couldn't sleep that night and he was frozen on the couch watching the movie. That's part of the PTSD not being able to shut that out and turn it off and not being able to walk away from it.

Respondent 8 provided a slightly different perspective in that her partner can also be triggered by television and other things, however, she feels he has the ability to avoid them.

Us as his family, we don't trigger. So triggers for him there will be certain TV shows that he doesn't watch. He avoids them. He avoids anything that will trigger. He would cause, he has the ability to do that, okay I can't see that so we avoid that. So then there are no triggers, then there... Ya he has known his triggers for many years now. He knows... Yep. Certain things you see, certain newscasts you hear, certain things you read in the paper, certain things, certain, even certain people you know.

All of the respondents, with the exception of one, discussed issues their partners had with sleep. Respondents commented that their partners would not be able to sleep and that when he did sleep he had nightmares and would talk, scream or thrash. Some respondents reported sleeping in different rooms at times when their partners were having a nightmare and commented that getting a good night sleep for them was difficult. A couple of the respondents discussed how their partners would sleep a lot and some attributed it to the medication their partners were taking.

Respondents commented that for some of them, their partners found it difficult to sleep.

Respondent 1 stated:

He started sleeping on the couch; he would sit up and watch TV all night.

Respondent 1 continued to explain that her partner has difficulty sleeping, that he experiences sleep apnea, he twitches, talks and screams in his sleep. She explains the challenges she has faced with having a partner who suffers from this. She herself, at times, has difficulty getting a good night sleep when sleeping with him. As well, she explains the struggle she faced coping with a partner, who for a period, was not able to share a bed with her at all and even now realizes when it's best if he doesn't:

Symptoms lack of sleep oh my god you know, I don't think I've had a good night sleep unless I'm not sleeping with him. He twitches all night long in sleep, he has sleep apnea too, he talks in his sleep, he screams in his sleep. So it's exhausting for me...I have to say more then half of the month well he sleeps with me more then he did two, three years ago. I mean we did not sleep together for the longest time. Longest time. And I used to get really upset. That used to upset me. He does not want to sleep with me. Now I'm like hey sleep in the basement. I'm past that now. But at first to, I guess I did not understand, I did not know what was going on. I used to just tear my heart out that he did not want to sleep with me...Yep...Yep because you know you start to understand that it's not his doing. Like I thought he was making a choice not to be with me, and it really was not his choice. You know that was taken out of his hands. And he thought he was helping me to. In his own way he thought he was helping me. He still felt bad. There's nights, like the other night, he watched Saving Private Ryan, on TV. It was on Saturday night, I said why are you watching this? And he said to me you know what I really enjoy this, but don't worry he said I won't come to bed. So he knows.

Respondent 3 also comments that her partner talks in his sleep and that at times she will sleep in another room:

Oh ya, just recently like two weeks ago and um we had been drinking and he started saying I'm going to kill you, I'm going to kill you. I asked him the next day, who were you going to kill? Me? He was, what are you talking about. So I told him, he said he was just having a really bad dream...Sometimes, sometimes, but the pills make it so that he can sleep. Like the dreams are still there but doesn't wake up from them...Sometimes, like sometimes I will go to the spare room you know.

For another respondent when her partner is experiencing a nightmare she tries to comfort him.

He has nightmares, a lot of nightmares, toss, turn, toss, turn, you know. I gently wake him up in the middle of the night when he has a nightmare. I'm a lighter sleeper so when he has nightmares it's me, it's okay dear, it's okay.

A couple of the respondents commented that their partners had the ability to sleep for long periods of time and that they found that stressful, especially when there were young children involved.

Respondent 5 stated that medication influenced his sleep:

Um, when he first went on Paxil he would sleep for at least twelve to fourteen hours a day. And it was just like come on, I need help here. We have three young kids, you know this was four years ago, three young kids, brand new house, a lot of work to do on the house. I'm working, I need help here, and just not with it, just.

Respondent 8 also simply said:

When he sleeps a lot, when he puts himself in a cocoon that is stressful.

Another group of respondents found that they had stress associated with the fear that their partners would hurt or kill themselves. Respondent 5's response was typical:

Like he doesn't really understand the fear I have. Like when somebody tells you they are going to commit suicide you live with that fear everyday. Is today going to be the day that he can't take it.

Respondent 4 described her partner's self-destructive behaviours as a means for coping. She continues to explain how with time he has been able to reduce the level of harm he inflicts on himself.

He used to hurt himself when he went through those times, just to bring himself back to reality so he felt something. He would burn himself, break a bottle and ya he did some pretty gross stuff to himself. But now when he gets low like that he'll go get a tattoo. The pain of a tattoo will bring him back kind of thing.

Another group of respondents found their partners' excess or addictive behaviours an issue. Respondents commented on their partners starting to smoke again or drinking in excess.

One respondent noted that her partner regained his habit after the tour. She felt this led to the development of his PTSD. For her, the recurrence of the habit was as she pointed out a first sign.

When he first came home from Haiti um he started smoking again and he had quit for eight years. So that was kind of like the first sign.

Other respondents commented that their partner was not able to just have a drink or two but that he would have many drinks. This is expressed by respondent 7 when she states:

And then because, I wouldn't say he drank everyday. But he was the kind of drinker that just couldn't have just one beer. He just can't go to a lounge and have a beer, it was like have a case, have two cases be hammered, sloshed, can't walk, barely stand, drunk. That was him. Didn't do it all the time but when he did drink it was all the way. Yep, that's it.

Respondent 3 also comments:

Um, his drinking, he does not stop till it is all gone. And um, he doesn't just drink them, he downs them... Ya, and it's not like I'm worry about my safety. As long as I leave him alone he's fine. Like you know, so I just leave it at that. I find he drinks more.

The category of physical violence was created not to illustrate the physical violence encountered by the respondents but rather to illustrate the coping techniques their partners utilized when they became angry. None of the respondents reported that they felt they had experienced physical violence at the hands of their partners, however one of the respondents does speak to an incident with her partner when she feared he might have hurt her.

Respondent 1 reported that when her partner became angry she did not fear him, she knew that he would not hurt her, rather he would become physical with objects around him.

As a matter of fact there was one time I remember we got into a huge fight and started pushing each other. And I had got up to him just an inch from his face and said just hit me, hit me please, just so I have a reason to leave. Hit me go ahead and I goaded him. And he turned around and put his fist through the wall. No he never hit me. Never hit me. But he never ever hit me and he's never hit me and I'm not scared when he goes into his rages I'm not scared of him I know he'll turn around and kick a chair pound the counter or do other things but I never ever thought he would hit me.

Respondent 3 provided a slightly different perspective. She also expressed no concern over her partner physically abusing her; however, she did not rule it out as a possibility. She also illustrates how her partner's coping technique is different.

Ya, and if we do have an argument or whatever which is not very often he walks out...Ya, he'll walk out. That's something I've never been scared of him abusing me, like physically. Ah I mean like I'm not going to say that that will never happen, I mean it could, but I'm not worried about that.

Only one of the respondents reported feeling afraid of her partner and concerned that he may have hurt her. She explains that this was the worst point in their relationship and after the incident her partner sought help and began treatment.

No, he never hit me no, never violent that way just very lots of yelling and freaking out that way...No, but I seriously thought that night that he was going to I think kill might have been a bit of a strong word, but hurt, defiantly hurt. Why I don't know, I don't know, I just, I, I feared, honest to god I feared for my life. I totally feared for my life and I was like I got to get into the house. I got to get into my parent's house. I just know that if anything happens I can wake my dad up, not that my dad could do much but at least feel safer being in the house then in a park where it's dark, cold, with the crazy lunatic chasing me around, who is supposed to be my husband. So at this point he's not my husband anymore, he's somebody else.

A couple of the respondents commented that their partners had at various points devoted a lot of time to their careers. One of the respondents whose partner was still in

the military commented that her partner's desire to prove himself caused him to overcompensate at work and in turn became more difficult for him to cope with his home life.

Ya, and he just felt now okay now I got to do, I have to have a paper trail for everything, I have to prove that I should be in the military. I have, he just became obsessed...Okay with doing that it just made his world, his, it made his military career blossom, and his, because nobody knew, nobody knew what his life was like at home because he, he would, you know, he would be so immersed in work and everybody just thought he was just greatest thing since sliced bread at work. But then he would come home and dump it all on us.

Another respondent recalls shortly after her partner's tour, symptoms arose and he started devoting more time to his work:

And then it was throwing himself in the work. He worked six and seven days. That's when I started noticing that and um...He became a workaholic then. Everything was geared around work and we just him and I just became more distant and more distant, then they sent him on another tour.

Both respondents reported that their husbands became heavily involved with their careers and both continued to be deployed.

Many of the respondents commented on receiving pensions for their partners' medical illness however only a couple of the respondents addressed finances as an issue. For one of the respondents, her partner's inability to keep track of his money was an issue. She reported that he would spend the money with no regard and that to save she would take money from him to put into savings.

He just loves to shop, like the other day to I just said when we go to Wal-Mart cause, he wanted to go. I said we are just going to pick up a few things. Well he came out of there spending two hundred dollars. Like he will buy all this stuff, like tools and he never uses it, he says oh I will use it...Right now our finances are okay. But what I have been doing and I don't know if it's okay, I know it's not alright to do this but I have been taking money out of his wallet. Just putting it away. Because he doesn't keep track of the money he spends or anything. Like I take out twenty dollars here or forty here I

will just put it in the savings account. I have to otherwise he just spends and spends and spends.

Similarly respondent 5 also reported her partner had difficulty managing money, however she felt it may be a learned behaviour as other family members in his family have the same difficulty. What is interesting to note is the attitude of her partner and his belief that the funds he receives from having been diagnosed with PTSD are his:

He's never going to be able to handle money responsibly and you know perhaps... You know I say fine one hundred bucks a month no questions asked, he can't limit it to just a hundred dollars a month, he never has. No questions asked. Ya and it's just money right now seems to be the big arguing point. When we do argue it's going to be about well where did this four hundred dollars go from the account, and we have nothing to show for it. It's my money, I got it from having PTSD, ya but you know what, that money is paying some of our bills.

Only one of the respondents commented that their family was financially strained. The respondent did not account her partner having PTSD as a direct result of their financial situation but rather an accumulation of many things:

No, everything in general. Leaving the military, trying to live off a thousand dollars a month, paying double rent, double food because my husband was in school and he needed a place to live and so did I. Everything amalgamates to a big giant debt you can't pay double rent, double food, double bills with a thousand dollars a month. So you try to live off you know, change your life to you know forty-five thousand dollars a year to twelve thousand a year is kind of difficult with three small kids.

In summary, the largest category, psychological functioning illustrated the many issues respondents encountered, primarily relating to their partners' psychological functioning. The respondents illustrated the stresses encountered with their partners' emotions such as extreme anger and rages, their isolation and withdrawal, lack of feeling, as well as fluctuating moods. The respondents also commented on issues such as their partners' lack of short term memory, triggers, sleep disturbances, addiction and stresses

associated with living with the fear of your partner harming himself or committing suicide. Physical violence was highlighted by a few respondents. They commented on their partners' violence towards objects but not towards them. Finally, respondents noted the issues with their partners' ability to function in a work environment and the financial difficulties resulting from it.

Physical changes emerged as a category however, only one of the respondents commented on the physical changes that had occurred to her partner. She felt that the medication her partner takes to assist him with the symptoms of the PTSD had caused him to have a large appetite and gain a significant amount of weight.

Respondent 3 reported:

Like he has gained a lot of weight. But mind you that's the medication. I mean he is a big eater but with the medication it's making him, he's constantly hungry all the time.

Environment and space were issues for several of the respondents. Individuals discussed their partners' anxiety and stress in situations that involved crowds or loud noises. Their partners have a difficult time with everyday activities such as shopping or certain activities with their children. For one respondent she commented that her partner's need for space has resulted in her and him as well as their children never residing in one home as a family unit.

A few of the respondents commented on their partners' anxiety about crowds.

Respondent 5 commented on what her partner's experiences of crowds are, how the family has adapted and how her partner is overcoming this issue:

Like we are going to the Ex tonight. So we have done this every year. We got the kids a pass, (name of partner) likes to go on rides, but with his physical illnesses now he has to be careful. We have to go on a day when there isn't a crowd, because he can't handle a crowd. And we have to plan activities that

don't involve crowds, because he doesn't like them. Um but you know this year, he has taken (name of child) to a couple hockey games, gone to a baseball game and he has started to slowly. He doesn't feel the same overpowering closterphobia, in a crowd that he was before. So ya, things are slowly coming around.

Respondent 7 similarly comments on her partner's stress related to crowds and loud noises however, adds that for her, in the beginning, it was difficult not knowing that crowds were a trigger for her partner:

But sometimes he just irritates me and I know its because he is stressed out. Especially with like when we are shopping, anywhere, basically can't take him shopping...Ya basically, it's like loud noises, crowded areas, and unless we are like in and out, like you know like a covert operation, we are going in to get this item and we are coming out, he's okay. He's okay to grocery shop and stuff but if it starts to get busy and people get in his way, and people ram their carts or just take to long he kind of gets really stressed out and I'm just like go to the car, go sit in the car I'll come out when I'm done. But before we would fight and have an argument because I didn't know what was wrong with him. I'm like, why are you freaking out? Why aren't you normal? Why can't you just go shopping and be normal? No he can't.

On the other hand, respondent 4 described her partner's need for space not only in terms of finding crowds and noises difficult but also in terms of his living arrangements.

Like being around people lots of times is very difficult for him, so he just can't stand lots of buzzing and noise and, you go to Subway to eat and there's all the dings and buzzers of the ovens and stuff like that you know some days he just like I've got to go so you just kind of learn to go with the flow, so its like okay we're going now...(name of partner) has a son who is thirteen and we ah never actually lived together as a family unit because of (name of partner) PTSD. He finds he needs alone time a lot and ah it's just not been conducive to us all living in one space.

Some of the respondents expressed their frustration at their partners' inability to be spontaneous and or the need for control. Respondents spoke to how the family had to accommodate this.

Respondent 1 commented on how she felt that her partner's military career created this need in her partner for structure and control but how she felt it become exaggerated by the PTSD.

He would freak out and that was part of the other thing to because being a sergeant and being in the military for so long everything had to be like it was like he almost wanted the kids to be little soldiers all lined up. And I know a lot of guys are like that but I think it was totally exaggerated as well with the PTSD. Totally, everything was out of his control. He had to have, everything in order and control. The other thing was could never, he still isn't, he has a hard time being spontaneous, he can't do that...Or have to be planned and structured totally, totally. And I'm not like that right.

Respondent 5 noted that her partner requires a strict routine and that any disruption in that routine creates a difficult day for her partner. She comments on how her family has accommodated her partner's need for structure and routine:

Well one thing I can say is (name of partner) needs a routine and if the routine is upset then the whole day is shot. So if somebody was to go into the washroom ahead of him when he has his scheduled time to be in the washroom getting ready then that's just going to off set him for the day. So we have all learned that daddy has the bathroom from this time to this time and if I make any comments like it took a little long so now I have to rush, not a good thing. Leave him alone, then he needs to have his coffee and cereal read the paper, just let him be.

In summary, the category of environment and space described the issues and stresses the respondents faced in the areas of their partners' anxiety over public spaces, specifically the challenges with crowds and loud noises. Highlighted was also the inability on the parts of the respondents' partners to be spontaneous. Their need for control of their environment was seen as necessary.

The role of the partner was identified as a category, specifically needing to be the buffer. For only one of the respondents the issue of needing to be the buffer between her partner and her children was raised. Respondent 5 described needing to help her partner see her children's point of view and to understand that not everything is one way or the other, that there are shades of grey. She helps her partner to understand what his children

are saying and as she put it she fights back when his moods are varied and bares the burden so that her children don't have to.

No grey, and explaining that there is shades of grey. That other people can react with you, and when you get upset with them, they have their own issues that they are dealing with. Very little empathy. Um you know I find that even with our own children. It's like seeing the other point of view is very very difficult. And I find that very stressful, because I was brought up in shades of grey...The buffer, the buffer that explains that this is their motivation behind what they did. This is what they're thinking here and this is how you're perceiving it. But this is how they meant it to be. It's very difficult to give specifics because it is ongoing, for me as an insider explaining it to an outsider because this is just part of our day. Um with snap snap something just giving the look, okay. But sometimes once every couple of weeks the the, I just give him a little note your mood swings are high, because he has asked me, okay let me know, and its BOOM, directed at me. But I would rather it be directed at me then the kids because I can fight back...I'm the buffer. I'm not very good at fighting back, at least I never used to be.

In summary, for one of the respondents the role of being the buffer between her partner and her children was a role she now played and perceived as an issue or stress. Roles and responsibilities is a theme that is explored at greater length in this paper and will highlight further issues as explained by respondents.

Changes in Symptoms & Partner's Perception of Why

Respondents discussed the changes in severity of their partners' symptoms over time. For some respondents discussing the severity of their partners' symptoms was a challenge. Respondents commented that it was difficult to discuss the changes as it was felt many factors played a role. Responses were varied as some individuals commented on how their partner had made incredible strides. Others noted that for them, it really depended on the day. Some days their partner did very well and then other days, if he had experienced a trigger, it was a bad day. All of the spouses with the exception of one felt

that as of their interview their partners' symptoms had either stayed the same or had improved.

For one individual discussing her partner's symptom changes was difficult. She felt that perhaps the age of her children played a role in the increase or decrease of her partner's symptoms. As well she questioned what role her hyper vigilance and ability to be the buffer played. However she noted that certain symptoms her partner experienced had ended:

Hum, that's difficult...It's a very hard, because I have fourteen and a half year olds who are becoming mouthy. Normal teenager stuff and they have a father who, you know, it's come the week the shoe drops a lot. Maybe I have hyper vigilance at this time, so used to being a buffer that I don't let things play out naturally. Perhaps. Certain things have ended, he's rejoining us I guess, um he's stopped exploding...

In the case of one respondent, she felt that perhaps her partner's symptoms had remained the same, however, she wondered if they might be worse only because she now was aware of what the symptoms really were:

Ha Ha. You know what I don't think either. I think they are about the same, I might even say increased but only because we are more aware of them. A lot of times we did not know what they were. Now we do.

This respondent goes on to explain that although she felt that the symptoms remained the same her partner's ability to adapt and recover, had improved with education and understanding:

Totally, depending on what it is. One thing like I said before the more educated we are the more he understands, he is quicker to, quicker to get back into a routine and normal life, it still hits him but he does not let it get him down as for as long.

Respondents feeling that their partners' symptoms have changed as a result of education will be discussed further in this theme.

For other respondents they felt that their partners' symptoms varied. Respondent 5

illustrated her partner's healing process and makes this analogy:

There is no light bulb moments with PTSD, its little baby steps. And it's like a baby first learning to creep, then to crawl and maybe walk and then will fall down a lot and then just want to crawl for awhile again. Well, (name of partner) is that baby. You know some days he creeps, some days he crawls and some days he gets the courage to get up and walk. But is he running again, no. There is still too much pain there and residual anger for him to be actually walking all the time, running never.

Other respondents commented that it was clear that their partners had come a long way in managing the symptoms. One respondent stated:

And from that guy to this guy now I can almost tell you it's not the same person. It's been that much of a change. Unbelievable, just from being diagnosed and having (name of therapist) have him learn to deal with his triggers, and she figured him out like instantly, the minute he started seeing her I seen results in five months easy.

Another respondent reported:

He has learned to deal with his PTSD so it's a whole lot better than it was. Just about has depression under control so we are looking at a big jump.

Respondents were able to offer various perspectives on why they felt their partners' symptoms had changed. For the most part, the individuals commented on why they felt positive changes had occurred and in the minority some reasons why they felt their partners' symptoms had deteriorated were brought forward as issues.

For a minority of respondents they felt that their threats of leaving the marriage had contributed to their partners seeking assistance or maintaining treatment.

Respondent 3 explained to her partner that if he wanted to maintain their relationship then he would need to seek assistance. She stated:

Well see, I told him if you want to keep this marriage together then go get help and he did, he did.

Another respondent explained that she reminds her partner of his need to maintain his treatment or she will leave him. She further explained that she wants him to be reminded about the past and that it cannot happen again or she is leaving. It is an incentive to continue with treatment.

Ya um, he's very vigilant at taking his meds. It's just that you know I think he understands that he's going to lose his family if he doesn't. And even last night him and I were talking cause I was away on business. He's very depressed right now cause he lost his job two weeks ago. And um, um, we were talking again last night and I said to him again. I told him this a couple times when I can fit it in the conversation, if it ever goes back to the way it was two years ago I'm out of here. I will not, I said to him I refuse, I will not, I will not go through what I went through two years. Our family does not deserve it and the kids don't deserve it and neither do I, and I am not going through it again. You get like that again and you're on your own. And I have had to say that, cause I want him scared, I want him thinking. That's, I'm not putting up with it.

All of the respondents felt that part of their partners' symptom changes were a result of treatment, whether it was therapy, medication or the combination of both. Several respondents commented on the effects their partners' medication had on the symptoms. One respondent felt that once the correct medication and dosage was found it, helped her partner; and if he missed taking the medication she and her partner could tell he had. She explains:

Well it took us a long time. It probably took three years before the meds got right and that's unfortunate because they switched them. They put them back, they switched them, he would forget them, he you know, it wasn't, I think he didn't realize the importance of them and neither did I at that time. Looking back and I told (name of partner) we can tell if he misses his meds, he says he can actually feel it. He can feel like an anxiety up inside of him, and even if it's just one day, and I don't know why because I know they say with antidepressants it takes three months before they are in your system, but literally his whole demeanour like changes, if he's missed one or two days, you can tell, you can tell.

Another respondent commented that the medication helped, however, she identified the challenge of when he feels better, he does not feel he needs to take the medication anymore. She states:

He he, he can't do it on his own, and that's the thing is he's, it's like a person um, it's like a schizophrenic in a way they know they have to take medication everyday but when they take the medication they feel better so they think after awhile, well I'm feeling good I don't need it. So then, they take away the medication and they wind up back.

A few respondents reported how the medication and therapy assisted with their partners' symptoms. Respondent 1 illustrated:

The thing is with medication it does not make it go away. The meds actually make it so that he's on even keel. So we don't have these huge outbursts, rages, he still gets angry, he's still angry, a lot of anger.

Respondents also commented on the benefits of therapy Respondent 7 stated:

It's been that much of a change. Unbelievable, just from being diagnosed and having (name of therapist) have him learn to deal with his triggers, and she figured him out like instantly...

A minority of respondents spoke to the effects of further deployments on their partners' mental health. Respondent 2 explained:

Um, I remember reading the transcript because he has been over to Bosnia since, they have sent him on tours since then. And um, he had to get a letter from his psychiatrist basically saying that they thought he was okay to go over there. And, he was, the first time, the first time he came back he was okay. He just went over in 2002 and came back in 2003 and he was a mess when he got home, a mess.

A few of the respondents discussed the influence of being educated about the PTSD, the symptoms as well as what the triggers are for their partners. It was felt that the awareness of the triggers allowed them to avoid the triggers or helped them to recover from the trigger more quickly. Respondent 1 explained how for her and her partner the education and knowledge was important:

One thing like I said before, the more educated we are, the more he understands, he is quicker to, quicker to get back into a routine and normal life, it still hits him but he does not let it get him down as for as long.

A couple of the respondents perceived their partners' jobs as negatively impacting their symptoms. It was felt that in one instance the type of work brought back memories related to the trauma:

Working at (name of employer) as a counsellor he was privy to a lot of um um disclosers from the boys about sexual abuse and ah so that was building up, having to listen to all this because it brought back his own experiences.

In another case, a respondent felt that her partners' working with various personalities and dealing with workplace conflict was a challenge as he was not always able to cope.

She explains:

And as you think normal conflict and your workplace, with (name of partners) PTSD it's blown more out of proportion. It takes longer to calm him down...

Some of the respondents spoke to how their partners wanted to work towards a goal, whether it is improving the family and their role in it or working towards bettering themselves. It was felt that the desire to do so played an important role. One respondent illustrated:

And (name of partner) goes I love the way your family is and that's what I want. I want our family like your family, not like my family, like your family. That we are all there for each other, that we are all, that's what I want. It helped that we wanted to model our family like my family. So I had, I guess the upper hand. This is how we have to, as he started wanting to be with us, wanting to have Sunday um movie day, bowling day, activity day, walk day, whatever. That he wanted to, hey lets go visit my grandmother. Those are kind of like good days. The more he wanted to do, then when he finally started initiating some of these things it was, I still get oh, thank you so much, thank you, thank you, thank you.

In another case, the respondent spoke to her partner's desire to continually challenge himself:

He continues to work and he knows what works for him, exercise, eating right, like those kinds of fundamental things that are the basics. Pushing you no he pushes his limits, stretches like in school, it keeps him occupied but it also causes him a lot of distress and potentially could trigger him.

When referring to her partner, respondent 8 speaks to his willingness to change and work towards healing:

A lot of changes can occur if you are willing to work with them. And willing to accept that there are changes that can be made. There are things that you can do. It's all to do with the individual.

Another respondent felt that her partner did not want to get better and that is why she felt his condition had not improved. She explains:

The way I think right now, like he does not really want to get better, you know. I mean I could be wrong, I don't know. He's just letting himself go.

Religion can be a strong support. One respondent highlighted her family's religion and belief in God as part of her partner's healing. She simply stated:

Treatment has been a part of it but he's a very or should I say the whole family is very strong believer in God and healing prayers and that has saved us as far as what we have gotten, because if we didn't have God in our lives we wouldn't have gotten where we are.

In summary, most of the respondents perceived their partners' symptoms had stayed the same or had improved. Many reasons were put forward including age of children, threatening partner with loss of relationship, willingness to change or heal. It appeared that many respondents accounted positive changes to be a result of their partners' treatment including therapy and medication. As well to a lesser extent education about PTSD including the triggers that affect each individual.

Coping Strategies as Identified by the Respondents

Respondents identified many stressors and issues related to their partners' symptoms, as such it begs the question of how do these women cope with their

experiences related to their partners' PTSD symptoms. Respondents highlighted various strategies that worked for them including leaving the house, understanding and education, therapy and support groups, employment, food, involvement with children, talking with family and friends, techniques with partner, independence and time alone and religion.

Leaving the home was a strategy identified by several of the respondents.

Respondents felt that at times when their partners' emotions were difficult for them to manage or when they felt like they needed a break they would go out for the evening or even leave for a few days.

Respondent 3 stated:

Oh, like I'll go out once or twice a night depends on how things are or I'll go over to my sister's for the evening just to be alone. Well not like be alone but just to be away from him. You know. Just stuff like that. I find I feel a lot better when I come back.

Another respondent commented that for her and her partner when they would argue things would get heated to the point that she became very distressed and felt that she needed to leave. For her leaving was what she needed and she explained that it gave them both time to calm down. Respondent 7 had this to say about her experience:

I just would argue with him and we would be yelling and screaming and usually end up with me crying upstairs in the room or wanting to leave. Sometimes I would leave and go to his sister's house, or sometimes I would leave and go to my mom and dad's. Pack up the kid, like if we already had the kid by then I'd pack up like our son and go for a few days. To let things calm down and then I would come home and things would be okay and we would say we were sorry and then we would move on till the next you know couple of weeks, like oh when is the next big one going to happen.

Respondents talked about how it was not only a coping mechanism for themselves but also a way that they could shelter their children from some of the stressors such as the anger and rages.

One respondent simply explained:

And when he goes into rages or he goes into depression, I don't let the kids around it. So, I pack up the kids and we go to the zoo for the day, the park, I'll just pack up and go for the day.

Education about what post-traumatic stress disorder was identified as key for a few of the respondents. It was felt that the more they understood about the illness, the better prepared they were for the experiences that they were having. Respondent 1 commented:

I'm the type of person where I have to know. I got to know everything, I suck everything in knowledge wise. And I always feel, my, my motto and I learned this from my dad, knowledge is power. The more you know about something the better you feel, the more confident you are, the more powerful person you are. And if you are ignorant about a subject how do you deal with it. So I did, that's the type of person I am. I just took in as much as I could.

For other respondents the education came more in understanding what the triggers were for their partners and finding what the signs were. It was felt that by understanding the women could better prepare themselves and at times assist their partners through the experience of being triggered.

Respondent 7 explains:

You can see it build up in him and I have learned you know from what (name of therapist) has told me what his triggers are and what to expect and how to watch him and see how the triggers are like. We need to split or you need to go down stairs because the kids are stressing you out and I can tell you are going to lose it right away. Just that, eliminate him from the situation and give him some time to bring himself down in his head and then he can come back out. Because like before you could literally see him seeing red, his eyes were red, it was crazy. But I thought he was just being a stubborn ignorant guy, like I didn't know we was being triggered and he was just like you know and who knows what was going through his mind and what kind of pictures he was seeing.

In another case, the respondent spoke to her learning that her partner's moods and experiences were not about her, and this was key in her coping. She reported:

Ya, the main strategy I use is I have learned not to take it personally. When I first met him for the first two years I went through so much hurt and because every time he went through a low point it was never his fault, things were never his fault. He was like, he you know, would go into a different reality. He had a warped sense of life basically. And so everything was my fault. You know, so he would break up with me and I would be left going like what did I do that was that bad. And um, I learned not to take it personally and that was a big, big one.

Several of the respondents felt that therapy for them was a coping mechanism.

One respondent commented on how it was a place where she could go and someone could understand what her experiences were. Respondent 1 reported:

Quite honestly and I, I tell the analogy of I felt for those two, three years I felt like I was in this whirlpool and a being slowly sucked down, and the negativity of everything was just draining me and the responsibilities I had with the kids. Emotionally, I was not taking care of myself because I was taking care of everyone else. It was just slowly sucking me down and sucking the life out of me. The only thing that I felt kept me with me head above the water was the therapy, the therapist that I had, the support group that I was involved in and my job, was the only thing. Because nobody knew what I was going through, nobody could understand at all. If I did not have that I don't know what I would have done.

Another respondent commented on how her partner's therapist helped her to better understand his illness. With that understanding she felt she could then be more forgiving towards her partner for what she was experiencing related to the PTSD symptoms.

Um his psychiatrist is really good. I would say basically she's, um, taught me how to be a lot more forgiving. Because before I use to be, you know, hold it against him. I used to get pissed off and not talk to him for like two days or whatever, and now I just now that it's apart of him now and that it's just better for him if I just deal with it.

For a minority of individuals employment was identified as a coping mechanism.

One respondent in particular articulated how her career was a positive force in her life that helped her when she was feeling down to motivate herself and keep going. She described her career as follows:

I am a district leader with (name of company). I have probably about a hundred and eight consultants in my down line. I have been doing it, ah man 11 years in November, it was 11 years in November. Um I ah you, know what I love it. The thing is with the job that I do it's been, it has suited my family, it's suited the life style. And then of course with everything (name of parter) being deployed all the time and then also with his PTSD it's actually been the best job I could have ever had to get me through a lot of it. If anything you could call it one of my coping mechanisms.

She goes on to further explain:

My job is the type of job where it's very positive, very positive environment. I have to, um, train people and motivate people, so I have to be up and so when there were days when I could not, I was feeling sorry for myself and the kids it was the type of thing where it literally dragged me out of the house and got me out of the situation and into a bit more positive environment.

One respondent commented that for her food was a comfort. She explained:

So for years, I don't know I probably ate to, you know, to make me feel better, because he sure as hell wasn't doing that, ha ha ha.

For a small group of respondents they felt that their children were a coping mechanism. Respondents noted that their involvement with their children helped them. Respondent 2 felt that she overcompensated with her children and upon reflection questioned doing that.

But you know what, ah and I probably over compensated with my children you know, which is a big no no too.

For another respondent spending time with her children and seeing the positive aspects of her family life provided her comfort.

Kids, with me is being with my kids. Doing something with my kids, talking with my mom and sister ya but doing something with the kids and seeing that we're positive, we are okay. Yes this is what's going on here, this is happy and okay. So maybe it's like a balance for me. There can be stresses here but I know this is okay. Does that make sense?

Some of the respondents commented that they were not able to talk with family or friends about their partners' illness. This issue is discussed further in the paper when examining the theme of talking with others as a source of support. For a few of the

respondents they felt that talking with friends or family was a coping mechanism. For example respondent 8 commented on her ability to talk with family and friends as she was not always able to talk with her partner about what she was thinking and how she felt.

Then you don't, then you just don't talk back...You just nod and smile...No, no you, the first couple times maybe, but after that na, just natural...It's a natural thing, your just kind of ya, ya, ya,ya you know. That's why you have friends and family that, someone willing to listen to you, that's what's called going on a bitch session. You take it out, you get it off you chest. He doesn't have to hear it but someone does. You have to have someone for support. Everybody needs a bitch session.

Several of the respondents highlighted techniques they used with their partners to cope with the stressors and issues related to the PTSD symptoms. The techniques varied among the respondents, however, many of the techniques related to methods of communication.

For one respondent, she commented remembering to thank her partner for what he was able to do helped. She noted:

Um, like when he does something you know, I will thank him for it. I always say thank you to him you know and it makes it so much easier you know.

She also felt that remaining silent when her partner experienced feelings of anger or withdrawal was helpful. She simply stated:

Ah, I'm just quiet.

Similarly respondent 8 stated:

When you get yelled at and you just kind of, kind of ignore it, go ya, ya, ya whatever and don't make a big deal of it.

For another respondent, she felt that she copes with her partner's anger and rages by letting him know that she or he needs time to calm down and then a discussion can occur.

She explained:

I just say we are not talking about this right now. I said or whatever the situation might be or maybe I'm getting to hot cause sometimes I get frustrated or upset and I get like I can't talk about this right now. And be like I'll come back to you when I've calmed down or you come back to me when you have calmed down about whatever it is that's going on and talk, we'll talk about. I said I can't talk to you, understand you, or get through to you when all you see is red. And he gets that now, he's like okay, okay so he'll go for five minutes or an hour and that's good.

On the other hand, another respondent commented that for her a coping mechanism has not been to keep silent but rather to speak up. She explains how her partner's behaviour would resort in her utilizing past learned behaviours of shutting down and not speaking up for herself. For her challenging herself to speak up is helpful. She explained:

Having the courage to speak up and I think that has been a lot to when I first met (name of partner). I ended up getting triggered to by some of (name of partner) behaviour to. It was similar to some of my father's frustration and sometimes it was more aggressive and it shut me down and that somebody had some of those tendencies and all of a sudden I feel like I'm in a similar relationship. It's similar but not the same. Some of the stuff going on and shutting myself down and having a hard time speaking up. So having to speak up again, speak my mind without having fear of repercussion. So speaking up, speaking my mind, calling it, acknowledging it and backing off pretty much.

The same respondent further described that for her she needed to not try and fix things.

What I used to do is try and fix it but that didn't work, acknowledge what it is, or what it is even if I'm wrong.

Many of the women spoke of how they have learned to be independent and do things on their own or with their children. They have learned to continue with their everyday routine and plans regardless of whether their partner is able or willing to.

Respondent 4 states:

Ah and I've had to learn to do things on my own you know. If there's a plan to go to Winnipeg with the kids or something like that and he wakes up in the morning and does not feel like it, I have learned to go with the flow. Okay (name of partner) just not coming today, I'll go by myself with the kids. So you can't plan, you can't plan for him to be a part of things.

Similarly respondent 2 reported:

You know, or he'll say to me nope I'm not going, I'm not going there, nope um um I don't feel like it. And then I'll go okay the kids and I are. Because that's what his psychologist told us to do, was to, we have to go on with our lives. So if he chooses to partake in it great, if he doesn't we have to show him we are not willing to sit there and.....

For other respondents, their independence and time alone came in the form of self-care.

A few respondents reported that taking time and doing things for themselves was one of their coping mechanisms. Respondent 2 spoke to her time alone:

Time for myself, reading a book helps me to just go to another place.

As previously mentioned one of the respondents identified religion and her belief in God as a coping mechanism for both her partner and herself.

In summary, respondents were able to identify many coping mechanism that they found helpful in coping with the stressful experiences related to their partners PTSD symptoms. Although many coping techniques were identified, it appeared that one of the dominant methods of coping was respondents' ability to be independent and do things on their own as well as with their children. Taking personal time for themselves for self-care was also identified as important.

Family Roles & Responsibilities & How These Have Changed as a Result of the Post traumatic stress disorder Symptoms

One of the main themes that emerged from the respondents was the roles and responsibilities within the family. For some of the respondents, they were able to discuss how their roles and responsibilities within the family had changed with the onset of their

partners' PTSD while for others whom had not been with their partners from the onset this was a challenge. For these respondents, they discussed how they felt the PTSD symptoms have affected them throughout their relationship.

The vast majority of respondents perceived that the division of responsibility within their family was by far not equal. Respondents felt that the majority of the family's responsibilities fell to them.

Respondent 1 illustrated how the division of responsibilities was not equal in her family. She, as well as other respondents, commented on how they felt the division of responsibilities was never equal to begin with, however it was now exacerbated by the PTSD symptoms.

Oh totally. Everything is on me...Oh ya, ninety at least. Ya, and he'll tell you that to, he is very aware of it. Ya, not good. That's been a huge bone of contention. But I have to say though, in um, to add to this even before he was diagnosed with PTSD there was never a fair division of household chores. Never...Even prior to Haiti, ya it was never fifty-fifty. I don't know if it always is though.

Another respondent felt that in her case, the majority of the family responsibilities fell to her, however, she illustrated that he carried more of the financial responsibilities because he collected a pension as well as he was able to work. She explained:

No, financially yes he does, he has his military pension, the TBA his military pension, and he's working. Financially yes, he has more of that responsibility, but in the household no, it's me. I say at least 75 -25.

As well respondent 4 reported:

No, no, I do most of the stuff. When it comes to family, I'm the family person in the family. And (name of partner) takes care of himself.

For the other respondents, they felt that their partners had come a long way in their treatment and that they were able to share in the family responsibilities. However, these

respondents did note that when their partners were triggered, more of the responsibility fell to them, as they were not able to participate in the responsibilities as they normally would.

Respondent 6 spoke to this:

Actually, that's really difficult right now, whether there is that presence of more before, I imagine there was when he first came back, he wasn't able to. Even still like, there are times now that he is triggered that he's just, he's just not able to at times, although there are times that I'm just not able to either for whatever reason.

Another respondent similarly reported:

Yes and no, when he is sick yes then I take care of the house, when he's not sick, then no. He does my dishes, he cooks meals, he takes care of my babies, he takes them to school and picks them up from school, and he folds my laundry. It depends on the time and day and how he feels.

The respondents commented on several areas of family life that they felt were affected by the symptoms of PTSD. The respondents describe their roles and responsibilities within the areas of household management; parenting; caregiver to partner and involvement in family life.

A large portion of the respondents spoke about their roles and responsibilities with the management of the home. This included things such as cleaning, taking care of the home and of the finances.

Respondent 5 said that with the onset of her partner's PTSD, the management of the household fell to her:

Yes, ya I just became more and more the one in charge of how the house was run, what the kids did, how the kids did it, um I've always been in charge of the cheque book because I'm the one who can account where money goes and make sure bills are paid.

Respondent 1 commented, the management of the household was at times a normal occurrence and part of military lifestyle. When her partner was deployed she became the one responsible for everything. She explained that what changed with the onset of her partner's PTSD was that she no longer received the emotional support and assistance for her additional responsibilities.

But you see the thing is to when they are deployed all the time, I you have that responsibility, right. I paid all the bills, I did this, I did, I did absolutely everything. So when he came home and being diagnosed with PTSD I still did everything but I just, I didn't have any. I almost felt like I did not have any emotional support what so ever.

Respondent 7 illustrated that responsibility for the household management was shared. She was responsible for the children and making sure the house was clean while her partner took care of items such as the yard and the vehicles. She discussed her desire for him to be able to assist her more with things that were currently her responsibility and that she wanted him to be able to help without her needing to ask. She states:

I would like him to be able to do things more on his own. Like for me cleaning the house is a big job. I work plus take care of the kids plus clean the house and I know that he just works and I know he works very hard at his job, so sometimes I wish he would do that. But he does other things he takes care of the vehicles, I take care of the house. He takes care of the yard; I take care of the kids.

Respondent 3's comments were typical of other respondents' comments and expressed how if she wanted assistance she needed to ask for it, however in her case her partner is not always able to assist her and then the responsibility falls back to her. She stated:

A couple days ago I went to bingo and just before I left I asked him do you think, would you mind cleaning up the house a little bit, make sure the dishes are put in the dishwasher. He said ya, no problem and I came home at ten and he just then started getting up to do something. He was sitting watching TV the whole evening, so I did it.

Respondent 5 similarly stated that she needed to give direction in order to receive assistance, however, she felt that her partner is making progress and wanting to take on more responsibility again. The challenge she now faced is, what responsibilities is she willing to give up, as she feels chances are when her partner is triggered or has a set back the responsibility will fall back to her. She explained:

I've had rough days and I get migraines so he'll be able to be the caregiver. Ah, his family always had the role of who ever cooks, the other does the dishes so (name of partner) was able to do the dishes, but now with the physical injuries I have had to take over that too. It's nice that we can say okay here is Saturday chores, you're doing this this and this, everybody gets a chore to do and it's done. And then it's not all my responsibility. So his mother was able to help with that and that stayed with him in that core area. But the direction has to be given and as he's coming out of it, it's like he wants to be an adult again and at the same level. And it's me, kind of going, it's me when you have an episode that has to step it up again. Do you let control go, do you keep control?...Ya, how strong are you to teeter-totter, so it is a challenge there, very much a challenge to go, what are you ready for. What can I let go that you're not going to flair up and forget all about that I'm now going to have to cover in addition to other things?

Respondent 1 commented on her partner and in this case his therapist recommending that he take on more responsibility. The therapist and her partner decided that allowing him to take care of the finances may be an area that he could manage. Just as respondent 5 was concerned about her partner having, as she termed a flair up, and then not being able to handle the task this is exactly what occurred to respondent 1. She described how her partner managed the finances, and in her opinion, did not succeed. The result was additional stress of financial difficulties. However, she continued to explain that although he did not succeed, she did understand why it was important for him to have some responsibility. She explained:

And then once we were in therapy because she really felt that I was controlling everything and it was not helping his self-esteem and his self-confidence, they took the bill paying and all the rest of that stuff away from

me, and (name of partner) did it. So (name of partner) has done it for the last three years and this January I took it back. He just screwed it up...He can't, he can't, he has oh, and on top of it now, now I have money stress. On top of everything else now. So I really kick my ass for giving it up but the thing is you know what, I can't do everything. I know that. I can't. So the repercussions of it though, but the thing was we really had to give him something to do because he really was not doing anything, and it almost had to push him into taking some sort of responsibility again. If that was it, then that was it I guess.

For some of the respondents, the issue of parenting responsibilities was addressed.

A few of the respondents commented that they felt their role with parenting had changed to include more responsibility. For some of the respondents this was difficult to speak to as they had not been with their partners or had no children prior to their partners developing the PTSD. For those respondents, they were able to describe how parenting responsibilities were divided. The issue of parenting and how respondents' co-parent with their partners is a theme that will be discussed further in detail in the section on parenting.

Respondent 2 spoke to the role of primary care giver to the children never changing.

I stayed at home with the kids when they were young. I didn't go back to work until they went to school, and then I always made sure that I had a job where I worked the hours they went to school, and then I was home when they were home and you know if they ever had anything at school I would tell my employer that my kids are my number one priority I have to go um...That part never changed.

Respondent 2 continued to explain that although she felt her role with her children had not changed, what had changed was the way in which her partner shared in that responsibility and interacted with their children. She explained:

Just his lack of interest in everything else, like everything, um you know with the kids he'll, (name of child) our son he's an academic kid, he very smart, very, very smart kid, but he does not have an athletic bone in his body. But his father played hockey all his life he still plays hockey. (name of partner) was good at everything. (name of partner) would say things to (name of

child) you know about well you know he needs to do this or he needs to do that or you know. (name of child) just wants to get some sort of, what's the word he just wants to get some sort of recognition from his father, positive recognition.

For other respondents, they found that their partners were able to assist when asked but again the lack of interest was apparent and for some the need for direction was required.

Respondent 3 shared her experience:

Umhum, like I will say to him, would you mind giving her a bath. And that he will do. But everything needs to be done in a rush because he wants to be in front of that TV. Ah like we will, like sometimes if she falls asleep on the couch he will pick her up and take her to bed. But he always asks me, do you want me to take her up stairs. Well do it on your own.

Respondent 5 described how her partner, at times, forgets the tasks that needed to be done with the children. She explained when her partner was first diagnosed she felt the need to be at home in order to maintain the stability and routine that her partner was not able to achieve on his own with the children. She commented:

Um yep, quite often it will be like even now (name of partner) will go into the room around eight-thirty and if I'm not home he forgets about (name of child). He forgets to say, hey you need to get to bed. He just forgets, you know he will be in there watching TV. I'll come home and say did you put the boy to bed? Ya oh opps, he just forget about it and that was one of the reason why when he was first diagnosed that I wanted to be home in the evenings was just to stabilize the routine and keep things, this is your bed time, now go. It was me who raised them in the evening especially (name of child).

Respondent 7 commented she and her partner did not have children nor were they together during the onset of her partner's PTSD. She was able to describe how she and her partner manage some of the responsibilities of parenting now that they do have children and his PTSD symptoms have emerged. She describes how her partner can assist her when she simplifies it so that the task is manageable for him. She explained:

Well to tell you the truth it pretty much has the same role as I had like I can only do it since we started being a family unit more, so with the kids. Cause like when you are dating there wasn't any roles of any kind it was just whatever. But when we started having kids, um I pretty much do most of the stuff, like he helps lots if I ask him to but he's not just one of those guys that just thinks of I should do this today or if I do this, this will really help my wife out today. Like if you ask him to do it, he'll do it no problem but he doesn't think of things usually on his own. I don't know if that's common. So anytime I go somewhere I pretty much have to get everything organized and ready and I keep the house organized and I have to keep the kids organized and get the kid's stuff ready and or get it ready for him so when he goes it's ready because having the kids running around and trying to get their stuff ready, just it causes him to be stressed out. It's too much and the kids not listening or whatever, whatever, so my role since the beginning, I'm just that kind of person. The night before everything is ready at the door step so in the morning we have breakfast, put our shoes on kids are ready to go to daycare, I'm ready to go to work, he's ready to go to work. Done. So, my role has always been that way.

A few of the respondents commented that for them one of the roles that had changed was becoming a caregiver to their partners. Respondents felt that the responsibility for their partners' care was theirs to carry.

One respondent talked specifically about how she needed to manage her partner's supports for him as he found them overwhelming.

TAP, for instance, (name of partner) needs to get a job. Well with the TAP program it's um they will get him a job right through the federal government. Well it's not quite all in place yet. One his doctor and his psychologist write letters saying that he is able to work they will literally find and place him in a federal government job. The only thing is Haley the paper work is unbelievable. And they keep giving him the run around, and these guys that have PTSD it it's just overwhelming...No, and I'll tell you what, every single wife, every single wife that I have talked to so far, when they are dealing with Veterans Affairs it's not the husbands, it's the wives. So on top of everything else the wives are dealing with Veterans Affairs.

Another respondent described how she felt it had become her role to take care of her partner's emotional well-being, even though that meant not having her needs always met.

She explained:

Like I feel like now, um you know along with the kids and that I have to be, um, like he's really, I think that really women who, wives whose husbands are you know diagnosed PTSD are basically their feelings are put on the sidelines. You know we have to be the ones who have to carry their emotional load. So he, when he, I always try, I always try to make every effort to make sure that it's positive and happy for him. Um, which in return that's a big load to carry, someone else's well being.

When describing how she felt her role had changed within the family respondent 3 simply stated:

I feel like a mother now not a wife.

A category that emerged from the theme was respondents' perspective on the amount of their partners' involvement in family life. Some of the respondents spoke to their partners' inability or degree to which they could be involved in family life. For some of the respondents they spoke of how their partners withdrew from the family. Withdrawal as an issue has already been discussed under the theme of stresses and issues related to the PTSD symptoms however respondents also highlighted its impact on family life.

Respondent 1 was able to be reflective on the past and commented:

Ya, Ya, You know it's like totally different dynamics when he is around. Um he just, you know what quite honestly I'm looking two, three years ago, he just did not have any involvement with any of that. If anything, even when he worked when he was diagnosed with PTSD, he was up at six in the morning and he was gone before any of us even got out of bed, so he had no involvement with any of us what so ever. And even when he would come home after work he would sit down in his chair, and plop himself down until I called him for supper. That was it. Totally, totally no involvement what so ever.

For a few of the respondents, they spoke of how they would take the family out on outings without their partners. Some of these illustrations have already been brought

forward in the theme of coping strategies the respondents utilized to manage the stressors and issues under the category of independence. Respondent 4's comments were typical:

If there's a plan to go to Winnipeg with the kids or something like that and he wakes up in the morning and does not feel like I have learned to go with the flow. Okay (name of partner) just not coming today, I'll go by myself with the kids. So you can't plan, you can't plan for him to be a part of things.

One of the respondents commented that she had noticed a change in her partner. He no longer felt the need to get excited about the holidays or celebrations. She noted:

Ya, and I mean I'm the one who gets all excited when the kids come home with their report card. And you know I'm the one who makes a big deal about everything, if I you know, if I don't make a big deal about their birthdays, Christmas or Easter, like he doesn't see any need for that... Ya like Ya, now what do they what do, they need the Easter bunny for (name of child) 10 and (name of child) is 13, kay you know what, I had the Easter bunny till I got married.

In summary, the majority of respondents perceived their roles and responsibilities within the family had increased as a result of their partners' symptoms. Many of the respondents felt they carried most of the responsibility including household management, parenting, being a caregiver to their partner and involvement in family life. However, for other respondents they were able to share the responsibilities with their partners when they were well.

Parenting

The theme of how respondents and their partners co-parented emerged. Many of the respondents spoke to their increased responsibilities in the area of parenting and how they managed.

One respondent commented that for her the majority of the parenting fell to her, however she commented, as did others, that as the children got older the responsibility slowly diminished. She stated:

I would say 90 percent of it is me; it's not so much now that they are older. Don't forget they are older now.

She further illustrated that in the past she was the sole provider for the children.

(name of partner) is much better, he does more parenting with them now, but the first three years of his diagnosis it was based solely on me, solely. He could not cope at all.

For this respondent being the primary caretaker of the children required her to be creative in how she cared for them. She described how in the beginning she attempted to leave her children in the care of her partner but how he was not able to cope with the responsibility. She learned that she had to be the one to care for them and she described how she achieved this while having a career.

Ah, a few times in the beginning of his PTSD, I ah, I left them at home and it was just an absolute disaster. He would call me on my cell phone just screaming at me, just literally freaking out cause he could not find the Tylenol cause one of the kids was sick or just, it was just, he was so overwhelmed by it, and by the time I got home, the house it looked like a bomb went off in it. He just could not cope at all, so I just took the kids with me no, no matter, for three years, for three years I took them on road trips with me, always.

Another respondent felt similar in that the responsibility of parenting mainly fell on her and only when she could no longer manage did she ask for assistance from her partner.

She explained:

Well let's see, ya it's me and when there's absolutely no possible way that I can do it, then I will ask him and hope that I get an answer that I want to hear.

Another respondent commented that for her she was able to manage her work schedule so that she could be available for her children. She felt her children needed her and in a way that her partner was not able to offer. She further explained that she felt her strong parenting role assisted in minimizing the stresses her partner encountered. She stated:

Okay, thankfully there I was able to get the note from (name of partner's therapist) and work a day shift; I worked like from ten to six. Ah, the kids were at school at that time so and that way I would be at home in the evenings for them. Another buffer thing, don't want to stress (name of partner) out, I want to make sure the kids have a normal upbringing. So I was home to make sure I did homework with them, and I did this with them, there for their talks, they just don't talk to (name of partner) the way they talk to me. Especially the girls. Um, I think they just got so used to the volatile, it's just like no I'm just going to talk to mom about that because I'm maybe more level.

Similar to the previous respondent, she too, felt that when she needed assistance she would ask her partner. She explained:

Just it is more on me then on him. But I can go to him and say (name of partner) I need backup and he's learning over the past and as the kids get older that if I say something and I need backup, (name of partner) would you and he'll lay down the law.

For others, they felt that it was a team effort. Respondent 6 perceived her partner as helpful with the children especially because of his work schedule and noted how they managed working as a team.

I don't know, like we do work together for the most part. Like he does help out with the kids probably more then the average dad that works Monday to Friday everyday, because he's home on a four day block so the kids get to see him a lot and they spend a lot of time together going for bike rides. Like he really does spend a lot of time with the kids. I just think that ya, just having everything set out. Like if he wants to take the kids for a bike ride, he has to get the kids all ready, he has to get them dressed. If I'm home, not shopping or having to run into work or whatever I usually get them ready and all that kind of stuff.

One of the respondents commented that for her parenting was her responsibility.

However, she commented that in her case the effects of her partner's PTSD were very

difficult for her children to manage and as a result they no longer resided with her but with her ex-partner, their father. She also noted the same of her partner's son who no longer resides with her or his father.

In summary, the majority but not all of the respondents perceived they had increased responsibility in the area of parenting. This increased responsibility led many of the respondents to modify their work schedules or find work that accommodated their lifestyle. For the minority of respondents, they reportedly were able to co-parent and share the responsibilities with their partner.

Respondents' Ability to Meet Children's Needs

Respondents discussed their ability to meet their children's needs. Responses varied in this theme, some of the respondents confidently stated, yes, they were meeting their children's needs while others debated whether they really were able to meet their children needs. For example, respondent 1 reported:

Um No, Ha Ha, No, No, you know you always doubt, I guess I do, um, I sacrifice myself quite honestly, I'll be honest I have had therapist after therapist say that. Um, um, I take better care of myself now and I take time for myself now where as three years ago I didn't. But again then you know what I was in a really difficult situation, I had two little boys that are sixteen months apart, so essentially I had two babies...Um both of them out of school all day, (name of child) was still fairly young herself and trying to cope and manage everything and not getting any help or support from (name of partner). You know...You know what I did the best I could, but there's always that mother, mother guilt thing where your going I could have done this better, laying in bed at night, and that's normal. Everybody does that. You know what, I hope I have met; I hope I have met all of their needs I really do. I've given it my all, I'll tell you that.

Another respondent commented that she felt that she was in some ways able to meet her children's needs but as a result of her partner's symptoms she did not feel that she was able to always give her children what they needed. She felt that as a result of her having

a relationship with someone suffering from PTSD her children felt she had made that choice. She explained:

Yes and no, um, I feel, I'm a very good parent for them, I always had them involved in things like soccer or judo, football, there were always activities that they were in. And (name of child) he wasn't interested in, like was never really put into stuff like that. (name of partner) tried with him, but his mom never supported it. Um we run into a brick wall that way but um, you know when (name of child) was with me I tried to get him involved so between the three kids, I was running between baseball and soccer and everything. Ah, but meeting the kids' needs ah, I know my kids felt that the time I would put into (name of partner) and because you had to deal with him differently and you know what, sometimes you couldn't just say what you wanted to say so you couldn't be you know like goofy and happy like you wanted to be, because it's just around him it just wasn't the time. So in some ways going through those stages, I don't feel I met my kids emotional needs because we were all kind of suppressed, we all had to suppress our feelings. You couldn't be just loud and joking whatever, like you normally would if he wasn't around. So um, for my daughter I think she really felt that most, because then she felt having me choose (name of partner) in our life made is so that we couldn't be like we used to be.

In another case, the respondent felt that she was meeting her children's needs but still questioned whether all of their needs were being met because of her partner's symptoms.

She explained:

Yes, do I want to meet more of them, yes. Ah, do I want to be there for them all the time, be the one who's home making cookies and whatever they want, yes. Is there enough hours in my day, no. Um, I'm being the best mom that I can be. I have my mother as a role model and I want to do more. So yes, but no. I know that they are well adjusted, yes they have problems, how much is just them and how much is just what happened in our family, I don't know.

Only one of the respondents clearly illustrated that she did not feel she was meeting all of her children's needs. She felt that she was not able to meet the financial needs of her children. She stated:

Financially no. Socially I'm trying, education yes. I put them back in public school. Belief wise spiritually yes... You can't enrol them in sports without finances, they can't participate in music. If you can't enrol them in sports, I would love to enrol them in music but they don't have funding or a piano let

alone a keyboard. Ah living out in the country in the middle of a (location of home) with nothing else around you makes it kind of difficult.

In summary, respondents' perspectives on their ability to meet their children's needs were varied. Some respondents clearly felt that they were able to meet the needs of their children, while others debated whether they had provided everything their children needed. Some respondents also debated how their children were affected by having a parent suffering from PTSD and how that impacted on them having all of their needs met.

Respondents' Partners' Ability to Meet Children's Needs

The theme of partners' ability to meet their children's needs emerged.

Respondents commented on how they felt their partners were able to or not able to meet their children's needs. Similar to the respondents' perspectives on ability to meet their children's needs the descriptions that were put forward were quite varied. Many of the respondents felt that their partners were able to meet their children's needs at times. Many of the respondents were able to be reflective on the past as compared to the present. Respondent 1 explained:

Um to an extent, to an extent. Emotionally no. Um as far as taking care of them, bathing them, making sure they brush their teeth and all that kind of stuff, yep. Three years ago no.

Respondent 2 similarly reported:

A um, geess that's a real hard one, because you know if my kids were here they could tell you what their needs are and if they felt like their dad was meeting them. I think sometime, I think sometimes when he's feeling good, he is able to. But when he is not well he can't.

Respondent 5 also stated:

Um, I remember when the girls were little I would have supper ready, he'd make sure they were fed, he bathed them, he put them to bed and if it was our scheduled laundry time he would do laundry while I was at work. All without being asked, that was just what he had to do. But it was part of the

routine. When he crashed it was just like he wasn't there emotionally for me at all, um he wasn't there for the kids emotionally, um it was just there's food there so I will eat it but you just didn't hear thank you, you heard thanks suppers great but it was just very matter a fact. He was just there.

Respondent 4 illustrated how her partner is not able to meet the children's needs and comments on how the children have learned that his response is not reliable. She explained:

I would say no, he can be there for them at particular times if things are going okay for him. But that's very speratic, you can't count on it. You can't count on him to be there. Um, so ah, like most of the time it would fall to me, um ya basically the kids learn not to ask of him because you didn't know what you were going to get.

Another respondent commented that she felt her partner was now able to meet his children needs as he has made progress in his treatment. She commented:

Now yes. Cause his heads clear now. It was almost like it was foggy before and your kind of living in a daze and everything is affecting how you feel that day and you don't know how to go to the store and just buy milk, because if Wal-Mart is really, really busy and your buying milk there that day and you have to wait in line and people are stepping on your feet and cutting in line and you can't do it, you can't buy the milk. So ya, so it's like way better for our kids now. (name of child) or youngest just absolutely adores him, just absolutely adores him. (name of child) adores him too, but (name of child) more so and I think it's because he's been, ever since (name of child) been born he's been seeing (name of therapist) so he's been really, really well.

One respondent felt that her partner was able to meet their daughter's needs. She simply stated:

Oh ya, well I feel he is.

The same respondent continued to explain that her partner did have difficulty initiating affection towards their daughter.

He does a little bit, like if she wants a hug from him, like he will give her a hug. But not that he would do it on his own.

The partners' ability to initiate affection was a common topic, Respondent 1 commented:

Ya he yells, but you know what, he is still a good dad and he does love them and he does hug them. You know like he won't go out of his way to hug them but when they come and sit on his lap and they'll hug him, he'll hug them, sort of thing. He's a good dad that way. He teaches them things he does do things with them but like I said he just can't be there emotionally for them.

Another respondent commented on how her daughter perceived that her father does not want her. She reported:

She asks me to, why doesn't daddy want me anymore, why does he push me away? What am I going to say you know? I told him that and he got upset. He said I'm not pushing her away, I said she's the one who asked me the question. You know what do you want me to say to her. I said I'm not pushing her away.

In summary, respondents varied on whether their partners were or were not able to meet the needs of their children. While none of the respondents articulated that their partners were and are always able to meet the needs of their children, respondents did comment that their partners' were able to, at times, meet the needs of their children to varying degrees.

Communication with Children About Post Traumatic Stress Disorder

The theme of respondents discussing with their children their partners' illness emerged. All of the respondents, with the exception of one, have discussed with their children their partners' illness.

Respondents frequently discussed how they were honest with their children about their partners' illness but when discussing it they were age appropriate.

Respondent 5 articulated how she discussed the illness with her children:

Yes, very much so. They know...Just basically when they were younger daddy is feeling angry right now, describing how he felt, letting them know this is how he felt. As they got older, you know things happened in daddy's military career that hurt him very badly. Ya, as they got older just adding a bit more detail, kind of like when you just describe to little ones where babies come from...It's age appropriate and you just add a little bit more detail.

Um, (name of child), I talked a little bit more with her, then I would (name of child), um with (name of child) he'll say dad was so mean today, and I'll say okay this is what happened in dad's day, this is how dad feels today, so labelling his feelings for the kids and labelling it in words they understand, helps them. We have had to do it not just with PTSD, but combination with the physical pain. Daddy's in a lot of pain today and when you hurt as much as daddy hurts you get angry easy. Um, if you label the psychological as pain they can understand that hurts, and when it hurts I feel pain. So we discuss it, no I have not discussed specific incidents really. (name of partner) has let things when he is angry blow up and but its never been specific things, this is what happened, and this is why it upset daddy.

Being age appropriate with the children was a frequent response from the respondents, as was not sharing details about the incidents that occurred to their partner. Respondent 2 similarly stated:

I have when they have come to me and they say why is dad always like that now? I'll say well you know dad's got PTSD, he's not feeling well right now and so we just have to be, you know patient until he's feeling better and that sort of thing, but I mean I don't go into any details.

Respondent 1 discussed as her children get older they are starting to ask more questions related to their dad's PTSD and she is encouraging them to discuss their questions with their dad. She reported:

Little bit more inquisitive, a little bit older, asking questions. So I will say something, I think I've said, how come dad does not work and I've said something like, you know when dad used to go away, well uh and I think I've said something like this somewhere and I'm not sure the exact situation, Dad had some horrible, horrible things that he saw and some bad things that happened and you know he's very sad inside and, and um he is just going to be at home for a little while. Well why is he sad. Well you know what, go ask dad. You know just stuff like that. Trying to get them to be a little compassionate for him. But a lot of times to if he is just grumpy like and they have learned to just stay away.

Another one of the respondents had a small child and felt it important to share with her about her dad's illness, again being age appropriate the respondent described to her daughter not in terms of diagnosis but rather in terms of pain. She explained:

Ya, she keeps asking questions, you know they say when children start asking questions you have got to answer them right? You know you tell her daddy, well daddy is sick right now. Well why? You try to explain, but you can't really talk about PTSD because she doesn't know what it is. Daddy's got some owies right now, and that kind of satisfied her.

Only one of the respondents discussed concerns over telling their child about the illness and spoke to utilizing a psychologist to help explain it. Respondent 1 reported:

Ah (name of child) was told, and I did not tell her. I didn't, I was very very concerned about how to tell her and I did not want to screw it up. (Name of partner) and I both decided that we wanted to make sure it was done right, with proper help and that's when we actually took her to a child psychologist. And the child psychologist helped us tell her. And then she proceeded to see the psychologist after so that she helped her deal with a lot of the stuff. That I was afraid, I was really afraid, I mean I'm so scared this is going to screw the kids up anyways. You know I just did not want it to be any worse.

Only one of the respondent commented that she felt at times her children were told too much about the details of the incident leading to the illness. She explained:

Um, early on when he was first diagnosed with the PTSD, (name of partner) went through a phase where he felt that he needed to tell everybody the truth you know. Um, I have PTSD and there are rumours about me being gay because I was raped and I didn't know he was going to say this to the kids and if I would have known I would have stopped and told him we could put this in a bit gentler terms...And ah, but all of a sudden at the supper table he would start telling them things you know. So I tried to do damage control at the time and I would talk to my kids afterwards, ask them if they had any questions maybe explain further what he had said. You know because he tends to ah, he thinks people get the idea. Like he was talking to the kids like they were an adult and so my my feeling was okay they didn't quite absorb what he was saying and get the right idea because they are only kids. They are seeing it from a kid's point of view. So I would try to talk to them about it in more kid terms...

For the one respondent, who had not communicated with her children, she explained that it was because in her opinion they were too young, however she noted that her children did know that dad went to meetings referring to his appointments with his therapist.

The kids know that he goes to meetings, they have no idea. I don't even think they know what a meeting is.

In summary, all of the respondents, with the exception of one, have discussed their partners' illness with their children in varying degrees. A common theme was that the information provided to the children was age appropriate so that they would be able to understand. As the children aged more information was shared and their questions answered.

Respondents' Needs within the Marriage

One of the themes that developed was the respondents' perspective on whether their needs within the marriage were being met. For many of the respondents, they clearly felt that their needs were not being met, and some respondents started by simply stating, no my needs are not being met. One respondent also stated:

Not always.

For others they felt their partner was now able to meet their needs. Respondent 7 explained:

Now yes.

She also explained that in the past her needs were not met. She continued to state:

Well no because there was just so much animosity in our relationships that no one's personal needs were being met. Cause there was no attention given to him because I was withdrawn because he was so abrasive most of the time and apprehensive and defensive.

When respondents discussed their needs they fell within several categories including household assistance, financial needs, emotional needs, physical needs, marital relationship and fear of suicide/dependency.

Although household responsibilities have already been discussed under the theme of roles and responsibilities within the family a few of the respondents further discussed household responsibilities in terms of their personal needs.

Respondent 1 explained that she has little household support:

I get very, very little support around the house, um um very little unless I completely ask for it.

Another respondent commented how her partner can assist with the household but that direction is still needed. He is able to acknowledge the support provided by his partner and she expressed her appreciation of that acknowledgement. She commented:

Clear direction and not to many at a time, done. He now knows, hey, washing the kitchen and dinning room floor, sweeping it and washing it Saturday is his chore. He has it done before we even get up because he wants it over and done with. He knows because it is clear direction, that's his chore. He helps more around the house then most men do, given the fact that he cleans up after supper and does dishes and appreciates when I make his favourite things and that appreciation makes me feel good. Like he'll say thanks for dinner that was really good. That is incredible because it feels great to be acknowledged and he makes sure that he acknowledges that.

Several of the respondents commented that their partners were able to financially meet their needs.

Respondent 2 stated:

And I mean he is a good provider. He has a good job, which makes good money, which means I don't have to worry. That's one thing I don't have to worry about is money. But, um, ya that's about it.

Respondent 5 explained:

He works, financial stability that is something that is important to me.

Emotional needs were discussed. For several of the respondents they felt that their partners were not able to meet that need. Respondents commented on how their partners were not able to interact at an emotional level with them and how they perceived their partners no longer knew how to respond. Respondent 1 explained:

But he was there emotionally for me a lot more and the longer we were married the better it was getting, and then all of a sudden it started getting worse. So I saw an improvement, then it got.. I think it was Haiti, the tours everything, just slowly drawing us apart. Typical military life kind of thing, then once PTSD, then that was it. It just kind of severed it right there. Like

he can't even be compassionate for me. Um ah, my aunt passed away, he does not know how to comfort me. Like I start crying, he does not know what to do anymore. Where as I can remember crying in bed and he would just hold me, and rub my hair, and kiss my forehead. He does not do that at all now.

Respondent 2 expressed similar issues with her partner and his not knowing how to emotionally support or comfort her. She reported:

And I think that because I was such a strong woman to begin with in the marriage, and I was never a needy person that I think that was almost detrimental because he just knew that I could handle it and I could do it. And oh well she will find some way of coping. And that's the way it has always been. And you know when I have needed him, I have said to him, you know the few times that I have really needed you, you haven't been there for me. Um you know, when my, when somebody in my family has died and I can't go to the funeral because it seems like whenever they die he's in Bosnia or he's out on course, or he's you know in Gagetown, or he's out in the field and... and you know I just wanted him to wrap his arms around me and say I know honey I'm really sorry, I know she was a big part of your life. And you know he doesn't know what to say. He'll say to me you know I don't know what to say.

Another respondent commented that her partner has a difficult time expressing how he feels and she finds he is now only able to do so with the assistance of alcohol. She explained:

No, it's like I mean he'll say I love you, but I'll say why do you have to say it when you have been drinking? That's not right, so I can't accept that. I mean I love him but, but he's taken that away from me and it's slowly dying down.

Other respondents noted how it was difficult for their partners to support and empathize with them. Respondent 4 discussed needing emotional support from her partner during a difficult time and him not being able to provide it.

...So I was going through a very hard emotional time where I was needing somebody to just to hold me and tell me it was going to be okay and that we would make it through. He could never offer that, (name of partner) could never like, that's empathizing right, so he couldn't do that and he would ah, it was just basically for him well this is your problem you deal with it.

Other respondents did not directly comment on their partners' ability to meet their emotional needs, however, one respondent did state that she felt supported. Respondent 8 reported:

He is there for me, just being there for me, that's all I need. Yep...Yep, there to support me.

Only a few of the respondents discussed whether their physical needs were being met, and the responses were varied. One respondent state that yes her sexual needs were being met while another articulated that for her and her partner their sex life was a challenge. She explained:

Um, our sex life is basically nonexistent. That's been hard, um, we enjoy each other, like we are friends, he makes me laugh, I make him laugh. We're compatible in the house. You know I think the longer we're married too, you know, you go through all that other stuff that you go through when you're newly married. Ah, we're compatible like I enjoy being with him, um, we just don't have that closeness.

For another respondent, she noted that their sex life varied depending on how her partner was feeling. She illustrated:

There are times when he, you know, is a very generous man, very loving towards me and then he gets into stages like he's in now, like he's actually in a low spot now, where there is nothing. To get a hug from him, or to have him put his hand on me is a big deal you know. The sex ends you know there's just no feeling for him there, you know.

One respondent commented that she felt her partner was able to start focusing more on their marital relationship and that this was facilitate by her children starting to grow up. She commented:

Like he is trying to be a bit more in tune, and now that the kids are getting a little bit older, they are past like the little baby stage. He can focus more attention on each other and he realizes that I'm not just the mom too like I need to be wined and dinned sometimes and so does he. So we are working on that, we are trying not to lose ourselves in the kids and still have a relationship besides the kids. It's tough, but we are trying to do it. So I

would say ya we are working on it. We're not there yet but we are working on it.

Although suicide has been addressed already under theme of stress and issues related to the PTSD symptoms, respondents again discussed it in terms of their personal needs.

A couple of the respondents discussed concerns of their partners attempting suicide. One respondent compared the fear she felt of her partner harming himself if she ever left the relationship to emotional blackmail. She explained:

Geese, ah you know what he wants to and I guess that's the bottom line, I mean I love him, and I know he absolutely loves me, he's petrified of loosing me, absolutely petrified. One of the things I have to say is that I know there was a long long time there, where I thought if I ever left him that that would be the end of him. Like he would do himself in, if I ever left him. So it's almost like emotional blackmail, and not him doing it on purpose but I don't ever, but you know I'm not going to help him by leaving him. But in the same token I'm not helping myself. So you know you're really in a catch twenty-two. Really, really in a catch twenty-two.

Another respondent commented on the fear she experiences never knowing if her partner will attempt to harm himself. She described:

Um, sometimes I don't think he understands me. Like he doesn't really understand the fear I have. Like when somebody tells you they are going to commit suicide you live with that fear everyday. Is today going to be the day that he can't take it.

In summary, many of the respondents reported not feeling as though their needs were being met within their marriage. Several areas were discussed, however, it appeared that the majority of respondents felt that their partners were not able to be there for them emotionally and that was an identified need that was lacking.

Changes Respondents Would Like so That Their Needs Are Better Met

Respondents discussed various aspects of their relationships with their partners that they would like to improve. Only one of the respondents felt that she would change nothing.

One of the respondents shared her views on whether she wanted any improvements and how her marriage experience had been so far. She shared:

Do I think I'm being ungrateful asking for more when we have had a relationship for sixteen years, that we been able to be there for each other. You know (name of partner) will say you know what you have had enough of that job, quit, I need you. You know, that he has those defining moments where he can be my pillar and try to tell me what he thinks is best for me. Um, is it there all the time? No. But is it there all the time in everybody's relationship, no. Um, it's kind of like nature versus nurture, what is there, what is developed. What is the difference between the two? I, I seem to have so much more then some, many already have. I have somebody who wants a family, who's dream their whole life was to have a family. Who, yes has had some nasty bumpy roads in some parts of it, is it now you know becoming roughly paved, yes. Do I expect clear sailing for life, no. Because I'm realistic. Um, maybe I need him to need me, to feel fulfilled, perhaps. Philosophical, but there is no yes, no this is what I need, this is what I get. What is normal, what is not.

For another respondent discussing how she would like her partner to be able to better meet her needs was difficult and emotional, she simply sated:

Ah, I want him to be a father, a husband and a friend. He's none of that right now.

Categories that emerged for other respondents were: details, communication, empathy and emotional connection, parenting/relationship with their children, living arrangements, marital relationship and symptoms.

One of the respondents commented that she wished her partner was able to pay more attention to the details. Respondent 7 explained:

And that ah, that he would pay attention to details a bit more, even as simple as making a sandwich. I make food for them 90 percent of the time, but he does do his fair share of the cooking because I don't get home till late sometimes. He'll cook, no problem. I usually have to have it so, what are we going to have, and I'll have it figured out and all he has to do is cook it, but he does it. But I know that he likes mustard and mayonnaise and things really hot and spicy, and I don't like any of those things. When he makes sandwiches he makes them the way he likes them and expects everyone to eat them because that's the way he likes them and doesn't realize that I don't like any of those things, and so it's like just don't make mine, I'll make my own because I prefer to just make my own then have to scrape off all this crap that I don't like. Details, just the little details cause I pay attention and I always make his extra hot or extra mustard or extra pepper or extra Tabasco sauce. Whatever it is that we are serving that I know he likes it that way better. Ya, he doesn't pay attention to little details like that.

One of the respondents also commented that she wished her partner and her were able to communicate better. Respondent 2 reported:

Um, by really communicating, by listening and understanding...

She further described:

Well he knows it's hard for me, but you know he will buy me things, um you know and he'll say this is for putting up with me or blah blah blah whatever. But that's not what I want, you know. I want him to really tell me, like really talk me.

Another respondent commented that she desired her partner to be able to empathize with her, Respondent 4 explained:

Having empathy, being able to empathize he can't do that. It's ah I don't know if it's because he feels that he's gone through so much that he can't empathize or I don't know what it is, but that's one of the issues that I want to bring up in couples therapy is, you know, cause you need to be able to empathize with people or else you end up stomping on their feelings.

A couple of the respondents discussed how their partners being able to improve their relationship with their children would better meet their needs. As earlier noted in this theme one respondent merely wanted her partner to be a better father.

Another respondent commented that for her partner to take time and just sit was a challenge and she wanted him to be able to slow down and spend time with his children.

Respondent 6 commented:

Well like I said to he's been kind of out a lot and I have had to pull him back a bit. You know if he didn't get triggered or have this stress then he could be actually here more in a quiet space rather than busy cleaning, picking up stuff. I would like for him to just be able to sit and hold the babies for the day, you know nothing else. So you don't have to do anything. Just sit and get to know your babies, that's about it.

As previously illustrated, one of the respondents and her partner have not been able to live together as a result of the symptoms related to the PTSD. For this respondent she described how her needs would be better met if they could reside together. She stated:

Well I would like to get to the point where we could live together, where he's okay with that because when he thinks about living with someone right now he panics.

One of the respondents commented that her needs could be better met if her partner was able to plan more and initiate more activities for the two of them. Respondent 5 illustrated:

I still wish he would initiate more with regards to our relationship. Lets you and I go out. He would still prefer to be at home and do nothing. Um maybe that will come more and more.

A few of the respondents discussed how their needs could be better met if some of their partners' symptoms were diminished or gone all together.

Respondent 5 explained:

Um, I would love for the volatileness to leave. I would love the for him to appreciate the grey, but is that in his basic personality because not everybody has shades of grey in them.

Respondent 6 noted:

Ya I wished he wouldn't get triggered because then he would just be able to settle down and be present.

Another respondent commented that for her she would like her partner to regain employment. She felt that when he was employed he felt better and some of his symptoms improved. She reported:

Well no, he just had a job, he just had a job for two months and I think for him and I think for any man, um, having a job where they are feeling valued, where, especially with (name of partner). (Name of partner) has very low self-esteem so him feeling like he was contributing, valued all the rest of that stuff made his self-confidence come back up, and I really saw a huge difference in the last two months. For instance with him working. Don't forget since he has been diagnosed he has not worked that much, so they had him off, they had him on, they had him off, and it was just for the last five years it's been on again, off again. And so now that he's feeling better, things are going better, he's coping better. When he got this job I really saw a huge difference...Yep. He did a little bit more, not so much that he did more around the house, but he was just a bit more together. You know more together type of person. He was more on the ball with things, he was not forgetting things. He, you know, busy people get things done. You know that saying sort of thing, and the same with him. And that was one of the things that has always concerned me is because the less you do, the less you want to do. And that was definitely, that was him, that was (name of partner). Part of his depression I guess.

In summary, the majority of respondents felt that there were areas that could be changed to better meet their needs. No one area emerged as dominating however, respondents all commented on varying personal aspects.

Respondents' Perspectives on Meeting Their Partners' Needs

Respondents discussed how they felt they were able to meet their partners' needs. The majority of respondents felt that they were meeting their partners' needs. For example respondent 2 stated:

Ya, definitely, that's all I do is meet his and the kids needs.

Several of the respondents commented that they knew that they were meeting their partners' needs, as they were able to communicate it to them. Respondent 5 reported:

I hope so, I hope that he, he says yes. Does he know that I feel cheated in some areas, I don't think so. But I think I'm meeting a lot of his needs.

In another case not only was the respondent's partner able to let her know that she is meeting his needs but also the respondent felt that she was able to anticipate the needs of her partner. She reported:

Well for one thing, I ask him what he needs. Um, you know if I think he's sending me signals that I think he wants to be alone, I'll ask him, you know, are you just needing to be alone tonight. Um um you know I'm there for him you know.

Respondents highlighted how they specifically felt they were able to meet their partners' needs. The categories that emerged from this theme included emotional needs/support, physical needs, commitment and responsibility.

Several of the respondents discussed how they felt they were able to meet their partners' emotional needs and provide support. Some respondents merely stated they felt they were there emotionally for their partners. For one respondent, she felt she was able to be the stabilizer in her partner's life and provide him validation for his feelings.

Respondent 2 explained:

Ah, I think being the stabilizer, is his big one. Is just being the one that listens, maybe he needs from me what he gives (name of child). That unconditional, um, I give him validation for his feelings. I don't know if he needs from me to make him see the other side or if I should just say 100 percent you're right all the time. I don't think that helps with anyone's personal growth. But I, he quite often says I'm his rock. Sometimes I don't want to be the rock, but I'm the rock.

For another respondent she commented that she perceived she was able to support her partner and also felt that without her support he may not be as he is today. She stated:

Huge, huge. And I really do frankly believe that if, I wasn't there for him that um, I don't know if he would be here today. Really, or what kind of a man he would be.

Several of the respondents commented on their ability to meet their partners' physical needs. One respondent commented that an area that is challenging is meeting her partner's physical needs. She illustrated how as she is the caregiver to her partner it makes it difficult to then be the wife and have that intimate relationship. She explains:

It is, it is just a reality. And I think that the other reason why differences, sex life, actually the therapist said this to me once two years ago. Because I'm the caregiver, I am the nurturer, the mother figure even for him, and um you can't have that husband wife relationship when you are the caregiver. It's it's just weird. Ha Ha Ha, that's hard, that's hard. We're not, we as a couple are getting better, we are making lots of headway and we are working on it constantly. It's not anywhere near what it was two three years ago but um it's getting there; its been slow, slow going. But I do see a light at the end of the tunnel.

For another respondent, she felt her partner perceived her as not meeting all of his physical needs. She reported:

But I think I'm meeting a lot of his needs. Maybe not as many of his physical needs as he wants, but life goes on bud, suck it up princess, ha , ha, ha.

In one of the cases the respondent stated she felt she was meeting her partner's needs physically.

A couple of the respondents illustrated how for them they met their partners' need by being committed to him. For example, respondent 1 illustrated how for her she feels committed to her partner, she stated:

Um, well because I don't think anyone else would ever put up with the shit that I put up with, quite honestly. I really don't. I think because I'm his partner I've been through it all so far I, you know, I'm committed and I know that I try to help him as much as I can.

In another case, the respondent commented on how she stood by her partner. She reported:

Um well I'm there emotionally for him, physically for him, I mean I did stand by him in his career, in his you know his sickness or illness, I don't know, do you call it an illness? I call it an illness.

For a few of the respondents' responsibility emerged as a means in which the respondents felt that they met their partners' needs. Respondents illustrated how they increased their responsibilities and as a result were able to meet their partners' needs. Respondents commented on how they have taken on some of her partners' responsibilities. Respondent 1's response was typical:

I carry a lot of the extra responsibilities for him. I shoulder a lot of extra problems for him. Um, when he wants to talk, I'm there; when he needs encouragement, motivation, a kick in the ass I'm the one that does it.

In summary, most of the respondents felt that they were able to meet the needs of their partners. In particular the respondent's ability to meet their partner's emotional needs and support him was highlighted.

Respondents' Perspectives on How They Could Better Meet Their Partners' Needs

Respondents discussed not only their ability to meet their partners' needs, but as well changes they would like to make in order to better meet their partners' needs. For a few of the respondents they felt that there was nothing more that they would like to change or do differently. For example Respondent 3 stated:

I feel like I have done too much and I'm not accomplishing anything.

Other respondents expressed that probably there were things they could change but had a difficult time determining how exactly they could better meet their partners' needs.

Respondent 7 reported:

Of course, I'm not perfect either, so I'm sure there probably are things, I don't know for sure, but I'm sure there are things that I could probably do that he would think that would be more beneficial for him.

For other respondents, they were able to illustrate specific areas that they would like to change. One respondent commented that she perceived she might better meet her partner's needs if she was more of an advocate for her partner and those with PTSD. She explained:

See, sometimes I think, um we really don't discuss it a lot with people. We are really not open about it with a lot of people. He will tell soldiers about it who come to him with problems and (name of partner) will say look it's not a death sentence. The military isn't going to kick you out if you get help. He is an advocate for that, but sometimes I think that you know if I was, if I was I could probably help a lot more people, if I was more vocal about it at times. You know then to sit back and let people make jokes about it or you know. And there has been times where I have wanted to say you know what shut up because you don't know what the hell you are talking about. You know.

For another respondent she felt she may better meet her partner's needs by letting go of some of her control over the household management and letting him share in the management. She reported:

I wish I didn't have as many control issues as what I have. I wish that I could let go and just let him run with it. You know, okay fine you take over the cheque book. We tried that once but he has no clue. So I signed him up yesterday with on-line banking, showed him how to do it, how to get on, where the favourites were on our computer. Here is what you do, there you go, just sometimes you just shake your head because it's just like the little kid thing all over again. I would like to be able to let go and say okay fine and have trust that he will be able to make all the sane decisions that I do. And that's wrong of me because we all make different decisions and they have the same outcome but a different path to get there. And I need to be able to let go and I know that I have control issues, but I don't know how to let go. Ah, maybe I've had to stay in control for to long.

For respondent 6, she felt that getting assistance to learn how to communicate more effectively with her partner was important to better meet her partner's needs. She stated:

When we have some time for it I would like to go back with him and see his doctor. Just because that did help so much and there have been times where we have had some, partly around the kids and stuff, in a safe place with a third party and remind us of how to communicate with each other and hear us differently so that we can tell the other person about the kids or just well I guess that's the biggest one right now but that's just because they are the focus, and I'm focused on that one. There is always room for improvement.

In summary, several respondents felt they were already doing all they could to meet their partners' needs. For some respondents, they were unsure how they could better meet their needs. A few respondents were able to identify communication, releasing some of the control of responsibilities to their partners and speaking up on their behalf when it came to discussing PTSD with others.

Wife Versus Mother

Throughout the interviews, several of the respondents commented that at times they felt as though they were not just their partners' wife but also at times their mother. This theme has emerged in other themes and categories, however it is important to note that several of the respondents illustrated their feelings on this subject.

As previously indicated Respondent 1 made reference to feeling as though she was at times her partner's mother. She referenced this in particular when discussing their physical relationship. She explained:

It is, it is just a reality. And I think that the other reason why differences, sex life, actually the therapist said this to me once two years ago. Because I'm the caregiver, I am the nurturer, the mother figure even for him, and um, you can't have that husband wife relationship when you are the caregiver. It's it's just weird. Ha Ha Ha, that's hard, That's hard. We're not, we as a couple are getting better, we are making lots of headway and we are working on it constantly. It's not any we're near what it was two, three years ago but um it's getting there. It's been slow, slow going. But I do see a light at the end of the tunnel.

Respondent 2 also commented that she perceived herself as her partner's mother and that was an area of their marriage she wished could improve.

Ya, I mean sure I would like him to be emotionally there for me and uh, you know help me more. Me not having to be his mother, you know, that's what I feel like sometimes. Take your, did you take your medicine today; you know you need to take your medicine.

For one respondent, she simply stated:

I feel like a mother now not a wife.

Communication

The theme of communication emerged and respondents had various experiences with how they communicated with their partners. Some respondents were able to be reflective and discuss how their communication was with their partners compared to the present.

For example, respondent 5 commented that she perceives that she and her partner communicate well now, but that in the past it was more difficult. She explained how communication was an issue but was able to discuss how her partner's symptoms affected the entire family. She stated:

Quite well, I think in the early days it was like hitting him over the head with a two by four, and getting his attention to realize he wasn't the only one in our family, in this relationship. Yes, he is the only one with his PTSD pain, but his pain has radiated to ours and they watch him and everybody around him. Its kind of like an octopus with tentacles and he's like a whip and it took a lot, and I still don't think he understands how huge behaviour affects others and we have to discuss this. This is how you made me feel when you did that. And then you would get that immediate I'm sorry. I said well I hear the words, but I don't feel what you are saying. You say, I'm sorry so easily that if you're sorry then why don't you try to change what you are doing. There is a lot of conversations about that. If you're sorry then why don't you change what you are doing. A lot, so its you know, its more of blame communication at the beginning or two by four communication where things are just blunt. But he could not handle blunt either, so it's like round about touchy feely. We communicate best when it's just one on one. Ah, we rarely communicate with others around, the kids have heard us argue, yes, and the kids immediately come to me and say are you okay.

Respondent 2 commented similarly that she feels her partner apologizes but that for her she does not always feel the sincerity behind the words. She explained:

Like snappy and then afterwards he's for ever.. apologizing like up the yingyang....Ya, but after awhile it's like the apology is just like ya, I know your sorry. But are you really sorry, like you know what I mean or are you just saying it. But I mean I feel bad, because I feel like now I'm not so um, um compensating towards him.

Many of the respondents reported that they perceived themselves as the communicator within the relationship. Respondents discussed how they were the one to initiate conversations or were the one probing their partners for information on how they were feeling or what was going on with them. Respondent 1 reported how that was the case with their communication, however, noted that she felt it was part of a typical marriage. She explained:

Well I communicate he listens, no. Ha Ha Ha. I, you know what I don't think there's anything different from us then any other typical, if you want to say whatever typical marriage is you know. I do most of the talking, you know I do, I do most of the talking, most of the communicating, most of the digging you know the pushing the prodding. That kind of stuff.

Another respondent commented she felt that she was the communicator within the relationship. Respondent 2 stated:

Ya, I would say that I'm the communicator, and I like to talk and he doesn't.

For another respondent, she felt that communication was as she stated done "very carefully." She further explained that her partner was not able to communicate with her about issues or concerns. He felt he could handle his problems and she should be able to handle hers. The respondent explained:

So as far as communication, my problems are my problems. I deal with them myself and ah, so I want us to be able to help each other that way. Because like with his problems he deals with them himself. He doesn't ask help of me, well occasionally he does but generally he does, he just takes care of his

problems himself and um, so that's he just very, he's for himself, so therefore I'm for myself.

Some of the respondents commented that, over time, they and their partner were able to work on their communication. Respondent 7 commented on how her and her partner learned how to communicate better together. She reflected to the past and then on the present when she explained:

Ya, so at the beginning our communication was so, so because we were starting to get to know one another so there is lots and lots of communication and then as we get the kid and as all the you know he's ...being upset or we are yelling or whatever. There was lots of times where there was no communication and a lot of our fights and stuff probably could have been avoided through better communication. So now we are learning to talk things out. I can't even tell you the last time we had a screaming yelling fight. I mean sometimes things get a bit heated but nothing like they use to be. So definitely our communication is way better, not perfect, but way better then what it was, ya.

In one of the cases, the respondent spoke to how her and her partner's communication had improved. She felt this was a result of therapy as well as her and her partner's willingness to work towards improvement. She stated:

Only with therapy, only with therapy, only with um his therapist and my therapist's help...If, you could go to all the therapy you want, but unless you are actually making an effort to make some of the things they are suggesting, unless you make that effort to make it work, or you want to make it work, you aren't going to do it. Cause I went through a few years with him where he would go ya, ya, ya and then he would not do anything. You know it was just kind of the head nodding.

One respondent commented that she felt the reason her partner does not communicate more is fear of failure. She explained how therapists and her partner have tried to work on his communication and now she perceives her partner as feeling that he is better off not verbalizing then to do so and not do it correctly. She explained:

Ah ya. Because he used to talk, but now, ya, he doesn't like to talk. I think, I think, he thinks that, you know, I think to now that he, when he was going

for help, you know, she would try to tell him, like he would say what happened and she would say you know, it would have been better if maybe you tried this next time. So I think, he thinks, that if he doesn't do, if he doesn't have, if he doesn't communicate then at least... That's right, that at least ya, he's only not doing one thing right, right he's not communicating. But if you communicate and you do the wrong thing 6 times that's how I think he sees it.

In summary, respondents were able to discuss their communication patterns and styles with their partners. Many of the respondents were able to highlight their role as the communicator and the one who seeks out conversation and information. Some respondents were also able to illustrate how communication was able to improve with time.

Respondents' Perspective on Areas of Improvement Within the Marriage

All of the respondents, with the exception of one, felt that there were areas within their marriage that they would like to see improvement in. One respondent did not feel comfortable discussing this area and did not comment. Several areas were highlighted and included communication; emotional support; physical/intimate relationship; relationship with children; caregiver and financial.

Many of the respondents felt that communication was an area of their marriage that they would like to improve. Some of the respondents merely stated communication as an area for improvement and did not go into detail as to how they perceived improved communication would benefit their relationship. For example, Respondent 2's comments were typical:

Ya, I would say communication, ya. Um and ya, I would say communication, ya, that's probably the only thing.

Similar to the category of communication respondents felt that an area of their marriage they would like to improve is their partners' ability to be emotionally

supportive, however, respondents did not articulate what that meant for them or how they felt it would improve their marriage. Respondent 1's comments were typical:

Well I would like him to be there for me a bit more emotionally.

For some of respondents, they commented on how they would like the physical and intimate part of their relationship to improve. Again respondents did not elaborate.

For example respondent 3 stated:

Sex life, that's it I guess.

Similarly respondent 1 stated:

Um, I would like our sex life to improve. I would like, um, little bit more of that intimacy...

For a small number of the respondents, they perceived their marriage could benefit by their partners having a better relationship with their children. Respondents again simply stated they wish for a better relationship between their partners and children. For example respondent 1 stated:

I would also like to see him be a little more emotionally supportive to, with the kids. Have a little bit, I would love to see him have better a relationship with them, which I think is something that you can always improve on.

For one of the respondents, she perceived that her marriage could be improved by not having the role as; she termed it, his mother. She illustrated:

Me not have to be his mother you know, that's what I feel like sometimes. Take your, did you take your medicine today, you know you need to take your medicine.

Only one of the respondents commented on family finances. For this respondent she felt combining her partner and her finances together was a change she would like to see happen.

Um, ah financially, like financially I still do everything myself. Take care of my own bills, have my own, we have not put our bank accounts together.

Respondents for the most part were able to identify areas within their marriage they wanted to improve. Many respondents identified communication as an area for improvement. Another area that was spoken to by the majority was emotional support. Respondents wanted their partners to be more emotionally supportive towards them. Respondents did not articulate further on these two areas, they only identified them as important areas for themselves. To a lesser extent physical relationship, relationship with children, role as caregiver and finances were other areas that respondents felt they would like to see change.

Strengths of Marriage

The theme of marital strengths developed as respondents talked about the good things in their marriage. For many of the respondents, they were able to identify what they perceived to be the strengths of the marriage. For one of the respondents, she was able to share why looking at the good and the strengths of her marriage was difficult. She shared:

Um, I don't know. You know what's hard about that Haley, what's really hard about answering that question is because it hasn't been good for so long and it's, you focus so much on the negative that it's really hard sometimes to start thinking about what the good things are. Ya ,that's a tough one. If you catch me on a bad day I wouldn't have anything good to say. Right.

Other respondents also commented that at times it was difficult but that they tried to focus on the good times when their partners were healthier. Respondent 4 explained:

Ya , that's right and that's and that's what I think about to get me through those low times. Is, I think about what it's like when it's good, and but it's just so hard to put into words because it's feelings, it's, it's the connection we feel together. Like we just, ah you know, we are like two pieces of a puzzle. We click so well. We can sit and not talk and be comfortable you know, we

can. It's just, it's just so comfortable and so just such a comfortable and loving feeling when he's up. Not like when he's manic with his Bipolar you know but just when he is on a normal plane. And ah, and it's just we have a lot of fun, a lot of intimacy, a lot of talking, I don't know we just get along so well.

For one respondent the question was difficult and she stated:

I don't know, I don't think I can answer that question.

For many respondents, they were able to discuss what they felt the strengths of their marriage were. Categories that developed were humour, religion, commitment/trust, love, fun, lack of symptoms, communication and individual members

A minority of respondents felt that one of the strengths of their marriage was the humour. Respondents felt that it was important to be able to laugh and that at times it helped the couples get through the harder times. For example, respondent 1 commented:

Humour, we have a lot of humour. We make each other laugh, um you know what, you know as well as, I sure you know what you can't get through lots of stuff if you don't have humour.

For another respondent, she also commented on how having a sense of humour was a strength in her marriage. She articulated that she felt it especially important when coping with an illness, that in her opinion, never goes into remission. She stated:

You have got to have a good sense of humour. Like you can't get through this unless you can laugh at yourself, unless you can just look at it and I mean it's, it's funny cause if you, you know when you have it. When you have somebody who you know, lets say has cancer, usually they get real sick and they go into remission, so you usually have a reprise, where as this there's no reprise usually. It gets lessened, I mean it regresses but it's never gone you know, so I don't know, I um... ya a sense of humour, both of us.

A small number of respondents felt that a strength of their marriage was their faith. Respondents commented on their faith as guiding their beliefs of marriage and commitment. For example respondent 8 stated:

That we have a strong Christian belief...Basically what it means, believing in the true marriage, believing in why you said I do, a promise is a promise you keep it.

Similarly respondent 1 reported:

I think we both have um, we both have our religion. Um, my faith has been very important to me, and him I think that, that it's truly a commitment, we're very committed and we are both committed to making it, to getting through it.

Several of the respondents also identified commitment and trust in one another as a strength in their marriage. For one respondent, she felt that the commitment of their marriage was a strength and that it assisted to solidify the relationship with her partner since one of his tendencies was to get rid of things in his life, such as relationships, when he was not feeling well. Respondent 4 described how the commitment of marriage is a strength in her marriage:

With having that commitment of marriage together when he is going through his down time sometimes I feel it's that commitment and the fact that we are married is why he's still in the relationship. Because it is so instinctual for him just to get rid of everything and it would be easier for him to deal with things a lot of times if he was but himself if he didn't have that other person to consider. So if it wasn't for the marriage there would not be a relationship. Because things, you know it kind of sounds silly why, why I would like stay in a relationship like this right now. But I see things getting better. And he's so willing to work on things and he wants it to get better. He just he just wants to be at peace and have a happy life. He doesn't have, you know, big aspirations or anything, he just wants a peaceful life.

For respondent 7 she felt that a strength of her marriage was the commitment and trust that existed between her and her partner. She explained that trust:

That's the one thing and I think that is what probably kept us together, even though things were really bad and we were screaming and yelling and there was drinking and you know just craziness going on, you always trust them and he felt the same way about me. Like he was the first guy, when I first met him he was up front about everything, like I was married for three months then got divorced and she cheated on me blah, blah, blah and this is my family, my parents are divorced and my sister and you know he was just very up front. He goes I don't believe, if you've got something to say then

just say it. Don't hide anything, don't and he's never given me reason not to ever trust him. He always says what he is going to do usually, if he's not acting crazy, I don't know. There is never like, there has never been any problems worried about you know he's going out with the guys tonight. Oh I'm going to be worried about there being girls there. Never, it never even crossed my mind. So I don't know, that would be our biggest strength. I think that we trust each other a 100 percent, no questions asked.

In another case the respondent was able to discuss how she and her partner planned for the future and how together they would grow old. She reported:

It's not blaze, mundane, that we can still plan, that keeps things, things we want to do when we are old together, you know those are strengths, that you can see a shared future.

Similarly, respondent 7 discussed how a strength in their marriage was the ability to plan for the future. She reported:

Um, what else, we have the same goals in mind as far as where we want to be ten years from now, twenty years from now, even before having kids. I wanted to have kids young so that when I'm older like forty I can go and do things. My kids are grown up and I'm still young enough to go to Mexico and enjoy myself. We want to get motorcycles when we retire and just cruise around. Like we have, like we want to do the same things in the end. We want to raise our kids the same way. Like have them grow up, move out of the house, be on their own. Ah, we have the same goals as far as being a family without... never had to sit down and hash them out and I want this to happen and you want this to happen, so I will give some of this, it just all seemed to fall into place that way. So, I would say that is some of our biggest strengths.

Several of the respondents discussed love as a strength within their marriage. One respondent commented on how she felt her partner loved her almost to the extreme and explained how she needed to be careful when given such a gift. She explained:

Yep, you know what he loves me to distraction. I often think that he loves me more then I love him. He would die for me. I know in my heart of hearts that he loves me beyond anything. I am his world and you have got to be careful with that when you are given that gift to you. I take that very seriously. Ya. Ya. And yet I don't know if I would do all those things for him and that that's hard. That's hard. I would have ten years ago, I would have totally, ya. I don't know if I would tell you that now, ya. That's deep.

Another respondent stated:

I know he loves me and I love him.

And respondent 5 similarly stated:

Um, that we can still say I love you and mean it.

Many of the respondents commented on having fun in their marriage as a strength. Respondents spoke to being able to spend time together enjoying each others company and having fun. For example, one respondent stated:

We enjoy each other's company. We have fun.

Similarly respondent 4 noted the same but added when her partner was feeling well.

Good things about our marriage. When he's in an up time we have so much fun, there is such a connection with us ah...

All of the respondents who spoke to the strengths of their marriage, in the other categories, discussed what they perceived as something they had. However, for one respondent she was thankful for what her marriage didn't have and that was other symptoms or more sever symptoms. Respondent 5 explained:

Um, he didn't sink into addictions, that's something that PTSD families face.

Another group of respondents felt that communication was a strength and again, one respondent commented on how being able to communicate with her partner to the degree that she can was a strength. She stated:

Perhaps that we have the level of communication that we so have.

For one respondent she felt that she was one of the strengths of the marriage. She simply stated:

Me, ha ha, ha, um ya, I mean, oh strengths of our marriage... um well I would say me...

Although respondents primarily discussed the challenges they experienced being in a relationship with someone suffering from PTSD all of the respondents with the exception of one, were able to discuss the strengths they perceived their relationship had. It appeared that the category of love was the most spoken to by the respondents. Respondents were able to share how for them a strength was the love within their relationship. Other strengths that were identified varied and included humour, religion, commitment to the relationship, the ability to have fun, communication, individual family members and the lack of symptoms on their partner's behalf.

Beliefs About Marriage

All of the respondents who had been with their partner either prior to their diagnosis or during the development of the symptoms discussed their beliefs on marriage. For all of these women their wedding vows are important and speak to their beliefs of marriage and the vow of in sickness and in health.

Respondent 2 explained:

Um, I mean I think you know if the tables were turned I'm not so sure he would be there for me still after 20 years but when I got married I was only going to marry once and that was it. I took the vows for better or for worse, richer or poor, in sickness and in health. And this is, so ya, I mean I do the best that I can.

Respondent 3 also commented:

Number one because he was always there for me, and number two when we got married it was for better or for worse right.

Similarly respondent 5 said the same:

I just, it is what it is for me and nobody said marriage was going to be easy. And I made vows it was for better for worse for sickness and health.

One respondent did not make direct reference to her vows but as previously stated in the theme of marital strengths illustrated the commitment within her marriage. She stated:

I think we both have um, we both have our religion. Um, my faith has been very important to me. And him, I think that, that's, it's truly a commitment. We're very committed and we are both committed to making it, to getting through it. Making it, getting through and learning how to cope better.

It is apparent that for these women their wedding vows are important and play a major role in their belief system surrounding their marriage and commitment to the relationship.

Thoughts of Leaving Marriage

For several of the respondents the severity of their partners' symptoms got so that respondents had thoughts of leaving the relationship. Some of the comments made by respondents have already been illustrated through various other themes. However, it is important to highlight that thoughts of leaving the marriage emerged as a theme all to its self.

One respondent discussed how she had thoughts of leaving the relationship but considerations were the well being of her partner and concern that he may harm himself if she left. She did not want to take her children away from their father. She explained:

Oh geese, ah you know what he wants to and I guess that's the bottom line, I mean I love him, and I know he absolutely loves me, he's petrified of loosing me, absolutely petrified. One of the things I have to say is that I know there was a long long time there, where I thought if I ever left him that that would be the end of him. Like he would do himself in, if I ever left him. So it's almost like emotional blackmail, and not him doing it on purpose but I don't ever, but you know I'm not going to help him by leaving him. But in the same token I'm not helping myself. So you know you're really in a catch twenty-two. Really, really in a catch twenty-two. And I don't want to take my kids away from their father.

The same respondent discussed how, when her partner's symptoms were severe and he was being mean, she thought of leaving the marriage but struggled with her beliefs and

looked to her partner for physical violence so that she would feel that she had a valid reason to leave. She explained:

He was just mean, it was really mean. As a matter of fact there was one time I remember we got into a huge fight and started pushing each other. And I had got up to him just an inch from his face and said just hit me, hit me please, just so I have a reason to leave. Hit me go ahead and I goated him. And he turned around and put his fist through the wall. No he never hit me.

Respondent 2 also commented on thoughts of leaving her marriage when her partner became so mean that she no longer knew what to do. She reported:

Ya and then I would go in, I never talked to anybody about it, nobody. Nobody knew about it until this last tour he went on and when he came back he was really bad, like I mean really bad. Like it was the first time since we had been married where I honestly thought that I was going to take the kids and leave because I was just I didn't know, he was just mean, and I just didn't know how to deal with him. And that's when we started going back to (name of therapist) and (name of therapist).

Respondent 3 similarly discusses concerns that her partner may harm himself. She stated:

I, I have threatened to leave him, oh ya and but see my problem is I'm scared he's going to do what he tried to do the first time, see I threatened to leave him and he tried to commit suicide and he said you're not taking my daughter away from me...So now it's the same thing, if I tell him I'm at the point where I can't do this any more, I have to go. Well you're not taking my daughter away from me. Yes I am. I tried telling him that in his condition there's no way they will give you custody of her. Not like I'm taking her, or keeping her away from him. It's just that she would have a better life.

As well she discusses concerns that she has for daughter and herself if she did leave the relationship. She explained:

But, you know too, what am I going to do to if I do leave him. I don't have a good job, you know I don't want to go on social assistance; no way I'm not going on that.

Respondents described how their experiences with their partners and the experiences they were having as a result of the symptoms of PTSD resulted in some of

the women considering leaving the relationship. Respondents described how there were factors that encouraged them to stay. Respondents identified concerns that their partners may harm themselves as well respondents did not want to take their children away from their fathers. Some respondents were also able to articulate how at the worst point when they considered leaving, it was the turning point when their partners started treatment.

Talking With Others About Post Traumatic Stress Disorder

All of the respondents and their partners, with the exception of one, have discussed with their family the diagnosis of PTSD. A smaller group of respondents stated that they shared information with friends. Respondents, in general, discussed how when it came to talking about their partners' illness they did not go into great detail with people. For example respondent 8 reported:

Ya, we have explained it to them but we basically, we don't, it's not a topic that we have a conversation over. It's not a subject that is, like our friends know but it is not subject that, it's never brought up in conversation, it's not a conversation piece, it's just there it's done, everybody accepts it you know like I said it's just not a conversation piece.

Similarly respondent 5 commented:

Um, I'm not comfortable discussing the nitty gritty, that's private.

Respondent 1 also commented on how she did not discuss the personal details of her partner's illness but how she does feel it is important to educate people about PTSD and its effect. She stated:

Oh geese, I tell everybody that PTSD is rampant in the Canadian military. They don't have numbers, how are guys peacekeeping, I mean I just go on, I just totally educate people as soon as I, as soon as they start asking me for more questions. I just, I just totally educate...I don't give them everything about (name of partner). I don't get into personal stuff. Ah, I get into what exactly it is and how it effects people.

One respondent said that they do not discuss his illness with their family. She shared that their family know that he is sick and that he takes medication, but they do not know the diagnosis. She explained:

Um, let me see I told my mom and my sister and my dad's wife that he's sick. (name of partner) parents know that he takes medication. I don't think he's ever told them. I don't think, I don't think his mother would really understand anyways. Um but no, and I kind of have a regret about that like, but yet I don't want to be one of those people that go hey you know we're the (last name of family) and (name of partner) been diagnosed with PTSD. Like I don't want to be one of those people, but like I've said to you there has been times when I wanted to say to people you know what, like you look at (name of partner), you know and people would never know. I can tell, I've worked with him a long time, so I can tell when things are... when he hasn't taken his medication. When things are going wirey for him, I can tell. But other people probably can't. At times they probably think, like geese, what's his problem. But I know exactly what it is, but I don't say to people ya he's just acting that way because he's got PTSD, you know.

Respondents shared many aspects of communicating with others about their partners' illness, however, one category that clearly emerged was understanding. The majority of respondents felt that family and friends did not understand the illness.

Respondent 5 described how she felt her family understood:

It was years before I could tell my mother. Just, she would hear some of the arguments I would tell her, oh he made me so mad when he did this but she still does not understand PTSD. And my sister is somebody I talk to too but she doesn't understand PTSD either because she married Mr. Calm herself. She is the volatile one in her relationship. So it, it, I don't discuss it with friends cause they just don't understand, they don't get it.

Respondent 1 illustrated how she felt her family did not understand but also how it was difficult to tell people about her partner's condition, as he was not comfortable, she commented:

Anyways, the support group that I was in and I told you this before, it was absolutely, um it was a real connection for me, because I felt totally alone in everything that I was doing because my friends could not understand, my family did not understand, (name of partner) family. We tried to talk to them

and they did not give a shit, they just did not want to know anything. And really how do you go around telling people that you husband has this. That was a real struggle. That was a real struggle. And we do not want you telling anybody about it because it makes him look, he felt it always made him look like a coward, and like he had given up, like he was sick.

Respondent 2 discussed how she did not share information about her partner's illness with friends but commented on her desire for privacy and that perhaps she did it in an effort to protect her partner and her family. She explained:

No, I don't get into it even with my closest friends. Nobody knows, I don't tell them. And I don't know whether maybe it's because deep down I really don't know much about it, like I don't know enough about it to, if people started asking me questions, what would I say, do I really know what to say. Or maybe it's because there's that shroud of embarrassment. I don't know, I just I don't, I don't like people knowing my, I'm a very, I like to talk, I'm very outgoing, but I have a very private side to myself. And that's one of my private things that I keep very much to myself. And I think that if I tell people will that hurt (name of partner). Like will it come back to hurt him, you know. I don't want to see him hurt. Will it come back and bite me or my kids in the ass. You know, some kids heard their mother talking and then go to school and say to my kids ya your dad is a weirdo.

Another respondent simply stated when referring to trying to talk to people about her partner's illness:

I have tried, but nobody understands.

One respondent commented on family members directly telling her they were not interested. She reported:

Yep, I even had my brother-in-law say to me I really don't want to know about that (name of respondent), that's, that's his problem.

For another respondent, who began her relationship with her partner after he was diagnosed with PTSD, she explained how it was difficult to get understanding from her family as they were not able to understand why she chose to be in the relationship. She explained:

My family, ya. They, ah, didn't want to know, just thought that the trouble wasn't worth it. So no, I don't talk to them about it.

This respondent continued to explain how her family has distanced themselves from her and demonstrated their lack of understanding.

Nothing and actually my whole family is the same way. My two sisters and my parents, I've lost, they actually abandoned me when I married (name of partner) because he was sick...They didn't even understand the sickness. They just thought that he was just an asshole. You know he was just a bad person, and ya he's got problems and he's using his, these disorders as an excuse for his bad behaviour.

In another case, the respondent talked about her family's perception of her and her partner being able to handle it themselves. She explained:

Then it's hard for family members to, especially my family. Because they don't know that that is post-traumatic stress disorder. And to them its like well you can take care of yourself, I'm sure you will get over it. They are not there to help because they don't know.

Timing of when individuals talked about the illness or diagnosis emerged as a category. A few of the respondents reflected that in the beginning of their partners' illness, after diagnosis, they were not able to share their experiences with others. As previously indicated in the category of understanding, one of the respondents commented that it was several years before she was able to discuss with her mother her partner's illnesses.

In another case, the respondent noted that it was not immediate that she was able to discuss her partner's condition. She explained:

Probably, ah he was diagnosed in 2000, probably 2003. A good two, three years into it. We started, I started telling people.

In summary, most respondents, but not all, discussed with their family, to varying degrees, their partners' illness. A lesser amount of respondents shared their partners'

illness with friends. Respondents did not go into detail about their partners' illness and the particular details of their experiences. For many of the respondents their family and friends ability to understand PTSD and their experiences made it difficult to share information with them.

Social Activity and Maintaining Friendships

All of the respondents, with the exception of one, who spoke to their level of social activity felt that their level had decreased as a result of their partners' symptoms. The response of only one respondent was not included within this theme as her statements were inaudible.

Many of the respondents commented on how their level of social activity had decreased as their partners' no longer wanted to participate in social activity. For example respondent 5 stated:

Just him not being willing to do anything. Hey lets go do this, no.

Respondent 4 simply stated:

Decreased dramatically...Ya Ya, because people don't understand (name of partner), they would just rather, just not be around him.

For another group of respondents, they felt that their level of social activity had decreased but that they had learned, with time, to do things on their own and care for themselves.

For example respondent 2 explained:

You know what, this is a good question cause for years I put myself on the back burner. Everything evolved around my husband and the kids, everything. And then last year after he got back, no, God time just goes by so fast. I'm trying to think of when he got back. No, it would have been a year ago, so two years ago, he got back from Bosnia and he was real sick. I thought this was it, I just can't, can't deal with this. And I've got to do stuff for me now. And so then I joined tybo, and now I go to aerobics, spin class, palates, yoga. But it bothers him because now I'm out doing things and I'm not at home. Right, so now he's got to do a bit of work, ha, ha, ha.

In another case, the respondent spoke about how she was able to increase her level of activity by doing things on her own. She stated:

Mine has increased, because I'm doing more now. Getting out ah, meet other people stuff like that.

In the minority, one respondent felt that her level of social activity had not change and attributed it to her personality. She reported:

I'm a very social person. That's not a good, not for me. Ah, I would say it's the same, if anything, ya. If you're looking for decrease it has not decreased...Okay, but only because I'm that type of person. I just have always had a lot of social stuff happening, and I have always continued it.

Many of the respondents spoke to their ability to maintain friendships for themselves. For some of the respondents, they felt they were able to maintain friendships. Respondent 1 discussed how friendships were an important source of support and commented:

Yep, yep...I've needed to, those were my quite honestly, that's where I have had my emotional support. My emotional support has been from all my friends...Very important, if I did not have them I don't know what the hell I would have done. I honestly, I don't know. You know God creates friends for ya at the right times I'll tell ya. And I when (name of partner) was diagnosed I had, I've actually made some friends from right around that time, and I often think that you know like people come into your life at a certain time in your life when you need them for a reason. And these women that I have been friends with since then, I often look back and go, thank God if I didn't have them through all that really bad time I don't know what I would have done. But they just popped up.

For another respondent, she felt she was able to maintain her longer friendships but noted that friends were not a source of support for her and that they were not aware of her partner's condition. She illustrated:

Um yep, very close ones, like people who I have know a long time. But even then you know they don't know.

For a couple of the respondents, they felt it was challenging for them to maintain friendships and discussed how they felt their partners' symptoms, as well as military lifestyle, made it difficult to maintain friendships. For example respondent 5 stated:

Military lifestyle and integrating into the civilian life where everybody had been together since their kids were in kindergarten. Well by the time you join into this group and your kids are in grade five and things like that there relationships are established. Yes I met people through work and things like that, but do we socialize outside of work? Very rarely.

In summary, it became clear from the respondents comments that for the majority their level of social activity had decreased at least for a period of time as a result of their partners' symptoms. Respondents highlighted these decreases as resulting from their partners' lack of interest in social activity and their increased responsibilities.

Respondents also spoke to their ability to maintain friendships and for the most part respondents felt that they were able to do so. For others, they identified their partners' illness, as well as military lifestyle, as challenges that they faced in maintaining friendships.

Support From Family

The theme of support from family emerged. Many of the respondents discussed the level of support that they received from their extended family.

For a couple of the respondents, they spoke of how their families distanced themselves from them as a result of their partners' illness and their lack of understanding. Respondent 1 commented on how her partner's illness alienated her from her family and the effect that had on her. She explained:

One of the things that also happened was it affected, (name of partner) PTSD. Really affected our relationship with my family and really affected the relationship with his family. So it totally actually distanced us from

everybody. Ya, it was huge. That was a huge impact. When (name of partner) came home from Haiti, he had a huge blow out with my dad. Really, really bad and um, that really distanced us completely from my mom and dad and sister and all her family. So that was very hard. I was very alone. And then same thing, he had quite a few blowouts with his family. And it totally distanced us from his side to. And I think that was very very impactful on me because I felt very very alone. And part of PTSD is that they socially just can't cope. And our social life was non-existent, you know ect. ect. So really I was very very alone, and quite honestly the only thing I had were the kids and I had my work that was it. That was it that was all.

Similarly, and as already discussed in the theme of talking with others about PTSD, one respondent explained how her family has distanced themselves from her and demonstrated their lack of understanding.

Nothing and actually my whole family is the same way. My two sisters and my parents, I've lost, they actually abandoned me when I married (name of partner) because he was sick...They didn't even understand the sickness. They just thought that he was just an asshole. You know he was just a bad person, and ya he's got problems and he's using his, these disorders as an excuse for his bad behaviour.

For other respondents, they commented on how their family was not supportive. For example Respondent 3 explained:

But he tells them like, ah what happened at the time, why he is going through this, and stuff like this. But they don't really; they're not really supportive. To them it's a big gossip. Once were gone it's like everybody talks, and that's just the way it is with my family. They don't keep nothing to themselves.

A couple of the respondents explained how some family members were able to be supportive and someone to talk to. For example, respondent 5 explained how her mother was able to offer her support:

...And I have an incredibly good relationship with my mother, I can talk with her, but she doesn't understand. My mother doesn't understand, doesn't get it. Um she is not that much older than me, she was twenty-one when she had me, but her and my father have been married for forty-four years on Thursday and she has been the, she is a very calming person, she rarely shouted when we were kids. My father doesn't yell. They are calm, incredibly devoted to each other. And she doesn't understand volatile people, cause my father is not. Her father was, and she was afraid of him,

and she feels for me, she goes there was a thing in readers digest was ah a mother saying don't tell me your problems because you may be able to forgive them, but I won't. She goes she wants to hear and she wants to release my burden and she just listens.

Respondent 3 explained her unique situation of having a mother in law who has a partner also suffering from what they believe is undiagnosed PTSD. She explained how her mother-in-law is able to be a support to her. Her sister is also trying to learn and understand. She explained:

Ah she, ah like we really have, like talk person to person. Like were able to talk, she knows what it is, what it does. But we have not really sat down and talked about it. Ah but, if she calls she will ask me how I am doing. And I will say like today I'm not doing too good. I'm having a bad day. She understands right away. Ya. Ah where my family and everything, well I shouldn't say no, my one of my sisters, the one I stay with all the time here in Winnipeg, um she is slowly learning, she sees, cause we see them a lot ah. And ah but, she will ask me questions about it like, um, he's not the same person any more. You know, but she is slowly seeing all this, what he is like now. So she is kind of understanding to. The rest of my family no.

In summary, respondents had varying degrees of support from their family. Some family members were unsupportive and distanced themselves from the respondents. Others were seen as supportive, however, were still perceived as not understanding the experiences they had.

Support By Health Care Professionals

Respondents discussed how they felt supported by health care professionals. Responses within this theme were varied. Many of the respondents were unclear on whether or not they felt supported. Respondents made comments like:

Respondent 1:

Yes and No

Respondents 2:

As much as they could, you have to remember that I'm not entitled to a whole hell of a lot, right, so I guess they did to some degree.

For several other respondents, they clearly felt that they were not supportive of them. For example respondent 4 stated:

Not for me...No they are all for (name of partner) right now.

Another group felt supported by the doctors but had no experience with other health care professionals. One Respondent explained:

Doctors ya, with his doctor ya, I really haven't had a lot of experience with other professionals ya.

One of the respondents commented that she had no contact with health professionals and explained:

(Name of Veterans Affairs worker) has mentioned that you know that they have talked about through DVA, that there has been discussions about the outside. Yes, there is through the pensionable things, you know counselling and things for spouses and wives. I just think the whole, um even, it's not something you want outsiders to know. It may just be the whole societal cast on mental illness, but you it's just not something you openly discuss. Yes my husband has post-traumatic stress. Yes, that is a psychological illness, but you know what they have actually proved that yes, there is actual brain trauma with this. You know as soon as somebody hears something associated with the brain your um, other retired military people it is a little bit more easier to get some understanding. But do you openly disclose, no.

Some of the respondents were able to speak directly to why they did or did not feel supported by the health care professionals. Several categories emerged within this theme including procedures/policy, understanding/education, support, availability of supports and military supports.

One of the respondents discussed how accessing supports required an extreme amount of paperwork that was difficult to manage. She explained:

(Name of partner) did run into a lot of stupid paperwork and rigmarole and things like that outside of dealing with different Doctors. Veterans Affairs

was an absolute nightmare in Saskatoon. One of the reasons that we wanted to move to Winnipeg was because we felt that the support networks would be better here. Um, it's still government bureaucracy, paper work whether it's SISIP (Service Income Security Insurance Plan), or whoever the hell he's dealing with, it's still bullshit.

Some of the respondents discussed the challenges of changing workers and difficulty accessing workers, in particular, when in came to their case manager with Veterans Affairs. For example respondent 1 discussed:

Case manager, case worker okay. Everybody has a caseworker depending on your postal code. Kay, now they have switched it on us, and I'm not kidding, and this pisses me off hugely, and it totally frustrates (name of partner), and any of the guys I've ever talked to, they're just like I don't know who the fuck my counsellor is anymore. Like they've switched it, since September, they've switched three different people, and they don't tell us. So you phone there and you go, I would like to speak to (name of case worker) please. Well can we ask you what for? Then they kind of go through this can I help you, and you go through this whole rigmarole by the time your done you're extremely frustrated. Oh well she's not yours anymore, this one is. Then I get this one and she phones me back and she goes and what is your husband's number again. And I'm like dadadada, and she goes, oh I'm not his caseworker, this one is. By the time you're done, you're just like Ahhhh. So if I'm like that...Could you imagine these guys?

Another respondent commented on the difficulty she and her partner had in accessing case managers she reported:

No um, there is a problem with getting a hold of your own pension administrator. Call the call centre, get told they will call you back and you know what it has been weeks before we have gotten a call back. Like (name of partner) has been trying to contact his for the past, you know haven't been able, no call back, no message, no nothing. So did the message get relayed, who knows but you have no direct contact with the person who has your file, has your case. Its frustrating for him, I can see it in my system, cause I work at the EI call centre, you know two days is the mandate that you have to return a call. But you know what, these guys don't have two days; you know their needs to be a much faster turnaround of who contacts and when they get contacted. I think waiting two days to speak to your own caseworker especially with guys with PTSD, its to much. They need help, they need help now. When they are calling they want help right then, there and it takes a heck of a lot for someone with PTSD to reach out to anybody. Veterans Affairs really needs to take a close look at how they are handling um their outreach. You know you got somebody with PTSD who is able to reach out

of their box or have a family member, something has to be sudo where a family member can immediately get some kind, not a call centre person, a pension person. You know if it's for physical disabilities, ya sure maybe you can wait two days. But when you're dealing with the additional psychological problems you need somebody who is going to reach out a lot faster.

One of the respondents spoke to her experience of dealing with health care professionals. She perceived that some were good, however, that other were not understanding and knowledgeable about PTSD and the effects on the family. She explained:

No, so I have had really good experiences and I've had really bad experiences. And the bad experiences have been in Winnipeg and the good experiences have been in Saskatoon. So it's been very surprising. Quite honestly I think the two psychologists I went to first had no idea. You know they say they have training in PTSD, but I don't think they really understood military dynamics and the PTSD and the, you know. I was absolutely blown away that he told me I had to make a choice either to come in with (name of partner) for marriage counselling or leave him, and I was, you're suppose to be helping me. Ha Ha Ha, I didn't get that. And the other one would not deal with me unless she got money first. So I told her where to go.

Respondents were able to discuss the level of support that they felt they were receiving. For some respondents they felt that certain programs were able to support their partner and themselves. Respondent 1 discussed the benefits she experienced from attending a spousal support group she stated:

That was hugely helpful for me. So I mean, I don't want to say like neighbours, community other even military wives that I knew. I would never ever have used them as a support network. But these women that I was in this group with yep. But we all knew that our husbands had PTSD, we all sat around a circle talked about different coping strategies, talked about different experiences, cried, laughed at each other, um derated the military about how they were never there for us. We all had a common, we all that that common group and that's where I felt I was supported as far as that. The other part of my whole group that I was in and I think I have told you this, is I really would like to have some women from the second, the second world war, stuff like that. Because the older women were to me absolutely invaluable, absolutely invaluable. You know it's okay most of us were in

their thirties, but we had a couple in their twenties. Ha Ha, it's like they were brand new into it, we kind of said that. They were just kind at the beginning of it. So they were really, were in a different place than the rest of us.

Another respondent spoke to her experience of seeing a psychologist and the benefits as well as the challenges. She explained:

I don't really have a best friend and that, that, I talk to and get support from with this. Through Veterans Affairs I see a psychologist a ya, psychologist, ah, well once every second week now that I go in and have an hour session where I get to talk. Well that's basically it.

She further explained the challenges she faces in seeing her psychologist:

It's all fine and dandy for me to have a psychologist of my own but I can only tell her what I know. I have no idea what's going on with (name of partner). His psychologist and psychiatrist would have more of a better idea of being able to help me with (name of partner) but they are not there for me they're there for (name of partner). So um, that's where I'm having a real hard time right now because basically, with my psychologist, she listens to me vent. She listens to me talk about how I would like to be apart of (name of partner) therapy because it affects me so greatly. I'm the one who is with him every day.

One respondent shared her feelings of dealing with health care professionals in a time of crisis. She explained:

Not really no, I don't think they really were really. I find they just want to brush everything off and not be bothered with you know.

A couple of the respondents commented on the availability of supports. One respondent commented on how there have been an increasing amount of supports

available and how it has benefited her partner and her. She explained:

You know the thing is to, it it's, it comes back to for example OSISS. Okay, Veterans Affairs, the support networks that are out there. Those are huge, huge, huge, huge. And you know we have really only utilized them in the last three years. We did not have them five, six years ago. And because they are quite new, but I can only tell you that if I would have had them five years ago, I think I would have gotten through or we would have gotten through a lot of it quicker. You know what I'm saying. Um, I think those support networks take a lot of the stress off me. When he goes to his support group, he goes to his support group every second week, when he goes to see his psychologist every week it's like he has finally got somebody else to talk to

and I notice a huge difference when he comes back from them... Ya, Ya. It's not just me.

For respondent 2, she commented on how current supports are not enough for her. She stated:

That's right, like and that's why I actually said to (name of friend) I said you know I can't believe that there's never ever been, you know, everybody, that's the problem with the military you know that's my real beef with the military is that they always go on about this bull shit that we are all family. But yet, when it comes down to it I'm allowed a thousand dollars a year for a certified psychiatrist. And a thousand dollars will get me like eight sessions, if I'm lucky, maybe seven or six if I'm lucky. I think (name of therapist) charges one hundred and seventy-five and hour; (name of therapist) is like two and a quarter. So where does that get me for a thousand dollars a year.

Several of the respondents commented on their experiences with the military and the level of support they feel they received. All of the respondents who spoke to their experiences with the military did not feel that the military supported their partners, themselves or their family.

Respondents discussed how their partners' careers suffered because of their diagnosis of PTSD. Respondent 1 discussed how her partner was passed for promotion and eventually released from the military because of his diagnosis. She explained:

Um well, we never ever had any support from the military so there you go. We never, even here in Winnipeg here you know. Sorry, when (name of partner) was diagnosed, when he first came back from that last time, when he went and had his debriefing that was probably the only, only support military wise we ever had. Ever, ever, ever. His sergeant majors, his warrant officer, none of them, they actually passed him over for his promotion. The career manager was involved, and when he was diagnosed it hit his career, unfortunately. It was unfortunate and that happens even though they say it doesn't, that's bullshit. He was told after he got out, he was told the reason he was passed over for his promotion was because of his PTSD. Never get it in writing though would ya.

Respondent 5 also discussed how her partner was released and how she felt the military was not able to help her partner. She explained:

So why don't I trust it, there it is in a nut shell. You know they could not handle my husband's illness, why would I trust them with my feelings on it. And it took a lot for me to come here today because I have a lot of distrust in how the system works in the military because it has not worked for (name of partner). Yep, when you get outstanding on your personal evaluation reports but because you're not deployable you're not promotable. Well excuse me, I'm in administration, why do I need to run a two by ten to be a master corporal. So when he retired, all his retirement certificates say master corporal. Because that was the rank he held but they didn't give it to him because he was on medical category. The bitterness, it grows too deep and the trust issues with wives who see what happens to their spouses day in and day out. Are they going to seek help within the military system?

When speaking to military supports one respondent stated:

Nothing, anyways we have never had any supports military wise.

In summary, respondents had varying perceptions on feeling supported by healthcare professionals. Some respondents perceived that the healthcare professionals were there for their partners' and not for them. Respondents were able to illustrate how in several areas they did not feel supported. Respondents felt that certain procedures and policies within support agencies made it a challenge for the family to be supported. Specifically paperwork and access to workers were identified. In a minority of cases, respondents discussed the lack of understanding and education around PTSD of healthcare professional as well as the challenge of locating adequate supports. Specifically military supports and healthcare professionals were identified as an area where respondents did not feel supported.

Respondents' Recommendations For Health Care Professional

As all of the respondents had some contact with health care professionals and support agencies, they were in a position to comment on how they felt these supports could be improved to better assist their family and other families. All of the respondents with the exception of one, were able to make recommendations that they felt would have

improved their experiences with the professionals and support agencies. One respondent also only spoke to military supports and professionals, this theme will be discussed further in the paper. For the other one respondent, she felt that the current level of support her partner and her family were receiving was sufficient. She explained:

I don't know what else they could do. (Name of therapist) has pretty much done enough already and she is still continuing to help him so. I don't think we need help from any other professional as far as I know he seems to be making big progress so.

For the other respondents their recommendations fell within the following categories of knowledge/understanding; support for families and holistic approach.

In some of the cases, respondents reported feeling as though the health care professionals were not knowledgeable and understanding of the illness. Respondents suggested further education on not only PTSD but military lifestyle in general. For example respondent 1 suggested:

You know back again, I think if they, if they had a little bit more understanding about um, um I don't know even some of the deployments these guys have been on you know. Ah, how it affects the family, just military life in general. I mean if they don't have a clue about what it's like not to have your husband around for six months at a time and having to deal with stuff like that and how that effects the dynamics of when he comes back home and being diagnosed with PTSD. It's to me just education and knowledge.

In the case of another respondent, she perceived that the way that professionals supporting those with PTSD should become knowledgeable is by experiencing what PTSD is like and what deployment are like for the members. She explained:

To go through what we went through, to actually experience what PTSD is first hand...to bad, go overseas, see what the guys are seeing, go visit their bases, go to Afghanistan where the boys are deployed. Go there for two, three days, see what they are doing, put yourself in their shoes. You know it's hard for the guys to come back and so okay this is what's wrong. The guys can't understand. It's just like you talk to a twenty year old that's never had a baby and you're telling her about childbirth and she's like hum.

You understand, but you're not because you haven't experienced it. Ya same thing go put yourself in their shoes for two, three days. Be in theatre with them, see what they went through.

In another case, the respondent reflected on her desire to be able to seek professional assistance for herself personally but commented on how she perceived there was a lack of qualified professionals to assist her. She explained:

It would be nice like I mean his doctor, I have seen her on occasion with (name of partner) but she is not my doctor she is his ally and her relationship with (name of partner) is primary. Sometimes she sees the situations but she doesn't know me and ah, so it would be really, really good if there was another doctor of her qualifications and standards that we could have together for couples' counselling or that I could access and the reality is that there's just a few that have her calibre, or her study I mean her knowledge of PTSD, I mean in western Canada, I mean she is limited so you know.

For a few of the respondents, they commented on how it would be beneficial if there were more supports available for families, spouses and children. Respondent 2's comments are supported by this as well as the desire of increased information about the resources and supports available to families. She reported:

I think that we should be offered more information. I think that we should be able to, I think there should be more groups, you know even for kids. Think about it your kids you know, I don't know. Like my kids have gone through a lot. There's nothing for them. Nothing really for me. Now they are just starting but I mean is it a person who is even knowledgeable on it you know, did they hire the right people who... you know, like who knows. I just think that there should be so much more. And it should you know it's an illness but it could be you know turned around as a positive thing for families. You know but... ya we need more, I don't know.

Respondent 2's comments also illustrate, as do others in the category of knowledge/understanding, her concern and desire for qualified knowledgeable professionals offering the supports.

One of the respondents commented on how she wished the process and support was offered in a more holistic manner. Respondents spoke to the multiple professionals

assisting their partners and their families, as well a disconnection between all of the professionals and systems. Respondent 4 illustrated the impact of this on her family. She stated:

A big, big thing which I think they really should do. Like VAC to get help for (name of partner) PTSD for the family you have to go through the application process, find a certain type of professional, um to deal with and everything is separate. Like (name of partner) got his own psychologist, I've got my own psychologist. To go for couples therapy to deal with PTSD we have to apply again and find another doctor another psychologist. So to me it's defeating the purpose. Cause (name of partner), the psychologist he's seen, she knows him. You know, she knows all about his disorders. You know she doesn't have to... basically what I'm trying to say is, I feel that the psychologist who is handling the person with the PTSD should also be dealing with the family. Counselling with the family, whether it is the spouse, children... Absolutely, because if we go for marriage counselling that psychologist isn't going to know anything about (name of partner), so in order for that psychologist to learn about (name of partner) are we going to have to go through another year of (name of partner) opening himself up to them so that they know him in order to help our situation... Absolutely, like my psychologist can only help me with what I tell her. And because I don't, (name of partner) doesn't tell me things anymore it's just basically me venting about my frustration.

In summary, respondents were able to make several recommendations for healthcare professional and support agencies. Education of workers on PTSD was recommended so that health professionals would be able to better understand and empathize with families was seen as important. It was also suggested that a more holistic approach be taken into consideration that provided service to not only the one diagnosed but to the entire family. Several respondents commented on the need for greater services to families.

Military Communities Perspective on Post Traumatic Stress Disorder

One of the themes that emerged was how the respondents felt the military community perceived those diagnosed with PTSD. All of the respondents, with the exception of one, were able to share their perspective. For that one respondent, she felt

that they were no longer in the community and therefore could not comment. Although the other respondents were able to share their perspectives, some highlighted the difficulty of speaking to the issue as they were no longer a part of the community or never felt as though they were a part of it due to meeting their partners after they were released. When examining how respondents perceived the military community's perspective several categories emerged including secretive/ lack of recognition; negative; supportive and sympathetic.

Respondents commented on how they perceived the military as keeping PTSD a secret. It is felt that it is not something that is widely talked about. For example

Respondent 1 shared her perspective:

It's a secret, we don't talk about it, um it's been talked about more now that it's a little more accepted, but it's still not widely accepted, um (name of partner) often feels they look down on him. He's good with it now, um five years ago he was not good with that. He felt that he was looked down on by a lot of people, um he now does not care, now he's past that point where he does not give a crap. Um it, you know what, it is such a secret that when I do meet with people that, excuse me, when I do meet with people that I know are military I kind of do it in a round about way and find out how their husbands are doing and I kind of wait till there's an opening in the conversation where I will actually find out. Then I will use my opening and I'll say well (name of partner) was diagnosed in the year 2000 with Post Traumatic. And they're like really, so was my husband...Very very hush hush.

Another respondent commented she perceived military members feel the need to hide their symptoms and illness for fear of negative implications. She explained:

It's your dealing with just so much more then just your husband's addiction. If it was just that and you're dealing with the whole perception of mental illness on top of having a community that does not understand it. No we don't understand the illness, but we expected more from the military then to punt people with it. Um (name of partner) is dealing with a lot of people privately who won't disclose that they are having problems because of fears of repercussions in their careers. He deals with them privately away from the base system. They don't meet anywhere around here and he's got at least

three from this side here who had, you know who have had trauma incidents that will not discuss it with anybody on the base system.

In another case, respondent 7 discusses how she feels the military is not recognizing PTSD and what they are doing is, in her opinion, not sufficient. She stated:

I probably don't have enough information to answer that question totally correctly, just from what I know and what I know from (name of partner) or whatever I don't think the military really recognizes it, do they. I mean they do but they don't it's like something they just throw some money at and don't seem to be trying to do anything to change it for like future guys. You hear the odd blurb in the States about these military guys coming home and killing their wives and their families and it is PTSD. It's got to be what it is because you are under so much stress for such a long period of time and then you're just thrown back into society and told to live a normal life again. How can you possibly expect anyone to do that? I don't think the military recognizes it, and if they do it's not enough. Maybe not enough like it's obviously too late for (name of partner) but it's not too late for hundreds and thousands of other people that if it's just a matter of talking to someone like (name of therapist) for a couple of months when you get out, you know maybe that's all some guys need, maybe some guys need more. I think the military should have some program in place for those guys who need it and not make it like it is such a disease or ... Ya, like you know like being I don't know like having some really rare catchy disease you are going to spread if everybody if someone knows about it. And I don't understand why there has to be that stigma attached to PTSD. Why almost like it's embarrassing, I don't see why it is embarrassing.

The majority of respondents felt that the military community negatively perceived those with PTSD. Respondents perceived the military community felt that their partners were weak or lazy and that PTSD was an excuse for those undesirable traits. For example, respondent 1 spoke about how she felt PTSD is seen as an excuse. She commented:

But do you know what because military wise PTSD is this big kind of you know they look down on you when you've got it, they think it's an excuse. They I mean that was the whole mentality, attitude, is that. And they didn't know how to deal with him so they just left them alone. And because (name of partner) was so volatile to, nobody gave a shit. Makes me very angry.

In the case of respondent 5, she described how she felt those diagnosed with PTSD are perceived. She explained:

Sick, lame and lazy. That is what they used to say to anybody who was on a medical category. You're sick, lame, and lazy... You can't be told day in and day out from your peers and from your support that because you have PTSD you're part of that sick, lame, and lazy group. That you're not acknowledged, that you have no validation for what is injured. You've let down the group. You're part of the sick, lame, and lazy and that is so pervasive through out the whole system. Sick, lame, and lazy because you're gone, we have to cover your job, we all have to do more.

Respondent 7 similarly commented:

He is still in contact with the guys that he was in the army with. I don't think he would be embarrassed to tell them, but they wouldn't get it and they would probably be like you're weak or whatever, you're not a real man because you couldn't handle being in the army and now you're sick or whatever.

In the case of respondent 4, she shared an experience her partner had with negative perceptions of those diagnosed with PTSD. She explained:

That they are weak. They think people diagnosed with that are weak and not good soldiers. There's (name of military themed website) and (name of partner) went on it and he started talking about post-traumatic stress and about um the rape that he experienced that he got his ah PTSD pension for um they labelled it as a hazing, it wasn't a hazing, it was a crime but they labelled it as a hazing. Um, so (name of partner) got on this website and he started trying to chat with the people on there about hazing and stuff like that, and told them he had gotten a pension for hazing and stuff like this. And he was called every name in the book. They threatened him, threatened his family like us. They threatened, just talked about how somebody like (name of partner) must be so weak and um just every bad thing you can imagine.

In the minority, only one respondent commented that she felt that a few of her partner's military friends were supportive. She illustrated:

No, its not like they will turn their heads, like I know, to be honest with you they are supportive now when I think of it. A couple of his friends to have been there for him. Its not like they will bring him down, they will give each other like a pat on the back.

This respondent continued to state that although a few of her partner's military friends were supportive, she perceived the military community, in general, as not supportive of her partner and their family.

Only one respondent discussed the military community as sympathetic and discussed the sympathy as coming from friends. Respondent 6 reported:

I can answer it on the plane of feminine aspect. When I have been introduced to some of the people that he knows out in Ontario, they are very sympathetic to (name of partner) but mostly that's the men, the spouses oh ya, ya, ya, I understand, I understand that. The guys, you know guys they are not interested in showing that part of themselves, at least on the outset.

In summary, respondents had several perceptions of how the military perceived those diagnosed with PTSD. Several respondents felt that PTSD was not something that was openly discussed within the community. Others felt that the military community perceived those diagnosed with PTSD as lesser than. Several respondents commented that they felt their partners were seen as lazy and that his illness was an excuse for not working. A small group of respondents felt that the community was supportive and made reference to their friends within the community.

Military Community Supports and Recommendation From Respondents

The majority of respondents felt that they were not supported by the military. Many respondents felt that they were not supported at all. For example, respondent 5 stated:

No, not at all, not at all, zero. They don't even support their own guys, the wives come far after the guys do.

Several other respondents simply stated, "no."

One respondent commented that she felt she had not been supported by the military but highlighted that she felt it was due to the fact that they were not part of the military community as she met her partner after he had released. She stated:

I'm going to say no, but only because we are not in a military grouping at all.

In another case, the respondent explained that her partner's illness was not something that was known and as a result it may affect the support they received. She simply stated:

Ya, they don't know.

Some respondents were able to make recommendations on how they felt the military could better support them and their family. Respondents also commented on various areas of support including formal supports and general informal networks such as the general military community including other military families. Other respondents did not feel that they could offer any recommendations.

In terms of formal supports and general military policy respondents made some recommendations. One respondent felt that the military could better support families if the system was able to listen to the concerns of the families. Respondent 8 explained:

They could have listened when I asked for help, they could have you know listened to my concerns and they didn't.

In the case of another respondent, she commented she felt a change in the mentality of military members around the issue of PTSD needed to be improved and more understanding of those diagnosed. The respondent is also able to share her experiences and perspective on her partner needing to leave the military. She explained:

It's, it's just the whole mentality and you need to change from the top on down because what happened over there is going to happen here and it all reflects and absorbs on each other. Your husband is being kicked out from the military environment because of PTSD. How much faith do you think the family who relies on that income is going to have on a system that is

support by the people who is kicking out your husband? None, there is no ability to have faith in a system that has done this to you on one side and then on the other side says we want to help you. Well then you would let my husband keep his job if you really wanted to help so I can feed my kids and support ourselves. Six months they are gone anyways, they don't, I can go over here and get help but six months and we have to get out of our base housing. We usually go home to wherever we are from. They aren't necessarily going to stay in Winnipeg, is it going to be the same thing that they get in backwater Nova Scotia? No, there is no consistence because we don't all move to another centre that has a military community.

Respondent 1 also discussed how she felt more understanding on the part of her partner's superiors would have assisted her and her partner. She explained:

If (name of partner) bosses and his work environment would have been more conducive to helping him out and understanding a little bit. That would have made the world of difference.

Another respondent gave her perspective. She felt that even though money was being thrown at the issue, individual members and families was not a priority. This respondent recommended more of a focus on supports for the family as well highlighted the need for a simple system that allowed for easy access. She explained:

Well just basically providing counselling for the family as a whole...Absolutely, um, the military right now seems to want to more erase people's problems and just pay them off to not have to deal with them then to help them. So if anything it seems like they are going away from helping families and individuals now a days because of money costs and stuff then doing good by them. I mean they create these people, they created (name of partner) into the soldier that he was and his experiences in the military in trying to serve his country, the traumas and that made him who he is now. And ah, so it affects me, it affects the kids, it affects everybody he comes into contact with yet the military is not taking responsibility for it. And Veterans Affairs, because DND and Veterans Affairs are two totally separate things. Veterans Affairs helps to a certain point but there's so much red tape and there's only so much funding.

Respondent 2 also supported the need for supports for families and recommended consistency of services across the country. She stated:

Well I think, that they should, like you guys are getting a family peer support worker in Winnipeg, what about one here in Shilo? Or is the one from

Winnipeg going to come up here on a regular basis?..Ya...Ya she's not here, so I don't know what is here.

One respondent commented on the general military community and support from other military families. For this one respondent, she did not feel that the community and other spouses would have been a support that she would have liked or found helpful. She appreciated the spouses that were in a support group with her but did not feel that any other support was wanted. She explained:

But as far as the community, as far as other wives and stuff like that nah. I don't think that would have helped at all... I have my own family, my own friends, my own support network. Military wives would have not have been anybody that I would have used. Except that support group that I was in.

In summary, many respondents did not feel supported by the military.

Respondents offered several recommendations including recognizing the insight that they as spouses have about their partners' health. As well respondents recommended having a system that is more understanding and accommodating to those diagnosed. Respondents also recommended greater supports for families and consistent access across the country.

Access to Supports

The majority of respondents did not feel they knew about or how to access various supports for their family. One respondent was able to comment on her experiences with information being provided to her and how she was able to find information for herself. Respondent one commented:

No, not at all, there was none, they gave me a pamphlet. You know preparing for deployment stress and it was they just gave me a little book. That was it. Ha Ha ...None, non what so ever. For me, do you know what I did? I went on the Internet because that's the kind of person I am. I went on to the Internet and I got as much information and you bet, that's what I did.

Similarly another respondent commented:

I could go on line. Other wise no I don't know.

In the case of one respondent, she was not sure what services were available and was not sure how her partner's resources were accessed. She stated:

I didn't know where we could access help or support, initially all I knew was we or he or somebody needed to see somebody. The who, how and where just kind of all fell from the sky, thank God. I have to ask him because now I don't know and it's bugging me.

A few of the respondents when discussing knowledge of services discussed their awareness of Veterans affairs. One spouse explained her lack of awareness for supports for families in general and those offered by Veterans Affairs. She explained:

Um, you know what (name of partner) has done, like ya, done the paper work and he gets his pension. Um but, I have no idea, to this day I have no idea what my rights are through veterans affairs. I don't know how to find out other then call somebody...I have when he has wanted to know a question and I call there, they'll give me the information. But like he really doesn't need anything. He's in the military and he gets his pension. But other then that, but I would have no idea what rights or anything or what they have to offer. Like does veterans affairs pay for wives to go get support? Like I have no idea. I have no idea on any of that.

Some of the respondents' felt that they had learned where to access supports. One respondent commented that through her psychologist she has been able to find supports but still felt that they were mainly for her partner and not for her and her family. She commented:

Now I do because I have a psychologist and I got her through Veterans Affairs. Um but I still feel that Veterans Affairs is still more there just for the military person then for the family. Um ya.

In summary, the majority of respondents did not feel they knew about the services available to them and their family or how to access services. Some respondents were able to discuss how they could potentially find information, for example utilizing the Internet.

Veterans Affairs and health care providers were identified, as areas respondents perceived they might be able to gain knowledge and access to supports.

Other Comments Made By Respondents

Although many themes emerged from the experiences of the respondents, each respondent brought to the study their own unique experiences. This section will highlight some of the unique aspect of the respondent's experiences that did not fit into the general themes and categories.

One of the first areas to emerge was the health and family dynamics of the respondent's partner's extended family. One respondent discussed how her partner's PTSD treatment brought up issues from his childhood and what she labelled her partner's dysfunctional family. Respondent 1 reported:

See the other thing to with (name of partner), with his diagnosis is that of course, you go to therapy and you go through tons of um, going back, going back, and really a lot of his childhood shit. Ha Ha Ha, he comes from a very dysfunctional family. And I think that a lot of the stuff that he is dealing with now is because of the way he was raised.

Respondent 1 was not the only respondent to discuss her partners' extended family. A couple of the other respondents commented on their partners extended family and the belief that other relatives had PTSD also. Respondent 3 stated:

His mom has helped me out a lot to. See she is going through the same thing basically...With (name of partner) dad has never gone for, I guess at that time there was no, I don't know how to say it, nobody was really diagnosed...Ya, so he has basically accepted it.

Another respondent also commented on how her partner was not the only family member with PTSD. She explained:

Ya, he explained it, what it was, because his grandfather suffered from shell shock because he was in World War Two. He was in the war and shell shock

is the same thing as PTSD. Different name, so his family was aware of it so you don't need to explain much.

In another case the respondent discussed her partner's father as well as his step-father suffered from an addiction. She reported:

He goes, I don't want to be like my father who died of alcohol related diseases. His dad, his stepfather who adopted him is a recovering alcoholic and is still very emotionally shut down.

One of the respondents discussed how she perceived her partner's withdrawal from the family and his daughter was impacting their child. Respondent 3 shared her daughter's question:

Not really no, not really, well like I said before every now and then she will ask me questions like why doesn't daddy want me anymore. You know but uh ya.

She also shared one of her daughter's dreams.

Ya, like yesterday morning I was shocked to hear from her, Mommy I don't want you to die. And you know I said what makes you think I'm going to die and she said I had a bad dream. I said about what? The dream was about daddy and he was a skeleton.

A couple of the respondents also shared their personal experiences of how their partner changed as a result of the PTSD. One respondent stated:

No like I mean, I looked at him and he was just not the, I don't even, he was a shell of whoever, I don't know it was awful.

Another respondent shared how her partner had changed and tried to explain what that looked like. She explained:

They don't come home the same. They were not the same guys as when you married them. We were only married a year and a half when he went...No...It is very hard to explain...Because you can't explain it, it's just. It's like you have a house, you know what the layout of the house is. You leave and you come back and your house has been repainted, your furniture has been moved. Ah, its kind of it feels, you just know that something is different. That's the only way I can explain how the men are different when they come back. I don't know how else to explain it.

In another case, the respondent discussed loving the man she knew her partner was and the reality of her marriage. She ended her interview by stating:

I always loved him, it was just hard to love him. I knew he was in there...No see we met and fell in love and blah, blah, blah, and things were not like how you think they would be when you meet and fall in love with somebody. It's not the fairy tail, not that you expect it to be happily ever after.

Chapter 6: Conclusions & Recommendations

This chapter will review the findings and conclusions of this study and, where applicable, make comparisons to the previously reviewed literature. Based on the findings obtained from the respondents' interview data, recommendations from the perspective of the respondent will be offered. Based on the recommendations of the respondents, existing literature and knowledge of the researcher, recommendations from the perspective of the researcher will be offered in the areas of policy, practice and research.

Findings & Conclusions

Other Diagnoses

The data from the interviews revealed that there were only a small number of respondents who reported their partner as being diagnosed with other mental illnesses. Diagnoses reported consisted of obsessive-compulsive disorder and rapid cycling bipolar. Highlighted by the respondents was the depression that many felt their partner suffered from. However, respondents categorized the depression as being part of the PTSD.

The diagnostic criterion for PTSD is specific and does consist of a response involving intense fear, helplessness, or horror (American Psychiatric Association, 2000), depression is not included in the diagnostic criteria. "Major depressive disorder, substance-related disorders, panic disorder, agoraphobia, obsessive-compulsive Disorder, generalized anxiety disorder, social phobia, specific phobia and bipolar disorder"(American Psychiatric Association, 2000, p.465) are observed at a higher rate with those diagnosed with PTSD.

Current Employment of Respondents' Partners

Varying responses were obtained when examining the current employment status of the respondents' partners. For some respondents their partners were able to maintain full time employment. In another group respondents' partners were not employed and cited various reasons including, recent release from the military, being a stay at home parent, being retired and inability to work because of illness. In the minority only one respondent reported her partner working part-time and attending school.

It is not surprising that the majority of respondents reported their partners had been released from the military and several were unemployed. Components of the diagnostic criteria are that the symptoms of PTSD must have a duration of no less than one month and disrupt general functioning. Included within general functioning is the area of occupation.

Communication About Traumatic Events

Respondents reported varying degrees of knowledge and communication with their partners about the traumatic event that led to the onset of PTSD. In a minority, some respondents reported not knowing the details surrounding their partners' experiences that led to their development of PTSD and were not comfortable knowing the details. Some respondents explained how they were aware of some of the experiences their partners had, including information about their military experiences and missions. It was brought forward that this lack of sharing was perhaps an attempt at protection on the part of the respondent's partner. In another group, respondents felt that they were aware of all of the details surrounding their partners' experience. These respondents felt comfortable

knowing the details and being a support to their partners when they needed to discuss them.

No research or literature was found that specifically spoke to those diagnosed sharing details about the incident and in what degrees with their partners. Literature that was found did discuss secondary traumatic stress experienced by spouses of those diagnosed who were aware of the details of their partners' experiences.

Stresses & Issues Faced

One of the major themes was the stress and issues respondents encountered as a result of their partners' symptoms. Five categories emerged from the theme including communication, psychological functioning, physical changes, environment and space, and roles of the partners. One of the most dominant categories that emerged was the stress associated with their partners' psychological functioning specifically their emotions. Anger and rages was one of the issues that all of the respondents with the exception of one noted as a difficulty. Other emotions that were discussed included isolation and withdrawal, mood swings, being selfish and lack of feeling.

The study conducted by Lyons (2001) found three overlapping stages experienced by partners of those diagnosed with PTSD. The first phase was seen as a period of adjustment, the second enmeshment and the third resolution and healing. The second phase of enmeshment was characterized by the women beginning to understand the degree of their partners' symptomology and the effects on their relationship. This stage included the enmeshment of the women into their partners' pathology. When examining the data provided it appears we can observe this second stage in the comments respondents made concerning the stresses and issued faced within their relationship. The

study by Lyons (2001) identified six categories within this second stage including “(1) dealing with the veteran’s PTSD symptoms, (2) substance abuse, (3) physical and/or emotional abuse, (4) roles that the women were compelled to play, (5) feelings that were experienced by the women and (6) techniques used to cope with their individual situations” (Lyons, 2001, p. 72). All of these categories were identified within the theme of stresses and issues with the exception of techniques used to cope with specific symptoms or situations; this is further explored in the theme of coping. These specific category titles are not all used, however, the principal of each category can be found. Feelings that were experienced by the respondents were expressed within this theme, however they can also be found in the themes of respondents’ personal needs being met and wife versus mother.

Changes in Symptoms & Spouses Perception of Why

Respondents articulated what stresses and issues they encountered in relation to their partners’ PTSD symptoms and discussed how these stressors and their partners’ symptoms had changed over time. The majority of respondents reported feeling as though the stresses and symptoms had improved or stayed the same. Respondents identified several reasons as to why they felt these changes occurred. A major reason identified by all was treatment including therapy and medication. For others they identified the threat of them leaving the relationship if assistance was not sought or treatment maintained. Education of PTSD and the person’s triggers were brought forward as a force that influenced positive change. In a minority, religion and faith was discussed as a source of strength that assisted with healing. Some of the respondents felt that their partners’ willingness to change contributed as they fought for their goals and positive changes. A

small number of respondents commented on how they perceived further deployments as being detrimental to their partners' mental health. The data revealed that employment was seen by some as a negatively impacting on their partners' mental health as it was challenging for them to interact with different personalities and the potential for work environments to have triggers. However, another respondent commented on how she perceived employment as a positive force for change as it provided her partner self-esteem and confidence.

Coping Strategies as Identified by the Respondents

The data suggests that respondents have been able to develop several strategies in order to cope with the stresses they experience as a result of their partners being diagnosed PTSD. Several respondents identified leaving the home as a coping mechanism when they felt they needed a break or when their partners' anger and rage became too much for them. Respondents also spoke of leaving the home as a method of shielding their children from witnessing their fathers' anger or rage.

Gaining information about PTSD was seen as a coping mechanism for some. Education was identified as a means for the women to be able to prepare themselves for the experiences they were encountering. Specific education about their partners' triggers was seen as helpful as respondents felt they could be better prepared and also be able to assist their partners when they are triggered.

Several of the respondents believed that therapy was a coping mechanism and specifically described the benefits of having someone to talk to who could understand as well as someone who could provide the needed information about PTSD and validation of their experiences.

In a minority, some saw employment as helpful in managing their experiences. Respondents commented on how employment was a positive aspect of their life that forced them out of the house and into a positive environment.

Some of the respondents perceived involvement with their children as a coping mechanism. Respondents discussed how seeing the positive things about their family including their children being happy were a positive influence in their coping.

There was varying information within the data on whether respondents felt that talking with family and friends was a coping mechanism. Some respondents felt that it was helpful while others felt that family and friends were not able to understand their experience.

Many of the women identified their independence and time alone as a coping mechanism. Respondents described how their partners were not always able to participate with the family in activities and respondents identified their ability to go without their partners and continue with their plans as one of their strategies for coping. Time alone for self-care was also identified as important.

Respondents spoke directly to techniques they had developed in coping with their partners. Many of the techniques were around communication with their partners. Some respondents identified maintaining their silence and not antagonizing their partners as a technique for them. Others felt that communicating more with them once they had calmed down was essential.

A small group of respondents identified religion and food as a coping mechanism and a source of comfort.

Family Roles & Responsibilities & How These Have Changed as a Result of the Post-Traumatic Stress Disorder Symptoms

It is clear that for the respondents, in this study, their lives have been affected in varying degrees within the area of family roles and responsibilities as a result of their partners' PTSD symptoms. These changes coincide with the literature of understanding families as systems. Figley (1989) argues that all family members are able to influence other members and relationships. In terms of families who have a member suffering from a traumatic event or experience the discomfort of one member will influence the others to begin efforts to reduce, eliminate and find means of coping with the stressor experienced by the family. Figley termed these families as traumatized families and explained how their reactions are an effort to cope with the change or injury to their family system. Within the theme of roles and responsibilities we are able to see how the respondents in this study modified their roles and responsibilities within the family to cope and adjust to the change their family experienced.

Not surprisingly one of the other major themes that emerged from the data was the change in family roles and responsibilities. Respondents' comments came from varying perspectives. Some of the respondents discussed how they perceived their role had changed since the onset of their partners' PTSD, while for others who were not with their partners at the time discussed their experience since the beginning of their relationship.

The majority of respondents felt that the division of responsibility within the family was not equal and that the majority of the responsibilities fell to them. For those who felt that their partners had made much progress in his treatment and was able to share in the responsibilities they highlighted that when their partners were triggered or

not well responsibilities fell back to them. Areas respondents felt that they had increased responsibility was in the household management and parenting. Some respondents felt that they had always been the primary caregiver to their children, however it was their partners' inability to share in the responsibility that changed. This is further highlighted in the category of involvement in family life where respondents discussed how they felt their role had changed as a result of their partners withdrawing from the family.

Respondents discussed how they had to participate in family activities and outings with their children without their partners or how even just around the house their partners did not interact with them.

Some of the respondents commented on how they gained the responsibility of caregiver to their partners. Respondents described needing to be responsible for their partners' well being. Several respondents commented on feeling like not only a partner but also a mother. Similarly this theme emerged in the study conducted by Dekel et al (2005). This study found that the respondents' partners required intense assistance and care and it forced the women into a position of being the care provider. Highlighted in this study was also the respondents' feeling of duty and commitment to their partners. These perspectives by respondents can also be found in this study. Specifically they can be witnessed in the respondents' views on their beliefs about marriage.

Respondents discussed managing their partners' formal support systems and taking care of their emotional and everyday well-being.

Other studies found that partners of those diagnosed with PTSD had to make adjustments to their roles and responsibilities to accommodate for the changes that occurred. In the study conducted by Lyons, 2001, it was found that the partners of those

diagnosed with PTSD appeared to organize themselves around their partners' symptoms. One of the areas that this was witnessed in was the over investment of the women in the role of caretaker to their partner. The study also found that the women over functioned in the areas of caregiver, spouse, lover, parent and financial provider. For the respondents in this study they were able to articulate their increased roles and responsibilities within the areas of caregiver, spouse and parent. Respondents had varying responses in terms their physical relationship with their partners as well many of the respondents perceived their partners to be the financial provider however several respondents identified themselves as the one who managed the family's finances.

Parenting

Parenting emerged as a theme that the majority of respondents discuss their increased responsibilities in and how they managed.

Respondents reflected on how the majority of the parenting fell to them but noted that as their children aged it became easier for them, as their children did not need as much from them. Many of the respondents discussed how they were able to obtain employment that accommodated having a partner who suffered from PTSD. These accommodations came in the form of flexibility, working from home, and schedules that did not interfere with needing to be available for their children. Although many identified that they shouldered the majority of the responsibility for parenting some of the respondents did explain that if they needed assistance, their partners were available to assist. This was not the case for all respondents as some explained that it depended on their partners' health as to whether they would receive support when requested. In the minority a group of respondents felt that they and their partners were able to co-parent

and share in the responsibilities, however it was noted that when their partners were not well responsibilities, including parenting, fell back on them. In only one case did the respondent discuss how her children felt that their step-father's symptoms were to difficult for them to manage and as a result moved out of their mother's home to reside with their biological father.

Respondents' Ability to Meet Children's Needs

While most respondents clearly stated that they felt they were able to meet their children's needs, others struggled with whether they truly were able to accomplish the task. Some respondents questioned how effectively they were able to meet the needs of their children given the fact that the children had to manage the stresses related to the PTSD symptoms. Only one of the respondents identified that she was not able to meet the needs of her children and sited financial reasons as to why she felt she was not.

Respondents' Partners' Ability to Meet Children's Needs

The data obtained from the interviews varied in the area of respondents' partners' ability to meet his children's needs. Respondents commented on how their partners were able to meet some of the children's needs, some of the time, depending on how they were feeling. Several respondents reported that their partners were able to manage meeting needs such as bathing and brushing teeth, however were challenged with meeting the emotional needs of the children. This also became apparent as a few of the respondents discussed how their partners had difficulty initiating affection towards the children. Respondents reported their partners being able to hug the children but only if the children initiated it. For other respondents they felt that with treatment their partners were now able to meet the needs of their children.

Communication with Children About Post Traumatic Stress Disorder

All respondents with the exception of one had discussed with their children their partners' illness. What became apparent was that respondents discussed their partners' illness in an age appropriate way with their children. For the one respondent, who had not spoken to her children it was the age of the children that was identified as the reason. Respondents discussed how they were honest with their children and that as their children aged respondents provided more information to the children and answered their questions. What became apparent was that respondents avoided going into detail with the children about their fathers' experiences.

Respondents' Needs within the Marriage

When examining the data around respondents needs being met within the marriage, it was clear that the majority of respondents felt their needs were not being met. For others, they felt that their partners were not able to do so in the past, but were now able to meet their needs.

One of the main areas identified by respondents, where their partner was not able to meet their needs, was emotionally. It was perceived that their partners were no longer able to offer them emotional support. Some commented they felt their partners no longer knew how to comfort and support them.

The few respondents that spoke to their physical needs had varying responses. Some felt the physical relationship with their partners had ended, while others felt their physical needs were met. In one instance, the respondent felt her physical needs being met depended on her partner's health.

Another area where respondents felt their needs were not being met was in the constant awareness that some felt their partner might harm themselves as well the fear that their partners may have a bad day and feel they can no longer manage. Similarly, the theme of “partner as present-absent” (Dekel, Goldblat, Keidar, Solomon and Polliack, 2005, p.30) emerged from the study conducted by Dekel, Goldblat, Keidar, Solomon and Polliack. In this theme, the researches described how wives in their study experienced having a partner who was present but at the same time was absent. Respondents in this study highlighted what it is like living with someone who is not present. One respondent explain how she lives with the question of whether or not her partner wants to live and the concern that he may commit suicide.

Changes Respondents Would Like so That Their Needs Are Better Met

Respondents’ highlighted areas that they would like to see changed so that their needs were better met. No one category emerged as dominating the theme but rather various areas were touched upon including respondent’s partner being more aware of details within the family, communication, improved relationship between respondent’s partner and children. One respondent discussed a change in living arrangements to include residing together. Ability to do things together as a couple was also identified and, lastly, some of the respondents identified that they would like to see improvements in their partners’ symptoms such as volatileness and triggers.

Respondents’ Perspectives on Meeting Their Partners’ Needs

Respondents’ ability to meet their partners’ needs emerged from the interview data. The majority of respondents perceived that they were able to meet the needs of their partners. Respondents felt that they were able to support their partners emotionally. It

was also felt that they were able to meet their partners' needs by their level of commitment to them and their relationship. As well, some noted how they increased their responsibilities to assist their partners. Several, but not all, of the respondents felt that they were not able to meet their partners' physical needs. Respondents discussed the difficulty of being intimate with their partners when they were also their caregivers.

Respondents' Perspectives on How They Could Better Meet Their Partners Needs

Some respondents identified areas that they would like to be able to improve to better meet their partners' needs while several other respondents felt that they were already doing considerable amounts to meet their partners' needs and did not desire any changes. Changes that were identified included improving their communication, releasing some control back to their partners and one respondent spoke to her desire to be able to speak up more about PTSD.

Wife Versus Mother

The theme of wife versus mother emerged as several of the respondents discussed how they felt that at times they were not only a wife to their partners but also a mother. Respondents within this theme discussed how they were the caregivers to their partners. Highlighted within this theme was also the difficulty in having a physical relationship with someone who sees you as the nurturer and mother and you yourself feel as if that is your role.

Communication

Communication was an area that respondents discussed in detail. For some respondents, they were reflective and explained how the communication within their marriage had developed and improved with time, some felt, as a result of therapy. Many

of the respondents perceived themselves as the communicator within the relationship. They felt they were the ones seeking conversation and the ones who probed for information. Other respondents reported communication as a challenge and that they and their partners were not able to effectively communicate.

Respondents' Perspective on Areas of Improvement Within the Marriage

All of the respondents, but one, spoke to areas within their marriage that they would like to improve. For that one respondent, she did not feel comfortable discussing that area. Areas that respondents addressed were varied. Although, not addressed by many respondents in other areas, communication was identified by many respondents as an area they would like to see improved. Many respondents identified emotional support as a personal need that was not being met. This was an area that respondents would like to see improve. A few of the respondents spoke to the desire for their partner to have an improved relationship with their children including their partners being able to be more emotionally supportive towards the children. A small number of respondents felt that they would like to see their physical relationship improve. As well, one of the respondents identified finances as an area that she would like to improve which for this respondent meant combining the family's resources.

Strengths of Marriage

Many of the respondents were able to illustrate the strengths they perceived their marriage had. Strengths that were common amongst respondents were love and commitment while in the minority respondents spoke to the sense of humour they had and ability to have fun. Although in several other categories, respondents identified communication as a challenge within their relationship and an area that they would like to

see improvement. Several respondents commented they felt a strength was the level of communication they did have. One respondent highlighted the couple's religion as a strength and another identified herself. One respondent commented on how she perceived a strength of their marriage was the absence of potential symptoms or the severity of the symptoms her partner could have experienced with PTSD.

Beliefs About Marriage

Interestingly all of the respondents who had been with their partner prior to or during the development of their symptoms commented on their beliefs about marriage. These women all spoke to the importance of their vows and the commitment of remaining with their partner through sickness and health.

Thoughts of Leaving Marriage

Several of the respondents discussed their thoughts of leaving the relationship. Respondents described considering leaving at what they perceived as the worst part of the illness. Some of the respondents discussed staying in the relationship as they did not want to take their children away from their fathers, as well as the concern that their partners would harm themselves if they left. Another respondent described not having financial security as a reason why she felt she could not leave. Similarly the theme of "separation and divorce – the impossible path" (Dekel, Goldblat, Keidar, Solomon and Polliack, 2005, p.30) emerged in the study conducted by Dekel, Goldblat, Keidar, Solomon and Polliack in 2005. In this study participants as well contemplated leaving their partners. Reasons for not leaving the relationship also included concerns for children and the concern that their partner may harm himself.

Talking With Others About Post traumatic stress disorder

Data revealed that the majority of respondents had discussed with their family their partners' diagnosis of PTSD. Some of the respondents noted that they talked to their friends about their partners' illness. Many of the respondents commented on how their family and friends did not understand of their partner's illness. Others noted how they did not discuss their partners' condition right away and that only with time were they able to start sharing it with others. A common trend that emerged was how respondents did not go into details with family or friends about their partners' illness or experiences.

Social Activity and Maintaining Friendships

When examining the level of social activity of respondents, the majority perceived their level to have decreased as a result of their partners' illness. Respondents explained how their partners were not willing to engage socially and as a result they did not socialize as much. Respondents were able to comment on how, with time, they became more comfortable with going out on their own without their partners and were able to increase their level of activity.

Many of the respondents felt that they were able to maintain friendships for themselves. For some, these relationships were important as they provided a source of support.

Support From Family

Support from family members was a topic that was revealed in the data. Varying levels of family support can be seen when examining the comments of the respondents. Some respondents highlighted that their family was not understanding of their partners' condition, nor were they supportive. Some of these respondents described how their

family distanced themselves from the respondents and their families. In another group respondents felt that some family members were supportive and provided support in being someone who they felt they could talk to.

Support By Health Care Professionals

Respondents had varying responses regarding support by health care professionals. Some respondents felt that they were not supported, some perceived supports were not for them but rather for their partners and others felt that they were supported by their partners' doctors but not other health professionals. Reasons that were stated as to why respondents did not feel supported included the difficulty in accessing supports as paperwork and forms seemed to be plentiful. Identified was also the difficulty in accessing support workers, specifically their partners' case managers, were identified. Respondents spoke to not feeling as though workers understood nor had the education to assist individuals in their situation. Availability of supports was also seen as an issue, however, it was noted by one respondent that she perceived there to be more supports and resources now than in the past. Respondents did feel that at times they were supported and specifically identified therapists and support groups.

Military Communities Perspective on Post Traumatic Stress Disorder

Respondents identified their perspectives on how the military viewed those diagnosed with PTSD. Several of the respondents felt challenged in discussing how they perceived the military's perceptions and for one respondent she did not feel she could comment, as they were no longer in the community. Respondents' perceptions of the military's view of those diagnosed with PTSD fell into several categories. One of the categories to emerge was the perception that PTSD was a secret and that there was a lack

of recognition. Respondents discussed feeling as though PTSD was not something that was widely discussed and that members needed to hide their symptoms as they feared negative implications. It was also perceived that the military did not fully recognize PTSD and was not making any effort to change for future members. Many of the respondents perceived the military as viewing those with PTSD negatively. A common statement was that the military perceived those diagnosed as sick, lame and lazy. Also emerged was the thought that those diagnosed were merely using PTSD as an excuse for their laziness. In a minority some respondents felt that the military was supportive and sympathetic of those diagnosed. Those respondents also made specific reference to friends that were or are in the military that they perceived as supportive and or sympathetic.

Military Community Supports

The majority of women who participated in this study did not feel that the military community was supportive. Respondents reported that they did not find military supports helpful or willing to listen to their concerns. Respondents reported feeling as though the military had not been there to support their partners and were even less supportive of the partners of those diagnosed. Respondents' views on military supports can be further examined in the section on recommendations by respondents.

Access to Supports

Not unexpected, the majority of respondents did not feel that they knew about or how to access current supports available to their families. Some respondents were not sure how they would be able to find out about existing supports where as others felt that they may be able to access information on the Internet, through their partners' support

professionals or through their own therapist. It is important to note that for several of the respondents they did not know where to access support and that the key to them accessing support would be through their partners.

Other Comments Made By Respondents

Respondents made comments that were unique to their situation and did not fit into any specific themes or categories.

Some of the respondents discussed their partners' family background and challenges including issues related to health and family dynamics. Interestingly, a couple of the respondents felt that other family members in their partners' family had PTSD. In other cases family dysfunction and problems with alcohol were discussed.

One of the respondents commented on the impact her partners' symptoms were having on their young daughter. The respondent illustrated how her daughter felt that her father no longer wanted her. Also discussed was a dream that her daughter had where she saw her father as a skeleton and was concerned that her mother would die. The study conducted by Dekel, Goldblat, Keidar, Solomon and Polliack et al. (2005) revealed the theme of illness as navigating living. In this theme it is highlighted that the partners and children of those diagnosed start to live the experiences of their partner including, for some, experiencing nightmares. It could be argued that this has occurred for this respondent's child. Her continued exposure to her father's emotional anguish and nightmares has impacted her and is evident in her nightmares.

Respondents discussed their partners and how PTSD had affected them.

Respondents made comments about how their partners were different and not the same

person and tried to explain what it was like to have a partner who was not the same person they married but yet still their partner.

Literature

Stress Theory

McCubbin and Patterson (1983b) developed the Family Adjustment and Adaptation Response (FARR). As previously discussed in the examination of theoretical literature, it is argued that family adjustment occurs following stressor event and follows with families needing to manage the stressor, hardships associated with the event and the strains that previously experienced by the family. In the case of this study the stressor event is characterized by the Canadian Forces member or Veteran developing PTSD. When families deplete their resources the crisis stage is entered. Families must change in order to regain some level of stability. Changes can occur within roles, rules, goals and patterns of interaction. This study found that many of the respondents and their families had at some point depleted their resources and entered the crisis phase. Resources appeared to quickly deteriorate for these families as there was initially little formal support, and for many families little, to no, family and community support. It appeared for many of the families, they entered this crisis phase and knew changes needed to occur. For some families, the change to regain stability was marked by their partner seeking professional support. It is apparent in the data that the families of these men also made changes in their roles, family rules and patterns of interaction. Interestingly, several of the respondents commented on how a strength of their marriages was their ability to plan for their future goals. It could be argued that these families are very optimistic and hopeful for the future. McCubbin and Patterson state that the changes needed to stabilize

the family are facilitated through the strategies of “synergizing, interfacing, and compromising” (McCubbin & Patterson, 1983, p.23). Synergizing involves the family pulling together to facilitate the needed change. As seen in the data, the strategy of synergizing is difficult for the respondents in this study. The majority of respondents had very small children at the time the crisis took place. All family responsibility fell to the respondents and as illustrated respondents, in many cases, did not feel supported by their extended family or feel that they understood their experiences. Interfacing involves the family connecting with their community. The data in this study revealed that for some respondents they were able to find work and support groups as an adaptive coping strategy. However, many of the respondents commented their work was of the nature that accommodated having a partner with PTSD. As well very few respondents commented on receiving support from a group. The majority of respondents felt the military community and/or community at large was not supportive towards their family. Actually respondents for the most part commented on how they perceived their family was stigmatized and isolated as a result of having a partner diagnosed with PTSD. The adaptive coping strategy of compromising appears to be one of the major strategies employed by respondents. Many of the respondents compromised in various ways to bring stability to their family. They did so to the extent that they sacrificed themselves even their own personal needs for the benefit of their partner and family.

Other stress theories to consider are Hill’s (1949; 1958) ABC-X Model, McCubbin and Patterson’s (1983b) Double ABC-X Model and McCubbin and McCubbin’s (1987; 1989) T Double ABC-X Model.

When viewing the data on the experiences of the respondents it appears that Hill's ABC-X model is a simplistic view of families in crisis, particularly of those families whose crisis is having a member diagnosed with PTSD. However, when examining the data it becomes apparent that the Double ABC-X model can be useful in understanding how families are affected by a crisis and can adapt. This model acknowledges that families can be faced with multiple stressors or what has been termed "stressor pile-up." Stressor pile-up appears to be a reality for many of the respondents in this study. Respondents described the many stressors they encountered not only from their partners' development of PTSD but with the many ongoing consequences that followed as a result. For example, the loss of their partner's military career, the military community and lifestyle, changes in roles and responsibilities, finances and loss of extended family relationships and support.

The Double ABC-X model also accounts for the various resources and supports families gain to assist them. In the case of the respondents, in this study it was apparent all of the respondents were continually obtaining resources and supports to assist them. Respondents described formal and informal supports including therapy, groups, family, friends, the internet and community as resources that were gained and continued to be built on.

The third variable in the model takes into consideration the changing meanings and perspectives families ascribed to their situation in an attempt to understand. In this study it became apparent that for many of the respondents education about their partners illness was key. As respondents learned about PTSD they were better able to understand what was happening for their partners and what they and their family were experiencing.

Education about PTSD allowed the respondents to better understand their experience, and as a result, how they viewed it.

Lastly the model allows for examination of the multiple coping strategies families utilize and their varying results. The respondents put many coping strategies forward. Each respondent articulated what was helpful for her in her coping. Although this study did not seek to measure the effectiveness of respondents coping skills it would appear to be very possible utilizing a quantitative methodology to do so. As PTSD is a potential life long illness that has long term effects on the family it seems according that a model be used that accounts for a longitudinal understanding as this model does.

When considering the T Double ABC-X model it is difficult based on this study to make any comments on its relevance. One of the main additions to the T Double ABC-X model is the (T) family typology. This study did not seek to examine the typology of the family and therefore did not measure degrees of cohesion, bonding, flexibility, family time or routine.

Secondary Traumatic Stress and Secondary Traumatic Stress Disorder

Figley (1995) argues that families facilitating in the recovery of a member experiencing a traumatic event are at risk of being “traumatized by concern.” He further argues that secondary traumatic stress or STS and PTSD have similar symptoms with the difference being the sequence of responses to the trauma. As Figley acknowledged the varying degrees of symptoms that could be experienced by families’ members or care providers, the categories of STS and secondary traumatic stress disorder (STSD) were created. Figley argues, with the exception of intrusion and avoidance symptoms, the symptoms of PTSD and STSD are the same. When examining the data of this study, none

of the respondents articulated their belief that they were experiencing STSD, as was articulated in the study conducted by Maloney (1987). As well, respondents in this study did not make reference to symptoms they felt they were experiencing. Figley also coined the term “compassion stress” or STS. The term defines those who are aware of the traumatic experience of a family member but are not as affected by it. In the case of this study respondents had varying degrees of knowledge of their partners’ traumatic event. Some respondents felt they knew the experiences of their partners and were able to be a support to them, while others knew few details and some knew nothing of the traumatic event and were comfortable in not knowing. Respondents in this study appeared to be able to set boundaries for themselves as to whether or not they were able to hear the details pertaining to the event. As a result respondents who may not have been able to manage the stresses and emotions of knowing the details were able to protect themselves from STS.

Figley also defined two other terms burnout and counterferance. Burnout refers to symptoms that can arise from the “frustration, powerlessness, inability to achieve work goals...constraints, and lack of understanding”(Valent, 2002, p.19). Symptoms that can result include problems with work relationships, decreased work performance, callousness and pessimism. The data from this study revealed that many respondents felt family, friends and some formal supports did not understand their experiences. Respondents reported the frustration and helplessness they felt at the lack of understanding and support. Respondents did comment on the stress they were experiencing and some respondents commented on their difficulty sleeping as a result of their partners sleep disturbances. Some respondents’ expressed pessimism and cynicism

in certain areas such as the military and some support agencies. However, respondents in general did not comment on headaches, irritability, aggression or problems in work, decreased performance or callousness other symptoms associated with burnout.

Countertransference refers to the process whereby the helper becomes attuned to and absorbs the stresses and traumas of the traumatized and has a certain emotional reaction to that person. The information can be received by communication but also through actions and gestures. The desire to understand and want to help the traumatized individual can leave the helper with stress. Counterference can be seen when examining the data from this study. Respondents specifically spoke to their stresses associated with caring for their partners including, for some, arranging formal supports, managing their pension benefits, being a committed companion available for emotional support and taking on the responsibility for care of their needs. For some respondents they described how they have become immersed in the care of their partner and family to the extent that they have sacrificed their own basic personal needs. By doing so, the respondents described the many stresses that they have become faced with.

Discussion

The women who participated in this study shared intimate details about their lives and the experiences they encountered as a result of their partners suffering from PTSD. These women appeared to be very strong and committed to their families. They sacrificed themselves in many ways for their partners and their children. There sacrifices can be seen in various areas.

The women made sacrifices by increasing their roles and responsibilities within the family. They became responsible for the management of the home as well as being

the primary care giver to the children. The commitment respondents illustrated to their children was incomparable. They worked hard at meeting their children's needs and providing a normal family life for them despite the challenges faced with having a family member suffering from PTSD.

Sacrifices can also be seen in the respondents' commitment to their partners and their health. The women described how they cared for and supported their partners even at the loss of their own personal needs. It became apparent in the theme of respondents needs being met that many of the respondents had indeed given up much of themselves for the sake of their partners and their families.

It appeared that these women faced horrendous challenges in their everyday life. The stressors that they encountered were plentiful and continuous. These were noted in the theme of stresses and issues faced by respondents. Despite the numerous stresses identified by the respondents, they found means of coping and ways of getting by with little recognition for their accomplishments and validation of their experiences. These women appeared, for the most part, to struggle in silence. Many respondents described lack of supports for their children and themselves. The military seemed to offer no support to these families and the lack of formal and informal support continued once their partners had been released. Many of these women described not feeling able to talk with friends about their experiences and for some not being able to talk with family. A common statement made was that family and friends did not understand or want to know. It seemed for many even when they were able to access support from agencies or professionals who should have been able to provide that needed support, they were let down and again left feeling as if no one cared about them.

The strength and selflessness of these women was again demonstrated in their ability to come and share their experiences and participate in this study. The women shared detailed, and at times, painful memories of their experiences. With little validation and understanding of their experiences in the past, it took courage to come forward and share such personal information. These women again sacrificed themselves in an effort to help not only themselves but others in their situation.

Respondents' Recommendations

Recommendations for Health Care Professionals

Respondents made several recommendations for health care professionals on how they felt they and their family could be better served.

One of the recommendations that was put forward was greater education on the part of professionals serving families who have a member diagnosed with PTSD. Some of the respondents felt that a greater awareness of the military and military lifestyle would be an asset. It was perceived that workers would then be able to better understand the experiences of the family. Respondents not only recommended further education but respondents also commented on the need for more workers that were specifically trained to see clients with PTSD and their family. This would allow for easier access of support. Another recommendation included the creation of more supports specifically for the partners of those diagnosed and for their children. Suggestions that were put forward were groups for partners and for children.

A recommendation that was suggested was providing more information to partners. Respondents did not go into detail about what specific information they would

like to receive, however, it could be assumed that respondents would appreciate more information about PTSD, the effects on the family, and resources that are available.

A final recommendation was that a more holistic approach be taken in assisting those diagnosed with PTSD and their families. Respondents reported the frustration of everyone having a separate therapist and no one knowing what the other was doing. It was suggested that a system where everyone was linked and able to support the entire family would be more beneficial.

Recommendations for Military Supports

Respondents made several recommendations that they felt would have been beneficial to their partner and their family.

One of the recommendations that was put forward is the need for the military supports to listen to the concerns of the family and provide the necessary assistance. It was illustrated that some of the respondents did not feel heard when bringing concerns to the military supports.

Another recommendation is for a change in the mentality of how the military and its members see those diagnosed with PTSD. It was felt that the military needed to have a greater understanding of those diagnosed. Respondents did not make any recommendations as to how they felt the mentality of the military members needed to be changed, however respondents did speak to how they perceived the military as hypocritical for releasing members who were ill but at the same time stating they wanted to help. The perspective of the respondents was that releasing their partners from the military was not helpful.

Other respondents recommended the military take greater responsibility for those diagnosed with PTSD. It was felt that the military had created soldiers out of these men and provided them with the experiences that caused their PTSD and as a result respondents felt responsibility for that was needed. It was perceived that the military did not want to take responsibility but rather paid off people to go away and deal with their problems. No suggestions were put forward by respondents to how the military could take more responsibility.

The Operational Stress Injury Social Support program was specifically commented on. It was recommended that supports be made available across the country with the availability of direct access. It was noted that family peer support coordinators were placed across the country however it was recommended that families be able to have greater access to workers and not have to wait to see them till they are in the area.

Researcher Recommendations

Several recommendations from the perspective of the researcher in areas of policy, practice and research are put forward. It is important to note that qualitative research aims to understand the phenomenon and make extrapolations about similar situations rather than make generalizations. As a result recommendations put forward attempt to meet the needs of the majority. The following recommendations that are put forward are a result of the information revealed in the data and the experiences of the researcher.

Policy

As many of the respondents illustrated that they were not aware of what services are available to them and their family, it seems important to assure that policy focuses on

including family in the awareness of what supports are available. It is understood that several privacy policies and acts are in place to protect the privacy of individuals however, policy could include obtaining consent from those utilizing services to allow for a general package of information on resources and supports to be offered to families. As well support agencies and other providers of direct service could create a system where by the family has total access to supports that does not require the primary beneficiary or insured's authorization. This would assure no one member in the family would be the gatekeeper of the resources and support. By offering a system that is more open to partners and children it may also provide a sense of acknowledgment to those families who are affected by the symptoms of PTSD.

As it was revealed through the data that parenting became the primary responsibility of the respondents, it is recommended that policy be implemented to acknowledge this change within the family. As these women provide care for not only their partners but also provide primary care to their children, it seems essential to provide support to prevent or minimize caregiver burnout. It appeared that respondents felt the most challenged when their children were young and demanded more from them. New policy could allow for support to be offered in terms of respite child care as well as education programs on how to parent or co parent with a partner who has PTSD.

It became apparent from the data that the majority of the respondents did not feel supported by the military nor did they feel that individual members for the most part understood their partners' condition. Respondents appeared to be left feeling as though their partners were perceived by the military as sick and lazy individuals who used their diagnosis as an excuse. It is recommended that the military implement training programs

that are designed to educate members and specifically members in positions of authority about PTSD. This training could serve many purposes including providing a greater sense of support to those diagnosed and their families. The training may provide a more supportive environment where those currently keeping their illness a secret become comfortable with bringing forward their struggles. The training may also provide individuals in positions of authority with some of the knowledge and awareness needed to identify those who are struggling in silence. Acknowledgment of their struggles and appropriate referrals can then be made to assist the member as well as their family.

Based on the data and researchers experiences it is recommended that access to resources and supports be made as easy as possible with minimal paper work. It was identified by respondents that they and their partners feel overwhelmed by the amount and complicity of the paperwork needed to access supports. It was highlighted that for many of the respondents their partners have difficulty in accomplishing everyday tasks to varying degrees and severities throughout their illness. This needs to be acknowledged and understood that at times what appears to be a simple form may not be and may be overwhelming to someone diagnosed with PTSD or their partner who is faced with multitudes of stressors and responsibilities. It is recommended that paperwork be minimal and where appropriate be explained and completed with workers. This may minimize the confusion and overwhelming feelings that respondent's experience. It may also provide a greater sense of support as respondents may feel that the organization wants to help as opposed to making the resources difficult to obtain.

Dr. Greg Passey a military psychiatrist and leading expert on PTSD stated in a CBC interview, *Causalities of Peace* that 15 percent of Canadian Peace Keepers have

been afflicted with PTSD. Surprisingly this was one of the few statistics that were available on the incidences of PTSD in the Canadian Forces. The exact number of military members diagnosed with PTSD could not be found. It seems essential that statistics on the rate of members being diagnosed be kept to determine the exact severity of this issue within the Canadian Forces. Exact incident rates would allow for further justification of research, resources and supports for these individuals and their families. As well the statistics could be utilized to determine patterns as well as if existing resources and supports are functioning to decrease the numbers of members developing this illness. Policy should be created that allows for the tracking of members being diagnosed. It would seem best that this task fall to Veterans Affairs Canada as they service members and veterans receiving disability pensions and would have access to this information.

Practice

In today's fast paced agency with lack of funding, diminished resources and increased demands on workers, it is sometimes difficult to stop and think beyond the client in front of us. That is a challenge that exists for social work practitioners. Social workers need to continually remember their roots and training that we as a profession acknowledge family systems theory and understand that one member's illness can affect the entire family. With this understanding we can better serve not just the client in front of us but the entire family that stands behind that client and supports them. This is greatly needed when assisting those diagnosed with PTSD, as well as their family. We cannot assume that because clients did not ask for support for their family that it is not needed. In the case of the respondents who participated in this study, they desire the knowledge of

what is available to them and their children and how they can access it. It is recommended that practitioners ask the question of whether supports are needed and then be prepared to offer the information directly to the family or at least provide a package of resources and supports that can be taken back to the family.

Respondents identified education as a key factor in their coping with their partners' symptoms. Respondents explained how it helped them to understand what their partners were experiencing as well to normalize their experiences. Respondents also perceived education to be a factor in why their partners' symptoms had improved. Respondents perceived that the more their partners know about their condition and potential triggers the better they were able to manage them. Based on these findings, it is recommended that practice include providing education either personally to those diagnosed and their families or through educational group activities. This would ensure that family members are provided accurate information on PTSD, treatment and influences on the family. Respondents also illustrated, they felt their families were not able to understand and had misconceptions of PTSD. It is recommended that a general education presentation be created that could be presented to educate the general public and more specifically the extended families of those diagnosed.

Respondents felt that healthcare professionals and workers who support the individuals diagnosed and their families were not understanding of PTSD and the experiences of families. It is recommended that healthcare professionals and other workers who support these families be provided with greater training about PTSD, the affects of PTSD on the family and how military lifestyle as potentially impacted the family. It is further recommended that the military and other agencies that support these individuals and

families be aware of the education levels and training of the practitioners who are referred to. This will assure that our clients will be receiving the best possible service.

Many of the respondents identified a lack of supports available to them and their children. It could be assumed that this perception of lack of supports has provided validation to the family's feelings that they are insignificant. It is recommended that further supports be developed to support those family members encountering the challenges of having a family member diagnosed with PTSD. Options for increased support include support groups specifically for partners and groups for children as well as previously discussed educational opportunities.

Research

Several challenges arose during the course of this study. The primary challenge was in recruiting participants. Participants appeared to be apprehensive about sharing their experiences with others. It could be assumed that this lack of trust had developed within the respondents as a result of not feeling understood in the past by health and support professionals.

Although it may have been easier to recruit participants through a healthcare setting or support agency which has a greater access to respondents, it was noted that respondents, who did participate in the study, reported having a distrust of systems that support those with PTSD and their family.

PTSD is not a new mental health issue and in recent years the military has recognized it as an issue for action. However, it is important to note that although now recognized, the Department of National Defence maintains policy to control research conducted on military members and their families. The Department of National Defence

authority for research of military members and their families is The Director of Human Resources Research and Evaluation (DHREE). Under DHREE all researchers wishing to conduct research on this population are to submit the proper paperwork and research proposal for consideration (DND, CanForGen 145/02 ADMHRMIL 079 unclass 131028Z Dec 02). DHREE states that their function is to coordinate research, maintain quality control and assure proper ethical considerations. Although quality control and ethics are extremely important, it could be argued that for independent academic research the policy is intrusive and impedes the researchers ability to conduct research. It also restricts the rights of members and their families to participate in research, if they should choose to do so. Academic researchers are concerned about quality and ethics, and have professional codes of practice and ethics. In some cases, as in the case of this study, ethics and review boards reviewed this study for quality and ethical considerations prior to the commencement of any research. Another factor for consideration is the ownership of members and families experiences. In this researchers opinion, policy such as that of DHREE implies that they have control over the experiences of this population and the authority to grant access to it. This research takes the position that each individual had control over their own experiences and the ability to make their own choice as to whether or not they wish to participate in the research. After consideration of these factors it could be argued that for the purpose of academic research DHREE is more of a hindrance and potential deterrent than a positive factor in conduction research on this population. This study did not seek DHREE approval as the majority of participants were families of veterans and as stated this research proceeded with the approval of the university human research ethics board. DHREE is an organization that should be considered when doing

research on Canadian Forces members and their families. Limitations and challenges may exist if direct access to this population is required and the assistance of DND or other affiliated organizations is necessary for recruitment of participants.

Another challenge that was encountered was accessing a group of participants that had similar demographics. For example, this study required participants to be married or common law to a current or past Canadian military member who had been diagnosed with PTSD between the time of 1980 and 2004. Participants were also required to have children. Some individuals contacted the researcher wanting to participate in the study but had been divorced from their partner or had no children. Interestingly respondents who wanted to participate but had no children stated that one of the reasons that they did not have children was a result of their partner's illness.

Other challenges that arose were participants' desire to speak about their partners' experiences rather than their own. It was observed that some respondents made comments about those diagnosed with PTSD in general and made global statements as if they pertained to everyone. It was also observed that respondents discussed areas by referring to partners of those diagnosed with PTSD as a whole rather than their own personal experience. It may be that it is easier for the respondents to speak in those terms or as if it was the experience of someone else rather than their own. Researchers need to be aware of this concern and the potential need to remind participants to speak from their own personal experiences and to have them reflect how their global comments specifically related to them.

The effects of having a family member with PTSD and the effects on the family is an important area of study. With increasing conflict around the world and the resulting

increased demands on our military, this is an important area for study. The existing body of literature on this topic is sparse and as respondents illustrated through out this study it is important that their experiences be understood so that they can be better assisted by policies, social workers and other support professionals.

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Appendices

Appendix A: Consent Form

Consent Form

Research Project Title: Effects of Post-Traumatic Stress Disorder on Military Families: A qualitative study on the perspectives of females whose partners have been diagnosed

Researcher: Haley Schroeder, Graduate Student of the University of Manitoba. The researcher as the final component to the Master of Social Work Program is conducting this research.

This consent form, a copy which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this study is to examine the lived experiences of spouses whose partners have been diagnosed with Post-Traumatic Stress Disorder. In particular, to explore how the spouse experienced the stressor within the family context. The central research question of this study is stated as: From the perspective of the female spouse how has the onset of Post-Traumatic Stress Disorder in their military member/Veteran partner affected their family?

You are being asked to participate in one interview approximately two hours in length. The interview will consist of multiple questions related to what your experiences have been in having a family member diagnosed with Post-Traumatic Stress Disorder. Questions will include the areas of stress and coping; family roles and responsibilities; and marital relationship and supports.

It is important to note that some participants may experience some stress and/or anxiety as a result of participating in this study. The questions that will be asked are personal in nature and may require you to recall memories and events that are stress inducing. Participants are reminded that if they are not comfortable with some questions they are able to decline answering them.

To assist in the data collection process all interviews will be taped and transcribed. The interviewer will also take notes throughout the interviews. Confidentiality will be maintained to the best of the researchers' ability. Multiple steps will be taken to maximize confidentiality. All interview materials will be stored in a locked location with access only to the primary researcher. All interviews will be numbered with the master sheet of participant name and corresponding number stored in a separate locked location. This sheet will only be accessible to the principal researcher. Interview tapes will be

provided to an individual for transcription. This individual will sign a confidentiality form and adhere to the confidentiality guidelines of this study. The transcriptions of the interviews will be used for the sole purpose of assisting in the analysis of data and creating the final documentation. Access to the completed transcriptions will be limited to the primary researcher and advising committee members. To the best of the researchers ability no identifying information will be offered in the final documentation.

At the end of the interview you will be explained the process whereby information will be continued to be collected then analyzed and written. All participants are entitled to a summary of the final report that will be made available no later then October 2005.

Yes, please send me a copy of the final report. It can be mailed to me at:

No, I would not like a copy of the final report

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this wave your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Consent is voluntary and declining to participate will not affect any services you may be receiving now or may receive in the future. Your continued participation should be as informed as our initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Principal Researcher: Haley Schroeder
Supervisor: Harvy Frankel, University of Manitoba 474-8378

This research has been approved by the Psychology and Sociology Research Ethics Board of the University of Manitoba. If you have any concerns or complaints about this project you may contact anv of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail _____ ca. A copy of this consent form has been given to you to keep for your records and reference.

Participants Signature

Date

Researcher's Signature

Date