

August 2019

The Interrelated Nature of Trauma: Exploring the Narratives of Persons Living with a Family Member who has Post-Traumatic Stress Disorder

Emily Johnson
ejohn73@uwo.ca

Follow this and additional works at: https://ir.lib.uwo.ca/sociology_masrp



Part of the [Sociology Commons](#)

Recommended Citation

Johnson, Emily, "The Interrelated Nature of Trauma: Exploring the Narratives of Persons Living with a Family Member who has Post-Traumatic Stress Disorder" (2019). *MA Research Paper*. 26.
https://ir.lib.uwo.ca/sociology_masrp/26

This Dissertation/Thesis is brought to you for free and open access by the Sociology Department at Scholarship@Western. It has been accepted for inclusion in MA Research Paper by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

THE INTERRELATED NATURE OF TRAUMA: EXPLORING THE NARRATIVES OF
PERSONS LIVING WITH A FAMILY MEMBER WHO HAS POST-TRAUMATIC
STRESS DISORDER

by

Emily Johnson

A research paper accepted in partial fulfilment of the
requirements for the degree of
Master of Arts

Department of Sociology
The University of Western Ontario London, Ontario, Canada

Supervisor: Dr. Kim Shuey

2019

Abstract

The study of the relationship between work-related post-traumatic stress disorder (PTSD) and the family has commonly been approached from both a psychological and psychiatric perspective. Moreover, these studies have primarily focused on how PTSD impacts familial relationships from the perspective of the individual who has PTSD, while little attention has been placed on the viewpoint of family members. By using data obtained from *Beyond Blue* and *Reddit*, the current study aims to redress this gap by directly exploring the perceptions of family members living with an emergency service worker who has PTSD. A qualitative content analysis was conducted using a total of 20 threads with nine obtained from *Beyond Blue*, and the remaining 11 from *Reddit*. The narratives of 27 different forum participants – two children and 25 spouses of an individual with PTSD – were included in this analysis. The findings from this study indicated six fundamental themes that were addressed by participants: (1) “walking on eggshells,” (2) a shift in roles and responsibilities, (3) the notion of ambiguous loss, (4) a lack of support, (5) personal impact, and (6) interpersonal impact. All of these themes highlight the difficulties that families endure while living with an individual who has work-related PTSD and further illustrates the need for attention to be placed on developing strategies and interventions tailored explicitly towards meeting the distinct needs of those living with a family member who has PTSD.

Keywords

post-traumatic stress disorder (PTSD), emergency service workers, family, family relationships, life course theory, military, first responders, mental health

Post-traumatic stress disorder (PTSD) is one of the leading causes of psychological distress amongst emergency service personnel, as it is highly associated with the life-threatening nature of their occupations (Dekel & Monson, 2010; Armenta et al., 2018). The occupational category of “emergency service work” includes police officers, firefighters, paramedics, and military employees. PTSD is defined by the American Psychiatric Association [APA] (2000) as the short or long-lasting response which occurs following the exposure to an extremely traumatic event causing severe bodily harm or threatened death to oneself or others. Much of the existing literature on PTSD has commonly explored how it impacts the daily functioning of the individual living with the condition (e.g. Clohessy & Ehlers, 1999; Armenta et al., 2018). However, over the past few decades, researchers have begun to examine how the presence of PTSD within the family unit can impact familial relationships and result in poor family functioning in a variety of domains – illustrating that the repercussions of PTSD are not merely individualistic in nature (McFarlane & Bookless, 2001; Ray & Vanstone, 2009). This literature has helped to solidify further the notion that PTSD is not only a rapidly increasing concern for emergency service personnel, but for their families as well (Evans, McHugh, Hopwood, & Watt, 2003; Laffaye, Cavella, Drescher & Rosen, 2008; Ray & Vanstone, 2009; Dekel & Monson, 2010; Renshaw & Caska, 2012).

Although research has started to explore the impact of PTSD on the family unit, these studies have typically employed quantitative research methods, such as surveys or questionnaires, and their focus has primarily been from the vantage point of emergency service workers while paying little to no attention to the direct perspectives of family members. However, this approach to conducting research regarding the impact of PTSD on family relationships is problematic in two regards: Foremost, quantitative research methods

offer a limited and less in-depth exploration into the experiences of people living with a family member who has PTSD. Second, the perspectives that people with PTSD may have regarding how their illness impacts family relationships may significantly differ from the views of their family members. Thus, to work towards identifying the implications that PTSD truly has on family functioning and familial relationships, it is necessary to recognize the experiences of family members living with those who have PTSD directly. By acknowledging these individuals' narratives, it will not only offer further insight into the negative repercussions that PTSD has on the family unit, but it also holds practical importance for people in helping professions who work closely with members of this distinct population, such as psychologists and family counsellors.

Two central questions will guide this research: (1) How do individuals describe their experiences living with a family member who has PTSD?; and (2) how does the presence of PTSD in the family shape the roles of individuals within the family unit and subsequently, familial relationships? A conventional content analysis was conducted based upon posts made on the online forums *Beyond Blue* and *Reddit*, as well as all of the relevant replies, also referred to as “comments,” associated with the posts made by people living with a family member who has work-related PTSD. The initial research question provides the opportunity to examine the personal narratives of individuals living with a family member who has PTSD, while the second research question allows for an exploration into how the onset of PTSD impacts family functioning and familial relationships.

A Life Course Framing of Work-related PTSD

The life course perspective is a research paradigm that focuses on the study of people's lives within social, structural, and cultural contexts (Elder, Johnson & Crosnoe,

2003). The five fundamental principles of the life course theory include the notion of life-span development, agency, the emphasis of time and place, the importance of the timing of life events, and the most critical component relative to this research, the principle of linked lives (Elder, Johnson & Crosnoe, 2003). By applying fundamental components of the life course perspective – in particular, the principle of linked lives – the goal of this study is to examine how the presence of PTSD within a family unit can impact family functioning and familial relationships. The principle of linked lives maintains that individuals live their lives interdependently rather than independently (Elder, Johnson & Crosnoe, 2003, p.13; Marshall & Muller, 2003 p.10). As a result, major life events that occur in one's life can cause significant changes or disruptions in the lives of those in which they are closely associated (Elder, Johnson & Crosnoe, 2003, p.13). Therefore, applying a life course perspective proves to be a compelling asset for PTSD research as it provides a unique analytical component which serves to strengthen the study of reciprocal effects (McLeod & Pavalko, 2008).

In combination with the life course perspective, the theory of secondary traumatic stress is a strong illustration of the principle of linked lives in practice. Secondary traumatic stress occurs as the innate response to a loved one's exposure to a traumatic event and is exacerbated further by the strain and difficulty associated with living and caring for a family member who has PTSD (Figley, 1998). As a syndrome, secondary traumatic stress disorder (STSD) is substantially parallel to PTSD, excluding the fact that the family member did not have direct exposure to the traumatic incident (Figley, 1998). An abundance of preexisting literature on STSD demonstrates that those in close proximity to an individual living with chronic PTSD may begin to display a number of social, emotional, and psychological symptoms akin to those of PTSD (Figley, 1998; Lyons, 2001; Dekel et al., 2005;

Dirkzwager, Bramsen, Alder and van der Ploeg, 2005; Frančišković et al., 2007; Batten et al., 2009). For instance, the most common symptoms of STSD may include the experience of nightmares involving the person who had endured the traumatic event, insomnia, diminished interest in previously enjoyed activities, increased irritability, chronic fatigue, headaches, and changes in an individual's self-perception, the perception of their own life, and those around them (Figley, 1998).

Literature Review

An Overview of Work-related PTSD

PTSD often develops in response to a severely stressful event that is calamitous or life-threatening in nature (Skogstad et al., 2013). Since PTSD develops in response to one's exposure to a severely traumatic event, commonly referred to as a critical incident, work-related PTSD can thus be defined as the experience of a critical incident or exposure to a stressful situation that occurs as a result of one's occupation or within the workplace (APA, 2000; Maguen et al., 2009; Skogstad et al., 2013). As a result, people working in particular professions, such as emergency service personnel, are more vulnerable to the development of PTSD due to their frequent exposure to critical incidents and the stressful nature of their work environments (Pole, 2008; Skogstad et al., 2013; Canadian Labour Congress, 2015).

The two main occupational factors that have been cited throughout the literature as significant contributors towards the development of work-related PTSD are the exposure to critical incidents and the stressful nature of a work environment (Maguen et al., 2009; Jonsson, Segesten & Mattsson, 2003). Being exposed to a critical incident can cause significant psychological distress for emergency service personnel (Maguen et al., 2009). Examples of critical incidents include: witnessing a person's death, encountering a mutilated

body, working with a child or adult who has endured some form of physical or sexual assault, being threatened with a lethal weapon, witnessing the death or severe injury of a colleague, experiencing severe bodily harm while on the job, having to shoot or kill an individual while on the line of duty, or making a mistake that has resulted in the death or injury of a civilian or associate (Pole, 2008). Thus, due to the nature of their occupations, emergency service personnel are more likely to endure or anticipate the risk of being exposed to a critical incident, resulting in an increased likelihood of developing PTSD (Maguen et al., 2009; Skogstad et al., 2013).

Emergency service personnel are also exposed to significantly stressful work environments comprised of the anticipated and direct exposure to life-threatening experiences on a routine basis (Regehr, Goldberg & Hughes, 2002; Jonsson et al., 2003; Pole, 2008). This constant exposure to high levels of stress is problematic as the majority of situations in which they are left to cope with typically fall outside the normative domain of human experiences (Jonsson et al., 2003). It is thus essential for employers to have adequate supports in place to help workers cope with the exposure to any adverse circumstance that may arise. If workplaces do not have appropriate supports in place, individuals may attempt to manage their stress on their own through self-destructive behaviours such as drug or alcohol abuse, which subsequently exacerbates their levels of emotional and psychological distress (Pole, 2008).

PTSD symptomatology

The Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) identifies three central symptom clusters associated with PTSD: re-experiencing or intrusive thoughts, avoidance and numbing, and hyper-arousal (APA, 2000). Intrusive symptoms are

characterized by flashbacks, nightmares, intrusive memories, and physiological responses when faced with an image, smell or sound that resembles their past trauma (APA, 2000). Symptoms of avoidance and numbing refer to an individual's tendency to avoid thoughts and activities that remind them of the trauma, as well as a considerably reduced interest or participation in previous activities (APA, 2000). These behaviours, in turn, can lead to gaps in memory, feelings of detachment from loved ones, sensations of numbness, and significantly lower levels of affect (APA, 2000). Lastly, the arousal symptom cluster is comprised of disturbed sleep patterns, anger and irritability, difficulties concentrating, and continuously feeling on edge, jumpy, and on-guard (APA, 2000). These symptoms often alter an individual's feelings and behaviours which, in turn, can affect how they interact with others following their exposure to trauma (Carlson & Ruzek, 2018). It thus can be noted that it is the symptoms associated with PTSD which lead to a dysfunctional family environment and negatively influence interpersonal relationships that exist within the family unit (McFarlane & Bookless, 2001; Evans et al., 2003; Ray & Vanstone, 2009).

The Impact of Work-Related PTSD on the Family

Shift in roles and responsibilities

Due to the changes in behaviour that result from PTSD symptoms, individuals may be unable to perform their previous roles and obligations, leaving the fulfilment of these responsibilities for their spouse or other family members (Årestedt, Persson & Benzein, 2014). For instance, an individual may not be able to work due to their PTSD symptoms, especially if their occupation is the main contributory factor to their trauma (Carlson & Ruzek, 2018). This inability to work may have immense financial implications for the family, especially if the individual with PTSD is the primary economic provider (Rusk & Novey,

1957). As a result, families may become increasingly vulnerable as their probability of experiencing poverty increases due to the loss of income and benefits associated with the failure to participate in the workforce. Therefore, to reduce the financial burden that PTSD imposes on families, spouses may be required to pursue additional employment opportunities within the paid workforce to compensate for the lost income (Carlson & Ruzek, 2018; Lambert, Engh, Hasbun & Holzer, 2012).

When an individual develops PTSD, it is common for a family member – most often the spouse – to assume the role of the primary caregiver (Rees, Boyle & MacDonald, 2001; Lawrence, 2012; Årestedt et al., 2014). However, this sudden accumulation of new roles in addition to all of an individual's previous responsibilities is problematic as it leaves said person at a significant risk of experiencing role strain and burnout. Role strain occurs when an individual faces difficulty fulfilling the demands associated with their roles (Goode, 1960), while caregiver burnout refers to the physical, emotional, and mental exhaustion experienced by a family member who is caring for an ill loved one (Figley 1998, p.16). Both of these outcomes are significantly problematic as they commonly lead to an increased state of physical, psychological, and social dysfunction due to the extensive exposure to stress (Figley 1998, p.23; Pavalko & Woodbury, 2000). As a result, partners of those who have PTSD tend to report higher levels of emotional and psychological distress, and relationship dissatisfaction relative to those living without a partner who has PTSD (Evans et al., 2003; Ray & Vanstone, 2009; Renshaw & Caska, 2012; Kalmijn, 2018).

Impact on familial relationships

According to existing literature (e.g. Evans et al., 2003; Ray & Vanstone, 2009; Dekel & Monson, 2010; Lambert et al., 2012), the symptoms of avoidance, emotional

numbing, and anger appear to pose the most significant threat to family functioning and familial relationships. Emotional numbing can often have an immense impact on familial relationships as individuals often tend to avoid engaging in emotionally charged conversations or activities that remind them of their trauma or trigger unwanted emotions. Notwithstanding, this avoidance often becomes a source of dissatisfaction and resentment for family members as they perceive their loved one to be uninterested and detached from their life (McFarlane & Bookless, 2001; Evans et al., 2003; Renshaw & Caska, 2012).

Anger is one of the most common responses exhibited by survivors of trauma when faced with a perceived threat. However, although anger may serve as a common coping mechanism for daily stressors by those with PTSD, it can cause significant complications for their interpersonal relationships – specifically, regarding communication (VA, 2018). For instance, often times it is reported that an individual's immediate response to a topic brought up by their loved one is anger (Ray & Vanstone, 2009). However, this reaction is problematic as it diminishes the potential for healthy dialogue and overtime individuals may be less inclined – or even potentially fearful – to converse with their family member who has PTSD (Dirkzwager et al., 2005; Ray & Vanstone, 2009; VA, 2018). Evans et al. (2003) also note that constant expressions of anger can lead to heightened feelings of depression and reduced family functioning, which contributes to the development of a stressful family environment. Stressful family environments are characterized as those with higher levels of marital conflict, unresponsive parenting styles, social isolation, a lack of emotional responsiveness and support, and a reduction in family cohesiveness (Ray & Vanstone, 2009).

The notion of ambiguous loss is another source of stress and complications for family functioning and interpersonal relationships (Dekel & Monson, 2010). In regards to PTSD,

ambiguous loss theory suggests that the lack of certainty surrounding a loved one's condition can pose significant levels of psychological distress for family members (Boss, 2007; Deckel & Monson, 2010). Therefore, considering the unpredictable nature of PTSD symptoms, family members are stuck living in a constant state of absence and presence (Deckel & Monson, 2010). For instance, the individual who has PTSD may be physically present within the family unit; however, they may not be as actively involved as prior due to the diminished psychological presence associated with their symptoms (Deckel et al., 2005). This constant ambiguity reflects negatively on the mental health of family members as it increases their susceptibility to experiencing depressive episodes, anxiety, and feelings of guilt (Deckel & Monson, 2010). Additionally, prolonged exposure to feelings of ambiguity may also trigger spouses of those with PTSD to perceive them as a dependent rather than a partner which reduces relationship satisfaction and subsequently increasing rates of marital distress (Evans et al., 2003; Boss, 2007; Ray & Vanstone, 2009; Deckel & Monson, 2010).

Parent-child relationships

The psychological repercussions associated with PTSD can significantly limit one's ability to fulfil the responsibilities of their parenting role. Specifically, the adverse alterations in one's behaviours that may result upon the onset of PTSD – such as heightened levels of anger, reactivity, and withdrawal – create significant challenges for nurturing the parent-child bond (APA, 2000; Christie et al., 2019). For instance, parents with PTSD may not be able to establish supportive and stable relationships with their children as they tend to be less emotionally available and display more aggressive behaviours towards their child (Ray & Vanstone, 2009; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014; Carlson & Ruzek, 2018; Kalmijn, 2018). Moreover, children who have a parent experiencing the negative effects of

trauma often perceive that they put more effort into the relationship than their parent, which thus renders feelings of frustration and emotional distance between the parent and child (Kalmijn, 2018).

A recent study by Christie et al. (2019) also found parental PTSD to be highly correlated with poor functioning across a variety of parenting domains such as an increase in the level of parenting stress experienced by the individual with PTSD, lower levels of parental satisfaction, impaired parent-child relationships, and an increase in adverse parental practices, including aggression and controlling behaviours. These outcomes, as documented by various other researchers, are problematic as they may subsequently lead to increased levels of psychological, social, and emotional dysfunction amongst children (Berg-Nielsen, Vikan, & Dahl, 2002; van Ee, Kleber, & Jongmans, 2016; Christie et al., 2019).

The Gendered Nature of PTSD

There is a unique relationship that exists between gender and PTSD. Throughout her study, Olf (2017) found that the lifetime prevalence of PTSD is approximately 10 to 12 percent in women, and five to six percent in men – with men and women experiencing distinct forms of trauma in both their private and work life. For instance, women are exposed more frequently to high-impact traumatic events such sexual abuse when compared to men, and typically experience these events at a younger age (Norr et al., 2017; Olf, 2017). Studies have also found that the reason women may be more susceptible to developing PTSD is due to their acute subjective responses to trauma, such as threat perception and peritraumatic dissociation, which includes out-of-body experiences, derealization, altered time perception, and emotional numbing (Thompson-Hollands, Jun & Sloan, 2017). Thus, gender is a

significant risk factor for the onset of PTSD (Norr et al., 2017; Olff, 2017; Thompson-Hollands et al., 2017).

Interestingly, however, a study conducted by Lilly et al. (2009) comparing the prevalence of PTSD amongst the civilian population to police and military populations found that although the incidence of PTSD was significantly higher amongst female civilians, gender alone was not a risk factor for PTSD amongst police and military personnel.

Workplace culture played a significant role, including the hegemonic masculine notions idealized within police and military populations. Hegemonic masculinity refers to how the adoption of male attributes and practices – such as being physically tough, aggressive, self-reliant, and having control over one's emotions – serves to reinforce privilege within a particular environment (Connell, 1987). As a result, women in emergency services are forced to internalize a traditionally male gender role that discourages emotional reactions to trauma and peritraumatic dissociation (Metcalf & Dick, 2002; Burke, Richardsen, & Martinussen, 2006; Lilly et al., 2009). Thus, emotionality presents as a more critical predictor of the onset of PTSD and female emergency service workers who conform to the gendered occupational expectations of their profession may be at less of a risk for developing PTSD (Lilly et al., 2009).

Although the prevalence of PTSD amongst male and female emergency service workers is relatively similar, a study by van der Meer et al. (2017) found that women typically experience PTSD symptoms at a more frequent rate than men. Nonetheless, there are no gender differences in the symptom clusters exhibited which indicates that the expression of PTSD symptoms amongst female and male emergency service personnel are substantially parallel (van der Meer et al., 2017). It is important to note, however, that men

may be more adversely affected by the experience of PTSD symptoms as it heightens feelings of impotence, helplessness, and sadness which, in turn, manifests into more frequent expressions of frustration and anger (Lilly et al., 2009; van der Meer et al., 2017). Thus, women appear better equipped to handle the repercussions of trauma and PTSD symptoms relative to men.

As the prevalence of PTSD continues to rise amongst emergency service personnel, it proves essential to explore the experiences of the different parties impacted by its onset. Thus far, the majority of researchers who have examined the impact of PTSD on the family unit have typically employed quantitative research methods, such as surveys or questionnaires, and they have generally focused on the viewpoints of emergency service personnel who have PTSD while paying little to no attention to the perceptions of family members. This approach to researching PTSD and familial relationships is problematic as quantitative methods offer a limited and less in-depth exploration into the experiences of people living with a family member who has PTSD, and the perspectives that people with PTSD may have in regards to their illness' impact on family relationships can significantly differ from the perspectives of their family members. Therefore, in order to adequately redress these issues, this study sets out to identify the effect that PTSD symptoms have on family functioning and interpersonal relationships from direct perspectives of family members living with a person who has PTSD.

Methodology

Data Collection

A conventional content analysis was conducted based upon posts made on the online websites *Beyond Blue* and *Reddit*, as well as all of the relevant replies, also referred to as

“comments,” associated with the posts. These websites were selected for two main reasons: Foremost, both sites function as an outlet of social support for individuals to seek advice from others who have or are currently enduring similar experiences regarding PTSD. Secondly, both websites permit its users to engage with other people’s posts through functions such as “likes” and “comments.” The content analysis is a method of data collection where content is examined systematically for patterns of repetition in communication, which allows for the development of thematic categories and advanced insights (Hsieh & Shannon, 2005). This decision to implement a content analysis specifically using posts made on online forums rather than an alternative qualitative method, such as face-to-face interviews, was based on the notion of the ‘online disinhibition effect.’ The online disinhibition effect refers to an individual's tendency to increase self-disclosure online and decrease feelings of inhibition due to the anonymous nature of the Internet (Suler, 2004). Thus, individuals are more inclined to share intimate information as conditions of anonymity allow for the separation of online activities with their offline lives. This unfiltered and less restrained information, therefore, allowed for more genuine feelings and experiences to be observed.

In order to locate relevant postings, a search for particular key phrases such as “my parent has PTSD”, “spouse with PTSD”, “my husband has PTSD”, “my wife has PTSD”, “living with a person who has PTSD”, and “military wife” was conducted using the search bar function on each website. Additionally, the results of these searches were further refined by “relevance” and “year” by using the dropdown menu bar on the left hand side of each website, so that only the most pertinent posts published from 2014 onward would be included in the analysis.

The data set for this study was comprised of a total of 20 threads created by different users, with nine obtained from the website *Beyond Blue*, and the remaining 11 from *Reddit*. A total of 27 forum participants with 25 identifying as the spouse and two as the child of an individual with PTSD were included in this study. However, due to the anonymous nature of the Internet, the exact demographic characteristics of each person who composed content was difficult to determine. To work around this, specific factors associated with each post – such as language, account names, and display pictures – were used in an attempt to determine the gender of participants. Based on this, it appears reasonable to assume that approximately 23 of the participants were women, and the remaining four were men.

As relevant postings were located throughout this phase, they were saved as a PDF document to allow for the electronic marking and highlighting of each post and their associated comments. Additionally, important quotes and any available relevant demographic characteristics about those who had made the posts or comments such as their age, gender, and marital status were recorded by hand in a separate notebook. Once the complete data set was obtained, the information was subjected to a pre-coding evaluation in which meaningful quotes and passages were circled, highlighted, underlined, and applied a preliminary word or phrase to describe the general idea being discussed. This information was then documented in a separate notebook to enable a more simple retrieval of quotes to serve as illustrative examples throughout the entirety of the study. Additionally, throughout this phase, the posts were also winnowed as a means of focusing specifically on the essential aspects relative to the research questions being explored by eliminating any irrelevant content (Creswell & Creswell, 2018). This process of winnowing the data allowed for any relevant content regarding how individuals describe their experiences living with a person who has work-

related PTSD and the associated impact it has had on family functioning and interpersonal relationships to be acknowledged.

Data Analysis

A thematic analysis was used as the primary method of coding for this dataset. The thematic analysis is one of the most frequently used forms of evaluation in qualitative research due to its emphasis on pinpointing specific concepts, patterns and themes that exist within the data (Maguire & Delahunt, 2017). Themes in the data refer to any existing patterns that capture important or intriguing information in regard to the research questions being explored (Maguire & Delahunt, 2017). For the present study, the data were coded by hand using a line-by-line coding strategy and was subjected to two main phases of coding. In the initial review, descriptive codes were used to extract and clarify important information and concepts from the data. Once complete, the codes were further refined and assigned a more broad code which was based on a common theme or concept that emerged throughout the initial phase of coding. Since this study operated inductively, meaning the generation of themes, concepts, and theories emerged directly from the views of forum participants (Cresswell & Cresswell, 2018), there were no predetermined measurements or themes used going into the study.

Ethical Considerations

The data for this study was obtained from the publicly accessible websites *Beyond Blue* and *Reddit*. Since the information was public and there was no direct communication with the forum participants throughout the entirety of the study, informed consent was not required to collect data and analyze the messages posted on these online forums. Additionally, since both of these websites offer users the opportunity to engage with the forums using pseudonyms and “throwaway accounts”—accounts that remain entirely

disconnected from the individual's primary profile – the forum participants were able to interact with one another through a complete anonymous discourse. As such, no identifying personal information was available which could potentially link an individual's online profile to their offline lives. However, to exercise further precaution in regards to protecting the privacy of the forum participants, new pseudonyms were assigned to each in place of their online username.

Results

This study examined the impact that work-related PTSD has on the functioning of and relationships within families of emergency service workers. A total of 20 posts and nine comments were examined for the present study, with two of these posts created by the child of an individual with PTSD, and the remainder writing as a spouse. The findings from this analysis reveal six primary themes that forum participants (hereinafter referred to as participants) frequently mention as part of their lives living with a person who has PTSD: (a) “walking on eggshells,” (b) shift in roles and responsibilities, (c) ambiguous loss, (d) lack of support, (e) personal impact, and (f) interpersonal impact. To further explain the meaning of, and relationships that exist amongst these themes, this section will provide illustrative examples for each of the dominant themes and their associated subthemes (see Table 1).

Table 1. Summary of the emerged themes and subthemes from the online posts

Themes	Subthemes
Theme 1: “Walking on eggshells”	<ul style="list-style-type: none"> • Unpredictability • Anger • Abuse (verbal and physical) • Fear • Blameful • Critical • Mood swings • Emotional rollercoaster

Theme 2: Shift in roles and responsibilities	<ul style="list-style-type: none"> • “Spouse” to “caregiver” • “Spouse” to “parent” • “Dependant” to “breadwinner”
Theme 3: Ambiguous loss	<ul style="list-style-type: none"> • Ambiguity • Feelings of loneliness in relationship • Feelings of hopelessness • “Stuck” in relationship
Theme 4: Lack of support	<ul style="list-style-type: none"> • Unprepared • Lack of knowledge • Hopelessness • Lack of self-care
Theme 5: Personal impact	<ul style="list-style-type: none"> • Depressed and anxious • Neglected • Failure • Hurt • Rejection • Constantly worried • Feelings of uselessness • Burnout
Theme 6: Interpersonal impact	<ul style="list-style-type: none"> • Communication • Alcoholism • Sabotage • Lack of compassion • Negativity • Sexual intimacy • Lack of motivation • Withdraw

Theme 1: “Walking on eggshells”

Three-quarters of the individuals from this sample discussed how the unpredictable behaviour of their loved one who has PTSD had created a volatile family environment. As a result, many participants discussed the challenges associated with being unable to predict the mood and reactions of their loved one while attempting to navigate through their daily life. For instance, Rhonda noted that she was nervous to talk to her spouse about simple topics like bills or everyday concerns as he would often get over the top angry and scream at her.

Moreover, Hannah also explained the daily challenges that she faced when discussing treatment options with her spouse; she stated: “I tried to talk to him about counselling and he stormed inside and screamed at me.” These aberrant responses to normative conversations established feelings of unpredictability within their relationships. Many other participants also discussed a similar phenomenon and made use of the metaphor “walking on eggshells” to describe their experience living with a family member who has PTSD. This metaphor described an environment in which individuals had to continuously be aware of their behaviour and readily modify it in response to the mood of their loved one. As a result, individuals were left living in a constant state of fear and anxiety due to the mercurial temperament of the person with PTSD.

These anger outbursts were a common factor underlying the participant’s feeling of walking on eggshells and placed a significant strain on familial relationships. For example, Tyler discussed how his father engaged in nightly binge drinking behaviours as a means of coping with his flashbacks. However, during these episodes, his father would frequently provoke verbal disputes with his children, which subsequently led to the destruction of numerous parent-child relationships within the family. Moreover, amongst the nine individuals who discussed incidences of anger outbursts, six were also subjected to various forms of verbal abuse (e.g. yelling, name-calling, insults, threats, condescension, being critical and blameful) and physical abuse (e.g. throwing furniture, grabbing, slapping, and pushing). This abuse increased feelings of worry and fear amongst participants, which directly influenced levels of communication within the family and exacerbated the feeling of walking on eggshells.

Theme 2: Shift in Roles and Responsibilities

Another common issue brought up by individuals living with a person who has PTSD was that the onset of their family member's condition had caused a significant shift in roles and responsibilities within the family unit. The most common changes in roles that were mentioned throughout the posts included "spouse to parent," "spouse to a caregiver," and "financial dependent to the breadwinner." Several participants referred to the fact that they felt like the dynamic of their relationship had changed in a manner to which they had to parent their spouse continuously. For instance, Lucy had described how due to her partner's constant lack of motivation to complete daily tasks around the home, look for work, or seek out treatment for his PTSD, she had to continually micromanage him and ensure that he was working towards accomplishing his goals. This persistent need to monitor her husband had led her to feel as though she was "more of a mother rather than a partner." In addition to feeling like a parent, participants also noted that they had assumed additional responsibilities by both becoming the primary caregiver for their loved one who has PTSD, or by taking on more responsibility caring for their children. For example, Mary discussed how the onset of her husband's PTSD had imposed a significant amount of stress and added demands onto her as she was left to look after her children and care for her partner all while maintaining the household and finances, with little-to-no assistance or support. Moreover, since Mary's husband's PTSD was the direct result of his occupation, he was unable to work, and therefore Mary was required to enter the workforce full-time to financially support her family—resulting in a shift from her being financially dependent to the primary monetary provider. These sudden shifts and accumulation of new roles upon the onset of their loved one's PTSD had created living situations that frequently resulted in both physical and emotional burnout.

Approximately 65% of individuals expressed that they experienced symptoms of burnout, which was seen to be the direct result of their living situation. Sentiments of burnout were most prominent amongst the spouses of those with PTSD specifically. For example, Bailey discussed how she had persistent issues trying to interact with her husband as he had difficulties seeing situations clearly which contributed to her high levels of emotional distress, thin patience, and readiness to walk away from the relationship. Other common expressions of burnout that were shared online included feeling worn down and exhausted, being out of steam and at the end of their rope, and being unable to handle their living situations much longer.

Theme 3: Ambiguous Loss

Notions of ambiguous loss were especially prominent amongst forum respondents whose partners had been living with chronic PTSD. Such participants had expressed their frustration with their situations regarding the lack of closure and constant unpredictability that was associated with their loved one's condition. For instance, Patrick noted that he spent prolonged periods questioning whether he would ever get his old life back and where his present situation was headed. This ambiguity surrounding his wife's condition had resulted in heightened feelings of loneliness and anger, as Patrick perceived himself to be a lone operator in their relationship.

Participants also discussed how the onset of PTSD had entirely altered their loved one's personality and behaviours which, in turn, continuously left them wondering whether their loved one would return to their "normal" self. Lauren explained how every day for her was a new challenge as she would usually wake up to a very different man from whom she went to sleep. Additionally, she mentioned that her husband had completely transformed

following the onset of his PTSD and that she “misses her happy husband and is hanging on until the day he returns.” Interestingly, however, it was not only Lauren who touched on this notion of waiting until their loved one “returns,” but various other participants as well. Although all participants had addressed the negative repercussions associated with their loved one’s PTSD, they also shared many positive sentiments and expressed their unconditional love for their ill family member. It was these positive memories and emotions that motivated individuals to continue to live in this constant state of ambiguity and made them reluctant to leave as they held on to the hope that their situation would eventually revert to the way it was prior to the onset of their loved one’s condition. As a result, participants often discussed feeling “stuck” in their relationships or living situations as they were struggling to find the line between who their loved one truly was and their mental illness.

Amanda’s situation was a powerful example of how a loved one’s PTSD can make an individual feel “stuck” in their relationship. She shared that her partner was experiencing significant complications as a result of his PTSD, which led him to engage in various self-harming behaviours, especially if she came close to ending their marriage. However, her spouse was often extremely angry and emotionally abusive towards her. This predicament left Amanda feeling hopeless as she feared that her husband would end his life if she left the marriage, but if she remained, she would be subjected to further abuse. She expressed the perplexity surrounding the situation by stating: “here I am, stuck with a miserable husband, no self-esteem, and a loveless marriage; I know it is horrible of me, but I almost wish he would just end it so I can be free.” Other participants described similar experiences through the use of metaphors such as “I’m stuck between a rock and a hard place,” and “it’s a catch-

22 situation.” These situations reflected negatively on the health and well-being of participants as they were frequently cited as a critical source of psychological distress.

Theme 4: Lack of Support

One of the most concerning findings of this study was the fact that there is a significant lack of formal and informal support available for family members of those with PTSD. Many of the participants discussed feeling unprepared to deal with the repercussions associated with their loved one’s trauma due to their limited knowledge of the impact that PTSD would have on their lives. For example, Lucy explained that the advice provided by her psychiatrist and mental health coordinator regarding how to care for her affected partner was tailored explicitly towards managing the condition itself, with no mention of how to handle the grief or other adverse emotional or psychological outcomes associated with her situation. This lack of information surrounding what to anticipate concerning the impact that PTSD has on family members left many individuals like Lucy without guidance and confused on how to proceed with their situation. Alexandra also expressed similar sentiments as she noted that she “just does not know what to do anymore or where to turn for advice,” as she was beginning to feel worn down and helpless due to her husband’s various alcohol-related suicidal episodes.

Individual’s often noted that they also experienced a significant lack of informal support from friends and family members. This lack of support was related to both their friends and family’s inability to thoroughly comprehend the complexity of their situation, as well as the hesitancy of individuals to disclose the full extent of their position in fear of judgement and stigmatization. As a result, many participants reported that they were left to manage on their own and had little to no outlets of social or emotional support. There was

also a lack of support that persisted regarding the availability of support groups for the family members of those with PTSD. Many participants expressed their desire to attend such groups, however, were unable to locate ones specifically related to PTSD, or find a group that was within their proximity. This lack of support led individuals to turn to online forums, such as *Beyond Blue* and *Reddit*, to seek out similar others and obtain advice or support for dealing with their situation.

Theme 5: Personal Impact

Every single individual from this study referred to the personal impact that their loved one's PTSD has had on their overall health and well-being. It was evident that poorer mental health outcomes were common amongst those living with an individual who has PTSD, with those living with someone who was not receiving treatment to be at an increased risk of experiencing higher levels of psychological distress. Since the online forums facilitated complete anonymous discourse, family members were more inclined to share how their loved one's diagnosis had directly affected them without the fear of being criticized or accused of being selfish. For example, Fay explained how normally she would be labelled as selfish by others when discussing how her husband's PTSD affected her on a personal level and even prefaced her post by saying "I'm feeling selfish that I'm being affected, because it's his battle and I just need to know how to support him – but I still feel like rubbish from the fallout." Similar to Fay, many other individuals opened up about how their loved one's PTSD has made them feel hurt, like a failure, and completely useless. This disclosure illustrates the various benefits that anonymous platforms offer as they enable individuals to speak more freely about their current situations and the personal impacts that their loved one's PTSD has had on them without the fear of being scrutinized.

Some participants also discussed how their loved one's PTSD has made them feel neglected and rejected within their relationship, which has led to a reduction in self-esteem. For instance, Luna had posted about how her partner had begun engaging in behaviours of what his therapist referred to as "PTSD-related infidelity," in which he would actively pursue affairs as a "manifestation of his own self-loathing and inability to feel emotions." These behaviours had subsequently made Luna feel "neglected, rejected, and ugly" – all of which contributed to her poor self-esteem. The negative emotions experienced by participants, in turn, resulted in constant feelings of unhappiness both in their everyday lives as well as their relationships.

Theme 6: Interpersonal Impacts

The most apparent theme throughout all forum posts was that the presence of PTSD within the family unit significantly strained interpersonal relationships, with communication-related issues being cited as the dominant influential factor. One explanation for the cause of this impact, as addressed by multiple participants, were the PTSD symptoms of avoidance and emotional numbing. For instance, participants had discussed how their family member would often avoid emotionally charged or potentially stressful conversations which served to limit communication and exacerbate conflict as it strained an individual's ability to communicate effectively. Hailey referred to this phenomenon in depth throughout her post when explaining the challenges that she faced within her relationship. She noted, "he's currently not been talking to me for nearly a day after I brought up relationship issues and the fact that I feel like he doesn't ever want to discuss things with me – he responded by saying I don't want to talk to you and left the room."

Another factor associated with communication that impaired relationships was the fact that people with PTSD would often misinterpret the messages being communicated to them by their loved ones. For example, they would often perceive everything as “nagging,” “being critical,” or “talking back” – even if it was a normative topic of discussion. As a result, the individual with PTSD tended to get defensive and was thus less receptive to open dialogue. Luna discussed this specific issue relative to her interactions with her father, she noted: “my problem is a lot of the time I try and defend myself or bring up what is bothering me, but it enrages him further because he thinks I am talking back and then goes on an emotionally abusive and psychological warpath.” This hostile and abusive response was problematic as Luna noted that it had significantly damaged her relationship with her father to the point where her living conditions became unbearable, and she feared to interact him at all.

A lack of sexual intimacy and compassion were cited as critical factors influencing marital satisfaction amongst participants. Amanda, Alexandra, and Kate all referenced how the lack of sexual intimacy within their relationship contributed to increased feelings of hostility and resentment towards their partners. For instance, Amanda had noted how her husband’s PTSD had created a situation in which he had become sexual impotent – which had caused their sex life to take a dive and subsequently make her feel undesired. In contrast, Alexandra discussed how she was the one who had lost interest in sexual intercourse because she perceived her husband to be a significant “child-like burden” in her life. Concerning a lack of compassion, many participants noted that their loved one was unable to express empathetic sentiments or console them in their time of need. For example, Lucy discussed how heartbreaking it was to not have her spouse there for her time of need and further expressed her frustrations surrounding the fact that her partner would only engage in a

conversation with her if he was interested in the topic being discussed, and would shoot down any discussion specifically about her life and interests. This lack of compassion led Lucy to view her husband in a negative light and grew reluctant to sharing personal details of her daily life with him.

Alcohol abuse was the most evident indicator of familial distress amongst participants. All individuals who discussed how their loved one's PTSD had subsequently resulted in alcoholism displayed the highest levels of both personal and interpersonal difficulty relative to families whose loved one did not develop an addiction. This increased likelihood of experiencing adverse outcomes can be attributed to the fact that alcoholism was commonly associated with a variety of unfavourable circumstances including heightened levels of negativity, anger, and aggression – as well as an increased tendency to sabotage special events and familial circumstances. For instance, Alexandra discussed how any time their family started to get ahead financially, her husband would do something catastrophic, which would lead to substantial negative life changes. Moreover, Mary and Lucy both discussed how their partners would often sabotage special events and their personal desires. Lucy noted, “It is soul destroying having dreams broken or go wayside because of sabotage.” This sabotage was a significant source of tension and a dominant mechanism of conflict for familial relationships, especially for spouses.

Discussion

This study explored the lived experiences of those living with a loved one who has work-related PTSD. In various ways, the themes that emerged from these findings such as “walking on eggshells”, shift in roles and responsibilities, ambiguous loss, a lack of support, and negative personal and interpersonal impacts, correlate with the findings of previous

research which thus illustrates the significance of addressing the needs of family members living with a person who has PTSD. The results of this study demonstrated that the presence of PTSD within the family unit contributes to the creation of a volatile family environment. This outcome developed in response to the high levels of unpredictability and anger that existed throughout the families. As such, participants faced significant challenges as they attempted to navigate throughout their daily lives, due to constantly feeling like they were on edge and “walking on eggshells” around their loved ones. This finding is consistent with those of previous studies which found that the unpredictability associated with their loved one’s PTSD symptoms influenced family interactions and was often a significant source of stress and anxiety for all family members (Temple et al., 2017; Murphy et al., 2017).

Throughout their study, Evans et al. (2003) found that families experienced heightened levels familial distress due to the increase in expressions of anger that occurred in accordance with the onset of their loved one’s PTSD. Interestingly, however, the findings from the present study suggest the important role that gender may play in the expression of anger. In this study all individuals who reported that they were angry about their current situation and their spouses’ PTSD were men, and all participants who discussed how anger was impacting their family life and familial relationships were women who referenced a male loved one with PTSD. In contrast, the majority of women posting on the forums predominantly exhibited signs of burnout, sadness, and worry for their loved one. Thus, hegemonic masculine ideals and gender socialization may play a role in predicting an individual’s response to PTSD, a phenomenon that should be further explored in future studies.

For the majority of participants, living with a family member who has PTSD was a transformative event that required them to adapt and modify their lives in a manner that would best help them cope with their complex circumstances. It became evident that the participants had to alter or completely abandon their previous roles as partners or children in order to help the family maintain a somewhat normative level of functioning. These changes occurred through various shifts in roles such as “dependant to the breadwinner,” “spouse to parent,” and “spouse to a caregiver.” These sudden shifts and accumulation of new roles frequently led to both physical and emotional burnout in participants which, in turn, rendered lower levels of overall well-being. Moreover, consistent with the findings from a previous study by Kalmijn (2018), those whose parent had PTSD were more likely to experience a strained relationship and frustration resulting from the transformation of their relationship and greater vulnerability as they were unable to depend on their parent for guidance, love, and support.

The constant stress and ambiguity associated with a loved one’s condition reflected negatively on the health and well-being of family members. Similar to what has been addressed in previous studies, many family members struggled with the lack of certainty surrounding their loved one’s condition and potential for recovery (Dekel & Monson, 2010). This unpredictability had led participants to wish for their old life back and for their loved one to return to their “normal self,” the state immediately prior to the onset of PTSD. Additionally, this constant state of ambiguity caused spouses to feel constrained within their relationships as they were stuck living in a state of absence and presence. Meaning, many of the participants were more inclined to continue to endure the newfound hardships and abuse associated with their loved one’s PTSD, as they were extremely hung up on their past lives

and hoped for its eventual return. This situation often resulted in prolonged periods of exposure to adverse living situations as participants were unsure of whether to leave or remain in their relationships, and lacked the guidance and support necessary to come to a sound decision.

The findings from this study further highlight the significant lack of social and emotional support available for the family members of those with PTSD. Many participants described having a lack of knowledge regarding how to mitigate the personal implications associated with their loved one's condition. Rather than learning how to cope on a more personal level, the majority of the information that was provided to participants by their family doctor or psychologist specifically focused on managing the condition itself. This lack of information on how to effectively cope with the overwhelming levels of emotion related to their situation increased levels of confusion and made participants feel extremely overwhelmed. In addition to a lack of adequate information, there was also a prominent gap observed in regard to the provision of formal services tailored towards meeting the specific needs of the family members of those with PTSD.

Many of the participants described their desire to attend support groups as it was perceived that they would provide them with an outlet to discuss their complex situations with similar others. This notion of communicating with similar others appeared to be of great importance to participants as they often received a significant lack of informal support from friends and family. For instance, many explained how they did not feel comfortable addressing their current situations with others as they did not think that they would be able to truly comprehend their circumstances. These findings are problematic as the lack of both formal and informal support increased levels of emotional distress and social isolation

amongst participants. As such, it proves imperative that researchers and program developers work in accordance with one another to design and implement accessible and effective support services for the family members of those with PTSD.

The fact that all participants discussed both the personal and interpersonal impacts associated with their loved one illustrates the severity of the effect that PTSD has on the family unit. Consistent with the findings from previous studies (e.g. Renshaw & Caska, 2012), participants from this study displayed high levels of emotional and psychological distress due to their loved one's condition. What was unique about the findings from the current study, however, was the fact that the anonymous nature of these websites allowed participants to express their negative emotions more freely and without fear of judgement. As a result, more unfiltered and raw emotions were able to be obtained. Some examples of these personal impacts that PTSD had on family members included feelings of neglect, rejection, inadequacy, depression and anxiety, hurt, and uselessness. These feelings often perpetuated a cycle of poor emotional and psychological well-being, which, in turn, strained familial relationships as family members grew to resent their loved one with PTSD.

The most prevalent topic of discussion throughout the forum posts was the impact that PTSD had on interpersonal relationships. Alcoholism, avoidance, emotional numbing, anger, poor communication, social and emotional withdraw, a lack of sexual intimacy, abuse, and negativity are all factors that were found to elevate levels of distress within relationships. These findings align with those of previous studies, which found that PTSD symptoms are likely to result in affective and behavioural outcomes that are correlated with a decrease in relationship satisfaction and poorer interpersonal functioning (Ray & Vanstone, 2009). A study by Evans et al. (2003) further illustrated this phenomenon throughout their findings

which stipulated that symptoms such as avoidance, emotional numbing, and increased levels of aggression could likely lead to poorer communication between family members as people with PTSD tended to avoid emotionally charged situations – a finding that was observed occur throughout the current study. These findings illustrate the need for the development of potential rehabilitation strategies that are targeted towards working with families to teach family members how to cope with the interpersonal difficulties associated with PTSD, and to learn how to manage conflict related to its symptoms more effectively.

Limitations and Future Research

Despite the various benefits associated with applying the qualitative content analysis to the study of online communities, such as the increased inclination to disclose at a higher degree online, there were several limitations associated with this methodology. Foremost, since the data collection occurred from strictly an observatory basis, there was no opportunity to further prompt participants to expand on specific topics or to clarify particular points. As such, the data was limited to specifically what was written on the forums at the time of data extraction with no further opportunity to obtain supplementary information. Additionally, the lack of non-verbal details– such as facial expressions, hand gestures, and tone of voice– resulted in a minor disadvantage as some valuable information that could have potentially been observed through these means were unable to be conveyed over the Internet. As a result, there was an increased potential for the misinterpretation and reduced accuracy of information being portrayed in these online communities. Limitations were also experienced throughout the coding process of this study. Since qualitative research is commonly subject to the inherent bias of researchers based on their varying backgrounds and world views, there was potential for self-reflection to be present while interpreting the perceptions of the forum

participants. In order to help overcome this potential bias in the future, it would be beneficial for researchers to work in groups while evaluating information from online sources.

The Internet has increasingly become a popular source of support for people living with various health conditions or experiencing complex living situations as it offers individuals with the ability to easily connect with similar others. Therefore, online communities represent a unique avenue of research as they often function as a mechanism of emotional and social support. Given this increasing popularity, future researchers exploring PTSD should consider the use of online communities for data collection as they allow easy access into a wide variety of subject matter that is not available through alternative means. However, it is important to note that a potential limitation associated with this technique is that it may only capture the experiences of a select group of people who are more likely to seek out social support from online communities, such as younger cohorts. Therefore, by turning to online sources to extract data, the experiences of older cohorts, and those who are less likely to use or who do not have access to technology may be inadvertently excluded.

The findings of the present study may have differed had a larger sample or multiple other websites been used. Future research in this area would benefit from extending on these findings by incorporating various other online sources and increasing the number of posts analyzed – an asset that was beyond the scope of this study. Moreover, since the majority of participants included in this study identified as the spouse of the person with PTSD, future research would benefit from expanding the purview of participants by exploring the perspectives of a wider variety of family members such as siblings, children, and aging parents, and how their experiences may be similar or differ from one another.

This study briefly addressed how the gender of an individual may influence their experience living with a person who has PTSD, and how the gender of the person who has PTSD may affect the types of symptoms experienced. Future research would benefit from using this finding as a stepping stone to further explore the role of gender in mediating the relationship between PTSD and family functioning. For instance, a comparative analysis should be used to examine whether the experiences of families differ based on the gender of the individual living with PTSD. This paper highlighted the significant gap that exists in the provision of formal care services for the family members of those with PTSD. Therefore, another avenue of future research should be working towards identifying the various social, emotional, and psychological needs of this population and to subsequently develop support programs specifically tailored to these distinct needs.

Lastly, future research may also benefit from utilizing other elements of the life course perspective to study the relationship between PTSD and the family. A possible area of interest may include exploring the principle of timing relative to the onset of PTSD, and whether a family's experience with the condition varies based on their stage in the family life-cycle. For instance, this may include examining various factors associated with both younger and older families– such as social support, financial resources, and daily tasks– to determine whether one may be more susceptible to experiencing specific adverse outcomes associated with the onset of PTSD.

Conclusion

The present study has illustrated the complex relationship that exists between PTSD and the family. Research has demonstrated that the family members of those with PTSD are particularly vulnerable to increased levels of emotional and psychological distress.

Additionally, it has also shown that the presence of PTSD within the family unit can lead to significant implications for family functioning and familial relationships. This study adds to this literature by examining these issues from the vantage point of family members directly to allow their direct experiences to be acknowledged and to determine their specific needs. The notions of emotional and psychological distress that were discussed by participants must be addressed by ensuring that the family members of those living with PTSD have access to adequate forms of formal support services. These findings thus demonstrate that interventions explicitly designed to support family members are needed so that individuals can easily acquire the knowledge, support, and practical techniques required to enhance their overall health and well-being, and cope with their unique situations. It is thus essential that these findings are used as a foundation for designing and implementing future support programs that are both accessible and effective for the family members of those with PTSD. However, future research is still needed surrounding what strategies would be deemed most effective for the design and provision of these prospective interventions.

References

- American Psychiatric Association [APA]. (2000). Diagnostic and statistical manual of mental disorders (4th ed, text rev.). Washington, DC: Author.
- Årestedt, L., Persson, C., & Benzein, E. (2014). Living as a family in the midst of chronic illness. *Scandinavian Journal of Caring Sciences*, 28, 29-37.
- Armenta, R., Rush, T., LeardMann, C., Cooper, A., & Hoge, C. (2018). Factors associated with persistent posttraumatic stress disorder among U.S. military service members and veterans. *BMC Psychiatry*, 18(48), 1-11.
- Batten, S., Drapalski, A., Decker, M., DeViva, C., Morris, L., Mann, M., Dixon, L. (2009). Veteran interest in family involvement in PTSD treatment. *Psychological Services* 6(3):184-189.
- Bengston, V., & Allen, K. (1993). The life course perspective applied to families over time. In *Sourcebook of Family Theories and Methods: A Contextual Approach* (pp. 469-504). New York, New York: Plenum Press.
- Berg-Nielsen, T. S., Vikan, A., & Dahl, A. A. (2002). Parenting related to child and parental psychopathology: A descriptive review of the literature. *Clinical Child Psychology and Psychiatry*, 7(4), 529–552.
- Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations*, 56, 105–111.
- Burke, R. J., Richardsen, A. M., & Martinussen, M. (2006). Gender differences in policing: reasons for optimism? *Policing: An International Journal of Police Strategies and Management*, 29, 513–523.
- Canadian Labour Congress. (2015). Work-related PTSD. Retrieved from <http://>

- canadianlabour.ca/work-related-ptsd.
- Carlson, E., & Ruzek, J. (2018). PTSD and the Family. Retrieved from <https://www.ptsd.va.gov/professional/treatment/family/ptsd-and-the-family.asp>.
- Christie, H., Hamilton-Giachritsis, C., Alves-Costa, F., Tomlinson, M., & Halligan, S. (2019). The impact of parental posttraumatic stress disorder on parenting: A systematic review. *European Journal of Psychotraumatology*, 10(1), 1-13.
- Clohessy, S. & Ehlers, A. (1999). PTSD symptoms, responsive to intrusive memories and coping in ambulance service workers. *British Journal of Clinical Psychology*, 38, 251-265.
- Connell, R. (1987). *Gender and power*. Sydney, Australia: Allen and Unwin.
- Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). Thousand Oaks, CA: Sage.
- Dekel, R., Goldblatt, H., Keidar, M., Solomon, Z., & Polliack, M. (2005). Being a wife of a veteran with posttraumatic stress disorder. *Family Relations*, 54, 24–36.
- Dekel, R., & Monson, C. (2010). Military-related post-traumatic stress disorder and family relations: Current knowledge and future directions. *Aggression and Violent Behaviour*, 15, 303-309.
- Dirkzwager, A., Bramsen, I., Adèr, H., & Van der Ploeg, H. (2005). Secondary traumatization in parents and parents of Dutch peacekeeping soldiers. *Journal of Family Psychology*, 19(2), 217-226.
- Elder, Johnson, and Crosnoe. (2003). “The Emergence and Development of Life Course Theory.” Chapter 1 in *Handbook of the Life Course*, J. Mortimer and M. Shanahan (Eds). Springer.

- Evans, L., McHugh, T., Hopwood, M., & Watt, C. (2003). Chronic posttraumatic stress disorder and family functioning of Vietnam veterans and their partners. *Australian and New Zealand Journal of Psychiatry*, 37, 765-772.
- Figley, C. R. (Ed.). (1998). *Innovations in psychology. Burnout in families: The systemic costs of caring*. Boca Raton, FL, US: CRC Press.
- Franciskovic, T., Stevanovic, A., Jelusic, I., Roganovic, B., Klaric, M., & Grkovic, J. (2007). Secondary traumatization of wives of war veterans with posttraumatic stress disorder. *Croatian Medical Journal*, 48, 177184.
- Goode, W. J. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496.
- Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Jonsson, A., Segesten, K., & Mattsson, B. (2003). Post-traumatic stress among Swedish ambulance personnel. *Emergency Medicine Journal*, 20, 79-84.
- Kalmijn, M. (2018). Secondary traumatization, relationship problems, and adult children's well-being: Long-term effects of World War II in the Netherlands. *Advances in Life Course Research*, 36, 70-79.
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in Veterans with chronic PTSD. *Journal of Traumatic Stress*, 21(4), 394-401.
- Lambert, J., Engh, R., Hasbun, A., & Holzer, J. (2012). Impact of Posttraumatic Stress Disorder on the relationship quality and psychological distress of intimate partners: A meta-analytical review. *Journal of Family Psychology*, 26(5), 729-737.
- Lawrence, E. (2012, July). The impact of chronic illness on the family. Retrieved from

- https://www.igliving.com/magazine/articles/IGL_2012-06_AR_The-Impact-of-Chronic-Illness-on-the-Family.pdf
- Letzter-Pouw, S. E., Shrira, A., Ben-Ezra, M., & Palgi, Y. (2014). Trauma transmission through perceived parental burden among holocaust survivors' offspring and grandchildren. *Psychological Trauma—Theory Research Practice and Policy*, 6(4), 420–429.
- Lilly, M., Pole, N., Best, S., Metzler, T., & Marmar, C. (2009). Gender and PTSD: What can we learn from female police officers? *Journal of Anxiety Disorders*, 23, 767-774.
- Lyons, M. (2001). Living with Post-traumatic stress disorder: The wives'/female partners' perspective.” *Issues and Innovations in Nursing Practice* 34(1):69–77.
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching. *The All Ireland Journal of Teaching and Learning in Higher Education*, 9(3), 3351-33514.
- Marshall, Victor W. and Margaret M. Mueller. (2003). “Theoretical Roots of the Life Course Perspective.” Pp. 3-32 in *Social Dynamics of the Life Course: Transitions, Institutions and Interrelations*. Walter R. Heinz and Victor W. Marshall, editors. New York: Aldine de Gruyter.
- Maguen, S., Metzler, T., McCaslin, S., Inslicht, S., Henn-Haase, S., Neylan, T., & Marmar, C. (2009). Routine work environment stress and PTSD symptoms in police officers. *The Journal of Nervous and Mental Disease*, 197(10), 754-760.
- McFarlane, A., & Bookless, C. (2001). The effect of PTSD on interpersonal relationships: Issues for emergency service workers. *Sexual and Relationship Therapy*, 16(3), 261-267.

- McLeod, Jane D. and Eliza Pavalko. 2008. "From Selection Effects to Reciprocal Processes: What Does Attention to the Life Course Offer?" *Advances in Life Course Research*, 13:75-104.
- Metcalf, B., & Dick, G. (2002). Is the force still with her? Gender and commitment in the police. *Women in Management Review*, 17, 392–403.
- Murphy, D., Palmer, E., Hill, K., Ashwick, R., & Busuttil, W. (2017). Living alongside military PTSD: A qualitative study of female partners' experiences with UK Veterans. *Journal of Military, Veteran and Family Health*, 3(1), 1-10.
- Norr, A., Albanese, B., Boffaa, J., Short, N., & Schmidt, N. (2016). The relationship between gender and PTSD symptoms: Anxiety sensitivity as a mechanism. *Personality and Individual Differences*, 90, 210-213.
- Olf, M. (2017). Sex and gender differences in post-traumatic stress disorder: An update. *European Journal of Psychotraumatology*, 8, 1-2.
- Pavalko, E., & Woodbury, S. (2000). Social roles as process: Caregiving careers and women's health. *Journal of Health and Social Behaviour*, 41, 91-105.
- Pole, N. (2008). Predictors of PTSD symptoms in police officers from childhood to retirement. In *The Psychobiology of Trauma and Resilience Across the Lifespan* (1st ed., pp. 47-67). Jason Aronson, Inc.
- Ray, S., & Vanstone, M. (2009). The impact of PTSD on veterans' family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies*, 46, 838-847.
- Rees, J., O'Boyle, C., & MacDonagh, R. (2001). Quality of life: Impact of chronic illness on the partner. *Journal of the Royal Society of Medicine*, 94, 563-566.

- Regehr, C., Goldberg, G., & Hughes, J. (2002). Exposure to human tragedy, empathy and trauma in ambulance paramedics. *American Journal of Orthopsychiatry*, 72(4).
- Renshaw, K., & Caska, C. (2012). Relationship distress in partners of combat veterans: The role of partners' perceptions of posttraumatic stress symptoms. *Behaviour Therapy*, 43, 416-426.
- Rusk, H., & Novey, J. (1957). The impact of chronic illness on families. *Marriage and Family Living*, 19(2), 193-197.
- Skogstad, M., Skorstad, M., Lie, A., Conradi, H., Heir, T., & Weisaeth, L. (2013). Work-related post-traumatic stress disorder. *Occupational Medicine*, 63, 175-182.
- Suler, J. (2004). The online disinhibition effect. *Cyber Psychology & Behaviour*, 7(3), 321-326.
- Thompson-Hollands, J., Jun, J., & Sloan, D. (2017). The association between peritraumatic dissociation and PTSD symptoms: The mediating role of negative beliefs about the self. *Journal of Traumatic Stress*, 30(2), 190-194.
- U.S. Department of Veterans Affairs [VA]. (2018). PTSD: National Center for PTSD. Retrieved from <https://www.ptsd.va.gov/understand/related/anger.asp>
- Van der Meer, C., Bakker, A., Smit, A., Van Buschbach, S., Den Dekker, M., Westerveld, G., . . . Olff, M. (2017). Gender and age differences in trauma and PTSD among Dutch treatment-seeking police officers. *The Journal of Nervous and Mental Disease*, 205(2), 87-92.
- van Ee, E., Kleber, R. J., & Jongmans, M. J. (2016). Relational patterns between caregivers with PTSD and their nonexposed children: A review. *Trauma, Violence &*

Abuse, 17(2), 186–203.