

The Resiliency of the Veteran Spouses Whose Husbands Suffer Post-traumatic Stress disorder: (A Qualitative Study)

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ABSTRACT

Veterans' spouses with post-traumatic stress disorder (PTSD) face many problems and stresses in their lives. They are often uncertain whether to leave or stay with their husbands. Therefore, this study aimed to explore veterans' spouses' experiences living with their husbands who have PTSD. This qualitative study was conducted using the content analysis method. The participants consisted of 16 Spouses of veterans with PTSD. The data was gathered by semi-structured interviews and purposeful sampling and continued until data saturation. Data analysis was done simultaneously with the data collection. Main themes consisted of adaptability, spirituality, sympathy along with tolerance, and insufficient support, which together showed the concept of "Resiliency" in veterans' Spouses. This concept leads to adaptability and continuity of marital life. Veterans' Spouses experience many marital life problems and using defensive mechanisms and adaptability strategies play an essential role in their life promotion and satisfaction. Resiliency as the primary strategy leads to understanding the spouses' needs and strengthens interpersonal relationships, intimacy, and life satisfaction.



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1. INTRODUCTION

Post-traumatic stress disorder is the most common mental disorder in veterans returning from the war [1], which has adverse effects on veteran's Spouses and families [3], [4]. These complications sometimes appear three decades after the end of the war [5], [6] and significantly impact the quality of their lives. The family members often develop psychological and emotional problems due to their long engagement with

the affected persons [7]. Some stress is transferred to the Spouses by their husbands who have post-traumatic stress disorder [8], [9]. Veterans' Spouses, due to their roles such as; the maternal role and paying attention to their children's needs, their role as a wife, and extended caring roles for their husbands, as well as economic and financial worries, are more stressed and that, slowly erodes and weakens their marital lives by passing of time [7], [10], [11]. This, in the long term, affects family performance and creates many problems such as; ineffective inter-personal relationships, feeling of guilt and embracement, marital conflict, mood disorder, and physical problems [12], [13]. Decreased intimacy and deficiency in a relationship are the common problems in veterans' Spouses [14]. Due to physical, emotional and psychological strains, the veterans' Spouses are more susceptible to depression, and their marital adaptability is less than usual [3], [15]. Lack of independence in their daily lives and the lack of security and peace in the family increase fear and anxiety. Also, the lack of social support increases anxiety and decreases social acceptance, leading to life erosion [1]. Different studies have shown that social support causes the reduction of stress both in the veterans and their Spouses [3], [16]. The emotional disorder is one of the problems of veterans' Spouses, which decreases their intimacy. Most of them usually do not know whether to stay with their husbands or get a divorce [17], [18]. Love is a vague concept in their marital life [3], and this decreases the sense of intimacy in the Spouses and a decline in their life dissatisfaction [19]. People often use adaptability strategies to confront life stresses [20], or they endure this kind of life because of their children [11]. Understanding the husbands' problems plays an essential role in the adaptability of veterans' Spouses and reduces their stress. An increase in spouse's understanding increases life satisfaction [21], [22] thus, realizing the Spouses' needs leads to adaptability and promotes life quality [23]. Often, the veterans' spouses face many challenges in their marital life to save their lives, and mostly, adaptability is the only solution for them to tolerate the pressures of life [24]. Most studies on veterans' Spouses were quantitative studies on mental health issues such as; depression, stress, life quality and life satisfaction [23], [25], and majority of similar qualitative studies have been about life erosion, social support and adaptability strategies [11], [26]. Since it is not possible to evaluate some of these conditions by quantitative research and it is hard to measure human's spiritual aspects with numbers, it seems that, qualitative studies are more effective in exploring experiences such as the one in this study [27]. Thus, the present study was conducted to explore the experiences of Spouses of veterans who suffer from post-traumatic stress disorder.

2. Materials and methods

This qualitative research was conducted using the content analysis method to explore the experiences of Spouses of veterans with PTSD in 2018. Content analysis is used to interpret textual data contents through the ordered classification of overt and covert themes and patterns in the text. This method aims to condense a comprehensive description of a phenomenon and outcomes of the phenomenon's concepts or descriptive levels [29]. In the present study, 16 women based on inclusion criteria; (being married, having good communication and speaking abilities, willing to participate in the study, having good physical and mental health in order to share their experiences with others, and confirmed PTSD based on DSM-V criteria by a philologist for their husbands, were selected through purposive sampling. Furthermore, to ensure variability, a wide range of participants with different backgrounds in terms of age, education level, occupation, and residence place were selected. This study was conducted in Golestan province's consulting centers situated in Gorgan, Gonbad, Azadshahr, Aliabad-e katal, katoul's farm). After receiving confirmation from Kerman University of Medical Sciences, the researchers were introduced to the province's counseling centers. In the beginning, the researcher spent 2 weeks studying to get familiar with the participants and setting. During this time, the participants who best met the criteria were selected. Before the interviews, the study's aim and method were explained to the participants, and they were assured about confidentiality. Informed consent was obtained from them, and they were told that participation and withdrawal from the study for any reason are voluntary and they can leave the study at any time.

Convenient time and date were set for the interviews that were carried out in a quiet room in a friendly atmosphere.

Data were gathered from March 2017 to September 2018 using semi-structured interviews. The interviews started with easy and general questions, but the questions became more specific as the interview progressed. The main questions included; "What is your experience of living with your husband?," "Explain a typical day of your life," "Do you compare your life with the life of others?," "How did you adapt to your present life conditions?" "What is your conception and definition for a quality life?", "Can you explain more?" and "Make it clear by giving an example, please."

The interviews' duration depended on participants' situation and was between 40 to 110 minutes (an average of 60 minutes). In the research group, discussion about the classification of codes was continued until reaching a consensus. Data collection continued until data saturation which means, no new data could be obtained from the analysis of interviews. To confirm and complete the opinions, two complimentary interviews were conducted.

Graneheim and Lundman's method was used to analyze the data in seven stages.

Stage1: At this stage, the interviews were handwritten and organized for qualitative content analysis.

Stage2: The context was read many times before coding to conceptualize the data and the decision related to the analysis was made at this stage.

Stage3: Patterns and codes were developed at this stage. the categories were extracted from the data with an inductive approach. The researcher determined the differences between the categories by continuous comparison of the ability.

Stage4: Coding was done with attention to the samples of context, and some of these samples were transformed to the codes, and stability of the codes was checked.

Stage5: At this stage, the whole text was coded. The researcher continuously controlled the coding process to ensure there would be an agreement between the opinions of participants and the research team.

Stage6: Codes' Consistency was obtained at this stage, and then the coding of the whole text was controlled. Copying and initial reviewing of the data helped the researcher better interact with the participant to obtain their experiences.

Stage7: At this stage, coded data were concluded, and the researcher, based on the conclusion, presented some structures from the concepts [24].

To ensure the qualitative data's reliability, dependability, credibility, confirmability, and transferability, criteria were used [31].

The credibility methods included; long term involvement of the researcher with the studied topic and data, control by the participants (a part of the interview along with the codes were given to the participants to find out whether the researcher has reflected the participants' opinion correctly], and combination of the data by interviewing with the Spouses in different times (mornings and afternoons). Furthermore, sampling was done purposefully to ensure the maximum variation of the subjects in terms of age, duration of the

marriage, education level, occupation, and level of veterans' disability. The confirmability of the findings was checked by external observers who were experts in qualitative research. Two parts of the interview and the related codes and emerged categories were confirmed by 2 observers who were experts in qualitative research. For dependability, the researcher recorded the research's stages and processes accurately and then reported them to allow others to conduct future research.

To ensure transferability, an attempt was made to report the participants' exact statements, report the participants' demographic characteristics, and study the subject in detail so the reader can decide on the study's findings.

3. Results

From the participants' in-depth narrations, 580 primary codes were extracted. These codes were summarized after several reading times and then were categorized according to their proportion and similarities. By comparison and analysis, their latent meanings were identified as 3 main themes, and the themes were named based on their nature. These themes included; sympathy and tolerance, adaptability, spirituality, and insufficient support, and the result was known as "Resiliency in Life". Because of the nature of PTSD after the injury and long-term presence of the Spouses alongside their husbands, the signs and symptoms of PTSD affect the quality and performance of the family which often, causes fatigue and uncertainty in life, whether to stay with a husband or get a divorce. In this situation, factors such as; children's future, please God, sympathy towards the husband, adapting to the situation, and fear of people's blame cause the Spouses to tolerate the situation and continue their marital life.

3.1 Sympathy along with Resiliency

Table 1 shows the demographic characteristics of study participants. The participants' experiences showed that, sometimes, the veterans' Spouses put themselves in their husbands' shoes as they have a soft feminine morality and took no vengeance for their spouse because they understood their husbands' conditions. They also, because of their commitment, loved their husbands and were worried about their future.

Table 1. Demographic characteristics of study participants (N=12).

Participants	Age	number of children	Veteran percent	Years of marriage
1	59	8	35	33
2	45	4	30	31
3	55	4	20	32
4	50	3	45	31
5	51	4	30	32
6	53	5	30	33

7	52	3	35	32
8	55	3	25	30
9	45	2	15	25
10	46	2	25	29
11	48	3	35	33
12	54	4	25	32
13	49	2	20	27
14	52	3	25	29
15	55	4	35	28
16	48	3	25	25

In the present study, sympathy was the first theme in participants' experiences, which was extracted from categories of Spouses' understanding and worrying about their husband's condition. In this regard, the participants stated, "My husband cries when his anger decreases, and says, "I wish I were martyred same as my friends, so I would not be ashamed of my wife and children". I know, and I am aware that he cannot help it. When he first went to the war, he was a very good man, he was very kind to me, but now, he is not in control of the situation and I know he cannot help it" (participant6).

"That is right, he annoys us by shouting too much, but he is innocent like a baby. When he loses his temper, sometimes he beats me, but I pity him because I know he is overwhelmed as I have lived with him for a long time" (participant 9).

"I love him a lot, and I feel, I cannot leave him alone, I know he cannot last long if I leave him alone because I have been with him all the time. He is suffering, as he cannot live the same as others, he is always alone in his room, and I go to him to keep him company" (participant1).

3.2 Adaptability

Adaptability reflects the Spouses' interaction in living with their husbands, which appears by the passing of time, gaining experience and using a defensive mechanism, and understanding and adapting to the current condition; the Spouses were able to continue their martial lives. In this study, adaptability was extracted from categories of; staying because of the children, tolerating by accepting the fate, and normalizing the condition. Now we present some of the participants' answers related to the study. In this regard, some of the participants stated;

"People tell me to get a divorce and make a new life for myself, but what about my children? Where can I put them? I am not a young woman anymore, and my children are my only hope for living" (participant4).

"I wanted to get divorced but I have two daughters who are going to get married, so I do not want them to be ashamed in front of their husbands' families. I did not have a good life, but I endure everything because of my children. It was my destiny, and perhaps God wanted to test me" (participant 5).

"At first, I was susceptible, maybe it was due to my age and lack of experiences, but I got along with this

kind of life. I repeat it that it was hard at first because I had no one to stand by me, everyone who was around had a role in my life, especially his mother and family, they doubled my problems, but now, I am used to it" (participant3).

3.3 Spirituality

In most societies, spirituality and cultural and religious beliefs help adapt to or confront problems. Spirituality was composed of categories; to please God, divine destiny and fate, and patriotism.

"Most of the time when I was tired of my life, I was feeling depressed and lonely, and then, I used to cry and talk to God, then I would feel better. I used to tell myself that this is a divine test, and God wants to test me to tolerate the situation. There must be a reason for it that I don't know. Nowadays, when I see my daughters' prosperities, I thank God and tell myself, this is a reward that God has given me" (participant 5).

"It can only be tolerated by the help of God. If he was not a veteran, I would not have lived with him even for a minute, I would have left him. However, I would be shameful before God. When he becomes angry, my children and I read some Quran verses so he would not do anything. It is tough, but I endure him for God's sake" (participant 1).

"At the beginning of our marriage, before his injury, I was always proud of him. I always used to make him soup whenever he came back from the war zone. I was always waiting for him, but he completely changed after his injury. That is not fair. I get annoyed sometimes, but he went to defend his country, and then he became injured" (participant7).

3.4 Insufficient support

Table 2 shows the themes and subthemes extracted from the study. Social and governmental support has a significant effect in mental health, quality of life, and increased Resiliency of veterans' Spouses. Meeting the financial needs is also useful in Resiliency. In this study, insufficient support was extracted from categories; insufficient support of the authorities, being forgotten, lack of social support, and financial needs. Some of the participants in this regard said;

"No one knows what happens to veterans' families, especially the ones who suffer from explosion waves. War has been ended, and people have forgotten us. We always have arguments in the home, and people think we have a perfect life, but the only one who knows what goes on is God" (participant4).

"We have no relationship with anyone. Sisters, brothers, and relatives have disconnected their relationships with us because my husband wants to go anywhere. It is tough we are alone and feel lonely. The relatives are not looking for trouble so they stay away from my husband" (participant 1).

"Authorities do not support us. They do not seem to know that we have devoted our health and life. We have no hope for the future. I took pictures of my home to them to see that my husband has broken everything. Everybody thinks the government looks after us in the best way because my husband is a veteran, but it does not support us at all" (participant 4).

"I decided to get divorced many times, but I stayed and kept on this life because of the people gossip. This city is small, and there are lots of rumors and backbites" (participant11).

"My husband cannot work a lot because of his problems, and the state's disability allowance is not enough, and now both of us have become old, and neither of us can work. If the authorities had supported us, we would have gone to work, so we had fewer problems" (participant 3).

Table 2. Themes and subthemes extracted from the study.

Resiliency	Sympathy along with tolerance	<ul style="list-style-type: none"> - love their husbands - worry about his future - normalizing the situation
	Adaptability	<ul style="list-style-type: none"> - accepting the fate - tolerate - children
	Spirituality	<ul style="list-style-type: none"> -to please God -God divine -patriotism
	Insufficient support	<ul style="list-style-type: none"> -insufficient support of the authorities - being forgotten -lack of social support - financial need

4. Discussion

According to the findings of this study, it can be said that the Spouses of veterans with PTSD, despite insufficient support of the government, authorities, and the society, along with problems of living with a veteran, could adopt and tolerate the problems of life by passing of time, gaining more experience and because of their children, religion, and beliefs. Studies have shown that veterans' spouses' experiences included; loneliness, numerous and changing roles as wife, financial problems, lack of social support, lack of security, decreasing intimacy, defect in emotional relationship, and life dissatisfaction [10]. Also, as time passes, psychological problems such as; depression and anxiety and disturbance in the family function will increase due to exacerbation of problems, husband's unemployment, and reduced financial resources [24], [32]. In such a situation, women as mothers and Spouses are faced with many stresses and these stresses cause disturbance in their inter-personal relationship and affect their quality of life [33], [34]. Emotional disorder is one of the most common problems in veterans' Spouses that leads to lack of intimacy and marital dissatisfaction, and uncertainty of veterans' Spouses whether to stay and continue or leave the life [17]. In this situation, sympathetic responses and understanding the veterans' difficulties reduce their caretakers and Spouses' disappointment, hopelessness, and loneliness, and by creating an excellent internal feeling, lead to increased inter-personal relationship and life satisfaction [35]. By sympathizing, you put yourself in people's shoes, and by understanding their suffering, you try to help them [17], [18]. Most veterans' Spouses are intended to get divorce due to family problems and disturbance in martial relationship, but children are the main reason for not doing so and continuing to live with their husbands [36]. The majority of veterans' Spouses usually continue their marital life because of their children [11]. They also acquire more experiences and flexibility as time passes, and that causes them to become more adoptable [36]. The veterans' Spouses will face erosion and behavioral disorder in their inter-personal relationships. Therefore, they need more information to adapt to their life. Understanding veterans' Spouses' needs and increasing their information cause them to become more compatible and flexible [11]. Understanding the life condition of the veterans' Spouses also increases their adaptability and quality of life [21], [23]. Therefore, understanding the family members' mental health needs plays an essential role in adaptability [37]. In this situation, cognitive therapy and education play an essential role in decreasing life stress [3]. Knowing how to behave with a husband and predict his behavior can greatly help Spouses' adaptability [22], [34].

For example; reducing life's stress and keeping the peace between the family members are known as essential adaptability strategies in veterans' Spouses [21], as these factors increase their flexibility, understanding of the existing condition, and correct judgment and decision making [11], [38], which gradually, lead to endurance and getting along with life conditions [24]. The use of defensive mechanisms

and understanding of feelings also lead to Spouses' adaptability. Education and using defensive strategies can help Spouses' adaptability [11] and act as shield in stressful situations, consequently increasing intimacy between the family members and making their relationship more reliable and secure [39]. The veterans' Spouses sometimes adapt to the condition during life by understanding their husbands' situation and also to get close to God [11]. Spirituality is known as one of the ways of adaptability. Religious beliefs can improve interpersonal and social relationships. These methods can improve good emotions and life satisfaction [20]. Spirituality can act as a defensive shield against life and stress problems and is known as a defensive strategy that increases the meaning of life [1]. Because in such situations, religious beliefs such as; believing in salvation and reinforcing the religious powers can improve life quality and adaptability [1]. Therefore, spirituality is known as one of the strategies of adaptability with problems [40]. Studies show that most veteran's families did not receive adequate support from society and because of being away from their relatives and their families had a defect in their inter-personal and social relationships [1]. Supportive factors such as governmental organizations can have an essential role in improving veterans' Spouses' quality of life. Therefore, the veterans' families' exerted support, such as consulting and education, have an essential role in the adaptability of veterans' Spouses. Creating job opportunities for veterans' Spouses is one of the strategies to solve their financial problems. Employment can help them financially and, as a defensive strategy, can bring satisfaction to the life of veterans' Spouses [11]. Adaptability and stress depend on social support and inter-personal relationship as they increase adaptability in veterans' Spouses [38], [39]. Social support can also cause improved performance and reduces stressors [3]. Social support can affect decreasing life stress and improve quality of life and decrease problems [21], [41].

5. Conclusion

The findings of this study help to understand the consequences of post-traumatic stress disorder better. Because 3 decades after the war, the effect of PTSD complication is seen in veterans and affects their families profoundly, the veterans' spouses and children are the indirect victims of war, and these people have numerous problems in their social, professional, and family life. Results show that PTSD imposes high mental pressure on these people, leading to many further problems that will be transferred to the veterans' Spouses. Thus, paying attention to veterans' psychological and spiritual needs can be as important as paying attention to their physical needs. By increasing the quality of life of veterans' caretakers, particularly their Spouses, veterans' quality of life can also be increased. Among the limitations of this study was the small sample size, which, due to qualitative studies' nature, decreases the generalization of its findings. Furthermore, the participants might have described their personal experiences not as precisely as expected because the questions were personal and sensitive. To compensate for that, the interviewer tried to win the participants' trust by making a friendly atmosphere during the interviews.

6. References

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