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## Walking on Eggshells: The Lived Experience of Partners of Veterans with PTSD

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## Walking on Eggshells: The Lived Experience of Partners of Veterans with PTSD

### Abstract

This phenomenological study examined the descriptions of lived experience among female partners of veteran men with combat-related posttraumatic stress disorder (PTSD) via internet discussion forums. Personal, self-initiated written accounts of 30 partners were analyzed with respect to meaning, challenges, coping responses, and role in veterans' healing and rehabilitation. Following data analysis, five descriptive themes emerged: all-consuming effect of the illness, walking on eggshells, ambiguous loss, alone, and facing PTSD as a unit. The central meaning of these themes describes the widespread priority of the veterans' illness, and the resulting isolation, grief, and apprehension experienced by intimate partners as they assume primary caregiving roles. The findings indicate that the nature of combat-related PTSD places significant burden and responsibility on partners. I argue that mental health supports and services should be implemented in order to meet the needs of partners of veteran with PTSD. Furthermore, the needs and preferences of partners should be considered in the design and delivery of mental health services targeted toward veterans. This study has implications for practitioners and for future planning and implementation of services and interventions for military families affected by combat trauma.

### Keywords

Military Partners, Trauma, Phenomenology, Internet Forums, Qualitative Research

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The impact of posttraumatic stress disorder (PTSD) on military veterans has long been the focus of empirical research (Rose, Aiken, & McColl, 2014). Only in the past 25 years has attention shifted to the cohabiting partners of PTSD veterans (PoPVs) and the distinct ways in which trauma impacts the family system (Beckham, Lytle, & Feldman, 1996; Calhoun, Beckham, & Bosworth, 2002; Jordan et al., 1992; Mansfield, Schaper, Yanagida, & Rosen, 2014; Verbosky & Ryan, 1988). Most of the extant research on PoPVs has focused on isolated symptoms of distress and the prevalence of mental health conditions among this population (Calhoun et al., 2002; Manguino-Mire et al., 2007), yet few studies have examined the experiences of PoPVs, the meaning they ascribe to their lives, and the strengths and strategies they used to manage the after-effects of combat. Furthermore, no studies to date have explored the sharing of PoPVs' personal experiences via online communities, which represents a source of untapped experience and discrete knowledge that has the potential to inform those who work with military families. Therefore, the purpose of this phenomenological study was to examine descriptions of lived experience among PoPVs via internet discussion forums.

Approximately 11% to 20% of veterans experience PTSD because of their military service in Iraq and Afghanistan (U.S. Department of Veterans Affairs, 2011). Although there is considerable variation in prevalence rates of combat PTSD among military populations globally (Castro, 2014; Thompson et al., 2011; Zamorski & Boulos, 2014), it is clear from this body of literature that the after-effects of combat exposure has significant implications for military service personnel and their family members (Dekel & Monson, 2010). Research has confirmed that cohabiting partners and spouses play a central role in the veterans' mental health and rehabilitation (Meis, Barry, Kehle, Erbes, & Polusny, 2010), yet they experience their own unique stressors and hardships (Gorman, Blow, Ames, & Reed, 2011; Mansfield et al., 2014).

With the increasing number of PTSD cases among military personnel returning from deployments, and the significant impact of the illness on partners and spouses, it is necessary that healthcare systems be equipped to address the needs of military families affected by combat exposure. Yet, in order to develop tailored supports and services for military families, and, more specifically, partners of veterans affected by combat exposure, it is necessary to obtain a rich account of their experiences of living with a veteran who struggles with PTSD. Without an in-depth understanding of the experiences of PoPVs, the responsiveness of psychosocial support and services are compromised, and the needs of PoPVs in this situation are likely to persist. In order to establish a contextual understanding of PoPVs' experiences, a review of the existing research on the systemic impact of PTSD on families and intimate partners are warranted.

## **Literature Review**

### **Impact of PTSD on Military Families**

Research has confirmed that symptoms of combat-related PTSD influence family functioning and cohesion in distinct ways (Tunac de Pedro et al., 2011). Specifically, family members' long-term exposure to re-experiencing and hyper-arousal symptoms associated with PTSD has the potential to result in the intergenerational transmission of trauma (Tunac de Pedro et al., 2011). Furthermore, the restricted emotional expression associated with combat-related PTSD in veterans may lead to difficulties in maintaining intimate relationships with partners and children (Meis et al., 2010). Families of PTSD veterans also report the persistent need to adjust their behaviours in order to avoid triggering veterans' PTSD symptoms (Mansfield, Schaper, Yanagida, & Rosen, 2014). Although it is evident that PTSD affects the entire family system, PTSD-related mental health services are primarily targeted toward veterans (Wadsworth et al., 2013). Meanwhile, the needs of family members are often overlooked in the planning, design, and provision of mental health services (Mansfield et al., 2014).

### **Partners of Veterans with PTSD**

Due to the debilitating and persistent nature of combat-related PTSD, PoPVs often assume the role of caregiver, provider, and advocate (Mansfield et al., 2014; Yambo & Johnson, 2014). PoPVs also play a central role in veterans' mental health and rehabilitation, as evidenced by increased treatment utilization among PTSD service members who report high levels of spousal support (Meis et al., 2010). Although partner involvement plays an essential role in rehabilitating PTSD veterans (Schumm, Fredman, Monson, & Chard, 2013), PoPVs experience overwhelming distress and responsibility due to the demanding nature of PTSD (Mansfield et al., 2014). The increased burden that accompanies living with a PTSD veteran can have adverse effects on the mental health of PoPVs (Yambo & Johnson, 2014), as evidenced by high levels of vicarious traumatization (Ahmadi, Azampoor-Afshar, Karami, & Mokhtari, 2011), marital distress (Allen, Rhoades, Stanley, & Markman, 2010), depression and anxiety (O'Toole, Outram, Catts, & Pierse, 2010), and suicidal ideation (Gorman et al., 2011). Therefore, it is clear that PoPVs experience substantial burden and psychological distress that warrants significant attention from the mental health community (Gorman et al., 2011; Yambo & Johnson, 2014).

## **Internet Discussion Forums: A Source of Untapped Information**

Online peer support communities, such as internet discussion forums, can be a valuable and novel source of knowledge for qualitative researchers who seek to understand the experiences, needs, and preferences of a specific population with a shared identity (Eysenbach & Till, 2001). Analysis of discussion forums can unearth unique experiences that may otherwise be overlooked. Those who frequent online support communities may be seeking peer support and practical information from others who share their personal experiences (Eysenbach & Till, 2001). As such, online support communities may be an important source of connection and emotional support for individuals who experience isolation, or whose experiences are often marginalized. Because of the significant burden and stress that PoPVs experience, and the fact that their needs are often overlooked, online support communities may be appealing to this population as it offers readily available encouragement, assistance, and connection.

### **Need for Qualitative Inquiry**

The majority of the literature on PoPVs has focused on secondary traumatic stress, caregiver burden, relationship adjustment, and general psychological distress (Ahmadi, Azampoor-Afshar, Karami, & Mokhtari, 2011; Calhoun et al., 2002; Frančišković et al., 2007; Maloney, 1988; Westerink & Giarratano, 1999). However, less is known about how PoPVs make meaning of their experience living with a veteran with PTSD, the strategies they use to cope with the demands of the illness, and the role of PoPVs in the veteran's healing and recovery (Yambo & Johnson, 2014). Furthermore, no qualitative studies to date have explored these questions through online discussion forums. Therefore, the current study used qualitative methods to answer the following questions: *What are the experiences of PoPVs who participate in internet discussion forums? What meaning is ascribed to the lives and experiences of PoPVs? What are the unique challenges described by PoPVs? How do PoPVs describe their coping responses? And, finally, how do PoPVs explain their role in the veterans' healing and recovery?* While these questions partly emanated from identified gaps in the research literature on PoPVs, it is also true that my personal assumptions and experiences have contributed to the development of the current research questions.

### **Role of the Researcher**

I am not without biases, assumptions, and personal experiences that have undoubtedly informed my decision to study this topic through a phenomenological lens. As a researcher and professional, I am currently undertaking my Masters of Science in Counselling Psychology and conducting research in the field of military family mental health and wellbeing. I am a white, middle-class woman who identifies as a family member of a veteran who has been affected by combat-related PTSD. In witnessing the impact of the veterans' trauma on other members within the family system, I recognized stories that have yet to be told - the stories of sacrifice, commitment, and resilience. It is for this reason that I am determined to hear the stories of spouses and partners, and engage them in the process of informing and transforming the myriad of social, economic, political, and healthcare structures in which they are embedded.

### **Ethical Considerations**

The current study was undertaken as part of the requirements for a university graduate course in qualitative research methods. Although I was the sole investigator in this study, I engaged my course instructor in weekly consultations and supervision throughout all phases of

the research process. This study received ethical approval from the University of Calgary Conjoint Faculties Research Ethics Board. Due to the nature of this online study, primary ethical considerations pertained to issues of privacy and anonymity. To mitigate issues of privacy and anonymity, I selected online discussion forums that were both publicly accessible, and encouraged anonymity through the use of pseudonyms. Thus, authors who posted on this forum had previously agreed to the terms of a publicly accessible forum and anonymity through self-selected pseudonyms which were optional. Identifiable information such as demographic characteristics and military rankings were unavailable on forum postings, thus offering an additional layer of confidentiality to forum authors.

### **Addressing Researcher Bias**

The phenomenological approach proposes that the researcher's subjective interpretations and understandings unavoidably influence the findings and make the data particularly vulnerable to researcher bias. To counteract this influence, I employed the tenet of epoché, which calls upon researchers to suspend their biases, views, and suppositions (Moustakas, 1994; Spinelli, 2005). By following this principle closely, the themes I identified through coding were strongly linked to the data themselves and were used to generate broader assumptions, structures, and meanings. To enhance the rigor and validity of the research findings, I engaged a wife of a veteran with PTSD, who was not previously involved in this study, to review the themes and corresponding descriptions to confirm whether the results were reflective of her lived experience. Accordingly, the following section provides a detailed summary of the method I employed to arrive at my findings.

## **Method**

### **Method of Inquiry**

This descriptive phenomenological inquiry used the personal, self-initiated written accounts of female PoPVs in order to explore emerging themes with respect to experiences, challenges, meaning, coping responses, and their role in healing and recovery while living with veteran men with PTSD. The descriptive phenomenological framework privileges the perspectives, feelings, and experiences shared by several individuals (Giorgi, 2012; Spinelli, 2005). This approach allows the researcher to uncover the essence, meaning, and nature ascribed to straightforward descriptions of experience, and extracts an understanding of the world as these individuals experience it (Giorgi, 2012; Spinelli, 2005). Thus, descriptive phenomenological inquiry lends itself well to the current research questions that focus on the lived experiences of PoPVs. It is assumed that PoPVs possess a distinct knowledge about living with a veteran with PTSD. Descriptive phenomenology also informs the current study by focusing the researcher on describing rather than interpreting experiences, and thus provides a rich account of the life and world of PoPVs.

### **Sampling Strategy and Participant Selection**

The target population for this study was female cohabiting partners or spouses of veteran men with PTSD. Female partners were chosen as the population under study because the focus has long been in understanding veteran men struggling with PTSD, but less so in women partners who are indirectly impacted by their husband's/partner's illness. Thus, in order to understand how best to support female PoPVs, it is necessary to first focus on understanding the essence of their experiences.

Purposive sampling refers to the deliberate selection of a small amount of participants for a study as opposed to a larger, representative sample (Denzin & Lincoln, 2005). As such, purposive sampling is the most appropriate method for the current study, as it is particularly effective in identifying individuals who share a common experience (Denzin & Lincoln, 2005). Furthermore, purposive sampling also aligns with the goals of phenomenological qualitative research, in that the aim is not to optimize generalizability, but to gather rich data on the experiences shared by several individuals (Giorgi, 2012; Spinelli, 2005).

Data was represented in the form of anonymized internet discussion forums authored by female PoPVs. To select appropriate forum postings, several combined factors were considered: (a) the availability of forum postings during the time of data collection; (b) the level of recognition and relevance of the forum (determined by a high level of traffic); (c) the ease of accessing forum postings; and (d) the anonymity of forum postings. The criteria used for sampling forum postings consisted of the following parameters: (a) the internet forum is publically accessible with no login or password required; (b) forum authors are female cohabiting partners or spouses of veterans; (c) veterans were male, as reported by female partners; (d) all veterans experience/have experienced combat-related PTSD, as reported by female partners; and (e) it is clear from the content of the forum that the author and veteran are maintaining cohabitation status (i.e., not separated or divorced).

I began a preliminary search of online support forums dedicated only to female PoPVs to determine whether data could be extracted. During the preliminary search for internet forums, I discovered a large website meeting the criteria outlined above, which consisted of 129 discussion threads and 289 postings between the period of July 29, 2012 and April 29, 2015. At this stage of the research, I narrowed the number of postings to be included in analysis by selecting postings that appeared to resonate among other authors (i.e., those yielding the largest number of uniquely authored replies). The final data analysis included 58 postings representing 30 unique wives/cohabiting partners of veteran men with PTSD.

The data analysis phase aligned with the phenomenological tenets of description and horizontalization (Moustakas, 1994; Spinelli, 2005). The tenet of description upholds that the purpose of data analysis is to describe rather than explain the experiences of PoPVs (Spinelli, 2005). The process of horizontalization requires that individual descriptions of experience are considered equally important throughout the analysis process in order to mitigate early identification of emergent themes (Spinelli, 2005). To guide the process of data analysis, the inductive method outlined by Braun and Clarke (2006) was employed for its systematic approach and emphasis on preserving the original meaning and context of the data.

Consistent with the process laid out by Braun and Clarke (2006), inductive-thematic analysis proceeded in the following steps: (a) familiarizing oneself with the data; (b) generating the initial and provisional codes or categories; (c) searching for themes; (d) reviewing themes; (e) defining and naming themes; and (f) producing the report.

### **Inductive-Thematic Analysis**

#### **Step One: Familiarizing Oneself With the Data**

During this initial step, I extracted the textual data from the internet discussion forums and arranged them in a word processing document. I printed the document and read the entire dataset once through. I then proceeded by re-reading the document several times while noting my preliminary ideas or interesting features of the data (Braun & Clarke, 2006).

## **Step Two: Generating Initial and Provisional Codes**

Once I had developed more solid impressions of the data, I created provisional codes which were represented by single words and phrases, such as *isolation*, *expression of loss*, and *state of vigilance or fear*. I organized these provisional codes in tabular format, which I used as a reference throughout coding. I then proceeded with a line-by-line, systematic analysis of the data, classifying every 1-2 sentences of the postings as a provisional code (Braun & Clarke, 2006). I used six highlighters of a variety of colors, so that I would readily be able to distinguish between provisional codes at a later phase.

## **Step Three: Searching for Themes**

After immersing myself in a line-by-line analysis, I began grouping the provisional codes to form provisional themes (Braun & Clarke, 2006). During this phase, several provisional codes emerged as being highly related to each other, thus, I began to develop these into potential themes. At this point, I began copying and pasting the original textual data under a table for each provisional theme. Therefore, each excerpt retained its provisional code status, but connected to a broader emerging theme.

## **Step Four: Reviewing Themes**

At this stage, I began to review carefully each theme and its relationship with its underlying provisional codes (Braun & Clarke, 2006). I revisited each provisional code in the original textual data, considered it in the context of the larger excerpt from which it was extracted, and checked whether the theme also related to the original excerpt. This process of checking ensured that the original meaning and context of the data was preserved and that the themes were an accurate description of the written accounts of PoPVs.

## **Step Five: Defining and Naming Themes**

During this stage, I reviewed each of the themes, their provisional codes, and original source in the text to create a name that would most sufficiently capture the essence of the overall narrative (Braun & Clarke, 2006). It was my intention to use the words of the PoPVs as often as possible to define the themes, as this method would be more meaningful and vivid for future readers. For three themes, the best definitional term emanated from the words used by the PoPVs in the postings, and are indicated in the results section by their encompassing quotations or italics. I then proceeded by describing the specifics of each theme and the experiences shared within that theme. In completing this task, it was most meaningful to describe the features within each particular theme that were considered essential and invariable across excerpts.

## **Step Six: Producing the Report**

During this final stage, I reviewed the original excerpts to make meaningful, vivid, and distinct selections in order to support the unique units of experience that made up each of the themes (Braun & Clarke, 2006). These processes yielded the findings from this study, which are discussed in the following section.

## Results

Written accounts of the lived experiences of female PoPVs were analyzed, and the following themes were described: all-consuming effect of the illness, *walking on eggshells*, ambiguous loss, *alone*, and facing PTSD *as a unit*. Each of these emergent themes is described below, with excerpts from original postings that provide support for each unique unit of experience.

### All-Consuming Effect of the Illness

All-consuming effect of the illness describes the widespread priority of the husband's illness over all other aspects and moments of PoPV's life. Due to the demanding and variable nature of the illness, these women describe making daily sacrifices with respect to career, personal time, social networks, and physical space. The debilitating impact of PTSD on veterans required these women to transition into roles of caregiver, protector, provider, mother, and advocate. Author 28 describes the demanding, intense presence of the illness, "This PTSD thing is so unbelievably all-consuming it's overwhelming. I feel like I'm taking care of him ALL THE TIME."

Due to the all-consuming nature of the illness, other elements of life and identity were sacrificed to devote more time and energy to the husband's recovery. For example, Author 5 commented, "I have tried and tried and tried to the point I have lost so much of myself and can't even give my children the mother they deserve right now as a result of all their *Father's issues*."

These women also experienced significant transitions into new roles as a result of the demands of PTSD. At times, the debilitating and volatile nature of their husband's illness required that these women took on many roles simultaneously, as described by Author 28, who took on the role of provider and protector. "I'm the primary bread winner which is fine, but he drops the ball in so many other areas it's maddening....I'm forever talking him off the ledge, telling him not to drink and to think of the consequences."

### Walking on Eggshells

*Walking on eggshells* describes the persistent state of tension, fear, restraint, and vigilance experienced by these women as they navigate the unpredictable, unstable, and often volatile state of their husband's condition. These partners expressed the enduring need to exert extreme efforts not to offend the veteran; exceptional caution, sensitivity, and self-control in order to avoid conflict; and the need to amend their own behaviours, interactions, and communication style to attenuate or offset the veteran's triggers.

Many of these women described how the entire family unit exerted caution and adjusted their behaviour and interactions to avoid triggering the veterans' symptoms, as described by Author 1:

I have skimmed over so many of the symptoms that we lived through, for example, how I lived my life walking on eggshells and how I made the kids walk on eggshells so that my husband wouldn't blow his top. He was loving but always seeming ready to break and always on edge. He had trouble sleeping and would be so irritable at times.

These partners described how the veteran's emotional and physiological state dictated the day-to-day interactions within the relationship. At times, these women had to repress their own needs and emotional state to avoid upsetting the veterans, as described by Author 25:

I am constantly taking care of HIS feelings, HIS emotions, and having to be careful what I say or do to not make these issues worse. I cannot be down or frustrated as it only infuriates him more.

Some women viewed the extreme self-control and need to amend their behaviour, not just as a means to avoid triggering the veteran, but also as a form of avoiding conflict and physical or verbal aggression, as evidenced by Author 3's comments:

Getting angry back...getting in his face...can trigger a man who's on the edge to lose it and they can become violent and not even remember it. I know it's hard not to react with anger when he's blaming you for something you didn't do, or puts the worst possible spin on anything you do, but it's like throwing gasoline on a fire.

### **Ambiguous Loss**

Ambiguous loss (Boss, 1999) refers to the ongoing uncertainty and lack of closure that accompanies living with a veteran who is physically present, but psychologically and emotionally absent. For these women, PTSD resulted in significant and fluid changes in the veteran's behavior and emotions on a daily basis. This meant the loss of the person he once was; the shared roles, responsibilities, and intimacy that characterized the partner relationship; and their mutual dreams and expected plans for the future.

Women in this situation refer to the prevalent sense of loss, and often described a contrast between the loving husband or partner of the past and the distant, unfamiliar person in the present. For some of these women, glimpses of their old husband or partner would be revealed at times, as Author 21 commented:

Some days I have my wonderful husband that I married, other days some other man is in my house laying in my bed, a creepy stranger. He even looks physically different to me when he is having a *stress episode*.

For other women, the loss of the veteran was described as more permanent. As Author 17 commented:

Sometimes, I just want him to hold me, love me, or he can just tell me he loves me. I feel I am the one always expressing myself. When we got married he was such a sweet person. I am so mad at the military because they took my husband away from me. I have no idea who this man is, that is what I tell myself a lot of days.

### **Alone**

*Alone* refers to the prevailing feelings of loneliness described by these women, even when in the physical presence of the veteran. These women described the need to be heard, understood, and supported by not only the veteran, but also by their friends and family. However, the persistent focus of family, friends, and healthcare providers on the needs of the

veteran overshadowed the partner's need for affection, intimacy, support, and connection. Thus, partners described the overwhelming feeling of being *alone* with their worry, sadness, confusion, and desperation.

For some of these women, *alone* referred to feeling isolated in the couple relationship, due to a lack of intimacy and affection. However, some women described ways of maintaining connections with their children and others despite the isolation they experienced, as evidenced by Author 10's comments:

Maybe I'm not dealing with it but just living it/accepting it for what it is. We have a 3 month old baby and so when I feel alone I go to her/ play with her, cuddle her. He works/goes to school but when he is home, I feel alone most of the time.

Many women expressed the need to be heard by another person who could appreciate their daily experiences and hardships. Yet, these women also wanted a person who understood their persistence and refrained from offering separation and divorce as a solution to their hardships, as described by Author 2, "I need a real voice to speak to, more than anything. Someone who knows what PTSD is like, someone who understands about NOT just giving up and quitting and walking out...and being another statistic."

Other women expressed having no other support or sense of connection in their life outside of the internet discussion forum. These women described a sense of abandonment, hopelessness, and severe isolation, as Author 7 described. "I'm sitting here crying and feeling so alone and have no one to turn to who really understands."

### **Facing PTSD as a Unit**

Facing PTSD *as a unit* reflects the commitment, persistence, and resilience of these women as they confront the challenges of the illness and make the decision to share in the burden and responsibility that accompanies PTSD. The prospect of recovering their husband/partner and the relationship propelled these women to seek answers and solutions to better understand the illness and facilitate their husband's/partner's healing. Although separation and divorce was an option, these women justified their reasons for staying with their husbands, referring to their emotional commitment (i.e., love) to him and the potential for their husband to complete suicide if they left.

Many women described PTSD as acting upon the relationship as a third entity, as opposed to a problem existing within the veteran or couple relationship. Women also shared practical strategies and solutions that facilitated couple functioning and solidarity in facing PTSD. For example, as Author 13 commented:

What works for me most of the time is referring to the problems I am having, not as *my problems* or *my needs*, but as *our needs* or *us as a unit*. I started doing that because my husband gets very embarrassed when his issues with PTSD are brought up. It causes him to become emotionally hyper sensitive, verbally aggressive and sends him into a hurricane of *everything is my fault* mainly because he feels that PTSD puts everything out of his control. Using words like *us*, *we*, or *unit* evens out the blame, or at least keeps words on such a touchy subject from becoming too pointed.

Women cited two main reasons for persevering despite the isolation, sacrifice, and daily challenges they faced. First, many of these women expressed hope that their husbands would one day make a full recovery, as stated by Author 18:

I have a lot of compassion for him. I know I love him, but I cannot help to feel angry and mad. I think rationally, leaving emotions aside and divorce crosses my mind...then I think about how fantastic he was before all this madness and in hope of one day returning to that...I keep on moving forward.

Some women justified staying with their husbands due to the threat of suicide and viewed themselves as their veteran's lifeline. As Author 19 commented, "All I could hang onto for a long time was knowing that if we were gone, he would end it all."

In the following section, the unique contribution of each theme is located and further validated within the context of the existing literatures on PoPVs and the impact of PTSD on military families.

## **Discussion**

### **Contextualizing the Findings**

Research has confirmed that PoPVs experience significant psychological distress and caregiver burden (Yambo & Johnson, 2014). Yet, few studies have sought to understand and appreciate their lived experience through qualitative methods. This study used an innovative medium - a phenomenological, inductive thematic analysis of internet discussion forums - to identify five themes of lived experience as described by PoPVs. Each of these themes can be considered in the context of existing literature and, in building upon previous findings, offer new insights into the experiences, challenges, coping strategies, and the role of PoPVs in veterans' rehabilitation and recovery.

### **All-Consuming Effect of the Illness**

In previous phenomenological studies focusing on women PoPVs, the consuming nature of PTSD appears to be a consistent element of daily life. In a study by Dekel, Goldblatt, Keidar, Solomon, and Polliack (2005), PoPVs described PTSD as dictating personal time and space, day and night, both in and outside the home. For these women, the boundaries between their world and their husband's had vanished because of PTSD. Similar to the current study, Dekel et al. (2005) also found that PoPVs described a constant struggle with their role in relation to their husband, often fluctuating back and forth between caregiver and partner. In yet another study by Lyons (2001), PoPVs described a period of their life following the diagnosis of PTSD where they became entrenched in the veteran's illness. Like much of the literature in this area, the current study found that the demands of PTSD required PoPVs to make significant daily sacrifices, and to transition into the role of being the veteran's primary caregiver. However, the current study builds on previous literature by expanding and enriching our understanding of the various role transitions that occur as PoPVs face PTSD alongside their significant other. In the current study, PoPVs described the process of assuming new roles in addition to that of caregiver, roles that necessitated new skills such as suicide intervention, advocating for the veterans' rights to care and benefits, generating the main source of income for the family, and assuming sole responsibility for childrearing.

## **Walking on Eggshells**

Previous qualitative research has referred to the often tumultuous daily experience of living with a veteran with PTSD (McLean, 2006). PoPVs described feeling uncertain, apprehensive, and perplexed about how best to respond to the veteran on an ongoing basis (McLean, 2006). While previous research has made reference to high levels of anxiety symptoms among PoPVs (O'Toole, Outram, Catts, & Pierse, 2010), the current study goes beyond previous literature to reframe this experience as both a reasonable and understandable response for coping with the unpredictable, volatile, and often abrupt changes in the veterans' mood and behaviour. The current study also captures the exceptional sensitivity, empathy, and sacrifice that PoPVs extend in their daily interactions with veterans in order to mitigate and eliminate potential triggers in the immediate environment.

## **Ambiguous Loss**

The model of ambiguous loss was originally proposed by Boss (1999, 2007) in studying situations whereby individuals experience the loss of a loved one without finality or resolution. According to Boss (1999), ambiguous loss also includes the experience of caring for a loved one who is physically present, but psychologically and emotionally absent. Such situations lack closure and leave individuals in a state of unresolved grief (Boss, 1999). As a result, individuals must generate their own meaning of the relationship in order to deal with the ambiguity and grief they experience (Boss, 2007). Since this time, the model of ambiguous loss has been applied to PTSD and its impact on intimate partners (Dekel et al., 2005; Dekel & Monson, 2010). In a previous study, PoPVs described the uncertainty surrounding the status of their relationship with the veteran (i.e., partner vs. mother-figure), and whether the veteran would regain independence in the future (Dekel et al., 2005). Similarly, the current study reaffirms the applicability of the ambiguous loss model in understanding the impact of PTSD on partners and the intimate partner relationship. However, the current findings build upon previous literature by drawing attention to PoPVs' experience of grief and loss for not only the husband and relationship they once had, but also the future goals, expectations, and plans the couple had envisioned together.

## **Alone**

Extreme loneliness and isolation has been a predominant theme in the literature on PoPVs for over 20 years (Dekel et al., 2005; Maloney, 1988; McLean, 2006; Woods, 2010). In line with the current findings, previous research has found that PoPVs experience isolation and loneliness due to a combination of factors and dynamics related to PTSD. In a study conducted by Dekel et al. (2005), the all-consuming nature of PTSD resulted in PoPVs experiencing a loss of identity. Loneliness transpired among PoPVs as a result of the veterans' emotional numbing and distancing from their partner (Woods, 2010). This loneliness was further exacerbated by the fact that PoPVs experienced emotional and social disconnection from their peers who did not understand or appreciate the experience of living with a veteran with PTSD (Woods, 2010). Consequently, many PoPVs experience their daily struggles in isolation and silence (McLean, 2006).

## **Facing PTSD as a Unit**

Previous literature on PoPVs has referred to the tendency for wives and partners in this situation to remain committed to their husband and his care despite the challenges and

demanding nature of the illness (Dekel et al., 2005). Similar to the current study, previous research has found that PoPVs often cite staying in the relationship due to fear that their husband would otherwise complete suicide and because of their emotional commitment to him (Dekel et al., 2005; Lyons, 2001). Furthermore, the current study reiterates earlier findings that PoPVs view their role as central to the veterans' rehabilitation and express a dutiful obligation to caring for their husbands (Lyons, 2001; Mansfield et al., 2014).

Overall, the current research findings further enhance our understanding of how the range of roles enacted by PoPVs influence their wellbeing and sense of identity. The findings from this study also offer a framework in which to understand the coping responses of PoPVs and the experience of loss in the context of combat-related PTSD. Finally, the limitations and contributions of the current study offer a point of departure for future research in this area.

### **Limitations and Future Directions**

The current study has several limitations worth noting. First, each individual is embedded in a larger political, economic, and social context in which elements intersect to create unique experiences and conditions. Therefore, the results drawn from this study cannot be generalized beyond the current sample of PoPVs and the multiple systems in which these PoPVs live. The current study also focuses exclusively on the experiences of women cohabiting partners of veterans with PTSD, and does not offer a detailed analysis of other PoPVs such as LGBT military personnel. Furthermore, this study focuses on PoPVs as primary caregivers and does not consider other family members who may assume this role, such as adult children or parents of veterans with PTSD. Finally, because this study extracted data from online discussion forums, diagnoses are based on self-reported experiences, and thus cannot be validated. However, the findings from this study yield rich information about the shared experience of women PoPVs who frequent online support groups and, given their central role in military families affected by PTSD, the low generalizability of this sample is considered a valuable trade-off. Due to the limited scope of the current findings, future research may seek to examine regional and relational (i.e., partner vs. adult child) differences in experiences, challenges, coping responses, and perceived role in care among caregivers of PTSD veterans. Future research may also seek to investigate the experiences of LGBT PoPVs and the unique stressors experienced in the after-effects of combat trauma. Given the growing number of veterans returning from deployments with posttraumatic symptoms, and its significant impact on cohabiting partners' mental health and wellbeing, future research may also seek to investigate caregivers' unmet needs for information, support, and mental health services. Nevertheless, the results gleaned from the current study and future research emanating from this investigation will contribute to the literature on the mental health needs of primary caregivers of PTSD veterans and inform future service delivery and design.

### **Implications**

The current findings indicate that the demanding nature of combat PTSD places significant burden and responsibility on PoPVs. Furthermore, PoPVs disclosed overwhelming feelings of loneliness, neglect, and disconnection from not only their husbands/partners, but also formal service provision and healthcare providers. Consequently, women in this situation may have substantial barriers in accessing, using, and benefitting from formal support services. Therefore, it is evident that individual, group, and family oriented support services and interventions should be implemented in order to meet PoPVs' needs for connection and support.

The abrupt changes and unpredictability of PTSD, coupled with the enduring need to avoid conflict, breeds a constant state of tension, fear, restraint, and vigilance among PoPVs. As such, human service professionals who work with PoPVs should provide information on available community resources in order to assist PoPVs in locating appropriate services in the future, should their safety become compromised. Additional supports and services targeted toward PoPVs should include crisis intervention, safety planning, and screening for suicidal ideation and intimate partner violence. Furthermore, individual, couple, and group psychosocial services should offer education in managing PTSD symptoms in intimate relationships. Existing support services targeted toward women in general should screen for PoPV status and determine whether PTSD is a precipitating factor in the need to secure safety.

Despite the multiple challenges and daily hardships of managing PTSD, PoPVs described their enduring commitment to the welfare of their husbands/partners, and the determination to face and defeat the illness together. Given their important role in post-trauma recovery (Schumm, Fredman, Monson, & Chard, 2013) and their desire to be involved in the veterans' care and treatment, a family systems approach to the treatment of PTSD among military families is warranted. As caregivers, providers, and advocates for veterans with PTSD, the needs and preferences of PoPVs should also be considered in the design and delivery of formal supports targeted toward veterans.

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