

Being a Wife of a Veteran with Posttraumatic Stress Disorder*

Rachel Dekel** Hadass Goldblatt Michal Keidar Zahava Solomon Michael Polliack

Abstract: We present the findings from a qualitative study examining the marital perceptions of 9 wives of veterans with posttraumatic stress disorder (PTSD). Data were from a semistructured in-depth focus group interview. Findings reveal how the lives of these women largely revolved around their husbands' illness. The wives faced constant tension between being drawn into a fusion with their husbands and the struggle to maintain their independence. In addition, the wives identified positive aspects of the marital relationship that granted them strength for current and future coping. Implications for practice are included.

Key Words: marriage, military, posttraumatic stress disorder, qualitative, secondary traumatization, wives.

Clinical observations and empirical studies have indicated that the consequences of traumatic events are not limited to the victim, often affecting significant others in the victim's environment. These consequences have been described in the literature as secondary traumatization (Figley, 1986), or as compassion fatigue (Figley, 1995). A wide range of mental distress symptoms have been identified among various populations who have been exposed to secondary trauma, such as family members of Holocaust survivors (Danieli, 1986; Lev-Wiesel & Amir, 2001), children of soldiers (Rosenheck & Nathan, 1985), and therapists of violence victims (e.g., Iliffe & Steed, 2000; Schauben & Frazier, 1995).

The literature has shown that wives and families of war veterans with posttraumatic stress disorder (PTSD) also are affected negatively. Wives of PTSD veterans report feelings of tension (Jordan et al., 1992; Verbosky & Ryan, 1988); somatic complaints, anxiety, and depres-

sion (Solomon et al., 1992); low self-esteem (Verbosky & Ryan); loneliness (Matsakis, 1988; Solomon et al., 1992); confusion, loss of control, and self-blame (Matsakis, 1988); and feelings of heavy burden (Beckham, Lytle, & Feldman, 1996; Calhoun, Beckham, & Bosworth, 2002). Regarding the families of veterans with PTSD, findings reveal that they are characterized by rigidity (Williams & Williams, 1985); absence of independence (Lyons, 1986; Williams & Williams); scapegoating of the trauma victim (Williams & Williams); violence, low cohesiveness, and high levels of conflict (Rosenheck & Thomson, 1986; Solomon, Mikulincer, Freid, & Woezner, 1987; Solomon, Waysman, & Mikulincer, 1990), and restriction of intimacy, self-expression, and personal openness (e.g., Carroll, Foy, Cannon, & Zwier, 1991; Riggs, Byrne, Weathers, & Litz, 1998).

The literature on marital patterns among couples in which the husband has PTSD is sparse. Studies have focused on the negative

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**Address correspondence to Dr. Rachel Dekel, School of Social Work, Bar-Ilan University, Ramat-Gan 52900, Israel (dekell@mail.biu.ac.il).

aspects of their marital relations (e.g., Carrol, Rueger, Foy, & Donahoe, 1985), including the damaging influence that both partners have on one another (e.g., Bramsen, Van der Ploeg, & Twisk, 2002; Shindler, 1995). Other studies about PTSD have addressed the positive aspects of the marital relationship, emphasizing the importance and value of the marriage for both the husband and the wife (e.g., Frye & Stockton, 1982; Williams & Williams, 1985). The findings are concurrent with the salutogenic view, which suggests that experiencing stressful events may be seen as an obstructive factor (an impediment causing stress and bringing about negative changes), or as a challenge generating positive change (Antonovsky, 1979, 1987; Antonovsky & Bernstein, 1986). In fact, a number of studies examined the positive changes among direct victims of trauma and a wide range of populations, including veterans (e.g., Sledge, Boydston, & Rahe, 1980; Solomon et al., 1999). However, there is a dearth of literature on positive changes among partners of veterans with PTSD.

As a theoretical framework, family stress theory is especially useful for studying situations of ambiguous loss (Boss, 1999; Boss & Couden, 2002). This loss is experienced when a person is physically present but psychologically absent. When a veteran husband has PTSD, he is physically part of the family but no longer functions in the same roles or is involved with the family as he used to be. As a result of this continuous ambiguity regarding the loss of her partner as he used to be, the wife may experience symptoms of depression, anxiety, guilt, and distressing dreams. In addition, the lack of clarity regarding the status of one family member immobilizes other family members such that decisions are put on hold, and the boundaries of the marital and family relationship are unclear. Whereas the reactions of wives to psychological ambiguous loss have been studied from the perspective of various physical illnesses (Boss, 2002), dementia (Boss, Caron, Horbal, & Mortimer, 1990), and Alzheimer's (Caron, Boss, Mortimer, 1999; Kaplan & Boss, 1999), there is a lack of research

on the marital and family perceptions of wives living with PTSD victims.

Most of the existing research on spouses of traumatized veterans has examined various manifestations of distress, yet this domain lacks a reference to the strength and resilience of these women. Thus, family stress theory, especially related to ambiguous loss, can serve as an appropriate theoretical framework. In addition, most of the research on PTSD couples has used a quantitative approach, whereas qualitative methods are more appropriate for research in these fields, which have yet to develop solid theoretical frameworks (Rosenblatt & Fischer, 1993). Therefore, our study used qualitative methods to examine how women who are married to men with PTSD experience their situations. The phenomenological approach used here aimed to examine the significance that women ascribe to their lives as wives of veterans with PTSD.

Method

Participants

Sample. Phenomenological research is based on small purposeful samples to provide an in-depth understanding of the phenomenon under investigation. Thus, claims of representativeness and generalizability cannot be made, and this is considered an adequate tradeoff (Cresswell, 1998; Patton, 1990). The study was conducted with 9 wives of Israeli veterans with PTSD. The veterans had been diagnosed formerly by official psychiatrists of the Israeli Ministry of Defense. The age range of the women was 36–57 ($M = 45.2$, $SD = 11.04$), and 8 were married with children. Seven wives met their husbands prior to injury and continued living with them. The not-married participant had been cohabiting and managing family life with her partner for many years at the time of the study. For the sake of simplicity in describing the participants as a group, she is described in the text as a wife.

Ethical considerations. All of the participants agreed voluntarily to participate in the study after receiving a brief explanation of the study's general aims. In reporting the findings, the names of the participants were changed to ensure anonymity and confidentiality. At the end of the interview, the women were provided with the phone numbers of professionals whom they might wish to call if they encountered any emotional distress.

Procedure

The semistructured interview. Data were gathered in an in-depth semistructured focus group interview that lasted 2 hours. The interview provided an opportunity for open conversation, which yielded rich descriptive data about their experiences (Fontana & Frey, 2000). Focus groups are considered an effective tool for gathering data in cases of exploratory research and brainstorming, when the information on a phenomenon is scarce (as in this study). These groups provide concentrated amounts of data on the topic of interest, while saving time and money on personal interviews (Morgan, 1997). However, a shortcoming is that certain interviewees may dominate the group and disrupt the personal expression of others (Fontana & Frey; Morgan). Our group was led by two therapists, both researchers and social workers, who were careful to ensure that all of the interviewees had an opportunity to express themselves to a reasonable extent.

The group interview was conducted in Hebrew, videotaped, and later transcribed. The women were asked to introduce themselves and then to talk about their experiences of being married to their partners. In general, participants described their personal lives, their lives as wives, and their lives as mothers in this situation.

Data Analysis

The phenomenological method was used for data analysis (Spinelli, 1989). This approach postulates that the researcher's subjective views inevitably shape the findings (e.g., Boss, Dahl,

& Kaplan, 1996; Denzin & Lincoln, 1994). To neutralize this effect, the rule of epoché (Moustakas, 1994; Spinelli) recommends that researchers set aside their prior biases and prejudices and suspend any expectations and assumptions. Notably, the researchers in this study were married women, mothers, and practicing social workers. Throughout the process of data analysis, they made a conscious effort to minimize any presumptions and a priori professional knowledge or personal biases of which they were aware that might influence their interpretations of the women's experiences as the spouse of a veteran with PTSD. Consequently, the main categories that emerged from the data analysis are assumed to represent the participants' experiences rather than categories that the researchers assumed in advance. Adherence to this procedure ensured study credibility (Lincoln & Guba, 1985).

The study also followed the rule of description, which urges researchers to describe rather than explain and to remain focused on their immediate impressions of a phenomenon (Spinelli, 1989). According to the rule of confirmability (Lincoln & Guba, 1985), the findings also were organized into themes by the original citations. The researchers' interpretations were summarized separately, yet grounded and linked to the data (see the following section on thematic content analysis for a detailed description). To avoid placing any meaning or importance upon emerging themes in the analysis process, each aspect of the experience was treated with equal value, consistent with the rule of horizontalization (Moustakas, 1994; Spinelli). For example, the categories "between merging and individuation" and "the partners as present-absent" refer to stressful aspects in the women's lives, whereas the category "the partners as empowering" emphasizes the positive aspects in their marital relationships. Although the stressful aspects of the relationships were more prevalent in the data than were the empowering aspects, these categories were treated equally in the analysis.

In phenomenological qualitative research, there is no expectation for replicability because

of the distinctive influence of the research context (Creswell, 1998; Kvale, 1996). Therefore, although we cannot generalize the findings, we gain in-depth knowledge about being the spouse of a veteran with PTSD.

To increase intercoder reliability, the first two coauthors individually performed thematic content analysis. They began by performing separate cross-case analyses by detecting and coding themes across cases. Cases were then collected and reduced, and core themes were identified and coded (Strauss, 1987). Subsequently, they compared their individual analyses, differences were discussed, and agreement was sought. The comparison covered both the content of the themes and the interpretation of their meaning. Content analysis was conducted in the following stages.

1. *Open coding* (Strauss & Corbin, 1998). The researchers first read the transcript of each interview line by line, writing memos along the text to discover and identify initial units of meaning (categories) that emerged from the data (e.g., “the reactions of the husband, the wife and the family to the injury,” “the husband’s injury as expressed in the wife’s emotions and behavior,” and “how the wife perceives her role in relation to her husband”).
2. *Axial coding* (Strauss & Corbin, 1998). In a second reading of the transcript, the researchers gradually discovered relationships among categories and subcategories related by context and content (e.g., “how the wife perceives her role in relation to her husband” was a main category, whereas “the wife as a caregiver and a mother” and “the wife as an emergency staff” were subcategories). At the end of these two stages, the categories produced a personal profile or narrative for each interviewee. This narrative included relevant quotes, followed by the researcher’s analytical interpretations. Taken together, this formed the texture of the interviewee’s experience of being the spouse of a veteran with PTSD.
3. *Integration*. Finally, the themes or main categories (Strauss, 1987) were conceptualized and

placed in context in terms of the meaning of being the wife of a veteran with PTSD.

Findings

Data analysis revealed how the lives of both partners revolve around the husband’s illness. The following categories were elicited.

1. “The illness as navigating living” described how the illness shapes the physical and emotional lives of the women and influences their functioning outside the home.
2. “Between merging and individuation” referred to the women’s struggle to maintain control of their personal space.
3. “The partners as present-absent” described the loneliness of being with a partner who is physically present but psychologically absent.
4. “Separation and divorce—the impossible path” highlighted the moral and conscientious commitment of the women to their partners.
5. “The partners as empowering” shed light on the positive aspects of the marital relationship as identified by the women.

The Illness as Navigating Living

Life with a partner with PTSD meant the loss of the personal time and space, and the loss of one’s ability to maneuver emotional states and activities. As Orna described it,

It started with all sorts of attacks he would get a few times during the day: loss of consciousness, his body shaking, rolling eyes, heavy breathing. I would get really frightened, and this went on for years and years. From the Six-Day-War [in 1967] until today, every time he has those attacks I think, “this is the end.” Who knows whether he’ll have a stroke or heart failure, and who knows what each attack might bring about.

The wives lived in constant fear of a possible disaster as a result of the illness and their

husbands' suicidal tendencies. This danger affected and overshadowed the rest of their lives and dictated their daily and nightly agendas. The women's total immersion in the husband's mental state drew them into his tortured emotional world, as described by Miriam.

He keeps waking up from nightmares and screams at night. I can't take it any more. When I wake him up there are always body parts that he's trying to attach—"this head doesn't fit this hand and this leg doesn't match the other." The whole time he's screaming, and there are his depressions, and his desire to die and commit suicide ... He goes to his therapeutic workshop and after a session he comes to me at work. Every day at three o'clock he's at work with me. When I have to work more hours, he says, "come on, let's go home ... " It drives me crazy, simply drives me crazy.

Miriam had no control over her own home or over her time and space. She lived the nightmares of her husband, a series of horrific scenes that permeated her world. Life was dictated by the physical and mental state of her partner day and night, both inside and outside the home. Even at her workplace, a seemingly neutral environment, she was unable to detach herself from her difficult home life. She experienced worry and rage to the extent that she feared she might lose her mind.

With time, the boundaries between the worlds of the husband and wife blur, even in instances where there is no mortal danger. Gradually, the wife became as sensitive to external stimuli as is her partner. Rina commented,

Some of the things have passed on to the kids. I've also become like that. I hear a noise, and it disturbs me. We live in an area full of airplanes passing overhead. I have been awakened a few times by an explosion ... we've been affected by his condition.

Whereas Rina experienced mental suffering, Miriam's whole life course was affected by the

situation, reducing her daily activities and spiritual world to battle fatigue alone.

If I sculpt, I only sculpt about the subject of PTSD, and the reviews on my sculptures are excellent. Today I simply don't do anything. I'm frustrated, and I can't find the strength to do something about myself, not artlike things. Once I was very active. For years I haven't gone to an art event. I simply bury myself at home ... at night I don't sleep ... Today I am connected only to PTSD.

These women depicted their partners' illness as a contagious disease. Gradually, they experienced their husbands' symptoms as a part of their own lives. In fact, the whole family (husband, wife, and children) suffered from the same symptoms. They developed distinct symptoms of anxiety, and their areas of interest gradually diminished—in the same way as their husbands/fathers. The experience of reduction in itself is a metaphor for nonliving.

Between Merging and Individuation

The husband's illness and its accompanying symptoms demanded daily intervention and intensive care by the wife, putting her in the position of a caregiver. The women presented different reactions to their partners' importunate demands that they be available every moment, as evidenced by Ilana's comments.

I used to take him to work with me to get him out of the house ... I don't know how to separate the emotion from the need or from the obligation to say, "Listen, go ahead and manage on your own, you have no choice, either you'll become sicker or you'll have to deal with it, and I am not a part of this." We (the wives) become everything to them emotionally ... I think it's like having another child in the house.

Ilana emphasized the overwhelming emotional aspect that was mixed with a sense of duty

and commitment toward her husband. With no apparent success, she tried to create a boundary between them and refrained from participating in certain aspects of his life. Nevertheless, she was left with the feeling that her partner is another child in the family and treats him accordingly. Gal also acknowledged merging with her husband's needs, but she demanded her own personal space.

His dependence and his need for me to be by his side all the time prevents me from going places. Sometimes I can't go to work, and when I do, I often have to leave early or return home promptly ... I have talked to him ... I have presented him with the fact that "I am not going to leave work. We will find some kind of arrangement; we will deal with it as much as we can. I will go to work and be back on time. I won't be delayed, I won't go for a walk afterwards, I'll speak to you on the phone. But please, don't demand that I leave work or take time off or watch the clock."

Emphasizing the burden of his dependence on her, she reported feeling as if he needed her every minute and had difficulty separating from her even when she went to work. She formulated her words to him as a "soothing mother," but she also set limits. Like Miriam, working was more than a source of income for Gal. Work produced separation and independence. She fought his demand that she quit, setting a limit. She was willing to compromise her private time, but refused to give up work outside the home.

Pamela regarded her being drawn into her husband's needs as a failure to achieve separation.

All the years, I refused to treat him like my child or my baby. I really persisted in treating him as my husband, my spouse, a partner for life ... But all of a sudden, I see that after all these years of struggling against becoming a caregiver, that's exactly what I am. I have no choice.

She wanted a husband and a partner. Despite her persistent battle against becoming her husband's nursemaid, she found herself in the position that she tried to avoid. Reality created an unstable pattern of marital relations between Pamela and her husband, so their relationship was similar to that of mother and child, or caregiver and patient. The conjugal bond was lost.

In fact, the women's descriptions delineated a continuum of aspects related to their struggles to relieve themselves of their task as caregivers-mothers to their spouses. On one end of the continuum, they experienced a husband-wife fusion coupled with his strong dependence on her. On the other end, they experienced a life in which the marital bond allowed each spouse space and independence, to which most of the women aspired. Some of the women have reached the height of their struggle, whereas others recognize the dependency relations but set limits for their partners; still others struggled for years to avoid the mother-child dependency situation, but find themselves functioning as a caregiver and not as a partner.

Setting boundaries and maintaining individuation is portrayed in the women's descriptions as a struggle initiated solely by them. Their husbands either respond to it or resist cooperating, and some of the husbands personally benefit from the process.

In conclusion, the women initiated a process of individuating from their spouses and struggle to maintain the separateness. All used parental-patronizing wording in their descriptions, and they mobilized to set limits with their spouses or maneuver their spouses in the desired direction. Their tactics advance the women from a position of merging with the partner and dealing with his burdensome dependency to feelings of independence and the hoped-for individuation and clear boundaries.

The Partners as Present-Absent

The women's struggle for separation was futile in certain situations because they had no partner with whom to negotiate their independence.

Some of the wives experienced the simultaneous presence and absence of their husbands. As Pamela described it, “We live death every day; we actually live with a dead person.” Shira added,

He suffers so much, he doesn’t really live ... I’m not even sure if he wants to continue living ... Yesterday he had an attack. He was in a state of severe anxiety ... started throwing and breaking things. In the evening, he told me that he had thought of committing suicide.

The possibility of his death hovered over their homes. Being with a living-dead husband created a perception of life without him. As Mina commented,

It’s as if I live alone. I have to prepare everything; I have to do everything alone. If I want to go out [he says], “go by yourself,” or “go, I’ll come later.” What am I—am I a widow? Am I divorced? I’m not divorced and not a widow ... I have a husband!

As can be seen in the descriptions, personal space and independence were as necessary to these women as air. However, they want a husband who is a partner rather than a passive object that is dependent on them for survival. The intensive concern with the spouse and his illness, the need to protect him and accommodate his situation, and his dependence on them overshadowed the needs of these women to the point that they experienced themselves as non-existent. Ilana said,

I hear everyone here talking about their husbands, and in some way we have all disappeared—our dreams are over, our desires erased. We are constantly apologizing for what our husbands are going through—but only God knows what we are going through. We’ve been taught to be so understanding, so humane, and in reality, where are we? Where are we ourselves?

When there is a moment that they do not need to care for him and cope with the home

and outside fronts, these wives are confronted with the painful realization that they pay a heavy price for life with a husband whose personal world is lost. The women expressed profound loneliness accompanied by emptiness and a feeling that they have no life of their own. They followed a moral and cultural imperative to care for their husbands and understand them, but they lack a sense of personal fulfillment, such that they have lost their independence and live only for their husbands.

Separation and Divorce—the Impossible Path

The serious difficulties involved in coping with a partner with PTSD led a number of our participants to consider divorce, but none actually did so, even after negotiating the possibility with their husbands and other family members. Pamela said,

All of us in fact were married when the event took place. Had I known, I would have run away, simply run away ... I also wanted to divorce him, more than once or twice ... He tried to commit suicide, and that put me in a very difficult position ... Then our daughters told me, “We really understand your wish to leave him, but we’re staying with Dad ...” I wouldn’t leave my daughters to take care of their father ... I am first of all a slave of my own conscience.

Clearly, Pamela’s conscience is the main reason for staying with her husband, despite her daughters’ understanding of her miserable marital situation.

Another wife avoided divorce because she saw herself as the foundation of her marriage. Rina said,

I grew up with no help from anyone. Since the age of 14, I grew up without parents—I faced life alone ... When I met him ... I didn’t go to movies—nothing. He took me out. And then, when his incident occurred, everything collapsed. Today we don’t go to celebrations together because he can’t stand the noise ...

I don't go out anywhere because he doesn't let me. I worked at a hospital in the labor room ... and I left my job because of him ... I have told him many times, "I've had it, I want a divorce, I don't want to go on like this." He tells me, "if you divorce me I'll commit suicide, because you're the pillar of the house, the foundation of the house is you." I'm afraid that if he really kills himself, I'll feel it's my fault.

Her perception of her husband as a prince who saved her from a dismal and lonely life and showed her the world was the basis for her moral commitment to him. With his illness, her dream collapsed and her real life included significant personal losses (going out, work). Because her husband perceived her as the foundation of the home, her moral-emotional commitment prevailed over her desire to divorce.

To conclude, Gal described the dialogue with her husband about divorce and the arguments in favor of maintaining the relationship.

I think that divorce always comes up in his head. He thinks all the time that because he doesn't act as a macho, like he would want to be, then I must have ideas in my head, and I clarify it to him that it's really not like that ... For me, it's like abandoning an injured soldier on the battlefield or abandoning someone sick ... we established a family together, our relationship was established beforehand, it's not like I will break up the whole package because he's not pulling his weight. It doesn't work like that.

Like the other women who considered divorce, Gal emphasized the meaning of her relationship with her husband, but she did not consider divorce. In fact, she objected to it and supported her position with moral considerations, which metaphorically fit the circumstances of her husband's illness ("you don't abandon an injured soldier") and added social-ethical arguments in favor of keeping the family intact.

These women who talked about divorce had married their husbands before their injuries.

This is important in their eyes, because the couple has a positive mutual past. The husband was strong, and even a rescuer (in the case of Rina). This past is the foundation for the moral commitment to their husbands. Because some of the husbands threatened to commit suicide if their wives left them, the women were faced with a serious responsibility, so they chose to stay. We discuss the nature of this choice later.

The Partners as Empowering

The wives of PTSD victims depicted their marital relationship as one in which she is the strong partner who constantly gives of herself to her weak and ill husband, whose existence depends on her. This relationship was both complex and irritating for her, although she felt a strong commitment to maintain it. With this in mind, the women identified their husbands' personal strengths as a positive quality to the spousal relationship emerged. For example, Gal commented,

I think he has more strong points than me ... What I give and what I help with seems much more trivial and understandable. It comes to me naturally and easily ... There is dealing with the children, and there are difficult situations, but I don't see it as a hardship like the one he has to cope with. He survives day by day, moment by moment. I think ... that what he goes through every day is a nightmare. It's 10,000 times harder than anything I would have the power to handle ... I really think highly of him; yes, I admire him, and I give him all my support ... I don't know if I would be able to do it in his place. He has a strong character; I don't know where he gets the strength from.

Amalia added, "I draw a lot of strength from him. He learns and participates, he fights and gives me encouragement ... If he doesn't break down, who am I to break down?"

Gal recognized her personal strengths as "natural," "understandable," and not remark-

able. However, her husband's strengths are augmented because of his daily suffering and his battle for survival. In addition, Gal emphasized her husband's burdening dependence on her, but in her struggle for independence, she sets aside space for her husband, emphasizing her high opinion of him (i.e., her admiration for his coping). When she minimizes herself ("I don't know if I would be able to do it in his place"), she becomes secondary. Amalia was also identified as one who gathered strength from her husband. In both cases, a dimension of mutuality is part of the marital relationship.

The men are perceived as having other characteristics that reflect them as giving partners. Some of these characteristics belong to the past, whereas others manifest themselves in the present. For example, Shira said,

It's as if he raised me, even though the age difference between us is only 2 years, he has given me a lot. When I didn't feel well he took care of me, as if I was a little girl ... I also feel as if I'm returning some of this to him ... a debt is also love.

Gal also shared her thoughts, saying,

I admire him for all of his positive characteristics, which I married him for. I don't think that they've disappeared because he's ill or because of his problems. He's the same person, but he has gone through some changes and faces some difficulties.

Both wives had favorable memories of their husbands' youth. These memories served as the basis for staying in the relationship. Moreover, they identified characteristics that brought them together that have not faded with the illness. Specifically, Shira described her husband's role of a father in the marital relationship, whereas Gal preserves her husband's healthy identity from the past. Their descriptions illustrate how the past serves as the foundation for current marital relations, nourishing them and allowing the women to give positive meaning to aspects of a burdensome marriage.

Also emerging from the women's descriptions was the theme of expressing gratitude for the healthy aspects of the men's functioning, and for their coping and adaptability. Amalia said, "We do things together, go for walks, listen to music, talk a lot ... he has brought me to love. He has also contributed to me—he has taught me lots of things I didn't know." Gal commented,

I think that our connection is much stronger. He has ... a sensitivity that he never had before ... because of everything that he's been through he's much more attentive and aware of what is happening to others ... [before the injury] it was important to bring money home; what the kids liked or were learning wasn't important ... Today he's involved emotionally ... in every step, his relationship with the children is better ... there is some benefit with all the pain ... a humane gain ... an emotional gain.

Both wives referred to the current quality of their husbands' character. Amalia talked about spiritual and emotional traits that have enriched her, and Gal focused on the changes within her husband resulting from his illness. The injury, which most of the women regard as a source of their marital difficulties and as the source of the husband's burden on them, also was depicted as generating sensitivity and caring for family members that were not evident before.

In the overall marital picture, mostly portrayed as burdensome, difficult, and onerous, the strengths of the injured men and their ability to give to their wives in particular, and their families in general, emerged. Thus, there is some balance and strengthening of the men in the marriage, which is supported by the women and their own strengths.

Discussion

The central theme that characterizes the experiences of women whose husbands have PTSD is one of setting clear boundaries and reducing

ambiguity. The women face constant tension between being drawn into a fusion with the husband and his needs, and a struggle to lead an independent life. The husband is present physically, but is not the same person he was prior to his injury; thus, the women experience an ambiguous loss (Boss, 1999). The husband's illness navigates the woman's life and those of the family. The wives gradually experience symptoms similar to those of their husbands and become deeply affected themselves. The woman's involvement in the husband's situation and her commitment to him and his expectations of her creates a fusion.

In their descriptions, the women provided personal accounts of symptoms that are referred to as secondary traumatization. Figley (1983) and Maloney (1988) characterized secondary traumatization as posttrauma symptoms that are transmitted to those who come into contact with the trauma victim. In this context, the wives' interests and self-expression take on the likeness of their husbands' trauma. The women experience a process in which their husbands inevitably consume their private space, and they cannot resist it. This experience transcends physical boundaries (within the home and outside), as well as boundaries of time (day and night) and personal boundaries (minimization of the woman's self-expression and blurring distinctions between her experiences and those of her husband). Simultaneously, they observe what is happening as if from the outside.

The wives engaged in an ongoing struggle to maintain their separateness from their husbands to preserve sanity, autonomy, and independence. Failure to do so resulted in the fear that they will be lost in their partner's experiences and demands. The women achieved varying levels of success. Those who succeeded felt as though they had managed to preserve some of their personal space alongside the compromises and sacrifices they made as a result of the husband's illness. Those who partially succeeded had a minute feeling of space in a life in which the husband's needs are primary. Finally, the women who failed for the most part felt as if

they were living with a child or an ill person in need of constant care.

According to Boss (1987, 1999), the deluge of ambiguity often becomes as debilitating as the illness itself. Ambiguity revolves around questions such as whether the husband is an independent adult or a dependent person who needs constant care. Because the boundaries between the partners are unclear, the rules that govern their marital relationship and roles also are vague (Boss, 1999). The women try to reduce this ambiguity by seeking clarity in their spousal relationships. Because of the persistent nature of their loss, the effort to reduce ambiguity becomes physically and psychologically exhausting. These findings are consistent with findings of an earlier study, which revealed that women's struggles to reduce ambiguity predicted their depression (Boss et al., 1990).

The women were empowered through the struggle itself and their caregiver role, although maintaining the partnership was usually a solitary effort. The men were not allies, and in light of the women's strength, they were portrayed as being even weaker, more vulnerable, and in need of their wives for survival. The women persisted, but they were aware of doing so in a calculated manner. They remain vigilant and maintain a delicate balance between their need for clear boundaries and the fulfillment of their role as caregivers to a man who is simultaneously portrayed as present-absent and as being in danger of expiring if overly distanced. By considering the weaknesses and vulnerability of their husbands, the wives alternate between the various roles that they assume in the family. On one hand, the wife is her husband's savior, his lifeline, and the foundation of their homes. On the other hand, she acts as a fighter, struggling for her independence and separateness from him. In all cases, the women fulfill roles in which they assume the main responsibility. Should anything happen to the husband, the wife would blame herself.

In spite of the frustration and the sense of loss in the marriage, separation was not a choice because of potential consequences. One conse-

quence was the husband threatening to harm himself, and the wife would bear the burden of responsibility. As Boss (1999) argued, family members are expected to fight for an ambiguously lost loved one. Another consequence was the impact of social, historical, and cultural context on the ways that the families cope (Boss, 1987; Tubbs & Boss, 2000). Despite rising divorce rates, Israeli society remains a traditional, family-oriented society that believes in family unity as a central value (Cohen, 2003). This value is intensified because of the damage that the husbands suffered. Because the man performed a mission for the country, it becomes his wife's social responsibility to care for him. Clearly, these women are resilient, although society challenges them to maintain their husbands' dignity as well as their marriage.

The price of setting clear boundaries while preserving the marriage is experienced as deep loneliness; these women confronted the realization that they live with a spouse who is not a true companion. Some garnered the strength to preserve the marriage from their moral and conscientious commitment to their injured husbands and their families. Others garnered strength from the past, when their husbands were healthy, supportive, and helped to rear the children. For these women, the past validated the present; the women saw their husbands as partners and providers (and in certain cases, husbands still filled these roles), which justified remaining together.

These findings also are supported by the results of studies among couples in which one partner has a degenerative illness, a disability, or an illness related to old age (e.g., Dorfman, Holmes, Connie, & Berlin, 1996; Pakenham, 1998; Wright & Aquilino, 1998). The caregiving spouse experiences feelings of greater marital satisfaction in cases in which the past relationship (prior to the illness or disability) was intimate and supportive (Kramer, 1993). When the caregiving spouse receives emotional support from the ill partner, he or she feels greater marital satisfaction and fewer burdens from the obligation to care for the dependent spouse

(Dorfman et al.; Pakenham; Wright & Aquilino). In addition, the women's struggle is consistent with family stress theory, which argues that families with an absent partner may cope in two main ways: (a) establishing the remaining partner's independence and self-reliance, and (b) maintaining a family integrity (Boss, 1987).

Implications for Practice

We explored the marital perceptions of women married to veteran men with PTSD. In Israel, these men have received proper recognition of and treatment for their mental disability only over the past decade (Bleich & Solomon, 1999). Our findings show that this delayed recognition also affected the mental state of the wives. Literature reveals a relationship between the support that wives provide their husbands in cases of posttrauma and the improvement in their husbands' mental state (e.g., Figley, 1986). Therefore, it is clear that therapeutic intervention should be directed toward helping the wives, who serve as primary caregivers. Our results indicate that the heavy burden carried by these women might make it difficult for them to seek treatment and to persist in it. Further, the findings highlight the importance of a systems perspective for providing assistance to posttrauma victims. The entire family system was affected by the posttraumatic injury, and the wives bore the burden of supporting and caring for their husbands and families. Hence, their symptoms were an expected reaction, not pathological one, given their experience of psychological ambiguous loss regarding their partners. These reactions were even more intensified in relation to the national moral obligation to maintain the marriage. Therefore, any assistance offered to men with PTSD must take into account supporting and empowering the wives and children. Interventions should focus on assisting the family to realize that the situation, not the family, is sick, that they are capable of managing the stress, and that they need to learn how to cope with it. Toward this end, the couple can learn stress-reducing

techniques, meet with other couples who face a similar situation, and develop their own unique strategies for helping one another (Boss & Couden, 2002).

The findings emphasize the positive aspects and strengths of these complex marriages in which one partner has posttrauma. Apparently, these positive aspects lend significance to the marriage for both partners and enable them to continue sharing their lives. Consistent with these findings, therapeutic intervention should focus on a strength-oriented systems perspective to empower couples to seek, recognize, and emphasize their strengths (Cowger, 1994). As previous studies about illness show, if the husband is directed in the course of marriage counseling to give emotional support to his caregiving wife, both partners are strengthened and enriched.

Future research may address other populations in which one of the partners suffers from PTSD, such as male spouses of women veterans with PTSD, and partners of civilians with PTSD from acts of terror or natural disaster. It is essential to learn more about how spouses cope and stay resilient through the persisting continuous stress that is an inseparable part of their lives.

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