THE EXPERIENCE OF GROWING UP IN A FAMILY IN WHICH A PARENT HAD BEEN DIAGNOSED WITH COMBAT PTSD

by

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Abstract

The current study looks at the experience of six people, now adults living in the Midwest, who grew up in families wherein a parent had Combat PTSD. This qualitative study combined the case approach with generic qualitative analysis to explore the primary research question, *What is experience of growing up in a home in which a parent was diagnosed with combat related Post Traumatic Stress Disorder (PTSD)* along with the secondary question, *What are the perceived positive and negative aspects of that family experience?* During analysis of the data collected, four themes emerged along with multiple sub-themes. The four themes revealed were that growing up was difficult, participants had difficulty with sibling relationships, participants had difficulty forming and maintaining relationships as adults, and as adult they found meaning from their experience. Given the many existential concepts that surfaced, these themes were then subjected to a theoretical analysis. Themes were analyzed in regard to their relevance in perceived positive and negative reflections of the experience using several existential theorists' constructs of existential loss and growth. Findings show that participants generally went through such a crisis during childhood and during young adulthood, but found meaning through forgiveness and engaging in purposeful work helping cope with the effects of PTSD.

Dedication

I would like to dedicate this research project to the men and women of the United States Armed Forces, and their families. Our veterans, past and present, have fought and sacrificed for the freedom we all enjoy today. Service members routinely come into harm's way in every corner of the world—with an enormous price tag. The military lifestyle for family members is also a unique journey with a similarly high cost that is no less significant or demanding. The military family sacrifices so much for our great country—a sacrifice that continues long after the deployments are over. I am very grateful to have spent a large portion of my life in the military.

Acknowledgments

I would like to thank my wife, Lara, for her support and encouragement throughout this long journey. I also wish to thank my mentor, Dr. Malcolm Gray, whose tireless guidance and mentorship have been invaluable and very much appreciated, along with the other two members of my committee, Dr. David Sarnoff and Dr. Barry Trunk. Lastly, I would like to thank the men and women who volunteered to share a major portion of their life story with me.

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CHAPTER 1 INTRODUCTION

> I talk to a lot of the guys, and it's hard for us to adapt. The noises scare us. The nightmares we have problems with. We have anger issues. For me, it's hard to hold a job. It's hard on your family. My dad says he can look into a GI's eyes, and he can tell who's been over there.
>
> -- A Sergeant in the Army Reserve

Background of the Study

The purpose of this research is twofold: (1) to examine the experience of growing up in a home in which a parent was diagnosed with Combat Traumatic Stress Disorder (PTSD) and (2) to explore perceived positive and negative aspects of that experience. There is a growing body of research that indicates combat PTSD influences not just the veteran but every member of the effected family—arguably as a child, such an experience would carryover into the person's adult life. Research by Carlson and Ruzek (2008) has shown that living in a family wherein one person has PTSD often leads to family distress and secondary traumatization. The caregiver burden associated with caring for a loved one with combat PTSD may cause psychological and physical harm, in addition to the detriments caregivers normally suffer from setting aside their own needs (Sherman, Zanotti & Jones, 2005). Of particular importance to the study here, Fontana and Rosenheck (2004) and Southwick, Gilmartin, McDonough, and Morriessy (2006) report that many veterans with combat PTSD live with a profound sense of doubt about the meaning of life, withdrawing from or lashing out to their spouse and children. A battle frequently made worse with overwhelming recurrent thoughts of suffering, guilt, and

death. Additionally, one of the most pervasive effects of traumatic exposure is that people tend to gravitate toward existential issues such as meaninglessness, isolation, and death (Fontana & Rosenheck, 2005). This is significant because suffering from existential issues is one of the leading causes of individuals seeking therapy (Walsh, 2003) and almost all of the symptoms of PTSD can also be associated with a sense of meaninglessness (Lantz, 1992). In this respect, consequences such as depression, worry, anger, addictive behaviors, etc. may be thought of as what Frankl (1984) originally identified as an existential vacuum, an emptiness he defines as a sense of meaninglessness and lack of purpose in one's life.

If these consequences are characteristics of the parent, what is the children's experience of growing up in a household wherein a parent had combat PTSD? Not surprisingly, Galovski and Lyons (2004) found that PTSD is a major predictor for family distress, yet much of what is known about this impact is "speculation" (p. 496). Furthermore, research about a personal sense of purpose and meaning as it relates to the entire family continues to be lacking in the literature (Wong, 2003). Despite this shortcoming, there is increasing number of family members who are coming forward to describe what such an experience is like through blogging and other social media avenues.

Statement of the Problem

The wars in Iraq and Afghanistan lasted well over a decade and hundreds of thousands of military personnel rotated through those combat zones. The problem many military families face is that both men and women are returning from combat diagnosed (but often not seeking treatment) with combat PTSD, with increasing incidences

(Meagher, 2007). There is a growing body of research on combat PTSD as an individual issue, less so for the families of these veterans (Lambert & Morgan, 2009). Servicemen and women are spending months and, in many cases, years in combat situations. When their tours are completed, they are returning home very quickly and find themselves changed by the experience. So quickly in fact, the veteran is sitting in his or her home a mere 24 hours after fighting in combat thousands of miles away (Meagher, 2007). This abrupt change creates many problems for the veteran and his or her family as they struggle to reintegrate their lives and roles.

Purpose of the Study

The purpose of this study is two-fold: (1) to help establish the need for addressing PTSD as a family experience and (2) to explore the possible existential experience (i.e. sense of purpose and meaning) of members of a family wherein a parent had been diagnosed with combat related PTSD. By investigating the experiences of family members who grew up in family systems wherein one adult member had combat PTSD; this research may uncover ways to understand the nature of this experience for individuals both during their childhood and later, as adults living on their own. Hearing the stories of those closest to the problem may shed some in-depth light on these issues and questions. Moreover, focusing on the individual in the context of his or her family, the participants may provide significant insight into siblings' and parents' experiences as well as their own, effectively expanding the sample size being examined.

Significance of the Study

> Currently I'm dealing with a spouse with severe combat PTSD and I need someone that can identify with me. This is the first I've ventured out to speak

about it and I really need some encouragement. I love him so much, but the environment in my home is almost unbearable.....help.

--Wife of a veteran

Sentiments such as these are not uncommon today. Fortunately, going through a traumatic event does not mean a person will get PTSD. According to the National Center for PTSD (2010) about 8% of men and 20% of women develop PTSD after a any traumatic event. According to the National Center for PTSD (2007), about 60% of men and 50% of women experience a traumatic event sometime in their lives. *The Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (American Psychiatric Association, 2000) estimates that PTSD is diagnosed in between one and 15 % of the population, with possibly many more going undiagnosed. This is significant in that experiencing a traumatic event is not rare and PTSD is known to greatly impair the day-to-day living of the person suffering from this disorder.

More specifically to this research, the *DSM-IV-TR* (American Psychiatric Association [APA], 2000) states that as many as 48% of returning combat veterans could have PTSD, with the National Center for PTSD (2010) estimating that 35% of returning veterans will have PTSD. Combat-related PTSD rates among women in the military are rising faster than combat PTSD rates in men (PTSD Cases Rise for Female Soldiers, 2008). Additionally, returning women have higher rates of divorce and are more likely to become homeless than their male counterparts (Hefling, 2009). By comparison, Hefling (2009) noted, men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or serious injury.

Given the large numbers of combat veterans returning home with PTSD symptoms, secondary traumatization and its long-term effects when their children grow up and start families of their own, is a timely topic in the field of psychology requiring more research (Meagher, 2007).

With the wars in Iraq and Afghanistan and the constant threat of other conflicts arising at any time, the need to learn about PTSD in families is more pronounced than during relatively peaceful periods in our history. Increasing awareness of the experience of growing up in a family wherein one parent had combat PTSD could better prepare the therapist to minimize the harmful effects of vicarious trauma (i.e. secondary traumatization)—an area where training is lacking (Lambert & Morgan, 2009).

Unfortunately, most of these veterans will not seek out treatment at a health care facility (Hoge, Castro, Messer, McGurk, Cotting, and Koffman, 2004). This has tremendous significance for their families. While returning veterans are trying to reintegrate into families, the symptoms of PTSD can be so severe that parenting styles may be impaired to the point that secondary traumatization is becoming more common among the veterans' children (Galovski & Lyons, 2004).

The need to understand this phenomenon could be most significant for families in which combat PTSD is present, particularly those with children and adolescents, since a major task of development and personality formation is forming identity and seeking meaning for their life (Damon, Menon, & Bronk, 2003). Additionally, Vietnam era Veterans with PTSD report family distress as a common concern (Batten, Drapalski, Decker, DeViva, Morris, Mann, and Dixon 2009). Reports from Fontana and Rosenheck (2005) suggest a loss of meaning and purpose is a significant issue among people

diagnosed with PTSD. When combined with the known phenomenon of secondary traumatization among children and families with a parent with combat-related PTSD, (Carlson & Ruzek, 2008), the impact on adolescents in particular is significant. Understanding what that experience is like for the children who grew up with a parent with combat-related PTSD could be helpful in developing therapy techniques and skill building methods to help future generations of children.

This research could also be important to understanding other aspects of family life. Knowledge gained here has the potential to underscore the need to treating combat PTSD as a family disorder. Little is known about the overall effect on the family when one member, most often the parent, returns from combat and is diagnosed with PTSD. This research will add to the scientific knowledge of combat PTSD, especially as it relates to the "next generation," after the child has grown up and moved away.

Research Question

The primary research question is, *What is experience of growing up in a home in which a parent was diagnosed with combat related Post Traumatic Stress Disorder (PTSD)* and secondarily, *What are the perceived positive and negative aspects of that family experience?*

Research Design

This study uses a generic qualitative approach organized as a case study to explore the primary research question and secondly to ask the more specific generic question, *What are the perceived positive and negative reflections of that experience?* Qualitative research allows for a better understanding of the subjective experience of the participants studied, as well as analyzing large amounts of narrative data (Thorne, 2000).

This provides a richness not available with quantitative methods (Creswell, 1994). This combined approach is appropriate because, as Bryne (2001) points out, each qualitative study needs a design as unique as the study itself. The sample type will be one-group (adult children who had a parent with combat PTSD) of volunteers drawn from online PTSD supports groups. There will be an initial request for volunteers from this non-randomized and purposeful sample (the members of the support groups) and six people will be selected for face-to-face interviews. The initial interviews will use guiding questions, with the possibility of a follow-up interview using more targeted questions if the researcher feels it is necessary for clarification.

Assumptions and Limitations

This research is qualitative in nature and, as explained by Creswell (1994), maintains the paradigm that reality is subjective and therefore constructed by those who live it. Consequently, certain general methodological assumptions must be acknowledged. Specifically, (a) responses to opened-ended interview questions lead to discovering meaningful insight into the research question and (b) people will honestly and openly discuss the subject with the interviewer (Robson, 1993).

The ontological assumptions (i.e. the nature of existence or reality) are that families create a unique reality, suited to accommodate their environment. That is, each person living in a home has a unique experience that fits, or works, for his or her particular situation. These unique realities are what need to be researched and explored using in-depth interviews.

The axiological assumptions relate to the role values will play into the research. The values that the person holds will shape the answers to the questions posed by the

interviewer. For the purpose of qualitative research, values should be directly explored and understood to most completely understand the responses (Creswell, 1994).

The epistemological assumption means that the interviewer and participant are in a dialog together and each is influenced by the other during the interview. Therefore, it is assumed that the interviewer can and will influence the volunteer as the interview progresses. When the interviewer remains aware of his bias and suppresses his judgments and values, this influence naturally assists the volunteers open up and share increasingly more meaningful stories as the conversation progresses. Researcher bias is discussed more directly later in the dissertation.

Also, the basic assumptions of developmental psychology assert that the parenting environment have profound effects on development and carry into adulthood. The theoretical assumptions here include that other members in the family via secondary traumatization may exhibit the symptoms of PTSD. Theoretical assumptions are discussed more fully later. Briefly, Galovski and Lyons (2004) confirmed that PTSD does impact the quality of parenting and child development, both of which are critical correlates to who a person grows up to be. Closely related topical assumptions are that the symptoms of PTSD may affect all the family members in a long-lasting and potentially negative way.

There are several limitations that are intentionally left either out or, due to design, are not addressed in this study. For example, volunteers are only drawn from online support groups and therefore the experiences of people who do not have access or participate in such groups is unknown and may be salient to fully answering the research question. A caution, for inexperienced researchers interviewing people who grew up with

a parent who has a serious trauma in their past, as in this case study, is the possibility of vicarious trauma (Lambert & Morgan, 2009). Vicarious trauma is the process of change the researcher undergoes from hearing explicit traumatic experiences. Lambert & Morgan (2009) stated this can cause the researcher to avoid asking further important questions, cause overwhelming feelings of grief, and erode confidence in ability to successfully conduct the interview. This limitation is mitigated due to previous training and this researcher also having several years' experience interviewing. The researcher is also a veteran of the armed forces.

Fontana & Rosenheck (2005) pointed out, another limitation of studying subjective experiences is that volunteers' beliefs / truths / stories are all full of ambiguities and studying a person's experiences as part of his or her pathology. In other words, the accuracy of the person's memory of the experiences that are of most interest may be distorted *because* of that experience. There is also little available research in this area, which makes it more of challenge to interpret. With careful planning and thoughtful preparation, the assumptions and limitations will not influence the analysis or outcome of this study.

Expected Findings

Clearly, as qualitative research, expectations should be set aside and bias withheld, allowing emergent themes to freely rise from the narratives and field notes. In general, this research should show what it is like to grow up in a home with a parent who had combat-related PTSD and how that experience affects the participants later as adults.

This research could also add to what is known about seeing PTSD as a family disorder and how an individual's sense of meaning and purpose is influenced by being

raised by a parent who had combat PTSD. Lastly, it is speculated by the researcher that the additional stress and obligations (i.e. caring for the spouse, assuming additional roles, avoiding situation that upset the spouse) that came from growing up with a parent with combat PTSD will continue to impact the person's sense of satisfaction in many aspects of his or her life. These expectations are thoroughly explored in the literature review.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of the literature review is to examine relevant studies and research related to the research questions. This literature review is divided into four sections. The first major section begins with the evolution of how we define PTSD and progresses through a line of research that leads to the current topic, namely what is known about PTSD as a family disorder. Included in this section is the history of PTSD and studies of combat PTSD in other wars (including the current wars in Iraq and Afghanistan). Next is a review of research regarding the impact of PTSD on the entire family and current trends in treating PTSD as a family disorder. This includes a review of the literature on secondary traumatization and how it may relate to an individual's sense of meaning. Literature addressing trends in meaning-centered theory in treating PTSD is examined as well. The final section of the literature review the literature related to the case study method and interviewing techniques.

The Capella University Library was the primary source to locate scholarly articles relevant to this research, utilizing the following databases: PsycINFO, PsycARTICLES, ProQuest Psychology Journals, Sage Psychology, and EBSCOhost. However, articles from the Department of Veterans Affairs, references in scholarly books, and textbooks were also used. Additionally, scholarly articles and studies were browsed on the Internet using the Google search engine. Keywords used to locate articles in the aforementioned databases include: family, PTSD, Post-traumatic, trauma, children, adolescent, offspring,

secondary, trans-generational, vicarious, meaning, meaninglessness, hopelessness, interviewing, qualitative, and case study.

Relevant articles were found in many journals including *Qualitative Research in Psychology, Applied Developmental Science, Aggression and Violent Behavior, Family Process, Research in Nursing and Health, Journal of Research in Christian Education, American Journal of Psychotherapy, Journal of Marriage and the Family, Journal of Marital and Family Therapy, Journal of Counseling Psychology, Journal of Pastoral Care* and the *Journal of Traumatic Stress.*

History of PTSD

Throughout time people have always suffered from trauma, yet the term posttraumatic stress disorder did not appear in the *Diagnostic and Statistical Manual of Mental Disorders* until 1980 (APA, 2000). Prior to PTSD being recognized as a valid anxiety disorder, this normal reaction to extreme trauma was understood in many different ways and was treated in just as many ways. There is significant evidence to show that combat PTSD has been around seemingly as long as men and women have been involved in armed conflict (Beall, 1997).

The earliest documented case of what was probably PTSD comes from the Greek historian Herodotus in 490 BC (Meagher, 2007) described an Athenian soldier who became blind for no apparent reason other than witnessing a friend die in the Battle of Marathon. However, the earliest term describing the disorder does not seem to emerge until Johannes (Meagher, 2007), a Swiss physician, coined the term *nostalgia*. This term continued to be used throughout the American Civil War. However, being given a diagnosis of nostalgia was often considered an insult among soldiers. Soldiers with this

mental "weaknesses" were generally sent back home without any care. Some of the combat-stressed soldiers were labeled cowards and even shot by firing squads in front of their peers (Meagher, 2007). At around the same time in Great Britain, a series of train wrecks produced large numbers of people suffering from a similar set of symptoms that physicians collectively began referring to as railway spine (Kelly, 1983). The history of PTSD shows this reaction to trauma was historically considered a personal defect.

After the Civil War, treatments generally consisted of removing the service member out of the combat zone for a period of time only to return him to combat as soon as possible (Meagher, 2007). Before the Vietnam War, terms like *shell-shock* and *war-neurosis* were also used. Thinking about this disorder was beginning to shift toward seeing a common cluster of symptoms that needed to be "fixed" as quickly as possible. In World War I, physicians were on front lines helping combat-stressed troops recover quickly and get back into combat (Meagher, 2007). Having access to care in the front lines helped troops, but they were still considered "weak" if they were treated for combat stress. Because of this presumption of weakness, physicians and counselors devised a method of pre-screening troops before they were allowed to enlist to determine if a person was susceptible to shell-shock (i.e., too weak for combat). This pre-screening seemed to have the reverse effect, because the problems associated with combat stress increased dramatically during World War II. Later, because they were prescreening enlisted troops, the mental health counselors were not available on the front lines to treat what was by then being called battle fatigue (Meagher, 2007). This trend was reversed during the Korean Conflict and physicians were out again on the front lines helping troops. In addition, troops were rotated out of combat areas regularly into safer areas far

from the front lines to rest and recover from combat in hopes to avoid battle fatigue. These troops in the rear deployment areas, away from combat, continued to have the same cluster of symptoms as combat soldiers, but their conditions were largely ignored (Meagher, 2007).

During the Vietnam War, veterans suffering from what is known termed PTSD were often untreated and referred to as the *walking wounded*, with doctors telling them their symptoms were preexisting and not combat related (Long, 2013). The current term of PTSD originated by an anti-war psychiatrist Robert Jay Lifton, who formed early support groups known as "rap groups" to help Vietnam veterans with "post-Vietnam syndrome" during the early 1970s (Meagher, 2007). Lessons learned from these support groups, combined with a large scale Vietnam Generation Study lead by Arthur Egendorf in 1975 motivated John Talbot, who conducted some of the research for the study, to campaign for PTSD to be included in the soon-to-be published *DSM-III* (1980, as cited in Mulligan, 2004). Their work was considered foundational groundwork that paved the way toward modern PTSD treatment and research (Meagher, 2007). Prior to that, the DSM-II only recognized *situational disorders* as a descriptor for trauma-related disorders (Long, 2013).

However, research and progressed slowly and the Department of Veteran Affairs (VA) did not establish a National Center for PTSD until 1989 (National Center for PTSD, 2010). Today, PTSD is characterized in the *DSM-IV-TR* (2000) as having three main symptom clusters: intrusive recollections, avoidance/numbness, and hyper-arousal symptoms due to actual or threatened trauma. Still today, this diagnostic term is controversial as many want to see the word "disorder" dropped, referring to PTSD

instead as the more respectful, dignified "posttraumatic stress injury" in hopes of reducing the associated stigma that stops troops from seeking treatment (Jaffe, 2012). History has shown that physicians and psychiatrists have viewed PTSD as a weakness and as something that can be predicted through pre-screening testing—neither of which helped people.

Fortunately, current research suggests that the earlier returning troops get help, the better off they will. There is still a significant stigma associated with seeking needed help (1 in 8 returning soldiers suffers from PTSD, 2004). One of the first studies done during the conflicts in Iraq and Afghanistan, found that 1 in 8 combat veterans have PTSD (1 in 8 returning soldiers suffers from PTSD, 2004) with less than half of those with symptoms wanting to seek help. In addition, veterans with PTSD of the Iraq and Afghanistan wars show higher levels of alcohol use and higher treatment dropout rates than Vietnam vets with PTSD (Erbes, Curry, & Leksela, 2009). According to the Burns (2013), in 2012, 349 active duty men and women committed suicide, which is an unfortunate record number for the armed forces. These studies represent a significant shift in research because it examined the troops during the war rather than waiting years after the war (as was much the research done during the Vietnam War). For example, in a study conducted by Jordan, Marmar, Fairbank, Schlenger, Hough, and Weiss (1992), 1200 male Vietnam era veterans (along with 376 of their spouses) were interviewed decades after their experiences and all the research referenced was from at least 15 years after the Vietnam War ended. Furthermore, Fontana and Rosenheck (2008) reported the demographics (specifically sex, marital status, and age) of today's military personal are much different than in Vietnam. This indicates that today, more than ever, there is need

for new research to find ways to help families and help reduce the stigma of seeking help for PTSD.

This short review demonstrated that the scientific study of PTSD is relatively new, less than 30 years, leaving many gaps in knowledge and research—and is still very much evolving. There is much room for scientific growth in this area, including examining at PTSD as a family disorder (Galvoski & Lyons, 2004).

PTSD as a Family Disorder

The primary focus of this study is to better understand the experience of growing up in a family where a parent had combat PTSD, and the perceived long-term effects of that experience, despite the family being the core foundation for development (Rolland, 2009). Notwithstanding current deficiencies in literature addressing PTSD as a family disorder (Lambert & Morgan, 2009; Sherman, Zanotti & Jones, 2005), this section of the literature review examined research concerning PTSD within the context of the family. Once PTSD symptoms emerge in an individual, their behaviors and symptoms will not only have a profound impact on that individual's ability to function in the family, but will also significantly affect each person in the family. Frederikson, Chamberlain, and Long (1996) suggested that helping only the combat veteran with PTSD is merely a first-level response; to truly heal the veteran, the entire family must be treated. Likewise, Evans, Cowlishaw, and Hopwood (2009) recommend looking at family functioning in order to properly help veterans with PTSD. Because the entire family is affected by the combat veteran's PTSD, the roles of family members can become blurred, resulting in unmet needs, anxiety, and impairment of community activities, ("How does PTSD affect," 2009). Research shows unmet needs and anxieties lead to feelings of anger, isolation,

guilt, frustration, and depression (Galvoski & Lyons, 2004), as well as strained relationships marked by avoidance at home, with extended families, and in the community (Carlson & Ruzek, 2008). These symptoms, along with the debilitating feelings elicited from the war such as guilt and anger, can make it very challenging for the combat PTSD veteran to resume the family roles he or she once held (Solomon, 1988). PTSD commonly leads to other problems in the family such as abuse; sleep problems; drug, alcohol, or other addictive behaviors, and health problems (Lambert & Morgan, 2009; Carlson & Ruzek, 2008).

It is generally accepted that combat PTSD impacts the quality of life in the family (Erbes, Curry & Leksela, 2009). Unfortunately, studies of how PTSD affects the family after the troops have returned from combat are virtually nonexistent (Sherman et al., 2005), even though symptoms often begin to appear as early as 3 – 4 months after reintegration with the family (Hoge, et al, 2004). There are, however, several studies showing the impact of combat PTSD on the returning veteran's spouse and even a few that describe the effects PTSD has on the children in the home. For example, Solomon et Al (1992, as cited in Galvoski & Lyons, 2004) described the lived experience of the spouse as being emotionally detached, having complete responsibility for child raising, managing all the finances, lacking sexual intimacy, as well as caring for her husband and managing his PTSD symptoms (i.e. monitoring his medication consumption and arranging his environment). That is a tremendous burden on the spouse. Dekel and Monson (2010) concurred and further stated that spouses must regularly cope with other issues like jealousy, verbal abuse, and withdrawing from him or her. Sherman et al. (2005) recommended couple / family therapy be included when treating a veteran with

combat PTSD because marital instability rates are higher, spouses often report being "unhappy," (p. 627), and feeling caregiver burden. In fact, Riggs (2000, as cited in Cook, Riggs, Thompson, Coyne, and Shiekh, 2004) stated there is little evidence that therapy alone is helpful for treating PTSD and that specific symptoms of PTSD need to be directly addressed in concert with the spouse. Additionally, Beckham, Lytle, and Feldman (1996) cited research (Hankins et al., 1993) that suggests that PTSD is a long lasting, if not lifelong, disorder, for at least a third of the people diagnosed. Seeing PTSD as a chronic, life-long illness for many people emphasizes the importance of sharing treatment with the people who live with them. Alternatively, for the two-thirds of veterans with PTSD who recover, there is research suggesting that the dysfunctional roles adopted by the family during the veteran's illness may endure after the PTSD is healed (Aldefer, Navasia & Kazak, 2009), thereby transferring that dysfunction to the children, who later become adults living on their own.

In the study conducted by Jordan et Al. (1992), 1200 male Vietnam-era veterans (along with 376 of their spouses) were interviewed with questions based on data the volunteer had previously provided between 1986 and 1988 during the National Vietnam Veterans Readjustment Study (NVVRS). Veterans with PTSD reported significantly higher levels of marital distress, parenting problems, lower levels of life satisfaction, and general family dysfunction than those without current PTSD. Moreover, the researchers found anecdotal evidence of transgenerational transmission of many of the parent's symptoms to their children. Cook, et al., (2004) conducted a study of 331 former prisoners of war World War II veterans, 125 of whom developed PTSD. The analysis of the Dyadic Adjustment Scale from that study showed no difference in family functioning

between the PTSD and non-PTSD groups. The study suggests that over the lifespan, the symptoms subside and relationship satisfaction returns toward normal ranges. However, Cook et Al. (2004) also found that the PTSD group had significantly more intimacy problems than the non-PTSD group, although both groups scored in the normal range as well.

Jordan et al. (1992) reviewed relevant literature and found PTSD impacts the family in many important ways. For instance, Solomon (1987, as cited in Jordan et al., 1992) found distress in family cohesion and expressiveness; a 1982 study by (Roberts et al. 1982, as cited in Jordan et al., 1992) found problems with intimacy and socialability in family functioning in home that contained a parent with PTSD; Neze and Carnevale (1987, as cited in Jordan et al., 1992)) found deficiencies in problem-solving skills; Verbosky and Ryan (1988, as cited in Jordan et al., 1992) found wives had increased feelings of worthlessness and increased levels of stress. Phenomena Mellor, Davidson, & Mellor (2001, as cited in Jordan et al., 1992) also observed.

Gottman and Silver (1999) identified many of these findings as predictors of divorce in couples. Consistent with that, Jordan et al. (1992) found that the divorce rate was higher for couples with veterans with combat PTSD as opposed to couples where PTSD was not present. Beckham, Lytle, and Feldman (1996) conducted research on Vietnam veterans with PTSD and their caregiver to measure the caregivers' stress and symptoms. They interviewed 58 dyads on three separate occasions over time and found a strong positive correlation with the veteran's severity of PTSD symptoms and caregiver stress / anxiety. These findings were confirmed in a similar study of Dutch peacekeepers that compared marital stress levels between soldiers that had PTSD versus those that did

not (Dirkzwager, Bramsen, Adèr, and van der Ploeg, 2005). Not surprisingly, these findings are similar to studies assessing functioning in families that PTSD had been diagnosed due to a child having cancer (Alderfer, Navsarsia & Kazak, 2009).

Emotional numbing and isolation, both primary symptoms of the PTSD cluster "avoidance", are often "confusing" (Galvoski & Lyons, 2004, p. 483) to the family and take a measurable toll on family functioning. This "numbness" (Mason, 1995, p. 3) contributes to family members feeling unloved, isolated, and breeds secrecy between them. Evans, McHugh, Hopwood, and Watt (2003) found a relationship between all three primary clusters of PTSD symptoms and self-reported family functioning in Vietnam veterans. Evans, et al. (2003) further found higher levels of both and anger and depression decreased family functioning even further. Galvoski and Lyons (2004) further explained that the family responds to symptoms exhibited by the parent with combat PTSD in one or more ways: having ambiguous feelings toward family members, withdrawing from each other, sacrificing self for the good of the family (i.e.,. the rescuer, as described by Price, 2011) or, rarely, learning to adapt and move forward in a positive way. Goldenberg and Goldenberg (2000) stated that according to family systems theory, the last is the only healthy option, but is not typical. Frankl (1988) stated that the first three coping methods contribute to dysfunctional behaviors in the family. However, a longitudinal study of 311 veterans Measuring family functioning and severity of PTSD symptoms, researchers found that the level of family functioning impacted the severity of PTSD in the veteran (Evans, Cowlishaw, & Hopwood, 2009). In other words, although a higher functioning family reduces the severity or symptoms in the veteran with combat PTSD or a dysfunctional family environment increases the veteran's symptoms, the

severity of the veteran's symptoms did not affect the level of family functioning except in the case of avoidance symptom cluster. Furthermore, Dinshtein, Dekel, and Pollack (2011) specifically found that the level of functioning of the mother had a significant impact on the transmission of PTSD symptoms to the children. Evans, Cowlishaw, and Hopwood (2009) theorized that this may be due to the fact that the mean age the participant had lived with the veteran was 26 years and the family system may have previously adapted to the veteran suffering from PTSD. Lastly, Batten, et al. (2009) found that Veteran's seeking treating for PTSD often express a desire to involve their entire family in treatment.

Whereas there is considerable research on the negative effects of the spouse, there is less so research exploring the long term effects of the children of veteran with PTSD. Despite this, children may carry similar negative effects into their adult lives. Punamäki, Qouta, El Sarraj, and Montgomery (2006) found that children living in such homes learn to not express their feelings to parents suffering from trauma. Jordan et Al. (1992) also cited research conducted with children living in homes with a veteran with combat PTSD and found that the children exhibited lower levels of self-esteem, developmental difficulties, and "impaired social relationships," (p. 917). In fact, these symptoms "mirrored" (p. 917) the symptoms of the veteran with combat PTSD. Roseheck and Nathan (1985, as cited in Jordan et al., 1992) referred to these similarities as secondary traumatization. Galvoski and Lyons (2004) also cited previous studies that showed how parenting styles and, consequently, children are impacted by the veteran with combat PTSD. Davidson and Mellor (2001, as cited in Galvoski & Lyons, 2004) used the Family Assessment Device (FAD) to assess the family functioning of 50 children of 50 male

veterans, 30 of whom had PTSD. The results showed dysfunction on all but one sub-scale of the FAD, including problem-solving skills, communication, affective involvement / response. In a study by Kulka et al. (1988, as cited in Galvoski & Lyons, 2004), children of Vietnam veterans with PTSD were found to have more behavioral problems than children in Vietnam veteran homes where PTSD was not present. Price (2011) further reported that children feel confused, conflicted, and unloved, causing attachment difficulties and the perception of having an unsupportive parent. These deficiencies lead to behavioral problems at school and difficulties making friends (Price, 2011). In addition to problems in school, Harkness (1993) reported children are more aggressive. Overall, children described their veteran fathers with PTSD as "uninvolved and less interested," (p. 486) than fathers without PTSD and the control group. In another study cited by Galvoski and Lyons (2004), Rosenheck (1984) conducted research with 12 World War Two veterans with PTSD and found the children, now adults, were not aware of their fathers' PTSD and thought their fathers were simply "temperamental and angry," (p .477). The children reported growing up feeling confused and living on edge. This phenomenon of symptom transference is known as secondary traumatization.

Secondary Traumatization

On a weblog (http://combatvetspouse.blogspot.com) maintained by the wife of a spouse with combat PTSD, she recounted the ongoing, daily struggle she encounters due to her husband's illness. She described being cautious of every move she makes in the house and having to make explicit rules for the infrequent visitors they have. Visitors can be their children's friends or family friends. For example, the need for making a rule concerning loud noises or sneaking around. These rules, when violated, cause the

husband to scream, panic, and become distressed. Her story highlights the tragedy of secondary traumatization. Simply defined, secondary traumatization is "an indirect exposure to risk or trauma, resulting in many of the same symptoms as a full-blown diagnosis of PTSD" in another person (Tendall & Fishler, 2010, para. 11). In other words, this process is synonymous with vicarious traumatization and is the transmission of distress.

There is little agreement as to how the secondary traumatization process works, but research seems to favor the theory that living in such close proximity to someone with PTSD is a chronic stressor that manifests in ways similar to PTSD (Galvoski & Lyons, 2004, p. 485; Jorden et al., 1992). Rosenheck and Nathan (1984, as cited in Jordan et al., 1992) differ slightly and state that although the living environment may cause secondary traumatization, the symptoms of the spouse manifest in different ways (i.e., loneliness, isolation, and somatization). Jordan et al. (1992) also found a large amount of evidence to support the above mentioned descriptions of secondary traumatization. For example, the study found that the violence exhibited by the spouse of a veteran with combat PTSD was similar to violence exhibited by the veteran. Maloney, (1988, as cited in Galvoski and Lyons, 2004), reported that the transmission may occur simply because the wife identifies so strongly with the husband with combat PTSD; she adopts his symptomology as well. Galvoski and Lyons (2004) refute another possible cause of secondary traumatization due to assortative mating, the idea the people with similar dispositions and personalities tend to mate and thus the trauma in the spouse is *already* present prior to the spouse developing PTSD.

Despite the limited research on the process of transmitting the symptoms of PTSD to children and how that transmission influences them later as adults, the concept is the subject of several theories. L'Abate (1998) stated that people often "dovetail" (p.31) the traumatic or painful parts of their family of origin with them into their adult relationships. Fontana and Rosenheck (2004) offered three different explanations for how transmission may occur. The parent may directly traumatize the child, the child may identify with the parent with PTSD and "pick up" his or her behaviors, or traumatization may occur indirectly due to family dysfunction. Ancharoff, Munroe, and Fisher, 1998 (as cited by Galvoski and Lyons, 2004) add that both silence and over-disclosure may also facilitate the process of secondary traumatization in children. The wall of silence becomes a barrier that isolates and creates confusion in the child. Silence leaves the child nowhere to go for needs (e.g., affection, questions, etc.), while over-disclosure by the parent with PTSD may frighten and traumatize the child.

More recently, there is some research on the children of combat veterans with PTSD returning from Iraq . La Flure (2009) reported that the Texans Care for Children and the Hogg Foundation for Mental Health have conducted research linking sleep disorders, difficulty learning in school, and high blood pressure to children whose parents experience combat PTSD. Mellor, Davidson, & Mellor (2001) found that children of Vietnam-era parents with combat PTSD have lower self-esteem, intimacy issues and other symptoms that mirror the symptoms of their parents. Harkness (1993) also said isolation, frustration, and aggressive behavior can be transmitted to the child.

Research suggests that a loss of a sense of purpose and meaning in life could be significant aspects of secondary traumatization, at levels similarly reported by parent's

with PTSD. In a study by Fontana and Rosenheck (2005), it was shown that a sense of meaninglessness is associated with primary symptoms of PTSD, including emotional numbing, and avoidance. Their study included 1,198 male Vietnam veterans and used a chi squares test that revealed a correlation between loss of meaning and seeking help from clergy or mental health professionals. Lack of self-disclosure and intimacy from the veterans who were father resulted in other family members to feel unloved and unwanted, creating trust issues and ambiguous, distressing feelings. Because of this link of these symptoms to the primary cluster of PTSD symptoms, they could potentially be among the array of symptoms transmitted via secondary traumatization to other family members.

Existential Research

Existential, or meaning-based research and therapy, evolved from the work of psychologists and philosophers Rollo May, Karl Jaspers, and Jean Paul Sartre along with clinicians Victor Frankl and Irving Yalom (Orey, 1996). This review will briefly look at the history of existential concepts and its use in individual and family therapy. Meaning-centered therapy was designed to address a person's basic existential longing for purpose and to understand the meaning behind human existence. Meaning-centered therapy grapples with the fundamental questions: "Why am I here?" And "What is my purpose?" And "What does it all mean?" These types of questions seemed to arise from the emergent themes in the current research and so the perceptions of the participants were further examined through with theoretical analysis. This is significant because one of the most pervasive effects of traumatic exposure is the gravitation toward existential issues (Fontana & Rosenheck, 2005). Suffering from existential issues in turn is one of

the leading causes of individuals seeking therapy today (Walsh, 2003). In fact, in a large-scale program, Southwick et al. (2006) conducted with patients with military-related PTSD, the most common symptoms reported were existentially related such as "a skewed external locus of control, a foreshortened sense of future, guilt and survivor guilt, and loss of meaning and purpose" (p. 172). Creating meaning is the main objective of existential therapy (Pitchford, 2009).

According to Kaufmann (1989), Karl Jaspers coined the term existentialism. He viewed existence as a state of being and a journey of reacting to unavoidable life situations (i.e., guilt, suffering, death, chance, and conflict). These events are boundaries which define existence and behavior. According to Kaufmann (1989), both Karl Jaspers and Jean Paul Sartre are credited with popularizing the term existentialism. He was an advocate of the simple and uttered the famous phase, "existence preceded essence." One cannot think and claim to not have free will. This is best explained by saying that each person must define or create his or her reality. In Sartre's book *Being and Nothingness: An Essay on Phenomenological Ontology*, he says a person is free to choose at any moment in all situations (Sartre, 1997).

Viktor Frankl, applied the constructs of existentialism used in philosophy to psychology. He was an Austrian neurologist and psychiatrist who emerged from the concentration camps of World War II astonished that some prisoners were filled with hope and never gave up on life (Frankl, 1984). He walked from this trauma with a new form of therapy based on that assumption that people have an innate will or drive to achieve meaning; he termed this therapy logotherapy. The biggest difference between logotherapy and psychotherapy is that the focus is on the future and not the past (Frankl,

1984). The basic tenants of logotherapy state that regardless of events occurring in one's life, happiness and peace can still be maintained. The ability to choose one's attitude cannot be denied or taken away (Frankl, 1984). This is something Frankl discovered in the concentration camps. This is free will. In addition, this will or drive exists in every person and drives a person toward the ultimate life goal, which is finding meaning and purpose.

The major components of the existential model describe ways of creating meaning and people from being stuck in an existential vacuum or crisis. Meaning can be found in one of three ways: experiencing (e.g., love or self-actualization), creating values (e.g., doing good work), or choosing one's attitude regardless of situation (e.g., finding meaning through suffering or trauma, having a sense of humor, etc.). As Frankl (1984) explained this, "fear is the mother of the event and a wish is the father of a thought," (p. 145). Ultimately, the factors that determine one's quality of life are discovered within the self (fear and wish) and were under the person's control all along. Jacobsen (2006) demonstrated that existential work as described here can aid in personal development.

The existential vacuum results from a sense of meaninglessness in one's life. This void, or emptiness, is filled with unhealthy or hurtful lifestyles. Self-defeating habits, addictions, and other activities fill this void. Examples can range from getting drunk, promiscuous sex, risky activities, being filled with anger, unnecessary busyness, or obsessions. The crisis arises from cognitive dissonance, or anxiety that arises when one's behaviors don't match one's values. Existential therapy has been a popular and effective method of individual therapy for many reasons including sexual dysfunction, obsessive compulsive disorder, learning to ignore hallucinations, and even treating PTSD through

exploring memories to find meaning making opportunities (Smith, 2012). According to Colbert & Milton, 2011, people can only heal from trauma after they reassemble the pieces of their life. Lantz (2004) demonstrated that existential therapy can help with all three clusters of symptoms associated with PTSD.

Most salient to the current research, existential therapy is also gaining momentum in family therapy (Lantz, 1992). Altough there continues to be even less research describing the resilience and resources of families under traumatic stress (Punamäki, et al., (2006). The family system is the context in which children develop, learn about hope, and form their first identities, (de Avila, 1998). Often in trauma, individuals have to redefine and recreate their own identity as a coping method and as a way of moving forward (Corbett and Milton, 2011). Family existential therapy focuses on finding meaning and connectedness that promote individual goals and agendas, while maintaining a healthy family system, rather than staying stuck in dysfunction and obstacles (Wong, 2001). Because the family is the foundation from which meaning is made, an environment that is not nurturing or healthy gives rise to the potential for meaninglessness (Frankl, 1984). The resulting existential vacuum will fill the family *as a system* with ambiguous feelings, confusing roles, dysfunctional patterns of behavior (e.g., eating disorders, anxiety, depression, etc.; Lantz, 1992). The connectedness required for meaning that Wong (2001) spoke of is exemplified in findings in a Gottman and Silver (1999) study: shared values, roles, rituals, and traditions. Shared family connections help to reduce the family existential vacuum (de Avila, 1998). Lantz and Lantz (1991) found these family characteristics lacking in many families in which one member has PTSD

living in the home. Lastly, research has found a positive relationship between resilience and posttraumatic growth (Levine, Avital, Einat, and Yaira, 2009).

Rationale for Qualitative Case Study Methodology

This research uses the case study with thematic analysis methodology. Case studies are a useful method to explore, explain, or describe the phenomenon under study (Gedo, 1999). By examining family members experiences who grew up in family systems wherein one adult member had PTSD from combat, this research will uncover ways to understand the nature of the experience for individuals in the context of his or her family. Hopefully, the participants will also provide significant insight into siblings interactions, and parents' experiences as well as their own, effectively expanding the participants' descriptions and perceptions of the entire family system as a broader case.

One of the major strengths of the case study approach is its flexibility to shift the interview as new insight is discovered or to change questioning without deconstructing the basic design (Sprenkle & Moon, 1996). Park and Ali (2006) identified other strengths of the case study. For instance, analyzing narrative data has the potential of revealing new themes and insights that were previously unknown to science. Park and Ali (2006) cited a study analyzing 300 narratives from post-9/11 survivors. They discovered a formerly unidentified category of meaningful growth, which happened to be changing political views. The primary weakness in that study is using a small sample size; therefore, the study lacks external validity at first read because the results cannot be generalized to larger populations (Sprenkle & Moon, 1996). However, Gedo (1999) stated that families cannot be statistically identical—each family is unique and has a unique story. This uniqueness makes this topic amenable to case study.

Qualitative research is best suited for comprehending the research question when the goal is to get at the experiences of participants (Thorne, 2000). In order to harvest the most meaning from the qualitative data, Stake (1995) suggested looking at both direct individual instances and aggregation of all the instances, until something is identified. While Stake (1995) is regarded as leading authority on case study research, there have been considerable refinements and new methods devised since the 1990s. Among these are the works of Yin (2009) and Braun and Clarke (2006) on the aggregate model of thematic analysis. Thematic analysis is ideal for this research because, as Braun and Clarke (2006) pointed out, thematic analysis is suited for finding and reporting themes / patterns in large amounts of data (e.g., narrative data from interviews). Thematic analysis often yields insights that can be the subject of future research and tested quantitatively (Park and Ali, 2006). Therefore, thematic analysis is most appropriate for researching large amounts of narrative data by allowing the data to reveal themes without any preconceived concepts. The Braun and Clarke (2006) model of thematic analysis was selected as the primary analytical method for the research interviews. This model is presented in detail in Chapter 3.

The primary data collection method will be the interview. There is an abundance of literature about interviewing. Sewell (2000) described three types of qualitative interviewing used in research: 1) the informal conversational interview, described as being the least structured and flows from clients' words, 2) the interview guide approach, which is a basic set of questions outlining a general path to follow and 3) the standardized open-ended interview, which is a rigid script used in interviews. In all of these types of

interviews, the key to success is making certain the questions clear, unambiguous, and simple. This research will use the interview guide approach.

Qualitative interviews are designed to understand the experience in question from the participants' viewpoints, as opposed to quantitative interviews that have the main goal of reflecting the researchers' concerns (Kvale, 1996).

Field notes are another important component of interviewing. Field notes are written up by the researcher after the interview is over. These notes include qualitative observations, which are important factors that the researcher can see and hear without using statistics and other measurement tools. Examples of this type of data include observation of nonverbal cues and listening for meaning behind the words. Kvale (1996) explains the latter in that all interviews have a factual level and a meaning level, both of which are important. Beliefs, values, and behaviors can also be inferred by paying careful attention during interviews (Sprenkle & Moon, 1996), all critical to fully understand someone's perspective that are not necessarily expressed verbally.

Synthesis and Summary

This literature review was an important first step in discovering the degree with which psychological research has considered the proposed research questions. In essence, the literature review informs the researcher on current knowledge in the area, as well as what has not been done and what needs to be done. There were many more relevant quantitative studies than qualitative ones. Regardless of orientation of the study, it became apparent that the history of studying PTSD is short. After the initial research was completed, new findings published during the timeframe the dissertation was being completed were reviewed. New research continues to acknowledge that the long-term

effect of post-traumatic symptom transmission and parenting remains largely unknown (Zerach, Greene, Ein-Dor, & Solomon, 2012). A recent study by Herzog, Everson, and Whitworth (2011) found that secondary traumatization in children is further increased when the spouses of veteran's without PTSD level of functioning is decreased. Research that is more recent also indicates there is a consistent recommendation to include the entire family in treating the veteran with combat PTSD, especially at VA hospitals (Monson, Macdonald, & Brown, 2012). Lastly, unfortunately, only one new research article could be found that explored the long-term effects being raised by a parent with PTSD from combat. This study looked at the long-term effects of 46 adults whose fathers had PTSD from combat. Researchers found lower levels of intimacy and more psychological distress among them (Dinshtein, Dekel, & Pollack, 2011). This researcher identified four themes relating to that experience in the analysis. The first was that growing up was difficult. Participants lived in fear, were faced with abuse, had difficulty making friend, and doing well in school. The second theme was that sibling relationships were dysfunctional as children and remained that way into adulthood. Third, participants had difficulty forming and maintaining healthy relationships as adults, including friendships and intimate relationships. And lastly, they had gone through a long, difficult journey to make meaning from their experiences and now use that experience for good to help others. The findings indicated a need to look at combat PTSD as family disorder, examine ways to design interventions that teach parenting skills and relationship-building skills to this unique population of military families.

After an exhaustive literature review, several common themes emerged. The effects of PTSD on the individual are profound. Research showed that it affected many

aspects of family life including family cohesion, expressiveness, parental availability, parenting style, and overall family functioning.

The literature also consistently referred to secondary traumatization in households wherein someone has PTSD, in both the spouse and the children. The research clustered around many important findings including that family members had ambiguous feelings about the parent with combat PTSD, and were lonely, frustrated, and isolated from a social network. There is little doubt that current research demonstrates being in a home wherein a parent has combat PTSD has many long-term effects.

The literature clearly showed that while research momentum on this topic is increasing, sufficient research on the long-term effects seems to be lacking. While there is a great deal of research on the effect of martial stress in home that have a spouse with PTSD, there is a tremendous need for understanding the long term impact of being raised with a parent who had combat PTSD, especially after they have grown up and are living on their own. The literature was both quantitative and qualitative in nature; none of the dissertations or scholarly articles in the databases were focused on the experience of adults who grew up with a parent who had combat PTSD. Yet, when online PTSD support forums were browsed, this topic is frequently discussed and is a major concern for many people. Forums are flourishing with people needing answers to their growing struggles and difficulties that they perceive stem from growing up with a parent who had PTSD or are children who are currently living with such a parent. The unbalance of public need and existing research is profound.

CHAPTER 3 METHODOLOGY

Interviewing a family member about his or her experience in a larger family setting became the focus of the case study approach in this research (Stake, 1995, Thorne 2000). The Braun and Clarke (2006) thematic analysis model was adopted as the method of analysis for the primary data collected through initial interviews. Secondarily, the generic qualitative theoretical approach was utilized as a follow-up analytical structure. Percy and Kostere (2008) described three distinct analytical processes using the generic qualitative approach. These are: inductive analysis, thematic analysis, and theoretical analysis. The methods employed here included thematic development combined with a secondary theoretical analysis. This combined approach allowed for emergent themes to appear. Thematic analysis allows for the ideas to emerge and "patterns of living" (Aronson, 1994) to be identified. The emergent then were then further analyzed with a more formal theoretical model analysis to determine if any of the themes fit pre-existing theoretical perspectives (i.e. perception of positive and negative consequences, and the possible loss of meaning in the lives of the children of parents with PTSD).

The emergent themes were developed using Stake's (2005) basic case study method based on open-ended interviews though an interview guide. Using the Braun and Clarke (2006) method of thematic analysis as the analytical foundation, meaning units were gleaned from a critical analysis of transcribed interviews. Reference to field and observational notes was also used to strengthen findings and detect further meaning from the interviews. Emergent patterns or themes were then subjected to a systematic theoretical analysis following the guidelines of Percy and Kostere (2008). The specific

models of thematic analysis utilized to further qualitatively explore predetermined themes, and potentially uncover new themes, were theoretical thematic analysis and inductive thematic analysis (Percy & Kostere, 2008). For the purpose of this study, a theme was defined as, "something important about the data in relation to the research questions, and that represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p82). Predetermined themes were derived from existential constructs drawn from the works of Frankl (1988) and Lantz (1992). It was believed that this combined approach offered the best opportunity to look at the two overarching questions (i.e., the family as victim and the existential aspect).

Sampling and Participant Selection

The population was families wherein one parent served in the armed forces. The sampling frame will focus on individuals within this population who grew up having one parent diagnosed with combat PTSD while serving in the armed forces, drawn from online support groups / forums. The initial request for volunteers was obtained from non-randomized members of PTSD and Veteran support groups. To be included in the study, the family member must have met the following eligibility requirements: 1) have one parent who is a veteran who was diagnosed with combat PTSD; 2) the volunteer must be at least 18 and 3) the volunteer must have moved out of his or her parent's home and live independently. Participants that have other chronic diseases, disorders, or ongoing life events that could potentially confound findings were excluded from this research.

This sampling method should provide for adequate information saturation to both address the research questions and allow for patterns to emerge. In case study research,

Stake (1995) stated that finding the ideal number of volunteers is not as important as fully answering the research questions. Further guidance from Leech (2005) stated that the level of generalization and context of data collection are two of the most important considerations when deciding on a sample size. Stake (1995) also stated that when selecting samples it is important to select people who have a larger number of unique characteristics to increase the representativeness of different groups. To that end, a sample size of 6 cases was desired for this study.

Purposeful sampling aims for greatest heterogeneity between individual volunteers (i.e. 3 men and 3 women will be sampled, ideally. In other words, 3 sons and 3 daughters will comprise the sample, as well as other characteristic which were gathered on the Demographic Tool) for story comparison. For example, narrative data will be compared using volunteers who described themselves as sons from each of the cases to explore experiences for sons; then volunteers who described themselves as daughters will be analyzed as a group. Possible gender differences in experience may be presented as well. This method will make information saturation more likely. Information saturation is assumed when no new details are emerging from subsequent participant's stories (Patton, 2002). However, if information saturation is not achieved additional cases may be required to answer the research question.

Given the recruiting was conducted through online support groups and social networking sites, this is a convenience sampling procedure. No online platform will be utilized for this research; the only part of the research being conducted online will be solicitation of volunteers. Several groups that have significant activity will be identified and then the facilitator /moderator of these groups will be contacted for permission for

the purpose of seeking volunteers. The facilitator will be emailed a packet containing a script, letter to person in authority, call for volunteers and contact information to post in the online forums. If the facilitator has an alternate preference for soliciting, then that procedure will be followed. For example, some forums have specific threads for researchers to ask for volunteers (e.g., "Call for Volunteers" text will be posted in that location). Additionally, support groups that are in the public domain may not have even have facilitators or moderators to seek permission from.

When a potential participant made contact, the researcher had a volunteer packet containing the call for volunteers and contact information to send to the participant via either email or postal mail, as they prefer. Once participants read the document and they decided to volunteer, the "Screening Tool" (see Appendix C) will be used to regulate eligibility. Only participates who meet the inclusion criteria were selected.

Data Collection

The basic outline for the data collection procedures was adopted from Stake's (1995) model. The process of collecting the narrative data is outlined in this section as is the ethical considerations that need to be taken into consideration. Observing and constructing narratives are central to qualitative research, making interviewing a very personal but potentially invasive process (Toit, 2002). Interview narratives, field notes, and transcribed/recorded interviews focus on revealing the stories of the participants' experiences central to the research question. These three sets of data also provide a source of data checking or the triangulation of data to confirm the accuracy of qualitative data: strengthening credibility, dependability, confirmability, and transferability (Trochim, 2006).

Six people will be selected as a sample for face-to-face interviews. The interviews will be conducting using the interview guide approach, with the possibility of a follow-up interview. The guiding questions are open-ended to encourage more descriptive explanations of participants' experiences and stories. However, the researcher will pay close attention to both verbal and nonverbal responses, make field notes, and ask additional questions as needed to better understand the story. After the interview is complete, field notes will be gathered to be used as companion data to enrich the narratives.

The temporal sequencing of the recruitment data gathering process is as follows:

(a) Solicit participants

(b) Screen volunteers using inclusion criteria

(c) Choose the participants for the study

(d) Secure a private location for the interview

(e) Collect demographic information

(f) Conduct the interview.

(g) Write down field notes

(h) Transcribe narrative data, made anonymous, and securely stored

(i) Incorporate field notes into findings

(j) Conduct thematic analysis of data

(k) Conduct theoretical analysis of data

(l) Verify accuracy of interpretation

During the interview process, an iPhone was used to record the conversation, this ensured the accuracy of the information gathered from the volunteers and to allow the

researcher to fully attend to the conversation (Stake, 1995). The recording also serves as a secondary data collection source. This device can save the information on a file, which can later be copied onto a computer for transcribing into Microsoft Excel. Transcribing can be accomplished by the researcher with free Express Scribe software. The participant was notified of the use of this device and transcription services, if used, and consent would be expressly requested. Because of the sensitive nature of qualitative studies, ethical concerns are often more pronounced than in quantitative. It has been shown that qualitative data collection has a more personal researcher/subject relationship, and consequently disclosure increases (Toit, 2002). According to Sprenkle and Moon (1996), the most important ethical concerns are: voluntary participation at all times, to do harm, and the protection of the participant's identity. The American Psychological Association ethics code adds informed consent, deception, and honesty (i.e., false reporting, willingness to share data, and plagiarism) to the cautionary list of research ethical considerations. Finally, Fry (2000) stated the most important consideration in ethics is caring. To be effective, caring must concurrently flow on at least five levels: care in obtaining volunteers, gathering data, using the data, storing the data, and publishing the final results.

Initial interviews. Initial interviews took place in person in a private conference room at local library. Each interview lasted between 60 to 90 minutes. Conducting in-depth, personal interviews requires a great deal of intentional observation and active listening. These skills are among the most important because one main goal during the interview will be to understand the meaning of what is being said (Kvale, 1996). To be successful, the researcher needs to remain neutral to all subject matter and set aside bias

(Stake, 1995), influences from theoretical underpinnings (Yin, 2009), and preconceived notions (Stake, 1995). This requires beginning with a framework, or guiding questions, to steer the direction of topics and to clarify, delving further into each person's experience. A Socratic questioning style was used. This type of questioning helps draw out answers, uncover truths, explore complex ideas, and provoke deeper levels of insight from the volunteers (Wong, 2007). The researcher will protect the confidentiality of the subjects and the data they provide by ensuring personal informed is masked and coded for reference, rather than using names and other identifying information.

Follow-up interview. Follow-up interviews were required for some of the participants. The role of the researcher during follow-up interviews is slightly different from that in the initial interview. A participant will be selected for a follow-up interview if, after thematic analysis, stories need clarification or other questions arose that were important to the answering the research question. To prepare for follow-up interviews, there first must be a comprehensive understanding of the narratives gathered in the first interview and a very minimal set of tightly-focused questions. In other words, where the researcher allowed the stories to emerge through the person's own words and time in the first set of interviews, this follow-up interview will permit the researcher to clarify and add further, deeper levels of meaning to those emergent themes in search of clarification and additional specificity.

Field notes. Field notes are an important data collection method that occurs as the interview is taking place in the form of mental notes, but documented immediately following the interview (Patton, 2002). Field notes include the researcher's reflections, as well as nonverbal messages such as eye contact, facial expression, and body language

(Patton, 2002). Field notes helped tell the complete story, adding an emotional dimension to the narratives and a richness that is not always expressed solely with words.

The beginning phase of the interview establishes rapport and is intended to set the participant at ease; this phase was informal and unstructured. When the participant was ready, the researcher reviewed the informed consent form to ensure he or she understood everything. The researcher reminded the volunteer that the conversation was being recorded and that the person always has the option to not answer any question or stop the interview at any time.

The stories of family events and rituals add depth and meaning to the encoded narrative data. Guiding questions were designed around common family experiences using Socratic-style questioning. Examples of the guiding questions include:

(a) What was is like growing up with a parent with combat PTSD?

(b) Can you tell me more about how your parent affected you growing up?

(c) How would you describe your relationship with your parents now?

(d) Who are the people in your life that are most important to you and why.

The complete list of guiding questions are presented in appendix A.

At the conclusion of the guiding questions, the researcher will ask if the member would like to share any additional stories or information. Stake (1995) said this is the most logical way to conclude the interview because it allows the participant to add things the researcher may not have thought about asking. The same process will repeat for all participants.

Role of the researcher. The researcher is the key to the quality of all data collected and his skill level is crucial to garnering meaningful responses from the

participants. Therefore, the researcher is the instrument in qualitative case study research (Creswell, 1994; Patton 2002). The researcher must be skilled, professional, and focused. The interviews are only as helpful as the researcher is able to conduct good interviews and collect meaningful data. Patton (2002) stated that in qualitative interviews, the researcher is the vehicle from which the data arise. Knowledge and training in interviewing techniques are important. Yin (2009) described some of the most salient skills required to conduct interviews for case studies:

(a) The ability to ask meaningful questions and interpret the answers;

(b) Use active listening skills and be objective;

(c) Be flexible and adaptive, changing course as needed;

(d) The investigator must thoroughly understand the topic being discussed;

(e) Unbiased investigation in all phases of the interview and interpretation;

(f) The researcher must not ignore contradictory evidence (Yin, 2009).

Extensive experience interviewing individuals is also important. The researcher has regularly interviewed clients as a service coordinator at Lutheran Services in Iowa for several years. These interviews are designed to help people with intellectual disabilities design measureable life goals, understand their past, and reflect on their future. Some of these clients have been diagnosed with PTSD, those clients, however, are not part this current research. The researcher has taken research methodology courses at both the undergraduate level and graduate level. The researcher also conducted interviews with technicians as part of his prior job as statistician in the Air Force, investigating aircraft maintenance and performance. Additionally, the researcher is a veteran of the armed

forces and participated in Operation Desert Storm so the researcher is familiar with the struggles and difficulties facing military families.

Observation and constructing narratives are central to qualitative research, making interviewing both a very personal and invasive process (Toit, 2002). In order to learn more about the case study model and interview process as it related specifically to this research, the researcher read several books, including: *The Art of Case Study Research* Stake (1995), *Case study research design and methods* Yin (2009), and *Research Methods of Family Therapy* Sprenkle & Moon (2005), as well as other textbooks for reference. These guides were helpful for preparing to conduct meaningful interviews, analyze the narratives, and present the findings. Additionally, the researcher examined several other students' dissertations to learn about style and technique. Finally, all course work and prerequisites were completed successfully before engaging in the dissertation process.

Data Analysis

This study utilized the Braun and Clarke (2006) thematic analysis method consistent with Stake's (1995) within and between case comparative model. The narrative data were analyzed using thematic pattern analysis in search of emergent themes to learn about the experience without researcher bias or preconceived ideas. A second follow-up interview may be conducted to seek clarification or deeper levels of understanding.

A Microsoft Excel spreadsheet was used to transcribe the recorded conversations. The spreadsheet will be compared to the recording for accuracy. The original copy will be stored on a flash drive and the spreadsheet will be broken down in patterns and themes. These patterns were analyzed and the themes coded. Each interview was

prepared by an identical process and assigned a unique identification number that replaced his or her name. In addition, field notes were incorporated into the results.

The process for data analysis is divided into nine phases (Braun & Clark, 2006). Phases proceed as follows:

Phase 1. Become familiar with the data one case at a time, (including interview notes, transcription, and field notes). By becoming familiar with each person's unique story, the researcher is in the best position to find meaning in the stories and convey that meaning in the results.

Phase 2: Generate comments related to the research questions. To accomplish this, one must read from the comments, pull out the salient information, and place them in a spreadsheet under the column heading "Meaning Units." In this phase, the units are direct quotes, which can be quite cumbersome to work with. An example of a meaning unit, might be this quote: "You can fool all the people some of the time, and some of the people all the time, but you cannot fool all the people all the time." (Abraham Lincoln).

Phase 3: Reduce the meaning units to condensed meaning units by translating the participant's words into a summarized phrase that does not change the meaning of the comment, but rather reduces it into a manageable unit of data. Continuing the example above, it might be reduced to: "Fooling People."

Phase 4: Assign a code and category to each condensed meaning units. This is the beginning of sorting data and making it analyzable. The above example might be coded "Attitudes" and filed in a category labeled "Taking Advantage of People."

Phase 5: Study and combine the codes and categories into larger sub-themes, which are a larger scale generalization of related codes/categories. The sub-theme for the example might be "Volunteer had a lot of insight into the minds of potential customers."

Phase 6: Compile all cases into a single spreadsheet and lumped together for final analysis. In other words, the focus is shifted to the whole set of data as one.

Phase 7: Sort the aggregated data and look for emergent themes. Braun and Clark (2006) defined a theme as something important about the data in relation to the research question, which represents some level of patterned response or meaning within the data set. In other words, a pattern that was common to over 50% of the cases (Braum & Clark, 2006), but is subject to researcher judgment. The criterion for a theme in this research is that3 of 5 cases must match the pattern and seem important to understanding the research questions. It will be necessary to re-review all the data when a theme is established to make certain the theme fits the data and is meaningful. Following the example to its final theme, it might be coded as "Theme 1: The Way People Are."

Phase 8: Compare between case aggregated data in search of common and unique patterns and themes.

Phase 9: Produce the report. Braun and Clarke (2006) stated this phase should be "a concise, coherent, logical, non-repetitive, and interesting account of the story the data tell" (p. 23). It is a blend of vivid details, quoted richly from the narratives, with analytical observations—all the while pointing back to the research questions. Producing the report will consist of the following:

(a) Description (setting, context and demographic information)

(b) Within-case analysis (using direct quotes, individual story will be told)

(c) Cross-case analysis (thematic analysis)

Braun and Clarke (2006) provided a list of criteria for gauging a successful thematic analysis. There are important checks at each phase of the data analysis. In general, all data must be careful and equally considered, showing that the analysis and original data still match in meaning. The data must be accurately analyzed and not merely "paraphrased or described" (p. 36). Within-case analysis (i.e. summarized narratives) will be given to the participant to check for accuracy and completeness; this will ensure the data is *credible* (Trochim, 2006). In addition, the assumptions discussed in Chapter 1 are fully taken into account and there is a good fit the described data analysis process and what actually is reported. It is equally important to a successful thematic analysis to take into consideration researcher bias.

Researcher Bias and Expected Findings

Generally, the this researcher should be able to show, after an exhaustive thematic analysis, a better understanding of the experience of family members who grew up in a family wherein one parent had combat PTSD. Using thematic analysis allows discovery of emergent themes and stories surrounding those themes (Tuckett, 2005). That is, the researcher should not have expectations when conducting case study research, or look for themes that adhere to certain theories or preconceived ideas.

There are, however, researcher biases that are appropriate to discuss in detail at this point. First, as a veteran, the researcher could potentially introduce bias during the interview process, as it is possible to "lead" the participant toward his preferences or make assumptions (e.g. ask about certain experiences the researcher had after redeployment to home rather than let the participant bring the issue up) based on the

researcher's military experiences. However, steps will be taken to reduce potential bias by keeping a journal of feelings and thoughts and being mindful of those biases when conducting the interviews.

Second, it is documented in research that the interviewer can and will influence the volunteer as the interview progresses (Novick, 2008). This bias could potentially steer the participant in directions that are of interest to the researcher simply by the way the researcher responds to the participant's answers. To reduce this potential bias, the researcher should remain objective and control his or her emotions during the interview process, being mindful of nonverbal and reactions so that his reactions do imply interest or disinterest any more or less than other responses. This way, the participant will more freely open up and share the stories that are most salient to him or her.

If any biases were to arise during the interviews, the researcher would be able to contact his mentor to discuss them so they did not influence the data collection or analysis.

CHAPTER 4. DATA COLLECTION AND ANALYSIS

The Study

The purpose of this chapter is to describe the experience participants had growing up with a parent with combat PTSD. The primary research questions are: 1) *What is experience of growing up in a home in which a parent was diagnosed with combat related Post Traumatic Stress Disorder (PTSD)* and 2) *What are the perceived positive and negative aspects of that family experience?* The qualitative model used to collect and analyze the data was the Genetic Qualitative Method using both thematic and theoretical analysis (Percy and Kostere, 2008.)

The majority of this chapter will focus on presenting the results of the thematic analysis, enriched with many direct participant comments salient to understanding the sub-themes/themes. The stories of the participants are presented in two ways: the first part shows the results of the within-case analysis, while the second portion presents a collective, cross-case analysis, revealing commonalities and the themes that emerged.

Content and Setting

Five of the interviews were conducted at public libraries, which have small conference rooms that can be reserved. The final interview was conducted in a private office at a community college. The rooms were all away from the main flow of traffic. Privacy was assured by stepping into an adjacent room to see if voices conducted through the walls. Normal conversations could not be heard by people outside the room.

Within-case analysis. The first part of analysis includes looking at each case individually. This involved putting each emergent, significant piece of information from

the narratives into a cell in a Microsoft Excel spreadsheet, then reducing that quote into a condensed meaning unit, which was then translated into interpreted units and categories.

The process involved looking at the individual interviews along with the field notes, and becoming very familiar with individual stories and experiences. This is also phase one of Braun and Clarke method listed above. The procedure required reading the transcripts several times to comprehend and absorb the material.

Cross-case analysis. After completion of the within-case analysis, individual transcripts were studied as a whole using thematic synthesis, or cross-case analysis. The purpose of thematic analysis is to progressively locate and identify meaningful responses and remarks from the narrative data and field notes to uncover emergent themes. For example, many of the stories and memories of family events and rituals added depth and meaning to coded narrative data. There are no exact methods to extract themes from narrative data, other than diligence and careful comparative reading between cases, according to Braun and Clark (2006). During the within-case analysis, each of the six cases was assigned a tab in the Microsoft Excel spreadsheet named with their pseudonym (i.e., P1, P2, etc.), but during the cross-case analysis, an additional column was created for recording the sub-themes discovered. Overarching themes were later created from clusters of related sub-themes. These were coded and recorded in a separate worksheet for later reference (Tellis, 1997) in the cross-case analysis. This method involved taking individual cases and combining each meaning unit to consolidate the sub-themes (Creswell, 1994) into emergent themes.

In addition, triangulation (i.e., using multiple data collection sources) was implemented to strengthen the findings by comparing and matching themes found in

narrative data with the field notes. Also, in two of the cases, this required a follow-up interview with participants to confirm findings and ask for elaboration. It was important that the transcribed stories were conveyed correctly in the final analysis. This method allowed for confirming accuracy, a more robust completeness, and seeing the same information from multiple vantage points (Denzin, 1989).

All of this information was consolidated into a sixth worksheet in the spreadsheet along with the data from all six cases into a single place, sorted by sub-theme. The result of this was emergent themes easily revealed themselves out of groups of common sub-themes. As will be described in Table 1, four major themes were uncovered using this process and represent the crux of the research findings.

Presentation of Data and Results of the Analysis

The results of the thematic analysis addressed the research questions: 1) *What was experience growing up with a parent who had combat PTSD?* and 2) *What were the positive and negative effects of that experience?* This section presents those results at two levels. First, all the participant stories are described, allowing the reader to see a snapshot of each person's subjective experience. Following that is a thorough discussion of the sub-themes and themes that emerged in the cross-case analysis. That presentation includes actual quotes from the participants to enrich the explanations. As previously mentioned, the real names of the people who participated are not used, but instead are referred to by the codes P1, P2, etc., to protect their confidentiality.

Table 1
Grouping of Common Sub-themes with Representative Narratives

Theme	Sub-Theme	Participant Comment
Growing up was difficult	Abuse by parent during childhood	Growing up everything was a weakness
	Fear of parent during childhood	His moods were very unpredictable and it was very frightening.
	Ambiguous feelings toward parent during childhood	It was confusing to hate and love your father, and to hate and feel sorry for him.
	Difficulty making/keeping friends in childhood	I had a best friend since kindergarten, but no other long term friendships.
	Difficulty in school	School was a constant struggle and homework was always secondary
	Sought counseling during childhood	The "road to recovery" from her "childhood trauma."
Difficulty with sibling relationships	Distant from siblings	I have no memories of my brother for years while he lived with mom.
	Hostility toward siblings	I had no brother like a friend, we only fought.
	Treated differently in childhood by parents	He never went to many of my sporting events and was always grumpy.
Difficultly in maintaining healthy relationships as adults	Strained family relationships	…too much emotional baggage, a relationship on the phone is about all I can handle.
	Difficulties with intimate relationships	I have had many problems with romantic relationships as you might imagine….the last was abusive.
	Difficulties in making / keeping friends	Not sure why, but I can't develop friendships
Finding meaning from the experience as adults	Recognized the need for professional support	As an adult, I've gone through my own years of therapy to deal with all of that.
	Forgave parent with combat PTSD	…to understand it was not me who should be responsible any longer for his behavior.
	Helps others cope with effects of PTSD symptoms	It is kind of, you use it to do good, or it destroys you.
	Reports positive current life satisfaction	I love what I do.

Within-Case Presentation

The six participants interviewed for this research each shared a unique story and course of events that formed his or her childhood and followed them into adulthood. In this section, each of those cases will be described individually, illustrating each participant's experience growing up in a home with a parent who had combat PTSD.

Participant 1. The characteristics of P1 were as follows: male, age 30-39, works full time, and has an associate's degree. He grew up in a home with a father that was in the Korean War. His father was shot twice and many of his friends were killed during the war. As a young child, the participant thought of his dad as a hero, but was also conflicted because of his dad's confusing behavior at home. He stated that, for his father, "the war was never over for him until he died." After the war, his father married and eventually had six children. He said his father never really talked about the war until he was terminally ill at the VA hospital, so he was unclear why his father acted the way he did. P1's experience was not typical of the other participants' because his father did not drink and was never physically abusive. His father's mood was very unpredictable and often kept to himself. "Dad could never be happy for too long, and no one would ever know what would cause his mood to flip" His father did not attend many of his school activities. His father had many nightmares and yelled a lot. He also threw things and punched walls often. P1 stated, "I had bouts of depression and difficulty concentrating while I was at school." He also reported having difficulty making friends the older he got. As he aged, he said it became more difficult for him to trust people and he was afraid people would think he was "too emotional" to befriend. After a great deal of therapy, he

became the founder and operator of a nonprofit agency that helps people with mental health issues, with its focus being on educating returning veteran's about PTSD.

Participant 2. The characteristics of P2 were as follows: female, age 50-59, works full time / self-employed, and has a graduate degree. The participant reported that her father was in the Vietnam War, but did not provide many details about his war experience. She reported that "everything basically revolved around him and his sickness." She said growing up was a "nightmare." "We never got any sleep at our house. My father was either drunk, making noise, or drunk-cussing and raising hell in other ways. It was awful!" She did not have trouble making friends, however, she was embarrassed to bring friends to the house, as her father's mood and behaviors were hard to predict. She had to "get the house ready" before having friends over, doing things like hiding liquor bottles. She preferred to go to friend's house and escaped her home life by spending a lot of time with an aunt. She has been married twice, one of which was an abusive marriage. She reported that her father "was obsessed with me. He actually adored me, but his love was misguided and very controlling." She spent nights crying and had frequent nightmares when she did sleep. She later learned that she had PTSD her entire life. She said her mother often stayed away and was not there to protect her. However, years later her mom became the "child we all took care of." Her brothers blamed her for the problems at home and she is still distant from her family. She reports not having a relationship with her siblings currently and has no interest in trying to rebuild things. P2 described herself as being "robbed" of her childhood.

P2 has forgiven her father. She has spent over 25 years in Al-Anon and most of her friends had abusive or alcoholic parents who can relate to her issues. She "spent most

of my life getting over the childhood trauma and now spend my life helping others with their trauma." P2 now speaks of her current situation in a positive light for the most part and life "is turning out as it should, I think." She is most proud of "surviving" childhood and paying for her home. P2 is building her own counseling practice and plans to expand to providing online therapy to people who have survived trauma.

Participant 3. The characteristics of P3 were as follows: female, age 50-59, works full time and has some college. P3 had a mother who was in the Vietnam War and returned with combat PTSD. Her mom left home to volunteer as a nurse during the Gulf War when P3 was in high school. P3 reported hating and fearing her mom and reports physical and emotional abuse. P3 was terrified of her mother during all of her childhood, but it became worse after her mother returned from the Gulf War as she adopted a very authoritarian parenting style. "She definitely took it out on me as a kid," she said. She described the worse of the beatings revolved around household chores. If things weren't done to her liking or as quickly as she expected, there were serious, physical consequences. P3 said display of emotions were not allowed in her house, and crying was forbidden. She had to raise her sister because her mom was an alcoholic and was not available to raise her. P3 shared that one of her other sisters coped with the trauma and drama by cutting herself frequently and became anorexic, nearly dying once from the later. P3 felt very strongly that because of her mother, she had low self-esteem, problems with relationships, and trouble holding jobs. Her father worked long hours and did not stick up for them very often and when he was home, he watched TV and avoided interactions as much as possible. P3 moved out after high school and attempted college, but ended up working full time and had "several" abusive relationships. She has gone

through years of therapy and now understands why her mother acted the why she did, but she still has not forgiven her for robbing her of her childhood and the abuse. P3 reports being angry and frustrated easily. She continues to have difficulty maintaining relationships. Her father passed away 10 years ago and as far as her mother goes, she "can't wait for her to die." P3 has stated she has been addicted to drugs, an alcoholic herself, and a workaholic.

Participant 4. The characteristics of P4 were as follows: male, age 25-29, works full time and has a graduate degree. His father was an x-ray technician in Vietnam who spent a great deal of time moving between bases in a helicopter and was regularly shot at. The family moved around a lot. At one point, they lived in an unsafe neighborhood with a lot of nearby crime. His father, when he was employed, worked 80 hours a week and drank too much. P4 stated that his father was not an alcoholic. P4 said he dad was a physician, but lost his license in two different states over the years for illegally prescribing medications and selling marijuana on the side. His father was married four times. P4 describes his father's rage as very frightening and he can still picture the red face of anger his dad got when he lost his temper. He lived with his mother for a while to escape being around his father, but eventually moved back with him. At one point, they lost their house and the father "lived out of a car", while P4 stayed with friends as much as possible. He was very embarrassed and ashamed during this time. He was also depressed during these years—so depressed that he "didn't want to live." At another point in his childhood, P4 and his father lived in a condemned house. For a while, they delivered pizzas together and this was the only source of income. When P4 was in high school, his dad hoarded medical research magazines and newspaper articles related to his

field in hopes of someday getting his medical license back. The house was cluttered so much that stacks "filled the house" leaving only space for them to sleep. He hated having friends over and high school was uncomfortable as they moved in both 9th and 10th grade, which made it harder to find friends.

P4 said he eventually found some friends, experimented with drugs, and dated many girls. He said most of the friends shared common interests with him, like a love for music.

When P4 was 16, he had a car accident. His father had not paid the insurance and P4 was then sued, losing his driver's license until he was 27. Additionally, P4 missed out on over ten thousand dollars in student grants because his father never filled out the forms. P4 was very angry and resentful about these events.

P4 described himself as "saved by Jesus" around the age of 14. He said he had turned to God to help him start to forgive his father and find meaning in his life. "God shaped my character and gave me my wife." He wanted to be a pastor at one point, did door-to-door evangelism, and completed a master's degree in divinity. P4 very passionately conveyed that his biggest fear is failing his wife and becoming like his father in regard to his temper and alcoholism. He says he finds purpose in his life by glorifying God, maintaining his marriage, and providing for his family. Although P4 admits he is a workaholic and spends a great deal of time at the gym, he says he has trouble making friends and does not know why. He is distant from his siblings and other family members and "now, it doesn't matter what my parents think. I guess I'm back to where I was before when I was 5, though it saddens me to think that." P4 also reports having trouble sleeping and relaxing.

Participant 5. The characteristics of P5 were as follows: female, age 40-49, works fulltime, is self-employed and works more than one job. She also has a bachelor's degree. P5 had a father who did two tours in Vietnam and returned with combat PTSD. She was born while he was on his second tour and her father's did not live with her until she was three. P5 reported that she had very few memories of her life before she was 13 years old and only in the past several years has she been able to recover them. In fact, she didn't really know what was going on with her father until she was in her 30s. She reported that dad was "passed out every second he was not at work" and over the years had become "increasingly dangerous." Home life was a very volatile environment and her parents were "constantly yelling." Dad had daily screaming matches and she avoided him as much as she could, staying in her room. She likewise avoided her brother, and was always angry with him. When they did interact, it was usually her beating him up. Her mother, now deceased, "really numbed out" and didn't know how to cope and P5 felt she "raised mom as a child." Her mother overshared and engaged P5 in adult conversations that she was not emotionally prepared to handle (i.e. wanting a divorce and discussing details of her sex life). Her mother, prompted by watching families in similar situations on the Phil Donahue show, began attending Al-Anon and, at age 13, P5 began attending Alateen sessions with her brother and credits that event as a life changing moment. Growing up, she said she was never allowed to talk about how she felt or to be sick. Once she had mononucleosis for over a month and never told anyone. It was only treated when a teacher finally reported it. She also lived in a neighborhood in which mostly only military families lived and it was so unsafe (i.e. frequent molestations and rapes) that she travelled to and from school in a "gang" of friends. Once she was almost kidnapped by a

van full of men in the neighborhood and, again, did not tell her parents. As far as school went, she was a "good kid" and received "decent grades," but didn't push herself. P5 reports feeling suicidal her "whole life." She was shy and had few friends, "latching" onto one person who seemed similar to her. P5 did not see her father for 15 years after he dropped her off at college. She tried to call him twice, but the conversations did not go well as her father had a "hard time with surprises." Her mother became sick during college and P5 found out that her brother had been living in the home alone while her mother was in the hospital. P5 regretfully says she did not stay home to help him and that she was a "horrible sister." Later, she started to rebuild her relationship with her brother when her mom was sick and dying. She reports that her current relationship with him is "odd" and they don't hug or know much about each other's lives. Her relationships were never monogamous, but "turned into that later" when she got to know and trust the person. She describes most of her partners as either abusive or addicts during young adulthood. Now she is in an 11 year relationship and says it is a healthy relationship. She has found meaning from her childhood trauma through art. Art has helped her focus, recover memories, and understand the past. Because "she knows what is going to happen", she has made a successful business out of her art and helps military children learn to express their feelings through art.

Participant 6. The characteristics of P6 were as follows: male, age 30-39, unemployed, and has completed his four year college degree. His father few helicopter gunships in the Vietnam War. His father served two years and was discharged after a helicopter wreck in which he was nearly captured. P6 says he had a "good father, but he was distant." His father wanted to be by himself most of the time, but was a "hard ass"

and pushed P6 beyond his developmental level in childhood. For example, he taught him to skin animals, operate firearms as well as have a "broader perspective on the world" – all at a very young age. His father was self-absorbed and "couldn't think outside himself" while at the same time had unreasonably high aspirations for P6. P6 says his father did not drink or abuse P6 physically. The abuse was at an emotional level. His father's "self-isolation ruined his marriage." After the divorce, P6 went to live with his mother at age 6 and moved out of state. Both parents remarried. Unlike his "dazed out" father, his step-father was very "attentive", loving and emotionally close to P6. P6 saw his biological father once per year. Some of the visits were positive and others were not. Sometimes, his father would drop P6 off at his grandmother's house for the entire visit and would not see his father. P6 always had to initiate the contact. P6 has two sisters and a step-brother, who was more like a brother to him. Dad was "mean as hell" to that brother and the two eventually were in a physical confrontation that lead to the brother moving out of the house at around age 22. P6 and his step brother entered the Marine Corps together on the buddy program. His step-brother was killed in action in Afghanistan in 2008. P6 resented his father for being so mean to his step-brother. Growing up P6 had a few "die hard" friends and has had difficulty making friends. P6 attributes this to the "political ideology" his parents instilled in him. He reports little tolerance for "stupid people". He describes most people as like when "someone in front of you is driving slow and you can't get around them." He also says most people lived in "zombie land", referring to an awareness of world events and politics. P6 had an epiphany whereby he decided that he didn't need his father's approval or guidance to be successful in life. When P6 entered the Marine Corps, he broke off contact with his father and had no contact for eight years. P6 reported

having a fear of death while serving his country and called his father, wanting to patch things up but his father was not receptive to the phone call. P6 now says things are "good" with his father and that P6 is trying to get to a place of forgiveness, "based on Christian principles." He sees his father now about once every two months and talks weekly. P6 is getting married very soon and sees some of his father's symptoms in himself that he fears may harm the marriage (i.e. self-isolation). P6 is currently disabled and unemployed, but is ready to get back to work. He reports being bored and that sitting around the house all day makes "it worse." He also reports feeling "burned out" and "sick to his stomach" often. He volunteers at his church infrequently and his hobbies include going to the range, cleaning weapons, and Krav Maga (a hand-to-hand combat training club). As far as his future, he "hopes for the best" and wants children. He hopes to "keep it together," but is apprehensive.

Cross-Case Analysis

The cross-case analysis is the second stage of the thematic analysis. After the individual cases were analyzed (developing meaning units, codes, categories, and sub-themes for each case), the data were compiled into one large spreadsheet and analyzed as a whole. This section presents the results of that analysis that were summarized in Table 1, which showed the four themes that emerged from the data after the analysis process, and also shows the sub-themes that support or define each theme.

The information shared in the stories of each participant was revealing and detailed. The frankness of participants' responses fully addressed the research questions. Quotes are used throughout this presentation of the findings to a add richness to the sub-themes and themes, providing solid support to clearly illustrate the experience of growing

up with a parent with combat PTSD, and the positive and negative aspects that continue to influence their lives. As Braun and Clarke (2006) recommended, the data are not merely presented, but studied for underlying meanings. This allows the story to be *analyzed* rather than merely conveyed to the reader.

Theme 1: Growing up was Difficult. All of the participants reported numerous negative experiences growing up with a parent with combat PTSD and conveyed the notion that growing up with such a parent was not easy. There were multiple reports of abuse, both physical and emotional. Each of the participants spoke frankly about the symptoms his or her parent displayed and their reaction to those behaviors. The participant's experience of growing up with a parent with combat PTSD had a profound effect of his or her childhood. Despite all the similarities, each experience had significant differences and some had very unique childhoods. Although none of the respondents reported having a good childhood, most of them did have some positive memories.

The labeling of theme 1 was the result of six related sub-themes that emerged from the narrative data via thematic analysis and sifted for meaning clusters. The first sub-theme was the abuse by the parent with combat PTSD. The second sub-theme was fear of that parent in childhood. The third sub-theme was ambiguous feelings about the parent. The fourth sub-theme was challenges to making and keeping friends in both childhood and high school. The fifth common sub-theme that emerged was general difficulties in school because of the chaotic home life. The last sub-theme was that some of the participants received therapy of some sort during childhood.

Sub-Theme 1: Abuse by parent during childhood. In this sub-theme, stories of both physical and emotional abuse were common among the participants. Participants

talked about troubled childhoods, describing distressing stories centered around emotional abuse and neglect, but some were even reportedly physically abused by their parents. One participant was beaten by her mother if she did not do the chores well enough or on time. Other similar painful stories came out during the interviews. Events such as, dad being "physically violent," "Dad would swing at me," to children feeling the need to "hide in our rooms" growing up in their own home. Another participant did not even want to elaborate about how badly he was beaten by his father growing up, but stated: "He physically abused me and the rest of the family. The verbal abuse was almost all the time." He had difficultly expressing even that much, and did not want to elaborate further. In general, home life became "increasingly dangerous" as the years went by.

An example of neglect was living in an unsafe neighborhood and eventually becoming homeless, and as a child spending most of his time at friend's homes to "escape his reality", while his father resided in a car. Still others felt like they had to grow up alone, and did not have that parent to count on for support. P6 lived in such an unsafe neighborhood that she had to travel in a "gang" of her friends and once she was nearly kidnapped by a van of men. A general feeling of being "cut off" from family repeatedly arose in conversations.

Tragically, there are more examples: inappropriate expressions of anger and irritability were standard modes of operation and parenting for most of the parents who had combat PTSD. Several of the participants said this environment created an unending feeling of not being safe. Participants used the term "rage" quite often. Two participants described their own fathers as having a "short temper" and another man said his father

"going into a rage" happened frequently. He said going into a rage involved yelling, throwing things, and punching walls.

Alcohol abuse was a common thread that linked many of these events together. Three of the 6 cases reported that their parent was an alcoholic and that the drinking contributed significantly to the abuse. A forth maintained that his father was not an alcoholic, but still admitted he "drank too much." Drinking was not the only addiction conveyed in these experiences. Addictions were common among people with combat PTSD in this research. There were stories of parents also using drugs and being workaholics. One parent did all three and the participant shared that her mother "Self-medicated through alcohol, was a workaholic, and pill popper."

Alcohol was often entwined with the abuse, as seen in these examples. "My father was a very nice man when sober and a mean, crazy drunk when drunk." Another said, "He held a job, but was drunk at night and especially the day and night before an off day from work. We dreaded those." P5 said, "Dad was passed out every second he was not at work" Another comment was, "He was alcoholic and kept the drama going." These many examples paint a clear picture that abuse came out in full force when it was combined with alcohol.

Additionally, several participants mentioned that their parents did not get along well most of the time. Participants often said that their parents' "screaming matches" usually made things worse for the children. The fighting between husband and wife contributed to the hostile environment, according to participants' stories. These escalated confrontations were characterized largely by yelling that often triggered unsafe conditions for them. One participant said, "My parents fought a lot, verbally, lots of

yelling. Both mom and dad would lose their temper a lot." Listening to their parents fight and not knowing what to do to get away from the violence was something most of the participants said they learned to live with.

Most of the participants said they were not aware that their parents had PTSD at the time, and even if they did, they would not have had the cognitive abilities developed to understand what that even meant. Consequently, they admitted they were left with the confusion of not understanding why the father or mother acted in these ways that often ended in someone getting hurt either physically or emotionally. As a result, participants reported blaming themselves and feeling helpless to escape the drama and abuse. As one said, "As soon as I was conscious, I knew there were problems at home. As a child, you do not know what to do with them, however, but survive. That is a good way to describe what we all did, survive it!" P5 had a similar comment: "I lived through it." Being trapped in an endless cycle of survival mode in one's own home did not make for a pleasant childhood, nearly all the respondents acknowledged. Being trapped in this stressful lifestyle also kept participants afraid of the very people who were supposed to love and care for them.

Sub-Theme 2: Fear of parent during childhood. It is difficult to separate out the abuse in sub-theme one from the effects of that abuse, such as fear. All of the participants talked about being scared during his or her childhood, afraid for many reasons, all revolving around the parent with combat PTSD. Repeatedly, participants talked about the explosive, unpredictable environment that they grew up in. This was the most common reason for the fear. There are many examples of this fear in the narratives. One said, "His moods were very unpredictable and it was very frightening" and "I had to

be really cautious walking around the house, wondering where dad might be." Another said her father's PTSD "dominated all of our lives. It was a nightmare really for all of us." Others reported having to walk around on "eggshells," not knowing the mood of their father. He went on to say, "Everything basically revolved around him and his sickness." Another said, "Afraid most of the time, I can still picture his red face." Several shared that fear became a disturbing "normal way of life" that stole many of the participants' childhoods, affecting their daily lives profoundly.

Participants described many unfortunate examples of this lifestyle. Most shared stories of many sleepless nights. "Trapped in [their bed in] fear," was how one participant described it. P5 kept herself locked in her bedroom with the music turned up to avoid her father. He mostly stayed out, but "Sometimes at night when we were asleep he would pick the lock and rearrange things [and a doll] when he was drunk and relock the door." When they did finally fall asleep, because either they were exhausted or their dad / mom had finally passed out, many said they were tortured with nightmares. As one participant stated, "We never got any sleep at our house. My father was either drunk, making noise, or drunk-cussing, and raising hell in other ways. It was awful!" Another participant said his mother worked a lot to avoid her husband, so he was forced to comfort himself and find ways of coping alone. He explained, "She left me a lot. He was drunk and frightening and just bad. It was too much for me." The fear was so intense that it transcended childhood and stayed with them into adulthood, participants reported. One woman said she was "terrified of my mother until I was well in my twenties and had left the house." Another participant stated, retrospectively, of her childhood: "I was having

nightmares and crying…a terrible time for me. It was trauma related. I have had PTSD my entire life, just [now] realizing what [that means]."

This fearful lifestyle not only endured over time, participants said, it also seeped into most other aspects of their lives including school life and ability to make friends, both of which will be discussed more in depth at a later point. To summarize how life felt, one participant stated very clearly it was a, "nightmare while you were awake" while another said she was "suicidal my whole life." Participants discussed not caring about school work, not getting as good as grades as they knew they could, not connecting with people at school and elsewhere, and generally feeling like they lived "in a fog." The fear left a sense of helplessness in its wake, which was commonly reported during the interviews. As one woman put it, you "didn't talk about how you felt," and "we were fending for ourselves." P5 also shared that sickness or talking about your feelings was a "weakness" and not allowed. She never told her parents about the previous example of almost being kidnapped or that she had mononucleosis (it was only treated when a teacher finally reported it). This feeling of being alone with no one to turn to created mixed feelings about their parents.

Sub-Theme 3: Ambiguous feelings toward parent during childhood.

Confusing, ambiguous feelings toward their parents were commonly reported during the childhoods of most of the participants. More than one participant explained that it is not a simple process to learn to hate the people who are supposed to be warm, loving parents. This conflicting state of being contributed to the general revelation that it was hard growing up in a home with a parent with combat PTSD (i.e., Theme 1). Participants commonly referred to this conflict as a "love/hate" relationship with their father or

mother. That is to say, that they knew their parent loved them on some level and they also felt love for their parents, but their parents were withdrawn, “cold,” “unavailable,” and P6 stated that his father “couldn’t think outside himself” Most participants reported that they combat PTSD parent was often explosively angry and aggressive toward them. This brewed hatred and guilt, among many other emotions, in the participants. This paradox was not something participants were able to resolve as they grew up. As one participant described it, “We family members were afraid of him. We all hated him when we were young. At same time, he was our Dad and we loved him and felt sorry for him.” Another explained, “It was confusing to hate and love your father, and to hate and feel sorry for him.” This sentiment was not uncommon among participants.

Within the span of a few minutes, one participant cycled from proudly describing some of her father accomplishments during the World War II, to lowering her eyes and appearing sad. She stated, “By all rights, my dad was a hero and I looked up to him.” However, she quietly completed her thought by saying, “My father also confused me” because she never knew when he would “flip” and the rage would consume him. Another participant with similar feelings explained it like this, “It was like my father was two different men.” Another participant reported not having feelings of attachment to his father at all. His father worked excessively, but he said that absence did not make him upset, but left him numb and indifferent. He also said that it, “didn't bother me that dad wasn't around much, I didn't feel like I had an attachment with him.” But at other times, he reported wanting to please his father and wanting to be able to count on him for basic needs or just having a father to play with.

Scapegoating between siblings and parents often were part of the ambiguous nature of their feelings. Among siblings, participants were often "thrown under the bus" and blamed for the chaos going on inside the home. If it was not a sibling blaming the wrong person, it was the other parent. The other parent would often direct his or her animosity toward his or her spouse onto the child, three of the participants reported. Moreover, two participants reported being "robbed" of their childhoods. For example, "My mother said she did not know what was wrong with me [when I was having my own nightmares and trouble sleeping, when it should have been plainly obvious that the nightmares were because of his father. P5 said she felt she was "raising mom as a child." At the very least, participants said, the other parent should have been more protective and more helpful. Instead, the child was blamed for whatever the parent was angry about at the time and made to feel worse, confused, and unimportant. Participants said these conflicting feelings took up a great deal of energy and resources, which may have made it harder to find times to make friends.

Sub-Theme 4: Difficulty making/keeping friends in childhood. With the parent's mood and behavior being unpredictable, and, at times violent, bringing friends to the house and maintaining friendships was not always possible. Most of the participants admitted having few close friends during childhood. Oftentimes the friend had similar family dynamics (i.e., an alcoholic parent, an absent parent, or an abusive parent). One participant had a friend who was battling depression over his parents divorcing. As one participant stated, "We have an alcoholic and, most times, an abusive parent in common. We understand and support each other. Not all of my friends fall into this category, but most." Another said her friends were "wallflowers like me." Having a friend who

understood what the participants were experiencing and was supportive was unusual in the childhoods of most of participants. However, by high school, all but one of the participants had a least one friend for support.

Participants also reported being "embarrassed" to bring friends home. They gave two main reasons for this: Either the parent's mood was too unpredictable or the house was too cluttered and messy to invite friends over. For example, one of the participant's parents had become a "pack-rat," collecting medical journals and magazines that cluttered the house, and the only open space in the home was in his bedroom. Even in his bedroom, the only clear space was on his bed and a path to his dresser. With this much clutter filling the house, participants said it would not only be embarrassing to bring a friend over, it was practically impossible. P5 said she "didn't take friends home often, just some military friends," and once her and her friend had to "step over" her passed out father. Another common concern among the participants was having the chore of getting "the house ready first." Besides general cleaning, this process included hiding all the evidence of his or her father's drinking problems. A participant explained the process: "We used to hide his liquor bottles before friends would come over to our house." Most said they did not want to keep avoiding the issue of explaining why they needed to stay away their home to friends, so they stopped trying to make friends.

This, in turn, also made it more difficult to make many friends at school, as revealed in the narratives. School was an especially difficult location to try to make friends. Participants often conveyed childhood stories feeling out of place and disconnected from the other kids. For example, "I hated lunch time and finding a place to sit." Participants reported not having the confidence or skills to make friends. For

example, “I've had problems my entire life, low self-esteem, problems with relationships, problems with work, just name it.” Not having friends by its nature is isolating and makes attending school that much more difficult as well.

Sub-Theme 5: Difficulty in school. As stated above, it was evident that the participants had complications making and keeping friends in school. Moreover, participants consistently reported having problems adjusting to school and maintaining passing grades in most cases.

The stories clearly showed that the simple act of going to school was stressful. Participants were exhausted from sleepless nights, worn from the constant fighting and yelling at home, and drained from trying to avoid their parent. It was hard to set all that turmoil aside and step into the classroom fully alert and ready to learn. Most acted out to cope, turning to drugs or promiscuous relationships. For example, one participant wanted to get away from his home life. He said he “wanted to party in high school and have my independence; I smoked a lot of pot and tried a hallucinogenic.” One participant moved quite often, six times before tenth grade, only a third due to being in the military and receiving orders, and never had the opportunity to settle into his life enough to make friends and did not see “any reason” to do well in school. It was commonly discussed by the participants that even in the classroom “bouts of depression” and “difficulty concentrating” were present. This in turn made school work a “constant struggle” for most and homework was always secondary to the drama going on at home. Stressors at home were described as “all consuming” of energy and mental capacity most of the time. In fact, many times “homework might not get done,” one person admitted because he typically spent his evenings being yelled at or trying to stay out of his dad’s way. Two

participants stated that they felt “disconnected” from the real world most the time, not even being fully aware of things going on around them. One also stated that this “failure” created “a vicious circle” whereby he would promise himself to do better next time, yet unable to do better the next time. Sentiments such as this were not uncommon during the interviews. Finally, a participant said that she was embarrassed that her father “never went to many of my sporting events.” To her, it seemed other fathers were there, showing love and support and giving hugs, but she missed those types of experiences. This left her victories and accomplishments at school empty, she said.

Alternatively, two participants had the experience of doing well in school. P6 says he was “average” in school and didn’t notice any problems. P2 admitted she could have done much better without the stress of juggling her unpredictable daily life. “I functioned with it and did well in school, high ‘B’ student. I actually functioned quite well in school considering what all was going on at home. I could have been all ‘A’ student without the chaos, though.” This shows that even among people who did well, their education was still impacted by the troubling home life. That level of insight was not uncommon and participants reported knowing their school work was suffering, but they had no way of overcoming this difficulty.

Sub-Theme 6: Sought counseling during childhood. It is worth noting that a minor sixth sub-theme that came out in the analysis. While it was not common among the majority of participants, seeking counseling during childhood was something half of the participants did to get help that they described as significant. In these cases, accessing support resources was initiated by the father (with combat PTSD) and was part of the

parent's desire to get professional help and try to heal/improve family life. Participants who saw long-term success seemed to relate it to the father's willingness for change.

In one case, the father went to the VA hospital when the participant was "around 15 or 16" and the results were a temporary relief to the chaos at home. Some of the changes noted at home were, "I noticed some of the benefits like him getting to know his family and learning to control his temper, sometimes." Some relief from the rage and temper was a positive experience that helped get the long process of healing underway.

Another participant sought out Al-Anon meetings on their own at the insistence of a friend who also had an alcoholic parent. She did this at the end high school and credits this self-help group, in a manner similar to the other participant, as the beginning of her "road to recovery" from her "childhood trauma." The participants who sought help only found temporary relief. They said it took many more years of therapy and the wisdom of experience to find lasting results. Similarly, P5 began attending Alateen at age 13 after her mom saw families in similar situations seeking help on a TV talk show. P5 says Alateen was life changing and the first time she "didn't feel like a freak."

Growing up was very difficult for all of the participants. Participant told stories of being abused both physically and emotionally by their parent, leaving them with a sense of living in fear and having conflicting emotions about their parents. Parents who, in many cases, chose to blame the participants for the problems at home. Being trapped in a home with a parent with combat PTSD also did considerable damage to school life, according to some of the participants. This conflict and strife was reported to take a very profound toll on how well participants got along with their brothers and sisters.

Theme 2: Difficulty with sibling relationships. All of the people interviewed had brothers and/or sisters. A second theme that emerged was that relationships with siblings were emotionally challenging at best, and even hostile in several of the cases. The strained and distant relationship with brothers and sisters was evident in nearly all the cases. As their stories revealed, problems with sibling relationships did not end in childhood, but persisted into adulthood.

By looking over the narratives of all the participants, three sub-themes were found that shaped this theme. Those sub-themes were that the participant was distant with his or her siblings, the participant was hostile toward his or her brother or sister during childhood and still continues to be, and siblings were treated very differently by their parents, creating negative feelings toward that sibling. These conflicting feelings of resentment also spilled out toward the parent. For example, one participant admitted it took "ten years to understand my father" and not feel "either angry or just nothing." Another participant said she still can not forgive her mother and "resents her mom for not protecting us." While still another participant said that there is "too much emotional baggage" to try and have a relationship now.

Sub-Theme 1: Distant from siblings. Participants reported difficult and strained relationships with brothers and sisters in 5 of the 6 cases. A common message within this category was blaming the other siblings for the way the parent with combat PTSD behaved. For example, "My oldest brother blamed me for a lot of family issues."

Further evidence of being distant and not relying on each other for support comes from one participant who said she had a sister who developed anorexia and cut herself. This sister chose this destructive route rather than turning to her siblings for support. That

sibling nearly died in childhood. The participant got tears in her eyes when she described this memory. She said while it is a painful memory, it was her sister's "way of dealing with it," referring to their father with combat PTSD.

One participant reported his relationship with his brother was so detached that he admitted, "I have no memories of my brother for years while he lived with mom." He reported that when his brother was not living in the same home, but only a few miles away, he never had any meaningful contact that he could recall. He said it was almost as if he did not have a brother. P5 also reports having no memories prior to age 13, including memories of her brother.

The most common element of this theme was the nature of their relationships after they grew up and moved out of the home. Most participants admitted that getting away from the parent with combat PTSD, even in cases that the parent is deceased, did nothing to restore or repair relationships with siblings. This held true even with those participants who had sought out therapy and forgiven their father / mother. For example, "I no longer have a relationship with my brothers. One is a minister and one is an alcoholic. Both are equally sick. Very sad!" Still another female participant stated, "We fell out when our parents died, them against me for some reason. I walked away from it. I miss my middle brother, but both brothers are controlled by their wives. The middle brother will come back when he can." P5 says she doesn't know much about her brother now, although they try, but the relationship is "odd" and there are "no hugs", and during childhood she had "no relationship with my brother."

While participants report being distant with their siblings now, most also report wishing things could be different and their stories convey an interest in having a

meaningful relationship with siblings. For example, “We love and miss each other, but he doesn't like me trying to share the gospel.” Others have grown apart or find it easier to have a relationship over the phone rather than interactions in person. Not a single participant spoke of family reunions, gatherings, or events. These strained relationships often led to physical altercations.

Sub-Theme 2: Hostility toward siblings. Although sibling rivalry and arguing is fairly common in most homes, the sibling hostility described by most of the participants went beyond typical childhood hostility. For example, “I had no brother like a friend, we only fought. Now we only talk about every six or seven months.” Moreover, another stated he used to “beat up my brother a lot, for no reason.” This “beating” described was actual fistfights and other aggressive behavior, like damaging his brother’s property. Additionally, it was common to hear things like brothers kicking (in the head, as one reported) brothers for no reason, throwing balls at each other, calling each other hurtful names, etc. P5 says, “My only interactions with my brother really was fights, me beating him up.” Participants talked about not being able to be in the same room as their brothers or sisters without feeling unmanageable anger creeping forward. One participant said his brother was “like a monster.” It was a level of hostility that had to have an alternative explanation, most said they did not realize until later in life.

One participant, thinking back on growing up around his brother thinks he knows why they fought so fiercely. “I think I might have been the scapegoat in ways.” He said that his brother fought with him because his father was not an acceptable “target” even though it was “probably dad he hated.” Several of the participants stated they realized later that they would have had no way defend themselves from their fathers, and talking

about what was bothering them with parents was not even in the realm of possibilities. In other words, as children, participants talked about being angry and afraid of their fathers and mothers, but know that the parent was too big, too mean to confront directly. One participant said her sisters verbally and physically abused her every chance they could, because they felt she got "all the breaks" and had it "much easier" than she. One of the most painful memories of her sisters was when she became a girl scout and her older sisters cut up all her new uniforms. While nearly all participants reported having severe relationship problems with their siblings, and, like the participant discussing her girl scout incident, not every child in the home was treated the same be the parents.

Sub-Theme 3: Treated differently in childhood by parents. This third sub-theme is closely related to sub-theme two (sibling hostility) and at least partially responsible for sub-theme 1 (being distant from siblings), yet it is distinct enough to warrant a separate sub-theme label. These connections will be discussed more in-depth in Chapter 5. Stories revealed a consistent message that the parent with combat PTSD treated his or her son / daughter differently in many significant ways. These differences were evident in ways such as how punishment was administered, rules were established, attending school functions, and even where the parent's rage was directed.

One participant reported feeling as if she "had not been allowed to have a childhood" while her other sisters did. She was made to do most of the chores and help raise her younger sister (when the participant was nine and the sister was six). Still another participant stated, "He actually was obsessed with me [showed preference to her over other siblings]. He actually adored me but his love was misguided and very controlling." This participant also said she was the scapegoat for the rest of the family,

taking the brunt of her father's rage. P6 says his father was "f***ing mean as hell to my step brother, he gave him hell." Oftentimes, the spouse of the PTSD parent was absent—finding ways to stay out of the house such as working a lot of extra hours—leaving the participant home to care for her younger sister, take care of herself, and deal with her father. Other times, the mother avoided engaging as was the case with P5, "Mom was exhausted, locks herself in her room."

Another felt that the parent with combat PTSD was "easier" on an older brother and "dad" had given him "much more attention" growing up. She stated, "Not sure if that was because he learned to disrespect girls or because he thought I got more attention," but the participant felt that her dad ignored her more than his brother.

While participants felt they received more attention from their parent, others seemed to receive less than their siblings. One participant shared that, "He never went to many of my sporting events and was always grumpy."

Every participant reported strained sibling relationships. Participants stated they felt distant and emotionally disconnected from their brothers and sisters, and hostility between siblings was common practice. Some of the participants were the victims and some the perpetrators, and participants described that their parents often treated them differently than their siblings. All of these relationship patterns carried over into adulthood and made it very difficult to form relationships.

Theme 3: Difficultly in maintaining healthy relationships as adults. It was clearly expressed that the ability to maintain and develop healthy relationships as adults was a significant concern of all the participants, and thus a third theme emerged. All types of relationships (e.g., family, friendships, and intimate) were challenging for every

participant and most expressed regret about the quality of their relationships. It was also common to hear "sadness" or "worry" expressed by the participants as they described current relationships. Three major sub-themes were used to completely define this theme. Those sub-themes were strained family relationships, difficulties with spouses / significant others, and difficulties keeping or making friends.

Participants clearly communicated that the relationships within the family unit were strained as they grew up, but they also stated that this damage lasted into adulthood. All of the participants reported having problems with relationships during their adult years, with most continuing to have emotional challenges with the people closest to them. As one person said, "I've had problems my entire life, low self-esteem, problems with relationships, problems with work, just name it." One sub-theme identified was quality of the relationship between family members.

Sub-Theme 1: Strained family relationships. As far as family relationships go, the lasting strain on siblings was most profound and mentioned most often by participants. This was partially presented in the corresponding theme 2 section (especially how the sibling relationship in childhood tended to be hostile rather than supportive). Beyond that, comments like, "I have only a few family members that I am still in touch with" were common. One participant admitted that he "only talk to my brother once every six or seven months," but wished there was more of a relationship there. As stated previously, P5 describes her relationship as distant and "odd." For example, "I miss my middle brother but both brothers are controlled by their wives." Participants are very aware that there is something "missing" in their lives, but either does not know how, or

are still angry about issues in childhood, to take steps to repair these relationships. Another bluntly stated, “I no longer have a relationship with my brothers.”

The reason for the broken relationships most often cited was resentment toward things that happened in childhood. One participant explained that a relationship on the phone is about all I can handle.” This bitterness was also clearly an ingredient of current relationships with his or her parents—both the parent with combat PTSD and the other parent. P5 expressed, “Mom was exhausted, locked herself in her room [most of the time].” Another person described his relationship with his mom (who was not the parent with combat PTSD) this way: “Mom is a wash; very separated from her.” This lasting strain is evident in many ways. Other moving examples of strained family relationships are: “My father has died, but I can barely stand to talk to my mother. I honestly can't wait for her to die although I understand that my problems won't be gone when she is gone” and also, “I still can't forgive my mother although I think it would be good for me if I could.” Participants overwhelmingly expressed a perception that the other parent could have done a lot more to protect them, or at least help them cope and understand, why their father or mother acted the way he did. For example, one participant said, “I don't want to fail like dad failed me.” And another said, “My mother was never there for or would listen to me when she was.”

Another reason for the long-term resentment was not being allowed to have a “normal childhood.” This feeling was described by more than one participant as being “robbed” of their childhoods. Participants talked about having to raise siblings, clean up after their father or mother (e.g., removing or hiding alcohol bottles), and being exposed to confusing, adult conversations and the emotional abuse. For example, P5 said, “Felt I

was raising mom as a child. Mom didn't have friends, so she unloaded on me [topics included divorces, sex life, etc.].” In addition, as discussed before, due to the volatile nature of their home lives, they were not able to have “normal” friendships during childhood. Still another example of persistent resentment was mothers who stayed away from the home, leaving the child to “self-raise” and fend for his or herself. For example, “My mother worked when most mothers did not. She left me a lot, he was drunk and frightening and it was too much for me.” Not being able enjoy childhood contributed, according to the narratives, to strained relationships later in life.

Sub-Theme 2: Difficulties with intimate relationships. Participants’ relationships woes were not limited to family. There was also a significant discussions regarding difficulties maintaining romantic and intimate relationships. Participants reported having trouble “connecting” with partners, ultimately in abusive relationships themselves, feeling “ashamed,” “controlled,” and generally feeling they were not worthy of being with their partners. Others described their failed intimate relationships as mirroring the type of relationship they had with their father or mother. Most of the participants talked about this struggle as being a factor in their daily lives.

P4 admitted that unintentionally ruining his current marriage is a huge source of anxiety, almost on a daily basis. “My greatest fear is failing my family, my wife. I don't want to pass along my temper or father’s alcoholism.” Inheriting the “bad behaviors” of their fathers (e.g. his temper, excessive working, being withdrawn, etc.) was a frequent concern among participants including P6 who says he has his father’s “self-isolation” behavior. Furthermore, participants discussed dating people who had similar patterns of behavior as their fathers, as P2 described:

> I started going with a guy in 7th grade and went with him for many, many years but never married him. He was good to me in ways but very controlling and jealous, as my father was, so now that makes sense. That is the opposite of what I would be interested in now, however.

Still another acknowledged self-destructive behavior that caused problems with intimate relationships: "I was locked in unhealthy patterns." P5 says relationships were never monogamous in her 20s and she "picked people that were addicts and abusive for many years." Misplaced responsibility for his/her father's behaviors was not uncommon and appeared in the stories of those participants who did not understand why their fathers were behaving as they were during their childhoods.

It was common for participants to report enduring "several bad relationships" that were destructive over the years. One female exemplified this: "I have had many problems with romantic relationships, as you might imagine. I have been married twice. The last was abusive, another nightmare for me."

Participants also reported "pushing [his or her partner] away," and said they felt if they are intentionally sabotaging the relationship, yet unable to stop themselves from these behaviors. After hurting their significant others with indifference, one participant "carried on as though it was nothing" and ended the relationship. This insight was years retrospective, she admitted and the skills in relationship building were being learned albeit many mistakes, over decades.

Even married participants found challenges they attributed to events in their childhoods. An emotional distance from spouse, one referred to as being "married, but alone." The male participants worried that they would "turn out" like their parent with

combat PTSD. In other words, they were still in the marriage (or in one case, about to get married) but the relationship was unstable due to sef-doubt. Participants had just as much difficulty making friends as they did with intimate partners.

Sub-Theme 3: Difficulties in making / keeping friends. Earlier in the discussion, it was shown that participants did not like bringing friends into their home growing up due to the unpredictable environment and that they had trouble making friends growing up, these challenges persisted into adulthood.

Having difficulty with friendships was a source of frustration and sadness for many participants. As one stated, “Not sure why, but I can't develop friendships” and “I have an online social life, my podcast that I do, but no real friends.” Others similarly report having a much easier time connecting with people on social media sites. They described “trust issues” and being afraid people will think they are not worthy of friendship. One participant describes herself as “spacey or a little emotional” and thus being someone a person would not want to make friends with. The participants say that not being able to make friends also relates to having low self-confidence and most relate the origins to childhood and enduring their home life.

Some of the participants said they had “fragile” personalities and felt the need to protect themselves from getting further hurt. P5 said “I am always hesitant and have issues with trust.” One participant described the reason she had trouble making friends; “I don't handle rejection well and I am afraid people are always judging me,” but shared that “I don't want superficial friends; I want to be close to a few real friends.”

The most common pattern described is having one or two close friends and no other friends, despite wanting more friends. Says one, “It’s seems easier for other people

to makes friends, I just can't." Others have friends who that have met in some form of group therapy. For example, "Most of my friends are in Al-Anon. I have been in Al-Anon for over 25 years." It was easier to make friends, for one participant, when she was younger because people "hung out in groups." Now that she is older however, she says, people do not socialize in large groups, but in smaller settings. This closer level of intimacy makes it tougher for her to make new friends.

It was not uncommon for the participants to talk about adapting avoidant behaviors to cope with the distress from lack of friends. They talked about various avoidant behaviors like exercising for several hours a day on most days, not seeking out social settings, and being a "workaholic." One said: "I work about 47 hours per week, enjoy it for the most part; fed up with people and the stupid banter." Others have abused alcohol and other drugs so they could feel confident in making friends, but that only temporarily helped, they said. While using drugs was not reported as a current coping mechanism in most cases, describing themselves as workaholics was quite common. Three of the participants admits keeping themselves busy doing socially acceptable things (like work and exercise), thus, they realize, preventing them from thinking about their lack of friendships as often. Also, they disclosed, since these activities are not looked upon as odd or socially unacceptable, the people in their lives do not become overly concerned about them not having many friends. P6 spends a great deal of time at home, but wants to get out and make friends. He is trying to overcome his anxiety and is engaging in social activities. Avoidant behaviors were common practice, especially in the first decade or so after leaving home, but after years of therapy and addressing the issues

of childhood most participants learned to confront the past head-on and turn their suffering into helping others through the same difficulties they once faced.

Theme 4: Finding meaning from the experience as adults. The final theme discovered after extensive analysis of the collective stories was that most of the participants had turned their childhood trauma into an experience for good. In other words, the experience now serves to enrich his or her life, rather than hinder it. And, they are proud to share, their experience now helps others.

The evidence arising from the narratives that support this theme is the combination of four closely related sub-themes. The first sub-theme was people who have gone to seek therapy in order to overcome their past. The second sub-theme was the act of forgiveness. Forgiving the parent with combat PTSD seemed critical to the participants in bringing closure to the past and allow healing and growth to take place. The third sub-theme was an overwhelming desire to help others who are "going down the same road" as the participants once did, and doing something that makes recovery an easier process for others. The final sub-theme is that, despite the entire childhood trauma and distress, the participants report a positive life satisfaction. Finding meaning is not easy. As one participant put it, "it gets real before it gets better."

Sub-Theme 1: Recognized the need for professional support. Participants universally described difficulties adjusting to adult life once out on his or her own. People described difficulties with all types of relationships and shared stories of serious esteem issues. After they spiraled down into a self-reported isolation and depression, most eventually fought back. P6 expressed, "Nothing in the world could stop me" when he began to make lasting changes. There was a central idea of a strong desire to make

changes to his or her life. To "get better" and "get control" of their lives again. One participant stated that it took her "ten years to realize [the impact my father's PTSD had one me]" and begin the recovery process. Another participant stated that therapy brought to light her own condition, "I ended up developing PTSD around age eight, but it was never diagnosed until six or seven years ago, actually." She said the experience of living with a parent with combat PTSD was traumatizing in and of itself, "without all the other stuff." A second participant also reported being diagnosed with PTSD as an adult, rooted solely from childhood trauma at home.

For some, a great deal of therapy work and personal "soul-searching" was involved to overcome the experience of growing up in a home wherein a parent had combat PTSD. Example, P5 began healing through art; she began understanding her past and recovering memories only through art. One participant explained it like this: "As an adult, I've gone through my own years of therapy to deal with all of that. I understand that the reason she did what she did was because of the PTSD." Clearly, no one said self-understanding and freedom were easy objectives to achieve.

One participant reported receiving a graduate degree in counseling, but before this and after, she has maintained a regular schedule with a therapist. While two participants did receive counseling during adolescences, they both said that was not enough and that individual therapy was still needed as adult. As one participant, who went to counseling with his parent with combat PTSD during high school, reported that it "helped for a while" but did not have lasting results. He said he still was not ready to become an adult and live on his own. The key for him was to seek help, like the others, after they had moved away from home and were struggling to live out their own lives. Other

participants had similar formulas to recovery. P6 and epiphany in high school, though he didn't seek counseling then, realized that he didn't need his dad "for success in life." For those who sought help, once the counseling and therapy took hold, they said the changes were profound.

Sub-Theme 2: Forgave parent with combat PTSD. Forgiveness was also a difficult process, but was important to many of the participants. Most agreed that forgiveness is not about the parent who had combat PTSD or the relationship, it was for the benefit of the survivor. The participants talked about their healing process as being grounded in forgiveness of their parent. As P2 stated, "I forgave my father before he died although he never got much better and never fully realized how he affected us. Probably the most healing part was forgiving my father and finding compassion for him." P5 said forgiveness began when she realized that it was "him not me" that was responsible for things that happened in childhood.

Other participants had nearly the same sentiments on forgiveness. P6 shared that "I go by the Christian principles of forgiveness, still working on it deep down though" Participants said that it was important to understand the nature of PTSD and that it is a disease that took over and controlled their parent. Forgiveness also helped remove the self-destructive stigma that the participant often felt, as if he or she was to be "blamed" for the way their parents acted.

Even P3, who had not yet forgiven, still acknowledged forgiveness would be helpful for her. She stated, "I still can't forgive my mother although I think it would be good for me if I could." In other words, she knows that it is necessary to "help yourself" through forgiving before helping others, but she is not at that point yet.

Sub-Theme 3: Helps others cope with effects of PTSD symptoms. Turning the suffering and trauma of a childhood spent being abused, neglected, and/or "surviving" the parent with combat PTSD into something meaningful and purposeful was evident in almost all of the cases. A participant explained this need most succinctly, "It is kind of, you use it to do good, or it destroys you."

Participants told stories of suffering from the effects for many years such as having bad relationships, low self-esteem, addictions, and other self-defeating behaviors. Eventually, they came to a point in their lives when they wanted to make a change. Once five of the six participants began to heal, it still took many years (two said "years," another reported 10 years, one reported 20+ years and still ongoing, another reported being "almost at that point") of therapy to get to a point of acceptance of their past. Beyond that place of peace, many participants talked about wanting to give back and help others who are of have gone through similar experiences. They began to think of ways of dedicating their lives to honoring the painful childhood memories in purposeful ways that serves and helps people. It is a long, slow, and intentional process. One participant stated, "I still struggle with doubts [about my self-worth] and have to work to control my temper." Another participant stated, "I [eventually] overcame depression and addictions, boast in the Lord, nothing I have done is worthwhile."

Helping others deal with and heal from childhood trauma continues to benefit the participants. Four of the participants said that they get a great deal of satisfaction from helping people. For most, helping others was the only way to stay sane and beat the past.

The ways in which participants provide support for others is varied, but all serves the same purpose: answering a need in the community. The interviews revealed that three

participants are active bloggers, two of whom are also counselors. One who is the founder and operator of a non-profit mental health agency that was founded to help people cope with the aftereffects of trauma. Participants blog about topics that are important to returning veterans and their families (e.g. sharing community resources, describing symptoms, and how to get help), posting links and helpful information about what it is like adjusting to family life when the member returns, and things the family can do to help themselves. Some of that help also includes "encouraging returning soldiers to seek treatment and learn about PTSD." One travels to various locations to teach children whose parents are in the military to express themselves through art. Their stories reveal having a voice, a presence for those to connect with so families can begin to talk about what they are experiencing is the key. For three of the participants, blogging has proven to be a discrete yet powerful social media outlet for connecting with people, especially people who might be hesitate connect with someone face to face. One participant stated, "I like to be good and kind to others. I like to write and enjoy my blog, educating others regarding PTSD, and enjoy counseling others with PTSD." Another person said, "I am a counselor and blogger, focusing on hoping I can help people avoid going through all I have been through." One of the participants described her reason for becoming a counselor was to understand how combat PTSD "invades the family." P5 said she reaches out to military children because, "I know what is going to happen" to them as they go through what she did. Motivation comes from recognizing the troubles and trials other faced and, knowing others are had similar experiences, they dedicate a large portion of time to helping others.

Not all of the participants directly work with returning veterans and their families, yet still have reported they found a sense of purpose in other ways. One participant, for example, stated he uses his experiences and understanding he has gained over the years to help trauma victims during and after disasters. He said, "I am a Participant First Responder for helping people get through the next disaster." He further conversed how he is available to respond to any type of disaster from floods to fires to plane crashes.

Two participants said they find meaning through a higher power. One says he is very religious, and earned a master's degree in divinity, and did door-to-door evangelism for a time. He explained "God has given me my life back and my wife." This alone fills him with a sense of meaning and peace about his past. The other stated that he uses "Christian principles" to guide his path (he volunteers at his church, but this higher power he also accredits to his epiphany in high school previous discussed and his forgiveness efforts). Stories like these were not unusual.

Even among the volunteers who were not included in the research, one conveyed that she now runs a non-profit trauma center. Finding meaning from their experiences gives the participants a feeling of purpose and importance, which they reported boosts their own self-confidence and esteem. For example, P5 stated, "Turning all trauma into something meaningful and to understand it is my goal." This is evident by examples presented in sub-theme 4. Helping others is the path to life satisfaction that the participants of this study have chosen to take.

Sub-Theme 4: Reports positive current life satisfaction. Four of the participants reported a current positive level of life satisfaction, and one reported feeling "indifferent." Current life satisfaction was determined solely by self-report, it was not

inferred or measured in any way. Most participants were happy to share that their lives finally made sense after years of struggles. By "life made sense," they were referring to success in most relationships, employment, and self-confidence.

Overcoming a low self-esteem and building confidence was evident in most of the participants. One participant said: "It made me who I am today because I have spent most of my life overcoming the effects." and "It [life] is turning out as it should, I think." For many, enjoying life was not something they could ever remember doing until they confronted their past and found meaning from it.

Being in committed relationships that they enjoyed was important to all participants. While not many had reconnected with siblings or other family members, most reported that they are with a partner whom they love and do not want to lose. As a side note, while they report life satisfaction they still report having insecurities that linger in the back of their minds: Participants are afraid they will "screw up" their relationships and the person will leave them. For example, one person said his "I don't want to make the same mistakes my father did" while another said, "hopefully I can keep it all together."

Participants often made comments about their current employment, stating how much they enjoyed where they worked. Sentiments about job / career path include: "Yes, very much enjoy my work," "using [my experience] for good," "enjoy my blogging," "I love what I do." According to participants, having and pursuing goals is also related to life satisfaction. Said one participant of his life since he found life satisfaction, "I have always been a goal-oriented person. I worked for 15 years with corporations like Johnson and Johnson and AT&T before I finished college." Frankl (2000) stated that having goals

is one way that a person can create meaning in his or her life. In addition, another person proudly stated, "I am in process of expanding my counseling practice to include online counseling." Such endeavors fill them with a sense of purpose.

Summary

In this chapter, the personal stories of the interviews painted a very vivid picture of their subjective experiences to answer the primary research question, *What is experience of growing up in a home in which a parent was diagnosed with combat related Post Traumatic Stress Disorder (PTSD).* In addition, these interviewees also answered the secondary question, *What are the positive and negative effects of that experience?* These participants generously offered to share a very personal, and in some cases, very private part of their lives.

Without people willing to discuss important topics in an open and honest manner, it would be impossible to understand what this. Participants'' stories revealed the pain and the struggles they faced, as well as highlighted their resiliency and strengths.

This chapter presented the findings of the thematic analysis, showing both the within-case analysis and cross-case analysis in a nonjudgmental and unbiased manner. The sub-themes that emerged during the cross-case analysis were combined into the answers to the research questions and became themes. These four main themes were 1) growing up was difficult, 2) difficulty with sibling relationships, 3) as adults they had difficulty maintaining healthy relationships, and 4), as adults most found meaning from their experience of growing up with a parent with combat PTSD. The results addressed and answered the research questions sufficiently.

Chapter 5 will take this presentation one step farther. The sub-themes and themes that emerged will be interpreted and discussed in greater detail, looking at the larger meaning of the results in relation to the research questions and existing literature.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

A closer look at P5 reveals an educator, visual storyteller, and conceptual artist. Today she co-curates the first contemporary art exhibit about one of America's largest, but least known subcultures – children raised in military families. Her program offers the children in these families a chance to share their stories and to connect with their communities.

P5 wanted to share with the readers how she uses art to cope with her trauma on her website:

> When my father returned from his second tour in Vietnam in 1969, my family life changed radically. At 5 years of age the narrative pictures began in my head as epic long movies. I was compulsive and diligent about editing my fantasy creations. I found later, this was how I escaped my father's violent drunken outbursts. Mother said when he came back from his tours, he was not the same person. Neither was I. During my father's violent flashbacks, the entire contents of our house could be thrown in the air and land beside me. If asked, immediately after, what had happened I could not remember. Much later I found out the word for this is disassociation. I forget everything that is stressful to me. This did not work well for school or personal relationships.
>
> Art has been a means of expressing myself from an early age. My work is an outlet, an escape, and a refuge. It is a place to go in my head at anytime, anywhere. As an artist, art educator, and military brat, this body

of work is my personal history, an educational, vigilant, process for both the viewer and myself.

My father's Post Traumatic Stress symptoms were transferred to me. My memories are not completely lost. I too, have flashbacks. These are often triggered by a sound or a smell. My body reacts by hyperventilating and I then forget the experience including the flashback, only to have it happen over and over. I learned to use personal experience in my art and my art became my memory and healing process. This happens in very slow steps. I first recognize the stressor. Partial objects will be drawn from memory to ease into a subject. Later photographs of real objects may be taken at a distance. Sketches may be made. Then final incorporation into a narrative takes place. It then becomes a permanent part of my memories. I learned how to channel my ideas, feelings, energy, and portions of memory into my art. It helps me focus on a subject, hold on to it, understand it and ultimately become empowered by it. Through reading, sharing with others and through my art I have been able to conquer many phobias.

Understanding stories like this is central to this chapter and a critical part of this research. The purpose of Chapter 5 is to bring together the individual cases by providing personal insight to the findings. This is accomplished by showing how this case study fits into existing literature, critically examining the limitations of the study, and offering suggestions for future research. The specific purpose of this research was to look at the experience of growing up with a parent who had combat PTSD. Secondarily, what was

the nature of this experience relative to the volunteers later in life as adults? In other words, what is the meaning and implications of growing up with a parent with combat PTSD?

The findings of this research address the central research questions well and generally conform to what is known in existing literature, especially concerning secondary traumatization and PTSD. There are several notable exceptions. The volunteers interviewed spoke of significant life problems both during their childhoods and during long-term challenges that they struggled with in adulthood. Very briefly, these issues included making and maintaining all types of relationships (family, intimate, and friends) and having low self-esteem. However, most participants eventually found meaning from the experience after a long journey, as in the case of P1 who went on to be the founder and operator of a nonprofit agency that focuses on educating returning soldiers about PTSD.

Discussion of the Findings

Interviewing and subsequent analysis of the narratives revealed four main emergent themes: *growing up was difficult, difficulty with sibling relationships, it was difficult maintaining healthy relationships as adults,* and *finding meaning from the experience as adults*. These findings will be compared to what is already known in existing research. In addition, these emergent themes suggested that people would be better served if PTSD was seen as a family disorder and that many of the issues participants discussed were in fact existential issues, as speculated in Chapter 1. Thus, a theoretical analysis was also conducted to more fully describe the existential piece that was found in the narratives. These two general observations will be explored in the next

section.

Growing up was difficult. The first theme revealed in the thematic analysis pertained to the quality of life growing up, the very experience of being a child. This theme is consistent with other literature about growing up in a home with a parent who has a mental illness, especially PTSD. Galvoski & Lyons (2004) found that home life is stressful at best, confusing and often terrifying on most days in a home were a parent has combat PTSD. One participant said, "I had to be really cautious walking around the house." P6 said his father "was short tempered and very stern." P5 said, "sounds would cause quick reactions, he grabbed objects and threw objects." Others described home life as a "volatile atmosphere". This results in avoidance behaviors by the family members (i.e. locking themselves in their bedroom or staying outside the house). The participants in this study showed similar patterns: They were especially afraid of their parent with combat PTSD and went to great lengths to avoid that parent or modified their behavior so as not to upset him / her, as much as they could. One person said she, "…stayed away as much as possible with friends and an aunt who was kind to me." Another said that her sister both cut and starved herself to cope with her chaotic home life. Also, in high school, participants turned to risky behaviors in an attempt to feel better without actually addressing the real issues. For example, "I wanted to party in high school and have my independence, I smoked a lot of pot and tried a hallucinogenic." Dinshtein, Dekel, & Pollack (2011) found that strong, functional mothers were protective against the harmful effects of the father's PTSD symptoms, but none of the mothers in this study were of that type. For example, one participant shared that, "My mother worked when most mothers did not. She left me a lot [when] he was drunk and frightening and [she was a] bad [role

model] … it was too much for me." Another simply said that, "Mom is a wash and I am still very separated from her." And another said: "I grew up with resentment, mom constantly bringing up hard stuff." Finally, "Mom wasn't there emotionally or physically."

Carlson and Ruzek, (2008) and Price (2011) all stated that family members living with someone with PTSD would commonly have sleep problems and abuse drugs and alcohol themselves during childhood, especially during high school. Four out of six of the participants in this research also had these issues. One person said, "I was having nightmares and crying…a terrible time for me." Others also reported nightmares beginning at a young age as well. Still another said, "We never got any sleep at our house. My father was either drunk making noise or drunk cussing and raising hell in other ways. It was awful!" Participants talked about being "robbed" of their childhood and having to "self-'raise" themselves. Another participant had to raise her younger sister and pick up the roles her parents were choosing to avoid. Adapting dysfunctional roles like this is consistent with research by Aldefer, Navasia & Kazak (2009).

Furthermore, the participants consistently reported that growing up was stressful and they said they felt like they were in constant survival mode, which is what many studies have shown (e.g., Carlson & Rizek, 2008;Galvoski & Lyons, 2004;Price, 2011). The environment was unpredictable, guided by the every-changing mood and mental state of the parent with combat PTSD so that most participants were "afraid most of the time." Said one, "His moods were very unpredictable and it was very frightening." two others said they "never" knew what to expect next from their father because, "Dad could never be happy for too long, and no one would ever know what would cause his mood to

flip." Because of this, P5 said she was constantly "wondering where dad might be." A common statement from participants was "as a child, you do not know what to do with things going on around you, however, but survive. That is good way to describe what we all did, survive it!"

This lifestyle carved out feelings of indifference, helplessness, worthlessness, and depression. These feelings are consistent with other research (e.g., Jordan; 1992; Price, 2011.) Three participants reported feeling similar to what P3 reported, that he "did not want to live" or were suicidal. Also, like Price (2011) findings, the participants had ambiguous feelings toward their parents. They said things like, "My father confused me, it was like he was two different men," and "I had mixed feelings for my father growing up, sometimes I hated him and other times I loved him."

Research also has shown some people, have difficulty making friends. For example, Jordan et al. (1992) found children with parents with combat PTSD had problems with sociability and difficulty forming romantic relationships. This pattern is illustrated by P4 who said, "I never had any connection with my father, he was just there most the times." And parental attachments are a primary way children learn to make healthy friendships, and are a known predictor of the quality of those friendships (Welch and Houser, 2010). Participants did not perceive their parents as good role models; as one participant put it, "I had a father that was all 'NO' no matter what I wanted or needed and a mother who was not supportive"). P6's father gave "lessons were too in-depth at the time for my age, I didn't understand." Lacking attachment and quality parenting (Welch and Houser, 2010) it is not surprising that making friends was hard. One person said he had "low self-esteem and problems with relationships my whole childhood" Galvoski and

Lyons (2004) that the chaotic home life also leads to problems coping in the community, which was demonstrated by participants having few close friends and problems in school. P3 reflected these findings about school life, "Most days I would just sit there in my own world, not hearing a word the teachers said." He was alone and felt like an "outcast". LaFlure (2009) and Harkness (1993) both reported that children living in this type of home often have difficulty learning in school and this was found in the participants' stories of growing up and struggling with coursework or not caring about school at all. One said, "I remember having to walk 30 minutes in the pouring rain to school, being soaked to the bone, and just going and sitting down in my class dripping wet. I didn't care. People laughed at me and I wanted to cry." Three said they didn't "care about school" and two said that "homework might not get done [due to being tired or exhausted from my home life]". All but two did poorly in high school and one of those two participants said, "I could have been all 'A student without the chaos, though."

Difficulty with Sibling Relationships. The second theme addressed sibling relationships. All the participants described dysfunctional relationships with their brothers and sisters growing up and that pattern continued into adulthood and the present day. None of them has regular contact with their siblings currently. Dinshtein, Dekel, and Pollack (2011) conducted one of the only known studies on the long-term effects of growing up in a home with a parent with combat PTSD and found all types of relationships suffer. This is illustrated by many comments from all participants, including; "I don't have any contact with my brothers anymore, one is a minister and one is an alcoholic. Both are equally sick. Very sad!" another says he and his siblings "never talk to each other. I hardly think about them." Furthermore, Dinshtein et el. (2011) found

that adult children who had parents with PTSD often lacked positive family models of how relationships are formed and maintained. VanKatwyk (2001) stated the interactions between family members are an important part of development. These findings were demonstrated in the stories told by all the participants: they referred to their estranged sibling relationships mostly with regret and being overwhelmed with the idea of reconciliation. For example, one said, "I never had much of a relationship [with my siblings] even to today. I think I might have been the scapegoat in ways. I was the only girl and the youngest." All participants had similar stories that highlight the idea of regret over the lost relationship: "I no longer have a relationship with my brothers. P5 said, "I had no relationship with my brother," and admitted regretfully that she was a "horrible sister" who left him to live alone when their mother was hospitalized. They have no idea how to begin rebuilding the relationships and most think it is just easier to remain distant and unconnected now. One participant did "got along" with one of her brothers growing up and another was raised by her sister for sister years, although she did not comment on the quality of that relationship.

Growing up, a time when having an ally and at least a playmate within the home would be most needed, none had this support, and instead they had hostility toward each other, as safer target than dealing with the parent with combat PTSD. Not one of the participants supported their brothers and sisters, but rather lashed out, often times violently towards them. A powerful example of not turning toward each other for support comes from this the experience previously discussed about the sister who cut herself. The participant said she wishes she could have helped her sister. Comments like, "I had no brother like a friend, we only fought," "I used to beat up my brother a lot, for no reason."

And other stayed locked her in room and her brother "hid from dad" in his own bedroom most of the time. Brothers and sisters blamed each other for their parent with combat PTSD's behavior. Participants said things like, "When Dad went into one of his rages, we brothers started fighting." And "I was their scapegoat." This matches what was found in Jordan et al (1992) noting Veteran's with PTSD had more frequent conflicts, lacked expressiveness, and closeness within their families, resulting in parenting problems and general family dysfunction. Solomon (1988) further point out that family roles become blurred and dysfunctional. This was seen in the narratives many times. Participants said they "never got to be a child", had to assume their fathers' roles, and clean up after him. People with PTSD are often withdrawn from the life of the family and school activities (Curry and Leksela, 2009). Avoidance behaviors are common in such families (Galvoski & Lyons, 2004) In this research, some said their fathers worked away from home excessively or were drinking frequently. Two reported that their father was drunk whenever he wasn't at work. They were also withdrawn from family life because "It was unpredictable and crazy most of the time." One person said, "I stayed away as much as possible with friends and an aunt who was kind to me." Such things as family events, being involved or interested in their siblings' activities and interests, would rarely be seen in such families. One man admitted, "I have no memories of my brother for years while he lived with mom." In fact, none of the participants shared any details about any family events growing up. Given these descriptions of early relationships, it is little surprise that relationships in adulthood were any different.

It was Difficult Maintaining Healthy Relationships as Adults. While the transmission of PTSD symptoms among families and caregivers is commonly established

in research, locating longitudinal research conducted on this population to understand the long-term effects of growing up in a home with a parent diagnosed with combat PTSD was extremely difficult. Again, only one study was found that was used as comparison to this third theme. Dinshtein, Dekel, & Pollack (2011) found that adult children of fathers with combat PTSD had higher levels of stress and had greater emotional impairment. Examples of this comes from participants sharing, "I didn't feel like I had an attachment with him," and "My father got into dark moods and kept to himself a lot." The ability to be intimate with another involves having self-confidence, trusting, and having emotional closeness with other people (Bretherton, 1992). Dinshtein, Dekel, & Pollack (2011) found that children with a father with combat PTSD were not exposed to these behaviors and therefore never learned them growing up, but instead developed dysfunctional coping skills to survive the chaotic home life. Not surprisingly, the research and the narrative both demonstrate that poor relationship-building in adulthood mirror closely to what their parents modeled. Some examples that show these dysfunctional patterns include, fathers being "a crazy drunk," a person who "wanted to be by himself [and not be] one of the family units," never knowing when "his mood would flip," and often "raging." These are the relationship-building tools the participants were modeled.

This is consistent with research that has established that parents with combat PTSD's moods and behaviors are often unpredictable, cycling from withdrawn and indifferent to raging and over-protective (Carlson & Ruzek, 2008). All six participants provided many examples of these frightening moods: "Just spilling a glass of water could set him off," "I never knew what was going to happen next," "Dad could never be happy for too long," and "he couldn't control his rage that would explode in front of anybody,"

and a father that was "abusive in the language department." Instead of, as children, seeing socially acceptable ranges of emotional regulation, they were not allowed to express things they were feeling with their parent with combat PTSD. For example, P5 said feelings and being sick were both considered a "weakness" so she didn't express them. This caused the people in this study to grow up always needing "to know exactly where he was." Relentless exposure to years of this type of lifestyle, combined with unsupportive, blaming, and hurtful siblings and even other parent, resulted largely in an inability to make friends in school or form healthy intimate relationships. VanKatwyk (2001) calls this a balanced whole; when there are tension-filled extremities in interactions at home, the results are apparent in developmental differences.

One female participant illustrated this by summarizing her intimate relationships like this: "I didn't think I was loveable." Another stated, "I couldn't feel the intimacy I needed, so I think I ruined relationships on purpose somehow." Not surprisingly, she described her relationship with her father with combat PTSD in that "he physically abused me and the rest of the family. Verbal abuse almost all the time." Male participants described themselves as "full of doubts about my ability to love someone" and "afraid I will turn into my father" or two participants said they were "unworthy" to be married and fear their spouse will leave them at any moment. In short, they all had or have long periods of their adult life in which reported having low self-evaluations of both themselves and their ability to maintain relationships. They blame their experiences in childhood for their mental state. Some even say they sabotage relationships and destroy them intentionally before they can blossom, so their partner does not learn who they really feel there are on the inside. This pattern generally holds true for friendships as

well, as they feel "worried people will think I am too emotional to make friends with" or they simply "I was always too ashamed of myself to talk to people."

Another major aspect of having difficulty with healthy adult relationships concerns their relationship with their brothers and sisters. In every case, sibling relationships remain distant and emotionally detached; however, reconciliation is desired by most of the participants. This holds true even with participants that have forgiven their father, moved on with their life, or have found meaning from the experience and are using it for good to help others now. In other words, they left their childhood without healthy sibling relationships and they remain that way. Unfortunately, no research could be located that specifically discussed and explored the long-term-effects of dysfunctional sibling relationships in homes wherein there was a parent with combat PTSD. Still, the narratives clearly paint such a picture. One female participant said, "I never had much of a relationship [with my brothers] even to today." While another shared, "We fell out when parents died, them against me for some reason. I walked away from it." Two of the volunteers specifically said they wished things could be different with their siblings today in such moving words like "we love and miss each other" yet continue to be distant and female participants referred to their brothers as having many of the same qualities as their fathers.

Many studies do address this nature of family functioning and confusing roles all members must assume for the system to survive (e.g., Jordan et al., 1992;Evans, Cowlishaw, & Hopwood, 2009; Galvoski & Lyons, 2004; Lantz, 1992). However, there is little data available on any long-term effects of growing up in a home where a parent has combat PTSD and the problems it causes with intimacy (Dekel & Monson, 2010).

The lack of research makes interpreting these findings challenging.

These broken and missing relationships are a great source of frustration and sadness for the participants. Universally, they crave healthy relationships and wish they had both the confidence and skills to build such relationships with intimate partners, family, and friends.

Finding Meaning from the Experience as Adults. This final theme that rose from the thematic analysis also has little research exploring the findings directly, as far as the researcher could ascertain. However, making something meaningful out of past trauma and diseases such as cancer are well established in the research (Park, Edmondson, Fenster & Blank, 2008), but is not well-explored in growing up in a homes that contained a parent with combat PTSD. However, it is established that trauma can often eventually lead people to care about people more and drive them to help others (Straub and Vollhardt (2000). Such a positive outcome can also be inferred by a study conducted by Lantz (1992).

Finding meaning through suffering is also a central assumption of existential therapy (Frankl, 2000; Lantz, 2004) and partially gives rise to the theoretical analysis conducted with the data collected for this study. According to Frankl (1984) all people have an instinct to seek meaning, and specifically to turn traumatic experiences into something meaning; to find a way to use that traumatic past for something useful and productive. This can be an eventual or a natural response to traumatic situations, such as growing up with a parent with combat PTSD. Furthermore, both Fontana and Rosenheck (2005) and Walsh (2003) reported that of all the reasons people come into therapy, existential issues rank among the top reasons, giving credence to existential theory stating

people an innate need for meaning making. Additionally, Park and Ali (2006) cited that the case study methodology is particularly adept to discovering personal growth because the central goal is fully understand one's experience and that process prompts a person to reflect and gain personal wisdom.

As children, the participants all appear to have gone through an existential crisis, a crisis that mirrored the crisis their parents were going through. These crises can be illustrated by such examples as "Growing up, I was so depressed I didn't want to live" or "I was suicidal my whole life," and "I would say that the ages between 6 and 13 were the dark times of my life and I was depressed most of the time." Finally, P6 said life growing up was "very stressful." There are still many other equally unfortunate examples of living with a sense of meaninglessness.

Later, as adults, proof that participants had gone through an existential crisis as a child is equally evident. Constructing meaning for participants seemed to follow a three-pronged process: recognizing the need for professional help, forgiving their parent with combat PTSD, and finding a way to give back or help others going through similar experiences that they had gone through. These steps translated to a self-reported sense of satisfaction in their current lives. Participant comments include: "Yes, very much enjoy my work" and "I spent most of my life getting over the childhood trauma and now spend my life helping others with their trauma." Getting to the point where they recognized the need for help required hitting an extremely low point in their lives and relationships. That low point was characterized by low self-esteem, depression, and isolating themselves from people. P4 stated, "I just didn't care anymore," while P2 said, "I just wanted to die." Conversely, P6 seems to be in an existential crisis; he reports being "bored" often, "sick

to his stomach", he is disabled and out of work which bother him a great deal, and has to be "pulled out of the house" by his fiancé ,but he is working hard at overcoming his situation.

The participants seem to have achieved meaning through various outlets, all geared at providing education or support to those who lived through similar trauma. Moving examples abound in the narratives: "Now I blog and encourage returning soldiers to seek treatment and learn about PTSD." Others have private therapy practices and self-help groups. Furthermore, the military children art project highlighted at the beginning of this chapter is a powerful example of turning trauma into something productive.

Recovering from childhood trauma was not simple or straight-forward, as one person said, "It gets real before it gets better," Some sought help with therapists, others simply answered a strong internal urging to take control of their lives and make lasting changes. Part of that process was forgiving, which in turn helped the participants grow, as P6 said, "Fixing myself led me to understand my dad." All of the participants' fathers with combat PTSD were forgiven (although P6 says his father is forgiven in concept, he is still working it out) in this study, but the one mother with combat PTSD was not. Sandage and Jankowski (2010) and others have found a strong correlation between forgiveness and well-being / mental health. Forgiveness was not something most did to rebuild the relationship, but for their own healing. As P4 put it, "Probably the most healing part [for me] was forgiving my father and finding compassion for him."

They reported that forgiveness was not something that the participants sought out with their siblings. They reported there was unresolved resentment, and anger at "being the scapegoat" and "blamed for the way our family was" still there, even for the

participants later stages of life. P5 said, “My relationship with my brother is still odd. No hugs. There is still a lot we don't know about each other,” but wishes things could be different. Perhaps the one thing that was largely absent during childhood, the support of brothers and sisters, is the one thing that cannot be completely forgiven.

Like difficulties with siblings and making friends, the participants were using the dysfunctional skills that were modeled to them as children to the same unsatisfying end with their more intimate relationships. Several stories illustrated stepping into relationships that mirrored the experience they saw in their parents. P2 points out her boyfriends tended to be “very controlling and jealous, as my father was, so now that makes sense.” This insecurity, she said, led to other self-destructive behaviors, including staying in abusive relationships. P1 did not even try to form relationships because, “I have social anxieties, insecurities on how people see me.” Others outright feared intimacy and pushed their partners away when things were going well. P4 summarized the issue by saying “I've had problems my entire life, low self-esteem, problems with relationships, problems with work, just name it.” P5 reported that most of the people she dated were “addicts and abusive.”

Even those who were in long-term marriages spoke of similar insecurities that still linger: feelings of turning into their fathers by adopting their bad habits and patterns of behavior or the spouse deciding his or her partner was “not good enough” and then leaving. P2 said, “I don’t drink now, because I don’t want to be like my father.” A major source of anxiety in his daily life now, P4 said, “My greatest fear is failing my family, my wife. I don't want to pass along my temper.” Most participants regularly assess themselves to determine if they are adapting symptoms of their combat PTSD parent.

As has been demonstrated by these numerous examples, feelings seem to be rooted in what they were exposed to when they were children because their behaviors as adults are similar. Growing up, participants felt numb and disconnected from what was most everyday activities, especially when they were outside the home. They were too exhausted both mentally and physically from the trying to cope at home. Being in constant "survival mode" and having no role models for forming relationships or other social skills, the concept of making friends or getting good grades in high school was not something that was even possible. One participant shared that he "had bouts of depression and difficulty concentrating while I was at school" and never saw much of a reason to bother with homework. Both of these shortcomings left them feeling "worthless" and a failure, from which they would "resolve to do better the next day," but they just could not. Participants stated not being able to do well in school had a negative effect of their self-esteem and left them feeling worse and more depressed. P1 said, "I was really embarrassed I couldn't do well in school, it seemed to so easy for everyone else." Collectively, these stories all pointed toward an enormous existential cost, the possibility of which was explored using theoretical analysis to be able to understand this discovery in the data.

Discussion of the Results

Using a generic qualitative method with a thematic analysis and later adding a theoretical analysis, the experience of growing up in a home wherein a parent had combat PTSD was explored using narrative data obtained from one-on-one, open-ended interviews. This section will discuss and interpret the responses to the interview questions by looking at how they support the idea of treating PTSD as a family disorder and how

existentialism appears to play a potent role in the experience of growing up with a parent with combat PTSD. A full presentation of all the guiding questions can be found in Appendix A.

Overall, one of the primary goals of the research was to explore if treating PTSD as a family disorder is warranted using what was uncovered (Dinshtein, Dekel, & Pollack (2011). The examples to support a family concept are both colorful and numerous, as all six cases studied reported distressing symptoms they attributed to their parents' combat PTSD. One important supporting finding concerns sibling relationships. Sibling relationships were tumultuous growing up and remained distant or nonexistent later as adults. At a time when siblings could have benefitted from relying on each other for strength and support, they did not. One participant even said that he "has no memories of his brother" for a long amount of time. In fact, it was evident that sibling relationships were more of a vulnerability to the negative effects of growing up with a parent with combat PTSD then a help. Brothers fought a lot, with all the male participants saying such things are "I used to beat up my brother a lot and for no reason," "I had no brother like a friend, we only fought." Conversely, females hurt each other growing up such as "my older sisters used to cut up my clothes." They attributed the basic reasons for the behavior: one was blaming the other siblings for the way their father or mother behaved, they felt powerless to do anything directly about their father's behavior, or they felt the father was treating them unequally. For example, P2 said "My father would even blame me for [things] he did!" Scapegoating was commonplace. Participants shared feelings similar to P3, who said: "I never had much of a relationship [with my siblings] even to this day." P4 said, "I always got blamed for what my brother's did."

The feelings of being treated differently may have contributed to the problems experienced between siblings along with feelings of anger / resentment toward the parent. This pattern of behavior prevented the siblings from growing closer together. In fact, relationships were so poor, that one sister "developed anorexia and almost died. She used to cut herself too". P5 said, "I walked around angry all the time, but never let it out. I wanted to punch someone." P4 said he "used to beat up my brother. A lot." These are an example of a preferred coping mechanism versus turning to brothers and sisters for help. Everyone in the home walked around on "eggshells" and never knew what would happen next, so they turned inward and stayed in a "survival mode" of sorts. With relationships in constant turmoil, it is no surprise that, as adults, there was no desire to make amends. In all cases, the distance remains, relying mostly on phone calls for updates and infrequent (if any) physical contact. Careful interpretation of the narratives reveals that there is "too much emotional baggage," resentment, and lasting anger, yet there is a tone of sadness that suggests repaired desire for some form of a relationship. P4 summed this feeling up succinctly by saying, "I wish things could be different."

More than sibling relationships, the other parent was not a source of strength or help. Mothers were often "workaholics", "pill popping," or was "just never home" and, according to P1, "ended up being the child that we all took care of." P5 had a similar experience, "Felt I was raising mom as a child." P5 resented her mom for many years after her childhood. Resentment toward the other parent was common. One participant said it took her "ten years to get over what [her mom] *didn't* do for us." Lastly, the individual symptoms attributed to secondary traumatization were also glaringly apparent. Participants described growing up in similar ways as P2: "We all hated [dad] when we

were young. At same time, he was our Dad and we loved him and felt sorry for him." They did not know what mood their parent with combat PTSD would be in or if he/she would be "raging" and as a result, they reported being "so depressed I didn't want to live," while others had "nightmares and crying" and "never slept." They were afraid most of the time and in "survival mode." It was common to hear statements such as, "There was no escape from him." and "I was trapped." Three participants reported being "robbed of their childhood" and that "you didn't talk about how you felt." Given all these illustrations, there is a strong suggestion that the entire family is the victim in cases where a parent has combat PTSD.

A second major area of concern, as Fontana & Rosenheck (2005) suggested, and it has been theorized here, is that veterans with combat PTSD often struggle with existential issues and was supported in the second data analysis. Additionally, Lantz (1992) found that family members may also experience existential dilemmas that manifest systematically, which will also be clearly illustrated in the data from the participants perceptions of their families of origin. Lantz (1992) showed that treating PTSD patients and their families (Lantz & Lantz, 1991) using meaning-centered methods and theoretical concepts is effective. Walsh (2003) further validated that existential issues are one of the main reasons people seek therapy today, as was the case with the people interviewed for the current research. In this regard, the primary emergent themes (see Table 1) were subjected to a theoretical analysis in accordance with Percy Kostere's (2008) criteria of theoretical generic analysis. Themes were analyzed in regard to their relevance in addressing perceived positive and negative reflections of the experience using constructs of existential loss and creating meaning presented by Frankl (1984) and

Lantz (1992).

Table 2
Theme Alignment to Existential Constructs

Themes / Subtheme	Related Existential Construct	Connecting Comments from Participants
Theme 1		
Growing up was difficult	Life is controlled by external factors / Bound by limitations of heredity and environment	We locked ourselves in our rooms too, music turned up very loud and didn't have that other parent to count on for support. Dark times of my life and I was depressed most of the time
Sub-Themes		
Abuse by parent during childhood	World appears illogical/frustration	As soon as I was conscious, I knew there were problems at home. As a child, you do not know what to do with them, however, but survive.
Fear of parent during childhood	Often wonder why I exist	I lived in a fog. I didn't want to live.
Ambiguous feelings toward parent during childhood	Dissonance / frustration	I looked up to my father, but my father also confused me and I didn't really understand what was going on.
Difficulty making/keeping friends in childhood	Trouble making intimate relationships	Not sure why, but I can't develop friendships
Difficulty in school	Not productive and creative / Feeling worthless	I hated lunch time and finding a place to sit.
Sought counseling during childhood	Low self-esteem	Everything was a constant struggle
Theme 2		
Difficulty with sibling relationships	Trouble making intimate relationships	I feel anger toward my brother or nothing at all.
Sub-Themes		
Distant from siblings	Lack of stable identity / High risk behaviors & addictive behaviors	We stayed in our rooms and out of each other's way.
Hostility toward siblings	Aggression	I beat up my brother a lot, for no reason, but it was probably my dad I was mad at.

Table 2 (Continued)

Themes / Subtheme	Related Existential Construct	Connecting Comments from Participants
Treated differently in childhood by parents	Lack of stable identity / frustration	My mother said she did not know what was wrong with me. Felt I was raising mom as a child. Mom didn't have friends, so she unloaded on me
Theme 3		
Difficultly in maintaining healthy relationships as adults	Trouble making intimate relationships / lack of stable identity	I've had problems my entire life, low self-esteem, problems with relationships, problems with work, just name it.
Sub-Themes		
Strained family relationships	Lack of stable identity	Mom is a wash; I am very separated from her.
Difficulties with intimate relationships	Trouble making intimate relationships	I got the problem of self-isolation and it causes some problems
Difficulties in making / keeping friends	Life confuses me	I don't handle rejection well and I am afraid people are always judging me.
Theme 4		
Finding meaning from the experience as adults	Satisfying life purpose / Hope for Future	Hopeful I can keep it all together.
Sub-Themes		
Recognized the need for professional support	Looking toward future possibilities	It gets real before it gets better.
Forgave parent with combat PTSD	Meaning from love	Probably the most healing part was forgiving my father and finding compassion for him.
Helps others cope with effects of PTSD symptoms	Meaning from suffering	I like to write and enjoy my blog, Help other military kids through art, and enjoy counseling others with PTSD.
Reports positive current life satisfaction	Meaning from suffering	God has given me my life back and my wife. Today is good, I had to make it good and get forgiveness

As summarized in Table 2 above, most of the hallmarks of someone in an

existential crisis or of a person who has found existential meaning can be found in the data from this study, as described below.

Using elements from the Purpose in Life (PIL) test (Crumbaugh & Maholic, 1976), along with concepts put forth by Lantz (1992) and Frankl (1984 & 1988), the essential constructs of existential theory were gleamed to use as a basis for guiding a theoretical analysis.

Although the PIL was not administered in this research, the questions were reduced to existential constructs. The PIL consists of 20 questions designed to measure a person's sense of meaning or purpose for his or her life (Crumbaugh & Maholic, 1976). Each item is rated on a 7-point scale and total scores range from 20 (low purpose) to 140 (high purpose). Numerous studies have demonstrated good reliability (Seeman, 1991). Southwick et al. (2006) also found PIL to be an effective tool used when assessing veteran's with PTSD.

Research on existentialism (e.g., Lantz, 1992; Frankl, 2000) describes several characteristics of people going through a crisis, including: addictive behaviors, risky behaviors, worry, anxiety, boredom, and depression. Additionally, behaviors within the family system that suggest a crisis is occurring could be withdrawing from one another, systematic addictive behaviors (i.e. shopping, overeating, workaholics), scapegoating, and ambiguous feelings toward family members (Lantz, 1992).

The first theme, Growing Up was Difficult, suggests that most of the participants were experiencing existential anxiety. In existential terminology, this theme is related to feelings of life being controlled by external factors and being bound by his or her environment (Crumbaugh & Maholic, 1976; Frankl, 1988). For example, to illustrate the

common symptom of being depressed, P5 said, "I was suicidal my whole life," while P4 said "I was depressed most of the time" and that his childhood was filled with "dark times." P2 stated that "I had a father that was all 'NO' no matter what I wanted or needed and a mother to the other extreme, since her mother was not supportive of her. This left me confused and it was not the best of circumstances for me." Some of the subthemes, such as being afraid and confused in childhood, which are behavior associated with the existential question, "Why do I exist?" (Crumbaugh & Maholic, 1976) when P3 stated "I lived in a fog."

As children, participants often talked about difficulties with identity formation and receiving mixed messages from their parents. For example, P3 said, "His moods were very unpredictable and it was very frightening" combined with P5 who said, "Everything he did hurt me and was about me." and "growing up was a nightmare," as did P2 saying, "I was having nightmares and crying…a terrible time for me." Four of the six participants said they were in some type of constantly "trying to stay alive" growing up. Ambiguous feelings (another subtheme) were very common, especially toward both parents and siblings. The existential equivalent seen in the comments and stories is constant frustration and dissonance (Crumbaugh & Maholic, 1976).

P1 demonstrated these existential feelings quite clearly. "We family members were afraid of him. We all hated him when we were young. At same time, he was our Dad and we loved him and felt sorry for him." P5 also said she grew up with "resentment" and "guilt" for having these feeling toward someone she should love. Participants revealed wanting closer, more intimate relationships with family members, but do not see how it is possible or conclude that it is safer to remain distant. Difficulty

forming and maintaining relationships is also an indicator that someone may be experiencing an existential crisis (Crumbaugh & Maholic, 1976). P4 also had feelings of helplessness associated with making friends and concluded, "Not sure why, but I couldn't develop friendships." Low self-esteem and feeling worthless are also typically part of an existential crisis (Crumbaugh & Maholic, 1976). P2 said "everything was a constant struggle" and that homework may or may not get—it was always secondary to the events at home. This poor performance at school and frustration with not being able to do better, despite intentions, left participants feeling "worthless." Regardless, these behaviors were a means to escape the reality of a home life that was "terrifying," "confusing," and "draining." All of these experiences and feelings during childhood are the ideal environment for developing existential issues.

The second theme, difficulty with sibling relationships, also contains an existential component. As stated earlier, growing up is a time when siblings could turn toward each other for support, but this was not seen in the narratives. Trouble forming intimate relationships is another of the existential constructs that indicate distress (Crumbaugh & Maholic, 1976; Lantz, 1992). P2 said "I feel anger toward my brother or nothing at all." P3 had to defer her own development and focus her energy on raising her sister. She said, later during high school, that same sister "developed anorexia and almost died… she used to cut herself too." The resulting dissonance built a wall resentment, anger, as well as guilt, that has never been repaired. Aggression and frustration are also existential constructs (Crumbaugh & Maholic, 1976; Lantz, 1992) that repeatedly surfaced in this research. These ideas are suggested in subthemes of hostility toward siblings and the perception of being treated differently in childhood by parents. P2 shared

that “My oldest brother blamed me for a lot of family issues.” P5 stated that, “My only interactions with my brother really was fights, me beating him up.” Being treated differently by a parent also causes existential anxiety and frustration. Blaming one child for the parent with combat PTSD’s symptoms was common. One participant said, “My mother said she did not know what was wrong with me.” And another said “…my resentment toward my mother grew” due to her constant over-sharing adult topics and concerns. Perhaps it was not having the skills needed to form relationships, but the quality of relationships also had to be influenced by their home life, in which they learned to avoid interactions and that isolation was safest.

Difficulty maintaining healthy relationships as adults was the third theme that emerged and the second, theoretical, level of analysis inspected the data for existential pieces associated with the feelings and behaviors. Low self-esteem and feelings of being worthless are common clinical constructs seen throughout participants’ stories, and are also indicators of being in an existential crisis (Crumbaugh & Maholic, 1976). P4 said, “I have social anxieties, insecurities on how people see me.” P4, while in a successful marriage, still admits feeling “unlovable” and fears “screwing it up.”

Not knowing why they can not make friends, as P4 shared, was common, but others are quite clear on why they can not make friends. P1 said, “I have a hard time trusting people.” While P6 said: “I have difficulty getting friends I think due to my political ideology [instilled by his parents].” P3 said “I've had problems my entire life, low self-esteem, problems with relationships, problems with work, just name it.” These problems also include being in abusive relationships that mirror the environment the participants grew up in. This researcher repeatedly saw adult children who struggled with

alcoholism, drug addiction, being "workaholics," and engaged in excessive exercise. Risky activities took many forms: "I drank and smoked" and having "unsafe sex," and "experimenting with any kind of drug I could get my hands on." These are all systematic family symptoms of existential distress (Lantz, 1992).

Additionally, most of the participants did not repair sibling relationships as they aged mainly participants reported being distant or completely cut-off from their brothers and sisters. Most are also still angry with the other parent (without PTSD) as well. P5 said, "I stopped calling mom in college too but she guilt tripped back to coming home once every three months or so for a while." P6 said: "We talk now about once a week and see each other once every seven or eight weeks." P5 describes her relationship with her brother as "odd." Strained family relationships can be an indicator of an existential crisis, as this is related to the lack of a consistent identity needed to feel whole and connected in the world (Crumbaugh & Maholoic, 1976; Lantz, 1992).

Last, perhaps most significant, is the fourth emergent theme: making meaning out of their traumatic childhood later as adults, a primary way people find meaning for events that occurred in their past. Frankl (1984, 1988, 2000) said that people can find meaning through suffering through self-transcendence by finding an important or useful outlet, rooted in or because of the suffering or trauma (i.e., growing up with a parent with combat PTSD). This was seen very plainly in the fourth theme that emerged. Frankl's concept of finding meaning through suffering, which is best illustrated by P3's comment: "It is kind of, you use it to do good or it destroys you."

Finding "freedom" from past trauma is central to meaning-making in existential theory (Pitchford, 2009, p.446) and was related by most of the participants. Finding

meaning is “crucial” to leading a rich, satisfying life (Steger, Frashier, Oishi, and Kaler, 2006, p.81). Some of the amazing things the participants are doing now demonstrate this theory. P1 is the director of a non-profit mental health agency and “[blogs to] encourage returning soldiers to seek treatment and learn about PTSD.” P2 is a therapist and says, “I like to write and enjoy my blog, educating others regarding PTSD, and enjoy counseling others with PTSD.” P3 blogs about PTSD and “is dedicated to my family I have now”. P4 says, “I feel I have a purpose for my life. Glorifying God. I want to become a successful writer, be a good husband, and provide for my family”. P5 now enjoys helping children with military parents learn to express themselves through art. “Turning all trauma into something meaningful and to understand it is my goal.” Feelings of hope and having plans for the future are both existential constructs (Crumbaugh & Maholic, 1976 and Frankl 1988) that appeared in most of the participants narratives about their current state. As P2 said, “Life is turning out as it should for me now.” They are “proud” of “surviving.”

Additionally, there is second-hand evidence that participants’ mothers and fathers were also in an existential crisis during most of the participants’ formative years, (and as mentioned before, research shows people with PTSD often struggle with existential issues (Fontana & Rosenheck, 2005). Fathers unpredictably oscillated between being withdrawn or “raging.” Four out of six of the fathers in this study had serious drinking problems and some father’s worked considerable overtime every week. Mothers in most of these cases “didn't know how to deal,” as P5 explained, or by clocking in extra hours at work or spending time with friends, leaving the children “fending for ourselves” or were simply emotionally unavailable. The nature of the emergent themes clearly has a

strong existential currents running through them, as well as considerable evidence to support seeing PTSD as a disorder that affects the entire family in many negative ways.

Limitations

Many different things could have had an impact on the outcome of the results. This section will discuss those limitations identified in previous sections, any design flaws noted during execution of the research, along with any other issues or problems that came up during the investigation process.

As is inherent with any case study research, the small sample size and interpretation can influence the results. The sample size could have a large impact on the generalizability to a larger population. Even with six volunteers, there was an enormous amount of data generated and data saturation may have occurred. Also, as Stake (1994) pointed out, qualitative research is a subjective process and therefore its inherent strength lies in the researcher's interpretation and judgment in the final analysis. Being subjective is necessary for a complete understanding of each volunteer's experience.

Structurally, possible researcher bias was anticipated because the researcher was in the military and raised his family while on active duty. Through rigorous, careful analysis and being mindful of the bias by not asking leading questions or drawing assumptions, this was minimized and did not seem to influence the results. In fact, being military seemed to help build rapport during the interview process.

In addition, it was difficult to recruit volunteers and not practical to spend additional time scouting out more volunteers; however hearing the stories of more people would have been both interesting and valuable to this research. As far as the demographics were concerned, there also could have been increased variety. For

example, five out of the six volunteers were White and four are currently working fulltime. Working fulltime might imply a certain level of functioning and experiences versus people who are struggling to find work; this demographic might be salient to fully understanding the research questions. Also, five of the volunteers were aged 30 or older, thus having at least a decade of life experiences to heal and grow from their childhood experiences. That decade may have influenced the results.

Having volunteers who have only recently moved away from home may have painted a richer, more complete picture. Also, only one participant's mother had combat PTSD, the rest were the father. Hearing more stories about growing up in a home with a mother with combat PTSD could yield important knowledge, especially given that the mother is usually the primary attachment figure in a child's life (Bretherton, 1992).

In addition, related to moving, two of the participants said being a military child there were frequent relocations and moves; they attributed frequent moving to contributing to school problems and making friends. This could have influenced other findings as well as influenced other participants, since they were all military children and frequent moving is part of the typical lifestyle.

One possible design flaw was in the inclusion criteria. To be included, the participant had to have a parent who had been diagnosed with combat PTSD. Several participants were excluded because, although they were positive their parent had PTSD, they did not know if they had ever been *diagnosed* with PTSD. If this criterion had been worded differently, more people would have been included for the research. However altering inclusion criteria could possibly then include well-intentioned participants whose father or mother did not in fact meet the criteria for PTSD.

Another issue that came up frequently was volunteers wanting to discuss their father's or mother's experience, or siblings, rather than stay focused on their experience. Although it did seem like a natural shift in the conversation and it was interesting to hear about the volunteers' perceptions about what other people in the home were going through, it was not relevant to the research. The researcher had to remind several of the volunteers of this fact during the interview process. This minor issue addressed the fact the volunteers really wanted to make sure that their full story was completely told. The participants were open and eager to discuss their experiences.

Recommendations for Future Research or Interventions

Examining someone's experience using interviewing techniques is, by its very nature, raise more questions and open new routes for investigation. While it is has been shown that there is little research on what it is like to live in a home were a parent has combat PTSD, there is even less on what the long-term effects of growing up in a that type of environment are and the associated existential price. In fact, only one study could be found specifically measuring the long-term effects and there were no references to others in articles that the researcher read. Additionally, this research showed that PTSD might be better studied and treated through a family lens. This distinctive population of people would benefit from both more qualitative and quantitative research.

More specifically, research is needed that looks at the long-term effects of secondary traumatization through the unique lens of a military family and how to minimize the negative effects from developing. Dekel and Monson (2010) agreed that the longitudinal data on this type of population is "sorely lacking" (p. 307) and much needed. Researchers such as Dinshtein, Dekel, & Pollack (2011), Lantz (1991), and BLAG (2010)

have called for PTSD treatment to be most effective, the entire family must be treated simultaneously rather than only helping the person with PTSD.

One area that is especially salient and tragic, as revealed in these case studies, is a need to examine why sibling relationships are so dysfunctional and remain so into adulthood. Finding ways to cultivate healthy sibling relationships, so children can learn to support each other instead of working against each other would be most beneficial to these families.

Another interesting pattern found in the research was that of forgiveness. It may be valuable for future researchers to investigate the forgiveness piece to a deeper level of understanding to fully understand how that influenced the volunteers' healing process. The interesting discovery about forgiveness was that, in this study, only the mother with combat PTSD had not yet been forgiven, all the fathers had been forgiven. Although women have only very recently been included in combat jobs, and only one of the participants had a mother with combat PTSD, it would be interesting to see if the experiences growing up were significantly different if the participants mother versus the father had combat PTSD. Larger sample sizes may prove this a salient finding.

It also may be helpful to loosen the inclusion criteria to include volunteers who are very certain one of their parents had PTSD from combat experiences, as the volunteer being a child at the time, may not have been afforded diagnostic information about his or her parent.

Lastly, the fourth theme about finding meaning / purpose from the experience raises questions about how existentialism plays a role in the perceived long-term effects of growing up with a parent with combat PTSD. Creating meaning is a "basic task" for

families, especially in cases where dysfunction or chronic illnesses are present (Rolland, 2003, p. 462). Not only in conjunction with theme four, existential issues were repeatedly discussed indirectly by all participants throughout the interviews. Future research grounded in meaning-centered therapy may prove not only helpful, but also essential to fully grasping their experience, since research already has established that a person with PTSD often struggles with existential issues and it is likely this "symptoms" is transmitted to other family members just like any other aspect of secondary traumatization.

Conclusion

After spending so much time discussing the traumatic events that happened in the participants' childhoods, it was refreshing to see such uplifting, inspired conclusions to their still-ongoing life stories.

This study has shed light on the research questions by identifying several important themes that describe what it is like growing up in a home where a parent had combat PTSD and how that experience carried on into the participants adult lives. The story revealed that growing up was difficult in all cases. Home life was chaotic and surreal at times, making family life dysfunctional. This caused a ripple effect across many aspects of their life: maintaining sibling relationships, making friends, performing in school, and accepting themselves. The ripple effect continued to devastate them long into their adulthood, years after they moved away and created a life for themselves.

While their childhoods may have been difficult and mired in challenges, the people who volunteered to participate in the study were resilient and have spent years overcoming their tough childhoods, most of them have even learned to use that

experience for good to help others going through a similar situation. They have felt a strong need to forgive their parents, forgiveness that did not come easy. However, in all but one case, they have found a way to forgive and feel stronger for it. It was part of the healing process. The people in this study are using what has happened to them to help others in their military community and beyond going through the same struggles they once did. These resilient people have a sense of purpose in their life that is clearly grounded in their unfortunate past experiences.

During the course of this study, the researcher really learned to appreciate the strength and character of the people that were interviewed. The volunteers were frank and honest about their experiences and spoke with confidence and from a place of peace for the most part. They are not avoiding life, living with depression, or otherwise isolated from the world. Given that PTSD can often be a life-long diagnosis, the researcher had assumed that the secondary traumatization would be similarly powerful and lasting. However, even with their past challenges, it is apparent that these selected people, who grew up in a home with PTSD, largely independent now, are strong and have a great desire to not be defined by their childhood and grow beyond it, living a rich and rewarding life filled with meaning and happiness.

This researcher hopes that scientific knowledge and research will continue to move forward by finding ways to reach future families who are in a similar situation. This can be achieved by developing creative and effective family therapy methods that include addressing existential issues, teaching relationship building skills, healthy sibling interactions, and parenting skills (both parent-child interactions and spouse to spouse interactions) tailored to military families.

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APPENDIX A. GUIDING QUESTIONS

Guiding themes: positive and negative experiences

Growing Up

What was it like growing up in a home wherein your FATHER/MOTHER had PTSD?

How did you feel about your PTSD parent? What was it like living with them?

Were you aware there were any problems in your home? If so when did you become aware of them? Can you tell me more about that?

How do you think the PTSD in your parent affected you growing up?

Looking back, do you think your parents PTSD had an effect on your relationships? What was that like? What were some of the problems. Think about friends and romantic partners (like dating, having friends over, etc.)

Do you recall having difficulty sleeping, being confused or fearful growing up? Why?

How did you do in school? Did your parents PTSD have any effect on school for you?

Do you feel like you had a family life like other kids your age? Did you notice a difference in yours and other kids families? When --what were the differences?

Were you free to explore your own identity as a teenager? What was this like for you?

How would you describe how members of the family got along with one another?

Perceived long term impact

How do you think growing up with a parent with combat PTSD has affected your life today?
What do you feel is your purpose in life? Tell me about it.

How would you describe your relationship with your parents now?
Describe your daily routine. Describe both the boring parts and the exciting parts? How do you handle the boredom?

Describe what things in your life that make you feel important and meaningful.

Friendships

Who are the people in your life that are most important to you and why.

Tell me about planning activities with your friends. What are some of the challenges with your friendships? What are some of the strengths?

How do you think your life compares to the lives of your friends?

Goals/Hope/Future

Tell me about your goals you have set for yourself. What are some goals you have accomplished?

What are most proud of?

What goals have you yet to accomplish? Tell me about some of the obstacles you face?

Hobbies / Activities

Tell me about your hobbies and activities.

Community Involvement / Work

What is your occupation? Do you enjoy your work? Tell me about a typical day.

What sorts of community or volunteer work do you? Tell me more about that and why you do it.

Anything else you wish to add:

APPENDIX B. DEMOGRAPHIC TOOL

THE EXPERIENCE OF GROWING UP IN A FAMILY IN WHICH A PARENT HAD BEEN DIAGNOSED WITH COMBAT PTSD.

1. What is your gender?

○ Male ○ Female

2. What is your age?

○ 18-24 ○ 25-29 ○ 30-39 ○ 40-49 ○ 50-59 ○ 60 or above

3. What is your ethnic origin?

○ Native American (including Alaskan Native)

○ Asian (including Oriental, Pacific Islander and Filipino)

○ African American

○ Hispanic

○ White

○ Other Race

4. What is your employment status?

○ Not employed ○ Employed part-time ○ Employed full-time

○ Self-employed ○ More than one job

5. What is the highest level of education that you have completed?

○ **Some high school** ○ **High school graduate** ○ **Some college**

○ **Associate's Degree** ○ **Bachelor's Degree** ○ **Graduate Study**

APPENDIX C. SCREENING TOOL

THE EXPERIENCE OF GROWING UP IN A FAMILY IN WHICH A PARENT HAD BEEN DIAGNOSED WITH COMBAT PTSD

To be included in the study, the family member must meet the following eligibility requirements.

1) Did one of your parents have combat induced PTSD resulting from their military service while you were growing up in the home?
2) Are you 18 or older?
3) Are you no longer living in your parent's home?
4) Do you have any chronic diseases, disorders or significant current life events that might possibly interfere with your ability to be a volunteer?
5) Finally, this research is open to an equal number of males and females. Volunteers' gender: _____